National Strategy for Unpaid Carers 2026 : Equality Impact Assessment

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How will the proposal promote equality?

The new National Strategy for Unpaid Carers sets out seven priorities to improve recognition of unpaid carers and strengthen access to rights, information, support, financial security, employment opportunities, respite, mental health and wellbeing support, and meaningful involvement in care planning across Wales. The strategy applies to all unpaid carers, including young carers, working-age carers and older carers. It aims to address longstanding inequalities experienced by carers while promoting consistent, preventative and person-centred support across sectors.

The Strategy recognises the diverse experiences and needs of carers with protected characteristics. It reflects feedback from stakeholders who highlighted the need for a stronger focus on inequality and the barriers faced by carers in relation to factors such as age, disability, sex, sexual orientation, ethnicity, race, language and socio-economic circumstances. The Strategy also acknowledges the importance of intersectionality and recognises that individuals may experience multiple and overlapping forms of disadvantage that can affect their access to support and services.

The current Strategy for Unpaid Carers was published in 20211. The new National Strategy builds on this foundation and aligns with the Welsh Government's Strategic Equality and Human Rights Plan 2025 to 20292. Both frameworks share a commitment to tackling inequality, promoting equitable access to services and opportunities, and embedding a rights-based approach across policy development and service delivery. The Strategic Equality and Human Rights Plan sets out a vision for a fairer and more inclusive Wales, where everyone is treated with dignity and respect, and where the needs of those most at risk of discrimination and disadvantage are prioritised.

The National Strategy for Unpaid Carers sets out seven priority areas and associated actions to improve outcomes for unpaid carers across Wales.

Recognition and awareness: Increase public and professional recognition of unpaid carers through accessible information, targeted outreach to Black, Asian and Minority Ethnic people and other marginalised groups, and e-learning for health, social care, and education staff.

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[1] Strategy for Unpaid Carers

[2] Strategic Equality and Human Rights Plan 2025 to 2029 [HTML] | GOV.WALES

Access to services: Ensure unpaid carers understand their rights and, where appropriate, receive timely, quality assessments of their needs and support plans.

Young carers: Promote recognition and support for young carers within education and community settings, including access to identity cards. Regular assessments to ensure they are not taking on too much and improved mental health and educational outcomes.

Financial hardship and Paid Employment: Provide unpaid carers with information to maximise income and promote benefit uptake. Support for unpaid carers to remain, in or return to, paid employment via promotion of employment rights, carer-friendly workplaces and inclusive employment pathways for carers.

Respite: Improve access to suitable respite options, including short breaks, working with local authorities to identify gaps and co-produce improvements with unpaid carers.

Mental health and wellbeing: Enhance carers' mental health support through local review of support groups, carer-informed generic services, and increased professional awareness.

Carers in care planning: Recognise unpaid carers as partners with local authorities and health boards in the assessment, care planning, and hospital discharge for those they care for.

Engagement with stakeholders

A range of engagement activity was undertaken before and during the formal consultation to inform the development and refinement of the National Strategy for Unpaid Carers. This included:

- extensive pre-consultation engagement undertaken in summer 2025 with unpaid carers across Wales, ensuring lived experience shaped the Strategy's priorities and actions. We met with 11 groups of carers from differing parts of Wales, ethnic minority communities, disabled carers, older and young carers and from other communities. We also met with or received written contributions from 33 groups of carers and local/ national carer organisations and other stakeholder groups.
- a period of public consultation in February-April 2026. The Welsh Government received 130 responses to the consultation. Of these, 52 were from individuals and 67 were on behalf of organisations, with the remainder not specifying. Additional feedback was collected by Welsh Government officials at four workshops with carers, in person and online.
- children and young people were engaged directly through young carers' networks and national events, including the Young Carers Advisory Board.
- steering group activity involving young carer representatives from unpaid carer organisations.

What are the possible negative impacts on people in protected groups and those living in low-income households and how will you mitigate for these?

The new Strategy is expected to have a positive impact on equality for unpaid carers in Wales. It aims to improve recognition, increase access to support, reduce financial hardship, strengthen opportunities to remain in or return to employment, and widen access to breaks from caring. These priorities reflect feedback from unpaid carers and stakeholders, including young carers, older carers, carers from ethnic minority communities, carers supporting people with complex needs, BSL users, and people with learning disabilities who may face additional linguistic, digital or cultural barriers.

