

EQUALITY IMPACT ASSESSMENT : RESULTS

Title of Policy	Carers (Scotland) Bill (“the Bill”)
Summary of aims and desired outcomes of Policy	<p>It is the intention of the Scottish Government that Scotland’s estimated 745,000 adult carers and 44,000 young carers^{1 2} should be better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring. In relation to young carers, the intention is similar to that for adult carers but that young carers should have a childhood similar to their non-carer peers.</p> <p>The objective of the Bill is to make real this ambition by furthering the rights of both adult and young carers.</p>
Directors: Division: Team	Directorate for Population Health Improvement: Care, Support and Rights Division: Carers Policy Branch

¹ Scottish Health Survey (SHeS). The number of carers identified through the SHeS is much higher than the number identified through the Census 2011. That figure stands at 492,231 adult carers and young carers combined. We believe that the difference is due primarily to the SHeS being an interview survey where each adult answers the question separately, rather than one person answering for the whole household: this more readily helps people to identify themselves as carers. The question is: “Do you look after, or give any regular help or support to family members, friends, neighbours, or others because of either a long-term physical condition, mental ill-health or disability; or problems related to old age?”

² The Scottish Government published Scotland’s Carers, An Official Statistics Publication for Scotland on 24 March 2015 (<http://www.gov.scot/Resource/0047/00473691.pdf>). This data is presented on the basis of under 16s and over 16s, as the weighting in the SHeS is designed for this age split. Since the Bill’s definition of young carer relates to under 18s (or a carer who has attained the age of 18 while a pupil at a school, and has since attaining that age remained a pupil at that or another school), the figures presented here make an estimate, based on the data, to include 16 and 17 year-olds.

Executive Summary

1. The public sector equality duty requires the Scottish Government to assess the impact of applying a proposed new or revised policy or practice. It is a legislative requirement. More importantly, however, most policies impact on people. People are not all the same and policies should reflect that different people have different needs. Equality legislation covers the protected characteristics of: age, disability, gender reassignment, sex, pregnancy and maternity, gender including pregnancy and maternity, race, religion and belief, and sexual orientation.
2. This Equality Impact Assessment (EQIA) has considered the potential impacts of the Bill on each of the protected characteristics. The provisions and how they impact on carers across the protected characteristics are set out under Key Findings.
3. Since the Bill is intended to be of positive benefit to Scotland's 745,000 adult and 44,000 young carers, regardless of whether they fall into one of more protected groups, the EQIA has not identified any Bill provisions that would adversely impact on such groups. The evidence gathered and data analysed indicate that overall the Bill provisions will have a positive impact on all carers and young carers and on equality issues. As a result, it is not considered that any changes to the provisions should be made as a result of the assessment.
4. However, the EQIA has identified opportunities to improve data sources in order to increase our understanding of carers who belong to particular equality groups and their experiences of caring. This will be used to inform further policy development and to tailor communication with particular equality and representative stakeholder groups, as the Bill progresses through Parliament and onto implementation of the resultant Act.

Background

Policy Aims

5. It is the intention of the Scottish Government that Scotland's 745,000 adult carers and 44,000 young carers^{3 4} should be better supported on a more

³ Scottish Health Survey (SHeS). The number of carers identified through the SHeS is much higher than the number identified through the Census 2011. That figure stands at 492,231 adult carers and young carers combined. We believe that the difference is due primarily to the SHeS being an interview survey where each adult answers the question separately, rather than one person answering for the whole household: this more readily helps people to identify themselves as carers. The question is: *"Do you look after, or give any regular help or support to family members, friends, neighbours, or others because of either a long-term physical condition, mental ill-health or disability; or problems related to old age?"*

⁴ The Scottish Government published *Scotland's Carers, An Official Statistics Publication for Scotland* on 24 March 2015 (<http://www.gov.scot/Resource/0047/00473691.pdf>). This data is presented separately for carers aged 4-15 and aged 16+, as SHeS sample is designed to produce estimates for children (aged under 16) and adults (aged 16 plus) separately. Since the Bill's definition of young carer relates to under 18s or a carer who has attained the age of 18 while a pupil at a school, and has

consistent basis so that they can continue to care if they so wish, in good health and to have a life alongside caring. In relation to young carers, the intention is similar to that for adult carers, but that young carers should have a childhood similar to their non-carer peers. The objective of the Bill is to make real this ambition by furthering the rights of both adult and young carers.

