



*Data under Development*

## HEALTH AND SOCIAL CARE

### Carers Census, Scotland, 2018/19

The Carers (Scotland) Act 2016 took effect on 1<sup>st</sup> April 2018. The Act puts in place a system of carers' rights designed to improve consistency of support and prevent problems in order to help sustain caring relationships and protect carers' health and well-being. The Act also introduces the right to an Adult Carer Support Plan or Young Carer Statement based on each carer's personal outcomes and needs for support. The data reported here relates to carers being supported by local services during the first year following the implementation of the Act.

#### Key Points

- This is the first publication of the Carers Census data. Many data providers were in the midst of designing new systems to collect and record this information when the data was due to be submitted. As a result, the figures presented in this publication are incomplete. Caution should be used when interpreting the results.
- There were 23,180 individual carers being supported by local services across Scotland identified through the Carers Census.
- There was a notable deprivation effect for young carers supported by local services. 14% of young carers lived in the most deprived SIMD decile, while 4% lived in the least deprived SIMD decile.
- 62% of adult carers supported by local services provided an average of 50+ hours of care per week. The majority of young carers supported by local services (65%) provided up to 19 hours of care per week on average.
- The most commonly reported impact of providing unpaid care was on carers' emotional well-being. Where this information was available, around 4 in 5 carers experienced an impact on their emotional well-being due to their caring role.
- Based on records where information on Adult Carer Support Plans (ACSPs) and Young Carer Statements (YCSs) were available; 71% of carers supported by local services had a complete ACSP or YCS in place, while 11% declined to have an ACSP or YCS.
- Based on records where information on support provided to carers was available; the most common form of support provided to carers was advice and information. For young carers supported by local services, around 3 in 5 were provided with counselling or emotional support.

## Contents

<b>Key Points</b> .....	<b>1</b>
Contents .....	2
1. Introduction .....	3
1.1 Note on Data Quality .....	3
2. De-duplication of Carers Census Records.....	5
2.1 De-duplication process.....	5
2.2 Analysis of duplicate records and records unable to be de-duplicated...	5
3. Information on Carers .....	7
3.1 Number of Carers across Scotland.....	7
3.2 Demographics .....	7
.....	9
3.3 Caring roles .....	9
3.4 Support Plans, Needs and Support Provided.....	14
4. Cared For Person Information.....	17
4.1 Demographics .....	17
5. Background Information .....	19
5.1 Data Quality .....	19
5.2 Future Improvements.....	19
Data under Development .....	21

# 1. Introduction

Unpaid carers provide care and support to family members, friends and neighbours. Any person can become a carer at any time in their life. The actual number of unpaid carers living in Scotland is not known but it was estimated that there were around 700,000 to 800,000 before the Covid-19 pandemic. A recent YouGov poll<sup>1</sup> suggests that number could have since grown to over a million.

The Carers (Scotland) Act 2016, which was took effect on 1<sup>st</sup> April 2018, aims to enable unpaid carers to be better supported so that they can continue to care, if they wish to do so, while also having a life alongside caring. The Act introduces the right to a new Adult Carer Support Plan or Young Carer Statement based on each carer's personal outcomes and needs for support. These are available to everyone providing unpaid care regardless of whether they are providing, or intend to provide, care on a substantial and regular basis.

This report presents an overview of the results from the Carers Census collection covering 2018/19. The Carers Census collects a variety of information on unpaid carers and the support they are provided in order to help monitor the implementation of the Act. Data is collected directly from Local Authorities and Carer Centres, which are independent charities that offer practical support, advice and information to unpaid carers.

The implementation of the Act was a significant change to practice and has required changes to the data that is collected by Local Authorities and Carer Centres and the design of new systems to collect and record that data. As this is the first year that the Carers Census has been run, not all providers were able to collect and record the information requested. As such, data for most areas is incomplete and the results presented here should be interpreted with this in mind since they will be an undercount of the true number of carers being supported by local services.

For the first year, two six-month collections were run in order to identify potential data quality issues and help improve the quality of the data. This report is based on returns received during the second six-month collection only, as the first six-month collection was not of high enough quality for publication. We will continue to work with Local Authorities and Carer Centres to improve the quality of the data for future collections, which will be carried out on an annual basis going forward.

## 1.1 Note on Data Quality

As described above, since this was the first year of running the Carers Census, many data providers were still in the midst of designing new systems to collect and record the required data<sup>2</sup> at the time data was due to be submitted to Scottish Government. Data returns were received from over 80% of data providers; however, some providers were only able to return information on a subsection of the carers they support. As such, the number of carers reported here will be less than the true number of carers in contact with local services.

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<sup>1</sup> Carers Week 2020 Research Report:  
[https://www.carersuk.org/images/CarersWeek2020/CW\\_2020\\_Research\\_Report\\_WEB.pdf](https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf)

<sup>2</sup> Guidance for completing the Carers Census, including what information was requested, can be viewed here: <https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/CarersData>

Data returns also varied in terms of data completeness. On the whole, demographic variables were well returned while other variables such as those related to support plans and carers' needs were less well returned. This means that certain analysis presented in Sections 3.3 and 3.4 is based on a smaller number of carers for whom the relevant information was provided.

As such, the figures presented here will not reflect the true number of adult carer support plans and young carer statements prepared or the support which carers receive under the Carers (Scotland) Act 2016. We expect to see improvement in the number of variables returned over time as data providers' systems are improved in order to better collect and record this information.

The data from the first six-month collection, for which returns were received from roughly half of data providers, was not of high enough quality to be included in the analysis. Following this collection, the guidance for the Carers Census was refined to ensure that data was returned on a consistent basis. Data providers were then asked to submit the full year's data for 2018/19 during the second collection; however, some providers were only able to submit data for the second six months of 2018/19.

