

Health and Social Care

Carers Census, Scotland, 2021-22

The Carers (Scotland) Act 2016 took effect on 1st 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 introduced the right to an Adult Carer Support Plan or Young Carer Statement based on each carer's desired personal outcomes and needs for support. The data reported here relates to carers being supported by local services during 2021-22.

Key Points

- The data presented here for 2021-22 will likely be an undercount of the true number of carers being supported by local services.
- There were 42,050 individual carers being supported by local services across Scotland in 2021-22. This is more than a 30% increase from the 31,760 unique carers identified in 2020-21. This may be due in part to a greater number of organisations submitting data this year.
- There was a notable deprivation effect for young carers supported by local services. In 2021-22, 16% of young carers lived in areas within the most deprived Scottish Index of Multiple Deprivation (SIMD) decile, while 4% lived in areas within the least deprived SIMD decile.
- The most commonly reported impact of providing unpaid care in 2021-22 was on carers' emotional well-being. For records where this information was available; nearly 70% of 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; 55% of carers supported by local services had a complete ACSP or YCS in place in 2021-22, while for 44% their ACSP or YCS was incomplete. Some carers were recorded as having both a complete and incomplete plan. This may reflect changes to their situation.
- 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. Young carers supported by local services were more likely to be provided with short breaks or respite than adult carers.

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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 exact number of unpaid carers living in Scotland is not known but it was [estimated in the latest Scotland's Carers - Update Release](#) that the number of unpaid carers living in Scotland is around 700,000 to 800,000.

The Carers (Scotland) Act 2016, which took effect on 1st 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 introduced the right to an Adult Carer Support Plan or Young Carer Statement based on each carer's desired personal outcomes and needs for support. These are available to everyone providing (or intending to provide) unpaid care regardless of whether they are doing so on a substantial and regular basis.

This report presents an overview of the results from the Carers Census data collection covering the financial year 2021-22. The Carers Census collects a variety of information on unpaid carers and the support they are provided with, 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. It has required changes to the data that is collected by Local Authorities and Carer Centres and the implementation of new systems to collect and record that data. This process is still ongoing but the data for this year shows that there have been improvements made since the last Carers Census.

The results presented here have been published as 'Experimental Statistics', which is [an Official Statistics designation](#) used for new statistics that are still being developed.

1.1 Effect of the Covid-19 pandemic

The effects of the Covid-19 pandemic have been particularly acute in the area of social care. As highlighted in [the recent Care Inspectorate Inquiry into adult carers' experiences of support](#), demand for support from unpaid carers increased during the pandemic as a greater number sought support at a time when access to health and social care services was limited due to demand and restrictions.

Support for unpaid carers also changed through the pandemic as there was an increased emphasis on providing the necessary information on infection control and the correct use of Personal and Protective Equipment (PPE).

However, it is likely that not all effects of the pandemic are reflected in the data presented here. While many unpaid carers registered with local carers services when they were prioritised for the Covid-19 vaccine, they will not have been included in the Carers Census unless they received a support plan or some kind of support.

1.2 Note on Data Quality

The Carers Census is a relatively new data collection and required many organisations to implement new systems to collect and record the [required data](#). Data from this year shows that there have been some improvements; around 20% more returns were received this year compared to last year and more of the variables were completed. Some organisations will not have the information to complete all of the variables as they might only provide certain support services but not carry out support plans, or they may be commissioned to carry out support plans but not to provide support services.

Some organisations have been unable to return information on all the carers they support due to differences in data recording. For instance, some organisations are only able to provide information on carers with a support plan in place but will have also supported other carers whose information was not recorded in the same way. There were also some areas where a return was received from either social work or third sector but not from both. As such, the figures reported here will be an undercount of the true number of carers being supported by local services.

The figures presented here will also not be reflective of the true number of Adult Carer Support Plans (ACSPs) and Young Carer Statements (YCSs) or the support which carers receive under the Carers (Scotland) Act 2016. This is partly due to differences in data recording, but also due to differences in the way support plans are implemented. Some areas will only use an Adult Carer Support Plan or Young Carer Statement as an escalation if the carer's situation worsens. Others will have conversations with the carer about their role and needs and put support in place, but will not record the data as an ACSP or YCS.

These issues should be taken into consideration when interpreting the results in this report.

As unpaid carers can sometimes be supported by more than one local service, it is possible for information on the same carer to be submitted by multiple organisations. To ensure that carers are not being double counted in the final results, the figures presented in this report refer only to records that have been de-duplicated. The de-duplication process is outlined in Annex 1.

All figures presented in this report are rounded and refer only to carers identified in the Carers Census rather than all unpaid carers living in Scotland. Therefore, statements such as 'x% of carers were reported to have experienced impacts on their health' refer only to carers reported on within the Carers Census rather than all unpaid carers.

Any reference to the total caring population will be stated as 'reported in the [Scotland's Carers report](#)' or similar. The Scotland's Carers report summarised data from a number of sources, including the [2011 national Census](#), the [Scottish Health Survey](#) and academic research, in order to provide an overall picture of all unpaid carers living in Scotland.

Please read the notes accompanying the tables and charts for further information on data quality. The results in this report should not be directly compared to the 2018-19 publication, since the 2018-19 figures cover a 6 month period rather than a full year.

The data for the tables and charts are available in the supporting documents.

