

## REPORT TO INTEGRATION JOINT BOARD – 17<sup>th</sup> JANUARY 2018

### ELIGIBILITY CRITERIA FOR ADULT CARERS

#### 1 Recommendation

It is recommended that the IJB:-

1. Agree the proposed thresholds for adult carers as detailed in Appendix 1 of the paper attached.
2. Approve the attached Eligibility Criteria Framework and Guidance for public consultation.

#### 2 Risk

- 2.1 IJB 2 Health and Social Care Policy – the Carers Act is national legislation regarding provision of social work service.
- 2.2 IJB 1 Sufficiency of resources – national agenda will determine resource allocation.

#### 3 Background

- 3.1 The Carers (Scotland) Act 2016, which will come into force on 1 April 2018, represents a bold vision through extending and enhancing the rights of carers.

The Carers Act introduces, amongst other things:

- A new adult carer support plan
- A new young carer statement
- Duty to support carers including by means of a local eligibility criteria
- Duty to prepare a local carer strategy
- Duty to provide an information and advice service and publish a short breaks services statement
- Duty to involve carers in the discharge from hospital of the people they care for.

- 3.4 The intention is to support carers in a flexible, person-centred way and before they reach crisis point, i.e. an emphasis on supporting carers on a preventative basis.
- 3.5 The Chief Officer & Chief Social Work Officer along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments included.

#### 4 Eligibility Criteria for Carers

- 4.1 The Carers (Scotland) Act 2016 sets out the duty on each local authority or partnership to set local eligibility criteria which are to apply in its area and defines such criteria as *“the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers’ identified needs.”*
- 4.2 The guidance accompanying the Carers (Scotland) Act 2016 proposes that all local

authorities and partnerships use the same suite of indicators (framework) for local eligibility criteria but have local discretion in establishing the threshold for support. This ensures consistency for carers across Scotland. This framework and proposed local threshold are detailed in **Appendix 1**.

- 4.3 The threshold has been set in line with the current local eligibility criteria for all social care service users.
- 4.4 Appendix 1 also includes useful guidance on the application of this eligibility criteria to support practitioners who will be assessing carers.
- 4.5 A separate criteria for young carers will be drafted based on the framework attached and will go to Education & Children's Services Management Team initially for direction on consultation and approval paths.

## **5 Consultation**

- 5.1 The Carers (Scotland) Act 2016 requires that each local authority must consult with persons and bodies representative of carers and take steps to involve carers.
- 5.2 The intention locally is to meet this via wide consultation with all key stakeholders including internal staff, third sector partners (including those organisations who support carers directly and indirectly) as well as carers themselves through public consultation and discussion at carer support groups.

## **6. Publication and review of local eligibility for carers**

- 6.1 The Carers (Scotland) Act 2016 sets out the duty on each local authority or partnership to publish its local eligibility criteria and duties regarding review of the local eligibility criteria.
- 6.2 This Act together with Regulation 2 (Prescribed Days) states that each local authority or partnership must publish its first local eligibility criteria for carers by 31<sup>st</sup> March 2018.
- 6.3 Review of this criteria must take place within 3 years, therefore by 31<sup>st</sup> March 2021.

## **7. Equalities, Staffing and Financial Implications**

- 7.1 The public sector equality duty requires the Scottish Government to assess the impact of applying a proposed new or revised policy or practice. A copy of the Equalities Impact Assessment undertaken as the legislation was being developed is attached with this report (**Appendix 2**). The EIA confirmed that the provisions of the Bill (prior to becoming an Act) will not directly or indirectly discriminate on the basis of age, disability, gender, gender re-assignment, sexual orientation or race and belief. It will make a meaningful difference to carers and young carers and will contribute towards the improvement of their health and wellbeing, ensuring they can continue to care and have a life alongside caring. Equalities issues will be addressed as we progress the requirements in the Act locally and where appropriate, EIA's will be undertaken.
- 7.2 COSLA is representing the views of local authorities to highlight the considerable risk if sufficient funding is not secured to enable full implementation of the requirements in the Act.

- 7.3 Staffing and financial implications have not been detailed as further information regarding finances relating to the Act will follow from Scottish Government in early 2018.

