

National Carers Strategy

Equality Impact Assessment Record

April 2023

EQUALITY IMPACT ASSESSMENT RECORD

Title: National Carers Strategy

Lead Minister: Minister for Mental Wellbeing and Social Care

Lead official: Sharon McGuire

Directorate, Division and Team:

**Social Care And National Care Service Development,
Improving Standards and Quality Division,
Unpaid Carers Unit**

This is a new strategy.

Policy Aim

The purpose of the Strategy is to improve outcomes for carers through setting out a range of actions which bring together existing initiatives and new approaches to ensure carers are recognised and supported in a joined up and cohesive way.

This is part of a wider reform agenda, with carers at its heart, which focuses on bringing about sustainable improvements by promoting policy developments including actions to tackle health inequalities and maximise household incomes. These reforms complement the development of the National Care Service (NCS) which aims to change how people access care and support in Scotland, with a particular focus on prevention and supporting people's needs.

The Strategy is divided into 5 chapters, each covering a key theme on support. These chapters and their strategic outcomes are listed below.

Chapter 1 - Living with COVID-19

- Carers feel confident and supported to protect themselves from COVID-19.
- Carers and the people they care for feel supported and confident to re-engage with their communities.
- Carers are supported to recover from the negative impacts of COVID-19.

Chapter 2 - Valuing, Recognising and Supporting Carers

- Carers are recognised and their contribution is understood and valued by society.
- Carers' voices are heard and their views and experiences are taken into account in decisions which affect them.

Chapter 3 - Health and Social Care Support

- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Chapter 4 - Social and Financial Inclusion

- That the social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas.
- Carers are able to access the financial support and assistance to which they are entitled.
- Carers are able to take up or maintain employment and education alongside caring if they wish to do so.

- Carers can participate in and are valued by their community and wider society.

Chapter 5 - Young Carers

- Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities.
- Young adult carers are supported when moving from education to training and work while balancing an ongoing caring role.

The National Carers Strategy contributes the following National Outcomes:

- Children and young people: we grow up loved, safe and respected so that we realise our full potential.
- Communities: we live in communities that are inclusive, empowered, resilient and safe.
- Education: we are well educated, skilled and able to contribute to society.
- Fair work and business: we have thriving and innovative businesses, with quality jobs and fair work for everyone.
- Health: we are healthy and active.
- Human rights: We respect, protect and fulfil human rights and live free from discrimination.
- Poverty: we tackle poverty by sharing opportunities, wealth and power more equally.

Who will it affect?

The implementation of the Strategy, and the realisation of its strategic outcomes, will improve the health, financial and social care support for carers, including young carers. It will also improve the way in which carers are recognised and listened to in decisions about support. This will directly improve outcomes for carers as it will help ensure they are aware of relevant services and how to access all the support and benefits to which they are entitled.

The focus on promoting choice and flexibility means that support can be tailored to individual circumstances. This is particularly important given the diversity of caring situations and carers' needs. The human rights-based approach to the delivery of this support ensures that carers can input into decisions that affect them and promotes equality of access to support to account for carers with diverse protected characteristics who may be disproportionately affected by the negative impacts of caring.

The Strategy will also indirectly improve outcomes for the cared-for person as the carer will be better supported to provide high quality care and better prepared to identify and respond according to the cared-for person's needs. Carer input to decisions about the cared-for person's support will also help improve their outcomes.

What might prevent the desired outcomes being achieved?

The effective implementation of the Strategy will help ensure the desired outcomes are achieved. This will be dependent on a number of different factors including:

- Stakeholder input – While the actions are primarily for the Scottish Government, national and local carer organisations and local statutory organisations also need to take action to help implement and promote the relevant initiatives and to share best practice. National and local carer organisations will also play a role in feeding back carers' experiences to help monitor progress on delivery.
- Future funding - Whilst the actions with budgetary implications in the current financial year have been confirmed, future funding decisions will also impact on delivery.

Stage 1: Framing

Results of framing exercise

The Strategy builds on the 2019 public consultation on a draft Carers Strategic Policy Statement (CSPS) which set out high level outcomes just prior to the pandemic and aims to connect a wide range of existing policies. It is based upon the following principles:

- Prioritise preventative support to help prevent problems developing.
- Enable choice and control so that support can be personalised.