2. Information on Carers

The analysis in the following section is based on the individual carers identified through the de-duplication process, as described in Annex 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, some organisations were unable to return information on all of the carers meeting the above criteria. For instance, some organisations are only able to provide data for carers with a support plan but not for the other carers they support. There were also some areas where a return was received from either social work or third sector but not from both. The figures presented below will therefore be an undercount of the true number of carers being supported by local services.

2.1 Number of Carers across Scotland

There were 42,050 unique carers identified in the Carers Census in 2021-22. This is more than a 30% increase from the 31,760 unique carers identified in 2020-21.

This rise may be largely accounted for by an increase in the number of organisations submitting data this year. In 2021-22, data was received from 66 organisations compared to 54 organisations in 2020-21 – an increase of around 20%.

Sources, including the [Care Inspectorate Inquiry into adult carers' experiences of support](#), suggest that there was an increase in demand among carers for support during the pandemic. This may have also contributed to the rise in carers identified through the Carers Census.

Despite the increase in the number of organisations returning data, there are still some gaps in coverage across Scotland. The differences in approach to carer support between local areas also make direct local comparisons inadvisable; as do the differences in data recording. For instance, some areas are only able to return information for carers who have a support plan in place while others are able to return information on all the carers they support. Therefore, there are no local area breakdowns included in this publication.

2.2 Demographics

Age and Gender

Around 3 in 5 carers (61%) included in the Carers Census in 2021-22 were working age (18 - 64 year old) adults. Adults aged 65 and over accounted for a quarter of carers

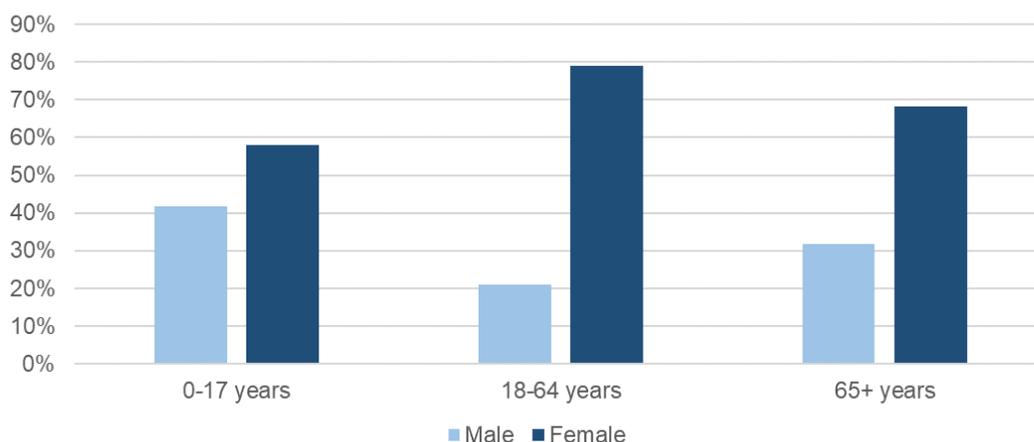
identified (25%) while young carers (carers aged under 18) made up 13% of the individual carers identified in 2021-22. This proportion is higher than [the previous estimates in the Scotland's Carers - Update Release](#) concerning the total carer population, which suggested that young carers account for less than 5% of unpaid carers. This may indicate that carer support services are reaching a greater proportion of young carers than adult carers.

Around three-quarters of carers in the 2021-22 Carers Census (73%) were female. This proportion is higher than that seen in [the Scotland's Carers report](#), which was based on the total carer population and suggested that closer to 60% of unpaid carers were female. This difference might suggest that female carers are more likely to seek out support from services than male carers.

There are more female carers than male carers in every age group, but the difference is most pronounced in the working age carer group. Figure 1 shows that 79% of working age carers identified in the Carers Census were female in 2021-22. This is consistent with previous findings 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 females accounting for 58% of young carers and males accounting for 42%.

Figure 1. Female Carers accounted for over three-quarters of working age Carers in 2021-22

Source: Carers Census, Scotland, 2021-22

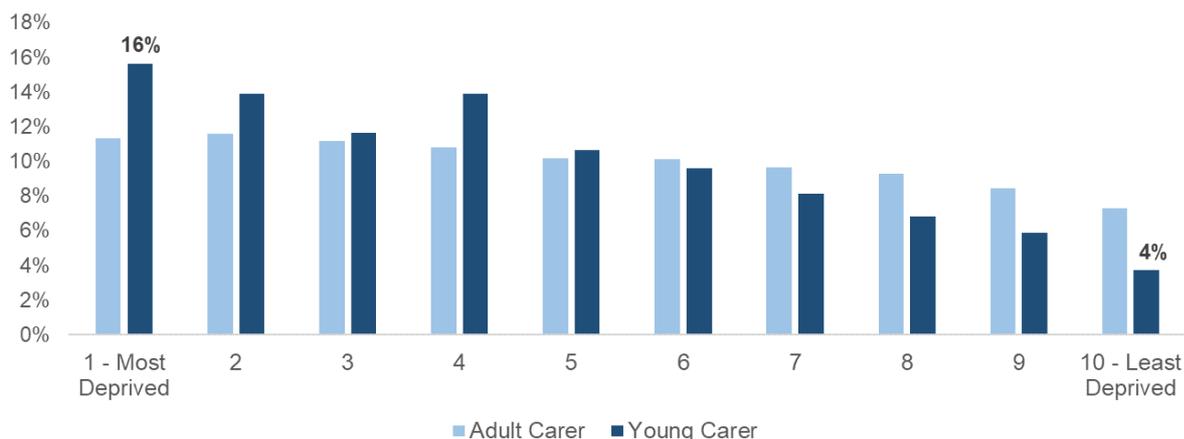


Deprivation

The data indicates that adult carers were slightly less likely to live in the least deprived areas; however, the difference for young carers was much more pronounced. As shown in Figure 2, 16% of young carers in the Carers Census lived in areas within the most deprived Scottish Index of Multiple Deprivation (SIMD) decile compared to 4% who lived in areas within the least deprived SIMD decile. This difference has also been seen in previous years and is consistent with previous findings on the total caring population such as those included in the [report on Scotland's Carers](#).

