

Scottish Borders Health and Social Care Partnership



Equality, Human Rights and Fairer Scotland Duty Impact Assessment (IA) – Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place to identify relevant stakeholders, undertake robust consultation to deliver a collaborative approach to co-producing the Impact Assessment.

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Buildings Based Day Services - Teviot and Liddesdale

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Autism/Asperger's	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
X	X	X	X			X	X	X

Human Rights (enhancing or infringing)

Life	Degrading or inhumane treatment	Free from slavery or forced labour	Liberty	Fair Trial	No punishment without law	Respect for private and family life	Freedom of thought, conscience and religion	Freedom of expression	Freedom of assembly and association	Marry and found a family	Protection from discrimination
X	X					X	X	X			X

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Enhancing quality of life to service users who can participate in meaningful activities, and to unpaid carers who will be able to get respite	Positive	Significant
Time apart for service users and carers will support both those who use the service and carers with more freedom of thought, conscience and expression.	Positive	Significant
Time apart also provides enhanced opportunities to respect private and family life	Positive	Significant
Both carer stress and the service user presentation can lead to increases in domestic abuse / adult protection	Positive	Significant
People who live alone can poorly self-support / self-harm (malnourishment, neglect, fire safety, hoarding, living conditions –bathrooms etc)	Positive	Significant

Potential to reduce community /family exploitation through better engagement with service	Positive	Significant
Potential to identify people who need adaptations to support continued independence and living	Positive	Significant
Better potential to support carers to identify further supports and reduce risks to the carer and cared for	Positive	Significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes – socio-economic, potential challenges accessing the service from across the locality. However it is also worth noting that this development may also create the capacity for carers to have paid employment.
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<p>IA to be undertaken and submitted with the report – Yes</p> <p>If no – please attach this form to the report being presented for sign off</p> <p style="text-align: right;">21.11.2022</p>	<p>Proportionality & Relevance Assessment undertaken by:</p> <ul style="list-style-type: none"> • Susan Davidson, Operations Manager, SBC Social Care Department • Jenny Smith, Chief Officer, Borders Care Voice • Sean Elliot, Teviot Day Services Support Group • Lynn Gallacher, Manager, Borders Carers Centre • Wendy Henderson, Partners for Integration, Scottish Care • Stacy Patterson, Team Leader, Community Care Review Team • Shirley Cumming, Paraprofessional and Local Area Coordinator • Bryan Davies, Head of Commissioning • Michael Curran, Programme Manager, Business Change and Improvement • Chris Myers, Joint Director Health and Social Care SBC/NHSB
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Equality Human Rights and Fairer Scotland Duty Impact Assessment (IA)

Stage 2 Empowering People - Capturing their Views



Scottish Borders Health and Social Care Partnership

Teviot and Liddesdale Day Service Task and Finish Group

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
HER&FSD Advisor	Wendy Henderson	Independent Sector Lead, Partners for Integration	
Service Lead	Chris Myers	Chief Officer, Scottish Borders HSCP	
Responsible Officer	Bryan Davies	Head of Commissioning and Performance	
Main Stakeholder (NHS Borders)	Susannah Flower	Chief Nurse, HSCP	
Mains Stakeholder (Scottish Borders Council)	Jen Holland	Director of Strategic Commissioning and Partnerships	

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
Data on populations in need	<p>Scottish Borders Health and Social Care Partnership Joint Strategic Needs Assessment September 2022: https://www.scotborders.gov.uk/downloads/file/11690/hscp_joint_needs_assessment_report</p> <p>National Records of Scotland https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html</p>	<p>There is an aging population in the Scottish Borders and with this comes a potential increase in the number people with complex care needs that will need support.</p>
Data on relevant protected characteristic	<p>Scottish Borders Council Mainstreaming Report and Equality Outcomes file:///G:/LLC%20SW%20IST/LLC%20SW%20Integrated%20Care%20Fund/TEC/SW%20review%20documents/SW%20review%20projects/Performance%20Board/Mainstreaming_Report_Equality_Outcomes_2021_25.pdf</p>	<p>Age – 16.5% of the Scottish Borders population is under the age of 15 (16.9% Scotland) 58.8% of the Scottish Borders population is aged 16 to 64 (64.1% Scotland) 24.8% of the Scottish Borders Population is aged 65 or older (19.1% Scotland)</p> <p>An ageing population means more people in the Borders will be living with one or more complex conditions and therefore will require more support from health and social care as they age.</p> <p>Carers data showed that 70% of respondents were aged between 18-64 years, and 30% over 65 years. What does this tell us? With 30% of carers over 65 years of age, there is a need to support these carers to ensure that their health does not deteriorate.</p> <p>Gender-</p>



<https://www.gov.scot/publications/national-care-service-adult-social-care-scotland-equality-evidence-review/pages/8/>

National Records of Scotland

<https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html>

Gender	Male	Female
Age 0 to 15	50.85%	49.15%
Aged 16 to 64	48.79%	51.21%
65+	46.58%	53.42%
Total	48.58%	51.42%

There is a slightly higher female population in the Borders. The unpaid Carers Needs assessment survey also showed that 76% of the unpaid carers that responded were female.

Disability –

22.4% of the Scottish Borders population have a long term health condition (deaf or partially hearing impaired; blind or partially vision impaired; learning disability; learning difficulty; developmental disorder; physical disability; mental health condition; or Other Long-term health condition)


Day service provision needs to take into account the views of those with complex care needs and cater for complex needs, those views have been gathered through this IIA process.


Gender reassignment – Data states that 0.5% of population is Trans. In Teviot and Liddesdale this equates to 89 people.

Marriage and Civil Partnership - Not relevant

Pregnancy and Maternity – Not relevant

Race -

		<table border="1" data-bbox="1355 199 1769 478"> <thead> <tr> <th>Ethnicity</th> <th>Scottish Borders</th> </tr> </thead> <tbody> <tr> <td>White: Scottish</td> <td>70%</td> </tr> <tr> <td>White: Other British</td> <td>25.9%</td> </tr> <tr> <td>White: Polish</td> <td>1.3%</td> </tr> <tr> <td>Asian</td> <td>N/A</td> </tr> <tr> <td>Other Ethnic Group</td> <td>N/A</td> </tr> </tbody> </table> <p data-bbox="1355 486 1993 518">The Polish Community have feed into this IIA process.</p> <p data-bbox="1355 558 1568 590">Religion or belief -</p> <table border="1" data-bbox="1355 630 1769 917"> <thead> <tr> <th>Religion</th> <th>Scottish Borders</th> </tr> </thead> <tbody> <tr> <td>None</td> <td>59%</td> </tr> <tr> <td>Church of Scotland</td> <td>25.5%</td> </tr> <tr> <td>Roman Catholic</td> <td>4.3%</td> </tr> <tr> <td>Other Christian</td> <td>10%</td> </tr> <tr> <td>Other Religion</td> <td>1.1%</td> </tr> </tbody> </table> <p data-bbox="1355 957 1590 989">Sexual Orientation -</p> <p data-bbox="1355 997 2038 1165">1.4% of adults identify as “LGB & Other” (Lesbian, Gay, Bisexual or Other). The LGBTQ+ Community has been engaged via this IIA process and further engagement will take place with the provider of choice to inform decisions on service design to promote inclusivity.</p>	Ethnicity	Scottish Borders	White: Scottish	70%	White: Other British	25.9%	White: Polish	1.3%	Asian	N/A	Other Ethnic Group	N/A	Religion	Scottish Borders	None	59%	Church of Scotland	25.5%	Roman Catholic	4.3%	Other Christian	10%	Other Religion	1.1%
Ethnicity	Scottish Borders																									
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Data on service uptake/access		There are currently no Day Services Operating in Teviot and Liddesdale.																								
Data on socio economic disadvantage	National Records of Scotland https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html	Majority of most deprived SIMD groups including SIMD 1 in the Teviot and Liddesdale locality are in Hawick, with some SIMD 4 groups in Denholm.																								