Therefore, caution should be taken when interpreting the results included in this report. All figures presented in this report are rounded. Please read the footnotes accompanying the tables and charts for further notes on data quality.

The data for the tables and charts is available in an accompanying Excel document.

## 2. De-duplication of Carers Census Records

Unpaid carers can be supported by more than one local service and may therefore appear in the systems of more than one data provider. To ensure that carers are not being double counted as a result different organisations returning information on the same people, the figures presented in this report refer only to records that have been de-duplicated.

### 2.1 De-duplication process

First, instances where a data provider had returned more than one record for the same carer were removed. Then a de-duplication ID was created for each remaining record by combining month and year of birth, datazone and gender. In cases where the de-duplication ID was not unique, further analysis of the data was carried out to identify where those records with the same de-duplication ID referred to different carers.

It was assumed that if multiple records submitted by a single data provider had the same de-duplication ID but different record IDs (e.g. 'Carer 1' and 'Carer 2'), that these records referred to different carers. In cases where one provider submitted on behalf of others but returns were also received from those providers being submitted on behalf of (as was the case in Argyll & Bute) or where the same system was used by multiple providers (e.g. Carer Centres run by VOCAL), a single record was taken for each carer.

Records where month and year of birth or datazone were missing were removed since de-duplication was not possible without those identifiers. This affected 15% of the records submitted.

As a result of the de-duplication process outlined above, 68% of the records submitted were included in the final data analysis.

**Table 1:** Number of records included in analysis following de-duplication

Records submitted	Unique number of carers (de-duplicated records)	Duplicates and records unable to be de-duplicated
33,960	23,180	10,780

In future years, we intend to link the Carers Census data with the National Records of Scotland's population spine, which contains the personal identifiers of everyone in the Scottish Census, in order to obtain an accurate number of individual carers from the information submitted.

### 2.2 Analysis of duplicate records and records unable to be de-duplicated

The de-duplication process removed 10,780 records from the dataset (32% of records submitted). Further analysis was carried out on these records in order to ascertain if certain areas or groups of carers were impacted more than others.

## Effects of de-duplication by local area

Some areas were more impacted than others by the de-duplication process. The table below shows the areas impacted the most by the de-duplication process. All records for carers living in Orkney were removed due to missing month and year of birth.

**Table 2:** Areas with highest percentage of records removed as a result of de-duplication

Area	% records removed (actual number)	Main reason(s) for removal
<b>Orkney</b>	100% (20)	All records missing month and year of birth
<b>Falkirk</b>	57% (930)	Multiple rows provided for some carers; multiple records where de-duplication ID was not unique; month and year of birth were missing for over 400 records
<b>Argyll &amp; Bute</b>	48% (1,600)	Records on the same carers submitted by multiple providers; month and year of birth were missing for over 200 records
<b>Scottish Borders</b>	45% (410)	Multiple rows provided for some carers

*Note: Area is based on carers' residential postcode rather than location of data provider.*

## Effects on equality groups

The de-duplication process does not appear to have had a disproportionate effect on any particular group of carers.

Around 20% of records were removed for each of the age groups: 0 – 18 years, 18 – 64 years and 65+ years. Equal proportions of records for male and female carers were removed through the de-duplication process (31% for both males and females).

There is slightly more variation across ethnic groups, though the proportion of each ethnic group removed varied between 18% and 28% (not including the groups 'Not Known' and 'Not Disclosed'). The proportion of records removed for each deprivation decile varied between 22% and 29%, but there was no clear trend.

### 3. Information on Carers

The analysis in the following section is based on the individual carers (23,180) identified through the de-duplication process, as set out in Section 2.1.

A carer was included in the Carers Census if they:

- 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.

However, systems were still being designed to collect and record the required information at the time the Carers Census data was submitted. As such, multiple providers were unable to return information on all of the carers meeting the above criteria. The figures presented below will therefore be an undercount of the true number of carers being supported by local services.

#### 3.1 Number of Carers across Scotland

There were 23,180 unique carers identified in the Carers Census. However, since returns were not received from all data providers there are some gaps in coverage across Scotland: notably East Ayrshire and Aberdeen City. This data also does not include any carers living in Orkney since these records were removed during the de-duplication process (see Section 2.2).

Due to these gaps in coverage and the variation in completeness of the submitted data returns, there are no local area breakdowns included in this publication since the differences between areas are as likely to be reflective of the underlying data quality and coverage as due to differences in the actual number of carers being supported.

Data will be made available to data providers on their local area in due course.

#### 3.2 Demographics

##### Age and Gender

Over half (57%) of the carers included in the Carers Census were working age adults and almost a third (32%) were adults aged 65 and over. Young carers (carers aged under 18) made up 12% of the individual carers identified. This proportion is slightly higher than previous estimates<sup>3</sup> concerning the total carer population, which suggested that young carers account for less than 5% of unpaid carers. This may indicate that carer support services are reaching a greater proportion of young carers compared to adult carers.