The Strategy supports the changes needed to reduce inequalities experienced by unpaid carers, including unequal access to information, assessments and services. We do not anticipate negative impacts on people with protected characteristics, and the Strategy is designed to promote more consistent and equitable support across Wales.

The principal risk lies in inconsistent implementation. This can be mitigated through clear national information on carers' rights and support, greater uptake of carer awareness training, improved systems for identifying and recording carers, a wider range of flexible respite options, and ongoing co-production with unpaid carers to ensure delivery remains informed by lived experience.

The Strategy also recognises the need to monitor for unintended consequences. Barriers may persist for carers living in rural areas, on low incomes, or with limited access to digital services. As services increasingly move online, older carers, disabled carers and those with poor connectivity may face additional challenges. People who do not speak English or Welsh may also experience difficulties accessing services where translated or accessible information is not available. Continued focus on equitable access will therefore be essential.

Unpaid carers are recognised within a range of Welsh Government policies, including those relating to mental health, dementia, substance misuse, child poverty, suicide prevention, ageing and gender equality. This cross-government alignment will help ensure that the needs of unpaid carers continue to inform policy development and service improvement across Wales.

What, if any, barriers do people who share protected characteristics face? Can these barriers be reduced, removed, mitigated?

Barriers have been considered in developing the impact assessments for the National Strategy for Unpaid Carers, and a summary of key data and research is set out below. We have also drawn on the impact assessments developed by other policy areas in the Welsh Government, where the focus has been on support given in the health and social care sector.

Summary of evidence identified in relation to people with protected characteristics through an evidence review.

Disability

The Social Model of Disability makes an important distinction between 'impairment' and 'disability'[3]. Impairment is an injury, illness, or congenital condition that causes or is likely to cause a long-term effect on physical appearance and/or limitation of function within the individual that differs from the commonplace. The Social Model of Disability recognises that people with impairments are disabled by barriers that commonly exist in society[4]. Statistics show that almost half of the UK population (45.7% of men and 50.1% of women) reported having a long-standing health problem[5]. This underscores the need for proactive measures to address chronic health conditions and promote healthy living.

Carers UK reports as many as 30% of unpaid carers are living with a disability themselves6. Understanding the different types of disability and the barriers faced by unpaid carers with impairments is crucial for providing appropriate care and support.

People with physical impairments may face environmental, social and practical barriers that affect mobility and physical functioning, which can limit opportunities to maintain an active lifestyle

Neurodivergence refers to the variation in the human brain regarding sociability, learning, attention, mood, and other mental functions. Conditions such as autism, ADHD, dyslexia, and dyspraxia fall under this category.

Learning disabilities are conditions that affect how individuals understand and process information. These can include dyslexia, dyscalculia, and other cognitive impairments.

Recent data demonstrates concerns about the mental health and well-being of unpaid carers in Wales. The State of Caring in Wales: Carers' health and wellbeing report (2025) suggests that more than 1 in 3 carers have reported having poor or very poor mental health—a 36% increase from 2023. Seven in 10 say they need more support for their own health and wellbeing7.

Barriers to accessing support

Unpaid Carers who have impairments may face a range of barriers when trying to access support services. These barriers are multifaceted and include physical, attitudinal, cultural, and systemic challenges. Physical barriers may involve inaccessible environments or lack of appropriate assistive technology. Attitudinal barriers, such as stigma, stereotyping, and discrimination, can discourage individuals from seeking help or fully participating in society. Communication barriers, including

[3] The Social Model of Disability - Welsh Government
[4] Social Model - Disability Wales
[5] UK health indicators - Office for National Statistics
[6] State of Caring 2025
[7] [carersuk.org]

difficulties with hearing, speaking, reading, writing or understanding information, can delay diagnosis and limit the effectiveness of support for some disabled people [8].

Ethnicity

Unpaid Carers from Ethnic Minority Backgrounds

The 2021 Census reports that nearly 18,000 unpaid carers in Wales identify as belonging to an ethnic minority.[9]

Barriers to accessing support

Unpaid Carers from Ethnic Minority Backgrounds may face barriers to being identified as carers and accessing support, which can negatively affect their health and wellbeing. Language can be a particular challenge, with some individuals experiencing difficulties accessing information and services where English or Welsh is not their first language. According to the 2021 Census for England and Wales, 1.5% of people reported that they could not speak English well and 0.3% could not speak English at all[10].

