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# Caring in Scotland: Analysis of Existing Data Sources on Unpaid Carers in Scotland

Health and Community Care



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**CARING IN SCOTLAND: ANALYSIS OF EXISTING  
DATA SOURCES ON UNPAID CARERS IN  
SCOTLAND**

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# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>1</b>
<b>1 INTRODUCTION</b>	<b>8</b>
INTRODUCTION TO THE RESEARCH	8
RESEARCH METHOD	8
REPORT STRUCTURE	9
<b>2 BACKGROUND TO THE RESEARCH</b>	<b>10</b>
DEFINITIONS OF CARERS AND CARING	10
POLICY CONTEXT TO DATE	11
LEGISLATION RELATED TO CARERS	11
CURRENT POLICY POSITION	12
ESTIMATED NUMBERS OF CARERS IN SCOTLAND	13
SUMMARY OF CHAPTER	13
<b>3 SURVEY DATA ON CARERS IN SCOTLAND</b>	<b>14</b>
INTRODUCTION	14
THE 2001 CENSUS	14
ANALYSIS OF THE 2001 CENSUS	15
THE SCOTTISH HOUSEHOLD SURVEY 2007/2008	28
ANALYSIS OF THE SCOTTISH HOUSEHOLD SURVEY 2007/2008	28
SUMMARY OF CHAPTER	40
<b>4 OTHER DATA ON CARERS IN SCOTLAND</b>	<b>41</b>
INTRODUCTION	41
DEPARTMENT FOR WORK AND PENSIONS CARER'S ALLOWANCE	41
ANALYSIS OF THE CARER'S ALLOWANCE IN SCOTLAND	41
SOCIAL WORK INSPECTION AGENCY SURVEY OF CARERS	46
ANALYSIS OF THE SOCIAL WORK INSPECTION AGENCY SURVEY OF CARERS	48
SHORT BREAKS AND RESPITE	51
JOINT PERFORMANCE INFORMATION AND ASSESSMENT FRAMEWORK	55
THE SCOTTISH HEALTH SURVEY	56
SUMMARY OF CHAPTER	59
<b>5 DEMOGRAPHIC CHANGE AND ITS IMPLICATIONS FOR HEALTH AND WELL-BEING</b>	<b>60</b>
INTRODUCTION	60
POPULATION PROJECTIONS FOR SCOTLAND	60
HOUSEHOLD PROJECTIONS FOR SCOTLAND	64
HEALTHY LIFE EXPECTANCY IN SCOTLAND	70
SUMMARY OF CHAPTER	72
<b>6 KEY FINDINGS AND CONCLUSIONS</b>	<b>73</b>
INTRODUCTION	73
KEY FINDINGS	73
CONCLUSIONS	75
<b>7 REFERENCES AND USEFUL LINKS</b>	<b>77</b>
USEFUL LINKS	78
NATIONAL DATA SOURCES	78
CARING AND CARER ORGANISATIONS AND VOLUNTARY BODIES	78
ACADEMIC RESEARCH AND CONTACTS	79

# LIST OF FIGURES AND TABLES

## CHAPTER 3: SURVEY DATA ON CARERS IN SCOTLAND

FIGURE 3.1:	TIME SPENT PROVIDING UNPAID CARE IN A TYPICAL WEEK	16
FIGURE 3.2:	PERCENTAGE OF MALE AND FEMALE POPULATIONS UNDERTAKING ANY UNPAID CARE AND 20+ HOURS UNPAID CARE PER WEEK IN SCOTLAND BY GENDER OF CARER	17
FIGURE 3.3:	2001 CENSUS BANDED AGE OF CARERS IN SCOTLAND	18
FIGURE 3.4:	2001 CENSUS BANDED AGE OF CARERS IN SCOTLAND BY GENDER	18
FIGURE 3.5:	PROVISION OF ANY UNPAID CARE IN SCOTLAND BY AGE GROUP OF CARER	19
FIGURE 3.6:	PROVISION OF 20+ HOURS PER WEEK OF UNPAID CARE IN SCOTLAND BY AGE GROUP OF CARER	19
FIGURE 3.7:	PROVISION OF ANY UNPAID CARE IN SCOTLAND BY MALE CARERS BY AGE GROUP	20
FIGURE 3.8:	PROVISION OF 20+ HOURS PER WEEK UNPAID CARE IN SCOTLAND BY MALE CARERS BY AGE GROUP	20
FIGURE 3.9:	PROVISION OF ANY UNPAID CARE IN SCOTLAND BY FEMALE CARERS BY AGE GROUP	21
FIGURE 3.10:	PROVISION OF 20+ HOURS PER WEEK UNPAID CARE IN SCOTLAND BY FEMALE CARERS BY AGE GROUP	21
FIGURE 3.11:	PERCENTAGE OF ETHNIC GROUPINGS PROVIDING ANY UNPAID CARE IN SCOTLAND	22
FIGURE 3.12:	PERCENTAGE OF ETHNIC GROUPINGS PROVIDING 20H+ UNPAID CARE IN SCOTLAND	23
FIGURE 3.13:	TIME SPENT PROVIDING ANY UNPAID CARE IN SCOTLAND BY SIMPLIFIED ETHNIC GROUPING	23
FIGURE 3.14:	PROVISION OF ANY UNPAID CARE IN SCOTLAND BY ECONOMICALLY ACTIVE CARERS	25
FIGURE 3.15:	PROVISION OF 20H+ PER WEEK UNPAID CARE IN SCOTLAND BY ECONOMICALLY ACTIVE CARERS	25
FIGURE 3.16:	PROVISION OF ANY UNPAID CARE IN SCOTLAND BY ECONOMICALLY INACTIVE CARERS	26
FIGURE 3.17:	PROVISION OF 20H+ PER WEEK UNPAID CARE IN SCOTLAND BY ECONOMICALLY INACTIVE CARERS	27
FIGURE 3.18:	SELF-REPORTED HEALTH OF CARERS IN SCOTLAND AND PROVISION OF UNPAID CARE	27
FIGURE 3.19:	NUMBER OF CARERS IN HOUSEHOLDS WITH A CARER PROVIDING CARE TO OTHER HOUSEHOLD MEMBERS	29
FIGURE 3.20:	HOURS OF HELP OR CARE PERSON PROVIDES PER WEEK TO OTHER HOUSEHOLD MEMBERS	30
FIGURE 3.21:	HOW LONG PERSON HAS BEEN PROVIDING HELP OR CARE TO OTHER HOUSEHOLD MEMBERS	30
FIGURE 3.22:	BANDED AGE OF CARERS IN SCOTLAND PROVIDING CARE TO OTHER HOUSEHOLD MEMBERS	31
FIGURE 3.23:	AGE OF CARERS IN SCOTLAND BY GENDER PROVIDING CARE TO OTHER HOUSEHOLD MEMBERS	32
FIGURE 3.24:	HOUSEHOLD TYPE OF CARERS PROVIDING CARE TO OTHER HOUSEHOLD MEMBERS	32
FIGURE 3.25:	WORKING STATUS OF HOUSEHOLDS WITH A CARER PROVIDING CARE TO OTHER HOUSEHOLD MEMBERS	33
FIGURE 3.26:	EMPLOYMENT STATUS OF HOUSEHOLDS WITH A CARER PROVIDING CARE TO OTHER HOUSEHOLD MEMBERS	33
FIGURE 3.27:	NATIONAL STATISTICS SOCIO-ECONOMIC CLASSIFICATION OF HOUSEHOLDS WITH CARERS PROVIDING CARE TO OTHER HOUSEHOLD MEMBERS	34

FIGURE 3.28:	HOUSEHOLDS WITH A CARER PROVIDING CARE TO OTHER HOUSEHOLD MEMBERS BY SCOTTISH INDEX OF MULTIPLE DEPRIVATION	35
FIGURE 3.29:	HOUSING TENURE OF HOUSEHOLDS WITH A CARER PROVIDING CARE TO OTHER HOUSEHOLD MEMBERS	36
FIGURE 3.30:	AGE GROUPS OF CARERS IN SCOTLAND PROVIDING CARE FOR A PERSON NOT LIVING WITH THEM	37
FIGURE 3.31:	AGE OF CARERS IN SCOTLAND BY GENDER PROVIDING CARE FOR A PERSON NOT LIVING WITH THEM	37
FIGURE 3.32:	WHO RESPONDENT PROVIDES HELP OR CARE FOR WHEN THE PERSON IS NOT LIVING WITH THEM	38
FIGURE 3.33:	NUMBER OF HOURS RESPONDENT SPENDS HELPING OR CARING FOR A PERSON NOT LIVING WITH THEM	39
TABLE 3.1:	ECONOMICALLY ACTIVE PEOPLE PROVIDING UNPAID CARE	24
TABLE 3.2:	ECONOMICALLY INACTIVE PEOPLE PROVIDING UNPAID CARE	24
TABLE 3.3:	NUMBER OF PEOPLE IN THE HOUSEHOLD CARER IS CARING FOR	29
TABLE 3.4:	WHETHER ANYONE IN THE HOUSEHOLD NEEDS REGULAR HELP OR CARE BY 2006 SIMD MOST DEPRIVED 15%	35
TABLE 3.5:	SUPPORT SERVICES USED BY RANDOM ADULT CARERS – MULTIPLE RESPONSE	39

#### **CHAPTER 4: OTHER GOVERNMENT DATA ON CARERS IN SCOTLAND**

FIGURE 4.1:	ANNUAL NUMBER OF PEOPLE ENTITLED AND RECEIVING CARER'S ALLOWANCE IN SCOTLAND, 2000-2008	42
FIGURE 4.2:	PERCENTAGE SPLIT OF ENTITLED PEOPLE RECEIVING AND NOT RECEIVING CARER'S ALLOWANCE IN SCOTLAND, 2004-2008	42
FIGURE 4.3:	NUMBER OF PEOPLE CLAIMING CARER'S ALLOWANCE IN SCOTLAND BY GENDER OF CLAIMANT, 2000-2008	43
FIGURE 4.4:	NUMBER OF ENTITLED ADULTS CLAIMING CARER'S ALLOWANCE IN SCOTLAND BY AGE GROUP, 2000-2008	44
FIGURE 4.5:	NUMBER OF UNDER-18 YEAR OLD CARER'S ALLOWANCE CLAIMANTS IN SCOTLAND, 2000-2008	45
FIGURE 4.6:	NUMBER OF PEOPLE CLAIMING CARER'S ALLOWANCE IN SCOTLAND BY DURATION OF CLAIM, 2000-2008	46
FIGURE 4.7:	CARER'S NEEDS ASSESSED	48
FIGURE 4.8:	SERVICES RECEIVED BY CARERS AND SERVICES WANTED BY CARERS	49
FIGURE 4.9:	CARER INVOLVED IN DECISIONS ABOUT CARED-FOR PERSON'S REQUIREMENTS	49
FIGURE 4.10:	CARER THINKS THERE IS A GOOD RANGE OF SERVICES AVAILABLE	50
FIGURE 4.11:	CARER'S VIEW THAT SOCIAL WORK SERVICE IS RELIABLE AND OF GOOD QUALITY	50
FIGURE 4.12:	CARER FEELS VALUED AND SUPPORTED AND CARER FEELS CONSULTED AND LISTENED TO	51
FIGURE 4.13:	PERCENTAGE OF CARERS BY AGE GROUP	57
FIGURE 4.14:	PERCENTAGE OF CARERS BY AGE GROUP AND GENDER	57
FIGURE 4.15:	SELF-REPORTED HEALTH OF CARERS IN SCOTLAND	58
FIGURE 4.16:	WHO REGULAR HELP OR CARE IS PROVIDED FOR	58
FIGURE 4.17:	HOURS OF HELP OR CARE A PERSON PROVIDE PER WEEK	59
TABLE 4.1:	TOTAL CLAIMANTS AND RECIPIENTS OF CARER'S ALLOWANCE AGED OVER 65	44
TABLE 4.2:	PERCENTAGE OF PEOPLE ENTITLED AND RECEIVING CARER'S ALLOWANCE IN SCOTLAND BY DURATION OF CLAIM, 2000-2008	45
TABLE 4.3:	SOCIAL WORK INSPECTION AGENCY PERFORMANCE INSPECTION CARERS' SURVEY BY LOCAL AUTHORITY	47
TABLE 4.4:	TOTAL RESPITE WEEKS PROVIDED IN SCOTLAND BY LOCAL AUTHORITY	53

TABLE 4.5:	TOTAL NUMBER OF RESPITE NIGHTS, DAYTIME HOURS AND WEEKS PROVIDED IN SCOTLAND WITH PERCENTAGE CHANGES BY FINANCIAL YEARS	54
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**CHAPTER 5: DEMOGRAPHIC CHANGE AND ITS IMPLICATIONS FOR HEALTH AND WELL-BEING**

FIGURE 5.1:	PROJECTED PERCENTAGE CHANGE IN SCOTLAND'S POPULATION (2006 TO 2031) BY AGE GROUP	61
FIGURE 5.2:	PROJECTED PERCENTAGE CHANGES TO SCOTTISH POPULATION BY AGE GROUP 2006 TO 2031	62
FIGURE 5.3:	PROJECTED CHANGES TO THE DEPENDENCY RATIO IN SCOTLAND (2006 TO 2031)	63
FIGURE 5.4:	PROJECTED NUMBER OF HOUSEHOLDS IN SCOTLAND BY HOUSEHOLD TYPE 2006 TO 2031	65
FIGURE 5.5:	PROJECTED PERCENTAGE OF PEOPLE LIVING ALONE BY AGE GROUP	66
FIGURE 5.6:	PERCENTAGE OF PEOPLE LIVING ALONE IN 2006 BY AGE GROUP AND GENDER	66
FIGURE 5.7:	PROJECTED PERCENTAGE OF PEOPLE LIVING ALONE IN 2031 BY AGE AND GENDER	67
FIGURE 5.8:	PROJECTED AGE OF HEAD OF HOUSEHOLD	68
FIGURE 5.9:	PROJECTED PERCENTAGE CHANGE IN THE NUMBER OF HOUSEHOLDS IN SCOTLAND BY LOCAL AUTHORITY AREA 2006 TO 2031	69
FIGURE 5.10:	PROJECTED PERCENTAGE CHANGE IN HOUSEHOLDS HEADED BY SOMEONE AGED 75+ BY LOCAL AUTHORITY AREA	70
TABLE 5.1:	PROJECTED POPULATION NUMBERS OF SCOTLAND BY AGE GROUPS 2006 TO 2031	60
TABLE 5.2:	PROJECTED PROPORTION CHANGES OF SCOTLAND BY AGE GROUPS IN SCOTLAND 2006 TO 2031	61
TABLE 5.3:	PROJECTED PERCENTAGE OF SCOTTISH POPULATION IN AGE BANDS 2006 TO 2031	62
TABLE 5.4:	PROJECTED NUMBER OF DEPENDENTS PER 100 POPULATION: 2006-2031	63
TABLE 5.5:	LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY IN SCOTLAND AT BIRTH AND AGE 65	71

# EXECUTIVE SUMMARY

## Introduction

1. Working in partnership with the Convention of Scottish Local Authorities (COSLA), the Scottish Government has reviewed the *National Strategy for Carers in Scotland*. The revision is a collaboration between policy and carers' stakeholders and was informed by reviewing progress made in meeting the recommendations of the *Care 21 Report: The Future of Unpaid Care in Scotland*.
2. This research report on unpaid carers in Scotland contributes to the review by outlining the main sources of information on carers in Scotland and presents key information which can be used by policy makers and stakeholders working with carers.

## Method

3. The research was conducted from May to June 2009, with the data updated in March 2010 and involved combining desk-based research with secondary analysis of large-scale statistical data and other sources of government information.
4. The first phase of the research included a brief review of policy documentation and information on unpaid carers; gathering and synthesising information from local and national carers' organisations; and reviewing relevant legislation and government policy on carers in Scotland.
5. The second phase of the research involved the secondary analysis of quantitative data related to unpaid carers in Scotland collected in the 2001 Census and the Scottish Household Survey (SHS) 2007/2008. This phase of the project was further supported by the examination of other sources of information and statistics held or collected by different government departments and agencies. This report provides an overview of these, which include data from the Department for Work and Pensions, Audit Scotland and the Social Work Inspection Agency.

## Definitions of carers and caring

6. The term 'unpaid carer' is typically defined as:

*'Individuals who care for a friend, relative or neighbour without receiving paid income in addition to income received through the benefits system' (Care 21 Report, 2002 p.4)*



7. This also reflects the legal definition of a carer as:  
*‘Someone who provides substantial amounts of care on a regular basis for either an adult or a child, where that adult or child receives, or is eligible to receive, support services under the Social Work (Scotland) Act 1968 (section 12AA) or the Children’s (Scotland) Act 1995 (Section 24)’.* [National Minimum Information Standards for Carers Assessment and Support](#)
8. Both of these definitions relate to carers of any age who are caring or intending to care for adults or children.
9. Importantly for the review of the Carers’ Strategy in Scotland, young carers are different from adult carers with specific support needs by virtue of being children and young people first and foremost.

## **Policy Context**

### ***National Carers Strategy in Scotland: Previous and current administrations***

10. The *Strategy for Carers in Scotland* was introduced in 1999 by the then Scottish Executive with the aim of supporting carers by improving information, improving local services for carers, introducing legislation and ensuring national standards on short breaks.
11. The revised strategy is being published in July 2010.

### ***The Care 21 Report: Recommendations and response***

12. The Care 21 project on the future of unpaid care in Scotland was a Scottish Executive-funded study of statutory and voluntary sector stakeholders on how to meet the future needs of unpaid carers in Scotland.
13. The Report made 22 recommendations for improving the experience of Scottish carers. The then Scottish Executive responded to the Care 21 Report in 2006, setting out priority actions in areas including respite, young carers needs, carer training and improving carers’ health.

## **Legislation related to carers**

14. The key pieces of relevant legislation related to carers in Scotland are:
  - The Social Work (Scotland) Act 1968 (Section 12AA)
  - The Children’s (Scotland) Act 1995 (Section 24)
  - The Community Care and Health (Scotland) Act 2002
15. These provide the legal definitions of a carer / young carer in Scotland and give all carers a statutory right to request an independent carer’s assessment of their ability to care for another person(s), in addition to any assessments the cared-for person receives of their needs.

## **A new relationship with local government**

16. With the election of the SNP-led Scottish Government administration in 2007, a new relationship with local government was established enshrined in the joint Concordat. This reflects a view that while strategic decisions might need to be taken at a national level, decisions about how agreed outcomes are delivered are often best taken locally.
17. Under the new agreement, each council is required to develop a Single Outcome Agreement based upon an agreed set of National Outcomes and Indicators. These are not concerned with specific public service provision, but on the outcomes or results those services can provide.
18. Improving the support of unpaid carers contributes to a number of the National Outcomes and indicators, which is supported by a Community Care Outcome approach designed to embed user and carer satisfaction and support at the heart of community support services.

## **Survey data on carers in Scotland**

19. The two main sources of survey data on unpaid carers in Scotland examined in this research were the 2001 Census data and the SHS 2007/2008.
20. The Census was used to provide key information on Scotland's unpaid carers, which could benchmark the prevalence and profile of Scotland's unpaid carers.
21. The SHS provides up to date information on the characteristics and experiences of Scotland's unpaid carers. Data for this survey is collected by household and random adult. The household data is collected from the household reference person – usually the highest income householder, or their spouse/partner. The random adult data is based on the random selection of one adult in the household to take part in an interview. The most recent data available from the 2007/2008 SHS provides data from 27,238 households.
22. Specific information from these sources of data includes length of time people have been caring and the intensity of caring responsibilities. These data sources also provide a further understanding of the specific characteristics of Scotland's unpaid carers and the support services they access and use. This allows a detailed picture of unpaid caring in Scotland to be developed and understood.

## **Other data on carers in Scotland**

23. Other statistical data is also presented in the report as potentially providing alternative insights on carers in Scotland. These include data from the Department for Work and Pensions (DWP) on the Carer's Allowance; statutory performance indicators from Audit Scotland on the provision of short breaks; the Social Work Inspection Agency Survey of Carers; the Joint Performance Information & Assessment Framework return on Carer Assessments; and the re-designed Scottish Health Survey (SHeS).

## Estimated numbers of carers in Scotland

24. The latest estimate from the from the SHS, 2007-2008 suggests that there are approximately 657,300 unpaid carers in Scotland. Care 21 put this figure at around 1 in 8 of the population (668,200 unpaid carers). However, other estimates vary, for example the 2001 Census estimates there are around 480,000 unpaid carers in Scotland.
25. It is difficult to give a definitive figure for the number of young carers in Scotland, due to the hidden nature of this group in society. Estimates vary significantly from around 16,700 in the 2001 Census to around 100,000 by The Princess Royal Trust for Carers. The latter figure would equate to approximately 1 in 12 secondary school-aged children in Scotland.

## Demographic change and its implications for health and well-being

26. Data related to projected demographic change and its implications for health and well-being is also discussed in the report. Being able to project demographic changes to the population of Scotland is an important part of many policy areas, but particularly in respect of carers' policy given the view that if the population is ageing and in greater need of care and support, this may create extra burdens for the state, social services and people's families. A number of demographic projections have been produced and published by the General Register Office for Scotland and on behalf of NHS Scotland's Information Services Division. These will have implications for the future health and well-being of the population and on the provision of unpaid care in the future as the population ages.

