

Carer's Allowance Supplement

Equality Impact Assessment - Results

August 2018

Carer's Allowance Supplement Equality Impact Assessment - Results

Title of policy	Carer's Allowance Supplement
Summary of aims and desired policy outcome of Policy	<p>Scottish Ministers acknowledge the immense contribution carers make in Scotland and it is essential that they are supported and sustained in this role. Scottish Ministers have therefore committed to using the new social security powers to increase the rate of Carer's Allowance to the same level as Jobseeker's Allowance, in recognition of the important role that carers have in society.</p> <p>The aim of the Carer's Allowance Supplement is to help recognise the contribution that carers make, and to improve outcomes for carers by providing some additional financial support.</p>
Directorate: Division: Team:	<p>Social Security Directorate Social Security Policy Division Carer Benefits Team</p>

Executive Summary

The aim of Carer's Allowance Supplement (CAS) is to improve outcomes for carers in receipt of Carer's Allowance (CA) by providing some additional financial support. It is intended to have a positive impact on the 72,942 carersⁱ in Scotland who are in receipt of CA, and an indirect positive impact on the people they care for. CAS will be paid as a lump sum to carers who are in receipt of CA from the Department for Work and Pensions (DWP) on a 'qualifying date' within each six month period for the lifetime of CAS.

This Equality Impact Assessment (EQIA) has considered the potential impacts of CAS on people with one or more protected characteristics. It has not identified any aspects of CAS which would negatively impact on carers who fall in to one or more of the protected groups, or to people in these groups who are cared for. As women are more likely to be in receipt of CA, and cared for people are more likely to be disabled people, we would expect a disproportionately positive impact on women and disabled people.

CAS is a temporary measure and we will use the findings of this assessment to help identify what further evidence is needed as we prepare for Social Security Scotland to deliver CA (at which point CAS will be absorbed into CA payments). Currently, there is a lack of information about the protected characteristics of recipients of CA and those they care for. Specifically, there is no or only limited information published on CA in respect of gender

reassignment, sexual orientation, pregnancy and maternity, belief, religion and race. It will be vital to consider how to address evidence gaps, particularly as available evidence already indicates lower take-up of CA amongst some people from ethnic minorities¹ and gypsy/traveller communities.²

This EQIA recognises that there may be carers who would be eligible for, and benefit from CAS, who may miss out due to barriers to accessing CA, or advice and support about it. We have identified measures we can take in implementing the policy which may help to address these barriers, such as a CA take-up campaign targeted at younger carers, and raising awareness of CAS in print media and radio targeted at ethnic minority communities.

We aim to raise awareness and understanding of CA through the implementation of the policy, across all groups, to increase take-up of the benefit where possible, and to reinforce the importance of the role played by unpaid carers in our society. It is intended that this will, among other things, address the issue that some people providing care may not identify themselves as carers.

Changes to CA, including eligibility criteria, are not within scope of this EQIA. However, we are working with stakeholders to develop longer term options for Scottish carer benefits, which will be subject to further consultation and EQIAs.

We will also undertake a more comprehensive EQIA as part of the development of regulations to provide a replacement for CA in Scotland. Once Social Security Scotland is fully responsible for delivering future carer benefits, we will have greater control over the information that is gathered and more scope to assess the impact of these benefits on people with one or more protected characteristics.

Background

Policy Aim

CAS will increase the value of CA (£64.60 per weekⁱⁱ) to the rate of Jobseeker's Allowance (£73.10 per weekⁱⁱⁱ). It will be paid as two six month lump sums a year (each of around £221) to people in receipt of CA in Scotland and uprated annually.

To be eligible for CA an individual must be 16 or over, spend at least 35 hours a week caring for a person who qualifies for specified disability benefits, not be in full-time education for more than 21 hours per week, and not earn more than £120 per week (after deductions)^{iv}.

Research from carers organisations has shown that carers can experience poor health, financial difficulties^v and social isolation^{vi} as a result of caring. CA is currently the lowest of all working age benefits. While some recipients will have significant capital and non-earnings income, most recipients are expected to have lower than average incomes^{vii}. The aim of the supplement is to increase support for some of the lowest income carers in Scotland, improve outcomes and provide additional recognition for their caring roles.