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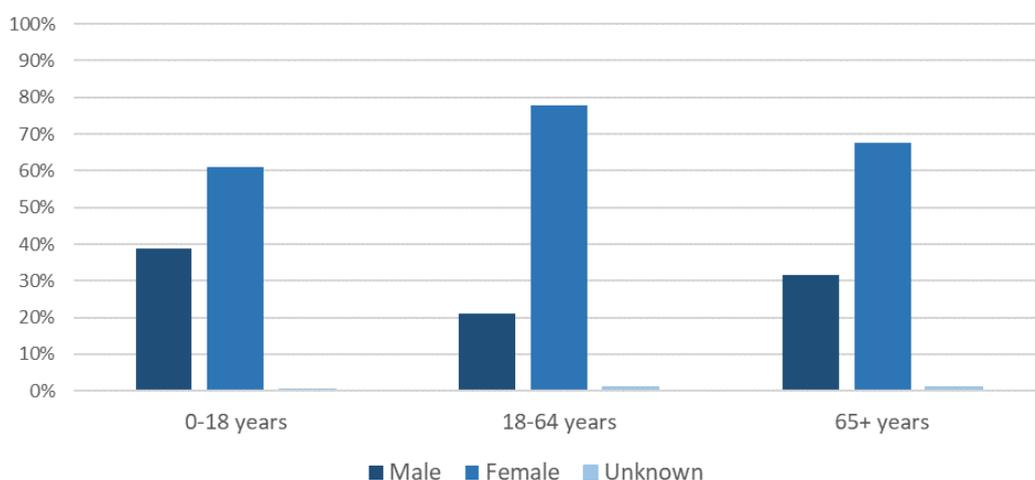
<sup>3</sup> See <https://www2.gov.scot/Resource/0054/00548776.pdf>

Around three quarters of carers (73%) in the Carers Census were female. This proportion is higher than in previous findings<sup>4</sup> based on the total carer population, which suggested that closer to 60% of carers were female. This may indicate that female carers are more likely to seek out support from services than male carers.

There are more female carers than male in every age group but the difference is most pronounced in the working age carer group, with females making up 78% of carers in this age group. This is consistent with previous findings<sup>4</sup> based on the total carer population which suggested that females of working age are more likely to provide unpaid care than working age males. The data indicates that the gender gap is narrowest for young carers, with 61% female and 39% male.

### Female carers account for around three-quarters of working age carers

Carers Census, Scotland, 2018/19



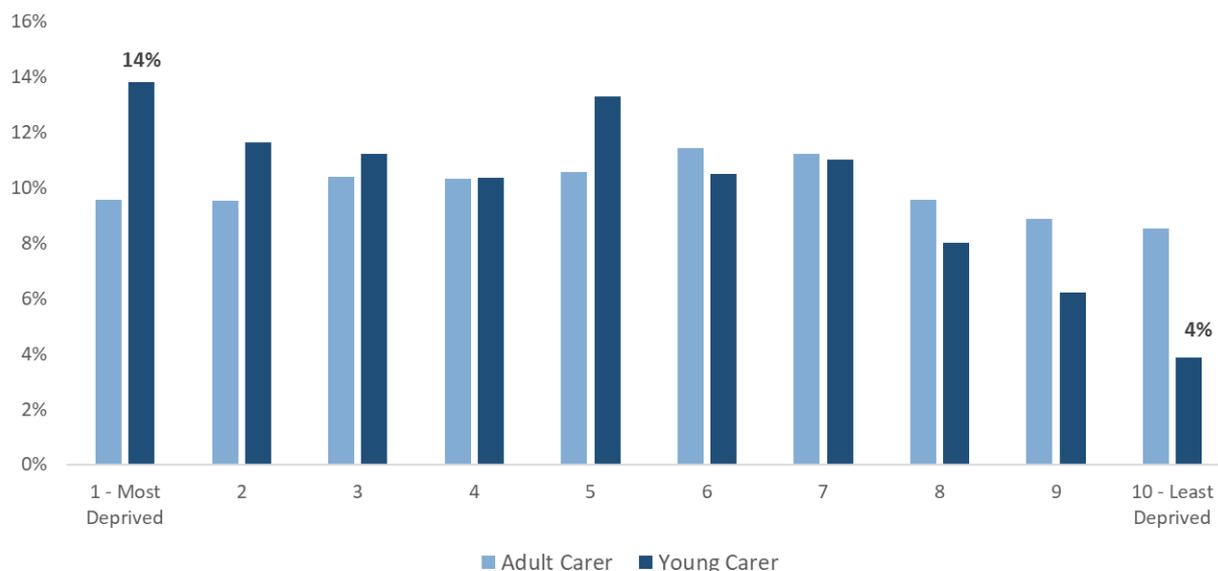
## Deprivation

There does not appear to be much difference in the number of adult carers by deprivation; however, there is a marked difference for young carers. 14% of the young carers in the Carers Census lived in the most deprived SIMD decile compared to 4% who lived in the least deprived SIMD decile. This difference is consistent with previous findings such as those included in the report on Scotland's Carers<sup>4</sup>.

<sup>4</sup> See report on Scotland's Carers: <https://www.gov.scot/publications/scotlands-carers/>

### Young carers are more likely to live in the most deprived SIMD deciles

Carers Census, Scotland, 2018/19



### 3.3 Caring roles

The roles of unpaid carers are highly varied. Carers can provide many types of care for the people they care for; such as providing emotional support or helping with shopping, cleaning and other domestic tasks. Some carers will be caring more intensively than others and may be caring for more than one person. This will all contribute to the impact that providing care and support has on a carer.

The analysis in this section is based on those carers for whom information was available. Data completeness for the information in this section was fairly low overall, which should be taken into consideration when interpreting the results.

#### Carers' Ability and Willingness to Care

The Carers (Scotland) Act 2016 aims to enable unpaid carers to be better supported so that they can continue to care, if they wish to do so. There will be some cases where carers are not able or willing to provide care and support but may still have to continue to do so.

Based on the 5,100 records for which information on carers' ability and/or willingness to provide care was available, the data suggests that 71% of carers were willing to provide care and that 66% were able to do so. The data also suggests that 61% of carers were both able and willing to provide care.