## Key findings

27. The aim of this research project was to identify, analyse and present useful statistical information on unpaid carers in Scotland. Each of the sources consulted and presented in this report make a different contribution to telling the story of caring in Scotland. Some of the emergent themes and findings from these data sources are presented below:

### *Caring in Scotland*

28. **Caring requirements:** The SHS 2007/2008 estimates that around 14% of households contain someone requiring care. This compares to 33% of households reporting that they contain someone with a long-term illness or disability.
29. **The prevalence of caring in Scotland:** The 2001 Census estimated that around 10% of the population were providing care to another person and around 4% of the population were providing over 20 hours per week. While around 7% of households in the SHS sample have a carer providing help or care within the home, around 10% of the adults randomly selected for the survey provide additional help or care to someone not living with them.

30. **Number of carers in a household:** The SHS found that 79% of carer households have only one carer, 17% have two carers and 4% have 3 or more carers, providing care within the household. Most households in Scotland (96%) which have a person requiring additional help or caring needs has only one person in need of the extra help or care.
31. **Who carers care for:** The majority of carers providing help or care within the home, provide care to a parent. This was closely followed by care to other relatives including spouses, children and siblings.
32. **Time spent caring:** In the 2001 Census, 63% of carers were undertaking less than 20 hours of care per week and 23% were undertaking more than 50 or more hours per week. In the SHS, 48% of Scottish carers providing care to other household members provide 'continuous care'. The adults randomly selected for the SHS indicate that 79% of carers providing care to people not living with them are providing less than 20 hours per week.
33. **Time carers have been a carer:** For those undertaking a caring role in the household, the SHS reported that over 70% of carers have been providing care for over 5 years.
34. **Support services carers use:** The 68% of carers providing care to people not living with them, reported that they did not access any external support. Carers who access support reported that the most common type of service utilised was practical support including transport (22% of carers).

### ***Characteristics of Scotland's carers***

35. **Age:** Across all the data sources it was found that as carers get older they appear to take on more caring responsibility. The 2001 census reports that 69% of carers were aged 50 or more. The SHS indicates that 56% of carers who provide care within their household and 51% of carers providing care to people not living with them are aged 50 or more. The data was limited on young carers, as the full extent of caring undertaken by young carers is unlikely to be revealed in such surveys.
36. **Gender:** The 2001 Census data indicated that around 11% of women were undertaking a caring role, compared to 8% of men. The prevalence of female to male carers was around 60:40. Data relating to claimants' of the Carer's Allowance in Scotland supports this finding, with more women than men claiming the allowance. This finding is further substantiated by the SHS, as 63% of women and 37% of men provide care to people not living with them. However this difference in prevalence is less apparent when unpaid care is provided by a carer to someone within their household - in this case 54% of women and 46% of men provide care.
37. **Ethnicity:** The available data was unable to provide sufficient information on black and minority ethnic (BME) carers in society. Low reported numbers should not necessarily be taken as an indication of low prevalence of caring, but could be a reflection of the difficulties survey research has in adequately sampling small groups in society.

38. **Health of Carers:** Around 12% of carers undertaking an unpaid caring role and 18% of those undertaking more than 20 hours of unpaid care a week reported that they are in poor health. This is interesting and important in highlighting how carers may themselves suffer from the effects of illness and disability.
39. **Economic Activity:** Amongst economically active carers providing any unpaid care to household members, it is part-time workers (both self-employed and employed) who are most likely to be carers. These two groups, along with the unemployed, are also the groups who are most likely to provide over 20 hours care each week. For economically inactive people undertaking any unpaid care, the biggest proportion of carers are those who already have family/home caring responsibilities, followed by those who are retired.
40. **Social Class:** The households least likely to have a carer who cares for another household member are those households in the higher managerial and professional occupations at around 7% of households. Households with a carer are most likely to be in the lower managerial and professional occupations class (26%).
41. **Scottish Index Multiple Deprivation (SIMD):** The largest proportion of households with a carer (28%) are in the 20% most deprived data zones in the SIMD. The proportion of households with a carer decreases steadily as deprivation decreases, so that households in the least deprived 20% of data zones are those with the lowest prevalence carers in Scotland (13%).

## Conclusions

42. This project aimed to outline the main sources of information on carers in Scotland and present key information which can be used by policy makers, practitioners and other stakeholders working with carers in Scotland, to provide a better shared understanding of carers.
43. Each source of data consulted, analysed and discussed in this research provides different and important insights into unpaid carers in Scotland. The 2001 Census data provides a snapshot of the total population that can be used as a comparative baseline. Comparing the 2001 Census data with data from the SHS, DWP and SHeS, it has been established that:
  - a higher proportion of women provide unpaid care than men
  - carers are more likely from middle aged or older age groups.
44. Analysis of the SHS data has identified that for carers providing care to someone within their household, they are far more likely to be providing continuous care, than a carer providing care to someone not living with them. This difference in caring demands is something that can not be identified from the Census and is useful to know when considering the different needs/requirements of a carer.

45. It is generally thought that much unpaid caring is hidden particularly among BME and young carer groups. This may be due to a lack of cultural sensitivity in the services and information provided to carers. In some cases, carers may choose to remain hidden.
46. Data from large scale surveys such as the Census and SHS provide limited information on young carers and BME groups because of the relatively small sample size from these groups. In addition, these groups may have difficulties completing the survey or may not identify themselves as carers.
47. To understand the extent and nature of caring amongst such groups other qualitative research methods will need to be explored. This may go some way to countering the problems identified in this research.
48. This research, together with the National Carers' Strategy in Scotland, published in July 2010 demonstrates a willingness to assess progress towards meeting recommendations of the Care 21 Report. This will go some way to furthering the interests of carers in Scotland.

# 1 INTRODUCTION

## Introduction to the research

- 1.1 Working in partnership with the Convention of Scottish Local Authorities (COSLA), the Scottish Government has reviewed the *National Strategy for Carers in Scotland* published in 1999. This review has been informed by evaluating the progress made in meeting the 22 recommendations of the *Care 21 Report: The Future of Unpaid Care in Scotland* and the contribution of key stakeholders including local government social work, NHS Boards and the voluntary sector.
- 1.2 One of the most significant changes informing the revised strategy is the inclusion of a specific young carers part within the strategy. This reflects the Scottish Government's view that young carers have distinct needs and support requirements that need to be addressed separately, whilst recognising the connections between the young carers' and carers parts of the strategy.
- 1.3 This report on unpaid carers in Scotland will contribute to this review by providing key findings that can support the development of effective government policy on care and caring in Scotland today. The report outlines some of the main sources of statistical information on carers in Scotland. These include the 2001 Census and the Scottish Household Survey (SHS) 2007/2008, as well as other official data. It is intended that the report will be used by both the Scottish Government and voluntary and statutory sector stakeholders working with carers in Scotland, to provide a better shared understanding of carers.

## Research method

- 1.4 The research was conducted from May to June 2009, with the data updated in March 2010 and involved combining exploratory desk-based research with secondary analysis of large-scale quantitative data. The first phase of the research included a brief review of policy documentation and information on unpaid carers; gathering and synthesising local and national carers' organisations information; and reviewing relevant legislation and government policy on carers in Scotland.
- 1.5 The second phase of the research involved the secondary analysis of data related to unpaid carers in Scotland collected in the 2001 Census and the SHS 2007/2008. This analysis was further supported by the inclusion of additional sources of information and official statistics held or collected by government departments and/or agencies. These included the Department for Work and Pensions, Audit Scotland and the Social Work Inspection Agency, among others.

## Report structure

1.6 The research report comprises 6 substantive Chapters:

**Chapter 2** provides some background and contextual information to the project. This includes a discussion of number of carers in Scotland and definitions of what is an unpaid carer. This Chapter also provides information on past and current policy measure and relevant legislation related to carers.

**Chapter 3** presents analysis and discussion of data from two key surveys in Scotland – the 2001 Census and the Scottish Household Survey 2007/2008.

**Chapter 4** discusses other sources of government data and official statistics on carers in Scotland. These include data from the Department for Work & Pensions on the Carer's Allowance in Scotland; the Social Work Inspection Agency Survey of Carers; data from Audit Scotland on short breaks; the Joint Performance Information & Assessment Framework; and the Scottish Health Survey.

**Chapter 5** provides data and discussion on projected demographic change in Scotland and the implications this might have for health and well-being.

**Chapter 6** summarises the key findings of the report, provides some reflections and identifies gaps in knowledge where future research may want to be directed.

**Chapter 7** provides details on useful contacts and other sources of information and research on carers in Scotland



## 2 BACKGROUND TO THE RESEARCH

### Definitions of carers and caring

2.1 In the Care 21 Report, the term 'unpaid carer' was defined as:

*'Individuals who care for a friend, relative or neighbour without receiving paid income in addition to income received through the benefits system' (p.4)*

2.2 This also reflects the legal definition of a carer as:

*'Someone who provides substantial amounts of care on a regular basis to either an adult or a child, where that adult or child receives, or is eligible to receive, support services under the Social Work (Scotland) Act 1968 (section 12AA) or the Children's (Scotland) Act 1995 (Section 24)' (p.4) [National Minimum Information Standards for Carers Assessment and Support](#)*

2.3 Both of these definitions relate to carers of any age who are caring or intending to care for adults or children.

2.4 Young carers are considered to be different from adult carers and have specific support needs. In the *Blackwell's Encyclopaedia of Social Work*, young carers are defined as:

*'Children and young persons under 18 who provide, or intend to provide, care, assistance or support to another family member. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility which would usually be associated with an adult'*

2.5 This idea that young carers are different from adult carers is a central aspect of the review of the carers' strategy. Young carers are seen first and foremost as children and young people who also help look after another person with an additional support need (such as illness, disability, mental health or substance misuse problems). By taking on additional practical and/or emotional caring responsibilities that would normally be expected of an adult. Young carers have unique practical needs that present additional challenges for those working in the carers support sector and in social service provision.

2.6 In summary, the Scottish Government recognises unpaid adult carers as equal partners in the delivery of care in Scotland who should be involved, consulted and supported at every stage of the caring journey. Indeed central to the development of the National Strategy for Carers in Scotland is the view that young carers should be protected from taking on inappropriate or unwanted caring responsibilities and be supported to be children and young people first and foremost.

## **Policy context to date**

### ***National Carers Strategy in Scotland: Previous and current administrations***

2.7 The *Strategy for Carers in Scotland* was introduced in 1999 by the then Scottish Executive and had five main aims:

- to improve the information on help and support for carers
- to add to, and improve, the local services that help carers to cope
- to introduce new laws that will help carers
- to make sure there are consistent national standards for the kind of short breaks carers need
- to check that carers are getting the help they need

2.8 The revised strategy is being published in July 2010.

### ***The Care 21 Report: Recommendations and response***

2.9 The Care 21 project was a Scottish Executive-funded study of statutory and voluntary sector stakeholders on how to meet the future needs of unpaid carers in Scotland. The Report made 22 recommendations for improving the experience of Scottish carers. The then Scottish Executive responded to the Care 21 Report in 2006, setting out priority actions in areas including respite, young carers needs, carer training and improving carers health.

- Key findings of the Care 21 Report can be accessed at:  
<http://www.scotland.gov.uk/Publications/2006/02/28094157/0>
- The Scottish Executive response to the Care 21 can be accessed at:  
<http://www.scotland.gov.uk/Publications/2006/04/20103316/0>

## **Legislation related to carers**

2.10 The key pieces of relevant legislation related to carers in Scotland are:

- The Social Work (Scotland) Act 1968 (Section 12AA)
- The Children's (Scotland) Act 1995 (Section 24)
- Community Care and Health (Scotland) Act 2002

2.11 The Social Work (Scotland) Act 1968 and The Children's (Scotland) Act 1995 provide the legal definitions of a carer / young carer in Scotland.

2.12 The Community Care and Health (Scotland) Act 2002 gives all carers a statutory right to request an independent carers' assessment of their ability to care for another person(s), in addition to any assessments the cared-for person receives of their needs.

## **Current Policy Position**

### ***A new relationship with Local Government***

2.13 With the election of the SNP-led Scottish Government administration in 2007, a new relationship with local government was established. This reflects a view that while strategic decisions might need to be taken at a national level, decisions about how agreed outcomes are delivered are often best taken locally, by locally elected councils and community planning partnerships. This new relationship was enshrined in the joint Concordat between the Scottish Government and local government.

2.14 Some of the key principles of the Concordat include: increased funding to local authorities; freedom and flexibility over local spending decisions through a reduction in ring-fencing; creation of a Single Outcome Agreement between each council and the Scottish Government, based on fifteen national outcomes; joint development of policy with COSLA in areas where local government has a key interest; and local government contribution to delivery of key government policies and programmes.

### ***National Outcomes and Performance Indicators***

2.15 Under the new agreement, each council is required to develop a Single Outcome Agreement based upon an agreed set of National Outcomes and Indicators. These are not concerned with specific public service provision, but on the outcomes or results those services can provide.

2.16 Improving the support of unpaid carers contributes to a number of the National Outcomes:

- We realise our full economic potential with more and better employment opportunities for our people
- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish society
- Public services are high quality, continually improving, efficient and responsive to local people's needs

2.17 It also contributes towards meeting a number of the national indicators:

- Improve people's perceptions of the quality of public services delivered
- Decrease the proportion of people living in poverty
- Improve the quality of the healthcare experience
- Increase social economy turnover
- Increase the average score of adults on the Warwick-Edinburgh Mental Wellbeing score by 2011
- Reduce the proportion of people aged 65 and over admitted as emergency inpatients two or more times in a single year
- Increase the percentage of people aged 65 and over with high levels of care needs who are cared for at home

2.18 This is supported by a Community Care Outcome<sup>1</sup> approach designed to embed user and carer satisfaction and support at the heart of community support services.

### **Estimated numbers of carers in Scotland**

2.19 The most current statistical profile of Scotland in 2008 suggests that there are approximately 657,300 unpaid carers in Scotland (SHS, 2007-2008). This approximates to about 13% of the population or 1 in 8 of the population. In the Care 21 Report it was estimated that there were 668,200 unpaid carers in Scotland (SHS, 2001-2002). The report suggested this approximates to around 1 in 8 of the population (p.80). The 2001 Census estimates there are around 480,000 unpaid carers in Scotland, which would equate to around 1 in 12 of the population. This figure is quoted by caring organisations, such as the Coalition of Carers in Scotland.

2.20 Young carers in Scotland are harder to identify as they can be a hidden group in society. Estimates of the number of young carers vary significantly from around 16,700 in the 2001 Census, to 100,000 by The Princess Royal Trust for Carers. The latter figure would equate to approximately 1 in 12 secondary school-aged children in Scotland.

### **Summary of chapter**

2.21 This chapter provides a definition and estimate of the number of unpaid carers and examines the policy context to date. The Care 21 Report and the National Carers Strategy, are central to carers' policy in Scotland. Moving this forward has been the changed relationship with local government, enshrined in the Concordat between COSLA and the Scottish Government. This was also discussed in relation to the implications for carers' policy in Scotland, which is now embedded in a Community Care Outcome Approach that places users at the heart of community support services.

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<sup>1</sup> Community Care Outcome approach, is an integrated policy which links outcome focussed assessment, care planning and review with a performance framework which sets out specific outcomes and indicators to deliver the community care agenda in Scotland.

### 3 SURVEY DATA ON CARERS IN SCOTLAND

#### Introduction

3.1 This chapter examines the two main sources of survey data on unpaid carers in Scotland. Firstly, the 2001 Census is used to benchmark the prevalence and profile of carers in Scotland and secondly the most recent Scottish Household Survey (2007/2008) provides data on the characteristics and experiences of Scotland's unpaid carers.

#### The 2001 Census

3.2 The Census is a confidential count every 10 years of all people and households living in the country and was last conducted in Scotland on 29<sup>th</sup> April 2001. Information and results of Scotland's 2001 Census are available at [Scotland's Census Records Online \(SCROL\)](#).

3.3 In addition to counting people, the Census also acts as a source of statistical information for policymakers, analysts and researchers to assist decision-making and the research process. The intention and purpose of the information collated in the Census is that it helps to improve the economic and social conditions of the country. Participation in the Census is compulsory for all people in the country, with failure to participate potentially resulting in penalty, though some questions are voluntary (Questions 13 and 14, related to religion).

3.4 In relation to carers in Scotland, Question 17 on the individual person form in the 2001 Census asked the following question:

<p><b>17 Do you look after, or give support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"><li>• long-term physical or mental ill-health or disability, or problems related to old age?</li><li>• Do not count anything you do as part of your paid employment</li><li>• Tick time spent in a typical week</li></ul> <p><input type="checkbox"/> No <span style="margin-left: 150px;"><input type="checkbox"/> Yes, 1-19 hours a week</span> <input type="checkbox"/> Yes, 20-49 hours a week <span style="margin-left: 150px;"><input type="checkbox"/> Yes, 50+ hours a week</span></p>
---

3.5 The next Census is due to take place on 27<sup>th</sup> March 2011 and will once again contain questions related to carers in Scotland. The wording of the question in the Census Rehearsal 2009 has been agreed as shown below. The main change to the question is in the response options. The 20-49 hours per week category has been split (20-34 hours and 35-49 hours per week).

3.6 It should be possible to use the 2011 Census data to reveal to some extent the prevalence of young carers in the country in 2011 as it will also collect the date of birth of respondents and, if appropriate, the number of hours they spend caring for another person. The data this creates will however be limited. Young carers can be a hidden group in society. This may be for various reasons such as avoiding the stigmatisation that might be associated with being labelled as a carer. In addition, it is important to remember that with many children and young people it will be parents and guardians who complete the Census on their behalf, which may limit the reliability of the data in relation to young carers.

<p><b>9</b></p> <ul style="list-style-type: none"> <li>• long-term physical / mental ill-health / disability; or</li> <li>• Problems related to old age?</li> <li>• Do not count anything you do as part of your paid employment</li> </ul> <p> <input type="checkbox"/> No         <input type="checkbox"/> Yes, 1-19 hours a week  <input type="checkbox"/> Yes, 20-34 hours a week         <input type="checkbox"/> Yes, 35-49 hours a week  <input type="checkbox"/> Yes, 50+ hours a week       </p>	<p><b>Do you look after, or give any help or support to family members, friends, neighbours or others because of either:</b></p>
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## Analysis of the 2001 Census<sup>2</sup>

### *Time spent caring in a typical week*

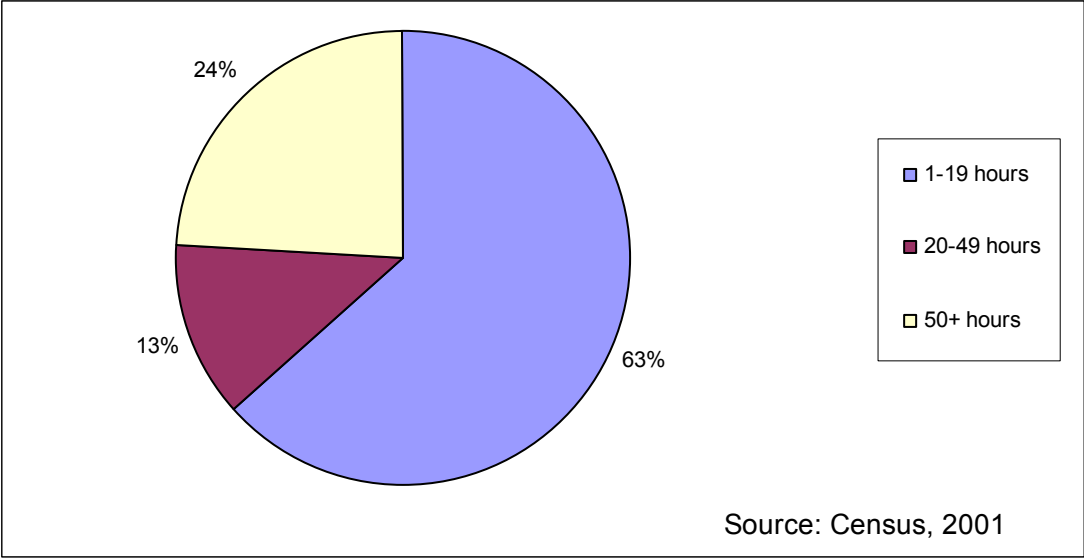
3.7 In the 2001 Census, around 10% of the eligible Scottish population (just under 480,000 people) said they were providing some form of unpaid care to another person in need. There were around 4% of the eligible Scottish population undertaking more than 20 hours of unpaid care each week. This estimate clearly varies from some of the more established estimates given for the prevalence of caring in Scotland, including those used in the Care 21 Report and estimates from different carers' organisations and stakeholders.

3.8 Reasons for the under reporting of carers in the Census may relate to people not self-identifying as undertaking a caring role, over and above what they consider normal family support, or it may be related to people attempting to avoid social stigma. This is therefore something that should be remembered when evaluating the Census data in providing an accurate picture of care and caring in Scotland.

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<sup>2</sup> In the 2001 census there were a total of 5,062,011 people resident in Scotland. In terms of the analysis being presented here, only household respondents have been included, excluding institutional participants. The eligible population for analysis is therefore 4,976,005.

**Figure 3.1: Time spent providing unpaid care in a typical week (Base = 479,934)**



3.9 Figure 3.1 indicates that of all carers in Scotland in 2001, 63% were undertaking less than 20 hours per week and 37% were undertaking more than 20 hours per week. One of the limitations of the carers’ data collected in the 2001 Census is that the question categories might not capture the diversity of the caring experience. This is because the 1-19 hours category does not distinguish those undertaking very few hours of care each week and those undertaking near to 19 hours.

3.10 A second consideration related to the Carer’s Allowance also emerges here. For carers to be eligible to receive the Allowance, they need to be undertaking a minimum of 35 hours of unpaid care per week to someone in need and in receipt of an eligible state benefit. Since the 2001 Census only collected hours of care in three categories (1 to 19, 20 to 49 and 50 + hours week), there are clear limitations within the data to answer questions about carers. The forthcoming 2011 Census should go some way to address this with the introduction of new categories of time spent caring each week. These new categories (1 to 19, 20 to 34, 35 to 49 and 50 + hours week), will also replicate already established categories of time spent caring in other government surveys (i.e. the SHS and the SHeS), making cross comparison much easier in the future.