The Strategy reflects both these long-term issues as well as those that emerged during the pandemic and the current cost crisis.

The Carers Strategy has involved extensive engagement with unpaid carers, carer centres, local authorities, national and local carer organisations and with relevant policy areas across the Scottish Government. Stakeholders have provided input at every important stage in the Strategy's development, including giving feedback on specific drafts. This helped ensure that the Strategy considered diverse caring situations and accounted for the diverse carer demographics, including creating awareness about policies and initiatives to reflect their needs accordingly.

Discussed below are the Strategy's potential impacts on the relevant protected characteristics.

Protected characteristic: Age

We know that people are most likely to become carers in their later working years. Potential impacts of this include a carer facing difficulties entering and remaining in employment. We also know that significant numbers of older people either rely on the support of unpaid carers or are carers themselves. Young carers are more likely to report instances of isolation as they may be deprived of social activities and other opportunities their peers without caring responsibilities can enjoy. Alongside its more general focus on personalisation, the Strategy also includes actions to address challenges related to caring role and age. These include actions focused on young carers at a transitional stage of their life and carers of working age.

Protected characteristic: Sex

As there is a higher proportion of female carers, they are more likely to be disproportionately affected emotionally, financially and physically due to their caring role. The Strategy highlights this issue, especially as a result of a perceived expectation to take on caring and the fact that women carers are more likely than men to be unable to work. While all of the Strategy's actions are designed to benefit carers, they should therefore have a greater benefit to women.

Protected characteristic: Race/ Ethnicity

We know that Black, Asian and ethnic minority carers are less likely to be aware of support services available and also less likely to seek help. The Strategy therefore aims to create awareness in these communities about the various initiatives and encourage these groups

to engage, including with national carer organisations, to mitigate any disproportionate negative impacts.

Protected characteristic: Religion or belief

Discussions with stakeholders, especially MECOPP, and the equalities policy unit highlighted the barriers that carers with certain religions or beliefs may face. They may be from more closed communities and less likely to be aware of public services for carers and discouraged from seeking help from outwith their communities. After these discussions, the Strategy's intention was to encourage engagement and improve communication and relationships with these groups.

Extent/Level of EQIA required

Extensive engagement with policy areas across government, including on equalities and fair work, ensured that officials developing the Strategy were aware of societal dynamics, norms and cultures which may result in discrimination against carers with 1 or more protected characteristic. This dialogue highlighted the protected characteristics that are potentially impacted by the Strategy and the actions committed within it. It also showed where the focus of the Strategy should lie and where improvements need to be made in order to promote equality of opportunity and foster good relations between different groups.

The Strategy pulls together a number of policies and initiatives intended to provide support and have a positive impact on carers' lives. As above, at every major stage of the Strategy's development, there has been significant engagement with a variety of unpaid carers and the organisations that represent them. This includes carers with 1 or more protected characteristics and representative organisations such as MECOPP, Carers Trust Scotland and Young Scot. MECOPP is a national carer organisation that works with gypsy/traveller communities and BAME groups, whilst Carers Trust Scotland represents young carers and works with local organisations supporting young carers in their caring roles. Young Scot provides carer information and a package of benefits for young carers. The discussions included how the various policies and initiatives can each benefit and better support people with 1 or more protected characteristics. These discussions have ensured that the Strategy is comprehensive and the relevant policies and initiatives meet the diverse needs of carers with 1 or more protected characteristics by taking into consideration and responding accordingly to diverse caring situations.

The engagement has also highlighted any potential negative impacts that the Strategy itself and the initiatives and policies covered within may have on certain groups. This has allowed any negative impacts to be considered thoroughly and ensured steps were taken to mitigate these. In other cases, if the negative impact was minor, it was assumed that the numerous and varied positive impacts of the Strategy would offset these. Some of these are discussed below. Through the monitoring of the Strategy's implementation, there is also the aim to continuously improve and tailor support and ensure carers with 1 or more protected characteristics are taken into consideration in these decisions.

