Unpaid Carer support

About the Proposal

Title of Proposal.

Unpaid Carer support

Intended outcome of the proposal.

The proposal is intended to deliver a 15% reduction in commissioned unpaid carer support services provided by carer organisations across Argyll and Bute, generating a recurring saving of £189,850 per year over the period 2026/27.

How does your proposal align with strategy?

The proposal sits within the Argyll and Bute Health and Social Care Partnership Joint Strategic Plan 2022–2025, which prioritises helping people to live longer, healthier, more independent lives at home and in their communities. It is also directly related to the commitments set out in the Argyll and Bute Carers' Strategy 2024–2027 ("Caring Together"), which focuses on identifying unpaid carers early, supporting their health and wellbeing, and sustaining their ability to continue caring where they wish to do so.

Commissioned carer organisations deliver statutory support services on behalf of the HSCP, enabling the Partnership to meet its delegated duties in relation to unpaid carers. A 15% reduction in funding creates clear tension with these strategic commitments and carries a risk of increasing pressure on unpaid carers and on wider health and social care services.

Description of proposal.

The proposal is to apply a 15% reduction to all commissioned unpaid carer support contracts across Argyll and Bute that provide information and advice services, Adult Carer Support Plans and Young Carer Statements, carers' groups, short breaks support, and crisis and resilience support for carers. Following review of local provision and need in Cowal and Bute, it is proposed that Crossroads Cowal and Bute Carers Centre should instead receive a lower reduction of 7%.

It is anticipated that this proposal will result in a reduction in service capacity across all Argyll and Bute carers' services commissioned by the HSCP, including Crossroads Cowal and Bute Carer Centre, Dochas Carer Centre, Helensburgh and Lomond Carer Centre, North Argyll Carer Centre, Mid Argyll Youth Development Service (MAYDS), and Crossroads North Argyll respite services. The differentiated 7% reduction for Crossroads Cowal and Bute reflects its comparatively low existing allocation, local demographic and demand, and the requirement to provide services to the Isle of Bute, and is intended to avoid disproportionately destabilising provision in an area where alternative carer support options are more limited and travel and island factors already constrain access.

The 15% reduction in contract value (and 7% for Crossroads Cowal and Bute) is expected to impact island outreach activity, increase waiting times for support, reduce responsiveness to carers' needs, and place pressure on the statutory delivery of duties under the Carers (Scotland) Act 2016, including the provision of Adult Carer Support Plans and Young Carer Statements.

Lead and Appropriate Officers

Lead officer.

Linda Currie AHP Associate Director

Appropriate officer.

Kirsty MacKenzie – Unpaid Carer officer

Who will deliver proposal.

Linda Currie

Signed off by.

Linda Currie

Date.

10/3/2026

Evidence

Data - What data have you used to inform the IIA.

This impact assessment draws on Argyll and Bute HSCP quarterly performance reports for unpaid carer services, including Key Performance Indicators on the number of unpaid carers supported by local Carer Centres, the proportion of carers with an Adult Carer Support Plan or Young Carer Statement, and trends in demand over the last 4 quarters. These reports show a sustained upward trend, with the number of unpaid carers supported consistently exceeding the target of 3,000 per quarter and reaching 2827 Adult carers and 836 Young Carers in the most recent quarter.

National evidence from the Scottish Government publication “Carers Census, Scotland, 2023–24” has also been used to understand wider patterns in the intensity and impact of caring, including the high proportion of carers providing 50+ hours of care per week and the significant impact on carers’ emotional wellbeing. Locally, Argyll and Bute Carers Census returns, and the Joint Strategic Needs Assessment have been used to describe the profile of unpaid carers in Argyll and Bute and the increasing numbers registered with Carer Centres

The charts and tables presented in the “Other information” section of this assessment summarise these data sources, illustrating recent trends in the number of unpaid carers supported, intensity of caring, and demand for key support activities. Together, they provide the evidence base for assessing how the reduction in commissioned unpaid carer support services will impact carers, the people they care for, impact on wider system pressures.

Other information.

This IIA consolidates the impact assessments submitted by all six Carer Organisations and provides an overview of the anticipated impacts across Argyll and Bute.

Impacts Adult Carers, Young Carers, Services and Staffing levels.

Impact on Adult Carers; There are 3,663 carers registered across the five Carer Centres, and a further 272 carers receiving support from Crossroads North Argyll.

Reduced capacity will extend waiting times for new carers and delays in delivery of meeting the statutory duties leading to significant delays and backlogs in the offer, completion, and mandatory reviews of Adult Carer Support Plans and Young Carer Statements.

Escalation of Risk: Currently, 51.6% of active caseloads are assessed as being at high risk of carer breakdown. Reducing preventative support may increase more carers who are currently in the "Moderate" risk category to escalate into "Substantial" or "Critical" categories.

Increased Crisis Presentations: A reduction in early intervention will shift the service model from prevention to a crisis-driven response, leading to more unplanned hospital admissions, emergency social work interventions, and premature residential care placements. Carer respite is fundamental

to many who are able to access short breaks and HSCP feedback notes the difference this makes to the Carer and the person they are caring for.

Financial Hardship: Capacity for welfare rights and benefits advice will be reduced, meaning carers already facing financial pressures (39% of the caseload) may miss out on essential financial entitlements.

Impact on Young Carers

Reduced capacity will extend waiting times for new young carers requesting support and a delay in the completion of Young Carer Statements and reviews of the 836 Young Carers already registered.

Hidden Young Carers: A decreased school-based presence will limit the identification of hidden young carers, increasing the risk of them undertaking inappropriate caring roles without support.

Educational Attainment: Reduced support is likely to contribute to lower school attendance and attainment, increasing the risk of young carers disengaging from education and affecting long-term outcomes.