**Mike Ogg**  
**Partnership Manager**  
**Aberdeenshire Health and Social Care Partnership**

Report prepared by Cara Gall – Service Development Officer for Unpaid Carers  
Date 18 December 2017

## APPENDIX 1: Eligibility Criteria for Social Care Services (Adult Carers)

### 1. What are eligibility criteria?

- 1.1 Eligibility criteria are statements about the conditions and circumstances which allow access to social care services. They are of interest to service users and the public to whom they might be applied and to staff who will make decisions about allocating resources based on the criteria.
- 1.2 Whether or not a service is provided will depend on an individual's assessed need; the availability of resources and the urgency of response required to meet need. Each of these elements is not static and will vary over time. Eligibility criteria assist local authorities and partnerships to demonstrate equity, consistency and transparency in how decisions about resource allocation are taken.

### 2. Why do we need eligibility criteria for carers?

- 2.1 The Carers (Scotland) Act 2016 which is implemented on 1<sup>st</sup> April 2018 sets out the duty on each local authority or partnership to set local eligibility criteria which are to apply in its area.
- 2.2 The Act defines such criteria as "*local eligibility criteria are the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers' identified needs.*"
- 2.3 Social care resources are finite and variable and should be targeted fairly and on those with the greatest need, by using the same criteria for prioritising the needs of everyone who requests or requires a service. It is recognised that demand for support is increasing due to demographic changes, more complex needs and a greater intensity of caring.

### 3. Eligibility criteria for carers framework and threshold

- 3.1 The guidance accompanying the Carers (Scotland) Act 2016 proposes that all local authorities and partnerships use the same suite of indicators (framework) for local eligibility criteria but have local discretion in establishing the threshold for support. This ensures consistency for carers across Scotland. This framework and proposed local threshold are detailed in **Appendix 1**.
- 3.2 The threshold has been set in line with the current local eligibility criteria for all social care service users.

### 4. Application of eligibility criteria for carers

- 4.1 In determining a carer's eligibility for funded services, it is important to recognise that indicators will not always exist in isolation from one another. It is appropriate and desirable that indicators should be explored in relation to one another, as there may be a 'multiplier' effect when two or more indicators overlap or interact. For example, it would be appropriate to discuss the impact of insufficient household income in relation to the effect financial hardship can have on the emotional health and wellbeing of a carer. Similarly, some indicators may be overarching, such as the ability to have a life alongside caring, which may be affected by the cumulative impact of the caring role in several areas of a carer's life.

- 4.2 The eight areas of impact (indicators) operate independently in the sense that each one is sufficient to establish eligibility. So, for example, a carer assessed with any impact or risk at the substantial or critical levels *on any one area* is eligible for support in that area.
- 4.3 The process required under the Carers (Scotland) Act 2016 to support carers is detailed in **Appendix 2**.
- 4.4 Support to carers can take many different forms. Examples of support that may be provided to meet carer's identified outcomes are detailed in **Appendix 3**. However, given that the ethos of self-directed support is to give more choice and control this is by no means a prescribed list and creativity in how outcomes can be achieved is promoted. **Appendix 4** gives examples of support to carers under the four self-directed support options to help visualise these.

## 5. Preventative Support

- 5.1 There may be carers whose needs are changing frequently or rapidly and whose level of service will need to change accordingly. Where a current assessment places needs in a category which would not warrant particular services being provided, consideration should be given to provision as a preventive measure or in anticipation of an imminent need for increased service, rather than wait until the situation deteriorates.

## 6. Replacement Care

- 6.1 A carer might have needs meeting the local eligibility criteria and the carer may be assessed as requiring a break from caring. If the carer cannot take that break without replacement care being provided by the statutory or voluntary sectors rather than by friends, family or neighbours, then the local authority has a duty to provide or arrange the replacement care, whether or not the cared-for person has eligible social care needs in their own right. In other words, replacement care is not restricted to cared-for people who meet local social care eligibility. The duties and powers of local authorities in respect of breaks from caring may as a consequence require replacement care to be provided or arranged for the cared-for person.
- 6.2 Separate guidance on short breaks and replacement care as part of the guidance on "duty to provide support to carers" has not yet been released by Scottish Government but is expected by the end of 2017.

## 7. Charging of services provided to carers

- 7.1 The Carers (Scotland) Act provides that no carer should be charged for support provided to them to meet their eligible needs.
- 7.2 Statutory guidance on waiving of charges for carers has not yet been provided by Scottish Government but is expected by the end of 2017. This will outline the legal requirements on charging for services currently provided to the cared for which meet the eligible needs of carers following full assessment.