Stage 2: Data and evidence gathering, involvement and consultation

Evidence gathered and strength/quality of evidence

Characteristic¹ – Age

- Total estimated number of adult carers (aged 18+): 668,000.²
- Estimated number of young carers (aged 4-17): 28,000.³
- The age group where someone is most likely to be a carer is 50-64 years old.
- Those aged 65 and over are most likely to provide more intensive care (35+ hours per week) with over half of these carers doing so.
- Poor carer health and wellbeing is concerning for both the carer and the cared-for person. It can result in greater use of health and social care services, particularly older people, for example: through admission and delayed discharge at hospital; referral to a day hospital or other unit; and admission to institutional care.⁴

Characteristic – Disability

- 41% of carers, compared to 29% of non-carers have a long-term health condition.⁵
- 16% were deaf or had partial hearing loss; 16% had a physical disability; 11% had a mental health condition; and 44% had another condition not listed.
- Nearly 6% of carers report having a long-term mental health condition compared with 4% of 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.⁶

Characteristic – Sex

- Female carers are disproportionately impacted by negative effects of caring.⁷
- According to Scotland's Carers report (based on total carer population, Scotland census 2011), close to 60% are female, with more female carers than male in every age group. The difference is especially pronounced in working-age group.⁸
- Working age women are most likely to be carers and the likelihood of caring increases for those in their late 40s and early 50s. Over a quarter of women in this age bracket are carers, balancing care and employment responsibilities.

¹ Refer to Definitions of Protected Characteristics document for information on the characteristics

² Scottish Government, (2022). [Background - Scotland's Carers Update Release: December 2022](#).

³ Scottish Government, (2015). [Scotland's Carers](#).

N.B. Age breakdown in Scotland's Carers report could be outdated. There is now a commitment in Strategy to update Scotland's Carers using Census 2022 data.

⁴ Pearson, B., Skelly, R., Wileman, D. and Masud, T, (2002). [Unplanned readmission to hospital: A comparison of the views of general practitioners and hospital staff](#).

⁵ UK Government, 2011. [2011 Census - Office for National Statistics](#).

N.B. 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 loss, blindness or partial sight loss, learning disability, learning difficulty, developmental disorder, physical disability, mental health condition, long term illness, disease or condition, other condition (respondent to specify), and no condition.

⁶ The Scottish Government, (2015). [Scotland's Carers - Chapter 2](#)

⁷ The Scottish Government, (2015). [Scotland's Carers - Chapter 2](#).

N.B. Statistic could be outdated as report was produced in 2011. There is more recent data from this year's Carer Census which suggests 73%; however, this data relates to carers being supported by local services during 2021-22, rather than the carer population as a whole.

⁸ The Scottish Government, (2022). [Carers Census, Scotland, 2021-22](#).

- Women are more likely to be carers than men until retirement age when equally 19% of both women and men are providing care. In the oldest age group (75+) more men than women (12% and 9% respectively) provide care.
- 62% of male carers providing care of 35+ hours a week are aged 25-64. This compares with 69% of women carers.
- Women make up around 69% of Carer's Allowance/Carer's Allowance Supplement recipients who provide at least 35 hours of care a week.⁹

Characteristic – Pregnancy and maternity

- No evidence identified, but as above carers are predominately female and aged late 40s and early 50s.

Characteristic – Gender reassignment

- No evidence identified.

Characteristic – Sexual orientation

- Research published in 2007 by the Lesbian, Gay, Bisexual Transgender and Intersex (LGBTI) Centre for Health and Wellbeing reported that 0.8% of respondents from Edinburgh, the Lothians and the Borders provided full-time caring.¹⁰
- Some LGBTI parents/carers felt that reporting incidents affecting them would 'out' their children in the neighbourhood and make their children a target for bullying or harassment.¹¹
- The LGBT Youth Scotland written response to the Carers (Scotland) Bill consultation provided further evidence of issues affecting LGBT carers:
 - Many LGBT carers or the LGBT people they are caring for may have reduced social networks due to a lack of acceptance of their sexual orientation or gender identity. This can result in accessing less support than other carers.
 - 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 which are necessary to counter LGBT people's expectations of discrimination, or a lack of confidence that services are able to meet their needs.

Characteristic – Race

- An analysis found that carers from Black, Asian and minority ethnic backgrounds were:
 - more likely to be impacted by the closure of local services
 - more likely to state that the services in their area did not meet their needs
 - more anxious about their current financial situation
 - more likely to be struggling to make ends meet.¹²
- 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

⁹ Social Security, (2020). [Social Security Scotland Statistics](#).

¹⁰ Arskey and Hirst, (2005). [Unpaid carers' access to and use of primary care services](#).