Figure 2. Young Carers were more likely to live in the most deprived SIMD deciles in 2021-22

Source: Carers Census, Scotland, 2021-22



2.3 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 the following sections is based on those carers for whom information was available. Some organisations only provide certain support services, such as short breaks and respite, and do not carry out support plans; while other organisations carry out plans but do not provide support services. Therefore, not all organisations will have information on every section covered in this report.

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 13,300 records for which information on both carers' ability and willingness to provide care was available, the data suggests that 98% of carers were willing to provide care and that 97% were able to do so in 2021-22. The data also suggests that 97% of carers were both able and willing to provide care.

Table 1: Percentage of Carers Able and / or Willing to provide care in 2021-22

Carers Willingness to provide care	Carer Able to provide care	Carer Not Able to provide care	All
Carer Willing to provide care	97%	2%	98%
Carer Not Willing to provide care	<1%	1%	2%
All	97%	3%	100%

Note: Based on the 13,300 records containing information on both carers' willingness and ability to provide care. Percentages may not sum exactly due to rounding.

Intensity of Care Provided

Based on the 27,520 records with information on intensity of care in 2021-22, 56% of unpaid carers spent an average of 50+ hours a week providing care. This is around double the proportion (27%) reported in the [Scotland's Carers report](#), 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.

In 2021-22, 16% 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 third of the proportion (56%) reported in Scotland's Carers, but again may suggest that people with more intense caring roles are more likely to seek support from local services and so be included in the Carers Census.

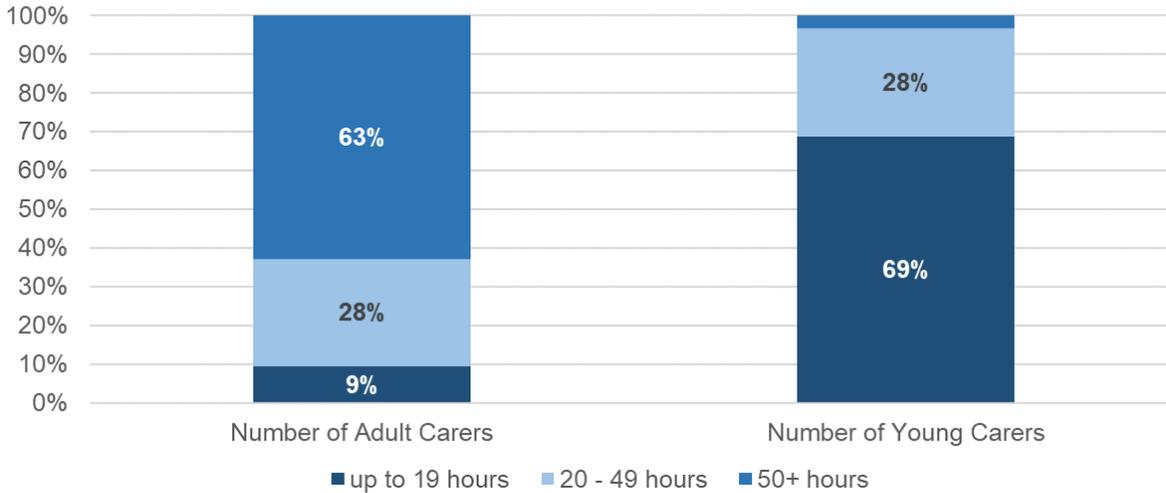
The data also showed a deprivation effect for those caring 50+ hours a week, who were more likely to live in more deprived areas (as measured by the Scottish Index of Multiple Deprivation (SIMD)). In 2021-22, 14% of people caring for 50+ hours a week lived in areas within the most deprived SIMD decile compared to 5% who lived in areas within the least deprived SIMD decile.

Figure 3 shows that the intensity of care provided varied between adult carers and young carers. In 2021-22, 69% of young carers spent less than 19 hours a week providing care compared to 9% 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.

Figure 3. Most young carers provided up to 19 hours of care per week on average in 2021-22

Source: Carers Census, Scotland, 2021-22

Based on 27,520 records containing information on intensity of care provided



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.