## **8. Publication and review of local eligibility for carers**

- 8.1 The Carers (Scotland) Act 2016 sets out the duty on each local authority or partnership to publish its local eligibility criteria and duties regarding review of the local eligibility criteria.
- 8.2 This Act together with Regulation 2 (Prescribed Days) states that each local authority or partnership must publish its first local eligibility criteria for carers by 31<sup>st</sup> March 2018.
- 8.3 Review of this criteria must take place within 3 years, therefore by 31<sup>st</sup> March 2021.

## Appendix 1: Eligibility Criteria Framework for Carers

		Power to Support		Duty to Support	
Indicators	<p><b>Caring has no impact and is sustainable</b></p> <p><b>NO RISK</b></p>	<p><b>Caring has low impact and is sustainable</b></p> <p><b>LOW RISK</b></p>	<p><b>Caring has moderate impact and is sustainable</b></p> <p><b>MODERATE RISK</b></p>	<p><b>Caring has substantial impact and limited sustainability</b></p> <p><b>SUBSTANTIAL RISK</b></p>	<p><b>Caring has critical impact and is not sustainable</b></p> <p><b>CRITICAL RISK</b></p>
Health & Wellbeing	<p>Carer in good health.</p> <p>Carer has good emotional wellbeing.</p>	<p>Carer's health beginning to be affected.</p> <p>Caring role beginning to have an impact on emotional wellbeing.</p>	<p>Carer's health at risk without intervention.</p> <p>Some impact on carer's emotional wellbeing.</p>	<p>Carer has health need that requires attention.</p> <p>Significant impact on carer's emotional wellbeing.</p>	<p>Carer's health is breaking/has broken down.</p> <p>Carer's emotional wellbeing is breaking/ has broken down.</p>
Relationships	<p>Carer has a good relationship with the person they care for and is able to maintain relationships with other key people in their life.</p>	<p>Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.</p>	<p>Carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life.</p>	<p>The carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships with other key people in their life.</p>	<p>The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life.</p>

Power to Support		Duty to Support	
<b>Living Environment</b>	<p>Carer's living environment is suitable posing no risk to the physical health and safety of the carer and cared for person.</p>	<p>Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.</p>	<p>Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.</p>
<b>Employment &amp; Training</b>	<p>Carer has no difficulty in managing caring and employment and/or education. Carer does not want to be in paid work or education.</p>	<p>Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term. Carer is not in paid work or education but would like to be in the long term.</p>	<p>Carer has significantly difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term. Carer is not in paid work or education but would like to be soon.</p>
<b>Finance</b>	<p>Caring is not causing financial hardship e.g. carer can afford housing cost and utilities.</p>	<p>Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.</p>	<p>Caring is causing severe financial hardship e.g. carer cannot afford household essentials and utilities, not meeting housing payments.</p>

		Power to Support		Duty to Support	
Life Balance	Carer has regular opportunities to achieve the balance they want in their life. They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing.	Carer has some opportunities to achieve the balance they want in their life. They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. They have access to a few breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. They have little access to breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has no opportunities to achieve the balance they want in their life. They have no access to breaks and activities which promote physical, mental, emotional wellbeing.
	Future Planning	Carer is confident about planning for the future and has no concerns about managing caring.	Carer is largely confident about planning for the future but has minor concerns about managing caring.	Carer is not confident about planning for the future and has some concerns about managing caring.	Carer is anxious about planning for the future and has significant concerns about managing caring.

**Appendix 2: Adult carer process as detailed in statutory guidance for Carers (Scotland) Act 2016**

1. Prepare adult carer support plan setting out carer's identified personal outcomes and identified needs (if any).
2. Consider which of the needs can be met through services or assistance to the cared-for person (other than 'replacement care' to provide a break from caring) or provided generally to persons in the area (i.e. by information and advice, universal services and community support).
3. If needs are met wholly as per (2), no further action (but keep under review).
4. If needs are met only in part by (2), or not at all, then apply local eligibility criteria to what are the 'outstanding' needs.
5. Decide whether the outstanding needs engage the legal duty to provide support i.e. whether the local eligibility criteria are met.
6. If the outstanding needs do not meet the local eligibility criteria, decide whether the discretionary power to provide support should be used.
7. In the case of (5) and (6), give the carer the opportunity to choose one of the options for self-directed support (unless ineligible to receive direct payments) (***Social Care (Self-directed Support) (Scotland) Act 2013***)

NB: Consideration of whether the support to the carer should take the form of or include a break from caring (including replacement care where required) applies in relation to both the duty and power to support carers.