Cultural attitudes towards caring and stigma associated with seeking support may also prevent some carers from identifying themselves as carers or accessing available services.

Socio-economic disadvantage can create further barriers. Evidence suggests that carers from ethnic minority communities may experience greater financial pressures associated with their caring role11. People from ethnic minority groups are also more likely to experience poverty and unemployment, which can further limit access to support.

Gypsy, Roma and Traveller communities

While data on unpaid carers from Gypsy, Roma and Traveller communities in Wales is limited, multiple national studies recognise that these communities experience poorer health outcomes, which increases the likelihood of people undertaking substantial unpaid caring roles. These communities may experience institutional mistrust and discrimination, leading to lower engagement with formal services and have lower access to culturally competent services, similar to the gaps highlighted for other ethnic minority carers in Wales[12].

Asylum seekers, refugees and migrants

People seeking sanctuary (asylum seekers, refugees and migrants) may take on unpaid caring roles for family members, friends or community members but face

[8] Disability Barriers to Inclusion | Disability Inclusion | CDC
9 Building stronger support systems for black and minority ethnic unpaid carers | Health Care Research Wales
[10] Language, England and Wales - Office for National Statistics

[11] updated-briefing-on-ethnic-minority-carers-v2.docx

[12] New Report Reveals Unspoken Challenges Faced by Carers for Parents, Partners, and Children in Wales / Adroddiad Newydd yn Datgelu'r Heriau Anllafar a Wynebir gan Ofalwyr i Rieni, Partneriaid a Phlant yng Nghymru | Carers UK

significant and overlapping barriers that make caring far more challenging than for the general population[13].

Language barriers

Language barriers significantly affect migrants, refugees and people seeking asylum in the UK. Linguistic discordance between patients and healthcare professionals can create communication difficulties, reduce access to healthcare, compromise patient safety, and contribute to lower quality care and poorer health outcomes[14].

It is vital that support is available through the medium of Welsh to allow people to make positive choices as to how they receive information and assistance.

This underscores the critical importance of workforce development, and policy commitment to address language barriers in the identification of and support provided to unpaid carers.

Religion and Belief

Religion and belief can play an important role in the experiences of people providing unpaid care. Spiritual needs, including religious beliefs, practices and cultural identity, may influence how individuals and families cope with caring responsibilities, shape their sense of meaning and purpose, and affect their overall wellbeing.

Research by Carers UK highlights that religion is an important aspect of life for many unpaid carers and can positively influence how they approach and sustain their caring role. However, carers of faith may also have cultural, religious or spiritual needs that are not always recognised or accommodated by support services. Some carers report that services do not always understand the contexts of their faith, which can affect their willingness to seek or access support. Factors such as stigma, cultural expectations and concerns about privacy may contribute to these barriers.[15]

Age

Unpaid carers are disproportionately older, with 60% aged over 50 and the highest caring levels occurring in the 55–59 and 75+ age groups, who frequently provide 50+ hours of care per week. This intensity worsens physical and mental health, with older carers reporting higher multimorbidity, poorer wellbeing and greater isolation. Younger carers also experience emotional strain and disruption to education and potentially long term impacts. Overall, age strongly shapes the caring burden, with older carers facing the greatest health, financial and social impacts, underscoring the need for age-responsive support within the policy[16].

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[13] Supporting Hidden Carers in Migrant Communities - RCSS Report Findings | Healthwatch Redbridge

[14] Addressing language as a barrier to healthcare access and quality | British Journal of General Practice

[15] Carers of Faith - research report

[16] Mental health - Office for National Statistics

Sexual Orientation / LGBTQ+ Communities

LGBTQ+ unpaid carers form a significant part of the caring population and face disproportionate barriers, including discrimination, invisibility within services, difficulties accessing support, and greater risks of loneliness and mental ill-health. LGBTQ+ carers are the least likely to access information and advice[17], reporting low confidence that services will understand or respect their identity[18]. LGBTQ+ carers often experience higher levels of isolation and stress, worsened by fear of discrimination and fewer traditional family support networks[19].