	<p>Scottish Borders Health and Social Care Partnership Joint Strategic Needs Assessment September 2022: https://www.scotborders.gov.uk/downloads/file/11690/hscp_joint_needs_assessment_report</p> <p>Scottish Borders Council Mainstreaming Report and Equality Outcomes file:///G:/LLC%20SW%20IST/LLC%20SW%20Integrated%20Care%20Fund/TEC/SW%20review%20documents/SW%20review%20projects/Performance%20Board/Mainstreaming_Report_Equality_Outcomes_2021_25.pdf</p>	<p>In 2020, the median gross weekly pay (workplace based) for full time workers in the Scottish Borders was £481, £111 below the £593 for Scotland or 81% of the Scottish figure. In 2020, the median gross weekly pay (residence based) for full time workers in the Scottish Borders was £522, £73 below the £595 for Scotland or 87% of the Scottish figure.</p> <p>Around 29% of all households in the Scottish Borders are fuel poor, equivalent to approximately 16,000 households</p> <p>Any future Day Care Service users will be financially accessed for the service. During this process a benefits review is also undertaken.</p>
Research/literature evidence	<p>National Records of Scotland https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html</p>	
Existing experiences of service information	<p>See consultation events detailed below</p>	
Evidence of unmet need	<p> Unpaid Carers survey results.pdf</p> <p>NDTi We Have Listened Full Report</p>	<p>NDTi Engagement noted unmet need in Newcastleton which may require a peripatetic service. However, there is only currently 1 individual recorded in the GP system awaiting post diagnostic support for Dementia in Newcastleton. Further work is required to identify need in this area.</p> <p>There are currently 120 patients awaiting post diagnostic support for dementia in the Teviot and Liddesdale area.</p>
Good practice guidelines	<p>Guide to re-opening day services for adults Nov 2020.pdf (careinspectorate.com)</p> <p>https://www.careinspectorate.com/index.php/news/5790-guidance-</p>	

	on-adult-social-care-building-based-day-services	
Other – please specify		
Risks Identified		
Additional evidence required		

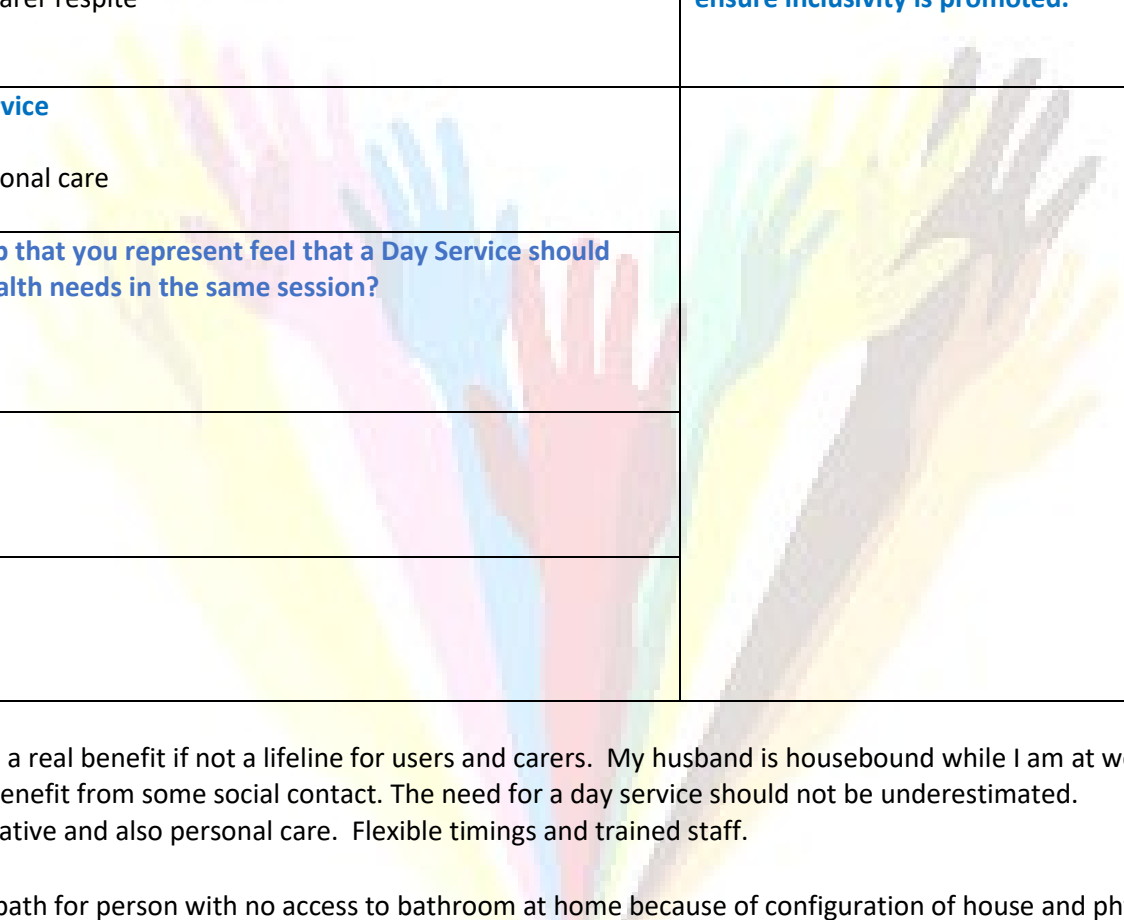
Engagement 1 – Online Survey shared with key stakeholder groups

Physical Disability group

Date	Format	Number of People responded	Protected Characteristics Represented								
22.03.23	Online Survey (with paper copies available) shared with the Physical Disability Strategy Group	10	<p>Age</p> <ul style="list-style-type: none"> • 17 years and under - 0 • 18 - 64 years - 3 • 65+ years - 7 <p>Disability</p> <table border="1"> <tr> <td>Deafness/partial hearing loss</td> <td>4</td> </tr> <tr> <td>Blindness or partial sight loss</td> <td>1</td> </tr> <tr> <td>Physical Disability</td> <td>10</td> </tr> <tr> <td>Mental health condition (Including Dementia,</td> <td>6</td> </tr> </table>	Deafness/partial hearing loss	4	Blindness or partial sight loss	1	Physical Disability	10	Mental health condition (Including Dementia,	6
Deafness/partial hearing loss	4										
Blindness or partial sight loss	1										
Physical Disability	10										
Mental health condition (Including Dementia,	6										

			Alzheimer's) Long-term illness, disease or condition 6
			Gender <ul style="list-style-type: none"> • Female - 7 • Male - 3 • Non Binary - 0 • Prefer not to say - 0 Race <ul style="list-style-type: none"> • White Scottish - 9 • Other British Religion <ul style="list-style-type: none"> Church of Scotland - 8 None - 2 Pregnancy & Maternity (not recorded) Sexual Orientation <ul style="list-style-type: none"> • Heterosexual/straight - 7 • Other - 1 • Don't know/rather not answer- 1 • Not answered -1 Transgender <ul style="list-style-type: none"> • No - 10

Views Expressed	Officer Response
The things important in a Day Service 9 - Opportunities to socialize with people with similar needs to me 7 - Social activities	All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider.

6 - Personal care 6 - Transport 6 - Length of session to allow Carer respite 6 - Trained staff 3 - Location	The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.
Barriers to accessing a Day Service 5 - Transport 4 - Lack of staff to provide personal care 3 - No barriers	
Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? 6 - Yes 3 - Not sure 1 - No	
Duration 3 - 3 Hour session 6 - 5 hour session 1 - Not sure	
Days of operation 6 - Daily Mon – Fri 3 - 7 days a week 1 - Not sure	
Other comments <ul style="list-style-type: none"> • A day service would be a real benefit if not a lifeline for users and carers. My husband is housebound while I am at work and struggles with loneliness and would benefit from some social contact. The need for a day service should not be underestimated. • Socialisation for my relative and also personal care. Flexible timings and trained staff. • Understanding • Access to a shower or bath for person with no access to bathroom at home because of configuration of house and physical disability. 	