6. The case for the Bill is set out fully in the Policy Memorandum published alongside the Bill⁵ on its introduction to the Scottish Parliament on 9th March 2015.
7. The Scottish Government is supporting unpaid carers and young carers through a range of policies under the Manifesto commitments of the Government and the national carers and young carers' strategies, *Caring Together* and *Getting it Right for Young Carers*. These policies are being supported with over £114 million of funding being directed between 2007-2015 into local authorities, NHS Boards and the third sector to improve outcomes for unpaid carers, young carers and the people they care for.
8. The Scottish Government's purpose is to focus Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.
9. In order to achieve this purpose, Scottish Ministers are committed to the outcomes based approach as set out in the National Performance Framework's 10 year vision. This is a single framework to which all public services in Scotland are aligned, encouraging more effective partnership working. It is a framework based on delivering outcomes that improve the quality of life for people in Scotland, rather than on inputs and outputs.
10. The Bill's provisions closely align with the Healthier and Wealthier & Fairer Strategic Objectives, but also cut across the Smarter objective.
11. The Bill contributes to the following National Outcomes:
 - We live longer, healthier lives;
 - We have tackled the significant inequalities in Scottish society;
 - We live in well-designed, sustainable places where we are able to access the amenities and services we need;
 - Our children have the best start in life and are ready to succeed
 - We have strong, resilient and supportive communities where people take responsibility for their own actions; and
 - Our public services are high quality, continually improving, efficient and responsive to local people's needs.

since attaining that age remained a pupil at that or another school), the figures for the total numbers of young carers presented here are estimated, also from

⁵ [http://www.scottish.parliament.uk/S4_Bills/Carers%20\(Scotland\)%20Bill/b61s4-introd-pm.pdf](http://www.scottish.parliament.uk/S4_Bills/Carers%20(Scotland)%20Bill/b61s4-introd-pm.pdf)

Who was involved in this EQIA?

12. The Bill has been developed involving colleagues from within the Scottish Government and with external stakeholders. An initial framing exercise for the EQIA was carried out involving a range of internal Scottish Government stakeholders.
13. This exercise helped to identify the potential impact of the Bill on other Scottish Government policy areas and on those in protected groups. It also assisted in identifying available existing evidence about carers and carers in protected groups.
14. A mandatory public consultation exercise on policy proposals for the Bill was carried out between January and April 2014⁶. Respondents were invited to comment on a paper that set out proposals for the Bill provisions, the Partial Business and Regulatory Impact Assessment and the Partial Equalities Impact Assessment.
15. The responses to the consultation indicated that almost all stakeholders were broadly supportive of all, some or a few of the Bill proposals.
16. In addition to the formal consultation process, the Carers Bill Team ran and participated in a programme of Scottish Government and stakeholder arranged engagement events, during which stakeholders had the opportunity to express views about possible Bill provisions and identify areas of particular challenge in relation to protected characteristic groups.
17. To further inform the equality impact assessment, the Carers Bill Team also ran a specific stakeholder event with equality representatives. This event gave external stakeholders the opportunity to provide the Bill Team with their views on the Bill.
18. The Scottish Government has also published a response to the Bill consultation⁷. This sets out a summary of consultation views and shows how those views have informed policy development and Bill provisions.

