

National Carers Strategy

Fairer Scotland Duty

April 2023

Fairer Scotland Duty

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

Stage 1 – Planning

- **What is the aim of your policy/strategy/plan?**
- **Who will it affect (particular groups/businesses/geographies etc)?**

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 to ensure they are aware of relevant services and how to access all the support and benefits to which they are entitled.

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 accordingly to the cared-for person's needs. Carer input into decisions about the cared-for person's support will also help improve their outcomes.

- **What outcomes do you expect the policy/strategy/plan to deliver?**

The aim 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 Strategy 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), ensuring quality, fairness and consistency of provision that meets individuals' needs. The NCS aims to change how people access care and support in Scotland, with a particular focus on prevention and supporting people's needs.

- **What is your timeframe for completing the Fairer Scotland Duty assessment?**

The Fairer Scotland Duty has been kept under consideration since the start of the Strategy's development in January 2022, and throughout consultations since then. Stakeholders and policy areas 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 inequalities across carer demographics, including creating awareness about policies and initiatives to reflect carers' needs accordingly. This process, spanning the course of 10 months, means that the relevant stakeholders and policy areas have had the opportunity to input into the Strategy so that the Fairer Scotland Duty commitment can be fulfilled.

- **Who else will be involved in the assessment and what roles will they play?**

Members of the Scottish Government Carers Policy Team have been involved in consulting stakeholders and other policy areas within Scottish Government, including those relevant to equalities and fair work policy. At every major stage of the Strategy's development, a draft was shared with stakeholders who provided feedback which was subsequently taken into consideration and incorporated into the revised version where appropriate.

On behalf of all carers, including those from different socioeconomic groups, stakeholders were also given the opportunity to share lived experiences with current initiatives to inform improvement and offer suggestions for the development of new initiatives.

Stage 2 – Evidence

- **what does the evidence suggest about existing inequalities of outcome, caused by socio-economic disadvantage, in this specific policy area?**

1. Overall, the proportion of people who are carers shows little difference between the least and most deprived areas.¹

Limitation: The age of the data raises questions about how well it applies to the current situation, although anecdotal evidence from other sources, including from those with lived and living experience, tend to support the data.

¹ The Scottish Government, (2015). [Scotland's Carers report](#).

2. Carers are in all social groups but it is those in the most deprived areas that provide the most hours of caring.

47% of carers living in the most deprived areas care for 35 hours a week or more; compared with 24% of carers living in the least deprived areas

3.1% of people aged under 25 living in the 20% most deprived areas in Scotland are carers compared with 1.7% in the least deprived areas

28% of young carers in the most deprived areas care for 35 hours a week or more; compared with only 17% of carers in the least deprived areas.²

Limitation: The age of the data raises questions about how well it applies to the current situation, although anecdotal evidence from national carer organisations tend to support the data.

3. Young carers are more common in lone parent families and also contribute the most hours.³

Limitation: The age of the data raises questions about how well it applies to the current situation, although anecdotal evidence from other sources, including from those with lived and living experience, tend to support the data.

4. People providing the most intensive care (20 hours and more) are more likely to be in lower level occupations.⁴

Limitation: The age of the data raises questions about how well it applies to the current situation, although direct engagement with unpaid carers with lived and living experience tends to support the data.

5. 14% of young carers in the Carers Census lived in the most deprived Scottish Index of Multiple Deprivation (SIMD) decile compared to 5% who lived in the least deprived SIMD decile.⁵

Limitation: A carer was included in the Carers Census only if they:

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

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

⁴ King and Pickard, (2013).

⁵ The Scottish Government, (2021). [Carers Census, Scotland, 2019-20 and 2020-21](#).

- had an Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS) or review of their needs as a carer during the reporting period; or
- were offered or requested an ACSP or YCS during the reporting period; and/or
- received a specified support service (including short breaks or respite) during the reporting period.

6. One third of carers in employment in a recent study reported they are struggling financially.

Limitation: Although this evidence is old, direct engagement with unpaid carers and recent reports on the cost of living crisis support the data.