Deafness and sight loss

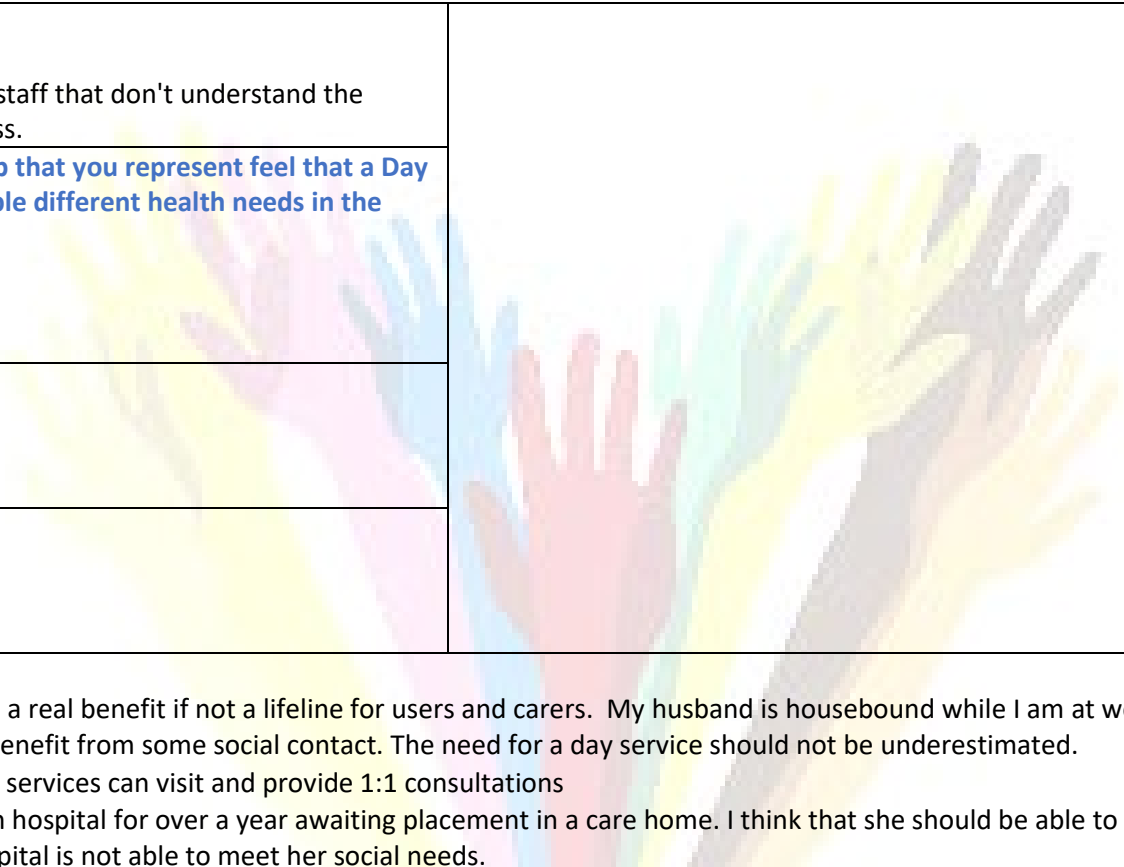
Date	Format	Number of People in	Protected Characteristics Represented
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		attendance by category*													
22.03.23	Online Survey (with paper copies available) shared with the See/Hear Group and response from RNID	11 individuals 1 Group (RNID) response, group not listed in the protected characteristic breakdown	<p>Age</p> <ul style="list-style-type: none"> 17 years and under - 0 18 - 64 years - 2 65+ years - 9 <p>Disability</p> <table border="1"> <tr> <td>Deafness/partial hearing loss</td> <td>8</td> </tr> <tr> <td>Blindness or partial sight loss</td> <td>6</td> </tr> <tr> <td>Physical Disability</td> <td>6</td> </tr> <tr> <td>Mental health condition (Including Dementia, Alzheimer's)</td> <td>7</td> </tr> <tr> <td>Long-term illness, disease or condition</td> <td>6</td> </tr> <tr> <td>Other Old age</td> <td>1</td> </tr> </table> <p>Gender</p> <ul style="list-style-type: none"> Female - 8 Male - 3 Non Binary - 0 Prefer not to say - 0 <p>Race</p> <ul style="list-style-type: none"> White Scottish - 10 Other British - 1 	Deafness/partial hearing loss	8	Blindness or partial sight loss	6	Physical Disability	6	Mental health condition (Including Dementia, Alzheimer's)	7	Long-term illness, disease or condition	6	Other Old age	1
Deafness/partial hearing loss	8														
Blindness or partial sight loss	6														
Physical Disability	6														
Mental health condition (Including Dementia, Alzheimer's)	7														
Long-term illness, disease or condition	6														
Other Old age	1														

			<p>Religion</p> <p>Church of Scotland - 6</p> <p>Roman Catholic - 1</p> <p>None - 4</p> <p>Pregnancy & Maternity (not recorded)</p> <p>Sexual Orientation</p> <ul style="list-style-type: none"> • Heterosexual/straight - 9 • Asexual - 1 • Not answered - 1 <p>Transgender</p> <p>0</p>
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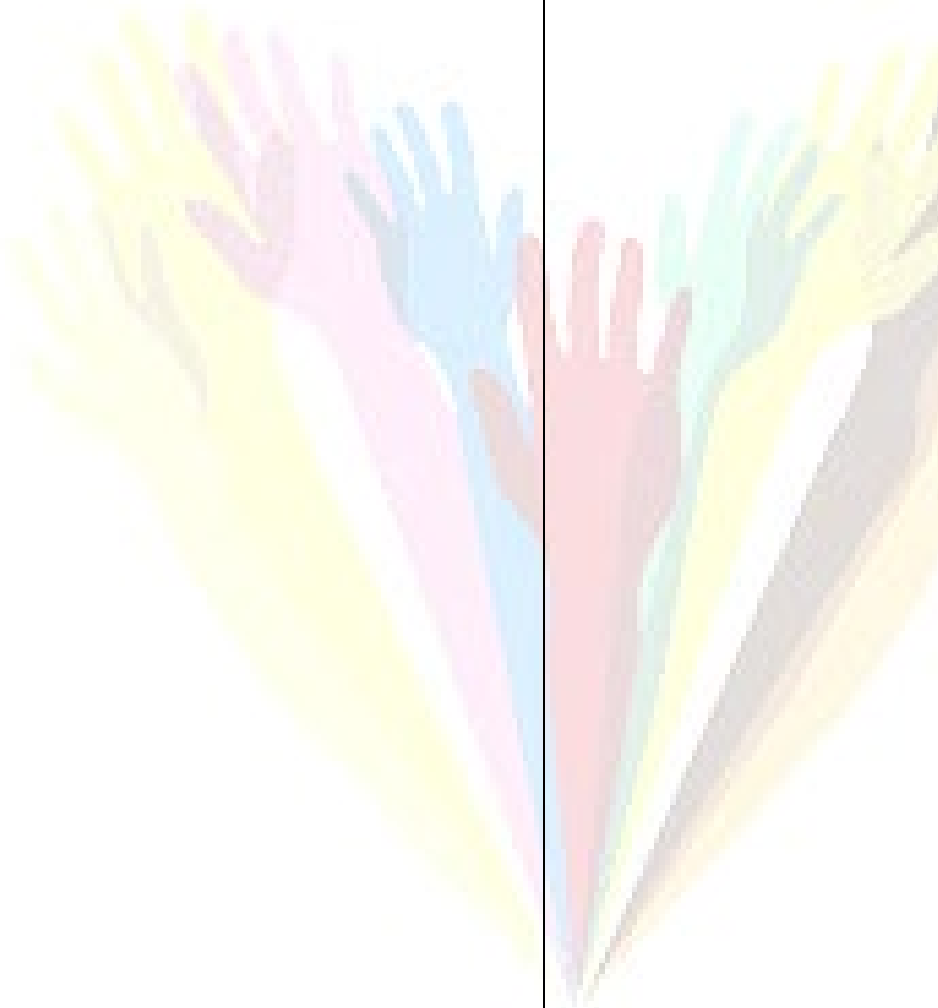
***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
<p>The things important in a Day Service</p> <p>9 - Opportunities to socialize with people with similar needs to me</p> <p>10 - Social activities</p> <p>6 - Personal care</p> <p>10 -Transport</p> <p>6 - Length of session to allow Carer respite</p> <p>7 - Trained staff</p> <p>3 – Location</p> <p>Other - Deaf Awareness training for all staff. Social areas to be well sound proofed (reduced echo). Good lighting to enable lip reading. Access to other services through Day Centre.</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider.</p> <p>The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service</p> <p>7 – Transport</p> <p>1 – Language</p> <p>1 – Lack of staff to provide personal care</p> <p>1 – Lack of information</p>	