Pregnancy and Maternity

Samaritans Cymru conducted a Wales-only survey on people navigating pregnancy, infertility and early parenthood. The findings show extremely high mental health risks for pregnant people, many of whom will also have caring responsibilities. Although not labelled “unpaid carers,” many pregnant people also care for older relatives, partners, disabled children, or other dependents. This places them at the intersection of perinatal mental health risk plus unpaid caring burden[20].

Gender

Women undertake a disproportionate share of unpaid care in Wales, with 12% of women providing unpaid care compared with 9% of men. Women are also more likely to provide higher levels of care, experience financial hardship, employment disruption, stress, and poorer health outcomes, and reduce or leave paid work because of their caring responsibilities.

Among young carers, the 2025 School Health Research Network survey found caring responsibilities are more common among girls than boys. These disparities highlight the need for gender-sensitive policies that ensure carers receive equitable recognition, support, and resources[21].

The National Strategy for Unpaid Carers will work closely with other Welsh Government policy areas concerned with reducing gender inequalities. The Women's Health Plan sets out a ten-year vision to reduce the gender health gap, including actions on menopause care, mental health, healthy ageing and support for unpaid carers[22].

The Strategy will also work alongside the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Strategy to support and safeguard unpaid carers who may be at risk of abuse, violence or coercion. This includes promoting trauma-

[17] LGBTQ+ and caring | Carers Wales
[18] Social Care Wales: Needs of LGBTQ+ people 'largely unseen' | South Wales Argus
[19] LGBTQ+ Older Carers - Wrexham University
[20] Samaritans Cymru call for urgent improvement across health services as research shows people on parenthood journey in Wales are left struggling to cope
[21] Challenges facing unpaid carers
[22] Women’s health plan for Wales launched to close the gender health gap | GOV.WALES

informed approaches, improving workforce awareness of abuse, and ensuring clear referral pathways to specialist support services[23].

Marriage and Civil Partnership

Fifty-one -per cent of unpaid carers aged 16+ in Wales are married or in a civil partnership, compared with 43% of non-carers. This reflects the fact that spouses and partners often become unpaid carers, frequently providing high-intensity support without formal recognition. As caring responsibilities increase, married or partnered carers may experience greater strain on household finances, employment and wellbeing, reinforcing the need for policy measures that acknowledge the disproportionate caring burden carried within couple households[24].

Socio-economic duty / living in poverty

Unpaid carers in Wales face significant socio-economic pressures, as evidenced by Carers UK/Carers Wales and the Centre for Care25. Carers Wales reports that many carers experience rising financial hardship, with substantial proportions cutting back on essentials, falling into debt, and struggling to balance employment with often high-intensity caring roles, contributing to long-term income loss and reduced career progression. Research from the Centre for Care highlights a marked increase in carers providing 50 or more hours of care per week, limiting their capacity to work and exacerbating financial vulnerability, while demonstrating the substantial economic value of unpaid care despite inadequate financial support[26].

People who are care experienced

Care-experienced people face significant health inequalities throughout their lives, including a higher risk of poor mental and physical health outcomes[27].Those with experience of care may bring unique strengths and challenges to unpaid caring roles. While many develop resilience and strong caregiving skills, early experiences of instability, care transitions and involvement with statutory services can influence how they access support as adults[28]

Care-experienced unpaid carers may be more likely to take on caring responsibilities without wider family support and can face additional barriers when engaging with services, particularly where systems are complex or evoke previous experiences of the care system. By recognising these experiences, it is important to ensure support is accessible, trauma-informed and responsive to their needs.

[23] Violence against women, domestic abuse and sexual violence: strategy 2022 to 2026 [HTML] | GOV.WALES
[24] Unpaid care and protected characteristics, England and Wales: Census 2021 - Office for National Statistics
[25] Poverty and financial hardship of unpaid carers in Wales
[26] Centre for Care response - Access to support for unpaid carers Welsh Parliament Inquiry
[27] The lifelong health and wellbeing trajectories of people who have been in care - ADR UK
[28] The mental health and wellbeing needs of care leavers | Research in Practice

People living in rural areas

Wales is a predominantly rural nation, with a higher proportion of older people compared to other parts of the UK. Unpaid carers living in rural areas often face additional pressures linked to geographical isolation, limited local services, and reduced transport options. These factors can make it harder to access respite, healthcare appointments, and carer support, leading to greater time burdens and higher personal costs. Rural carers may also have smaller informal support networks and fewer opportunities for community connection, increasing the risk of loneliness and stress. Digital connectivity gaps can further restrict access to information, online support groups, and remote services. As a result, unpaid carers in rural communities frequently experience greater strain in sustaining their caring role and require tailored, place-based support to ensure equity of access and wellbeing.