Loss of Respite: Fewer after-school groups, holiday programmes and residential opportunities will reduce access to essential breaks and peer support.

Impact on Organisational Capacity

Risk of Closures: The scale of the reduction places the continued operation of physical centres at significant risk, with the Isle of Bute centre identified as particularly vulnerable to closure. This vulnerability is compounded by the absence of inflationary uplifts over the past two years to all the Carer organisations along with the rising operational running costs and National Insurance increases.

Reduced Accessibility for Carers: Opening hours are likely to be reduced, and weekly support groups may need to operate on a monthly basis. This will significantly limit carers' access to consistent in-person and peer support. Given that isolation and loneliness are among the highest reported health impacts experienced by carers, any reduction in regular contact is likely to exacerbate these risks. Crossroads NA may need to consider introducing a charging policy to mitigate costs where respite is provided to carers who are not assessed as critical/substantial.

Threat to External Funding: External funders view HSCP core funding as an indicator of organisational stability. A reduction in core capacity therefore jeopardises the 34%-40% of additional income currently generated from grant-makers such as Children in Need and Better Breaks. These projects depend on HSCP-funded infrastructure to operate.

Reduction in Workforce: The reduction is likely to result in the loss of 5 FTE posts across Argyll and Bute, removing approximately 175 hours of weekly direct support. This loss would significantly weaken the preventative work that protects carers from reaching crisis, increasing the likelihood of carer breakdown and placing additional pressure on statutory services.

Consultation - What consultation / engagement have you carried out to inform the IIA?

Through internal consultations we know Carers across A&B fed back that they also have heightened financial, employment, educational concerns not to mention the impact on health and wellbeing.

Chairs and managers from each of the six commissioned carer organisations, including Crossroads North Argyll, Crossroads Cowal and Bute, Dochas, Helensburgh and Lomond Carers Centre, and Mid Argyll Youth Development Service (MAYDS), were involved in the consultation through structured meetings and written feedback. Their impact assessment returns have been treated as a formal, structured engagement process and form a core part of the evidence base for this IIA, setting out anticipated impacts on carers, services and staffing.

Gaps in evidence.

There are some important gaps in evidence which are acknowledged in this assessment. The impact of reduced HSCP core funding on the ability of commissioned organisations to secure and

retain external grant funding (for example from Children in Need and Better Breaks) is currently unknown, and there is limited robust data on how changes to this match funding will affect the overall level of support available to carers and their families.

There is also limited quantitative evidence on how the reduction in capacity will translate into changes in outcomes such as carer breakdown, crisis presentations, unplanned hospital admissions and premature care home admissions, particularly over the medium to longer term. In addition, while we have qualitative feedback from carers and staff about likely impacts on carers' health, wellbeing, finances and employment, there is less systematic data on differential impacts for specific groups (for example carers in island and remote rural communities, carers from minority groups, or young adult carers).

To address these gaps, the HSCP will put in place monitoring arrangements with providers to track changes in external funding secured, waiting times, crisis presentations, carer breakdown indicators and key outcomes over the first 12] months of implementation, and will seek to gather more disaggregated data on the experiences of different groups of carers through routine performance reporting and future engagement activity.

Knock on affect.

The reduction will create delays in completing Adult Carer Support Plans (ACSPs) and Young Carer Statements (YCS) - the gateway to identifying personal outcomes and accessing statutory and preventative support. These delays are particularly concerning given the current 10-day turnaround requirement for carers supporting someone with a terminal illness. More than 51% of existing cases are already assessed as high risk of carer breakdown, amplifying the impact of any loss of capacity.

Forthcoming duties and timescales associated with the Care Reform (Scotland) Act 2025 will introduce further requirements for personalised short breaks and assessment processes, adding significant operational pressure at a time when resources are contracting.

At a national level, recent evidence highlights worsening outcomes for unpaid carers under conditions of reduced support. The State of Caring 2025 report found that 48% of unpaid carers have cut back on essentials such as food and heating, 35% have taken on debt, and 39% report poor mental health. Critically, only 13% currently receive a formal break from caring, underscoring the limited availability of preventative respite. Reduced capacity within local carer services will further restrict access to breaks, increasing pressures on carers' mental and physical health.

Through internal consultations we know Carers across A&B fed back that they also have heightened financial, employment, educational concerns not to mention the impact on health and wellbeing. However, we do also know that with timely intervention and by acting quickly to meet the individual outcomes identified through an ACSP or YCS carers can be supported.

For rural and island communities, where alternative provision is limited, reductions in outreach and in-person support are likely to intensify social isolation - an issue frequently raised in national research on older and geographically remote carers. Diminished preventative respite may also accelerate the requirement for full-time residential care, increasing both long-term demand and cost across the wider health and social care system.

Overall, the proposed reduction shifts the model of support away from prevention and early intervention and toward a crisis-driven approach, with increased risk of emergency hospital admissions and permanent care placements - outcomes consistent with national findings on the consequences of reduced carer support.

Monitoring - How will you monitor the impacts of your proposal.

Monitoring of impacts will be undertaken through structured analysis of quarterly performance data for unpaid carer services, including numbers of adult and young carers supported, completion and review rates for Adult Carer Support Plans and Young Carer Statements, and levels of assessed risk of carer breakdown. If emerging issues are identified – for example increasing waiting times for assessment or support, rising crisis presentations, or indications of pressure on statutory duty

compliance – additional Key Performance Indicators such as waiting times and crisis activity will be developed and incorporated into routine reporting.