¹ Children and Young People's Commissioner Scotland (February 2017) ["Coping is difficult, but I feel proud" - Perspectives on mental health and wellbeing of young carers](#)

² MECOPP (2012) [Hidden Carers, Unheard Voices. Informal caring within the Gypsy/Traveller community in Scotland](#)

The key social security outcomes for carers that are relevant to this policy are that carers:

- are supported to look after their own health and wellbeing, improve their quality of life and reduce any negative impact of caring
- participate fully in society and, if they choose, can engage in training, education and employment opportunities, as well as social and leisure
- have an increased sense of control and empowerment over their lives.

The policy aligns with both the Healthier and Wealthier & Fairer Strategic Objectives, and contributes to the following National Outcomes:

- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish society
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it

Who was involved in this EQIA?

An initial framing exercise for this EQIA was carried out with a range of internal Scottish Government stakeholders. The Carer Benefits Advisory Group (CBAG) then considered the outcomes of these discussions in addition to a paper developed by the Minority Ethnic Carers of Older People Project (MECOPP) as part of this group. The final draft was circulated to CBAG for any further comments. CBAG includes representatives of national and local carer organisations, CoSLA and local authorities.

CAS has been developed involving staff from within the Scottish Government, external stakeholders and the wider public. The proposal to increase CA to the rate of Jobseeker's Allowance was included in the Scottish Government's consultation on Social Security in Scotland. This ran from 29 July 2016 to 28 October 2016. There was clear support for the Scottish Government's proposals to developing Scottish carer's benefits - both from individuals and organisations - who responded^{viii}.

In addition to the formal consultation, the Scottish Government held over 120 engagements carried out with partners across all 32 local authorities in Scotland between July and October 2016. These events provided stakeholders and those with experience of the current UK system the opportunity to communicate their views and contribute to the development of the proposals contained in the Social Security Bill.

The scope of the EQIA

The scope of this EQIA is the impact of CAS on unpaid carers, and the people they care for, who have one or more protected characteristics. Eligibility for CAS is based on receipt of CA, however changes to CA are not within scope of this EQIA.

Wider context

This EQIA should be read in conjunction with the other impact assessments conducted for the policy, and for the Social Security (Scotland) Bill 2018^{ix} as a whole (namely, the Business and Regulatory Impact Assessment, Child Rights and Wellbeing Impact Assessment, Equality Impact Assessment, Island Screening Assessment and Privacy

Impact Assessment)^x.

The Child Rights and Wellbeing Impact Assessment (CRWIA) for CAS considers the potential impact of the policy on the rights and wellbeing of children and young people. A Data Protection Impact Assessment (DPIA) considers the impact of the policy's provisions and implementation on an individual's right to privacy.

Impact assessments for CAS, and those undertaken for the Bill as a whole, including a CRWIA screening and partial Equality Impact Assessment, are available on the Scottish Government website.^{xi}

Data sources

A variety of information sources were used in compiling this EQIA, including:

- Department for Work and Pensions (DWP) statistics from Stat-Xplore
- Scotland's Carers 2015
- Scottish Health Survey 2012/2013
- Scottish Health and Care Experience Survey 2013/14
- Scotland's Census 2011

Key findings

Data

The Scottish Health Survey and Scotland's Census provide robust survey data, although it can be difficult to identify people who are carers. Research with carers has shown reasons for this include:

- People providing care may not identify themselves as a carer, rather than as a relative or friend to the person they care for.^{xii}
- Caring can start at a low level and often include 'invisible tasks' such as monitoring and emotional support which are less recognised than more tangible tasks.^{xiii} Carers may be more likely to identify as carers as the role becomes more intense.^{xiv}
- For an individual to accept their role as a carer, they need to acknowledge that the person they are supporting needs care – which can be difficult for one or both parties to do.^{xv}

Age

- As of November 2017, there are 72,942 carers in receipt of CA.^{xvi} This includes approximately 260 carers aged under 18, and 788 carers over the age of 65.^{xvii}
- 45,886 carers in Scotland have an underlying entitlement to CA but do not receive it. 81% of the carers with underlying entitlement (36,975) are over State Pension Age.^{xviii} The most likely reason for this group not to be in payment of CA is that they are in receipt of the State Pension, so are not able to receive a payment for CA due to overlapping benefit rules. The remaining 19% are likely to be in receipt of another earnings-replacement benefit, such as Jobseeker's Allowance or Employment Support Allowance, and are therefore ineligible under the same overlapping benefit rules.