**Appendix 3 - How to meet a carer's identified needs (as detailed in statutory guidance for Carers (Scotland) Act 2016)**

Type of support	Illustrative Examples
Services or assistance to the cared-for person (except 'replacement care').	<ul style="list-style-type: none"> <li>• care at home</li> <li>• technology enabled care</li> <li>• equipment and adaptations</li> <li>• mental health services</li> <li>• medicine management</li> <li>• support to access activities for disabled children</li> </ul>
General services – information and advice.	Information and/or advice on: <ul style="list-style-type: none"> <li>• carers' rights</li> <li>• education and training (e.g. on support at school, advice on Further and Higher Education)</li> <li>• income maximisation</li> <li>• carer advocacy</li> <li>• health and wellbeing</li> <li>• bereavement support</li> <li>• emergency care planning and future care planning</li> </ul>
Other general services – available universally in the community or in particular neighbourhoods.	<ul style="list-style-type: none"> <li>• leisure centres</li> <li>• libraries</li> <li>• art galleries</li> <li>• community transport</li> <li>• lunch clubs</li> <li>• youth clubs</li> <li>• education services</li> <li>• gardening clubs</li> <li>• walking clubs</li> <li>• local support groups</li> </ul>
A carer's identified needs - both <b>eligible or non-eligible needs</b> - might be met in whole or in part by any combination of services or assistance for the cared for person or general services above. Where they are not, the following applies.	
LA <b>duty</b> at section 24(4)(a) to provide support to meet a carers <b>eligible needs</b> (explained at para 10 above). This can be any type of carer support that is not, or cannot be, provided through services for the cared for person or services that are available generally.	<ul style="list-style-type: none"> <li>• course on emotional wellbeing</li> <li>• counselling</li> <li>• training on moving and handling</li> <li>• short break (noting LA duty at section 25 to consider whether support to a carer should include a break from caring)</li> <li>• replacement care (care for a cared-for person to allow their carer to take a break)</li> <li>• support to access leisure pursuits</li> </ul>
LA <b>power</b> at section 24(4)(b) to provide support to meet a carer's <b>non-eligible needs</b> . Again, this can be any type of carer support not covered by services for the cared for person or general services above.	
Under both the duty and power to support carers (at section 24(4)(a) and (b)) the responsible local authority must give the carer the opportunity to choose one of the options for Self-directed support (unless the local authority considers that the carer is ineligible to receive direct payments). These options are explained in <b>Table 3</b> .	

**Appendix 4 – Examples of self-directed support options for carers (as detailed in statutory guidance for Carers (Scotland) Act 2016)**

2013 Act option	Example
<p><b>Option 1 Direct payment</b></p>	<p><u>Example 1</u></p> <p>An adult carer who lives in a remote rural area is feeling increasingly isolated and depressed. She has no friends or family living nearby and her nearest carers' centre is miles away. The carer uses a direct payment to pay for the installation of broadband and for a tablet computer. This means she can keep in touch with her family and friends through video-calls and email, particularly her grandchildren who live overseas. She has also made friends with other carers on an online forum and now feels more connected and supported.</p> <p><u>Example 2</u></p> <p>A young carer who cares for his mother expresses that he has not been able to have the same opportunities as his peers. Whilst all his friends are learning to drive, he cannot because his mother cannot afford the cost and because of his caring role he cannot take on a part-time job in order to earn extra money. He thinks that having a driving licence would be useful as the family could get a Motability car, which would help with a lot of the tasks around his caring role such as shopping and taking his mum to places. He also thinks that being able to drive would open up more job opportunities. The young carer uses his direct payment to pay for several driving lessons and the cost of the driving tests.</p>
<p><b>Option 2 Directing the available support</b></p>	<p><u>Example 1</u></p> <p>A carer has never had a break from caring. He would like to have a break of an afternoon each week to have a rest where he doesn't have to worry about the safety of the person he cares for. The carer receives a carer's short break voucher and he uses this to purchase a short break.</p> <p><u>Example 2</u></p> <p>The authority arranges for an individual service fund to be set up to support the carer. This carer has always been very house-proud, but her husband has had a stroke and the level of care that she has to provide means that she is falling behind with housework and laundry, which is making her feel increasingly tired and depressed. The carer uses the individual service fund to purchase domestic help from an agency so that someone can come in and help with cleaning, ironing and other domestic tasks. The carer also uses the ISF to pay for a fortnightly visit from a care worker so that she can meet her daughter for lunch and have a break from caring.</p>