<p>1 – Lack of cultural awareness 4 - No barriers Other - Noisy environments & staff that don't understand the needs of those with hearing loss.</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? 8 - Yes 4 - Not sure 0 - No</p>	
<p>Duration 4 - 3 Hour session 6 - 5 hour session 2 - Not sure</p>	
<p>Days of operation 7 - Daily Mon – Fri 5 - 7 days a week 1 -Not sure</p>	
<p>Other Comments -</p> <ul style="list-style-type: none"> • A day service would be a real benefit if not a lifeline for users and carers. My husband is housebound while I am at work and struggles with loneliness and would benefit from some social contact. The need for a day service should not be underestimated. • Private rooms so other services can visit and provide 1:1 consultations • My relative has been in hospital for over a year awaiting placement in a care home. I think that she should be able to access a day service from the hospital as the hospital is not able to meet her social needs. 	

Mental Health Forum and Dementia Working Group

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
22.03.23	Online Survey (with paper copies available) shared with the Mental Health Forum and The Dementia Working Group	18	Age <ul style="list-style-type: none"> • 17 years and under - 0 • 18 - 64 years - 6

		<ul style="list-style-type: none"> • 65+ years - 12 <p>Disability</p> <ul style="list-style-type: none"> Deafness/partial hearing loss 6 Blindness or partial sight loss 3 Physical Disability 7 Mental health condition (Including Dementia, Alzheimer's) 18 Long-term illness, disease or condition 8 <p>Gender</p> <ul style="list-style-type: none"> • Female - 12 • Male - 6 • Non Binary - 0 • Prefer not to say - 0 <p>Race</p> <ul style="list-style-type: none"> • White Scottish - 15 • Other British - 2 • Other white ethnic group - 1 <p>Religion</p> <ul style="list-style-type: none"> Church of Scotland - 8 Roman Catholic - 1 None - 9 <p>Pregnancy & Maternity (not recorded)</p> <p>Sexual Orientation</p> <ul style="list-style-type: none"> • Heterosexual/straight - 14 • Asexual - 1 • Gay/Lesbian – 1 • Don't know/rather not answer - 1 • Other - 1
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			Transgender - 0
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***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
<p>The things important in a Day Service 14 - Opportunities to socialize with people with similar needs to me 13 - Social activities 8 - Personal care 8 - Transport 13 - Length of session to allow Carer respite 10 - Trained staff 3 - Location</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service 11 - Transport 6 - No barriers</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? 9 - Yes 5 - Not sure 4 - No</p>	
<p>Duration 6 - 3 Hour session 11 - 5 hour session 1 - Not sure</p>	
<p>Days of operation 12 - Daily Mon – Fri 5 - 7 days a week 2 -Not sure</p>	
<p>Other Comments –</p>	

- A day service would be a real benefit if not a lifeline for users and carers. My husband is housebound while I am at work and struggles with loneliness and would benefit from some social contact. The need for a day service should not be underestimated.
- Socialisation for my relative and also personal care. Flexible timings and trained staff.
- understanding
- The reinstatement of local support services which my elderly parents had withdrawn - to their severe detriment.
- The ability to be in one place to meet other people, have company, eat well and access other supports is so important to the older folk who have been sitting isolated since the closure of this vital service - LAC support never materialised.
- Please listen to the folks that need this service & the carers who need the respite.
- My relative has been in hospital for over a year awaiting placement in a care home. I think that she should be able to access a day service from the hospital as the hospital is not able to meet her social needs.
- Opportunity to socialise and importantly give carers some respite.

LGBTQ Community

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented								
22.03.23	Online Survey (with paper copies available) shared with the Linda Jackson	2	<p>Age</p> <ul style="list-style-type: none"> • 17 years and under - 0 • 18 - 64 years - 1 • 65+ years - 1 <p>Disability</p> <table border="1" data-bbox="1503 1038 2009 1367"> <tr> <td data-bbox="1503 1038 1765 1114">Deafness/partial hearing loss</td> <td data-bbox="1765 1038 2009 1114">1</td> </tr> <tr> <td data-bbox="1503 1114 1765 1222">Blindness or partial sight loss</td> <td data-bbox="1765 1114 2009 1222">1</td> </tr> <tr> <td data-bbox="1503 1222 1765 1262">Physical Disability</td> <td data-bbox="1765 1222 2009 1262">1</td> </tr> <tr> <td data-bbox="1503 1262 1765 1367">Mental health condition (Including</td> <td data-bbox="1765 1262 2009 1367">2</td> </tr> </table>	Deafness/partial hearing loss	1	Blindness or partial sight loss	1	Physical Disability	1	Mental health condition (Including	2
Deafness/partial hearing loss	1										
Blindness or partial sight loss	1										
Physical Disability	1										
Mental health condition (Including	2										

			Dementia, Alzheimer's)	
			Long-term illness, disease or condition	2
			Gender	
			• Female	- 2
			• Male	- 0
			• Non Binary	- 0
			• Prefer not to say	- 0
			Race	
			• White Scottish	- 1
			• Other British	- 1
			Religion	
			None	- 2
			Pregnancy & Maternity (not recorded)	
			Sexual Orientation	
			• Gay/Lesbian	- 1
			• Asexual	-1
			Transgender	
			0	

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
The things important in a Day Service 1 - Opportunities to socialize with people with similar needs to me 2 - Social activities 1 - Personal care	All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.

1 - Transport 1 - Length of session to allow Carer respite 1 - Trained staff 0- Location	
Barriers to accessing a Day Service 1- Transport 1- Lack of staff to provide personal Care 1- No barriers	
Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? 1- Yes 0- Not sure 1- No	
Duration 1- 3 Hour session 1 - 5 hour session 0 - Not sure	
Days of operation 2 - Daily Mon – Fri 0 - 7 days a week 0 - Not sure	
Other comments <ul style="list-style-type: none"> Lunch to be included My relative has been in hospital for over a year awaiting placement in a care home. I think that she should be able to access a day service from the hospital as the hospital is not able to meet her social needs. 	