- The likelihood of being eligible for CA but not receiving it increases with age.^{xxix}
- There are an estimated 29,000 young carers in Scotland aged 4-15. Young carers (0-24) are more likely to be caring below 35 hours than carers in other age groups^{xx}.
- The 50-64 age group is the most likely to provide care with nearly 17% of people in this age group reporting they provided care.^{xxi}
- Many young people who provide support and help to family members who need it often do not recognise this as a 'caring' role. Australian and UK studies have suggested that this is especially common among some minority cultural and ethnic communities.^{xxii}
- Research from Citizens Advice Scotland^{xxiii} found 38% of people aged 65 to 79 who accessed their services were unable to use a computer, compared to just 3% of people aged 18 to 24. 46% of those aged between 65 and 79 reported they never used the internet compared to just 1% of those aged 18 to 24.
- Information on the age of people cared for by those in receipt of CA is not publically available.

Disability

- Figures on the number of disabled people receiving CA are not available, and limited data is available on disabled carers. However, among carers caring for 35 hours or more per week, 50% reported they had one or more long term conditions.^{xxiv}
- Receipt of CA is based on the cared for person being 'severely disabled' – defined as being eligible for a specified disability benefit, either Attendance Allowance, the highest or middle rate of Disability Living Allowance care component, either rate of the daily living component of Personal Independence Payment, Armed Forces Independence Payment, Constant Attendance Allowance at or above the normal maximum rate with an Industrial Injuries Disablement Benefit, or Constant Attendance Allowance at the basic (full day) rate with a War Disablement Pension.

Sex

- Women are more likely to be carers than men until retirement age when 19% of both women and men are providing care. In the oldest age groups (75+), more men than women (12% and 9% respectively) provide care.^{xxv}
- 69% of CA recipients in Scotland are women.^{xxvi}
- Women working full time were significantly more likely than men working full time to provide unpaid, regular care (17% of women, compared with 12% of men).^{xxvii}
- Women are more likely than men to view caring tasks as integral to their existing role and responsibilities rather than as separate "caring".^{xxviii}

Gender reassignment

- No evidence available.

Sexual orientation

- Limited data is available on sexual orientation and carers. Research from Carers Trust Scotland^{xxix} and LGBT Youth Scotland highlights that LGBT young carers face barriers in having both their LGBT and carer identities recognised by support services. We found no evidence on older carers and sexual orientation.

Race

- Information on recipients of CA by race is not publically available.
- 9 per cent of people in Scotland provide unpaid care and this varies across ethnic groups. People from older ethnic groups such as 'White: Scottish' and 'White: Other British' were the most likely to provide unpaid care.^{xxx}
- People from ethnic groups with younger age profiles (such as the 'Arab' and 'White: Polish' groups) were least likely to provide weekly unpaid care.
- People from the White: Gypsy/Traveller group were most likely to be providing unpaid care and to be providing 35 hours or more of unpaid care (the threshold for CA). The next most likely to provide 35 hours or more of unpaid care were Bangladeshi and Pakistani groups.

Religion and belief

- No evidence available

Pregnancy/Maternity

- No data is available on pregnancy and maternity in recipients of CA.
- Maternity Allowance (MA) is an overlapping benefit with CA.^{xxxi} Carers receiving MA in full will not be able to receive CA or the supplement. Full Maternity Allowance is paid at a higher rate than CA with the supplement. Those receiving partial MA may receive partial CA and would then receive the supplement in full.

Impact of CAS on those in protected groups

CAS should have a positive impact on carers in receipt of CA, and an indirect positive impact on the people they care for. We have not identified any potentially negative impacts on any protected groups.

As women are more likely to be carers and in receipt of CA we would expect a disproportionately positive impact on women. We would also expect a disproportionately positive impact on disabled people as cared for people are more likely to be disabled people.

We recognise that there may be barriers which prevent some individuals or groups from accessing CA and therefore CAS. There are also factors which may mean some individuals or groups who do access CA have more negative experiences. These are not a direct consequence of the new policy but are considered below.

Young carers are less likely to be receiving CA, largely due to the eligibility criteria which require carers to be 16 or over, not in full time education, and providing 35 hours of care or more per week. However, take-up may also be affected by a lack of recognition of caring roles or a reluctance to come forward for support.^{xxxii} Older carers make up the majority of carers with an 'underlying entitlement' to CA – meaning they are eligible for CA but do not receive it.