Scope of the EQIA

19. The scope of this EQIA is the impact of the Bill on unpaid carers who have one or more protected characteristics.

⁶ <http://www.gov.scot/Publications/2014/01/4757>

⁷ Scottish Government Response to 'Carers Legislation - Consultation on Proposals - January 2014 - <http://www.gov.scot/Publications/2015/03/2211/downloads>

Data sources

20. A variety of information sources were used in compiling this EQIA, which includes, but is not exclusive of :

- Scottish Health Survey 2012/2013
- Scotland's Census 2011
- Scottish Health and Care Experience Survey 2012/13

Key Findings

Data

21. A summary of the data collected to inform the EQIA is set out below:

Protected Characteristic	Evidence gathered
AGE	<ul style="list-style-type: none">• The age group where someone is most likely to be a carer is 50-64 years old⁸.• It is estimated there are 44,000 young carers aged 4-18;⁹• 4% of children aged 4-15 are young carers; an estimated 22,000 – 36,000 young people¹⁰.• Older people (aged 65 and over) are most likely to provide intensive care (35 + hours per week) with over half of these carers doing so¹¹.• In the 2011 Census, 10,000 young people aged under 16 were identified as carers. Of these 77% reported caring for up to 20 hours per week; 10% 20-34 hours per week and 13% more than 35 hours of care per week¹².• 3% of people aged under 25 in the 20% most deprived areas in Scotland provide care in comparison to under 2% in the least deprived areas.• 28% of young carers in the most deprived areas provide care for 35+ hours per week whilst this is the case for 17% in the least deprived areas.
DISABILITY	<ul style="list-style-type: none">• 41% of carers have a long term health condition.¹³ This is highest amongst those who are aged over 50 but at 52% is the same proportion as non- carers.

⁸ Ibid

⁹ Carers Scotland Bill Policy Memorandum
[http://www.scottish.parliament.uk/S4_Bills/Carers%20\(Scotland\)%20Bill/b61s4-introd-pm.pdf](http://www.scottish.parliament.uk/S4_Bills/Carers%20(Scotland)%20Bill/b61s4-introd-pm.pdf)

¹⁰ Scottish Government *Scotland's Carers* (2015)
<http://www.gov.scot/Publications/2015/03/1081/downloads>

¹¹ Ibid

¹² Ibid

¹³ Census 2011. A long-term condition was defined as one which lasted 12 months or more. Respondents were asked to self-select from a list of options comprising: deafness or partial hearing

Protected Characteristic	Evidence gathered
	<ul style="list-style-type: none"> • 22% of carers aged 0-24 compared to 11% of non-carers have at least one long term health condition. • 30% of carers aged 25-49 have at least one long term health condition compared to 21% non-carers. • The percentage of carers with one or more long term health condition increases with the number of hours caring – from 36% of those caring for 1-19 hours to 50% of those caring for 35+ hours.¹⁴ • Around 7% of people who provide care describe their health as “bad” or “very bad”. This increases to 14% of for those carers providing 50 or more hours of care per week. • 47% of carers in the most deprived areas care for 35 hours or more which is almost double that in the least deprived areas (24%) • Nearly 6% of carers report a long-term mental health problem; compared with 4% of non-carers¹⁵. • Young people are more likely to report they have a long-term mental health condition than non-carers.
SEX	<ul style="list-style-type: none"> • For carers aged 16+, 59% are women and 41% men. Women are more likely to be carers than men until retirement age when equally 19% of both women and men are providing care and in the oldest age groups (75+), more men than women (12% and 9% respectively) provide care. • 58% of carers providing 35+ hours of care per week are female, 42% male. • 62% of male carers providing 35+ hours a week care are aged 25-64. This compares with 69% of women carers. • Caring can impact on an individual’s ability to look after their own health and wellbeing. Research¹⁶ has found that women with intensive caring responsibilities are less likely to visit their GP than non-carers which indicates that they tend to prioritise the needs of the cared-for person over their own.
SEXUAL ORIENTATION	<ul style="list-style-type: none"> • A publication released in 2007, sampling Edinburgh and the Lothians, by the Lesbian, Gay, Bisexual Transgender and Intersex (LGBTI)

loss, blindness or partial sight loss, learning disability (for example Down’s syndrome), learning difficulty (for example dyslexia), developmental disorder (for example Autistic spectrum disorder or Asperger’s syndrome), physical disability, mental health condition, long term illness, disease or condition, other condition (respondent to specify), no condition.