This will be supplemented by routine liaison with commissioned organisations, including quarterly meetings with centre managers and the Joint Working Party (JWP – Chairpersons of the six carer organisations), which meets every three months to review performance, identify emerging risks (including organisational sustainability and workforce impacts) and maintain oversight of statutory service delivery. Findings from performance analysis and JWP meetings will be reported through established governance routes to senior management and the Integration Joint Board to support timely decision-making and, where required, remedial action.

Fairer Scotland

Impact on service users

Service users	Impact
Mainland rural population	Negative
Island population	Negative
Low income	Negative
Low wealth	Negative
Material deprivation	Negative
Area deprivation	Negative
Socio-economic	Negative
Communities of place	Negative
Communities of interest	Negative

Impacts details.

Mainland rural population
The National Carers Strategy recognises that carers in remote and rural areas can face particular challenges related to distance, transport and access to services, which can exacerbate isolation and financial strain. Reductions in local carer centres, outreach and groups in mainland rural Argyll and Bute therefore risk deepening these disadvantages by removing nearby sources of advice, respite and peer support that help carers sustain caring while remaining connected to their communities.

Island population
National evidence highlights that island and remote rural communities face additional challenges linked to geography, connectivity and higher living costs, which can make it harder to access support and increase the risk of socio-economic disadvantage. Any reduction in island outreach, local group activity or respite provision is therefore likely to have a disproportionately negative impact on island carers, limiting their ability to access support that mitigates poverty, isolation and the health impacts of caring.

Low income
The National Carers Strategy and associated Fairer Scotland assessment note that carers on low incomes are particularly exposed to financial hardship and the current cost of living crisis. Reducing capacity for welfare rights and income maximisation support in Argyll and Bute is therefore likely to worsen outcomes for low-income carers, increasing the risk that caring responsibilities push households further into poverty rather than being offset by advice and advocacy.

Low wealth
National evidence shows that many carers have little or no financial buffer and are at heightened risk of poverty when they reduce or give up work to care. Where local carer services can offer fewer supports (for example short breaks, replacement care, or help to sustain employment), carers with

low wealth will have limited ability to purchase alternatives or absorb additional costs, increasing their vulnerability to debt and financial crisis.

Material deprivation
The National Carers Strategy stresses that caring can lead to financial hardship, social exclusion and difficulty meeting basic costs, particularly when combined with reduced earning opportunities. In this context, a reduction in preventative support and welfare rights advice in Argyll and Bute is likely to increase material deprivation for some carers and their families, as fewer will receive timely support to maximise income or access grants and charitable funding.

Area deprivation
The Fairer Scotland assessment for the National Carers Strategy identifies carers living in deprived areas as a priority group experiencing worse outcomes and higher levels of financial and social exclusion. In Argyll and Bute, carer centres and outreach often act as key community assets in more deprived neighbourhoods; any reduction in their reach or opening hours risks widening existing inequalities by weakening local access points to advice, advocacy and community connection.

Socio-economic
National policy recognises that caring responsibilities can limit carers' ability to take up or maintain employment and education, with knock-on effects on income, pensions and long-term life chances. By reducing support that helps carers manage caring alongside work or study (for example short breaks, crisis support and flexible advice), the proposal is likely to have a negative socio-economic impact, making it harder for some carers in Argyll and Bute to stay in or return to employment and increasing the risk of poverty over time.

Communities of place
The National Carers Strategy emphasises that carers should be able to participate in, and feel valued by, their communities, and that local services and community infrastructure play an important role in reducing isolation and exclusion. Reducing the presence and capacity of local carer centres and groups in Argyll and Bute is therefore likely to negatively affect communities of place, weakening informal networks, peer support and community-based activities that currently help carers stay connected and visible within their local areas.

Impact on service deliverers

.

Service deliverers	**Impact**
Mainland rural population	Negative
Island population	Negative
Low income	Negative
Low wealth	Negative
Material deprivation	Negative
Area deprivation	Negative
Socio-economic	Negative
Communities of place	Negative
Communities of interest	Negative

Impact on service deliverers

The organisations delivering statutory unpaid carer services have raised concerns about sustainability and severe financial pressures after **two years without contract uplifts and a prior £320,000 reduction in the overall care budget**. Further reductions will limit their ability to support carers who are struggling and at the same time impacted by wider changes in older adult services and social work services which may increase demand on carer centres, primary care and

community-based supports. Cuts of this scale are expected to have a negative impact on staff morale, retention and recruitment, threaten the longer-term viability of some providers, and risk undermining national policy goals under the Carers (Scotland) Act 2016 to sustain caring relationships and community-based care.

Service deliverers – Fairer Scotland assessment

Mainland rural population – Negative
Rural carer centre staff and volunteers are at increased risk of redundancy or reduced hours where local services are scaled back, and may have limited alternative employment options within travelling distance

Island population – Negative
Staff delivering island outreach or based on islands face heightened risk where services are reduced or centralised, with few comparable roles locally and higher costs and barriers to commuting or relocation.

Low income – Negative
Many third sector staff are already on modest incomes; reductions in hours or posts are therefore likely to push some workers into, or deeper into, in-work poverty.

Low wealth – Negative
Workers with low savings or assets have limited financial buffer against job losses or reduced hours, increasing vulnerability to debt and financial insecurity if posts are cut.

Material deprivation – Negative
Where staff lose employment or experience significant income reduction, there is an increased risk of material deprivation, including difficulty meeting essential living costs.

Area deprivation – Negative
In more deprived areas, carer organisations provide important local employment and volunteering opportunities; reductions in staffing will remove these opportunities and weaken local community infrastructure.

Socio-economic – Negative
The anticipated loss of around 5 FTE posts and reduction in sessional hours across Argyll and Bute will negatively affect the socio-economic prospects of the workforce, reducing stable employment in the third sector carer support field and narrowing local labour market opportunities.