Research carried out for the Department for Work and Pensions (DWP) found lower take-up of, and satisfaction with, carer benefits among ethnic minorities and those with poorer

English language skills. Inadequate interpretation and translation services, and the use of terminology which was difficult to translate or which had negative cultural resonance were identified as key factors in this.^{xxxiii} Researchers also noted some families were reluctant to seek assistance in order to 'hide' the existence of disability within the family, and found lower levels of awareness and knowledge of welfare benefits that may be available to them.

Work by the Minority Ethnic Carers of Older People Project (MECOPP) on the experiences on gypsy/traveller carers found that people in these communities are less likely to identify as carers, and less likely to access support services for carers, including benefits, with low levels of knowledge in communities about carer entitlements. MECOPP also found high levels of illiteracy impacted significantly on carers' ability to search for support.^{xxxiv}

Beyond this we recognise that there is limited data about protected characteristics among people receiving CA, as well as carers more generally, and limited research on their experiences – in particular in relation to disability, gender reassignment, sexual orientation, religion and belief, and pregnancy and maternity.

Recommendations and conclusion

The Scottish Government has concluded that no changes to CAS are necessary as a result of the EQIA.

However, we have identified that some groups may face barriers in accessing CA and in benefitting from CAS as a result. In line with the requirement to promote benefit take up within the Social Security (Scotland) Act, we have an opportunity in implementing CAS to do what we can to address these barriers, and try to increase take-up of CA by people with one or more protected characteristics.

We recognise that awareness and take-up of CA is low in young adult carers. We have already run benefit take up campaigns aimed at young carers, people over 65 and the population in general. Activity to promote the take-up of CA amongst young people aged 16-24 was delivered in partnership with Young Scot and took place during the summer of 2017. This included interactive webpages hosted by Young Scot, with guidance, infographics, and videos for young carers, which will remain in place for the long-term. We are also introducing a new Young Carer Grant of £300 per year for carers aged 16, 17 and 18 if still at school, who are not in receipt of CA.

We understand that minority ethnic groups may face difficulties in accessing or understanding their entitlements due to language and communication barriers and low levels of awareness of entitlements. We will work with carers organisations and wider stakeholders to ensure information and advice on CAS is as accessible as possible and reaches the full range of people who could benefit from this support, by providing this through services used by carers and those who support them, and in a range of formats.

We have consulted and are continuing to work with organisations to support us in developing relevant routes and communications to those who are recognised as seldom heard and find it difficult to engage with services, for example carers who care for people affected by addictions.

Experience Panels is a platform of over 2,400 people with recent experience of benefits. They help to inform the design of the new social security system. We are testing CAS communications products with stakeholders and with the Experience Panels, including disabled carers for example. We are working to join up with communications around the Carers (Scotland) Act to ensure carers can be signposted to alternative forms of advice and support where they are not eligible for CA.

We recognise that there is a lack of data and research on carers – particularly those in receipt of CA – with protected characteristics. We also recognise that the current eligibility criteria for CA, along with aspects of how this is administered and communicated, may impact more negatively on some groups.

We do not feel it would be proportionate or appropriate to commission or carry out further research on CAS at this stage (other than the Experience Panel testing outlined above). This is because CAS is an interim measure until we take over full delivery of CA. Over the longer term, we will have more scope to make changes to how CA operates, and to develop a social security agency which better meets the needs of all groups in Scotland. We will therefore consider what additional research and evidence may be needed as we work on the development of CA for Scotland and on the implementation of the new agency to deliver these benefits.

Monitoring and review

We will monitor the impact of CAS on an ongoing basis, through our regular engagement with stakeholders and wider partners who support carers and the people they care for. We will also monitor the service delivery and performance of Social Security Scotland – the new Agency which will be delivering CAS, working with the DWP – using key data to inform and continuously improve this service. We will update this EQIA as needed in response to this information.

However, for the duration of the CAS we will have limited information on the protected characteristics of CAS recipients and will therefore be unable to look in detail at any variation there may be in the impact of CAS or experience of receiving CAS among those with one or more protected characteristics.

We will be undertaking a more comprehensive EQIA as part of the development of regulations to provide a replacement for CA in Scotland, and wider changes to carer benefits. Once Social Security Scotland is fully responsible for delivering future carer benefits, we will have greater control over the information that is gathered and more scope to assess the impact of these benefits on people with one or more protected characteristics.