2013 Act option	Example
<p><b>Option 3</b></p> <p><b>Arranged services</b></p>	<p><u>Example 1</u></p> <p>After the death of his father, a carer is finding caring for his mother, who has dementia, emotionally draining and he is becoming very depressed. He is on a waiting list for NHS counselling services but has been told it may take a long time and his local carers centre does not offer this service. The authority arranges for the carer to attend a private counsellor to help him manage issues of bereavement and caring.</p> <p><u>Example 2</u></p> <p>A carer talks about missing out on making new friends as she never has time because of her caring role. She expresses an interest in attending an art class in a local authority community centre. The authority arranges for the carer to attend the class and arranges replacement care for the person she cares for once a week.</p> <p><b>NB:</b> The art class would be categorised under the Carers Act as general services and enabling the carer to attend this class would be providing general services, i.e. meeting non-eligible needs. The provision of replacement care would be either under the power or duty to support the carer (depending on whether her needs met the local eligibility criteria) and would be non-chargeable.</p>

## EQUALITY IMPACT ASSESSMENT : RESULTS

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

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

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

## Executive Summary

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

## Background

### Policy Aims

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

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

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

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

6. The case for the Bill is set out fully in the Policy Memorandum published alongside the Bill<sup>5</sup> on its introduction to the Scottish Parliament on 9<sup>th</sup> March 2015.
7. The Scottish Government is supporting unpaid carers and young carers through a range of policies under the Manifesto commitments of the Government and the national carers and young carers' strategies, *Caring Together* and *Getting it Right for Young Carers*. These policies are being supported with over £114 million of funding being directed between 2007-2015 into local authorities, NHS Boards and the third sector to improve outcomes for unpaid carers, young carers and the people they care for.
8. The Scottish Government's purpose is to focus Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.
9. In order to achieve this purpose, Scottish Ministers are committed to the outcomes based approach as set out in the National Performance Framework's 10 year vision. This is a single framework to which all public services in Scotland are aligned, encouraging more effective partnership working. It is a framework based on delivering outcomes that improve the quality of life for people in Scotland, rather than on inputs and outputs.
10. The Bill's provisions closely align with the Healthier and Wealthier & Fairer Strategic Objectives, but also cut across the Smarter objective.
11. The Bill contributes to the following National Outcomes:
  - We live longer, healthier lives;
  - We have tackled the significant inequalities in Scottish society;
  - We live in well-designed, sustainable places where we are able to access the amenities and services we need;
  - Our children have the best start in life and are ready to succeed
  - We have strong, resilient and supportive communities where people take responsibility for their own actions; and
  - Our public services are high quality, continually improving, efficient and responsive to local people's needs.

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

<sup>5</sup> [http://www.scottish.parliament.uk/S4\\_Bills/Carers%20\(Scotland\)%20Bill/b61s4-introd-pm.pdf](http://www.scottish.parliament.uk/S4_Bills/Carers%20(Scotland)%20Bill/b61s4-introd-pm.pdf)

## Who was involved in this EQIA?

12. The Bill has been developed involving colleagues from within the Scottish Government and with external stakeholders. An initial framing exercise for the EQIA was carried out involving a range of internal Scottish Government stakeholders.
13. This exercise helped to identify the potential impact of the Bill on other Scottish Government policy areas and on those in protected groups. It also assisted in identifying available existing evidence about carers and carers in protected groups.
14. A mandatory public consultation exercise on policy proposals for the Bill was carried out between January and April 2014<sup>6</sup>. Respondents were invited to comment on a paper that set out proposals for the Bill provisions, the Partial Business and Regulatory Impact Assessment and the Partial Equalities Impact Assessment.
15. The responses to the consultation indicated that almost all stakeholders were broadly supportive of all, some or a few of the Bill proposals.
16. In addition to the formal consultation process, the Carers Bill Team ran and participated in a programme of Scottish Government and stakeholder arranged engagement events, during which stakeholders had the opportunity to express views about possible Bill provisions and identify areas of particular challenge in relation to protected characteristic groups.
17. To further inform the equality impact assessment, the Carers Bill Team also ran a specific stakeholder event with equality representatives. This event gave external stakeholders the opportunity to provide the Bill Team with their views on the Bill.
18. The Scottish Government has also published a response to the Bill consultation<sup>7</sup>. This sets out a summary of consultation views and shows how those views have informed policy development and Bill provisions.