Hawick Stroke Group

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
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22.03.23	Paper survey and discussion	Answered as a groups so protected Characteristic information not provided.	Age 25 +
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***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
<p>The things important in a Day Service Opportunities to socialize with people with similar needs to me Social activities Personal care Transport Trained staff Location Speech Therapy, Physiotherapy, Lunch included and bathing options.</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service Transport Lack of information</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? No</p>	
<p>Duration 5 hour session (10-3)</p>	
<p>Days of operation Daily Mon – Fri</p>	
<p>Other comments • Gentle exercise • Scheduled activities • Quiz • Games • Time to speak • Crafts • Arts • Fun place • Slide shows • Specific support for stroke on certain days • Therapeutic support/Physio • Stretching/movement instruction • Meditation/breathing instruction • Photos from when younger • Coffee time good for conversation • Planting and gardening • Art • Variation every week important • Happy place</p>	

Polish Community via Polish School

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented		
22.03.23	Online survey with paper copies available	1	<p>Age</p> <ul style="list-style-type: none"> • 17 years and under - 0 • 18 - 64 years - 1 • 65+ years - 0 <p>Disability</p> <table border="1" data-bbox="1507 632 2009 775"> <tr> <td>Long-term illness, disease or condition</td> <td>1</td> </tr> </table> <p>Gender</p> <ul style="list-style-type: none"> • Female - 0 • Male - 1 • Non Binary - 0 • Prefer not to say - 0 <p>Race</p> <ul style="list-style-type: none"> • White Polish - 1 <p>Religion</p> <p>Roman Catholic - 1</p> <p>Pregnancy & Maternity (not recorded)</p> <p>Sexual Orientation</p> <ul style="list-style-type: none"> • Heterosexual/Straight - 1 <p>Transgender</p> <p>0</p>	Long-term illness, disease or condition	1
Long-term illness, disease or condition	1				

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***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

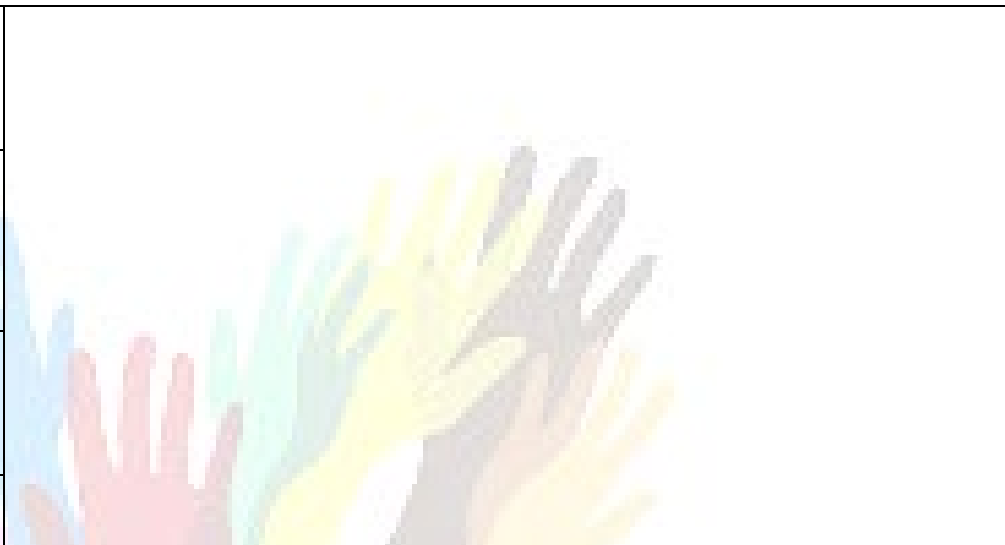
Views Expressed	Officer Response
The things important in a Day Service Social activities Length of session to allow for carer respite Trained staff	All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.
Barriers to accessing a Day Service Lack of information Lack of cultural awareness	
Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? Yes	
Duration 5 hour session	
Days of operation Daily 7 days a week Evenings	

Borders Carers Centre-

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
22.03.23	Online survey with paper copies available	2 Responses as an organization – protected characteristic information not recorded	Age 18 +

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
<p>The things important in a Day Service</p> <p>Personal care Opportunities to socialise with people with similar needs to me Location Transport Length of session to allow carer respite Trained staff (Dementia, Physical Disabilities, Personal care, Moving and handling)</p> <p>Other - It is utterly imperative that day service provision is offered in all areas of the Borders and that personal care is provided. Unpaid carers should not have to attend at all - as the day service needs to enable them to access respite for themselves. Transport must be reliable and robust and buildings based. End users (the cared for and the unpaid carers) must be heard prior to the design and commissioning of services and unpaid carers and service users must be at the heart of the commissioning process in terms of involvement and decision making. There is a significant risk that if services are designed in isolation from unpaid carers then it could result in the needs of families in the area not being met and inappropriate allocation of limited resources. The importance of continuously involving the service users at a 'systems level' in order to make improvements in the locality in the future is evident from our ongoing and extensive research</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider.</p> <p>The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service</p> <p>Transport Lack of staff to provider personal care</p> <p>Other - Must be staffed properly - Lack of training, skill, facilities and capacity in the community activities Not all community based activities have the skills, training, facilities or capacity to support the range of needs of the cared for. This results in a lack of confidence felt by the carer due to the increased risk to the health, welfare and wellbeing of their loved one. It was also highlighted</p>	

<p>that community activities are not necessarily regulated and therefore carers needed to feel confident that the community provision was adequate in terms of safety, skills and facilities before they could consider accessing community based activities.</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? No Not Sure</p>	
<p>Duration 5 hour session Other - It should be flexible to suit the individual. Everyone has different needs</p>	
<p>Days of operation Daily 7 days a week</p>	
<p>Other comments Range of care offered, Participants identified that what works for one individual may not work for all. They identified that the needs of the carer must be considered alongside the needs of the cared for and that a range of care options were needed to enable people to choose what works best for them in their individual set of circumstances. The lack of availability and limited range of care services was highlighted as a key challenge. Within the range of care services, consideration needs to be given for those with low, middle and high levels of care requirement. Services being designed/commissioned should consider the level of needs that can and cannot be met by future services that are designed/commissioned. Participants highlighted a need for services to specifically cater for moderate to high level needs with staff who have the specialist skills required to support loved ones with high levels of need including dementia and autism. Without access to these specialist services, unpaid carers are at risk of Burnout or becoming ill as a consequence of the lack of respite and quality rest. Relating to this, the need for overnight respite was also raised as unpaid carers are experiencing continuous disturbed sleep on an enduring basis.</p> <p>Duration of care Duration of care was highlighted by participants as a real challenge. Some are experiencing 15 minutes of support and therefore they are only able to access 15 minutes of rest from caring. There was a significant discussion about unpaid carers requiring day long services to enable them to access the respite that they need which will also support their ability to cope with stress, their mental health, allow them to have time that 'is theirs' and socialise. The phrase 'clock watching' was used which could indicate increased stress being placed on unpaid carers as a result of short bursts of care as opposed to day long provision. Again, the needs of the individuals (cared for and unpaid carer) need to be considered and therefore this highlights again the requirement for families to choose from an availability of options on offer in the future.</p>	

Location of care services

The location of the services was discussed as an important factor and again raised the need for this to be an option for unpaid carers to choose from in the future. For some, home based care was felt to be most suitable for their situation, for others care outside of the home was required with some unpaid carers reporting that they cannot secure time alone in their own home. Despite the recognition of varying needs, there was a strong expression during the session for making available 'building based' care services for those who wished care to be delivered out with the home.

Continuity of care

Continuity of care was discussed as a key challenge. Unpaid carers expressed the desire to build relationships with carers involved in their family's situation, to get to know them better, to increase confidence and to manage changes (for example holiday periods) more smoothly.

Unpaid carers expressed that they were not experiencing continuity; at times the care available was not able to fit around their lives in terms of scheduling, it was described by some as 'scattergun' and that a more planned approach with better relationships would improve their experience. 'Shared Lives' programme was highlighted to the group as an area of good practice that had positive principles currently being adopted for people with learning disabilities.

Workforce related challenges

The participants at the event began to discuss solutions to some of the workforce challenges that are evident in the care sector. Participants expressed the challenges that the lack of available carers and specialist carers as considerable and a high dependency on reliance on family to support. In addition, unpaid carers discussed the fact that devolving funding to families was not always their preference and that Self Directed Support (SDS) was not designed to replace statutory care but as an alternative. Devolving the budgets to families does not remove the sector wide issue of a lack of skilled staff and therefore at times it is devolving the burden of securing support. In this example, unpaid carers reported the lack of carers and activities that are available locally via SDS. There was significant concern from the group surrounding the increasing demand and lack of current capacity and that when families are in crisis, there is no support. This increases the risk of unpaid carer burnout and knock on effects on health services.