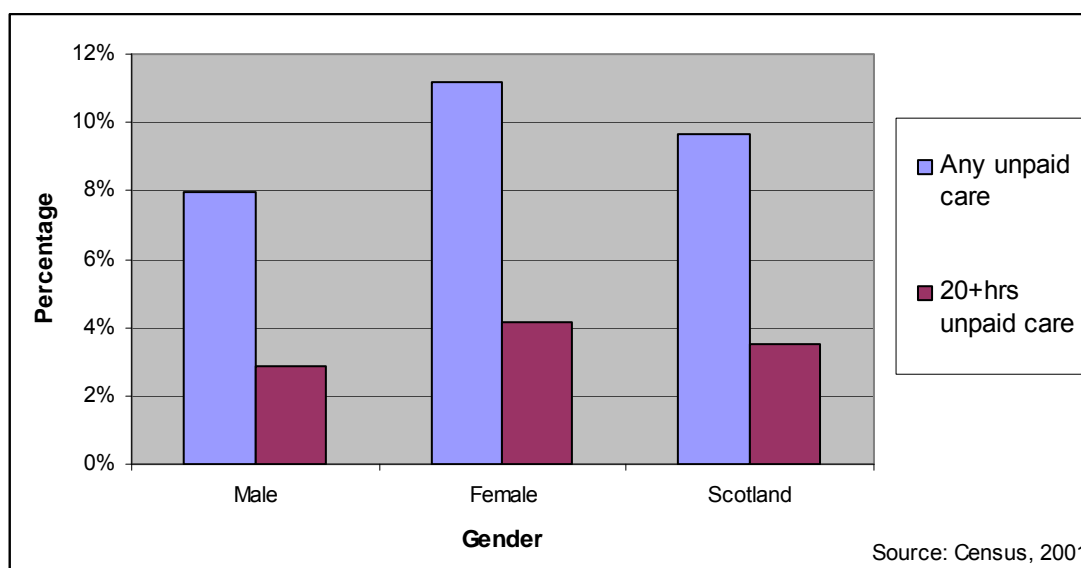
3.11 Nevertheless, in secondary data analysis it is necessary to work with the data we have and if we examine those 175,547 carers who spent a significant part of a typical week caring for another person (i.e. over 20 hours), we find that 34% were spending between 20 and 49 hours a week caring and 66% were spending over 50 hours a week on unpaid care.

## Characteristics of carers in Scotland

### Gender of unpaid carers in Scotland

3.12 Analysis of data from the Department for Work & Pensions presented in Chapter 4 (Figure 4.3), indicates that women are far more likely to be claiming Carer's Allowance in Scotland than men. It can be assumed then that women are more likely to be an unpaid carer than men in Scotland. Census data from 2001 (Figure 3.2) supports this assumption. Census data shows that around 11% of women said they were undertaking some unpaid care each week, compared to 8% of men. This pattern is repeated for those who perform most care each week. Around 4% of women in the Scottish population were caring in excess of 20 hours each week, compared to around 3% of men.

**Figure 3.2: Percentage of male & female populations undertaking any unpaid care (Base = 479,934) and 20+ hours unpaid care per week (Base = 175,547) in Scotland by gender of carer**



3.13 The gender split of all Scottish carers was recorded in the 2001 Census as 40% male and 60% female. This pattern is also repeated for those undertaking more than 20 hours per week of unpaid care (39% male 61% female). This reflects the tendency for women to be more likely to perform a caring role than men.

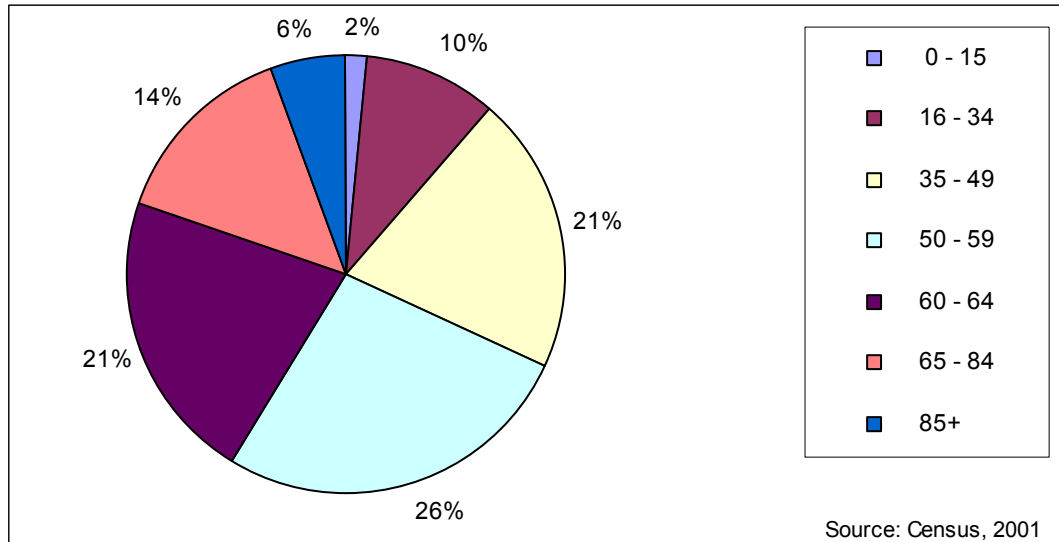
### Age of unpaid carers in Scotland

3.14 Understanding the age characteristics of Scotland's unpaid carers has obvious policy and service implications as decisions need to be made about where increasingly scarce public resources will be allocated. This is particularly important in understanding the prevalence of caring among young people but also in understanding some of the consequences of Scotland's ageing population. This is discussed further in Chapter 5 of this report.



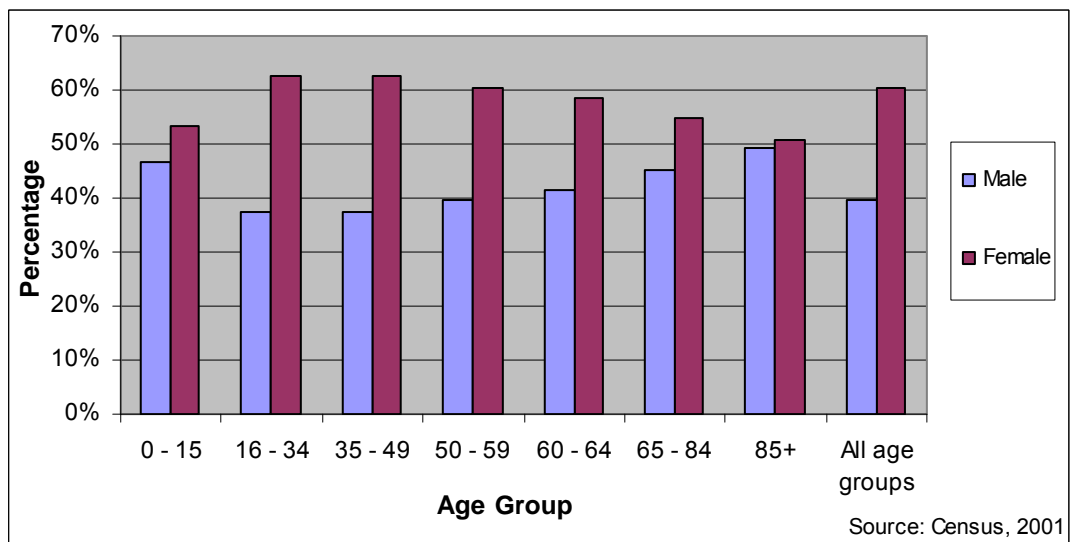
3.15 Figure 3.3 suggests that most unpaid carers are from the middle to eldest age groups in society. The youngest in society make up the smallest group of carers, accounting for 2% of all carers.

**Figure 3.3: 2001 Census banded age of carers in Scotland (Base = 479,934)**



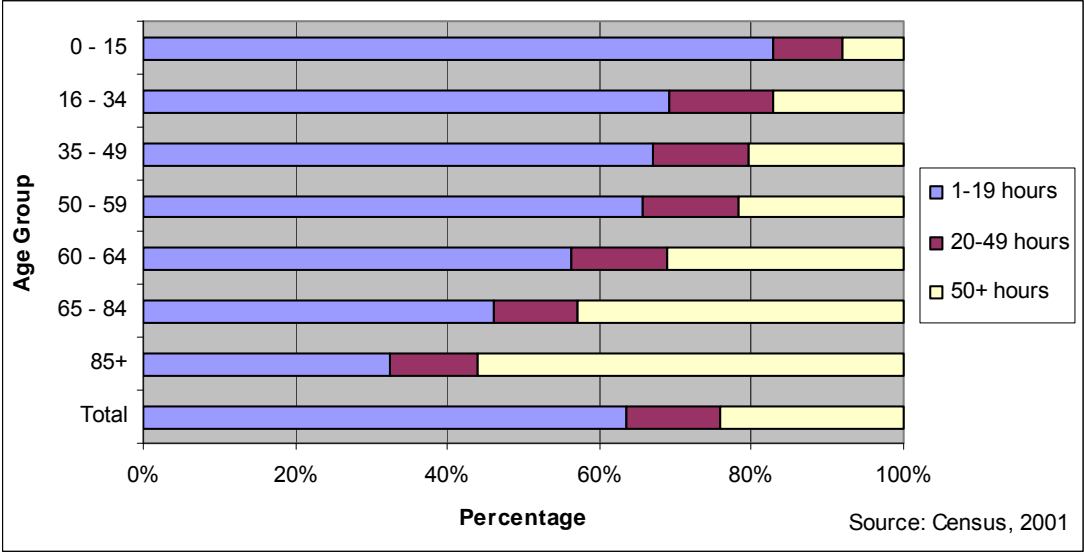
3.16 When gender is explored by age (Figure 3.4), it is found that across all age groups, women are more likely than men to be carers. The gender balance is more even for young carers (0-15) and carers 85 plus.

**Figure 3.4: 2001 Census banded age of carers in Scotland by gender (Base = 479,934)**



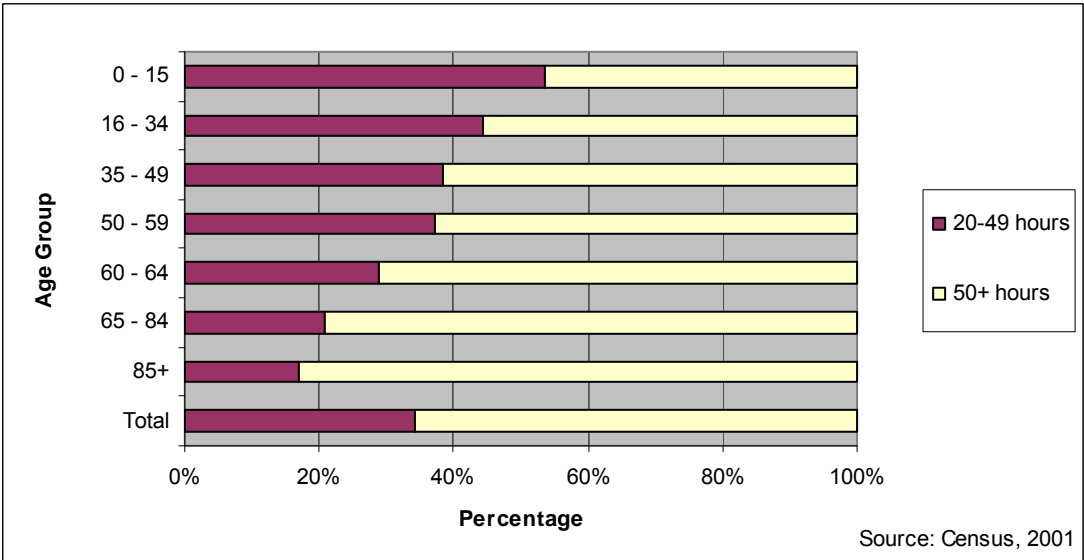
3.17 The 2001 Census shows that as carers get older they start to take on more caring responsibility (Figure 3.5). Over 80% of young carers identified in the Census report that they perform less than 19 hours of unpaid care per week, which increases steadily as carers' age group increases.

**Figure 3.5: Provision of any unpaid care in Scotland by age group of carer**  
*(Base = 479,934)*



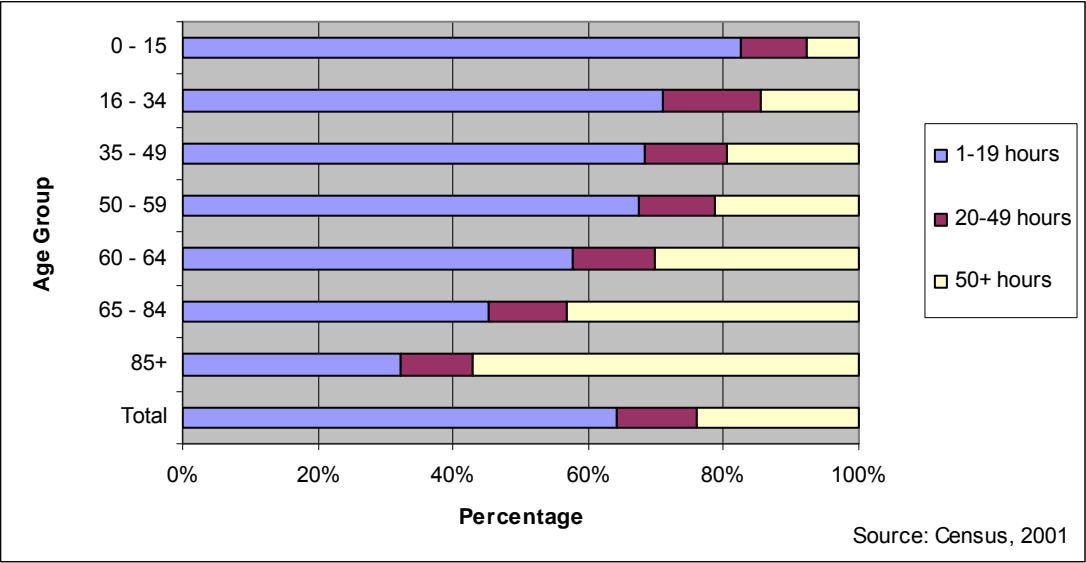
3.18 This pattern continues when those carers who perform 19 hours or less caring per week are excluded from the analysis, as shown in Figure 3.6. Here again we see that as the age group of the carer increases, so too does the number of hours spent caring for another person so that proportionately it is the older groups in society that appear to be spend most time in a caring role. An important caveat is that there are less people in these older categories.

**Figure 3.6: Provision of 20+ hours per week of unpaid care in Scotland by age group of carer**  
*(Base = 175,547)*

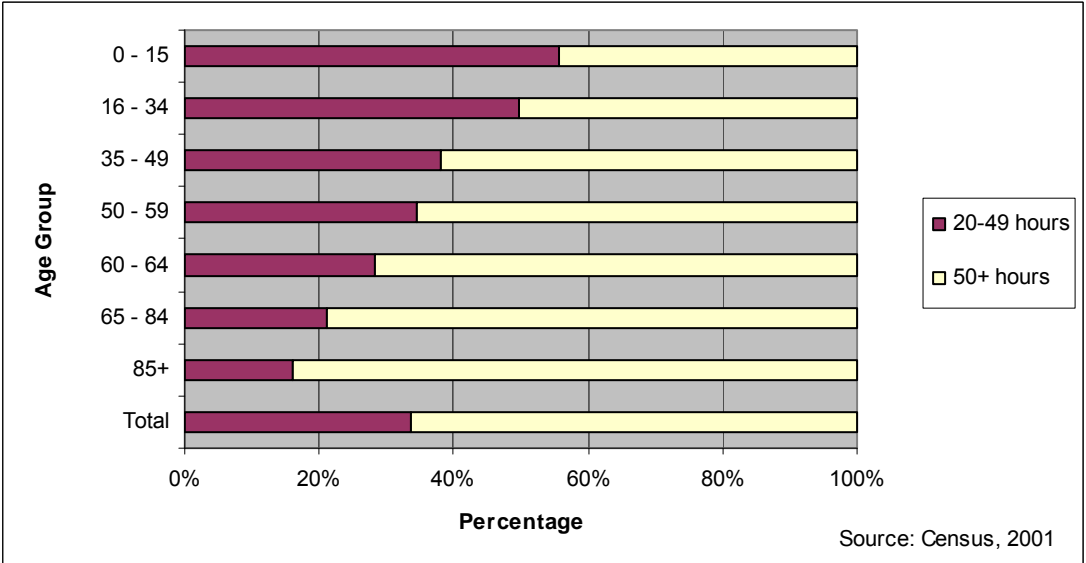


3.19 Given what we know about the ageing population, it is interesting and necessary to also consider the age and gender of Scotland’s care givers to see if a similar or different pattern is apparent.

**Figure 3.7: Provision of any unpaid care in Scotland by male carers by age group (Base = 190,853)**

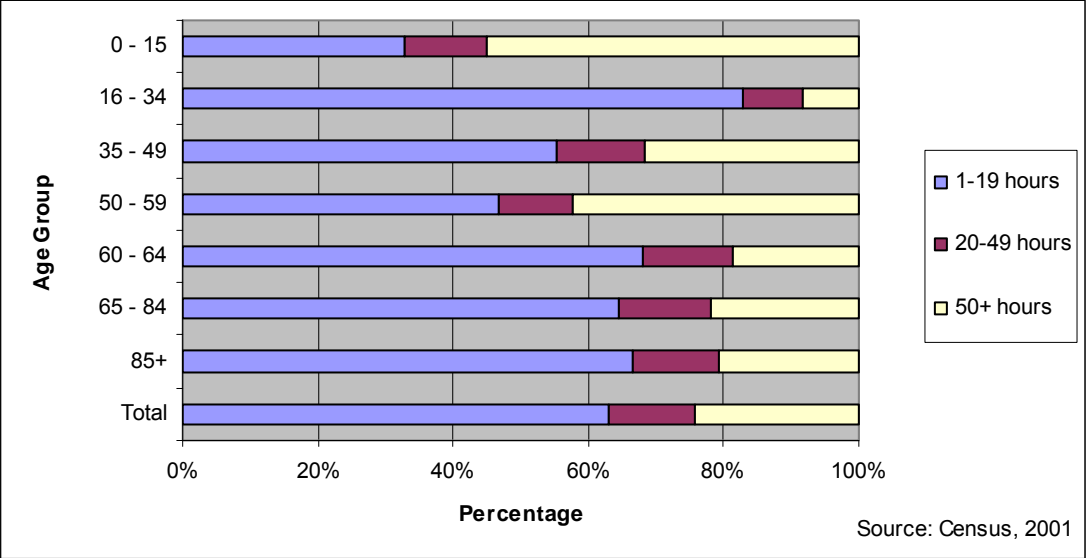


**Figure 3.8: Provision of 20+ hours per week unpaid care in Scotland by male carers by age group (Base = 68,586)**

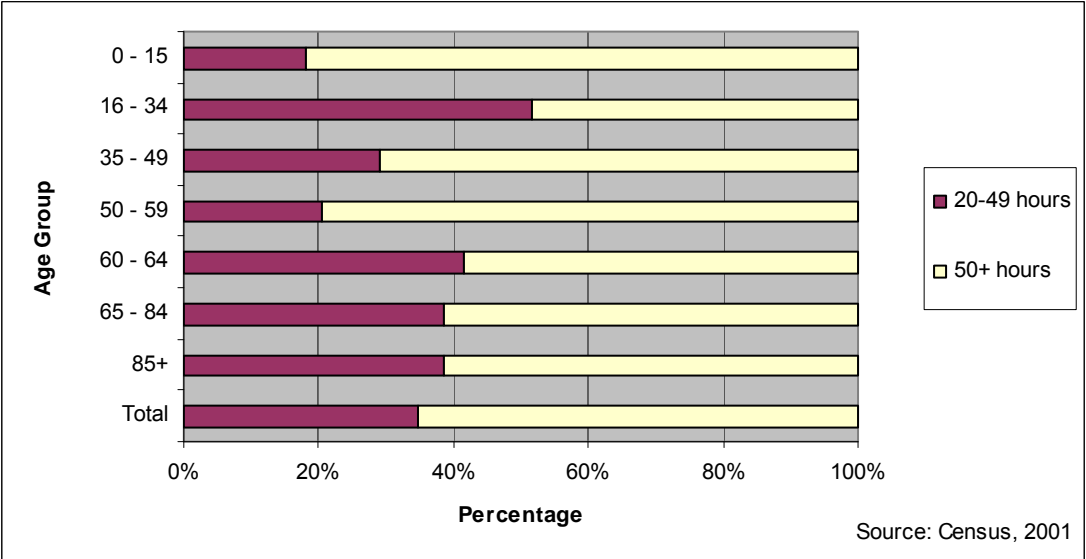


3.20 For male carers, the number of hours caring increases with age. This pattern is not as obvious or acute as for female carers, as indicated in Figures 3.9 and 3.10. However, it is apparent that it is younger and middle-aged female carers who are more likely than other age groups to be providing more than 50 hours of unpaid care each week.