We have undertaken a separate impact assessment of unpaid carers and rurality, which is available on request.

Employment

Unpaid carers frequently experience significant challenges in sustaining employment alongside their caring responsibilities. Evidence from Carers Wales[29] shows that high-intensity caring often more than 50 hours per week forces many carers to reduce their working hours or leave employment altogether, leading to long-term income loss and fewer opportunities for progression. Research from the Centre for Care[30] similarly identifies a substantial rise in carers providing very high levels of care, highlighting how this limits their labour-market participation and increases financial vulnerability.

Many unpaid carers may not be aware of general employment rights regarding flexible working or their right to access unpaid leave via the Carers Leave Act (2023). Some unpaid carers face financial barriers to taking unpaid leave and cannot access sufficient replacement care, and experience cumulative strain of balancing employment with intensive caring duties.

Veterans

Unpaid carers who are also veterans may face additional challenges shaped by both their caring role and their experiences of military service. Veterans undertaking unpaid caring roles require tailored, accessible support that recognises both their service background and the broader pressures faced by carers in Wales.

People with substance misuse needs

Unpaid carers with substance misuse needs often face compounded pressures, as many support individuals experiencing mental health or substance misuse challenges while managing their own wellbeing. The West Wales Regional

[29] State of Caring in Wales overview | Carers Wales
[30] SSCR-2025-045-Michelle-Myall.pdf

Partnership Board[31] notes that unpaid caring frequently intersects with mental health and substance misuse issues within families. Evidence[32] also shows that the strain and isolation associated with caring can lead some carers to adopt unhealthy coping strategies, including increased alcohol use, as highlighted in earlier work examining how carers manage stress. These overlapping pressures make it harder for carers to access support and sustain their own health, underscoring the need for coordinated services.

Intersectionality

Intersectionality refers to the way in which different aspects of a person's identity interact to shape their experiences, opportunities, and outcomes. Unpaid carers' experiences are shaped not by one factor alone, but by the overlap of identities such as gender, age, disability, ethnicity, socio-economic status, and where they live.

The evidence demonstrates that unpaid carers experience intersectional disadvantage, where caring responsibilities interact with protected characteristics such as sex, ethnicity, disability, age and sexual orientation. These overlapping factors compound negative outcomes in health, employment, income and access to services. Addressing caring impacts in isolation risks indirect discrimination and unequal outcomes for carers with multiple protected characteristics.[33,34,35,36.]

Intersection of gender, ethnicity and socio-economic status

Research consistently shows that women from minority ethnic backgrounds are more likely to take on unpaid caring and to experience worse outcomes than either white women carers or male unpaid carers from ethnic minority backgrounds. carers are more likely to be in lower-paid or insecure work, and caring responsibilities are more likely to force them to reduce or leave employment, increasing poverty risk. [37]

Carers UK analysis found that Unpaid Carers from Ethnic Minority Backgrounds were more worried about future finances, reflecting the interaction of ethnicity, gendered caring expectations and structural labour market disadvantage.

Intersection of disability, caring and age

Unpaid carers are more likely than non-carers to be disabled or to have a long-term health condition. Evidence suggests that the combined impact of disability and caring can worsen outcomes including mental health, physical health, employment and

[31] Unpaid carers - West Wales Regional Partnership Board

[32] Under pressure: supporting unpaid carers in Wales | Alcohol Change UK

[33] Caring About Equality: the importance of intersectionality

[34] Care, poverty and inequalities

[35] Inequalities in unpaid carer's health, employment status and social isolation

[36] Poverty and financial hardship of unpaid carers in Wales

[37] Almost half of unpaid family carers not getting the support they need as caring hours soar - Race Equality Foundation

social isolation[38]. Quantitative UK analysis demonstrates that when disability status interacts with caring intensity, outcomes worsen significantly across mental health, employment and social isolation. Younger disabled carers experience poorer mental health and higher loneliness, while older disabled carers experience worse physical health, showing age modifies the impact of disability and caring together.