**Table 3:** Percentage of Carers Able and / or Willing to provide care

<b>Carers Willingness to provide care</b>	<b>Carer Able to provide care</b>	<b>Carer Not Able to provide care</b>	<b>Carer ability to provide care Not Known</b>	<b>All</b>
<b>Carer Willing to provide care</b>	61%	2%	8%	71%
<b>Carer Not Willing to provide care</b>	<1%	1%	<1%	2%
<b>Carer Willingness to provide care Not Known</b>	4%	<1%	23%	27%
<b>All</b>	66%	3%	31%	100%

*Note: Based on the 5,100 records containing information on carers' willingness and ability to provide care.*

### **Intensity of Care Provided**

Based on the 8,180 records with information on intensity of care, 56% of carers spent an average of 50+ hours a week providing care. This is double the proportion reported in Scotland's Carers<sup>5</sup> which looked at the total caring population. This may reflect the fact that people with more intense caring roles are more likely to seek support from local services.

Only 13% of carers for whom information on intensity of care was available spent less than 19 hours per week providing care. This is less than a quarter of the proportion reported in Scotland's Carers, but again likely reflects that people with more intense caring roles are more likely to seek support from local services and so be included in the Carers Census.

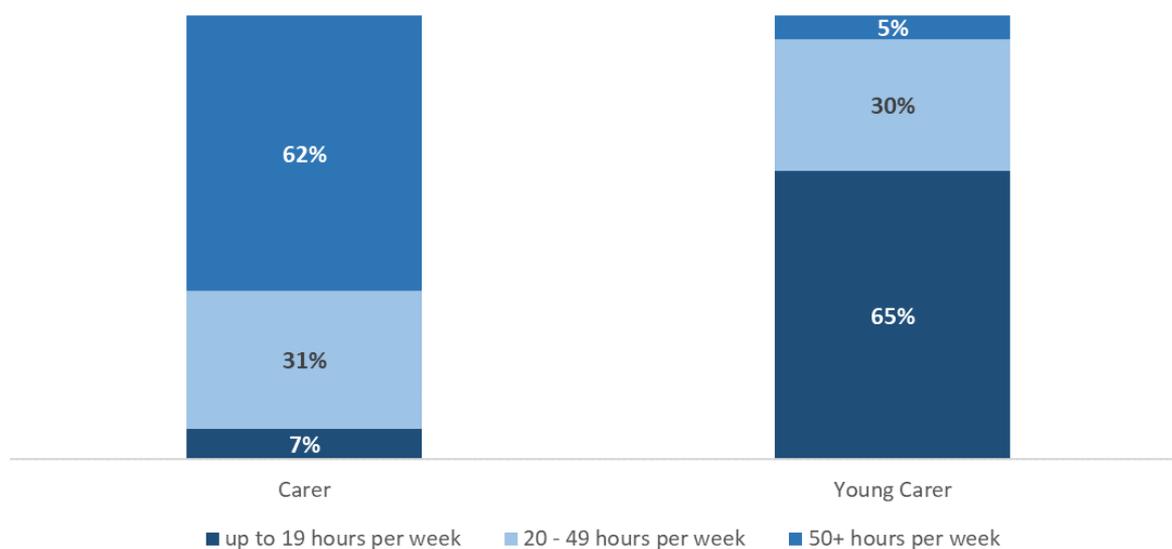
Intensity of care varied between adult carers and young carers. 65% of young carers spent less than 19 hours a week providing care compared to 7% of adult carers. This likely reflects differences in the capacity for, and the appropriateness of, higher levels of caring between adult carers and young carers.

<sup>5</sup> See report on Scotland's Carers: <https://www.gov.scot/publications/scotlands-carers/>

### Most young carers provide up to 19 hours of care per week on average

Carers Census, Scotland, 2018/19

Based on 8,180 records containing information on intensity of care provided



### Type of care provided

As stated previously, carers can provide multiple different types of care for the people they are caring for.

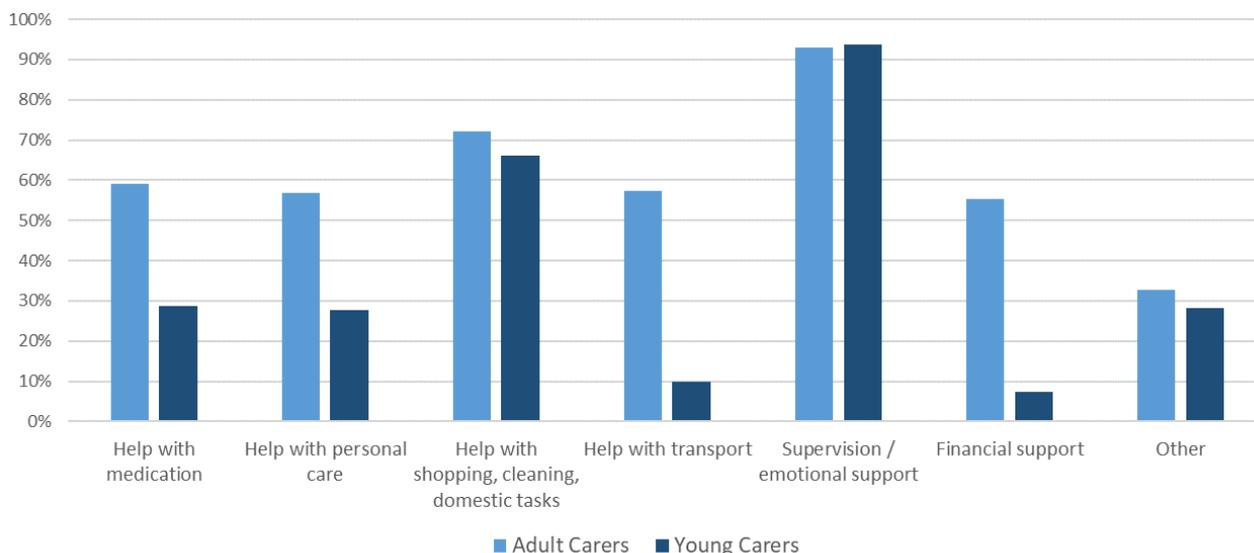
Based on the 5,530 records with information on the type of care provided, the most common type of care provided was supervision / emotional support with around 9 in 10 carers providing this type of care. Around 7 in 10 carers provided help with shopping, cleaning and domestic tasks and just over half provided help with medication and with personal care.