Identified risk and associated impacts.

The group identified potential solutions in this regard as listed below:

- Improve the profile of the caring role, we need to make it more attractive
- Improve remuneration
- Improved training and skill levels to help people feel proud of their caring role and could improve job retention
- Skills pipeline is varied and so an understanding of what is needed at different levels of care
 - this needs to be clearer and investment made into training where needed
- Promote college opportunities to re-skill / up-skill
- Provider specifically commissioned to provide respite services
- Services for lower needs that specifically say personal care is not needed but where people can come and sit and provide company and conversation

for the loved one."

"A day service gives that social atmosphere for cared for people and gives the carers a break knowing their cared for person is supported and looked after. Day services make such a difference to both."

Housing Association -

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
22.03.23	Online survey with paper copies available	Group response, protected characteristics not recorded.	Age 55+

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
<p>The things important in a Day Service</p> <p>Social activities Personal Care Location Transport</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service</p> <p>Transport</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session?</p> <p>Not sure</p>	
<p>Duration</p> <p>5 hour session</p>	
<p>Days of operation</p> <p>Daily 7 days a week</p>	

TDSSG – Teviot Day Services Support Group

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
22.03.23	Online survey with paper copies available	Group response, protected characteristics not recorded.	55+ years

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
<p>The things important in a Day Service Personal care Opportunities to socialise with people with similar needs to me Social activities Transport Length of session to allow carer respite Trained staff (Dementia, Physical Disabilities, Personal care, Moving and handling)</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service Transport Lack of staff to provide personal care Lack of information</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? No</p>	
<p>Duration 5 hour session At minimum. Previous day service in Hawick operated 6-7 hours per day</p>	
<p>Days of operation Daily 7 days a week</p>	

Summary of online survey respondents by Protected Characteristic



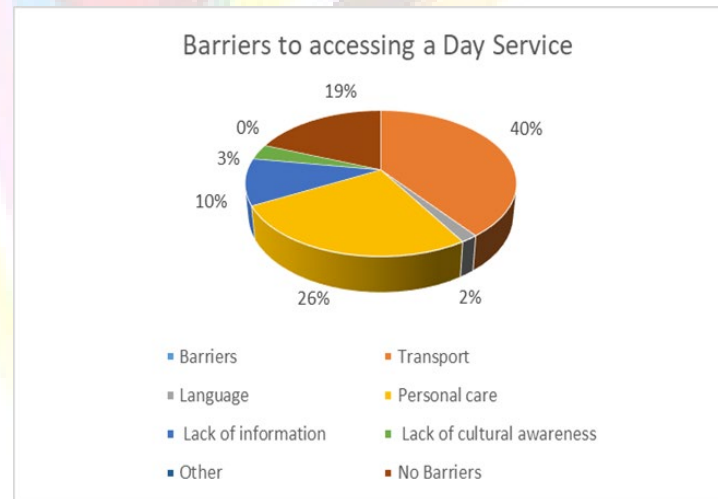
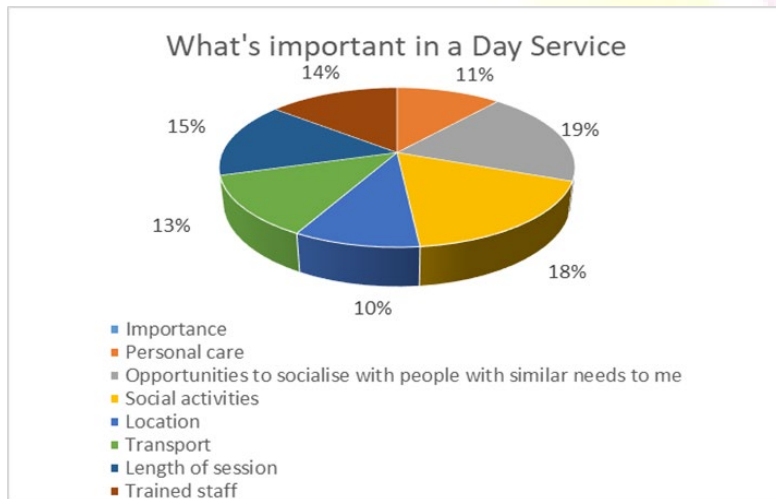
Day services survey
results word 05.04.23

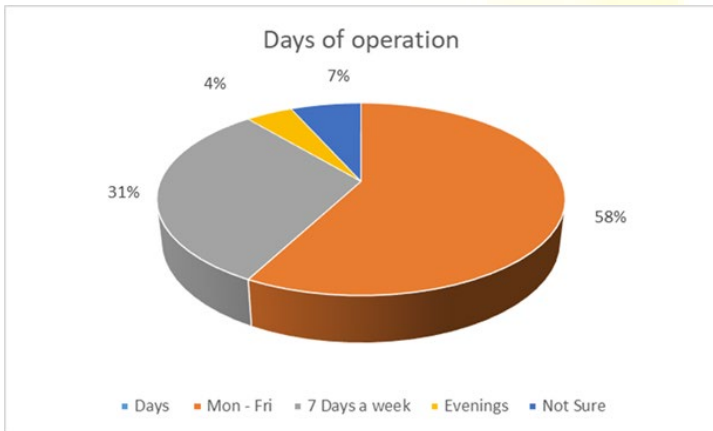
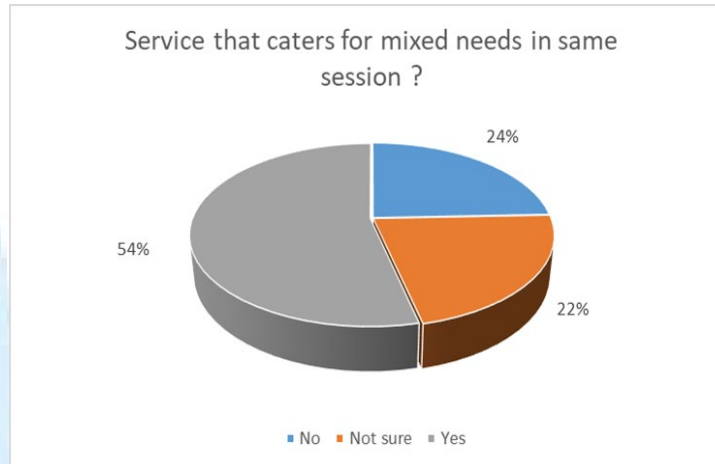
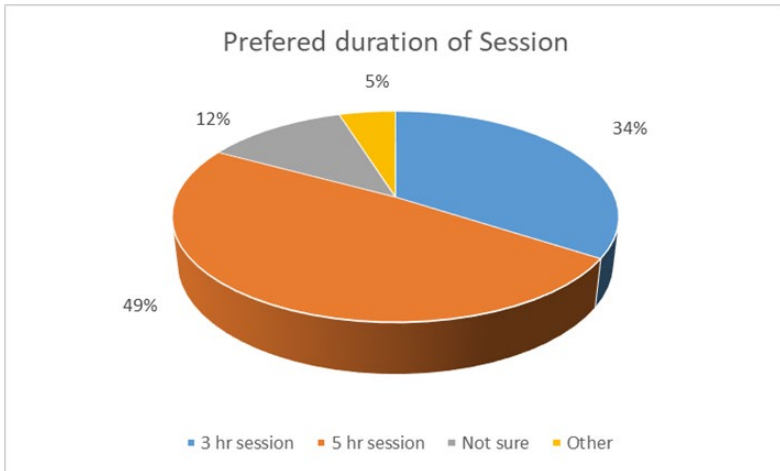
Summary of online survey results all areas



Teviot Day Services
IIA survey results.pptx

Summary of online Survey Day Service question results – Hawick Residents only





Engagement events 2 – NDTI Engagement sessions across the locality

NDTi Session -Teviot

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
Monday 23 January 12- 2pm	Lunch time meeting in Hawick Town Hall	120 in total.	Protected Characteristics not recorded.
Wednesday 25 January – between 11 and 2pm	Heart Of Hawick Café/ Bar	Members of the Public 32 Interested in Dementia 3 Families/unpaid Carers 14 Current service users39 Social work/NHS 14 Volunteers3 Other 15	Protected Characteristics not recorded.
Wednesday 1 March, 7 - 8.30pm	Online MS Teams		Protected Characteristics not recorded.
Thursday 26 January, 12.30 - 1.30 pm	Evergreen Lunch Club, Hawick		Protected Characteristics not recorded.
13 February, 10.30 am - 1.30 pm	Social Centre, Hawick		Protected Characteristics not recorded.