Intersection of gender, age, caring intensity

Women in their 40s and 50s are disproportionately represented among high-intensity "sandwich carers", combining care for children and older relatives. High-intensity caring interacts with gender to produce greater income loss and long-term pension disadvantage for women compared with men providing similar hours of care[39]. Evidence shows that older women carers experience compounded disadvantage: poorer physical health, reduced employment prospects, and limited financial recovery once caring ends.

Intersection of ethnicity, access to services, caring outcomes

Unpaid Carers from Ethnic Minority Backgrounds are less likely to be identified, signposted or supported by local authorities, even when providing comparable levels of care. Structural barriers (language, trust in services, discrimination) interact with caring to produce higher unmet need, leading to increased caring hours and worse health outcomes over time. This results in a cumulative cycle: lower access to support leading to higher caring burden leading to poorer health and economic outcomes.

Intersection of sexual orientation, invisibility, unmet need

Carers are more likely than the general population to identify as LGBTQ+[40], but LGBTQ+ carers report greater concern that services will not meet their needs. Fear of discrimination can result in non-disclosure of caring status, compounding invisibility and reducing access to assessments and support.

Intersection of multiple characteristics and poverty (Wales-specific evidence)

In Wales, unpaid carers experience poverty rates 30% higher than non-carers, with the greatest depth of poverty concentrated among carers with multiple overlapping disadvantages (e.g. women, disabled carers, carers from Ethnic Minority Backgrounds). Welsh and UK evidence highlights that poverty among carers is not evenly distributed but clustered where protected characteristics intersect with high-intensity caring and reduced access to support.

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[38] Unpaid care: the realities of caring in the UK - The Health Foundation

[39] Inequalities faced by unpaid carers - House of Commons Library

[40] lgbt-2023-eng-final.pdf

Summary

Unpaid carers in Wales face significant and overlapping pressures, including financial hardship, reduced employment opportunities, and increasing levels of intensive caring. This means unpaid carers do not face a single, uniform set of challenges: for example, women are more likely to become carers and experience financial hardship, younger carers may face disrupted education or employment opportunities, and rural carers encounter greater barriers to accessing services. These overlapping identities influence both the pressures carers face and their ability to access support.

These challenges can be intensified by a range of personal circumstances such as geographical isolation, health conditions, lived experience of care systems, or household instability which shape how easily carers can access support. Protected characteristics further influence these experiences, with some carers facing additional barriers linked to factors such as age, disability, gender, ethnicity, or family structure. Together, these intersecting identities and circumstances mean unpaid carers are not a uniform group, and their needs vary widely, highlighting the importance of flexible, inclusive, and responsive support.

How have you/will you use the information you have obtained from research to identify impacts?

Our analysis of impacts has informed the development of the National Strategy for Unpaid Carers. There are specific commitments in the Strategy that will ensure the needs of those with protected characteristics are considered (see Table 1 in the Record of impacts by protected characteristic section).

The stakeholder engagement exercise brought together a wide range of stakeholders to inform development of the National Strategy for Unpaid Carers. There was strong representation and insight from diverse communities and professional groups, enabling a broad understanding of carers' needs across Wales. Thematic outcomes were identified from the engagement and have informed the Strategy's principles (annex 1).

Alignment with Welsh Government Policies and Strategies

The new National Strategy for Unpaid Carers is designed to work in close alignment with a range of existing Welsh Government policies and strategies to ensure a coordinated, whole-system approach. These include:

- **Strategic Equality and Human Rights Plan 2025–2029**: Both the National Strategy for Unpaid Carers and the Strategic Equality and Human

Rights Plan share a commitment to tackling inequality, promoting equity of access, and embedding a rights-based approach across all policies and services.