This varied slightly by age. Young carers were less likely to provide financial support such as helping with bills and budgeting (7% compared to 55% of adult carers) and less likely to help with transport (10% compared to 57% of adult carers). The proportion of young carers helping with personal care and with medication was roughly half the proportion of adult carers providing these types of care.

## Young carers were far less likely to provide financial support or help with transport than adult carers

Carers Census, Scotland, 2018-19

Based on 5,530 records containing information on type of care provided



Note: Carers can provide more than one type of care, so individual categories will not sum to 100%. Other types of care provided include help with appointments, help with communication and having Power of Attorney.

## Impact of Caring on Carers

Providing care and support to family members, friends and neighbours can have multiple impacts, both positive and negative, on a carer's life.

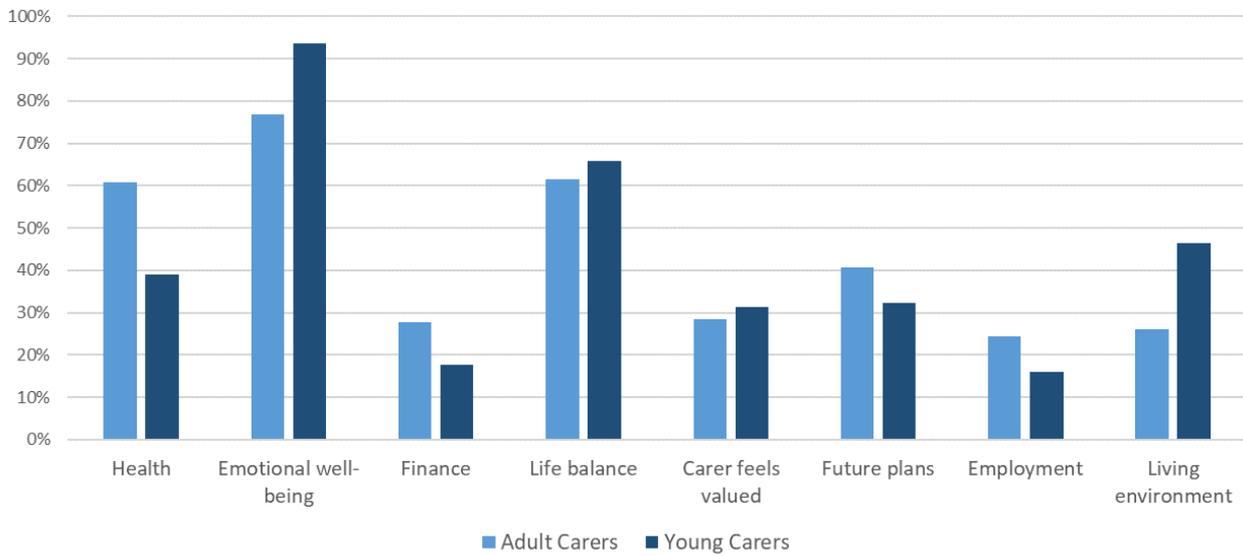
Based on the 5,380 records for which information on the impact of the caring role was available, around 8 in 10 carers experienced an impact on their emotional well-being due to their caring role. Around 6 in 10 carers experienced impacts on their health and life balance due to their caring role. The data also indicates that for around 1 in 4 carers, providing care made them feel valued.

The data also suggests that adult carers and young carers were impacted differently by their caring roles. Providing care was more likely to impact the living environment of young carers (47% compared to 26% of adult carers) and 94% of young carers experienced an impact on their emotional well-being due to their caring role. Adult carers were more likely to experience an impact on their health due to providing care, with data suggesting that the health of 61% of adult carers was impacted by their caring role compared to 39% of young carers.

## Young carers were more likely to experience an impact on their emotional wellbeing and living environment due to their caring role

Carers Census, Scotland, 2018-19

Based on 5,380 records containing information on the impact of caring role



Note: Carers can be impacted by caring in many ways, so individual categories will not sum to 100%.

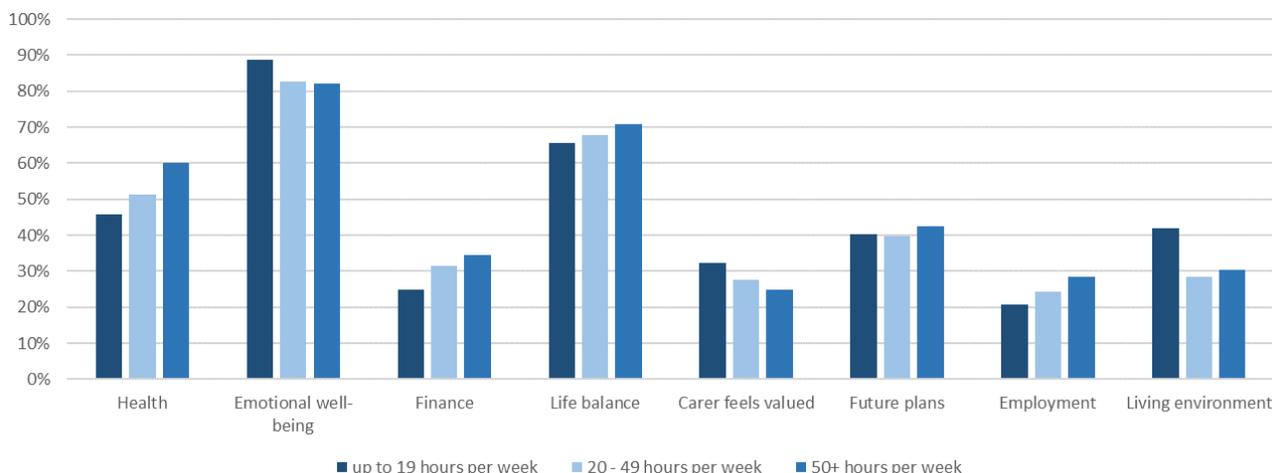
The impacts of providing care varied slightly depending on the average number of hours of care provided per week. The data suggests that the more hours of care a week provided by carers, the more likely they are to experience impacts on their health, finances and employment. For instance, 46% of carers providing up to 19 hours of care per week experience an impact on their health compared to 60% of those caring for 50+ hours a week.