**Figure 3.9: Provision of any unpaid care in Scotland by female carers by age group (Base = 289,081)**



**Figure 3.10: Provision of 20+ hours per week unpaid care in Scotland by female carers by age group (Base = 106,961)**



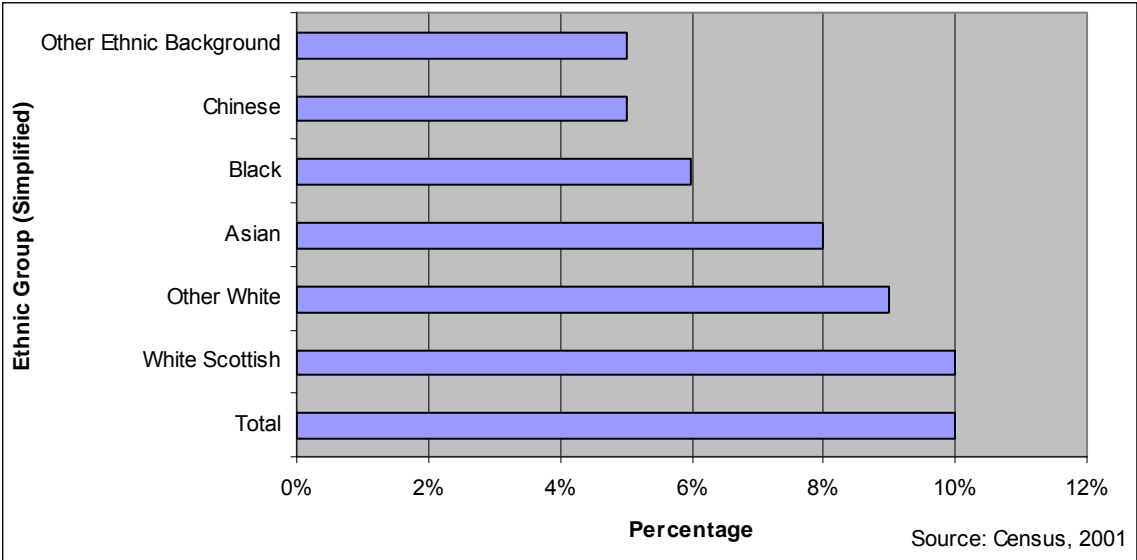
*Ethnicity of carers in Scotland*

3.21 BME carers can be disadvantaged because of the inaccessibility of some mainstream services to them and these services may also lack cultural sensitivity, which may confound this further. This is important in relation to effective policy interventions and making services relevant to the needs of users. Therefore being able to identify BME carers and understand their particular support needs emerges as a key concern.

3.22 In 1997, the Edinburgh-based minority ethnic carers support organisation MECOPP conducted one of the first pieces of research into BME carers in Scotland. This work highlighted the difficulties BME carers have in accessing statutory and voluntary sector information and services. This becomes even more important to address if we accept the limitations of the statistical information collected.

3.23 In the 2001 Census, 89% of carers in Scotland came from a White Scottish ethnic background with the remaining 11% of carers composition from other ethnic backgrounds<sup>3</sup>. The largest non-white ethnic groups undertaking any caring were Indian or Pakistani, but these still only accounted for .002% of carers in Scotland. Simplified into crude ethnic groupings, the 2001 Census data does enable a limited insight into the statistical prevalence of BME caring in Scotland, which may give some indication of the extent of self-identified caring in Scotland. This is detailed in Figures 3.11 and 3.12.

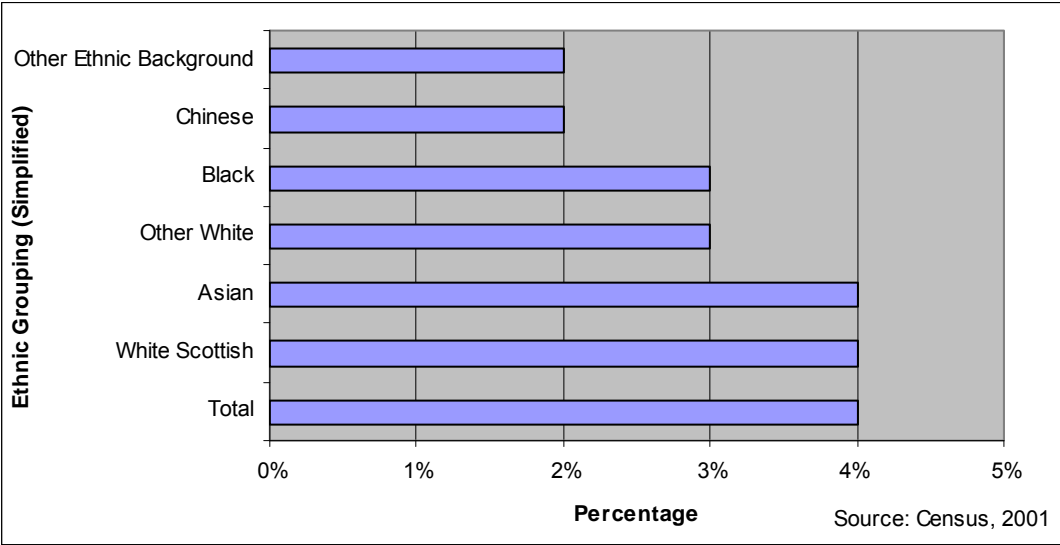
**Figure 3.11: Percentage of ethnic groupings providing any unpaid care in Scotland (Base = 481,579)**



3.24 The data in Figure 3.11 indicates that of all care provided, around 10% of the White Scottish population provides some care. A smaller percentage of other BME groups provide care. A slightly different pattern emerges for those carers undertaking over 20 hours of unpaid care each week (Figure 3.12). Around 4% of both the broad Asian and White Scottish ethnic groupings provide more than 20 hours of care each week.

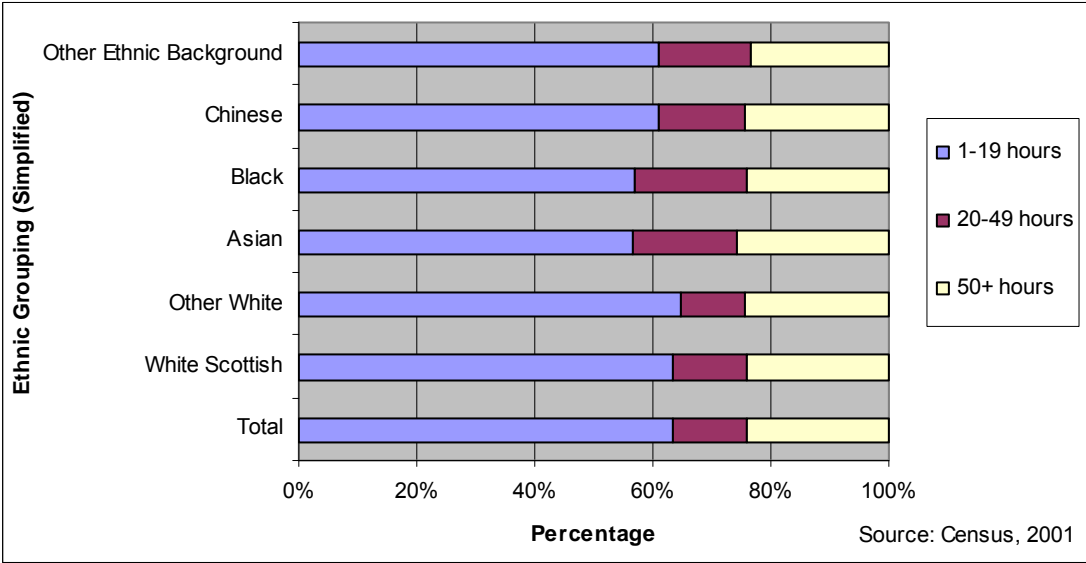
<sup>3</sup> Other White British, White Irish, Other White, Any Mixed Background, Indian, Pakistani, Bangladeshi, Other South Asian, Caribbean, African, Black Scottish or Other Black, Chinese, Other Ethnic Group

**Figure 3.12: Percentage of ethnic groupings providing 20h+ unpaid care in Scotland (Base = 175,979)**



3.25 Figure 3.13 indicates that there is little obvious difference between ethnic groupings in the time spent caring each week.

**Figure 3.13: Time spent providing any unpaid care in Scotland by simplified ethnic grouping (Base = 481,579)**



***Economic activity of carers in Scotland***

3.26 It has been estimated that those undertaking unpaid care make a contribution to the UK economy of up to the equivalent of £87 billion per year in monetary terms (Carers UK, 2008), equating to approximately £8 billion in Scotland. Given that unpaid caring attracts very little financial support, the economic status of carers is an important factor to understand. The Census records whether people are economically ‘active’ or ‘inactive’. This is useful in determining if there is a difference in the pattern of caring between the two groups.

3.27 In the 2001 Census, economically active people are those who are: employed (full & part-time); full-time students who work; self-employed (full & part-time); and the unemployed (actively seeking work). Economically inactive people are those who are: looking after their home/family; permanently sick or disabled; retired; a student not working; or other (those who do not fit in to any other category).

3.28 Amongst economically active carers providing any unpaid care, part-time workers are most likely to be carers (part-time self-employed, closely followed by part-time employed). Of those who perform over 20 hours care each week it is these two groups that again provide most care, but they are joined by the unemployed. (Table 3.1)

**Table 3.1: Economically active people providing unpaid care**

Economically active category	Total number economically active within Scotland population	Number of carers providing any care	Number of carers providing 20+ hrs of care	Percentage of population providing any care (%)	Percentage of population providing 20+ hrs of care (%)
Unemployed	147,241	14,962	5,100	10	3
Self-employed PT	51,361	8,513	1,952	17	4
Self-employed FT	193,873	21,055	4,697	11	2
FT Student	108,170	5,832	904	5	1
Employed PT	414,146	64,567	17,417	16	4
Employed FT	1,494,124	157,223	34,863	11	2
<b>Totals</b>	<b>2,408,915</b>	<b>272,152</b>	<b>64,933</b>	<b>11</b>	<b>3</b>

*Source: Census, 2001*

3.29 For economically inactive people undertaking any unpaid care, the biggest proportion of carers are those looking after the home/family, followed by those who are retired. (Table 3.2) Although in terms of numbers of carers in Scotland, it is the retired group who are most likely to be carers (68,841 retired carers compared to 53,918 at home carers). For those undertaking most unpaid care each week, in excess of 20 hours, it is those looking after the home/family who are both proportionately and in numbers more likely to be carers.

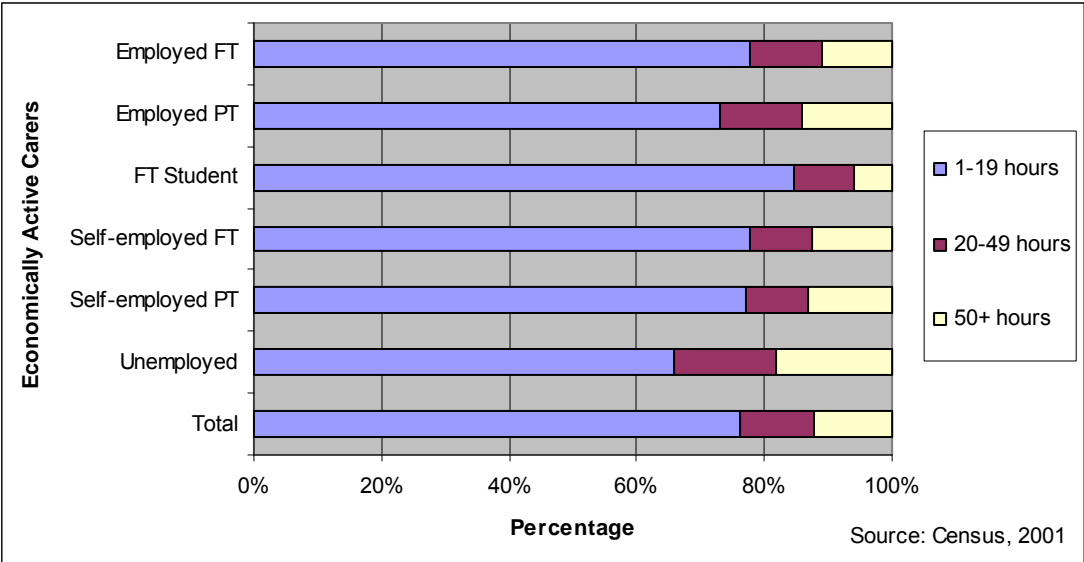
**Table 3.2: Economically inactive people providing unpaid care**

Economically inactive category	Total number economically inactive within Scotland population	Number of carers providing any care	Number of carers providing 20+ hrs of care	Percentage of population providing any care (%)	Percentage of population providing 20+ hrs of care (%)
Student	145,312	7,335	1,788	5	1
Retired	515,952	68,841	32,207	13	6
Permanently sick/disabled	266,610	32,156	19,228	12	7
Other	139,982	12,939	6,591	9	5
Looking after home/family	205,622	53,918	35,630	26	17
<b>Totals</b>	<b>1,273,478</b>	<b>175,189</b>	<b>95,444</b>	<b>14</b>	<b>7</b>

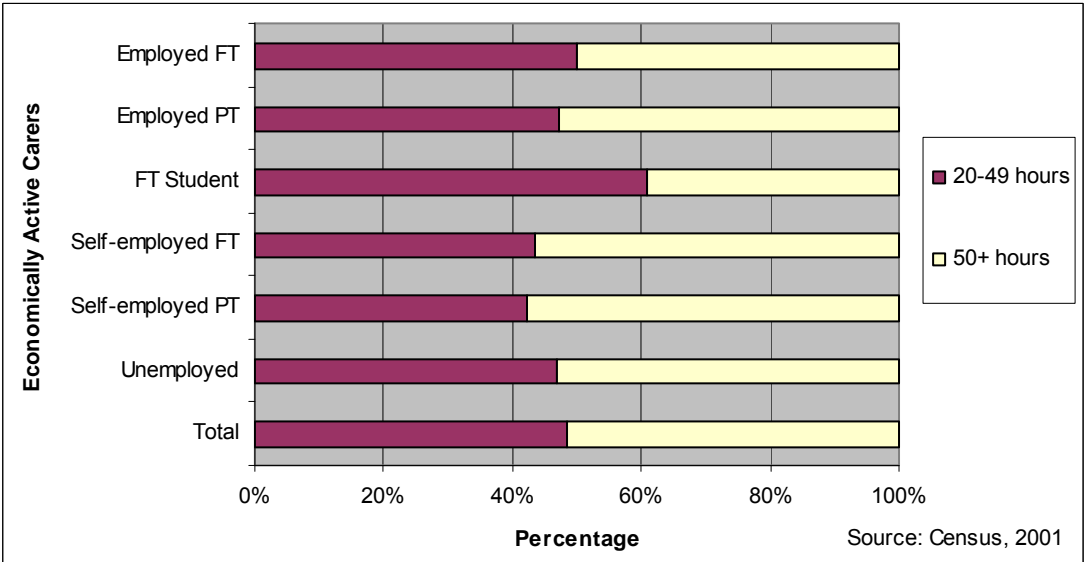
*Source: Census, 2001*

3.30 Economically active carers, regardless of category, are more likely to be undertaking between 1 and 19 hours per week than over 20 hours per week. (Figure 3.14) This perhaps reflects that they are spending time undertaking some form of economically active role elsewhere.

**Figure 3.14: Provision of any unpaid care in Scotland by economically active carers** (Base = 272,152)



**Figure 3.15: Provision of 20h+ per week unpaid care in Scotland by economically active carers** (Base = 64,933)

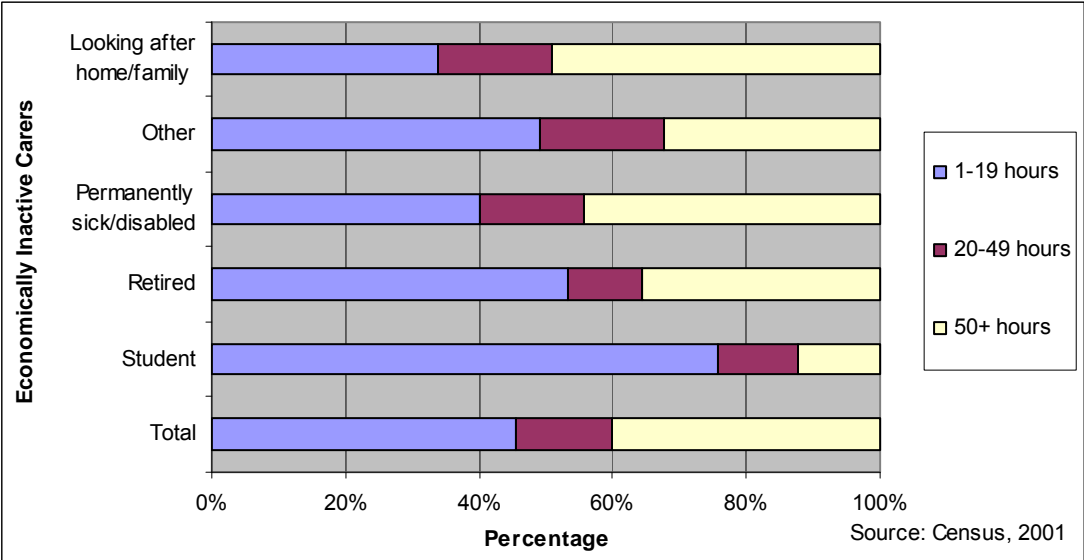


3.31 Focusing on economically active people providing more than 20 hours per week of unpaid care, we find that slightly more part-time workers and the self-employed spend more than 50 hours per week caring for another person (Figure 3.15).



3.32 Carers in most economically inactive categories appear to be undertaking more hours of unpaid care than economically active carers, shown in figure 3.16. The exception is the student category who are far more likely to be undertaking between 1 and 19 hours of unpaid care per week. We find that slightly more looking after the home or family carers spend 50+ plus hours a week caring.

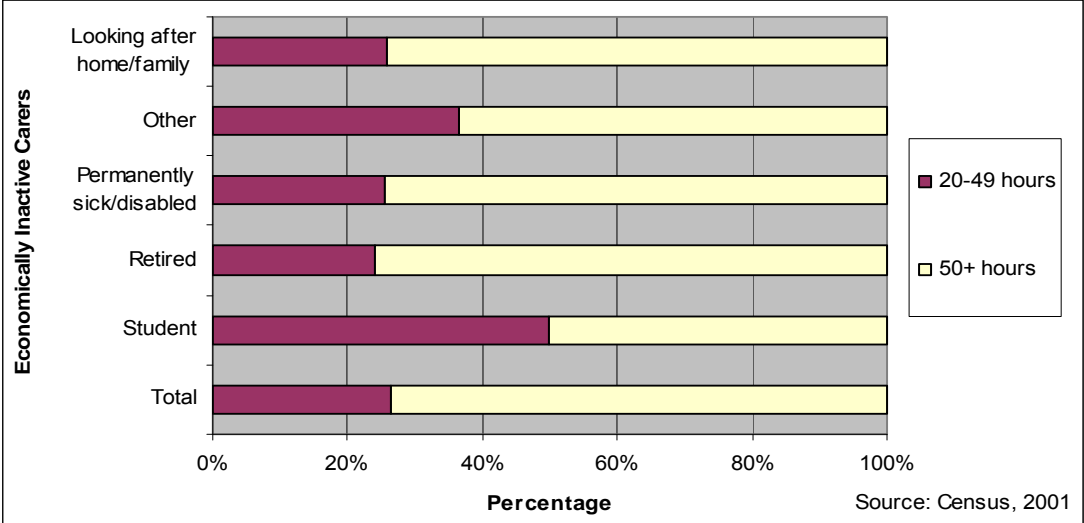
**Figure 3.16: Provision of any unpaid care in Scotland by economically inactive carers (Base = 175,189)**



3.33 Looking at those economically inactive people undertaking more than 20 hours per week of unpaid care, we find that slightly more retired carers spend more than 50 hours per week caring for another person (Figure 3.17). Again students tend to spend less time caring than any other category.

3.34 A more general observation can be made about the economic activity of carers. Across all categories, most economically inactive carers spend more than 50 hours per week caring for another person. This observation is less apparent in economically active carers, again perhaps reflecting the economic activity of carers elsewhere.

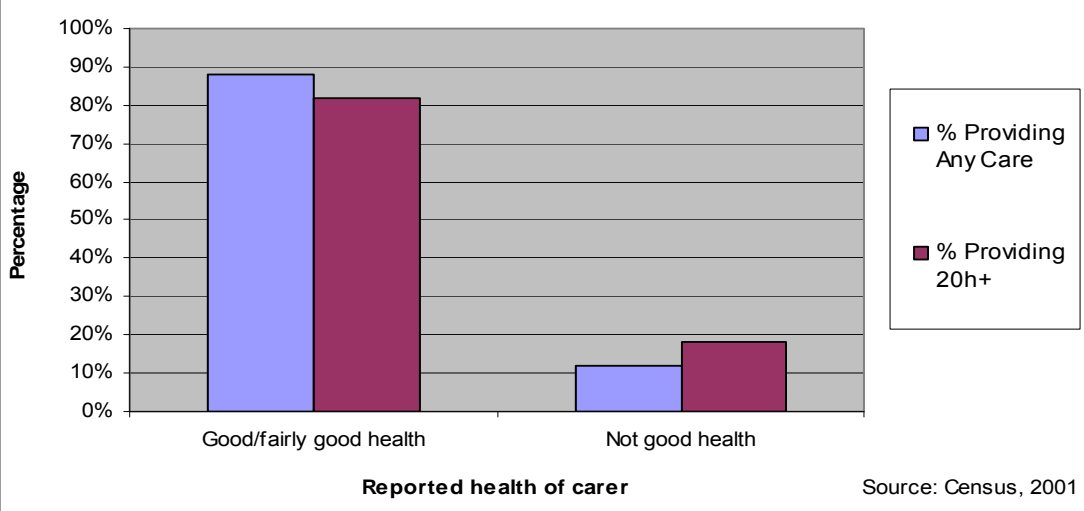
**Figure 3.17: Provision of 20h+ per week unpaid care in Scotland by economically inactive carers (Base = 95,444)**



**Health of carers in Scotland**

3.35 Health and well-being have become the corner stone of many of the current Scottish Government’s policies. Both the Census and the SHS provide us with some useful insights into the health and well-being of carers.