## Scope of the EQIA

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

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

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

## Data sources

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

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

## Key Findings

### Data

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

Protected Characteristic	Evidence gathered
<b>AGE</b>	<ul style="list-style-type: none"> <li>• The age group where someone is most likely to be a carer is 50-64 years old<sup>8</sup>.</li> <li>• It is estimated there are 44,000 young carers aged 4-18;<sup>9</sup></li> <li>• 4% of children aged 4-15 are young carers; an estimated 22,000 – 36,000 young people<sup>10</sup>.</li> <li>• Older people (aged 65 and over) are most likely to provide intensive care (35 + hours per week) with over half of these carers doing so<sup>11</sup>.</li> <li>• In the 2011 Census, 10,000 young people aged under 16 were identified as carers. Of these 77% reported caring for up to 20 hours per week; 10% 20-34 hours per week and 13% more than 35 hours of care per week<sup>12</sup>.</li> <li>• 3% of people aged under 25 in the 20% most deprived areas in Scotland provide care in comparison to under 2% in the least deprived areas.</li> <li>• 28% of young carers in the most deprived areas provide care for 35+ hours per week whilst this is the case for 17% in the least deprived areas.</li> </ul>
<b>DISABILITY</b>	<ul style="list-style-type: none"> <li>• 41% of carers have a long term health condition.<sup>13</sup> This is highest amongst those who are aged over 50 but at 52% is the same proportion as non- carers.</li> </ul>

<sup>8</sup> Ibid

<sup>9</sup> Carers Scotland Bill Policy Memorandum  
[http://www.scottish.parliament.uk/S4\\_Bills/Carers%20\(Scotland\)%20Bill/b61s4-introd-pm.pdf](http://www.scottish.parliament.uk/S4_Bills/Carers%20(Scotland)%20Bill/b61s4-introd-pm.pdf)

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

<sup>11</sup> Ibid

<sup>12</sup> Ibid

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

Protected Characteristic	Evidence gathered
	<ul style="list-style-type: none"> <li>• 22% of carers aged 0-24 compared to 11% of non-carers have at least one long term health condition.</li> <li>• 30% of carers aged 25-49 have at least one long term health condition compared to 21% non-carers.</li> <li>• The percentage of carers with one or more long term health condition increases with the number of hours caring – from 36% of those caring for 1-19 hours to 50% of those caring for 35+ hours.<sup>14</sup></li> <li>• Around 7% of people who provide care describe their health as “bad” or “very bad”. This increases to 14% of for those carers providing 50 or more hours of care per week.</li> <li>• 47% of carers in the most deprived areas care for 35 hours or more which is almost double that in the least deprived areas (24%)</li> <li>• Nearly 6% of carers report a long-term mental health problem; compared with 4% of non-carers<sup>15</sup>.</li> <li>• Young people are more likely to report they have a long-term mental health condition than non-carers.</li> </ul>
<b>SEX</b>	<ul style="list-style-type: none"> <li>• For carers aged 16+, 59% are women and 41% men. Women are more likely to be carers than men until retirement age when equally 19% of both women and men are providing care and in the oldest age groups (75+), more men than women (12% and 9% respectively) provide care.</li> <li>• 58% of carers providing 35+ hours of care per week are female, 42% male.</li> <li>• 62% of male carers providing 35+ hours a week care are aged 25-64. This compares with 69% of women carers.</li> <li>• Caring can impact on an individual’s ability to look after their own health and wellbeing. Research<sup>16</sup> has found that women with intensive caring responsibilities are less likely to visit their GP than non-carers which indicates that they tend to prioritise the needs of the cared-for person over their own.</li> </ul>
<b>SEXUAL ORIENTATION</b>	<ul style="list-style-type: none"> <li>• A publication released in 2007, sampling Edinburgh and the Lothians, by the Lesbian, Gay, Bisexual Transgender and Intersex (LGBTI)</li> </ul>

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

<sup>14</sup> Scottish Government Scotland’s Carers (2015)

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

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

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

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

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

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

### Impact of Bill provisions on those in protected groups

<sup>18</sup> Scottish Government Scotland’s Carers (2013)

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

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

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

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

## **Recommendations and Conclusion**

### **Recommendations**

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

### **Monitoring and Review**

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

## Conclusion

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