Communities of place – Negative
Where physical centres reduce opening hours or close, local communities lose valued hubs for information, volunteering and community connection, with knock-on effects on social capital and local identity.

Communities of interest – Negative
Staff and volunteers working in carer support services form a distinct community of interest; anticipated redundancies, reduced hours and increased workload pressures are likely to have a negative impact on their job security, wellbeing and professional development opportunities.

Don't knows.

No “Don’t know” ratings have been identified for Fairer Scotland impacts relating to service deliverers. All relevant impacts on service deliverers have been assessed and recorded as negative in the sections above, and will be kept under review through the monitoring arrangements set out in this impact assessment.

Due regard

In developing this proposal, the HSCP has had due regard to the need to reduce inequalities of outcome caused by socio-economic disadvantage. The impact assessment has identified that the proposed reduction in funding for unpaid carer services is likely to have negative impacts across all Fairer Scotland categories, particularly for carers on low incomes, those with low wealth, carers experiencing material and area deprivation, and those living in rural and island communities who already face higher costs and barriers in accessing support. These findings have been central to the consideration of options, including the scale and distribution of savings and the design of mitigation measures.

The HSCP has explored options to minimise the impact on people experiencing socio-economic disadvantage, including: applying a lower reduction (7%) to Crossroads Cowal and Bute in recognition of its comparatively low existing allocation and the vulnerabilities of the Cowal and Bute population; seeking to protect, as far as possible, core statutory functions such as Adult Carer Support Plans and Young Carer Statements.

Mitigation measures we will explore will include strengthening digital and telephone access as an alternative route into information, advice and some forms of support, while recognising that digital options are not equally accessible to all carers, particularly those on low incomes, in areas with poor connectivity, or who lack the skills or equipment to engage online. For these groups, the HSCP will work with providers to maintain a level of face-to-face and outreach provision in rural and island communities, prioritise income maximisation and welfare rights support for carers in financial hardship, and monitor the impact of reductions on access to services, crisis presentations and external grant funding so that additional mitigation can be considered if inequalities are found to be widening.

Consumer Duty

Does your proposal affect individuals, businesses or both?

This proposal directly affects individual unpaid carers and the people they care for as service users, and also affects individual staff employed by commissioned carer organisations; it should therefore be recorded as affecting individuals.

On the basis of your assessment, what are the likely impacts of your proposal?

Consumer Impact	Rating
Choice	Negative
Fairness	Negative
Redress	Negative
Safety	Negative
Information	Negative
Access	Negative
Representation	Negative

Consumer impact – Choice

The proposal is likely to have a negative impact on choice. In many parts of Argyll and Bute, particularly island and remote rural communities, commissioned carer organisations are the sole local provider of dedicated unpaid carer support, so reductions in capacity, opening hours or outreach will significantly limit carers' ability to choose how and where they receive support, contrary to the National Carers Strategy's aim that carers should have more choice and control over the support they access.

Consumer impact – Fairness

The proposal has a negative impact on fairness. Carers already experiencing socio-economic disadvantage, living in island and rural communities, or providing high-intensity care are likely to be disproportionately affected by reduced access to support, income maximisation and respite, which may widen existing inequalities in direct tension with the National Carers Strategy's commitment to improving social and financial inclusion for carers most at risk of poverty.

Consumer impact – Redress

The proposal has a negative impact on redress. With fewer staff and reduced capacity, carer organisations may have less resource to support carers to raise concerns, challenge decisions or navigate complaints processes, making it harder for carers to exercise their rights and seek redress in line with national expectations that carers should be able to have their voices heard and acted upon.

Consumer impact – Safety

The proposal has a negative impact on safety. Reduced preventative support and respite increases the risk of carer burnout and breakdown, which in turn may lead to unsafe caring situations for both carers and the people they support, running counter to the National Carers Strategy's emphasis on sustaining caring relationships in a way that safeguards carers' health and wellbeing.

Consumer impact – Information

The proposal has a negative impact on information. Fewer staff and reduced outreach will limit the proactive provision of timely, tailored information and advice, particularly for hidden carers and those with limited digital access, which is at odds with national commitments that carers should be able to access clear information about their rights and available support when they need it.

Consumer impact – Access

The proposal has a negative impact on access. Reductions in opening hours, outreach, groups and island visits will make it more difficult for carers to access support at the right time and in the right way, especially for those who cannot easily travel or use digital channels, whereas the National Carers Strategy seeks to improve access to flexible, person-centred support across Scotland.

Consumer impact – Representation

The proposal has a negative impact on representation. With organisations focused on maintaining core delivery with reduced resources, there is likely to be less capacity for carers' organisations to participate in strategic planning, advocacy and co-production activity, weakening carers' collective voice in local decision-making and cutting across the National Carers Strategy's aim to strengthen carers' involvement in shaping services and policy.

Positive impacts you have identified.

The proposal is not expected to generate significant positive consumer impacts overall, and the predominant impacts identified for carers and communities are negative. However, there may be limited positive impacts for some digitally included carers through an increased emphasis on online and telephone support, which can offer more flexible and convenient access to information and advice for those who are able to use these channels confidently.

Negative impacts you have identified.

The reduction in contract value would significantly reduce capacity to deliver the current service level agreement and associated service specifications, which enable Argyll and Bute HSCP to meet its statutory duties under the Carers (Scotland) Act 2016. It would inevitably lead to reduced staffing hours and posts at a time when there is clear evidence of continued and growing demand for carer support.