7. Economic status of carers - Scotland's 2011 census showed of carers aged 16 and over:

- 56% were employed or self-employed;
- 25% were retired;
- 8% were looking after home or family;
- 5% were long-term sick or disabled themselves; and
- 7% were doing other things, most of which were students or unemployed.

Limitation: The age of the data raises questions about how well it applies to the current situation, although direct engagement with those with lived and living experience and recent reports on the cost of living crisis tend to support the data.

- **what does the evidence suggest about possible impacts of the policy/programme/decision, as planned, on those inequalities of outcome?**

All evidence, including anecdotal evidence and engagement with people with lived and living experience, points to the need to improve support to carers and ensure services are joined up so they can collaborate and better support carers. This is especially the case for carers on low incomes or unemployed; carers living in deprived areas; carers with no/low wealth or in debt; carers in material deprivation and carers from different social classes because they are likely to be disproportionately impacted by the negative effects of caring. This is partially due to the reason that those carers providing the most intensive caring tend to live in more deprived areas and many carers report that they are struggling financially. These

financial challenges are likely to have been exacerbated during the COVID-19 pandemic and by the current cost of living crisis.

Therefore, the evidence suggests that the Strategy will improve equalities of outcome by helping to alleviate socioeconomic pressures related to caring roles, including existing socioeconomic risks exacerbated by caring. The initiatives should also provide targeted support to those most in need and mitigate unfair starts to create more opportunities and help carers to enjoy a more balanced life.

As the Strategy intends to improve outcomes for all carers - with a focus on improving health, financial and social care support - there are no negative impacts anticipated.

- **is there evidence that suggests alternative approaches to the policy/programme/decision? For example, evidence from the UK or international evidence?**

n/a

- **what gaps are there in key evidence? Is it possible to collect new evidence quickly in other areas? For example, through consultation meetings, focus groups or surveys?**

As indicated above, there are some limitations related to the age and quality of the data. Engagement with analytical teams and accessing resources produced by them has helped inform the development of the Strategy and served to fill any gaps in the evidence. Consultation with stakeholders, mainly national carer organisations and carer centres, allowed case studies to be collected which helped to corroborate previously collected evidence where minor gaps existed. This also served to illustrate and contextualise quantitative data extracted from the Carers Census.

- **how could you involve communities of interest (including those with lived experience of poverty and disadvantage) in this process? The voices of people and communities are likely to be important for identifying potential improvements to the programme/policy/decision.**

A group of unpaid carers and the organisations that represent them were consulted at every major stage of the Strategy's development. This group included carers with lived experience of poverty and disadvantage. Ongoing engagement helped ensure

that the relevant actions committed to within the Strategy were feasible, impactful and remained focused on improving equality of outcomes for disadvantaged carers.

Furthermore, extensive engagement with policy areas across government, including equalities and fair work, ensured that officials developing the Strategy were aware of socioeconomic factors, societal dynamics and cultures which may result in discrimination.

In addition, unpaid carers will be involved in the ongoing implementation of the Strategy through the existing Carers Rights and Support Steering Group. The group will be extended to include additional carers including those with lived and living experience of poverty and disadvantage. This group will be involved in measuring and monitoring the impact of the Strategy during its lifespan and will be able to share their own experiences and advise on next steps.

Stage 3 – Assessment and improvement

- **what options could strengthen this programme/policy/decision in its impact on inequalities of outcome?**

A separate stakeholder group could be created to monitor the success and impact of the actions committed specifically within the social and financial inclusion chapter which focus on improving equalities of outcome. This would encourage actions to be carried out effectively and in a timely manner. It would also provide the opportunity for those with lived experience of poverty and disadvantage to feedback on the impact of the actions and allow them to be adjusted accordingly.