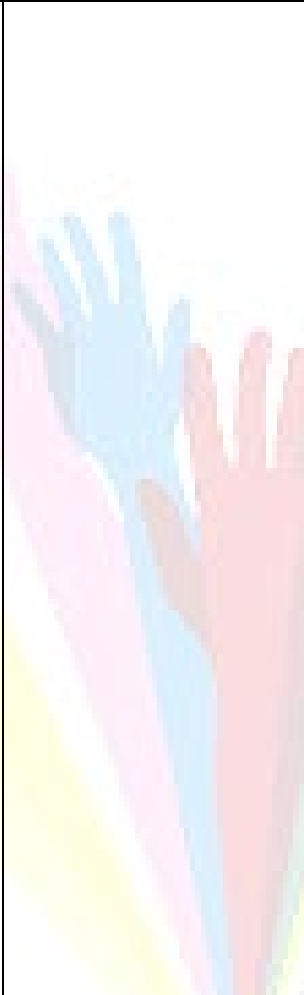
*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
Bonchester Bridge – Transport is limited, people with poor mobility or dementia need support to get to activities or are	All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider.

<p>isolated. Lack of home Carers, so caring responsibility falling to families. Lack of respite for unpaid/informal Carers. A day service for people with complex needs – including transport.</p>	<p>The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Denholm – Transport is limited, Shortage of home Carers and limited visit time, lack of respite for Carers, lack of volunteers. Day support with trained staff – including bathing, dementia support, company and stimulation, better day service usage if in Hawick but transport would need to be provided.</p>	
<p>Hawick – Home care – 15 min visits are not enough, shortage of volunteers, better coordination of volunteers, respite for carers, social opportunities for people with physical disabilities. Main need – day service for high level needs (dementia and frailty and physical disabilities)</p>	
<p>Newcastleton – Carers respite in their own homes, support with higher/complex needs and social interaction required, Provision must provide transport and support for transport, need building based day service for people with higher needs, need care home in the village with day centre.</p>	<p>A peripatetic Day service will be considered for Newcastleton once the full needs are assessed.</p>

Needs assessment of unpaid Carers in the Scottish Borders 2022

Date	Format	Number of People responded	Protected Characteristics Represented
November 2022	<p>Online Carers Survey via the NHSB webpage and Distributed to the following groups –</p> <ul style="list-style-type: none"> • Carers Workstream Steering Group • BOPF (Borders Older People’s Forum) • All NHS & SBC employees Meeting of Minds • NHS & SBC social media pages (Facebook, Twitter) 	<p>244 respondents. Respondents were aged 18-65+ years, with 70.2% aged 18-64 years.</p>	<p>Age</p> <ul style="list-style-type: none"> • 17 years and under - 3 • 18 - 64 years - 171 • 65+ years - 70 <p>Disability</p>

	<ul style="list-style-type: none"> Galashiels Jobcentre Plus Ability Borders The Bridge AccessAble Borders NHS Borders Public Involvement Members Skills Development Scotland SBC Area Partnerships (via Shona Smith) Borders Additional Needs Group (BANG) Youth Borders Volunteer Centre Borders Veterans First Point Citizens Advice Bureau Live Borders Borders Carers Centre What Matters Hubs Encompass Borders Dementia Resource Centre Red Cross PAC Service Practice Managers Borders Care Voice District Nurses Berwickshire Association of Voluntary Service (BAVS) Dementia Café Hawick We Are With You Local Community Councils Alliance Scotland Local newspapers 		<table border="1" data-bbox="1234 220 1989 703"> <thead> <tr> <th>Diagnosis</th> <th>Number of responses</th> </tr> </thead> <tbody> <tr> <td>Physical Disability</td> <td>83</td> </tr> <tr> <td>Neurological</td> <td>76</td> </tr> <tr> <td>Dementia</td> <td>63</td> </tr> <tr> <td>Mental Health</td> <td>55</td> </tr> <tr> <td>Learning Disability</td> <td>48</td> </tr> <tr> <td>Frailty</td> <td>48</td> </tr> <tr> <td>Neuro-developmental</td> <td>40</td> </tr> <tr> <td>Life-limiting conditions</td> <td>30</td> </tr> <tr> <td>Other</td> <td>26</td> </tr> <tr> <td>End of Life Care</td> <td>7</td> </tr> <tr> <td>Addiction</td> <td>5</td> </tr> <tr> <td>Cancer</td> <td>5</td> </tr> <tr> <td>Prefer not to say</td> <td>2</td> </tr> </tbody> </table> <p>Gender</p> <ul style="list-style-type: none"> Female - 186 Male - 55 Non Binary - 1 Prefer not to say - 2 <p>Race</p> <ul style="list-style-type: none"> Mixed/multiple ethnicity - 2 Other Ethnic background - 1 Prefer not to say - 7 White - 234 <p>Religion (not recorded)</p> <p>Pregnancy & Maternity (not recorded)</p> <p>Sexual Orientation (not recorded)</p>	Diagnosis	Number of responses	Physical Disability	83	Neurological	76	Dementia	63	Mental Health	55	Learning Disability	48	Frailty	48	Neuro-developmental	40	Life-limiting conditions	30	Other	26	End of Life Care	7	Addiction	5	Cancer	5	Prefer not to say	2
Diagnosis	Number of responses																														
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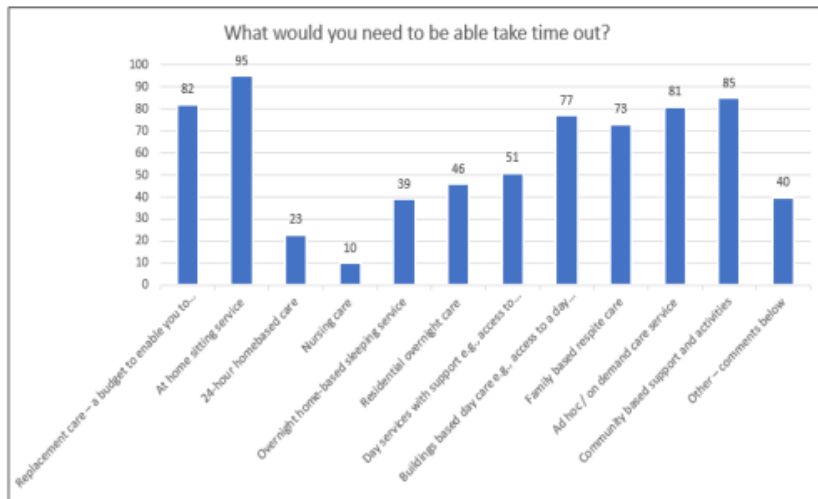
<p>Views Expressed</p> <p>The majority of respondents to the health and wellbeing section felt their own health was affected by their caring role, with 73% agreeing with this statement.</p>	<p>Officer Response</p> <p>The views of Carers is being considered along with the other stakeholder groups to inform the model of provision</p>
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Others felt their wellbeing was affected, with 62% unable to undertake exercise or physical activity under their caring duties. Reasons given for this included anxiety, exhaustion, time and unable to leave those they care for alone.