Given the geographical spread of Argyll and Bute, the increasing complexity of cases recorded through Adult Carer Support Plans (ACSPs) and Young Carer Statements (YCS), and the rising number of carers registering for support, there is a high risk that reducing support to unpaid carers will lead to increased demand for higher-cost HSCP services. This includes greater reliance on care-at-home packages and residential placements, as carers are less able to sustain caring roles safely and for as long as they wish.

Core functions such as ACSP/YCS completion and review, one-to-one emotional support, support around hospital discharge, training and skills development, income maximisation, rights-based information, counselling, support to remain in employment or education, and proactive identification of hidden carers are all likely to be reduced and/or delayed. This will increase waiting times, create backlogs, heighten the risk of missing statutory timescales, and shift activity from preventative support towards increased demand on primary care and other statutory services.

The proposed reduction also places at risk the substantial “added value” delivered through externally funded activities that depend on HSCP-funded core posts. Short breaks, peer support groups, counselling services, physical therapies and a significant proportion of young carers’ support are funded largely from external grants but are only deliverable because they are hosted and coordinated by core staff whose posts are underpinned by the contract. If core staffing is reduced, these externally funded activities are unlikely to be sustainable, leading to the loss of preventative supports that help carers manage stress, maintain wellbeing and continue safely in their caring roles. This will not only impact carers’ health, resilience and ability to work or study, but is also likely to have knock-on financial implications for the HSCP as more carers and cared-for people present in crisis and require higher-cost statutory interventions.

What alternatives have you considered which can improve outcome for customers and/or reduce harm?

We are now actively exploring a digital service to sit alongside existing support, providing general information and advice and a Adult Carer Support Plan (ACSP) for carers aged 16 and over. This would enable adult carers to complete their own plan online, which would then be shared with the local carer centre to help identify and agreed outcomes, potentially offering more flexible access for carers who are digitally confident and prefer to engage in this way.

However, a digital route alone will not reach carers who are digitally excluded, including a disproportionate number of older carers, carers on low incomes who cannot afford devices or data, and carers living in areas with poor connectivity. For these groups, we propose to maintain non-digital routes (for example telephone and face-to-face contact, paper-based ACSPs and outreach), and to use the digital system as an additional option rather than a replacement. At this stage, the proposed digital service would only be available to carers aged 16 and over, so it does not meet the

requirements for young carers under 16 who need dedicated support; this is recognised as a residual gap, and young carers will continue to be supported through existing non-digital pathways and dedicated young carer provision.

How have you reduced harm to consumers through the development of your proposal?

In developing this proposal, the HSCP has sought to reduce harm to carers and service deliverers as far as possible within the constraints of the savings required. The reduction has not been applied as a blanket 15% in all cases: a lower reduction of 7% is proposed for Crossroads Cowal and Bute in recognition of its comparatively low existing allocation, local demographic and demand, and the need to maintain services for carers in Cowal and on the Isle of Bute. This differentiated approach is intended to avoid disproportionately destabilising provision in localities where alternative support options are limited.

Within the reduced funding envelope, efforts have been made to protect, as far as practicable, the most critical functions and the most vulnerable groups. This includes seeking to prioritise statutory duties under the Carers (Scotland) Act 2016, such as timely preparation and review of Adult Carer Support Plans and Young Carer Statements, with particular attention to carers of people with terminal illness who are subject to specific regulatory timescales. Providers have been asked to focus reductions where possible on non-statutory or lower-impact activity, and to maintain support for carers at highest risk of breakdown, young carers, and carers in island and remote rural communities.

The HSCP is also now exploring the development of a digital Adult Carer Support Plan and online information offer as an additional route for some carers to access advice and support more flexibly, while recognising that digital options cannot replace face-to-face contact or telephone support for carers who are digitally excluded or live in areas with poor connectivity. Monitoring and review arrangements have been built into the proposal so that if evidence shows that harm is greater than anticipated for particular groups (for example longer waits breaching statutory timescales, increased crisis presentations, or significant loss of external match funding), the HSCP and Integration Joint Board can consider further mitigation or adjustment.

On balance, while these steps reduce some of the potential harm, the HSCP acknowledges that it has not been possible to eliminate negative impacts given the scale of the budget gap, and that the proposal still represents a significant reduction in support compared with current provision.

If you have not been able to reduce harm to your consumers, why not?

Despite efforts to minimise negative impacts, it has not been possible to remove harm to carers and service deliverers because of the scale of the HSCP's overall budget gap and the requirement to deliver a balanced budget within the current financial year. Alternative options, including making deeper savings in other service areas or fully exempting unpaid carer services from savings, were explored but were not judged to be viable without creating unacceptable risks to other critical health and social care services and statutory duties.

Within these constraints, some differential protections have been applied (for example a lower reduction for Crossroads Cowal and Bute and a focus on maintaining core statutory functions), but the level of saving required from carer services remains significant and will inevitably reduce capacity and increase risk. In this context, harm cannot be fully avoided and must instead be mitigated and monitored, with a commitment to review the impacts and consider further adjustments if evidence shows that outcomes for carers, particularly those experiencing socio-economic disadvantage, are worsening beyond what was anticipated.

Children Rights and Wellbeing

Are there any aspects to your proposal which directly impact on children?

Children's Rights and Wellbeing

Young carers in Argyll and Bute are children and young people aged 5–18 who provide care for a parent, step-parent, sibling, grandparent, other relative, neighbour or friend, often where the cared-for person has a long-term illness, disability, mental health condition, substance misuse issue, additional support need, frailty or multiple complex needs. At present there are approximately 750 young carers registered in Argyll and Bute, and many more are likely to be hidden.