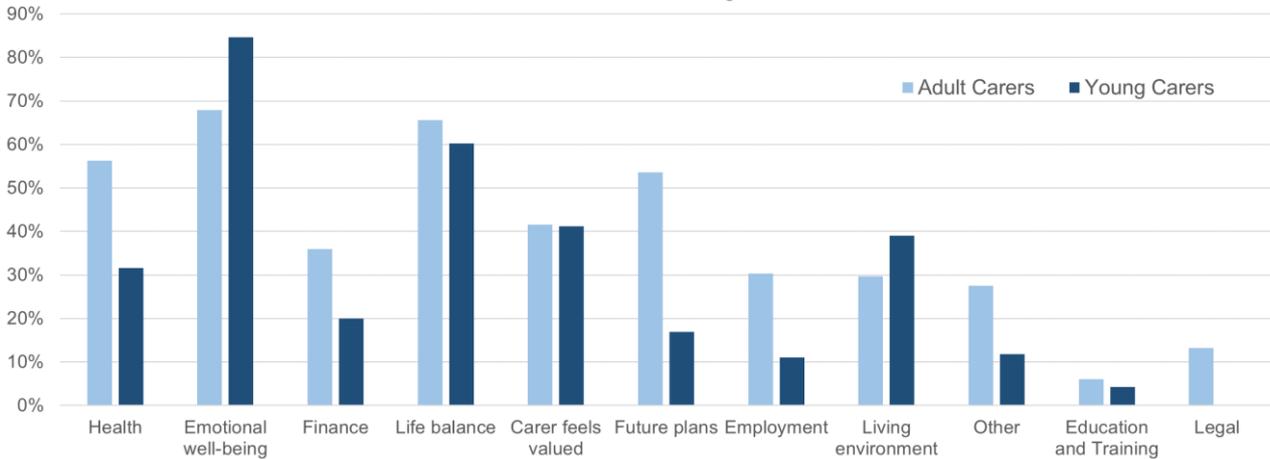
There were 23,540 records with information on the impact of the caring role in 2021-22, including 2,170 records for young carers. Carers could experience multiple impacts from their caring role. The most commonly reported impact of caring was on carers' emotional well-being, with this being reported for 68% of adult carers and 85% of young carers. This was followed by impacts on carers' life balance, with this being reported for 66% of adult carers and 60% of young carers.

As seen in Figure 4, impacts on health and future plans were also reported for more than half of adult carers. Impacts on the carer's living environment were more likely to be reported for young carers.

Figure 4. The most common impacts experienced by carers due to their caring role were on their emotional well-being and life balance

Source: Carers Census, Scotland, 2021-22

Based on 21,330 records for Adult Carers and 2,170 records for Young Carers



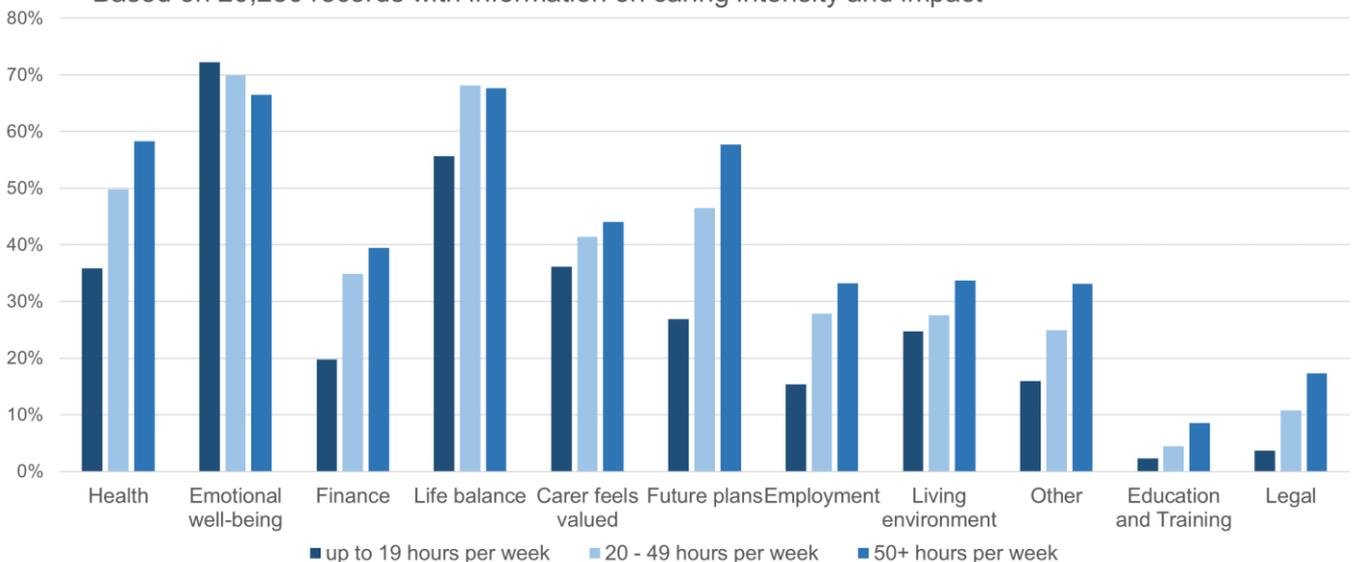
Note: Carers can be impacted by caring in many ways, so individual categories will not sum to 100%.

The data shows that the impacts of providing care varied 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 such as on their health, finance and future plans. For instance, in 2021-22 36% of carers providing up to 19 hours of care per week experienced an impact on their health compared to 58% of those caring for 50+ hours a week. This is shown in Figure 5.

Figure 5: In 2021-22, carers were more likely to experience impacts, such as on their health, as the intensity of their caring roles increased

Source: Carers Census, Scotland, 2021-22

Based on 20,250 records with information on caring intensity and impact



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

While the data does not show much variation by deprivation overall, people living in areas within the most deprived SIMD decile appear more likely to experience impacts on their finance and employment. For instance, impacts on carers' finances were reported for 35%

of carers in all SIMD deciles, but were reported for 44% of carers living in areas within the most deprived SIMD decile.