ⁱ DWP Stat-Xplore

ⁱⁱ Carer's Allowance on gov.uk <https://www.gov.uk/carers-allowance>

ⁱⁱⁱ Single person's 25+ rate of Jobseeker's Allowance – from gov.uk <https://www.gov.uk/jobseekers-allowance>

^{iv} Ibid.

^v Carers UK (2017) [State of Caring 2017](#), Carers Scotland (2017) [State of Caring in Scotland 2017](#)

^{vi} Carers UK as part of the Jo Cox Loneliness Commission (2017) [The world shrinks: Carer loneliness](#)

^{vii} Carers UK (2017) [State of Caring 2017](#), Carers Scotland (2017) [State of Caring in Scotland 2017](#)

^{viii} <https://consult.gov.scot/social-security/social-security-in-scotland/results/00514352.pdf>

^{ix} <http://www.legislation.gov.uk/asp/2018/9/enacted>

^x Scottish Government Social Security website: <http://www.gov.scot/Topics/People/fairerscotland/Social-Security>

^{xi} <http://www.gov.scot/Topics/People/fairerscotland/Social-Security>

-
- ^{xii} Carduff, E., Finucane, A., Kendall, M., Jarvis, A., Harrison, N., Greenachre, J. and Murray, S. (2014) Understanding the barriers to identifying carers of people with advanced illness in primary care: triangulating three data sources. [*BMC Family Practice*](#), 48(15).
- ^{xiii} Carduff, E., Finucane, A., Kendall, M., Jarvis, A., Harrison, N., Greenachre, J. and Murray, S. (2014) Understanding the barriers to identifying carers of people with advanced illness in primary care: triangulating three data sources. [*BMC Family Practice*](#), 48(15).
- ^{xiv} Smyth, C., Blaxland, M. and Cass, B. (2011) So that's how I found out I was a young carer and that I actually had been a carer most of my life' Identifying and supporting hidden young carers. *Journal of Youth Studies*, 14(2).
- ^{xv} Carduff, et al., 2014
- ^{xvi} DWP Stat-Xplore
- ^{xvii} Ibid.
- ^{xviii} Ibid.
- ^{xix} Scottish Government (2015) [*Scotland's Carers*](#)
- ^{xx} Ibid.
- ^{xxi} Ibid.
- ^{xxii} Children and Young People's Commissioner Scotland (February 2017) "[*Coping is difficult, but I feel proud*](#)" - [*Perspectives on mental health and wellbeing of young carers*](#)
- ^{xxiii} Citizens Advice Scotland (2018) [*Disconnected. Understanding digital exclusion and improving access.*](#)
- ^{xxiv} Scottish Government (2017) [*Scottish Health Survey 2016*](#)
- ^{xxv} Scottish Government (2015) [*Scotland's Carers*](#)
- ^{xxvi} DWP Stat-Xplore
- ^{xxvii} Scottish Government (2017) [*Scottish Health Survey 2016*](#)
- ^{xxviii} The development of a screening tool to identify carers in a general practice by a large-scale mailed survey: the experience in one Scottish general practice <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2702.2004.01069.x/abstract>
- ^{xxix} Carers Trust Scotland (2016) [*Young People Caring OUT There: Experiences of LGBT young adult carers in Scotland*](#)
- ^{xxx} Scottish Government (2014) [*Analysis of Equality Results from the 2011 Census*](#)
- ^{xxxi} Maternity Allowance 'What you'll get' on [*GOV.UK*](#)
- ^{xxxii} Children and Young People's Commissioner Scotland (February 2017) "[*Coping is difficult, but I feel proud*](#)" - [*Perspectives on mental health and wellbeing of young carers*](#)
- ^{xxxiii} Allmark P, Salway S, Crisp R & Barley R (2010) [*Ethnic Minority Customers of the Pension, Disability and Carers Service: An Evidence Synthesis*](#)
- ^{xxxiv} MECOPP (2012) [*Hidden Carers. Unheard Voices. Informal caring within the Gypsy/Traveller community in Scotland*](#)



Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2020

OGL

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

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

This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at

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

ISBN: 978-1-80004-258-2 (web only)

Published by The Scottish Government, October 2020

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS782487 (10/20)

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