A reduction in Carers (Scotland) Act funding to local carer organisations (Crossroads Caring for Carers Cowal and Bute, Helensburgh and Lomond Carers Centre, North Argyll Carers Centre and Mid Argyll Youth Development Service) is likely to have a direct negative impact on young carers' rights and wellbeing under the Carers (Scotland) Act 2016, the Child Poverty (Scotland) Act 2017 and the UNCRC (Incorporation) (Scotland) Act 2024. Reduced capacity will increase waiting times for the statutory offer, preparation and review of Young Carer Statements, which are a key mechanism for identifying individual needs, worries, safety concerns, isolation and support requirements at home, in education and in the community, and for agreeing personalised action plans.

Carer organisations may have fewer resources to meet young carers' needs and to attract and manage external match funding which currently supports staffing, activities, groups, poverty and hardship funds, and whole-family approaches. There is a risk that reduced Carers (Scotland) Act funding will make the sector appear a higher financial risk to external funders, leading to a loss of grants that underpin meaningful opportunities for breaks from caring and wider wellbeing support for young carers and their families.

Staffing reductions and rising costs (including travel, premises and staff costs) are likely to reduce the number and range of respite and social opportunities available to young carers, such as trips, activities, groups, residentials, one-to-one support (including wellbeing and Young Carer Statements), mentoring, advice and information, and partnership activity with schools and other services. This may increase stress, anxiety and pressure on young carers' home and school lives, negatively affecting mental health, school attendance, attainment and participation in hobbies and interests. There is also a heightened risk that some young carers will seek support through inappropriate or unsafe avenues, and may adopt unhealthy coping strategies and behaviours.

In a remote and rural area such as Argyll and Bute, reductions in staff capacity and travel budgets will make it harder to reach young carers in outlying communities and islands and to provide the meaningful breaks and peer support identified in their Young Carer Statements. Carer centres currently provide safe local bases where young carers can meet peers, access information and advice, and experience shared social opportunities; any reduction in this provision is likely to increase isolation and loneliness and reduce opportunities to build resilience and positive relationships.

Carer organisations are key partners in a coordinated approach with Education, Social Work and Health to identifying and supporting young carers. Reduced capacity may therefore have unintended consequences across the wider system, including fewer opportunities to identify hidden young carers, reduced support to help young carers manage school and caring, and increased pressure on statutory services as unmet need escalates. Taken together, these impacts risk undermining children's rights to be safe, healthy, included and able to reach their full potential.

For Article 3 (best interests of the child), you could add a short linking sentence such as: "Direct impacts as above, which indicate that the proposal is likely to have a negative effect on the best interests of young carers by reducing timely identification, assessment, support and opportunities for rest, participation and development."

Are the any aspects to your proposal which indirectly impact on children?

Increased pressure and demand on Education, Health, Social Work and other third sector partners

Increased pressure on whole family outcomes, families and supportive networks

Reduced educational attendance, attainment and mental wellbeing

Reduced opportunities to identify and support hidden young carers

Reduced staff capacity to plan, provide and deliver awareness and training to stakeholders

Reduced staff capacity to attend and support child plan and whole family approaches

Reduced opportunities for Young Carer Support Workers to spend time in one to one with young carers developing relationships and understanding needs

Carers Organisation staff may feel caseload overwhelm, unable to meet needs or young carers, experience increased stress and worry

Carers Organisations may need to limit/reduce supports, time spent and regularity in response to reductions. (Direct to young carers, families and to partners).

Children rights

Children rights	Impact
Article 2: (non-discrimination) The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.	May limit equity of access for young carers across Argyll & Bute. Decrease young carers opportunities to access activities and experiences similar to their peers. Decrease opportunities for young carers vulnerable young carers in accessing services in response to their individual needs.
Article 3: (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.	Reductions to funding may not be in the best interests of young carers development, wellbeing and attainment. (Direct impacts as above)
Article 6: (life, survival and development) Every child has the right to life. The council must do all it can to ensure that children survive and develop to their full potential.	Direct impact to young carers health, emotional and mental wellbeing, educational attendance and attainment and overall life opportunities to achieve their full potential. Increases further inequity of services and supports in remote and rural geographical location.
Article 12 (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.	Reduction to funding could impact on opportunities for young carers to participate and share the their views.

Have you identified any other article as being relevant to your proposal?

Yes. The following additional UNCRC articles have been identified as relevant:

Article 18 – Parental responsibilities and state support
Reductions in Carers (Scotland) Act funding may impact the support provided to families, including parent carers, which in turn can indirectly increase the caring responsibilities and pressures experienced by young carers within those households.

Article 19 – Protection from harm
Young carers may be directly affected by increased stress, anxiety and neglect of their own needs if appropriate and responsive support is reduced, heightening the risk of emotional harm and undermining their right to protection from all forms of harm.

Article 23 – Children with disabilities
Where young carers support a sibling or other child with disabilities, reductions in services may limit access to specialist support and breaks, increasing caring intensity and reducing opportunities for the child with disabilities and the young carer to have their needs fully met.

Article 27 – Adequate standard of living
Service reductions may exacerbate household financial pressures, for example by limiting access to income maximisation and hardship funds, which can negatively affect young carers' standard of living and overall wellbeing.

Article 28 – Right to education
Reduced staff capacity and funding may directly impact young carers' school attendance and attainment, and indirectly limit the ability of carer organisations to work with schools on awareness, training, school-based support and identification of hidden young carers.

Article 31 – Rest, leisure and play
Reduced funding is likely to limit young carers' opportunities to access breaks from caring, spend time with peers and participate in leisure and recreational activities, while financial and staffing pressures may reduce the range and frequency of meaningful and individualised opportunities offered by carer organisations.