The reverse seems to be true when it comes to carers feeling valued. The data indicates that the less hours a carer spends caring per week, the more likely they are to feel valued. 32% of carers providing up to 19 hours of care per week felt valued compared to 25% of those caring for 50+ hours a week.

### Carers were more likely to experience impacts on their health, finances and employment as the intensity of their caring roles increased

Carers Census, Scotland, 2018/19

Based on 5,380 records containing information on the impact of caring role



Note: Carers can be impacted by providing care in many ways, so categories will not sum to 100%.

While it may be expected that the impact of caring would vary a great deal depending on the type of care being provided, this was not reflected in the data.

Based on the 4,240 records for which information on both the type of care being provided and the impact of providing care was available, most types of care resulted in similar impacts being experienced by the carer. The slight exception was that carers’ finances appeared to be more likely to be impacted when the carer was providing financial support or help with transport. This may suggest that factors other than the type of care a carer provides are more important in determining how the caring role has an impact.

### 3.4 Support Plans, Needs and Support Provided

The analysis in this section is based on those carers for whom information was available. Data completeness for the information in this section was fairly low overall, which should be taken into consideration when interpreting the results.

#### Adult Carer Support Plans (ACSPs) and Young Carer Statements (YCSs)

Under the Carers (Scotland) Act 2016, all carers have the right to a new ACSP or YCS based on their personal outcomes and needs for support. As systems to collect and record this information were still being developed at the time the data was due to be submitted, many data providers were unable to return variables on ACSPs and YCSs.

Out of the 23,180 individual carers in the Carers Census, information related to ACSPs and YCSs (including date of offer or request, whether the plan was completed or not and whether or not the plan was declined) was present for 48% of records. Of those records where there was information available, and so an ACSP or YCS must have been offered

or requested, the data showed that 71% of carers had a completed ACSP or YCS and 11% had declined to have a ACSP or YCS.

**Table 4:** Percentage of ACSPs or YCSs completed or declined

	ACSP or YCS completed	ACSP or YCS declined
<b>Adult Carers</b>	71%	13%
<b>Young Carers</b>	68%	4%
<b>All Carers</b>	71%	11%

*Note: Based on 11,170 records with information relating to ACSPs and YCSs.*

### Carers' Support Needs

Carers can have multiple support needs; including short breaks or respite, counselling or emotional support, or assistance with benefits.

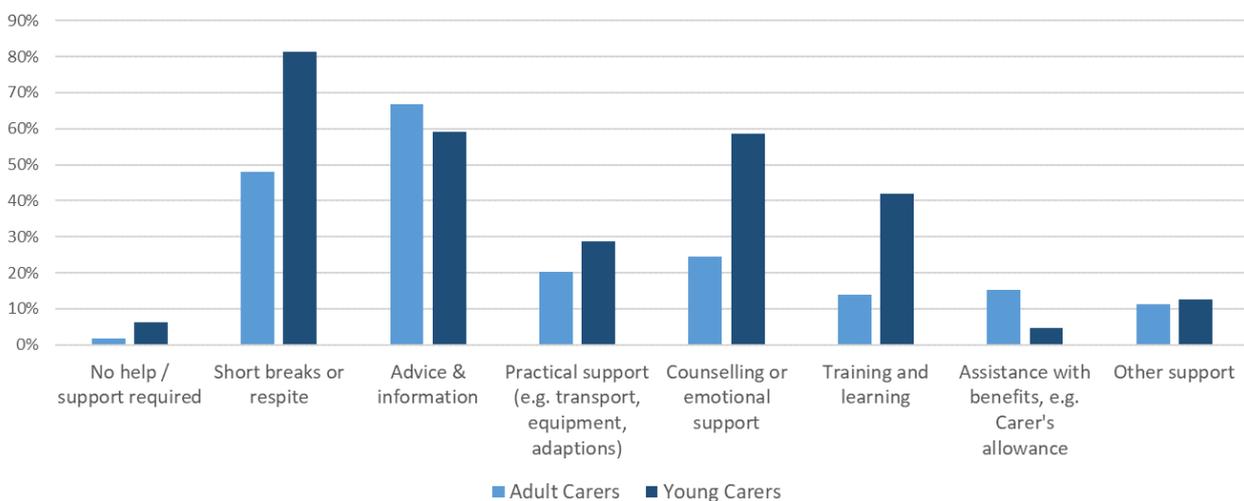
Based on the 3,570 records for which information on carers' support needs was available, around two-thirds were recorded as needing advice and information and half were recorded as needing short breaks or respite.

The data suggests that support needs vary between adult carers and young carers. Young carers were more likely to be recorded as needing short breaks or respite (81% compared to 48% of adult carers) and counselling or emotional support (59% compared to 24% of adult carers).

#### Young carers were more likely to need short breaks or respite than adult carers

Carers Census, Scotland, 2018/19

*Based on 3,570 records with information on carer support needs*



*Note: Carers can have multiple support needs, so individual categories will not sum to 100%. Other support needs include Emergency Planning, Future Planning and Peer Support.*

## Support provided (or intending to be provided) to Carers

Carers may be provided with multiple types of support to meet their needs and to help support their caring role. A carer can be provided with support without needing to have an ACSP or YCS in place.