¹¹ The Scottish Government, (2014). [Carers Legislation - Consultation on Proposals: Responses](#).

¹² Carers UK, (2022). [The experiences of Black, Asian and minority ethnic carers during and beyond the COVID-19 pandemic](#).

N.B. This is a report on carers across the UK, rather than Scotland specifically. However, engagement with stakeholders found that Black, Asian and minority ethnic carers are also disproportionately impacted by the negative effects of caring in Scotland.

Indian community with 0.6%. The Gypsy/Traveller population account for 0.1% of the total population.¹³

- 96% of carers are of a “White Scottish / British / Irish” ethnicity, while 4% are of “Other” ethnic backgrounds.¹⁴
- 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.
- People from older ethnic groups such as “White: Scottish” and “White: Other British” were the most likely to provide unpaid care. People from ethnic groups with younger age profiles, such as the “Arab” and “White: Polish” groups, were least likely to provide unpaid care.
- There is 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.¹⁵

Characteristic – Religion or belief

- No evidence identified.

Characteristic – Marriage and civil partnership

(the Scottish Government does not require assessment against this protected characteristic unless the policy or practice relates to work, for example HR policies and practices - refer to Definitions of Protected Characteristics document for details)

- No evidence identified.

¹³ The Scottish Government, (2015). [Census 2011 equality results: analysis, part two.](#)

¹⁴ The Scottish Government, (2015). [Scotland’s Carers – Chapter 1: Who provides care in Scotland?](#)

¹⁵ MECOPP, (2021). [Hidden carers: unheard voices.](#)

Stage 3: Assessing the impacts and identifying opportunities to promote equality

Do you think that the Strategy impacts on people because of their age?

It has a positive impact on eliminating unlawful discrimination, harassment and victimisation.

This is because the Strategy helps improve awareness about carer demographics, including providing data on carers disaggregated according to age, and promotes understanding of the different impacts a caring role may have dependent on the carer's age and stage of life. It also outlines policies and support that are tailored to different age groups to ensure they are not discriminated against as a result of their caring role and their age e.g., for young carers, it signposts to the Bullying and Equalities Module on the schools management systems and anti-bullying guidance published by the Scottish Government.

It has a positive impact on advancing equality of opportunity.

This is because the Strategy acknowledges that carers across the different age groups might not be able to access the same opportunities, including social and employment, as their peers who do not have caring responsibilities due to the additional pressures related to their caring role. The Strategy points to initiatives designed for different age groups which aim to overcome such challenges. An example is the Carer Positive scheme which is an accreditation scheme that recognises those employers who put in place flexible and supportive working practices for people juggling work with unpaid care; the benefits of which are targeted towards carers of working age.

There is also a chapter specifically for young carers which aims to ensure that:

- Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities.
- Young adult carers are supported when moving from education to training and work while balancing an ongoing caring role.

These strategic objectives are focused on advancing equality of social, economic and educational opportunities for young carers and minimising any disadvantages they may have due to their caring responsibilities.

The Strategy points to initiatives and programmes which create opportunities for younger carers so they can live a more balanced life and enjoy experiences similar to those peers who do not have caring responsibilities, including being a target group for youth arts and youth music funding. This is especially important as we know that young carers have poorer physical and mental wellbeing than non-carers, and are more likely to live in the most deprived areas and report instances of social isolation. Due to additional caring responsibilities and pressures related to their caring role, they may have restricted access to opportunities considered the norm for other young people. The Strategy therefore helps to mitigate any negative impacts related to their caring and ensure that they are still able to pursue their own goals.

The Young Carers chapter also includes the commitment to continue supporting the Young Carers Festival, which allows young carers to have their voices heard by decision makers and discuss what matters to them. This means they can highlight any positive and negative experiences as a young carer, including any discrimination and/ or unjust

treatment they have faced in school and other settings. This annual event has played a role in influencing national and local policy development and government priorities by highlighting carer experiences and prominent issues for carers. These events also contribute to fostering good relations by building mutual trust and understanding between decision makers and unpaid carers.

On a practical level, the length and level of detail in the Strategy means that it could be difficult to follow and time-consuming to read comprehensively for certain groups, especially younger carers. In order to overcome this, we have also prepared an executive summary and an easy read version of the Strategy. The easy read version is condensed and explains any complex concepts or more difficult language.