¹⁴ Scottish Government Scotland’s Carers (2015)

<http://www.gov.scot/Publications/2015/03/1081/downloads>

¹⁵ <http://www.gov.scot/Publications/2015/03/1081/downloads>

¹⁶ Arskey H Hirst, M (2005) Unpaid Carers Access to and Use of Primary Care Services, Primary Health Care Research and Development 6 pp 101-116 <http://php.york.ac.uk/inst/spru/pubs/2/>

Protected Characteristic	Evidence gathered
	<p>Centre for Health and Wellbeing reported that 0.8% of respondents were in a full-time caring role.¹⁷</p> <ul style="list-style-type: none"> • The LGBT Youth Scotland written response to the consultation provided further evidence of issues affecting LGBT people: <ul style="list-style-type: none"> ○ Many LGBT carers or the LGBT people they are caring for may have reduced social networks, due to a lack of acceptance by family and friends of their sexual orientation or gender identity. ○ If LGBT carers experience these reduced social networks, they may have less support than other carers and rely more heavily on support from agencies. ○ Many LGBT people fear potentially experiencing homophobia, biphobia and transphobia from services or have previous experience of discrimination from a service. ○ There is often a lack of visibility of LGBT identities within services (such as staff knowledge of the issues affecting LGBT people, promotion of inclusive posters or websites, and explicitly stating that the service is LGBT-inclusive), which are necessary to counter LGBT people's expectations of discrimination or a lack of confidence that service services are able to meet their needs.

¹⁷ LGBT Community Needs Assessment Report
<http://www.lgbthealth.org.uk/wp-content/uploads/2014/08/Needs-Assessment-Sept-07- Updated-Dec-07 .pdf>

Protected Characteristic	Evidence gathered
RACE	<ul style="list-style-type: none"> • 96% of carers are of a “White Scottish / British / Irish” ethnicity, while 4% are of “Other” ethnic backgrounds.¹⁸ • On the whole the White Scottish / British / Irish ethnic group are more likely to be carers (9.6%) than other ethnicities (5.1%). This may be due in part, to different age structures in these populations; in the White Scottish / British / Irish group 38% are aged 50 or over and in the “Other” ethnic groups 13% are aged 50 or over. • The Pakistani community who make up 0.9% of Scotland’s population is the largest BME group. This is followed by the Chinese community with 0.6% and then by the Indian community with 0.6%.¹⁹ The Gypsy/Traveller population account for 0.1% of the total population. • 8.7% of the Pakistani population in Scotland provide some form of unpaid caring. This compares with 4.3% of the Chinese and 5.5% of the Indian communities. • There is increasing evidence that Gypsy/Travellers experience significant health inequalities, high infant mortality rates, premature deaths and higher than average rates of major long-term conditions such as diabetes and cardiovascular disease.²⁰
RELIGION OR BELIEF	No data was available covering carers or young carers under this protected characteristic grouping. This is addressed in the recommendations section of this EQIA (paragraph 31).
GENDER RE-ASSIGNMENT	No data was available about carers or young carers under this protected characteristic grouping. This is addressed in the recommendations section of this EQIA (paragraph 31).
MARRIAGE AND CIVIL PARTNERSHIP	No data was available about carers or young carers under this protected characteristic grouping. This is addressed in the recommendations section of this EQIA (paragraph 31).
PREGNANCY AND MATERNITY	No data was available about carers or young carers under this protected characteristic grouping. This is addressed in the recommendations section of this EQIA (paragraph 31).

Impact of Bill provisions on those in protected groups

¹⁸ Scottish Government Scotland’s Carers (2013)

¹⁹ 2011: Key Results on Population, Ethnicity, Identity, Language, Religion, Health, Housing and Accommodation in Scotland – Release 2A <http://scotlandscensus.gov.uk/news/census-2011-release-2a>

²⁰ Hidden Carers – Unheard Voices – Informal caring within the Gypsy/Traveller Community in Scotland <http://www.scottish.parliament.uk/S4/EqualOpportunitiesCommittee/Inquiries/MECOPP.pdf>