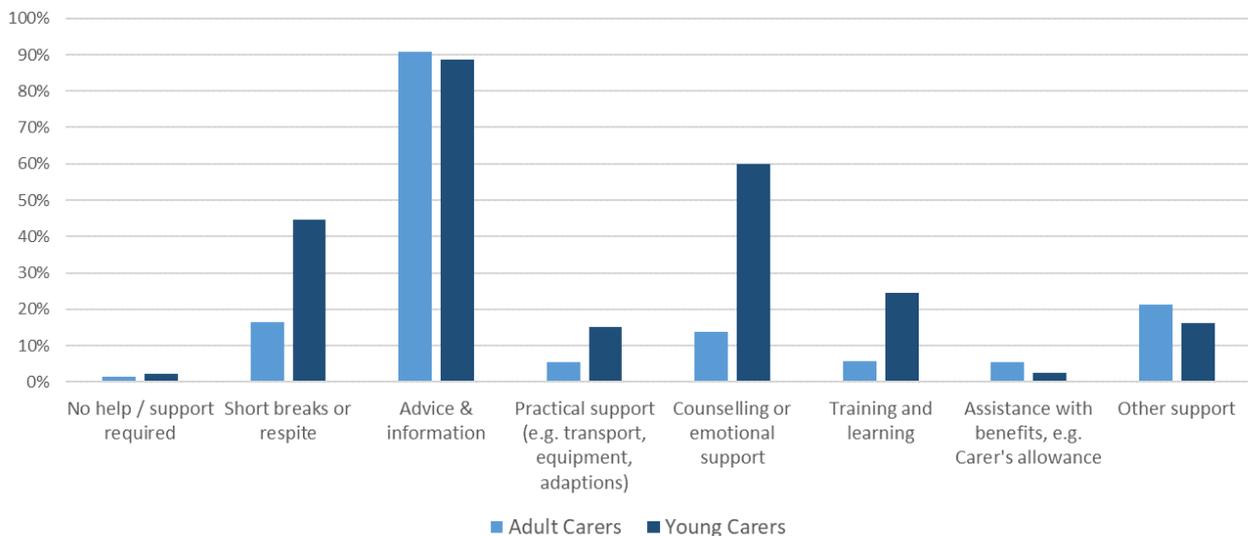
Based on the 9,980 records for which information on the support provided (or intending to be provided) to carers was available, around 9 in 10 carers were provided with advice and information and around 1 in 5 carers were provided with short breaks or respite.

The data suggests that there were differences in the support provided to adult carers and to young carers. Young carers were more likely to be provided with counselling or emotional support (60% compared to 14% of adult carers) and short breaks or respite (45% compared to 17% of adult carers). This may reflect the different support needs for young carers.

### Young carers were more likely to be provided with counselling or emotional support

Carers Census, Scotland, 2018/19

Based on 9,980 records with information on type of support provided



*Note: Carers can be provided with more than one form of support, so individual categories will not sum to 100%. Other support provided includes Advocacy, Emergency Planning and Future Planning.*

Based on the 2,940 records where information on both support needs and support provided (or intending to be provided) was available, the data suggests that nearly everyone who was recorded as needing advice and information (97%) was provided with this support. The data also indicates that 4 in 5 people who needed short breaks or respite, or practical support, was provided with that support.

## 4. Cared For Person Information

The relationship between carers and the people they care for can be complex. Carers can provide care to more than one person and cared for people can receive care from more than one carer. Based on those de-duplicated records for which there is also information on the person being cared for; 15,240 carers provided care to one person while 1,250 carers provided care to two or more people.

The information in this section is based on the number of individual cared for people who received care and support from the unpaid carers discussed in Section 3. This includes 17,180 cared for people: 16,470 cared for people who received care from one carer and 710 who received care from two or more carers.

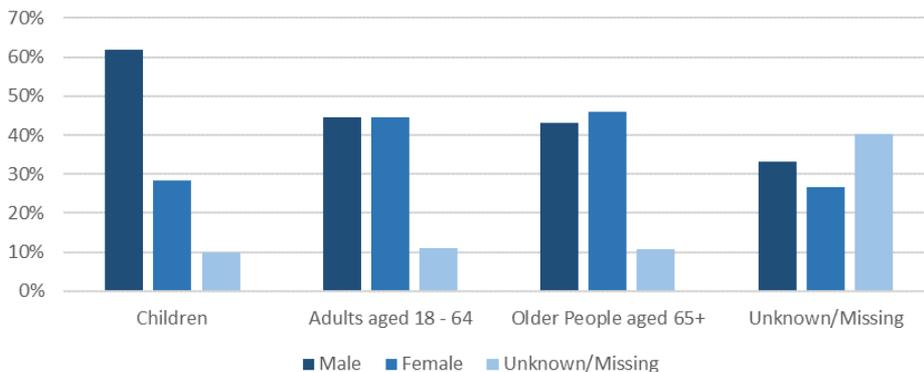
### 4.1 Demographics

#### Age and Gender

17% of the cared for people in the Carers Census were children. 30% were working age adults and 45% were older people aged 65+. There was a similar proportion of male and female cared for people overall and a similar proportion of adult cared for people who were male and female. However, this differed for children being cared for by an unpaid carer where roughly 3 in 5 were male.