- **what are the pros and cons of these options?**

The pros include:

- ensuring the Strategy will be as targeted and impactful as possible
- carers, especially those living in poverty and experiencing disadvantage, will be supported during the cost of living crisis
- carers sitting on the stakeholder group will be at the centre of decisions impacting their life and will have the opportunity to feedback on the effectiveness of support initiatives

The cons include:

- more resources required to create an additional stakeholder group
- possible duplication of existing stakeholder groups
- possibility of carer fatigue from over-engagement and forming part of multiple panels/ groups for carers
- carers in the most intensive roles and struggling financially will find it most difficult to feed into these groups

After due consideration, it was decided that the actions committed specifically within the social and financial inclusion chapter can be monitored through the existing Carers Rights and Support Steering Group. This would overcome many of the cons mentioned above, including the possible duplication of stakeholder groups.

- **how could the programme/policy/decision be adjusted to address inequalities associated with particular groups?**

Communities of interest or of place who are more at risk of inequalities of the outcome?

We know that BAME carers and carers from gypsy/ traveller communities are less likely to engage with carer centres and national carer organisations. These carers also are more likely to experience poverty and disadvantage. As a result, more attention has been paid to help people self-identify as an unpaid carer and raise awareness of care, especially in these communities, so we can help to ensure an unpaid carer can access support, including any social security benefits to which they may be entitled.

In addition, there will be 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. These will be helpful for young carers, carers whose first language might not be English and carers in more demanding caring roles who have limited free time to read a full Strategy.

Stage 4 – Decision

- **what changes, if any, will be made to the proposal as a result of the assessment? Why are these changes being made and what are the expected outcomes?**

There is the intention to have more carers with experience of poverty and disadvantage forming part of the stakeholder groups to allow a more targeted focus on the impact of the actions committed within social and financial inclusion chapter and ensure necessary adaptations can be made going forward. This will help to maximise the effectiveness of initiatives and improve equalities of outcome.

- **if no changes are proposed, please explain why.**

n/a

Sign off of the Fairer Scotland Assessment template:

Simon Cuthbert-Kerr

Deputy Director, Improving Social Care Support Standards and Quality Division



STAGE 5 – Publication

Title

The National Carers Strategy

Summary of aims and expected outcomes of strategy, proposal, programme or policy

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.

Summary of evidence

All evidence points to the need to improve support to carers and ensure services are joined up so they can collaborate and better support carers. This is especially the case for carers on low incomes or unemployed; carers living in deprived areas; carers with no/low wealth or in debt; carers in material deprivation and carers from different social classes because they are likely to be disproportionately impacted by the negative effects of caring. This is partially due to those carers providing the most intensive caring tending to live in more deprived areas and many carers reporting that they are struggling financially. These financial challenges are likely to have been exacerbated during the COVID-19 pandemic and by the current cost of living crisis.

Therefore, the evidence suggest that the Strategy will improve equalities of outcome by helping to alleviate socioeconomic pressures related to caring roles, including existing socioeconomic risks exacerbated by caring. The initiatives should also provide targeted support to those most in need and mitigate unfair starts to create more opportunities and help carers to enjoy a more balanced life.

As the Strategy intends to improve outcomes for all carers - with a focus on improving health, financial and social care support - there are no negative impacts anticipated.

Summary of assessment findings

Generally, as the purpose of the Strategy is to improve outcomes for carers, it should reduce inequalities of outcomes therefore improvements discussed and implemented were minimal.

With that being said, conducting the Fairer Scotland Duty assessment has allowed us to recognise that the stakeholder groups would benefit from greater participation and involvement from those with lived experience of poverty and disadvantage. Therefore, we will seek to do this. These same groups are also used to monitor the impact of the Strategy so this will also allow us to focus on the direct impact for those carers in this specific group.

Sign off

Simon Cuthbert-Kerr

Deputy Director, Improving Social Care Support Standards and Quality Division





© Crown copyright 2023



This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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: 978-1-80525-733-2 (web only)

Published by The Scottish Government, April 2023

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1276663 (04/23)

W W W . g o v . s c o t