- **Accessible Communication and Information Standards**: The Strategy supports the delivery of accessible information and communication support for people with sensory loss, including those who are living with disabilities.
- **Digital Strategy for Wales**: The Strategy is aligned with the national vision for digital inclusion, ensuring that digital transformation in public services does not leave older people, disabled people, or those in rural or low-income areas behind.
- **Digital Inclusion Wales Programme**: The Strategy supports initiatives to improve digital skills and access for those at risk of digital exclusion.
- **National Action Plan to Prevent the Abuse of Older People**: The Strategy works alongside this strategy to protect older people from abuse, empower them to live independently, and ensure they are treated with dignity and respect.
- **Women's Health Plan**: The Strategy recognises the unique health challenges faced by women, including increased caring responsibilities, and aligns its priorities with the Women's Health Plan's ten-year vision to close the gender health gap.
- **Mental Health and Wellbeing Strategy**: The Strategy is closely aligned with this overarching strategy, ensuring a joined-up approach to prevention, early intervention, and holistic support for unpaid carers.
- **Suicide and Self-Harm Prevention Strategy for Wales**: The Strategy works in partnership with this strategy to address the mental health needs of unpaid carers.
- **Anti-Racist Wales Action Plan**: The Strategy references this cross-government strategy to address the needs of Black, Asian, and Minority Ethnic communities and tackle racial inequality in unpaid care.
- **Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Policy**: The Strategy works in partnership with this policy to safeguard and support unpaid carers who may be at risk of abuse, as well as carers who may themselves be affected by violence or coercion.
- **Llwybr Newydd: The Wales Transport Strategy 2021:** Recognising that transport is a major barrier for older people, especially in rural areas, the

Strategy acknowledges the importance to improve accessible and sustainable transport links to health and social care services.

- **Age Friendly Wales: Our Strategy for an Ageing Society:** The Strategy will contribute to the vision of an age-friendly Wales by addressing cross-cutting themes such as rurality, digital inclusion, and access to local services for older people.

How will you know if your piece of work is a success?

Delivery plans will be established from the strategy, usually for a period of 12 months. An annual reporting structure will be established. The Deputy Minister has committed to making an annual statement to the Senedd on progress against the Strategy. The Strategy will be overseen by the Ministerial Advisory Group for Unpaid Carers.

Have you developed an outcomes framework to measure impact?

Each priority area within the Strategy has stated outcomes, actions and means of assessing impact.

Record of Impacts by protected characteristic;

Table 1: Impacts by Protected Characteristics

Protected characteristic or group	**What are the positive or negative impacts of the proposal?**	**Reasons for your decision (including evidence)**	**How will you mitigate Impacts?**
Age	The National Strategy for Unpaid Carers recognises the needs of particular age groups. The impact assessment has identified that there is a risk that older adults, disabled people, and those in low-income or rural areas may struggle to access digital services as services increasingly move online. The impact assessment identified stigma and negative stereotypes as a barrier for older people when accessing support.	See evidence summary on age.	The Strategy will highlight the need for services to be accessible and tailored for all age groups. The Strategy will be aligned with the Digital Inclusion Strategy for Wales which aims to tackle barriers such as affordability, skills, and trust in technology. We recognise that reducing stigma and discrimination towards older people, including unpaid carers, requires a coordinated, cross-governmental approach. The Strategy is aligned with other key policy areas, such as the National Action Plan to Prevent the Abuse of Older People. The national action plan sets out a vision for an age-friendly Wales, where older people are protected from abuse, empowered to live independently, and treated with dignity and respect. The National Strategy for Unpaid Carers will align with the new Mental Health and Wellbeing Strategy, The Dementia Strategy the Suicide

Protected characteristic or group	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate Impacts?
			and Self-Harm Prevention Strategy for Wales, to aid a a joined-up approach to prevention, early intervention, and holistic support for people with dementia and their carers.
Disability (	The Strategy recognises that certain population groups may require additional support.	See evidence summary on disability.	The Strategy reflects the social model of disability, aiming to remove barriers by providing information in accessible formats, making reasonable adjustments, and ensuring services are coordinated and person-centred. People have a visual impairment or other sensory disabilities may require adapted materials and support. The Strategy commits to providing information in accessible formats such as Braille, large print and Easy Read, and to ensuring that environments are designed to be inclusive and navigable for people with sensory loss.
Transgender people	The strategy recognises that certain population groups may require additional support, and also in accessing services.	See evidence summary on sexual orientation / LGBTQ+.	The Strategy commits to equity of access and a rights-based approach, with a focus on dignity, respect, and person-centred care.