The data also did not show much difference in the impacts reported for different carer relationships or reasons for caring (e.g. cared for person's dementia, learning disability etc.). However, these results should be treated with caution due to the complexities involved when a carer cares for more than one person. For instance, if a carer is caring for both a spouse with dementia and an elderly neighbour then each role will have its own challenges and will lead to different impacts on the carer which cannot be separated out in the data.

In 2021-22, there did not appear to be a lot of variation in the impacts experienced by carers depending on the reason for caring. However, people caring for someone due to old age or frailty seemed to be more likely to experience an impact on their health. This may reflect older people caring for their spouses, who might be more prone to health difficulties themselves. The data indicates that people caring for spouses are also more likely to experience impacts on their health.

2.4 Support Plans, Needs and Support Provided

The analysis in the following section is based on those carers for whom information was available. Some organisations only provide certain support services, such as short breaks and respite, and do not carry out support plans; while other organisations carry out plans but do not provide support services. Therefore, not all organisations will have information on every section covered in this report.

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

Under the Carers (Scotland) Act 2016, all carers have the right to an ACSP or YCS based on their personal outcomes and needs for support. The [Care Inspectorate Inquiry into adult carers' experiences of support](#), published on 6 December 2022, indicated that although local carer organisations offered carers positive experiences of access to advice and information, signposting, training and peer support; carers were not always aware of their right to an Adult Carer Support Plan.

Some organisations who submitted data for the Carers Census do not carry out ACSPs or YCSs; however, this does not necessarily mean that there has not been a conversation with the carer to talk about their role and what might help them.

Some organisations will have an initial conversation with carers and put support in place, but will use an ACSP or YCS as an escalation tool if the carer's situation worsens or their needs increase. Others will have a conversation with carers, put support in place and will record the data relevant to the carer but do not call this an ACSP or YCS. As such, the data on ACSPs and YCSs presented here will not fully represent the number of carers who have a support plan.

Of the 42,050 individual carers in the 2021-22 Carers Census, information related to ACSPs and YCSs (including date of offer or request, whether the plan was a review, whether the plan was completed or not and whether or not the plan was incomplete) was present for 66% of records.

Of these records where information was available, the data showed that 55% of carers had a completed ACSP or YCS and 44% were recorded as having an incomplete ACSP or YCS. An incomplete ACSP or YCS means that the plan was offered or requested but not finished. This could be because the plan was declined by the carer, deemed to be not appropriate for the carer's situation or because the plan was still being put in place by the end of the reporting period (31st March 2022). In 2021-22, 25% of records with an incomplete ACSP or YCS were reported to be due to the plan being declined by the carer and 9% were reported to be because an ACSP or YCS was deemed not appropriate.

It should be noted that some records had both a complete and incomplete ACSP or YCS, which should be taken into consideration when interpreting these figures. This may be due to changes in the carer's situation. For example, if a carer at first declined to have an ACSP or YCS but then later decided that it may be useful for them.

The figures above include all instances of where there was some information on ACSPs or YCSs available. Based on records where there was information on the date the plan was offered, the data shows that 44% of records with information on ACSPs and YCSs relate to 2021-22.

Carers' Support Needs

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

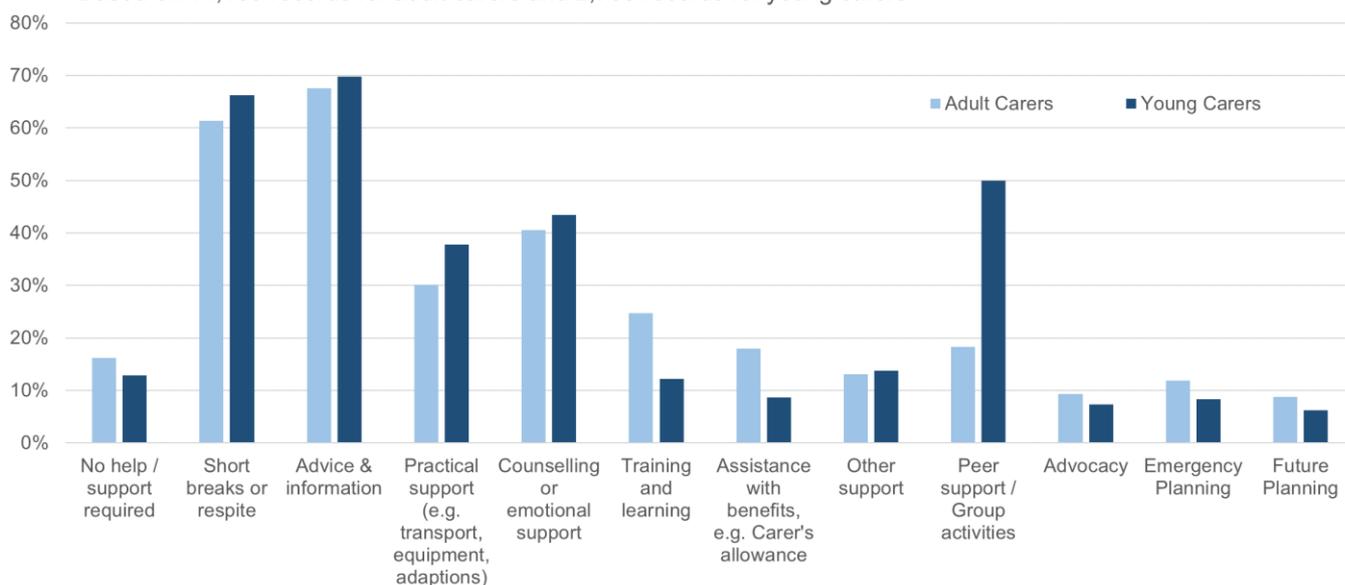
Based on the 16,940 records for which information on carers' support needs was available in 2021-22 (including 2,730 records for young carers), 68% were recorded as needing advice and information and 62% were recorded as needing short breaks or respite.