**Figure 3.18: Self-reported health of carers in Scotland and provision of unpaid care (Base = 479,934)**



3.36 Figure 3.18 shows the self-reported health status of carers in Scotland. This data may be of particular policy concern because around 12% of people undertaking some unpaid caring role reported that they are in poor health; and 18% of those undertaking more than 20 hours of unpaid care report that they are in poor health. Also relevant is the finding that 12% of economically inactive people who consider themselves to be permanently sick or disabled are providing some care to another person, and 7% are providing over 20 hours of unpaid care per week (Table 3.2).

## The Scottish Household Survey 2007/2008

3.37 The SHS is a major cross-sectional survey designed to provide reliable and up-to-date information on the characteristics and composition of Scottish households at a national and sub-national level. First commissioned in 1998 by the then Scottish Executive, the data is available for secondary analysis. The SHS sampling design uses a multi-stage, stratified design with a mix of clustered and un-clustered sampling<sup>4</sup>. The sampling strategy has evolved over time since the survey's inception. In 2007 data was collected from 13,414 households and 13,824 households in 2008.

3.38 The survey is administered by an interview and is split into two parts: data for part one is collected from the household reference person – usually the highest income householder, or their spouse/partner. Part two involves the random selection of one adult in the household to take part in an interview. The survey is nationally representative every quarter, representative of larger local authorities each year and representative of smaller local authorities every two years.

3.39 The SHS asks a number of questions related to health and caring in the health and disability sections of the Householder and Random Adult portions of the interview as follows:

- *Householder Section:*
  - Questions about households with caring need / caring duties. Enables the characteristics of Scotland's households with carers and cared-for persons to be understood better.
- *Random Adult Section:*
  - Cared-for Person Questions – Enables better understanding of the additional support needs of people in Scotland (this has not been analysed here as the focus of this report is on carers)
  - Carer Questions – Allowing the characteristics of Scotland's carers to be understood better.

## Analysis of the Scottish Household Survey 2007/2008

3.40 The SHS asks respondents whether:

*'... each of the people in the household has any long-standing illness, health problem or disability that limits your/their daily activity or the kind of work you/they do?'*

3.41 A third (33%) of households in Scotland report that someone in their household has a long-standing illness, health problem or disability (*unweighted Base = 27,238*).

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<sup>4</sup> Clustered sampling is a sampling technique based on dividing the whole population into groups ("clusters"), then using random sampling to select elements from the groups. If a design is unclustered, that means that the interview units can be spread everywhere geographically, which makes for inefficiencies in the travel of the interviewers

3.42 The SHS also asks respondents about people in the household who need help or care:

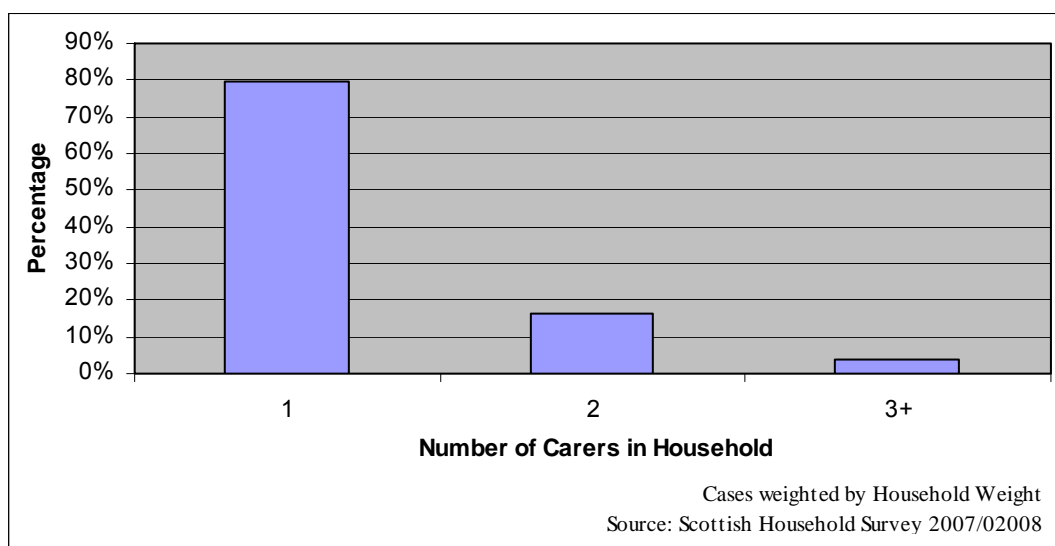
*'Is there anybody in the household, including yourself, who needs regular help or care because of ill-health, disability or frailty?'*

3.43 14% of households report that someone in the household needs regular help or care (*unweighted Base = 27,238*).

3.44 Nearly 7% of households in Scotland have a carer providing help or care within the home (*unweighted Base = 27,238*).

3.45 79% of carer households have only one carer, 17% of carer households have two carers and 4% of carer households have more than 3 carers (Figure 3.19).

**Figure 3.19: Number of carers in households with a carer providing care to other household members** Household data, unweighted base = 1,859



3.46 Most carers in Scotland (96%) who provide a person with additional help or care needs have one person in their household in need of the extra help or care (Table 3.3). Given the commitment required when taking on extra caring responsibilities, it is perhaps not surprising that there are fewer carers caring for 2 or more people.

**Table 3.3: Number of people in the household carer is caring for**

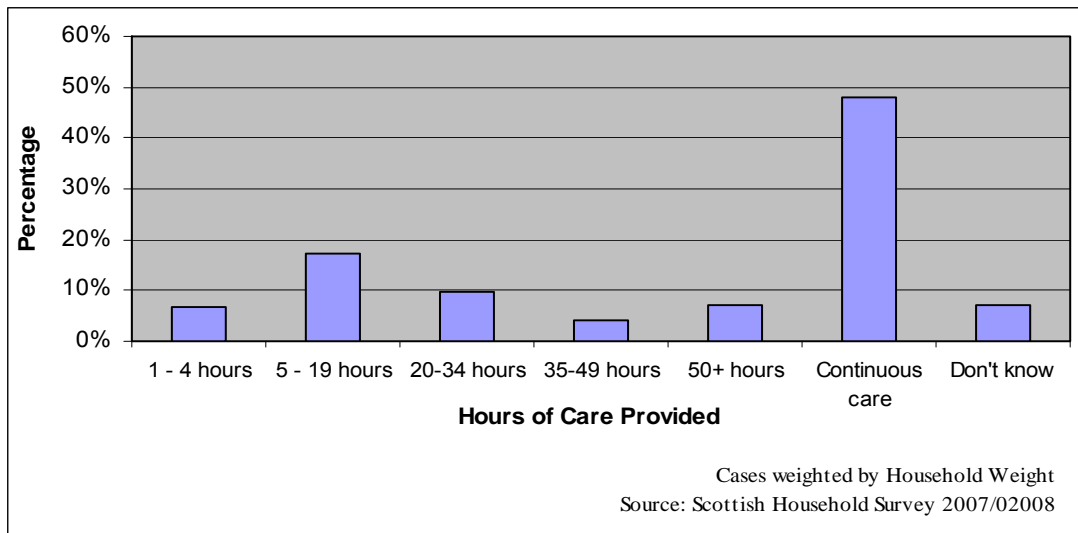
	Frequency	Percentage
Caring for 1 person only	2,139	96.0
Caring for 2 people	83	3.7
Caring for 3 people	7	0.3

**Notes:**

- Household data
- Cases weighted by Household Weight
- Unweighted Base = 2,303

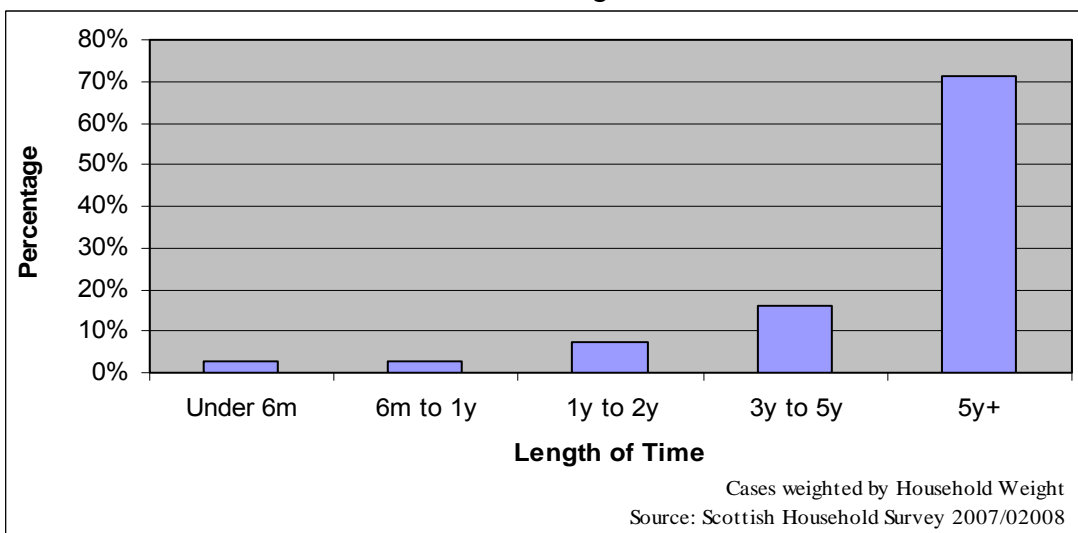
3.47 In relation to the amount of time spent caring each week, Figure 3.20 indicates that just under half of Scottish carers providing care to other household members are providing 'continuous care'. The response option 'continuous care' enables the respondent to convey the intensity of unpaid care they provide each week, without having to state an actual figure, which can be difficult for many people when asked to evaluate all of the care they provide in a typical week.

**Figure 3.20: Hours of help or care person provides per week to other household members** *Household data, unweighted base = 2,303*



3.48 For each person undertaking a caring role in the household, the SHS also asks how long that person has been providing help or care. Over 70% of carers have been providing care for over 5 years (Figure 3.21). Short to medium term caring does not appear to be as prevalent in the SHS data. This may be associated with household members not considering or labelling short term caring as additional help/care in the same way as longer term commitment to assisting another person might be.

**Figure 3.21: How long person has been providing help or care to other household members** *Household data, unweighted base = 2,301*

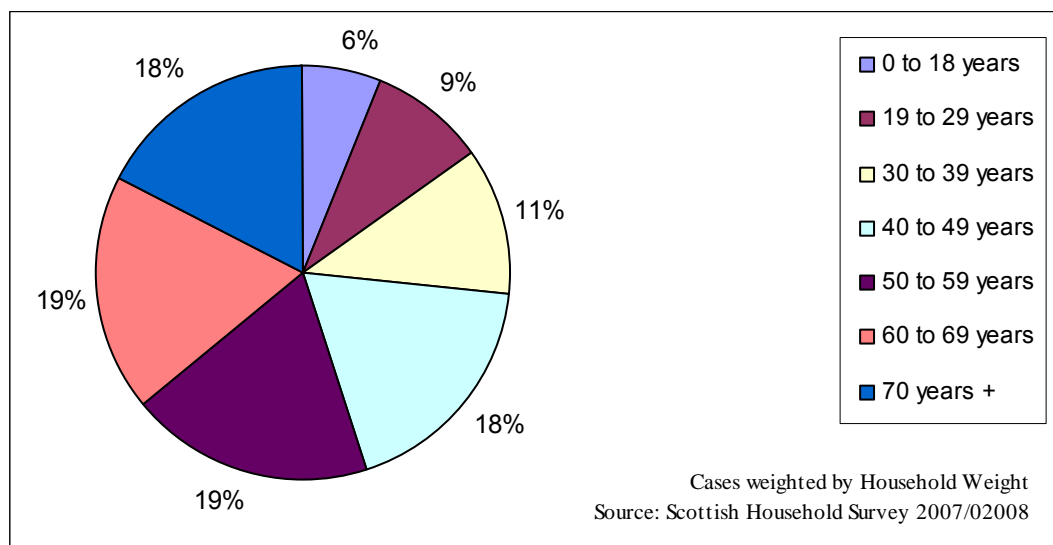


## Characteristics of carers providing care within the household

### Age of carers

3.49 Figure 3.22 suggests as in the 2001 Census, that most carers are from the middle to eldest age groups in society. The youngest in society (0-18 years) make up the smallest group in carers, accounting for 6% of all carers.

**Figure 3.22: Banded age of carers in Scotland providing care to other household members** Household data, unweighted base = 2,303

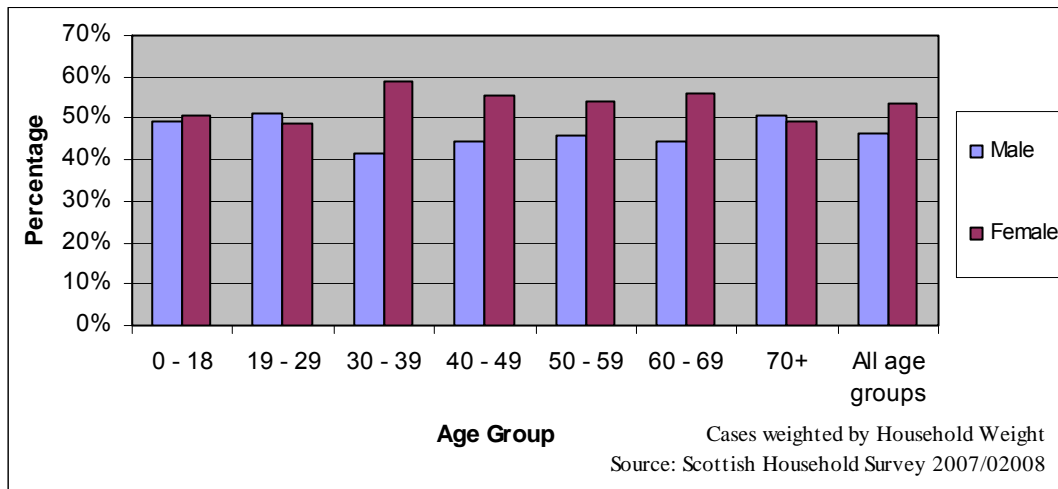


### Gender of Carers

3.50 In the 2007/2008 SHS, 54% of carers are women, compared to 46% being men (Figure 3.23). This finding that women are more likely to be carers than men supports carer's data elsewhere (Care 21 Report Appendices, 2002; Page 199).

3.51 When gender is explored by age (Figure 3.23), it is found that across almost all age groups, women are more likely than men to be carers, except for the 19-29 and 70+ age groups, where a higher proportion of men than women are carers.

**Figure 3.23: Age of carers in Scotland by gender providing care to other household members** *Household data, unweighted base = 2,303*



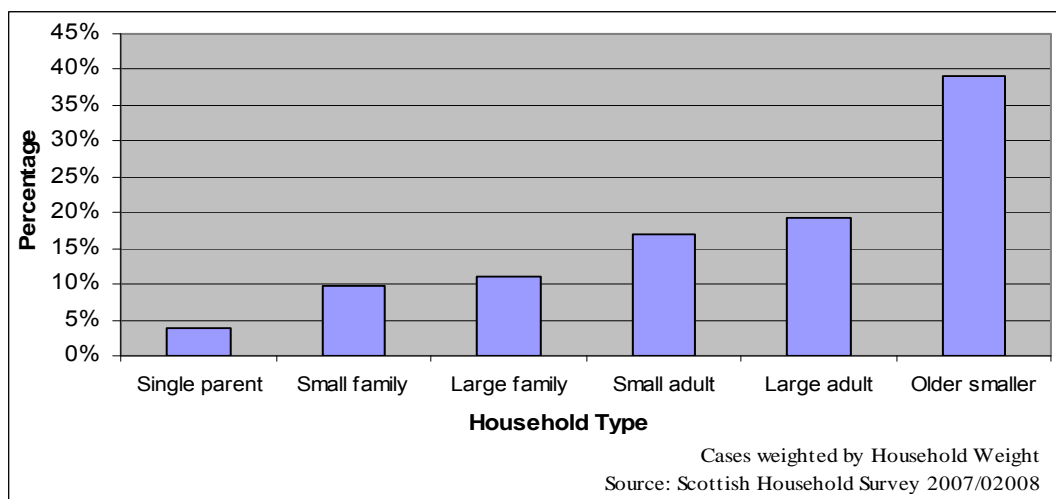
### *Ethnicity of carers*

3.52 Assessing the ethnicity of carers is difficult with the SHS. This is due to around 1% of self-identified carers in the SHS household data (*unweighted base = 450*) identifying as being of non-white ethnic descent. This is less than the population of 2% of the Scottish population being non-white estimate established in the 2001 Census.

### *Household type*

3.53 Figure 3.24 shows the types of households most likely to have someone undertaking help or care for another person in the household. A single-parent household type is the least likely to be undertaking a caring role whilst, older households (two adults of pensionable age and no children) are most likely to have a carer undertaking care of another household member.

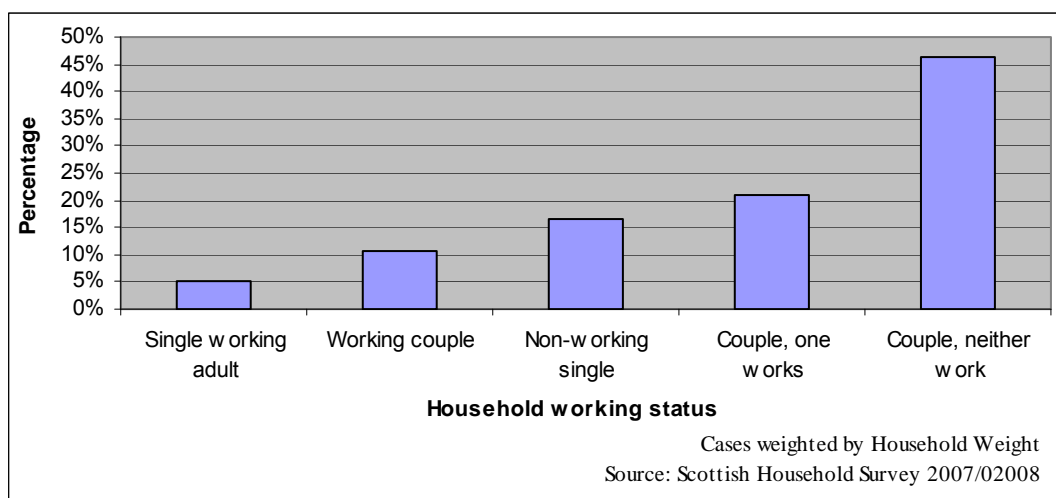
**Figure 3.24: Household type of carers providing care to other household members** *Household data, unweighted base = 1,859*



### Household working/employment status of carers

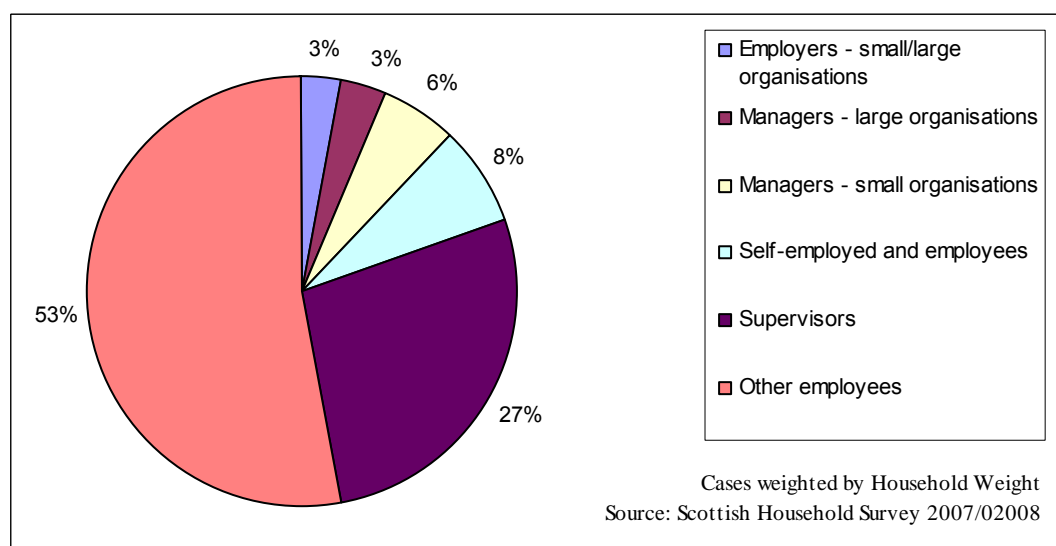
3.54 The same pattern is also apparent in the SHS data on the working status of households with a carer. The working status of a household least likely to contain a carer are single working adult households. This is not surprising given the analysis into household type and size. Households most likely to contain a carer is a couple household where neither works; perhaps indicating the time available to care for another person; or could reflect couples in need caring for each other. (Figure 3.25)

**Figure 3.25: Working status of households with a carer providing care to other household members** Household data, unweighted base = 1,811



3.55 The employment status of households with a carer is shown in Figure 3.26. The majority (53%) of households with a carer fall in to the 'other employees' category, the next largest group (27%) fell into the 'supervisors' category. No carers in the SHS data worked for 'large employer organisations'.