Protected characteristic or group	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate Impacts?
Pregnancy and maternity	The strategy recognises that certain population groups may require additional support.	See evidence summary on pregnancy and maternity.	The Strategy commits to equity of access and a rights-based approach, with a focus on dignity, respect, and person-centred care
Race (include different ethnic minorities, Gypsies and Travellers and Migrants, Asylum seekers and Refugees)	The strategy recognises that certain population groups may require additional support, and also in accessing services.	See evidence summary on race.	We have considered the needs of Black, Asian and Minority Ethnic Communities, Gypsies and Travellers, and Migrants in the development of the strategy. Actions in Strategy will highlight the importance of access to translated materials, interpreter access, culturally sensitive resources, and engagement with community organisations. The plan references the Anti-Racist Wales Action Plan and other relevant strategies. We also know that marginalised groups who experience discrimination, racism or exclusion solely based on age, race, sex, sexual orientation, disability or other characteristics protected by the Equality Act 2010 will be disproportionately impacted.
Religion, belief and non-belief	The strategy recognises that certain population groups may require additional support, and	See evidence summary on religion.	The Strategy recognises spiritual and religious needs, with staff training in cultural and religious awareness.

Protected characteristic or group	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate Impacts?
	also in accessing services.		Person-centred care includes respect for beliefs and spiritual needs in care planning. The Strategy will highlight the importance of staff being culturally informed in their practice.
Sex / Gender	The strategy recognises that certain population groups may require additional support, and also in accessing services.	See evidence summary on sex / gender.	The Strategy will recognise and support the disproportionate impact on women as unpaid carers. The plan aims to provide targeted support, respite, and financial assistance, and ensure gender-sensitive policies. The Strategy will work in partnership with other policy areas to ensure that gender inequalities are systematically addressed. Through joint action on prevention, support for carers, gender-sensitive service design, and robust governance, the plan aims to deliver equitable outcomes for all unpaid carers.
Sexual orientation	The strategy recognises that certain population groups may require additional support, and also in accessing services.	See evidence summary on sexual orientation.	There is recognition of the challenges faced by LGBTQ+ people with caring responsibilities, including the need for safe environments and support for chosen families.

Protected characteristic or group	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate Impacts?
Marriage and civil partnership	The strategy recognises that certain population groups may require additional support, and also in accessing services.	See evidence summary on marriage and civil partnership.	The Strategy's focus on equitable services applies, ensuring support is available regardless of marital status. Social engagement and support networks are promoted for all.
Children and young people up to the age of 18	The Strategy recognises that certain population groups may require additional support, and also in accessing services.	See evidence summary on children and young people and also the Children's Rights Impact Assessment.	The strategy takes a life-course approach, supporting young carers, and providing age-appropriate information and support. There is a commitment to involving people of all ages in co-production and awareness-raising.
Low-income households	The strategy recognises that certain population groups may require additional support, and also in accessing services.	See evidence summary on socio-economic duty / living in poverty.	The strategy aims to address socioeconomic barriers by promoting flexible, accessible services, considering transport and digital exclusion, and promoting outreach and community-based support. There is a focus on tackling health inequalities.

Human Rights and UN Conventions

Do you think that this policy will have a positive or negative impact on people's human rights? (*Please refer to point 1.4 of the EIA Guidance for further information about Human Rights and the UN Conventions).*

Table 2: Human Rights and UN Conventions

Human Rights	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate negative Impacts?
The Unpaid Carers Strategy recognises that certain population groups (including those with protected characteristics) may require additional support.	We are anticipating positive impacts as the National Strategy for Unpaid Carers takes a rights-based approach.	A number of the priorities in the strategy are about empowering people to know and claim their rights, as well as increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights. Specific consideration has been given to how the strategy can support human rights and children's rights (for example by addressing inequalities in outcomes), in line with the Equalities Act 2010 and the Rights of Children and Young Persons (Wales) Measure 2011.	We will continue to review the impacts of the strategy. We will be continue to engage the Ministerial Advisory Group for Unpaid Carers to ensure robust governance arrangements are in place to provide strategic oversight of the National Strategy for Unpaid Carers.

EU/EEA and Swiss Citizens' Rights

The proposed National Strategy for Unpaid Carers will not negatively impact EU, EEA or Swiss citizens whose rights are protected by the Citizens Rights Agreements.