The data suggests that support needs vary between adult carers and young carers, as shown in Figure 6. In 2021-22, adult carers were more likely to be recorded as needing training and learning (25% compared to 12% of young carers) whereas young carers were more likely to be recorded as peer or group support (50% compared to 18% of adult carers).

Figure 6. More than 6 in 10 carers were recorded as needing advice and information, and short breaks and respite in 2021-22

Source: Carers Census, Scotland, 2021-22

Based on 14,160 records for adult carers and 2,730 records for young carers



Note: Carers can have multiple support needs, so individual categories will not sum to 100%. Other support needs include recreation, well-being and support for the person being cared for.

The data suggests that carers' needs seem to vary slightly depending on the reason for cared for person requires care. For instance, people caring for someone with a learning disability appear to be slightly more likely than people caring for other groups to require short breaks or respite. However, these results should be treated with caution due to the complexities involved when a carer cares for more than one person. This is because different caring roles will have their own challenges and people will need different support to help with these, which cannot be separated out in the data.

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.

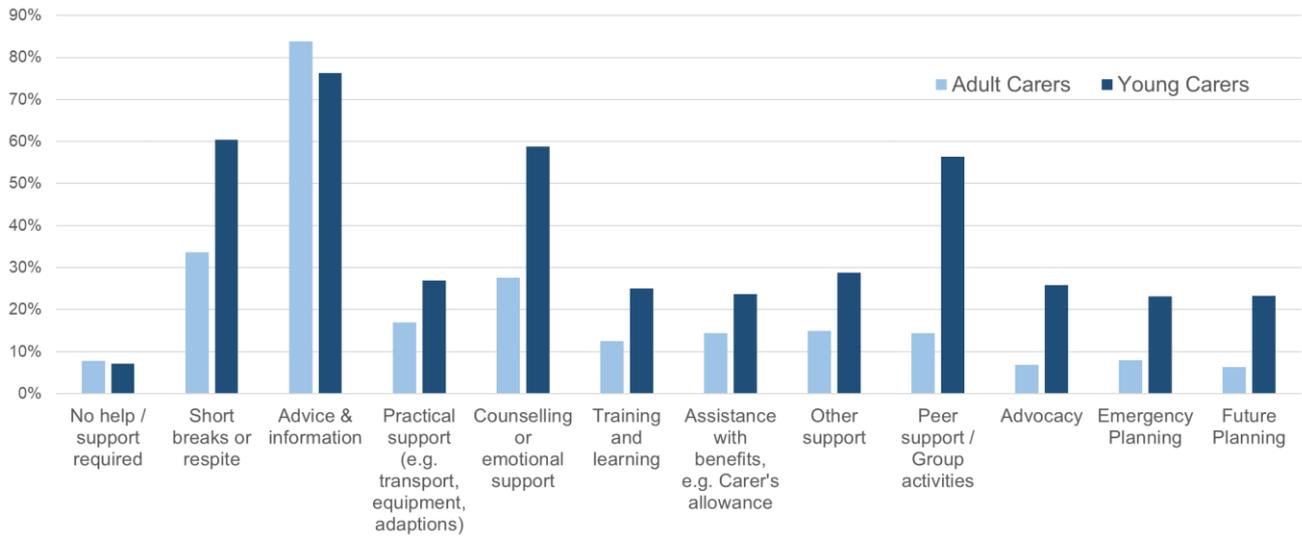
Based on the 31,200 records in 2021-22 for which information on support provided (or intending to be provided) to carers was available, 83% of carers were provided with advice and information and 37% were provided with short breaks or respite.

The data suggests that there were differences in the support provided to adult carers and to young carers, as shown in Figure 7. Young carers were more likely to be provided with short breaks or respite (60% compared to 34% of adult carers) and counselling and emotional support (59% compared to 28% of adult carers). This may reflect the different support needs for young carers. Adult carers were more likely to be provided with advice and information (84% compared to 76% of young carers in 2021-22).

Figure 7. The most common type of support provided in 2021-22 was advice and information, followed by short breaks or respite

Source: Carers Census, Scotland, 2021-22

Based on 31,200 records for adult carers and 3,970 records for young carers.



Note: Carers can be provided with more than one form of support, so individual categories will not sum to 100%. Other support provided includes recreation, well-being and support for the person being cared for.

3. Cared For Person Information

The relationship between unpaid 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; 27,930 carers provided care for one person and 4,750 carers provided care for more than one person in 2021-22.

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 the previous section. This includes 35,880 cared for people in 2021-22: 33,360 cared for people who received care from one carer and 2,510 who received care from more than one carer.