**Figure 3.26: Employment status of households with a carer providing care to other household members** Household data, unweighted base = 730

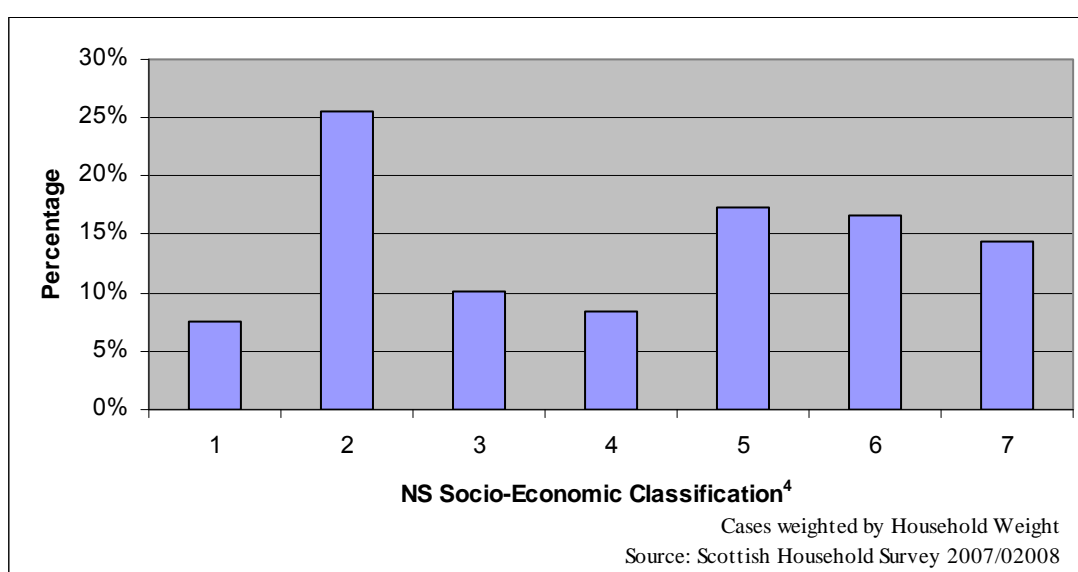




### NS Socio-Economic Classification of carers

3.56 In the SHS the National Statistics Socio-Economic Classification (NSS-EC) of households with carers reveals some interesting patterns. (Figure 3.27) First, the socio-economic classification least likely to have a carer in the household are higher managerial & professional occupations at around 7% of households. There is little difference between the routine occupations (14%), semi-routine occupations (17%) and lower supervisory & technical occupations (17%) classes of households with a carer. Households with a carer are most likely to be in the lower managerial and professional occupations class (26%).

**Figure 3.27: National Statistics Socio-Economic Classification<sup>5</sup> of households with carers providing care to other household member's Household data, unweighted base = 730**



### Scottish Index of Multiple Deprivation (SIMD)

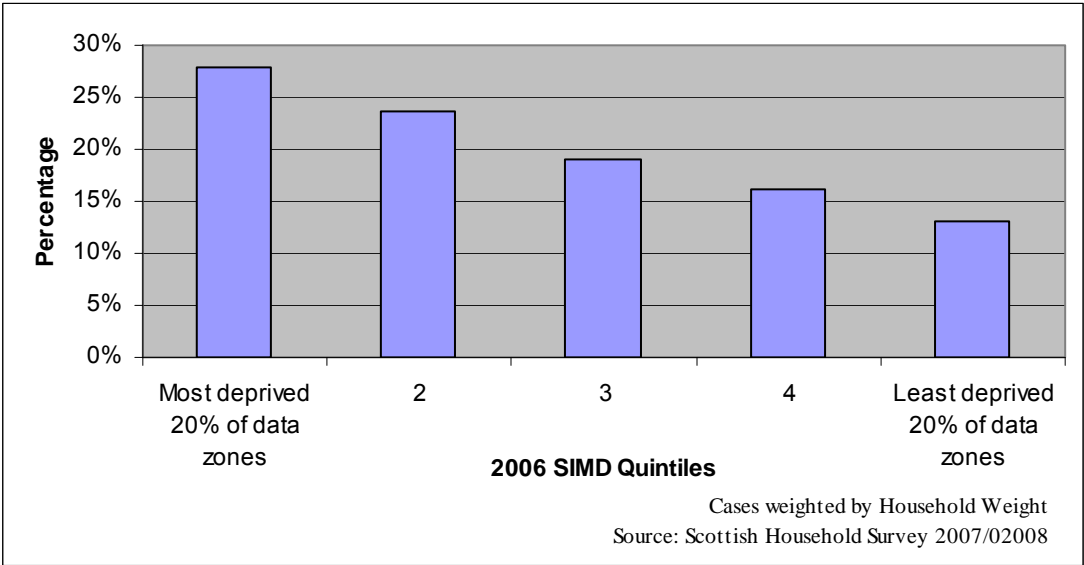
3.57 The SIMD 2006, which identifies levels of deprivation based on 37 indicators in seven domains<sup>6</sup>. SIMD is presented at data zone level, enabling small pockets of deprivation to be identified. The zones are ranked from most deprived to least deprived. This enables a picture of relative deprivation to be built up across Scotland.

3.58 In relation to carers we find that the biggest proportion of households with a carer (28%) are in the 20% most deprived data zones in the SIMD. (Figure 3.28) The proportion of households with a carer then decreases steadily as deprivation decreases, so households in the 20% least deprived data zones in Scotland are also least likely to have carers (13%).

<sup>5</sup> National Statistics Socio-Economic Classifications: 1 Higher Managerial & Professionals; 2 Lower Managerial & Professional Occupations; 3 Intermediate Occupations; 4 Small Employers & Own Account Workers; 5 Lower Supervisory & Technical Occupations; 6 Semi-Routine Occupations; 7 Routine Occupations

<sup>6</sup> SIMD 2006 Domains: Current Income; Employment; Health; Education; Skills & Training; Geographic Access to Services; Housing; Crime

**Figure 3.28: Households with a carer providing care to other household members by Scottish Index of Multiple Deprivation Household data, unweighted base = 1,859**



3.59 Also interesting in relation to the 2006 SIMD is the 15% most deprived data zones. Table 3.4 suggest that 21% of Scottish households where someone needs regular help or care are in the 15% most deprived data zones. This is considerably higher than the rest of Scotland where in 12% of households someone needs regular help or care.

**Table 3.4: Whether anyone in the household needs regular help or care by 2006 SIMD most deprived 15%**

	Most deprived 15% data zones	Rest of Scotland
	Percentage	Percentage
Yes	21	12
No	79	88
<b>Total</b>	<b>100</b>	<b>100</b>

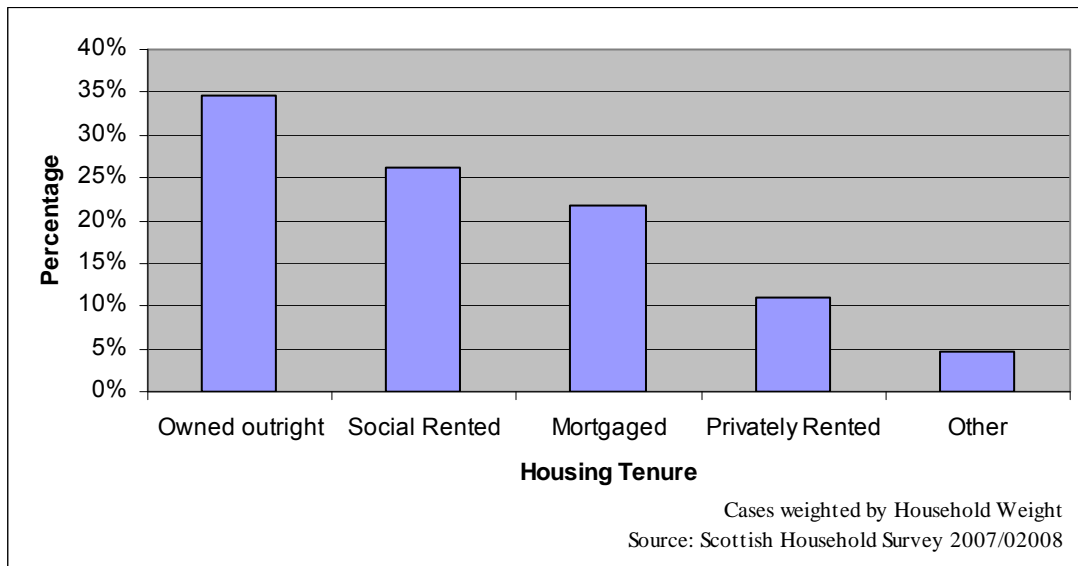
**Notes:**

- Household data
- Data weighted by Household Weight
- Unweighted base = 34,609

*Housing tenure of carers*

3.60 Figure 3.29 suggests that households with a carer are most likely to be in two housing tenure groups: those who socially rent (33%), which given the class and SIMD findings we would expect and, those who own their property outright (35%). This is likely to be linked to the tendency for carers to be older and/or retired, thus more likely to have paid off mortgages and secured loans than younger carers. Only around 5% of households with a carer are privately renting, which is unsurprising given the prevalence of short-term leases in this sector and the uncertainty this might create.

**Figure 3.29: Housing tenure of households with a carer providing care to other household member's** *Household data, unweighted base = 1,859*



### ***Caring outside the household***

3.61 In addition to asking about caring responsibilities to other household members, the SHS also asks randomly selected adults about caring duties outside of the home:

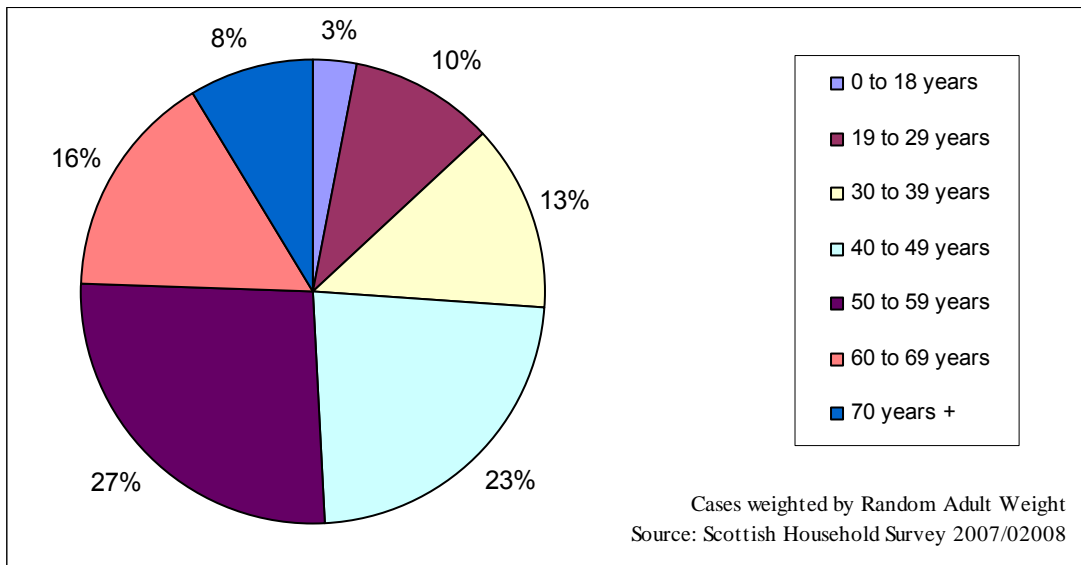
*‘Do you provide any regular help or care for any sick, disabled or frail person not living with you?’ Excluding help provided in the course of employment.*

3.62 Around 10% of the adults randomly selected in the SHS in 2007/2008 were providing additional help or care to someone not living with them.

3.63 Around 8% of respondents caring for someone outside of the home reported that it prevents them from doing paid work, or as much paid work as they would wish. (*unweighted Base = 2,474*).

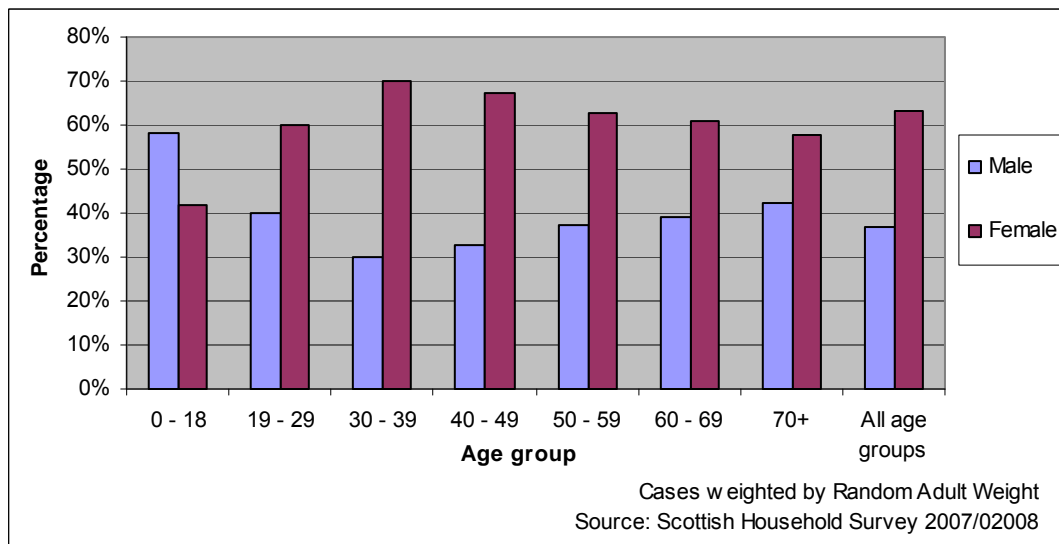
3.64 As with carers caring for someone within the household, carers providing care to someone outside the household are mostly from the middle age groups in society (40 to 59 year olds). (Figure 3.30 A smaller percentage of those in the older age grouping’s (60-69 and 70 plus) care for a person not living with them when compared to caring within the household.

**Figure 3.30: Age groups of carers in Scotland providing care for a person not living with them** *Adult data, unweighted base = 2,475*



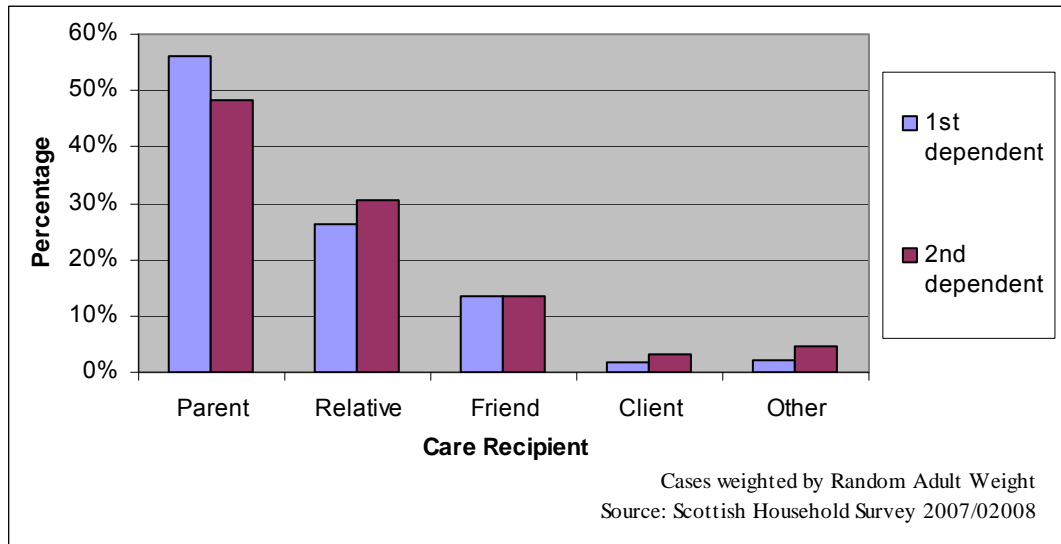
3.65 The random adult survey of the SHS shows that 63% of women, compared to 37% men provide care to someone not living with them (Figure 3.31). When gender is explored by age, it is found that across almost all age groups, women are more likely than men to be carers. The exception is for the 0-18 age group, where a higher proportion of men than women are carers.

**Figure 3.31: Age of carers in Scotland by gender providing care for a person not living with them** *Adult data, unweighted base = 2,475*



3.66 The majority of carers providing care to someone outside their household, are providing care to a parent followed by relatives, which includes spouses, children and siblings. (Figure 3.32) Care was provided to a friend in just under 15% of cases, for both first and second dependents and caring for a client of a voluntary organisation being the least common category for both dependents<sup>7</sup>.

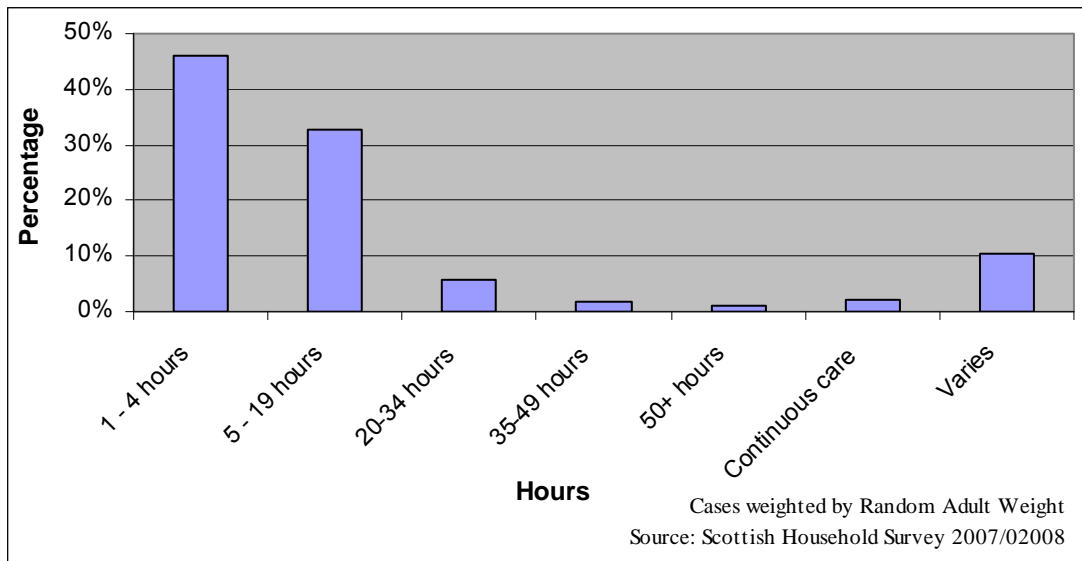
**Figure 3.32: Who respondent provides help or care for when the person is not living with them** *Adult data, unweighted base = 2,475 for 1<sup>st</sup> dependent & 915 for 2<sup>nd</sup> dependent*



3.67 The amount of time spent each week helping or caring for another person living outside the carers household is very different to the pattern that emerged for householders caring for another household member. Figure 3.33 shows that most carers caring for someone outside the household (46%) report providing 1 to 4 hours of care per week, 33% report providing care for 5 to 19 hours per week. This may reflect that it is easier to identify the number of hours a person is caring outside the home rather than within it.

<sup>7</sup> Dependents are the people the carer is caring for, the majority of carers only have one dependent

**Figure 3.33: Number of hours respondent spends helping or caring for a person not living with them** *Adult data, unweighted base = 2,465*



3.68 The support services adult carers have accessed to support them in their caring role of someone not living in their household is presented in Table 3.5. The majority of respondents (68%) did not access any external support. The most common type of service utilised by carers was practical support (22%). It is important to bear in mind that these questions relate to those caring for someone outside of the home, so the need to access respite, etc might be less necessary than when caring for someone within the home. The SHS does not capture this information for carers of people within the household.

**Table 3.5: Support services used by random adult carers - Multiple response**

	Frequency	% of Carers
No external support	1,651	68.3
Practical support (e.g. transport)	530	21.9
Advice & information	140	5.8
Counselling or emotional support	110	4.5
Social activities and support	95	3.9
Respite - regular daytime breaks	90	3.7
Financial assistance (e.g. Carer's Allowance)	51	2.1
Other (write in)	38	1.6
Respite - periodic overnight breaks	26	1.1
Training and learning	18	0.7
Have only received respite in an emergency	8	0.3
<b>Total</b>	<b>2,757</b>	<b>100.0</b>

**Notes:**

- Adult data
- Data weighted by Random Adult Weight
- Unweighted Base = 2,474

## Summary of Chapter

- 3.69 In this Chapter findings from key survey data relating to carers in Scotland has been presented. This involved analysis from the 2001 Census and the most recent release of data from the SHS 2007/2008. Background evaluative information on these data sources was presented as well as specific analysis related to identifying the prevalence of caring and the different characteristics of carers in Scotland.
- 3.70 The data available for both the 2001 Census and SHS has shown that the majority of carers are female and that carers are mostly from the middle age to older age groups.
- 3.71 Analysis of the SHS data has identified that for carers' providing care to someone within their household that they are far more likely to be providing continuous care, than a carer providing care to someone not living with them. This difference in caring demands is something that can not be identified from the Census and is useful to know when considering the different needs/requirements of a carer.
- 3.72 The available data provides limited information therefore it is not possible to fully understand those carers who are hidden for example young carers, black and minority ethnic carers, or those from other marginalised communities.

## 4 OTHER DATA ON CARERS IN SCOTLAND

### Introduction

4.1 In the last Chapter, survey data on Scotland's unpaid carers was presented from the 2001 Census and the 2007/2008 SHS. In this section other statistical data available on carers in Scotland is presented. These include data on the Carer's Allowance from the Department for Work and Pensions (DWP); Audit Scotland data on the provision of short breaks and respite; the Social Work Inspection Agency Survey of Carers; the Joint Performance Information & Assessment Framework 6 return on Carer Assessments; and the re-designed Scottish Health Survey.

### Department for Work and Pensions Carer's Allowance

4.2 Responsibility for the carers strategy in Scotland is devolved to the Scottish Government, which is held to account by the Scottish Parliament. However a number of wider issues remain reserved to the UK government at Westminster. The benefits system is the most significant impacting on cared-for people claiming and in receipt of supporting benefits as well as carers who are, under certain circumstances, supported by the Carer's Allowance.