Children's wellbeing

Children wellbeing	**Impact**
Safe	Negative
Healthy	Negative
Achieving	Negative
Nurtured	Negative
Active	Negative
Respected	Negative
Responsible	Negative
Included	Negative

Safe – Negative
The proposal is likely to reduce the capacity of carer services to identify and respond promptly to risks for young carers, including inappropriate caring roles, unsafe situations at home, and emotional harm linked to stress and exhaustion, which national evidence already shows are higher for young carers than for their peers.

Healthy – Negative
Reduced access to Young Carer Statements, one-to-one support and breaks from caring is expected to have a negative impact on young carers' physical and mental health, at a time when the National Carers Strategy recognises that young carers already experience poorer health and higher levels of stress than non-carers.

Achieving – Negative
With less capacity for school-based work, mentoring and individual support, young carers are more likely to experience difficulties with school attendance, concentration and attainment, limiting their

ability to benefit from education and to move on to positive destinations in line with GIRFEC and national ambitions for young carers' learning and future opportunities.

Nurtured – Negative

Reductions in support to families and in opportunities for young carers to talk about their caring role and feelings are likely to undermine the consistency of nurturing relationships and whole-family support, contrary to the National Carers Strategy's aim that young carers should be children and young people first, with caring roles that are appropriate and not overwhelming

Active – Negative

Fewer groups, activities, trips and residential opportunities will make it harder for young carers to participate in play, leisure and physical activity, at odds with national expectations that young carers should be able to enjoy the same social and recreational opportunities as their peers.

Respected – Negative

With reduced staff capacity for individual work and advocacy, there will be fewer opportunities for young carers to have their voices heard in decisions that affect them, including through Young Carer Statements, which conflicts with national commitments to recognise, value and involve carers in line with GIRFEC and the National Carers Strategy.

Responsible – Negative

While caring can help young people develop skills and a sense of responsibility, national policy is clear that this must be balanced so that caring does not limit their life chances; by reducing support that helps young carers manage their role appropriately, the proposal risks increasing inappropriate levels of responsibility rather than supporting healthy, age-appropriate responsibility.

Included – Negative

Reduced capacity for outreach, school engagement and group work is likely to increase social isolation and stigma for young carers, particularly in rural and island communities, running counter to national aims that young carers should be fully included in education, community life and opportunities alongside their peers.

For the indicators where you believe your proposal will result in reduced children's wellbeing, explain what these reductions will be.

The proposal is likely to result in increased waiting times for Young Carer Statements and reviews, and reduced capacity to deliver the individualised actions set out in Young Carer Statement plans. It is anticipated that risks to young carers' mental and emotional health will increase, alongside reductions in young carers' feelings of inclusion, identity, connectedness and peer relationships. School attendance and attainment are likely to be negatively affected, with fewer opportunities to support young carers into further education, training and employment, including reduced staff capacity to assist with applications and references.

Young carers and their families are expected to have reduced access to opportunities, financial support and peer support, contributing to an increased risk of child poverty and fewer chances for young carers to access a break from caring. There is a heightened likelihood of increased risk-taking behaviours and unhealthy coping strategies, more young carers remaining hidden and unsupported, and strained stakeholder relationships due to staff capacity and time constraints. As a result, young carers are less likely to be heard, seen and valued, and other services (education, social work, health, third sector and online supports) are likely to experience increased pressure, leading overall to greater inequity of service and support for young carers across Argyll and Bute.

If you have identified any indicators as being relevant to your proposal, but you do not know what the impacts will be, explain how you will monitor impact as your proposal progresses.

The impact of reduced HSCP Carers (Scotland) Act funding on external match funding for young carer support is currently unknown, but recognised as a significant risk. To monitor this, commissioned carer organisations will be asked to report quarterly, through contract monitoring and the Joint Working Party (JWP), on changes to external grant awards, unsuccessful applications citing reduced core funding, and any resulting changes to the volume or type of support available to young carers.

The HSCP [lead officer/children and families lead] will collate this information and include it in regular performance and risk reports, with specific attention to any reductions in respite opportunities, groups, activities or hardship/wellbeing funds for young carers linked to loss of match funding. If monitoring shows that external funding losses are materially reducing young carers' access to support, the HSCP and Integration Joint Board will consider additional mitigation, which may include revisiting the distribution of available resources, seeking alternative funding routes, or further adjusting the service model.

Island Community

How many islands does your proposal affect?

All

Which islands are affected by your proposal?

All

Does your proposal impact on Island communities?

Island community	Impact
Demography	Negative
Economy	Negative
Society	Negative

Describe any negative impacts you have identified.

Reduction in spend on Unpaid Carer services will impact the services delivered to Carers on our Islands due to the increasing costs experienced by providers delivering services to Islands (Time, Travel and staffing). Concerns were noted regarding the possible closure of the Isle of Bute centre.

Describe how your proposal affects the islands communities you have identified differently from other communities including other islands communities and mainland areas.

Availability of staffing, increased costs, and increased demand on Island carers who have limited access to mainland services and have to add increased travel time and cost into their caring role that mainland carers do not need to do.

How will you ensure your proposal delivers equivalent levels of service to the islands communities you have identified compared to other areas, including mainland areas?

The HSCP recognises that it will not be possible to guarantee fully equivalent levels of service for island communities under this proposal, given the scale of the funding reduction and the structural

challenges of geography, travel and workforce on the islands. Island carers face higher travel costs, limited public transport, constrained local service options and variable digital connectivity, meaning that a digital offer alone cannot replace the value of local in-person support, outreach and peer groups.

The proposal therefore seeks to prioritise the retention of some face-to-face and outreach provision to island communities, alongside remote and digital support, with particular attention to islands where there are larger numbers of registered carers (for example Islay: 120 carers, Isle of Bute: 140 carers, Mull: 72 carers, Tiree: 23 carers; and smaller but important populations on Coll: 5, Colonsay: 4, Iona: 3, Jura: 9 and Gigha: 6). Providers will be asked to maintain a minimum level of on-island presence where possible, and to use blended models (telephone, online and periodic in-person visits) to mitigate the impact of reduced capacity.