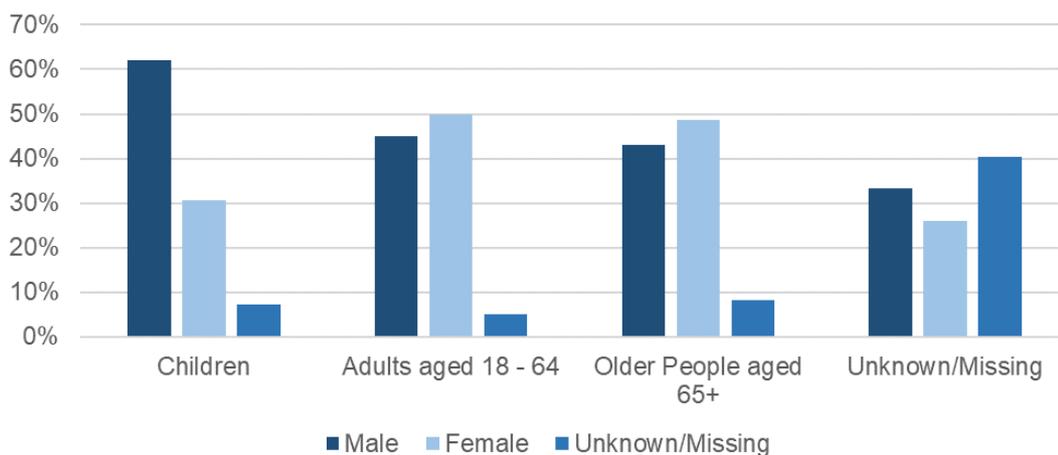
3.1 Age and Gender

In 2021-22, 22% of cared for people in the Carers Census were children. 28% were working age adults and 41% were older people aged 65+.

There was a fairly similar proportion of male (47%) and female (43%) cared for people overall for adult cared for people. However, as seen in Figure 8, this differed for children being cared for by an unpaid carer. In 2021-22, 62% of children being cared for were male compared to 31% who were female. This may be partly due to the most common client group of children cared for by an unpaid carer being Autism Spectrum Disorder, which is more commonly diagnosed in boys than in girls.

Figure 8. In 2021-22, around 3 in 5 children being cared for by an unpaid carer were male

Source: Carers Census, Scotland, 2021-22



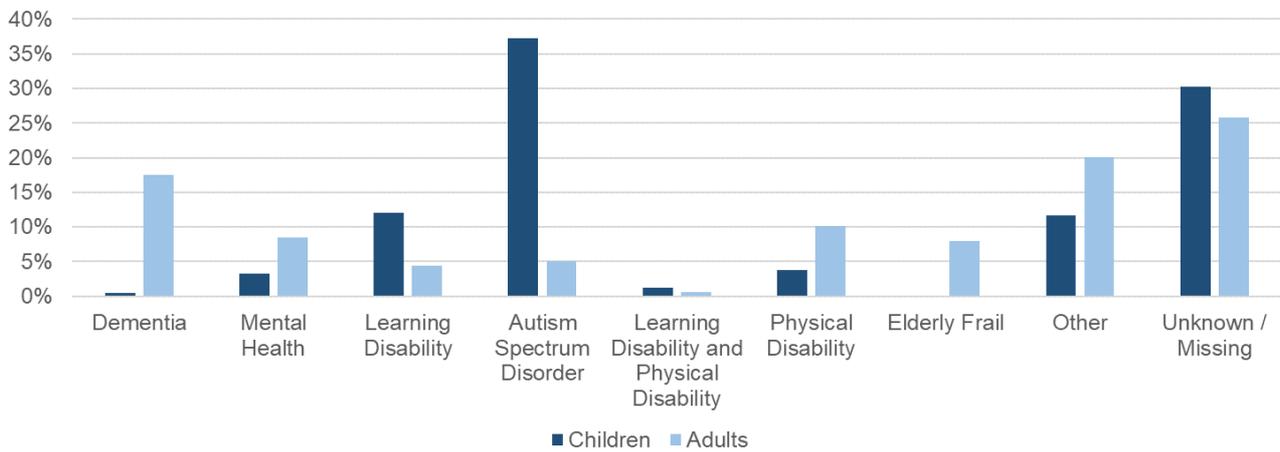
3.2 Main Client Group

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.

In 2021-22, 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 (10% of adult cared for people). However, the most common main client group for children receiving care from an unpaid carer was Autism Spectrum Disorder (37%).

Figure 9. In 2021-22, nearly 2 in 5 children being cared for by an unpaid carer were in the Autism Spectrum Disorder client group

Source: Carers Census, Scotland, 2021-22



4. Background Information

4.1 Data Quality

As mentioned in the introduction of this publication, the figures presented in this report are taken from the 2021-22 Carers Census returns.

Some organisations who return data for the census only provide certain support services, such as short breaks and respite, and do not carry out support plans. Other organisations carry out plans but do not provide support services. Therefore, not all organisations have information on every section covered in this report within their systems. As such, the analysis is largely based on records where the information is available.

Organisations have been implementing new systems to collect the required data over the last few years and have been working on improving their data recording. These improvements are reflected in the data; with more organisations submitting data this year, more information available for a greater number of records and fewer missing identifiers. In 2021-22, 10% of records were removed during the de-duplication process due to missing identifiers compared to 17% in 2020-21. The de-duplication process is outlined in Annex 1.