When asked if able to leave the person they care for at home alone, 42% of respondents said they were not able to, with reasons including their age (school age), risk of injury or harm and confusion.

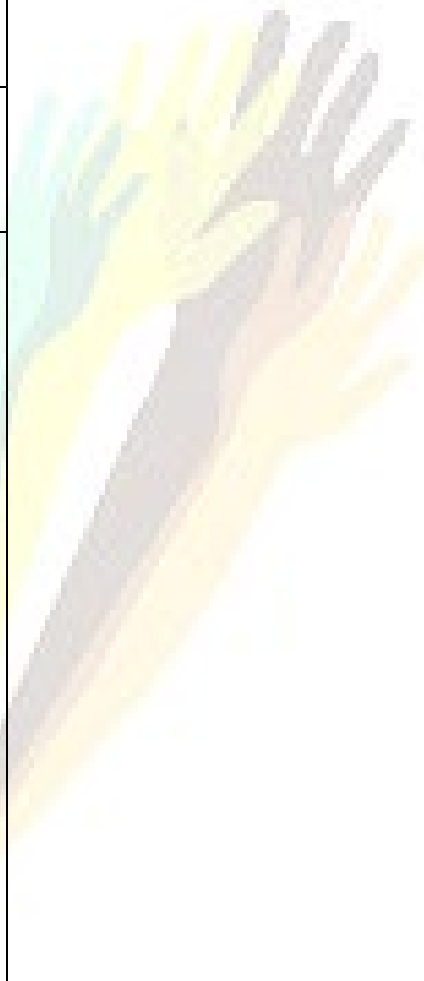
When asked if they are able to have time out from the demands of their caring role, whether be a few hours to themselves or a day away or holiday, 38% of respondents felt that they could somewhat, with an equal percentage of 30% answering both yes and no.

Respondents were able to select multiple options when asked what would be needed in order for them to take time out and what they felt the barriers were this. 13% of respondents felt that an at home sitting service would be of benefit to them, followed closely by replacement care, an ad hoc care service and community-based support and activities at 12%.



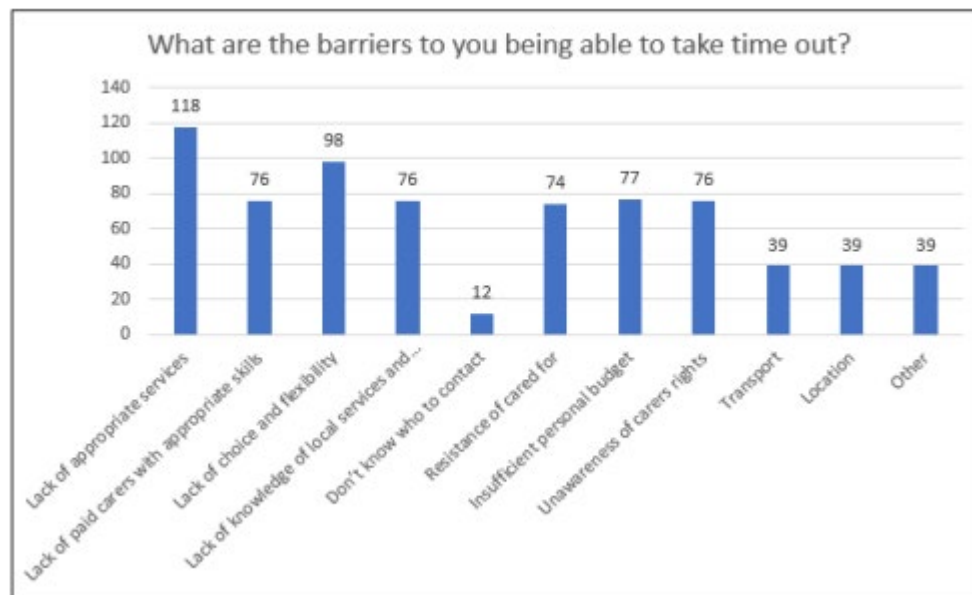
77 unpaid Carers indicated that buildings based day care would help them to take time out. When exploring which localities these 77 individuals raising concerns about day

provided.



service provision were based in, responses were particularly pronounced from the Teviot and Liddesdale locality, with 46% of comments on day service provision being required to get time out being from Carers in this locality, followed by 21% in Eildon, 12% in Tweeddale, 12% in Berwickshire, and 9% in Cheviot.

A lack of appropriate services was the most selected option amongst barriers against time out for carers. 16% of respondents selected this option with 14% agreeing that a lack of choice and flexibility was also an issue. A lack of paid carers with appropriate skills and an insufficient personal budget were also selected by 11% of respondents respectively.



Needs assessment of unpaid Carers in the Scottish Borders Report 2022



Unpaid Carers
survey results.pdf




NDTi We have listened Feedback report

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
October 2022	<p>An online survey • Face to face engagement sessions in locality venues • Online engagement sessions including evening sessions • Face to face and online meetings with key stakeholder groups • A limited number of one-to-one telephone conversations with those who were unable to access online sessions.</p> <p>Engagement with the following groups - Physical Disability Group • See/Hear Group • Mental Health Forum • Self-Directed Support (SDS) Group • People with Learning Disabilities (from Local Citizens Panels) • Dementia Working Group • Carers (through survey responses and noting the involvement of carers in a number of these stakeholder sessions) • Borders Older People's Partnership • People from Ethnic Minorities (employees at Farne Salmon) • People in the LGBT community • Homelessness workshop (part of Housing Strategy engagement</p>	<p>236 responses from people who identified as unpaid Carers. It is unclear how many of these people responded to both the Carers survey and the NDTi engagement. 90 of these responses were from the Teviot Locality.</p>	<p>Age</p> <ul style="list-style-type: none"> • 17 years and under • 18 - 64 years • 65+ years <p>Disability</p> <p>Gender</p> <ul style="list-style-type: none"> • Female • Male • Non Binary • Prefer not to say <p>Race</p> <ul style="list-style-type: none"> • Mixed/multiple ethnicity • Other Ethnic background • Prefer not to say • White <p>Religion</p> <p>Pregnancy & Maternity</p> <p>Sexual Orientation</p>

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
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<p>In common with the carers survey, the “We Have Listened” consultation noted that the need expressed for buildings based day services was strongest in the Teviot and Liddesdale area, reinforcing the carer survey results that the greatest expressed need for adult buildings based adult day services provision from our communities is in the Teviot and Liddesdale area.</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model to ensure inclusivity is promoted and respite opportunities for those in a caring role.</p> 
<p>What doesn't work so well in Teviot - Day support - some people said they “feel like prisoners in their own homes because [day] services don't exist”. This also impacts on carers for people who are considered to have lesser needs who want someone to provide intermediate support, signposting or assisting people with basic support while they are out and about</p>	
<p>One of the key priorities reported for Teviot was the need to focus on the growing demands around dementia, including treating people with dignity and respect, good quality day services, support for carers and training for staff</p>	
<p>Overall feedback from the Carers Group included – Improving support to carers especially unpaid carers such as spouses, partners, children, parents, etc... As this seems to be the prominent issue that often falls between the gaps</p>	
<p>Provision of day services for older adults in the community. It keeps them active which improves physical and mental health, it addresses loneliness and social isolation and it gives elderly spouses with their own health issues opportunities to rest (which supports them to continue caring) while cared for spouse gets positive effects noted above</p>	
<p>That unpaid carers, particularly those caring 24/7, have regular respite across a variety of options.</p>	
<p>What works less well and needs to be improved?</p> <ul style="list-style-type: none"> • Carers' own health and wellbeing affected by their caring role due to increased anxiety, exhaustion, time and unable to leave those they care for alone. • Time out for carers – with a lack of appropriate services being 	

the biggest barriers to time out for carers.	
NDTi We Have Listened Full Report	