#### Around 3 in 5 children being cared for by an unpaid carer were male

Carers Census, Scotland, 2018/19



#### Main Client Group

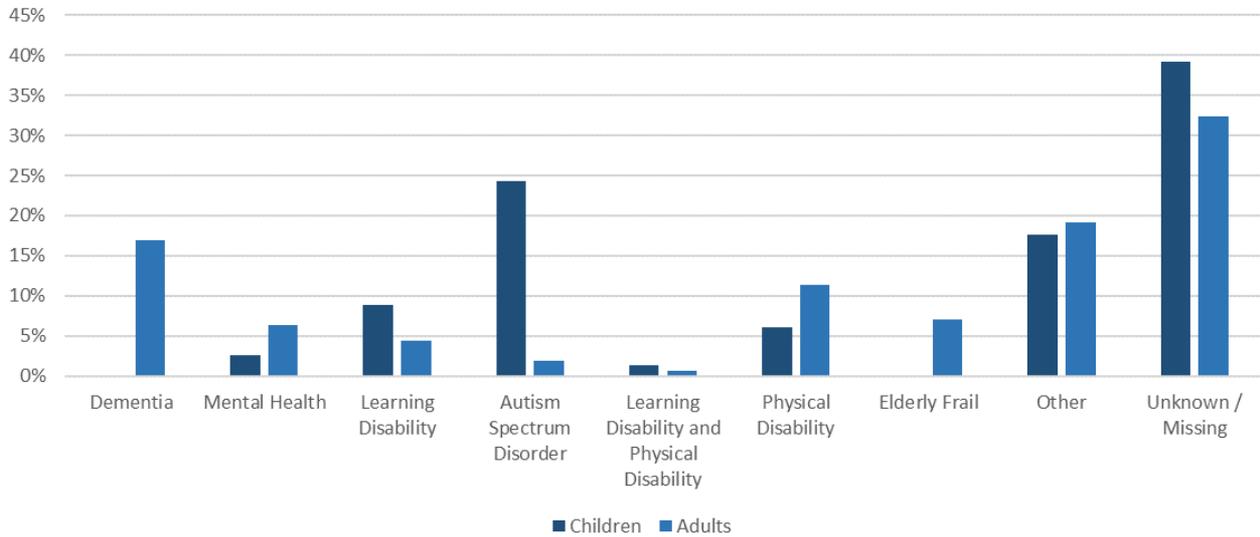
A person's main client group, such as mental health or physical disability, is the main reason a person requires care and support. Cared for people can have more than one client group but for the purposes of this analysis, only the main client group for each cared for person is considered.

The most common main client group overall and for adult cared for people, apart from 'Other', was Dementia (17% of adult cared for people) followed by Physical Disability (11%

of adult cared for people). However, the most common main client group for children receiving care from an unpaid carer was Autism Spectrum Disorder (24%).

### Almost a quarter of children being cared for by an unpaid carer were in the Autism Spectrum Disorder client group

Carers Census, Scotland, 2018/19



## **5. Background Information**

### **5.1 Data Quality**

As mentioned in Section 1.1 of this publication, the figures presented in this report are taken from the second six-months of Carers Census returns. Many data providers were still in the midst of designing new systems to collect and record the required data at the time when data was due to be submitted to Scottish Government. As a result, there are a number of data quality issues that have been identified which we hope to improve upon for future publications. Caution should be taken when interpreting the results included in this report.

The main data quality issues identified are:

- There are gaps in coverage across Scotland. Data returns were received from over 80% of data providers, but there were certain areas such as East Ayrshire where no returns were received.
- Information could not be returned on all carers who met the criteria for inclusion in the Carers Census as data was not always available. Therefore, the figures presented in this report will be an undercount of the true number of carers being supported by local services.
- The completeness of the returns received varied widely. Some providers were only able to return more basic information such as demographic variables due to lack of data availability. Therefore, some of the analysis presented in this publication (mainly in Sections 3.3 and 3.4) is based on a smaller number of carers for whom information was available.
- Identifiers such as date of birth and datazone were missing for 15% of the records submitted. As a result, these records were removed through the de-duplication process and so not included in the final analysis (See Section 2 for more information).
- Some of the returns received only covered the second half of 2018/19 rather than the full year. This will mean that the figures presented in this report will be an undercount of the true number of carers being supported by local services.

These issues are mainly due to lack of available data and the fact that it is taking time for providers to develop systems to accurately collect and record the required information following a significant change in practice. It is expected that these issues will improve as time goes on and systems are put in place. In the meantime, we will continue to work with data providers to continue to improve the quality of the data.

### **5.2 Future Improvements**

As well as improving the general data quality, we have also identified other improvements that we plan to implement for future publications. These include the proposed improvements set out below:

- For future publications, we intend for the de-duplication process to be carried out by National Records of Scotland who will be able to link the Carers Census data to Scotland's population spine. The population spine contains the personal identifiers of everyone in the Scottish Census and should allow us to obtain an accurate

number of individual carers being supported by local services in Scotland. However, this will be dependent on accurate identifiers being submitted for each carer.

- As data quality improves, we will be able to include more in-depth analysis in future publications. This could include breakdowns of variables such as carers' support needs by the main client group of the cared for person as well as an expanded Cared For Person section.
- As data quality improves, we expect to be able to include local area breakdowns in future publications in order to look at the differences in how the Carers (Scotland) Act 2016 has been implemented across Scotland.

We would welcome any feedback on this report in order to help us improve future publications. If you have any comments or suggestions, please e-mail [SWStat@gov.scot](mailto:SWStat@gov.scot).

## Data under Development

This is the first year for which data on unpaid carers has been collected and analysed through the Carers Census. The data collection systems and quality assurance processes in place are still being developed. The statistics shown here, therefore, are data under development and should not be considered as National or Official Statistics.

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### How to access background or source data

The data collected for this 'Data under Development' Statistics Release may be made available on request, subject to consideration of legal and ethical factors. Please contact [SWStat@gov.scot](mailto:SWStat@gov.scot) for further information.

### Complaints and suggestions

If you are not satisfied with our service or have any comments or suggestions, please write to the Chief Statistician, 3WR, St Andrews House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail [statistics.enquiries@scotland.gsi.gov.uk](mailto:statistics.enquiries@scotland.gsi.gov.uk).

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