There are some data quality issues that still remain which we hope to improve upon for future publications. These issues should be taken into consideration 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 around 20% more organisations than in the previous year, but not all areas were equally represented. For instance, some areas have data from multiple services whereas others have data from either statutory social work or from the third sector.
- Some organisations were unable to return information on all of the carers who met the criteria for inclusion in the Carers Census, since the 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.
- Identifiers such as date of birth, gender and datazone were missing for 10% of the records submitted. It can sometimes be difficult to collect this information for carers who are calling or dropping into a carers centre to talk, as minimal information can be recorded. The proportion of records with missing identifiers was lower this year compared to last year and we will work with organisations to improve this further. Records with missing identifiers are removed through the de-duplication process and so not included in the final analysis (See Annex 1 for more information).

Scottish Government and Health Improvement Scotland (HIS) are currently undertaking a review of the Carers Census to identify the issues and identify opportunities to improve the data and process. Several workshops have already been held with multiple organisations who return data for the Carers Census and who work with unpaid carers. The [output of this work was summarised by HIS in their Carers Census Discovery Report](#). Feedback from the workshops and Discovery Report has been incorporated into this year's Carers

Census and will inform the ongoing review work to further improve the Carers Census going forward.

4.2 Future Improvements

We will continue the review of the Carers Census, working with organisations who submit data to make further improvements to the process and to make the final data more useful for users.

As well as improving the general data quality, we have also identified other improvements that we plan to implement:

- 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.
- We intend to make local area breakdowns available separately, to allow users to see the information available for their area. These will not be included in future publications as it is not advisable to directly compare local areas due to differences in approach to carer support and data recording.

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.

Annex 1: De-duplication of Carers Census Records

As unpaid carers can sometimes be supported by more than one local service, it is possible for information on the same carer to be submitted by multiple organisations. To ensure that carers are not being double counted in the final results, the figures presented in this report refer only to records that have been de-duplicated.

De-duplication process

The de-duplication stage of the analysis involves taking only one record per unpaid carer to be included in the final results.

First, instances where an organisation has returned more than one record for the same carer are examined. If information for the same carer is split over several records, these are combined in order to obtain a single record for the carer that contains all the information that has been returned.

Then, records where month and year of birth, gender or data zone were unknown or missing were removed. This is because all three of these identifiers are required in order to create an accurate enough de-duplication ID that can allow us to determine if records submitted by different organisations refer to the same person or not. Of the records submitted in 2021-22, around 10% were removed due to missing identifiers.

De-duplication IDs were then created for each remaining record by combining the three identifiers: month and year of birth, data zone and gender. In cases where the de-duplication ID was not unique, further analysis of the data was undertaken to identify where those records with the same de-duplication ID referred to different carers.

If multiple records submitted by a single organisation had the same de-duplication ID, but different record IDs (e.g. Carer 1 and Carer 2), it was assumed that these records referred to different carers. In cases where the same system was used by multiple providers (e.g. Carer Centres run by VOCAL) and so used the same record IDs, a single record was taken for each carer. If providers each returned different parts of the data, these were combined into a single record.

As a result of the de-duplication process outlined above, 79% of the records submitted in 2021-22 were included in the final data analysis. This is a slight improvement from 2020-21, where 76% of the records submitted were included in final analysis.

Table 2: Number of records included in analysis following de-duplication

Year	Records submitted	Unique number of carers (de-duplicated records)	Duplicates and records unable to be de-duplicated
2019-20	44,190	32,690	11,490
2020-21	42,030	31,760	10,270
2021-22	52,930	42,050	10,880

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.

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

The de-duplication process removed 10,880 records (21% of all records submitted) from the dataset in 2021-22. Further analysis was carried out on these records in order to ascertain if certain groups of carers were impacted more than others.

Effects of de-duplication on different areas

Some areas were more impacted than others by the de-duplication process. However, this is not necessarily due solely to data quality issues such as missing identifiers. Areas where organisations work together to provide unpaid carers with support will be more likely to return information on the same people, which would lead to more records being removed during the de-duplication process.

For instance, in some areas the carers centre will have conversations with the carer to put a support plan in place while the Local Authority will provide the support needed. In this situation, both organisations would return information on the same carer. Therefore, to avoid double counting the information would be combined into a single record to be included in the final analysis.

Effects on equality groups

In 2021-22, less than 20% of records were removed for each of the adult age groups (14% of records for 18 – 64 year olds and 19% of records for 65+ year olds). This is higher than for the 0 – 18 year old age group, for which 5% of records were removed during the de-duplication process. This means that the de-duplication process affected adult carer records more than young carer records.

Similar proportions of records for male (16%) and female (18%) carers were removed in 2021-22. However, there was slightly more variation across ethnic groups with the proportion of records removed varying between 13% and 17% for each ethnic group (not including records where ethnic group was missing or not known).

The proportion of records removed for each deprivation decile (as measured using the Scottish Index of Multiple Deprivation (SIMD)) varied between 12% and 24%, with the slightly higher proportions of records being removed for the less deprived SIMD deciles.

Experimental Statistics

This is the third publication of the Carers Census. This data is still being developed; therefore the statistics shown here have been published as Experimental Statistics.

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How to access background or source data

The data collected for this Experimental Statistics Release may be made available on request, subject to consideration of legal and ethical factors. Please contact SWStat@gov.scot for further information.

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