4.3 The Carer's Allowance is a DWP taxable benefit that financially supports eligible people who look after another person with additional support needs in a caring role. To be eligible to receive the Carer's Allowance, a carer needs to be aged over 16 years old and spend at least 35 hours a week caring for a person who is in receipt of an eligible benefit<sup>8</sup>. A number of exclusions to eligibility apply, which can result in a significant discrepancy between eligibility and receipt of the benefit.

4.4 The current (2010/11) weekly rate of Carer's Allowance is £53.90.

### Analysis of the Carer's Allowance in Scotland

#### *Numbers in Scotland entitled and in-receipt of Carer's Allowance*

4.5 Using DWP data, Figures 4.1 and 4.2 demonstrate recent changes to Carer's Allowance entitlements and receipts in Scotland. Being able to differentiate between eligibility and receipt of the allowance has been possible with the DWP since 2004. Prior to this the only statistical data collected was about entitlement to the benefit. While the numbers of those receiving the allowance have increased in Scotland from around 32,700 in 2004 to about 49,200 in 2008. Those actually entitled to claim entitlements increased from about 75,800 in 2004 to around 94,800 by 2008.

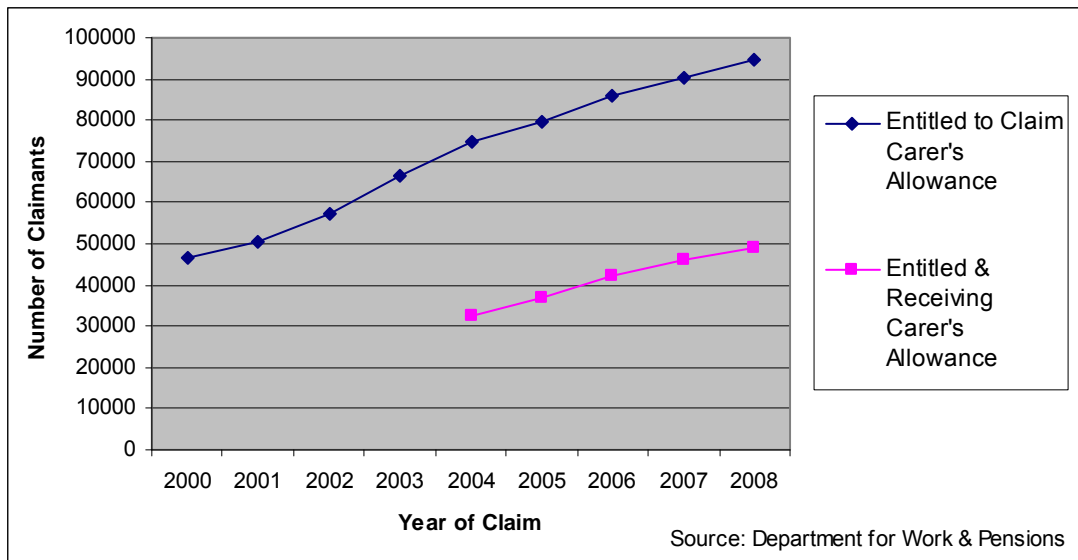
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<sup>8</sup> These are: Attendance Allowance; Disability Living Allowance at the middle or highest rate for personal care; Constant Attendance Allowance at or above the normal maximum rate with an Industrial Injuries Disablement Benefit; or Constant Attendance Allowance at the basic (full day) rate with a War Disablement Pension.

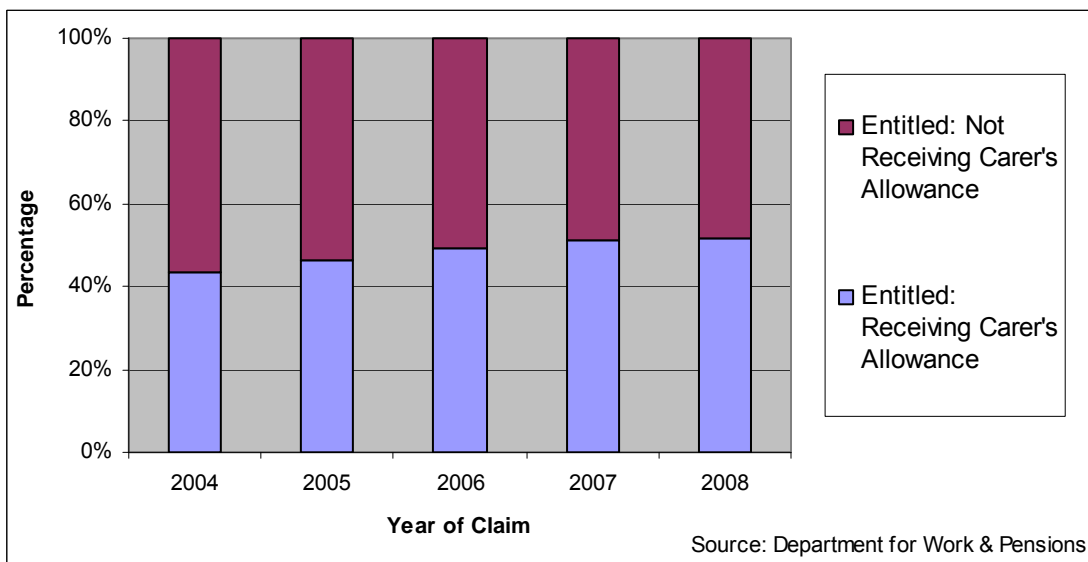


4.6 The reasons for the discrepancy between claimants being entitled to claim Carer's Allowance, but not receiving it include: receiving an incompatible benefit e.g. state pension; or being excluded under other rules of the benefit.

**Figure 4.1: Annual number of people entitled & receiving Carer's Allowance in Scotland, 2000-2008**



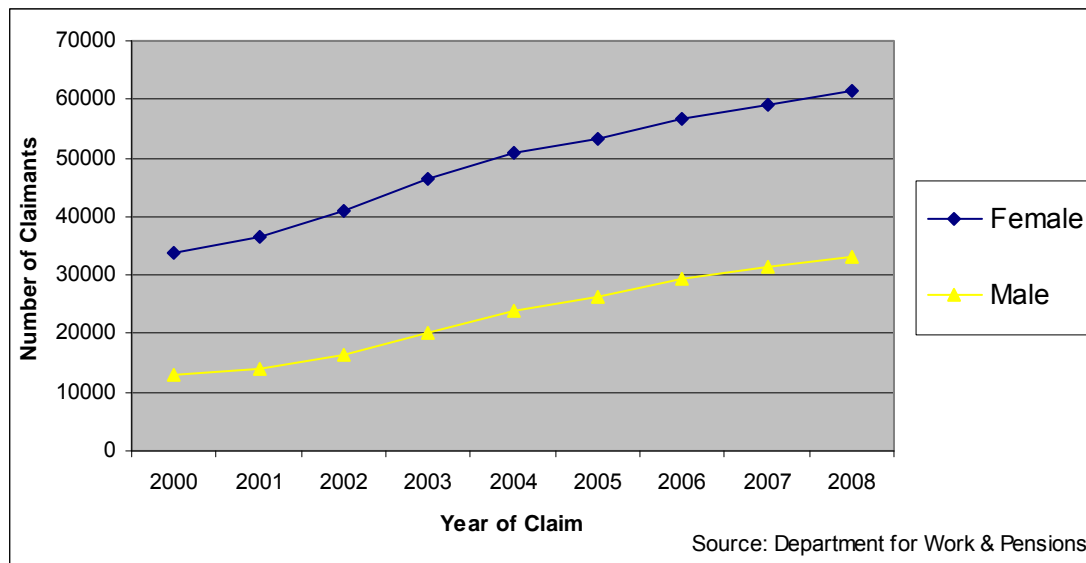
**Figure 4.2: Percentage split of entitled people receiving and not receiving Carer's Allowance in Scotland, 2004-2008**



### ***Gender of Carer's Allowance claimants in Scotland***

4.7 The DWP data also provides us with some interesting insights into the gender profile of claimants of the Carer's Allowance. The data supports the view that women are more likely to be carers than men, with women comprising a larger proportion of claimants to Carer's Allowance. Figure 4.3 shows that the number of female claimants is almost twice that of male claimants. The number of both male and female claimants to Carer's Allowance shows a steady increase between 2000 and 2008.

**Figure 4.3: Number of people claiming Carer's Allowance in Scotland by gender of claimant, 2000-2008**

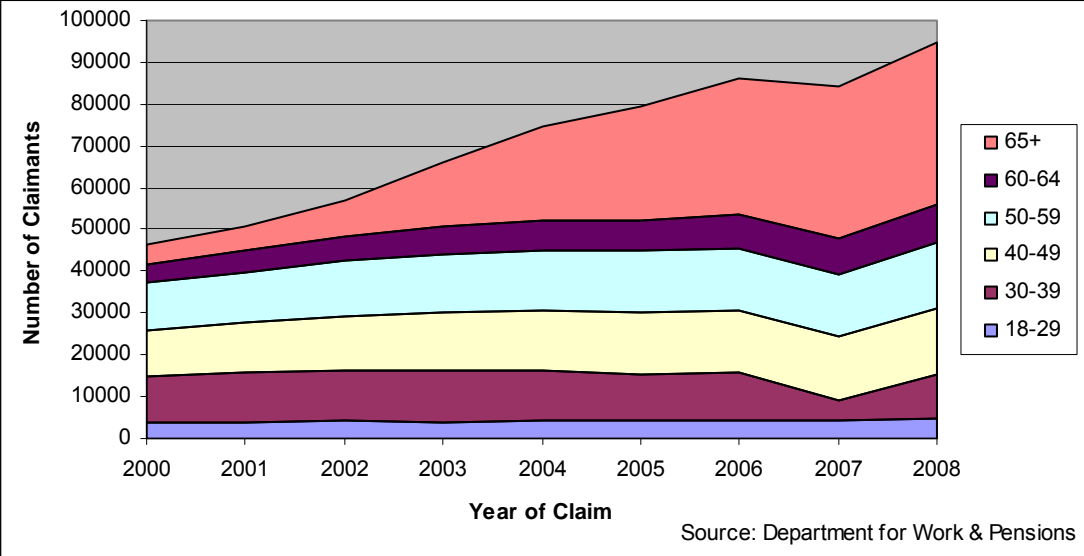


### ***The age of Carer's Allowance claimants in Scotland***

4.8 The DWP data also enables us to track changes in the age of claimants of the Carer's Allowance in Scotland, which has changed over the period 2000 to 2008.

4.9 The number of adult carers (18+) claiming Carer's Allowance, has increased from 46,540 claims in 2000 to 94,590 in 2008. Figure 4.4 shows an increase in all age categories except those in the 30-39 years old category. The oldest age category (65+) saw the biggest increase, which increased from 4,730 claimants in 2000 to 38,760 in 2008.

**Figure 4.4: Number of entitled adults claiming Carer's Allowance in Scotland by age group, 2000-2008**



4.11 Table 4.1 suggests, while the total number of claimants has increased sharply, the number of people aged over 65 receiving the Carer's Allowance increased less acutely, reflecting the number of claimants who are ineligible to receive the Carer's Allowance as a result of receiving other state benefits, such as the state pension.

**Table 4.1: Total claimants and recipients of Carer's Allowance aged over 65**

Year	Number of Claimants	Number of Recipients
1999	3,930	-
2000	4,730	-
2001	5,530	-
2002	8,860	-
2003	15,420	630
2004	22,290	760
2005	27,340	920
2006	32,620	1,050
2007	36,220	1,170
2008	38,760	1,290

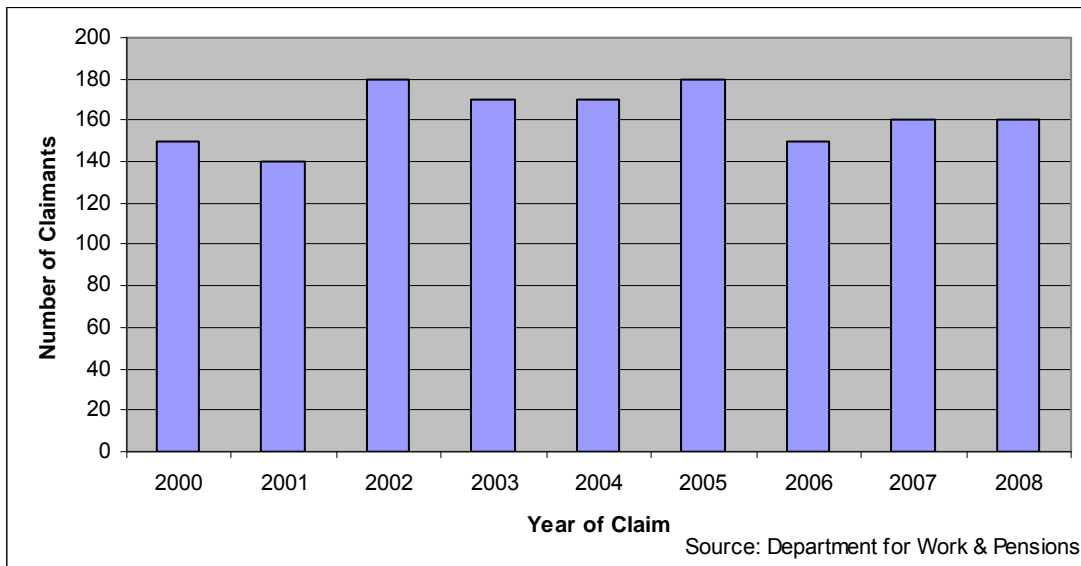
Source: Department for Work & Pensions

**Notes:**

- Number of claimants shows the number of people aged 65+ who are entitled to receive CA, including those who receive no actual payment
- Number of recipients shows the number of people aged 65+ in receipt of an allowance, and excludes people with entitlement where the payment has been suspended

4.12 In relation to young carer claimants, Figure 4.5 shows the number of claimants to Carer's Allowance who are under the age of 18. However the figures indicate a pattern of increasing numbers of young claimants from 2000 to 2004, followed by a decrease from 2005 to 2008. The numbers are relatively small, so care should be taken in extrapolating the data.

**Figure 4.5: Number of under-18 year old Carer's Allowance claimants in Scotland, 2000-2008**



***Duration of Carer's Allowance claims in Scotland***

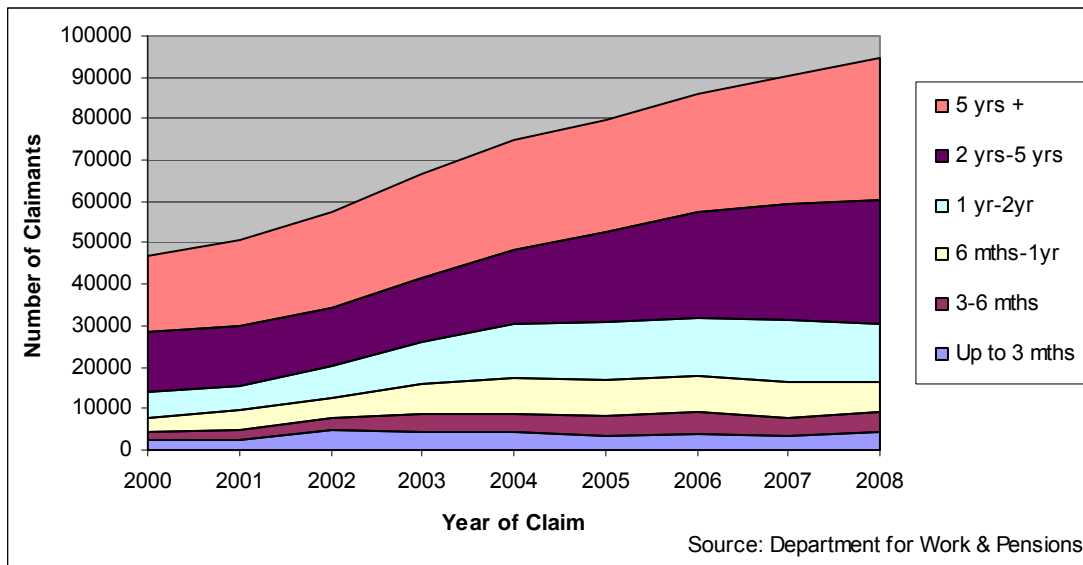
4.13 In relation to the duration of Carer's Allowance claims in Scotland, the DWP data indicates that the duration of claims does not fluctuate much between the years. (Table 4.2) Though in Figure 4.7 it is apparent that the overall number of claims increased substantially, particularly for the claims of longer duration i.e. categories of 2 to 5 years and over-5 years.

**Table 4.2: Percentage of people entitled and receiving Carer's Allowance in Scotland by duration of claim, 2000-2008**

Year	> 3m	3-6m	6 m-1y	1y-2y	2y-5y	5y +	Total	Base
	%	%	%	%	%	%	%	
2000	5	4	7	14	31	39	100	46,690
2001	5	5	9	12	29	40	100	50,710
2002	9	5	8	14	25	40	100	57,270
2003	7	6	11	16	23	38	100	66,460
2004	6	6	12	18	24	35	100	74,750
2005	4	6	11	17	28	34	100	79,710
2006	5	6	10	17	30	33	100	86,070
2007	4	5	10	17	31	34	100	90,450
2008	5	5	8	15	32	36	100	94,760

Source: Department for Work & Pensions

**Figure 4.6: Number of people claiming Carer's Allowance in Scotland by duration of claim, 2000-2008**



### Social Work Inspection Agency survey of carers

- 4.14 The Social Work Inspection Agency (SWIA), a government agency accountable to Scottish Ministers, is charged with independently inspecting the standards and quality of social work services across Scotland. It reports both publicly and directly to the Scottish Parliament on both national and local social work services.
- 4.15 As part of the performance inspections of social work services SWIA conducted in each local authority during 2006-2009 they also conducted a carers' survey. This involves surveying a known sample of 500 carers, staff and social work clients on their satisfaction with, and experiences of, caring.
- 4.16 Importantly the survey does not use random sampling and as Scotland's local authorities do not tend to keep lists of carers, the questionnaires are largely distributed through carers' organisations. Therefore the results should be evaluated with this in mind.
- 4.17 Three local authorities (South Lanarkshire, Angus and Fife) piloted SWIA's first inspections in 2005, at which point no carer survey was undertaken. The surveys conducted in the remaining 29 local authorities contained a carers' survey. The figures from these 29 surveys were published in July 2009, following the completion of all 29 inspections.
- 4.18 Table 4.3 shows the breakdown of carers' questionnaires returned. The response rate varies considerably being as low as 11% in Aberdeenshire to a high of 49% in Orkney. The overall national response rate for Scotland was around 26%.

**Table 4.3: Social Work Inspection Agency Performance Inspection carers' survey by Local Authority<sup>9</sup>**

Local Authority	Number of questionnaires returned	% of National total	% Response rate
Aberdeen City	91	3	18
Aberdeenshire	54	2	11
Argyll & Bute	69	2	14
Clackmannanshire	165	5	25
Dumfries & Galloway	172	5	34
Dundee City	138	4	28
East Ayrshire	108	3	22
East Dunbartonshire	137	4	39
East Lothian	230	6	31
East Renfrewshire	122	3	28
Edinburgh, City of	93	3	19
Eilean Siar	40	1	16
Falkirk	134	4	27
Glasgow City	139	4	28
Highland	104	3	21
Inverclyde	140	4	28
Midlothian	127	4	25
Moray	151	4	30
North Ayrshire	163	5	33
North Lanarkshire	105	3	21
Orkney Islands	80	2	49
Perth & Kinross	157	4	31
Renfrewshire	143	4	29
Scottish Borders	143	4	29
Shetland Islands	172	5	35
South Ayrshire	85	2	17
Stirling	87	2	17
West Dunbartonshire	108	3	22
West Lothian	142	4	28
<b>Total</b>	<b>3,599</b>	<b>100</b>	<b>26</b>

Source: Social Work Inspection Agency

<sup>9</sup> 500 Questionnaires issued in Scotland's local authorities; 14,500 Questionnaires issued nationally in 29 councils. The aggregated results include any questionnaires which were returned after the closing date. Therefore the above figures may be greater than the totals in the individual authority's results

4.19 The SWIA Carers' Survey results are presented in four key sections:

- About you
- Making use of services
- Making use of social work
- Outcomes

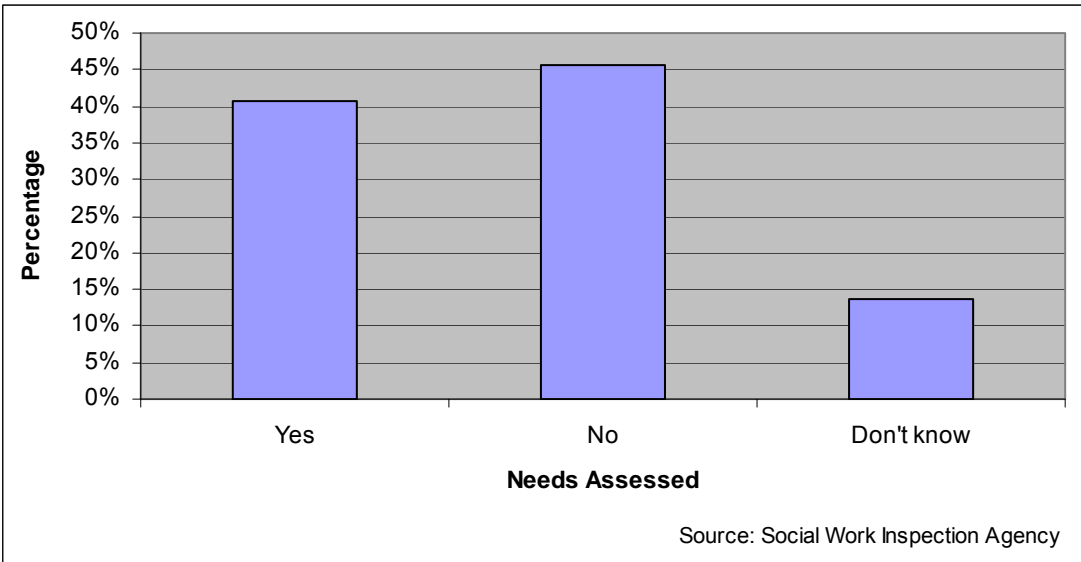
4.20 While any data seeking to explore the experiences of service users should be welcomed, it is important not to place too much emphasis on findings from an unrepresentative sample. These ultimately only reflect the perceptions and opinions of the small number of people motivated to respond. The views of non-respondents or unknown carers remain unreported.