It has a positive impact on promoting good relations among and between different age groups.

Many caring relationships are between different generations.

Recognising and improving support for carers across different age groups will promote good relations between different groups especially where there is an age gap between the carer and cared for person.

Do you think that the Strategy impacts disabled people?

There is no evidence of any specific impact on eliminating unlawful discrimination, harassment and victimisation.

It has a positive impact on advancing equality of opportunity.

This is because on a practical level, the length and level of detail in the Strategy means that it could be difficult to follow and time-consuming to read comprehensively for certain groups, especially those with learning difficulties and/ or people with sensory impairment. In order to overcome this, we have also prepared an executive summary and an easy read version of the Strategy. The easy read version is condensed and explains any complex concepts or more difficult language.

It has a positive impact on promoting good relations among and between disabled and non-disabled people.

Many caring relationships are between disabled and non-disabled people.

The Strategy's purpose to improve outcomes for carers and ensure carers are supported fully in a joined up and cohesive way means that carers who support people with disabilities will be better placed to do so. This means carers should be able to access the relevant support when they require it. For example, having access to short breaks and other respite services will improve carers' mental health and well-being and the quality of care provided. This should support good relations between the carer and the disabled person they care for.

Do you think that the Strategy impacts on men and women in different ways?

It has a positive impact on eliminating unlawful discrimination.

This is because the Strategy promotes a joined-up approach across government to better supporting female carers. It outlines the intention to continue to provide a platform to carers to have their voice heard by decision makers. This includes continuing to support and fund the annual Carers Parliament. Engagement events, like the Carers Parliament and regular meetings with Ministers, allow female carers to discuss prominent issues and highlight their experience as a female carer including any discrimination and/ or unjust treatment they may have faced as a result of both their caring role and being female. This can influence government initiatives and wider policy which aim to eliminate unlawful discrimination in the workplace and other settings and create a more gender equal society. It also facilitates and encourages female carers' participation in public life.

It has a positive impact on advancing equality of opportunity.

With gender stereotypes and expectations still surrounding caring, there is a risk that women feel more pressurised than men to undertake caring roles. This pressure can negatively impact on a woman's career path and be a key driver of the gender pay gap. The Strategy acknowledges that women are disproportionately affected by the negative impacts of unpaid care, and identifies initiatives for carers generally. This contributes towards mitigating negative impacts as more women are carers and therefore more likely to benefit. This will improve outcomes for female carers by supporting them to have a balanced life and equal access to opportunities.

It has a positive impact on promoting good relations between men and women.

Many caring relationships are between people of different genders. The Strategy will promote good relations between men and women in these situations through improving support and services available for the carer.

Do you think that the Strategy impacts on women because of pregnancy and maternity?

There is no evidence of any specific impact on eliminating unlawful discrimination, harassment and victimisation.

There is no evidence of any specific impact on advancing equality of opportunity.

There is no evidence of any specific impact on promoting good relations.

Do you think your Strategy impacts on people proposing to undergo, undergoing, or who have undergone a process for the purpose of reassigning their sex?

(NB: the Equality Act 2010 uses the term 'transsexual people' but 'trans people' is more commonly used)

There is no evidence of any specific impact on eliminating unlawful discrimination, harassment and victimisation.

There is no evidence of any specific impact on advancing equality of opportunity.

There is no evidence of any specific impact on promoting good relations.

Do you think that the Strategy impacts on people because of their sexual orientation?

There is no evidence of any specific impact on eliminating unlawful discrimination, harassment and victimisation.

There is no evidence of any specific impact on advancing equality of opportunity.

There is no evidence of any specific impact on promoting good relations.

Do you think the Strategy impacts on people on the grounds of their race?

It has a positive impact on eliminating unlawful discrimination.

This is because the Strategy gives an overview of caring demographics and describes work underway to continue working with MECOPP to improve engagement and support offered to BAME communities.

Many older ethnic minority carers do not seek formal support out with the family unit, therefore pointing to respite services and framing breaks as a 'right' could encourage more carers to take up social care services.

It could have a negative impact on advancing equality of opportunity.

This is because carers from certain communities, where English is not their first language, may struggle to understand the Strategy. However, this risk is mitigated as the Scottish Government funds MECOPP which provides support to ethnic minority carers and has translation capacity.