However, the HSCP acknowledges that services for island carers may still be reduced compared to current levels, and that equivalent provision to all mainland areas cannot be fully assured within the available resources. This will be monitored through contract management, island-specific performance data and engagement with island carers and providers, so that any disproportionate negative impacts on island communities can be identified and, where possible, addressed over time.

Equality Impact

Equality impact on service users

Service users	Impact
Disability	Negative
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative
Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service users.

The proposal is likely to have a negative impact on disabled carers and disabled cared-for people. Many unpaid carers support someone with a long-term condition, disability or mental health problem and rely on carer organisations for information, advocacy, planning (ACSPs/YCS) and short breaks that help them manage caring safely; reductions in these supports increase the risk of deterioration in both the carer's and the cared-for person's health, greater stress, and earlier or more frequent use of higher-cost services, running counter to the National Carers Strategy's aim to sustain caring relationships while protecting carers' health and wellbeing.

Age is also negatively affected. Older carers are more likely to have their own health problems, be digitally excluded, and depend on local, face-to-face support and income maximisation, so reductions in capacity are likely to impact them disproportionately; this conflicts with national commitments to improve support for older carers and carers most at risk of poverty. Children and young people who are young carers face reduced access to Young Carer Statements, respite and school-based support, with consequent risks to their education, mental health and participation, which sits at odds with the National Carers Strategy and UNCRC-aligned ambitions that young carers should have the same opportunities as their peers.

For the remaining protected characteristics (sex, pregnancy and maternity, gender reassignment, sexual orientation, race and religion or belief), no specific additional impacts have been identified beyond those experienced by carers as a whole. The proposal is therefore assessed as having no differential impact for these groups at this stage, although monitoring and engagement will continue to be used to identify any emerging issues for particular groups of carers and to inform future mitigation in line with national equality and carers policy.

Don't knows identified.

Most equality impacts on service users have been assessed as negative where evidence is available, and no protected characteristic has been rated as “Don’t know” overall. However, there are areas of uncertainty about the scale and timing of some downstream effects, particularly the longer-term impact of carer breakdown on the health and wellbeing of cared-for people (many of whom are disabled or older) and on patterns of hospital admission and care home use.

These uncertainties will be monitored through routine performance reporting and contract monitoring, including tracking carer breakdown indicators, crisis presentations, unplanned admissions and changes in packages of care for cared-for people, and by using qualitative feedback from carers and providers to identify any emerging equality issues for specific groups. Where monitoring suggests that impacts on particular protected groups are worse than anticipated, the HSCP will review mitigation and, where possible, adjust the model of support or the allocation of resources.

Equality impact on service deliverers

Service deliverers	Impact
Disability	No Impact
Race	No Impact
Marriage and civil partnership	No Impact
Religion or belief	No Impact
Sex	Negative
Pregnancy and maternity	No Impact
Age	Negative
Sexual orientation	No Impact
Gender reassignment	No Impact

Impact on service deliverers.

The proposal is likely to have a negative impact on staff and volunteers within the six commissioned carer organisations, including anticipated job losses (around 5 FTE posts plus sessional hours), reductions in contracted hours and increased workloads for remaining staff. The workforce is predominantly female and concentrated in lower-paid third sector roles, so redundancies or reduced hours are likely to disproportionately affect women on modest incomes, some of whom may also have unpaid caring responsibilities themselves and limited alternative employment options in rural and island communities.

Staff with disabilities or long-term health conditions may be particularly affected by increased workload, reduced staffing and higher emotional pressure, with potential impacts on their own health and ability to remain in work. Younger staff and those in entry-level posts may face reduced opportunities for career development and progression if services contract, while staff in island and remote rural locations may struggle to find comparable local employment if posts are lost. Carer Organisation Impact Statement returns, including staff case studies, provide further detail on these

equality impacts and highlight concerns about job security, stress, and the ability to continue delivering values-based, preventative support within a reduced resource envelope.

These workforce impacts also run counter to national ambitions to promote fair work, improve terms and conditions in social care and build a sustainable, skilled social care and third sector workforce, as reflected in the National Carers Strategy and wider Scottish Government workforce policy.

Due regard.

In developing this proposal, the HSCP has had due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations for people with protected characteristics. The impact assessment has identified clear negative impacts for disabled carers and disabled cared-for people, for older carers and young carers, and for a predominantly female, lower-paid third sector workforce, and these findings have been central to consideration of options and mitigations.

To mitigate these impacts as far as possible within the required savings, the HSCP has sought to prioritise the protection of core statutory functions under the Carers (Scotland) Act 2016 (including ACSPs and YCS, particularly for carers of people with terminal illness), applied a lower reduction for Crossroads Cowal and Bute in recognition of local vulnerability and limited alternatives. The proposal also aims to preserve, as far as practicable, support for young carers and carers with the most complex caring roles, and to maintain a level of face-to-face and outreach provision in rural and island communities.

Equality impacts will be monitored through contract management and performance reporting, including data on carers and cared-for people by age and disability, waiting times and completion rates for ACSPs and YCS, crisis presentations, workforce changes, and feedback from carers and staff about their experiences. Where monitoring shows that outcomes for particular protected groups are worse than anticipated, the HSCP and Integration Joint Board will need to review the model of support and consider further adjustments or additional mitigation, within available resources, to better align the proposal with equality duties and the National Carers Strategy's commitment to improving outcomes for carers most at risk of disadvantage.