22. The evidence in the table above illustrates the wide diversity of carers and their caring responsibilities.
23. The Bill's provisions will have a positive impact on all of Scotland's carers, including those who fall into one or more protected groups. No negative impacts on any one or more protected groups have been identified, however it has been established that we need to know more about carers in several of the protected groups.
24. It is also recognised that there may be other factors affecting those in protected groups which although not a consequence of the Bill provisions as drafted, may, in comparison to those in non-protected groups, impact on the extent to which they can access and benefit from Bill provisions when implemented. For example, although adult carers in the LGBTI group are entitled to an adult carer support plan in the same way as a carer in a non-protected group, the particular issues facing that group (such as the fear of homophobia or discrimination) may imply additional barriers to accessing a support plan. We will therefore include within guidance for delivery partners, specific advice on implementation for protected groups.
25. The widening of access to support resulting from the removal of existing barriers to a carer's assessment, the introduction of an information and advice service and the introduction of the adult carer support plan are all expected to positively impact on all protected groups. Similarly, the duty on local authorities to prepare and publish local carer strategies that set out what action will be taken to identify, assess, support and involve carers should benefit all carers, including those with protected characteristics.
26. The introduction of a duty on local authorities to provide support to carers based on the carer's assessed needs according to locally set eligibility criteria should also be of positive benefit to carers within the protected groups, as across the board it is expected that more carers will benefit from support. The new duty on local authorities to publish eligibility criteria to ensure that carers are informed should help to promote equality of opportunity as it will be clear to all carers in a local authority area the basis upon which decisions about support are made. Additionally, the duty on local authorities to consult with carers and carer representative organisations in developing local carer strategies should ensure that carers' views are taken into account in the development, design and delivery of services, which more effectively meet their needs.
27. The obligation on local authorities to take appropriate steps to involve carers, young carers and carers' organisations in the planning, shaping, delivery and review of services at strategic level is also expected to benefit carers in protected groups and carers generally. Carers will be involved in and will have the opportunity to influence decision-making about services that directly affect them, ensuring that the services more effectively meets their needs. At an individual level the provisions made in the Bill to ensure that carers are involved in care planning for the person they care for and in decisions about support for themselves also impact positively on all carers, ensuring that their views are taken into account when decisions are being made about those they care for.

28. The introduction of the young carer statement for young carers will positively impact on children and young people with caring responsibilities by recognising the unique needs of children and young people with caring responsibilities. The young carer statement will dovetail with the child's plan, created under the Children and Young People (Scotland) Act 2014 ("the 2014 Act") for children and young people requiring a targeted intervention, to provide a comprehensive and holistic package of support.
29. Very young carers will also be positively impacted by the introduction of the young carers statement. There is likely to be a need to support very young carers as they access a young carer statement and subsequent support. This will be considered fully in the implementation of the Bill and reflected in guidance.

Recommendations and Conclusion

Recommendations

30. The Scottish Government has concluded that no changes to the Bill provisions are necessary as a result of the EQIA, as the Bill is intended to apply equally to those affected by its provisions and appear to have no detrimental effect on the basis of the protected characteristics.
31. Gaps have been identified in the current evidence base around the carers from specific protected groups and this has led to difficulties in establishing effects of the Bill on some of the protected characteristics, for example, religion or belief, sexual orientation, pregnancy and maternity, and gender re-assignment. This issue will be considered in further development of data relating to carers in Scotland. For example, it may be the case that pregnant women who know that their child will be disabled or have a learning disability could be further supported with appropriate information and advice before the child's birth.
32. However, the provisions within the Bill that local authorities prepare a local carer strategy about the support available within the area from the local authority and NHS Board will take account of the diversity of the caring population in their area and therefore help to address address any gaps in provision.

Monitoring and Review

33. It will be necessary to revisit this EQIA to take account of any changes to Bill provisions resulting from the parliamentary scrutiny process. As a consequence the EQIA will become a living document requiring regular review and updating.

Conclusion

34. The EQIA has confirmed that the provisions of the Bill will not directly or indirectly discriminate on the basis of age, disability, gender, gender re-assignment, sexual orientation or race and belief. The Bill is intended to apply equally to those affected by its provisions. The Bill will make a meaningful difference to carers and young carers and will contribute towards the improvement of their health and wellbeing, ensuring that they can continue to care and to have a life alongside caring.