It has a positive impact on promoting good race relations.

This is because some caring relationships are between people of different races and the Strategy should contribute to promoting good relations in such instances.

Do you think the Strategy impacts on people because of their religion or belief?

It has a positive impact on eliminating unlawful discrimination.

This is because discussions with stakeholders highlighted that some types of support which the Strategy aims to improve may not currently be culturally appropriate for all religions and beliefs. For example, certain respite facilities and/or short breaks for carers that offer food may not cater to diverse religious needs e.g. providing halal or kosher food.

There is no evidence of any specific impact on advancing equality of opportunity.

There is no evidence of any specific impact on promoting good relations.

Do you think the Strategy impacts on people because of their marriage or civil partnership?

There is no evidence of any specific impact on eliminating unlawful discrimination.

Stage 4: Decision making and monitoring

Have positive or negative impacts been identified for any of the equality groups?

A set of positive impacts and a few minor negative impacts have been identified for the equality groups. Where the negative impacts were identified, it was decided that these were minor and likely to be offset by the positive impacts delivered. In addition, in some instances, steps have been taken to minimise and/ or mitigate them.

Is the policy directly or indirectly discriminatory under the Equality Act 2010¹⁶?

No

If the policy is indirectly discriminatory, how is it justified under the relevant legislation?

N/A

If not justified, what mitigating action will be undertaken?

N/A

How has Equality Impact analysis shaped the policy making process?

The EQIA and consultations resulted in the production of an easy read version and executive summary to ensure the Strategy's content and message is accessible to all groups including young carers, carers with learning disabilities and carers whose native language may not be English.

As a result of the extensive engagement, different policy areas within the Scottish Government have linked up, for example, relationships have been built and consolidated with equalities policy leads which has improved understanding about carers who identify as ethnic minorities and /or gypsy travellers. This has also led to improved understanding about the work being done in these areas and services and support available to these groups. Other links have been strengthened with fair work policy in understanding how caring roles can contribute to the gender pay gap and discussing actions to overcome these barriers.

The EQIA ensured that carers with protected characteristics were taken into consideration as it facilitated discussions to ensure their input and lived experiences informed decision making. This allowed the Strategy to be relevant for them and tailored to meet the diverse needs of carers and reflect the diversity of many caring situations.

¹⁶ See EQIA – Setting the Scene for further information on the legislation.

Monitoring and Review

- The existing Carers Rights and Support Steering Group will measure progress on equality groups and oversee the ongoing implementation of the Strategy. They meet every 3 months. (We are also looking into the possibility of involving further stakeholder groups including the Young Carers Working Group in order to maximise the diversity of unpaid carers who can feed back their variety of experiences.)
- The group will be extended to include additional carers and other relevant organisations so that carers are directly involved in measuring and monitoring the impact of the Strategy during its lifespan and have a platform to share their own experiences and advise on next steps.
- Monitoring activity will be focused on measuring outcomes for different equality groups of carers through collecting the most relevant information, e.g. surveys which consider the support carers have experienced, where data is collected anonymously and disaggregated according to gender, age group etc. Data from the annual Carer Census will also be used where relevant.
- We will also report on the progress towards our targets to maximise transparency and provide the opportunity to reassess the action plan to include new actions on an ad-hoc basis. This will ensure the Strategy remains relevant and can adapt to new socioeconomic developments in society.

Stage 5 - Authorisation of EQIA

Please confirm that:

- ◆ This Equality Impact Assessment has informed the development of this policy:

Yes No

- ◆ Opportunities to promote equality in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered, i.e.:

- Eliminating unlawful discrimination, harassment, victimisation;
- Removing or minimising any barriers and/or disadvantages;
- Taking steps which assist with promoting equality and meeting people's different needs;
- Encouraging participation (e.g. in public life)
- Fostering good relations, tackling prejudice and promoting understanding.

Yes No

- ◆ If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment and victimisation in respect of this protected characteristic:

Yes No Not applicable

Declaration

I am satisfied with the equality impact assessment that has been undertaken for the National Carers Strategy and give my authorisation for the results of this assessment to be published on the Scottish Government's website.

Name: Simon Cuthbert-Kerr

Position: Deputy Director

Authorisation date: 06/01/2023





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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80525-735-6 (web only)

Published by The Scottish Government, April 2023

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1276642 (04/23)

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