**Analysis of the Social Work Inspection Agency survey of carers**

4.21 Bearing in mind the caveats already mentioned, the SWIA Carers' Survey nevertheless provides a useful insight into the experiences, thoughts and opinions of carers known to carers' organisations in Scotland today. The full results are accessible at the SWIA website (<http://www.swia.gov.uk/>). For the purposes of this report, a number of the more relevant results are presented.

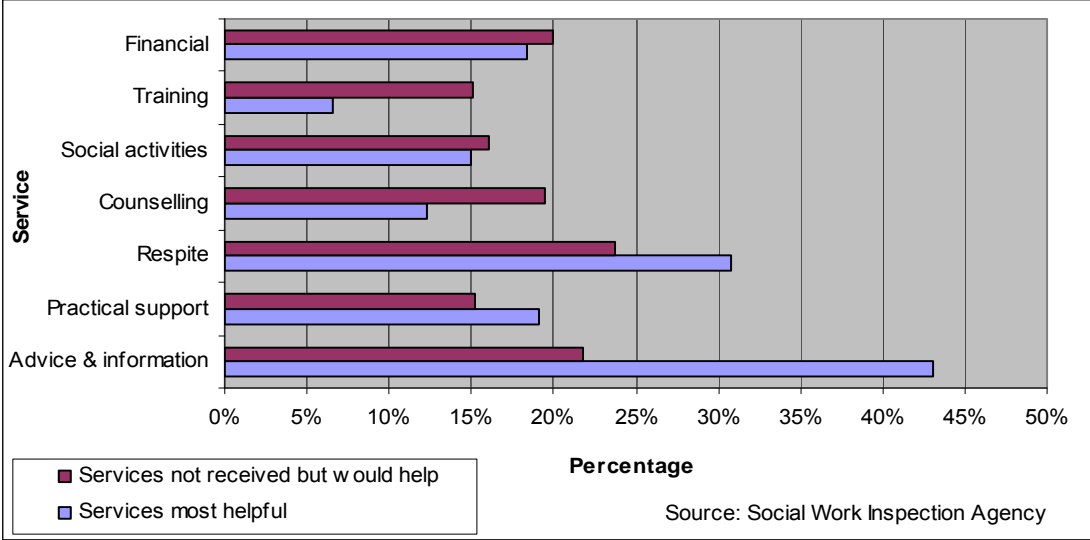
4.22 Carer's Assessments form a central part of the carers' strategy, enshrined in the Community Care and Health (Scotland) Act 2002. However, despite unpaid carers having a statutory right to assessment, 46% of carer respondents in the SWIA survey reported that they had not had their needs as a carer assessed. (Figure 4.7)

**Figure 4.7: Carer's needs assessed (Base = 3,285)**



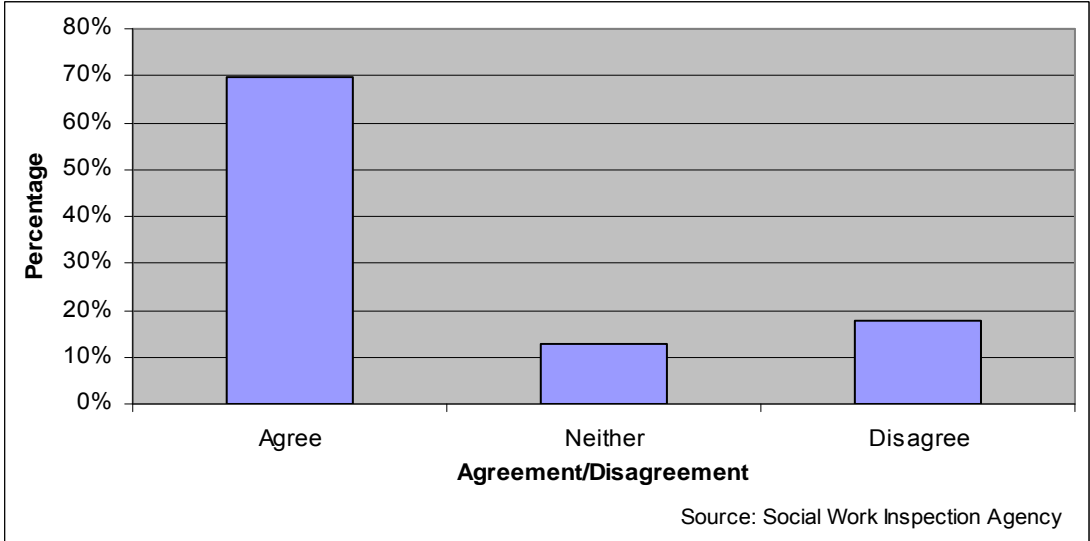
4.23 By far the most significant service carers reported as receiving is advice and information, 43% of respondents (Figure 4.8). This is followed by respite/short breaks (31%). Training was the support service respondents were least likely to receive (7%). Of particular note here is that the service carers report that they do not currently receive, but which would help the most was respite/short breaks (24%), followed next by advice and information (22%), financial support (20%) and counselling (20%). The service least likely to be identified as potentially helping is practical support (15%) and training (15%).

**Figure 4.8: Services received by carers (Base = 3,599) and services wanted by carers (Base = 3,599)**



4.24 The Scottish Government sees adult carers as equal partners in the delivery of unpaid care in Scotland. The SWIA survey of carers supports this idea with most carers (69%) reporting that they felt they were involved in the decisions about the person they provided help or care to. However, 18% of respondents disagreed that they were involved in key decisions. (Figure 4.9)

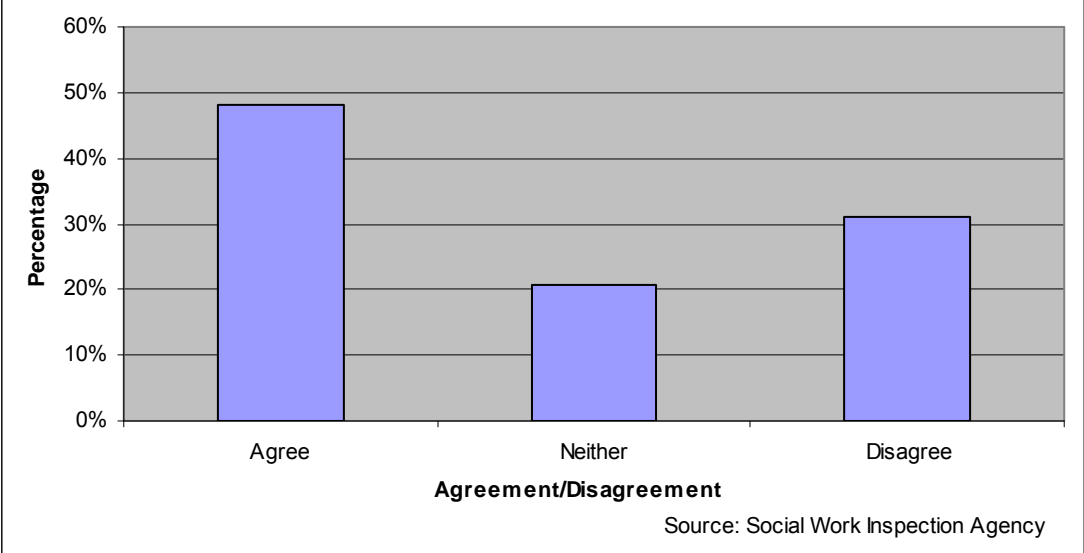
**Figure 4.9: Carer Involved in decisions about cared-for person's requirements (Base = 2,944)**





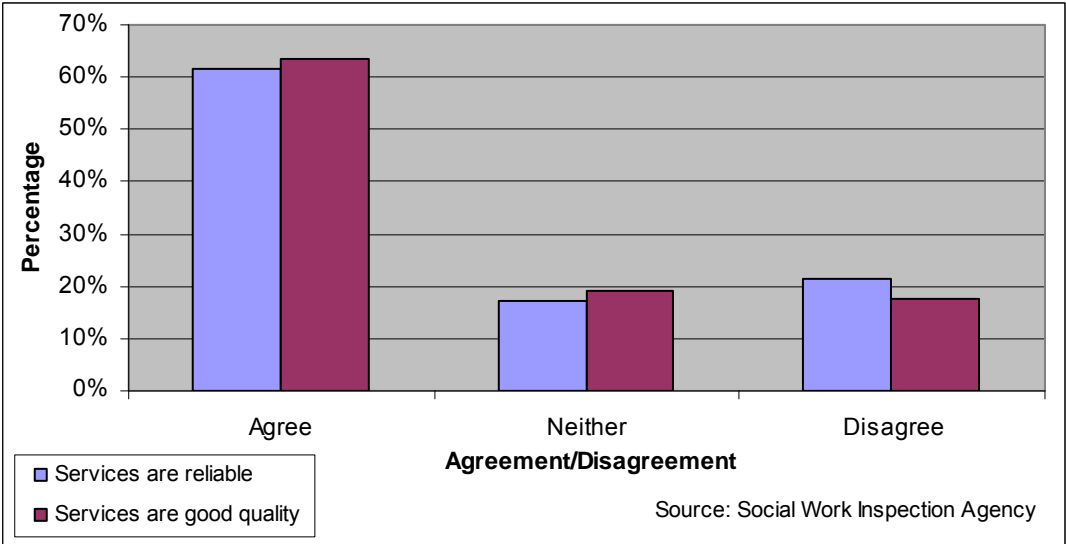
4.25 Figure 4.10 suggests that most respondents felt that the range of social work services available is good (48%).

**Figure 4.10: Carer thinks there is a good range of services available**  
(Base = 2,949)



4.26 Social work services were viewed reliable by 61% of respondents and judged good quality by 63% (Table 4.11). Although nearly a third of respondents did not agree that the range of social work services available were good.

**Figure 4.11: Carer's view that social work service is reliable (Base = 2,914) and of good quality (Base = 2,892)**

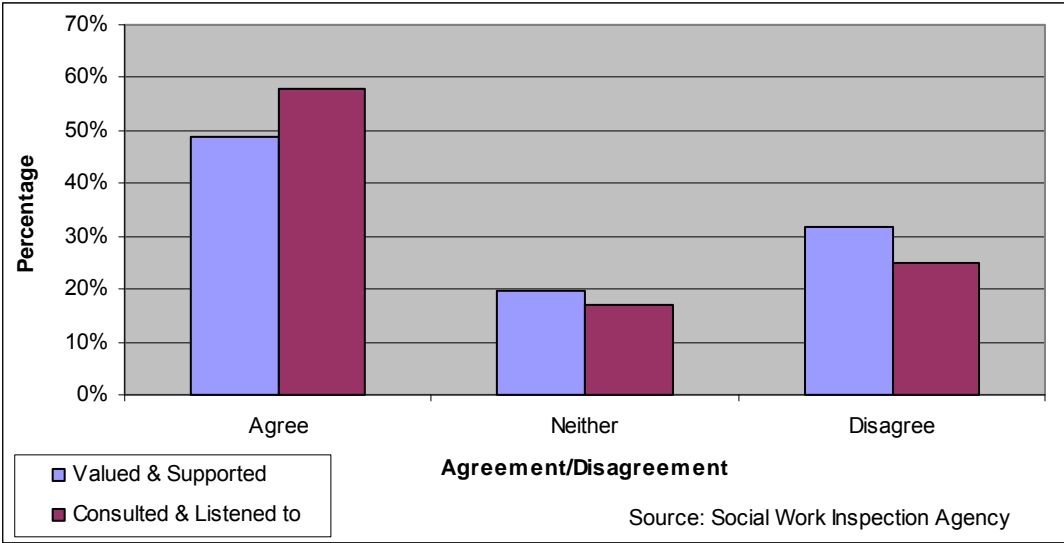


4.27 The survey also enables a number of outcomes to be assessed in relation to the caring experience. Two of the most significant here are carers' views on whether they felt:

- i) valued and supported; and
- ii) consulted and listened to.

4.28 Just under half of carers (49%) agreed that they feel valued and supported as a carer, although 32% disagreed (Figure 4.12). The majority (58%) of respondents felt that they were consulted and listened to in undertaking their caring role.

**Figure 4.12: Carer feels valued and supported (Base = 3,030) and carer feels consulted and listened to (Base = 2,945)**



**Short breaks and respite**

4.29 Short breaks are defined by Shared Care Scotland<sup>10</sup> as:

*‘A break from normal routine, designed to be of benefit both to a person with a disability, long term illness or need and to their carer (where they have one) to support their relationship...’*

4.30 Like other areas of government policy in Scotland, unpaid carers' policy has also been affected by the changed relationship between local and national government, enshrined in the Concordat. Developed in partnership with COSLA, this involved the announcement in July 2008 of a commitment to deliver 10,000 extra respite weeks for Scotland's unpaid carers by 2011.

<sup>10</sup> Shared Care Scotland are one of six national carer organisations in Scotland which represent, in distinct and different ways, the views and concerns of Scotland's increasing population of unpaid carers.

4.31 The cumulative targets to achieve this were agreed as:

- 2008/2009 – 2,000 extra respite weeks
- 2009/2010 – 6,000 extra respite weeks
- 2010/2011 – 10,000 extra respite weeks

4.32 In order to assess progress towards meeting the new respite targets it has been agreed that the number of respite weeks recorded under the Audit Scotland statutory performance indicators (SPI's) for each local authority in 2007/2008 will act as the baseline going forward.

4.33 Data submitted to Audit Scotland by local authorities on respite provision in Scotland has to date been recorded as overnights and daytime hours of respite provided. With the new target being expressed in weeks, it is necessary to convert this raw data into the weeks as agreed between the Scottish Government and COSLA. To do this the following formula has been agreed:

- 52.5 hours of day service = 1 respite week
- 7 respite overnights = 1 respite week

### ***Calculating a Respite Week***

4.34 To calculate a respite week for the target of providing an extra 10,000 respite weeks by 2011, an estimate of the hourly rate of £12 for respite at home was used. The figure of 52.5 hours equalling one week was estimated by assuming that the equivalent cost of a week's respite at home was £630. This levelled the cost of providing respite in a Care Home and respite Care at Home, so that providing one was not more attractive than the other in meeting the extra week's target.

4.35 The Scottish Government published revised Audit Scotland figures in February 2010, following a validation exercise focusing on data for 2007/08 and 2008/09.

4.36 The Scottish Government validation exercise identified that ten Local Authorities changed their methodology between 2007/08 and 2008/09. In many cases the Local Authorities had began counting services which had been running for some time but which had not previously been included in the figures. To allow for the genuine service provision in 2008/09 to be identified two sets of figures are presented for 2008/09. A comparable figure produced using the same methodology as was used in 2007/08 and is therefore comparable with 2007/08. A figure based on a new/different methodology, which is not comparable to 2007/2008, but is believed to be a more representative count of respite provision within the Local Authorities concerned.

4.34 Table 4.4 reports the number of respite weeks provided by each of the 32 local authorities in Scotland, for financial years 2006/07, 2007/08 and 2008/09. The figures have been rounded to the nearest 10. It should be noted that the 2006/07 and 2007/08 figures are not directly comparable due to possible methodology changes.

4.38 Table 4.4 shows that the overall number of respite weeks being provided by Scotland's local authorities increased by 1,150 weeks between 2007/08 and 2008/09.

**Table 4.4: Total respite weeks provided in Scotland by Local Authority**

Local Authority	2006/2007	2007/2008	2008/2009 <sup>C</sup>	2008/2009 <sup>N</sup>
Aberdeen City	4,210	6,110	4,740	4,250
Aberdeenshire	4,910	5,580	5,610	6,000
Angus	1,850	1,940	2,110	3,550
Argyll & Bute	3,700	3,580	3,620	3,620
Clackmannanshire	1,010	3,310	3,300	3,300
Dumfries & Galloway	2,370	2,320	1,980	1,980
Dundee City	4,920	5,380	5,450	6,240
East Ayrshire	3,310	3,940	4,110	6,190
East Dunbartonshire	5,870	6,530	6,950	6,950
East Lothian	1,500	1,750	1,690	1,690
East Renfrewshire	5,070	4,710	4,370	4,370
Edinburgh, City of	22,350	21,230	21,300	21,300
Eilean Siar	1,000	1,000	1,100	1,100
Falkirk	3,430	3,250	3,330	3,330
Fife	7,680	8,340	7,960	18,670
Glasgow City	26,060	25,210	22,960	22,960
Highland	4,410	3,860	3,850	3,850
Inverclyde	3,000	6,990	6,790	10,790
Midlothian	2,810	3,080	3,400	3,400
Moray	2,280	1,820	1,870	1,870
North Ayrshire	5,220	4,490	4,880	4,880
North Lanarkshire	9,580	10,020	12,820	12,820
Orkney	1,330	1,400	1,350	1,850
Perth & Kinross	4,380	4,860	5,110	5,110
Renfrewshire	4,250	4,200	4,200	4,400
Scottish Borders	1,780	1,620	1,930	1,930
Shetland Islands	1,550	1,590	1,600	1,600
South Ayrshire	2,990	3,150	3,220	3,220
South Lanarkshire	10,020	10,670	11,580	11,580
Stirling	1,840	1,930	1,600	1,600
West Dunbartonshire	7,390	7,400	7,360	7,360
West Lothian	1,570	1,590	1,870	1,870
<b>Scotland</b>	<b>163,640</b>	<b>172,880</b>	<b>174,030</b>	<b>193,650</b>

<sup>C</sup> - Same methodology used as in 2007/08 making the figure comparable to 2007/08

<sup>N</sup> - New methodology used making the figure incomparable to 2007/08

Source: Scottish Government

4.39 Table 4.5 shows the total respite weeks provided in Scotland and the relevant percentage changes for different financial years. The pattern revealed is that nationally it appears in recent years there has been a tendency for overnight respite to be decreasing and day time hours to be increasing. The older people age group (65+) also accounts for the largest proportion of the respite weeks provided and shows the largest percentage increase.

**Table 4.5: Total number of respite nights, daytime hours & weeks provided in Scotland with percentage changes by financial year**

<b>Older people (65+)</b>				
	<b>2006/2007</b>	<b>2007/2008</b>	<b>2008/2009<sup>C</sup></b>	<b>2008/2009<sup>N</sup></b>
<b>Total overnights</b>	260,760	259,110	252,270	254,180
% change		-0.6%	-2.6%	-
Overnight weeks conversion	37,250	37,020	36,040	36,310
<b>Total daytime hours</b>	2,520,950	2,775,220	2,976,680	3,444,350
% change		10.1%	7.3%	-
Daytime weeks conversion	48,020	52,860	56,700	65,610
<b>Total weeks</b>	85,270	89,880	92,740	101,920
<b>% change</b>		5.4%	3.2%	-

<b>Adults (18-64)</b>				
	<b>2006/2007</b>	<b>2007/2008</b>	<b>2008/2009<sup>C</sup></b>	<b>2008/2009<sup>N</sup></b>
<b>Total overnights</b>	123,570	126,210	131,350	131,350
% change		2.2%	4.0%	-
Overnight weeks conversion	17,650	18,030	18,760	18,760
<b>Total daytime hours</b>	2,001,120	2,153,620	2,084,460	2,634,160
% change		7.6%	-3.2%	-
Daytime weeks conversion	38,120	41,020	39,700	50,170
<b>Total weeks</b>	55,770	59,050	58,470	68,940
<b>% change</b>		5.9%	-1.0%	-

<b>Young people (0-17)</b>				
	<b>2006/2007</b>	<b>2007/2008</b>	<b>2008/2009<sup>C</sup></b>	<b>2008/2009<sup>N</sup></b>
<b>Total overnights</b>	60,820	54,950	56,030	56,030
% change		-9.7%	1.9%	-
Overnight weeks conversion	8,690	7,850	8,000	8,000
<b>Total daytime hours</b>	730,650	845,060	778,370	776,430
% change		15.7%	-7.9%	-
Daytime weeks conversion	13,920	16,100	14,830	14,790
<b>Total weeks</b>	22,610	23,950	22,830	22,790
<b>% change</b>		5.9%	-4.7%	-

<b>Totals</b>				
	<b>2006/2007</b>	<b>2007/2008</b>	<b>2008/2009<sup>C</sup></b>	<b>2008/2009<sup>N</sup></b>
<b>Total overnights</b>	445,150	440,270	439,640	441,560
% change		-1.1%	-0.1%	-
<b>Total daytime hours</b>	5,252,730	5,773,900	5,839,510	6,854,940
% change		9.9%	1.1%	-
<b>Total respite weeks</b>	163,640	172,880	174,030	193,650
Difference in weeks		9,240	1,150	20,770
<b>% change</b>		5.6%	0.7%	-

<sup>C</sup> - Same methodology used as in 2007/08 making the figure comparable to 2007/08

<sup>N</sup> - New methodology used making the figure incomparable to 2007/08

% change is not shown for 2008/09<sup>N</sup> as these figures are not comparable with previous years

Source: Scottish Government

## Joint Performance Information and Assessment Framework

- 4.40 The Joint Performance Information and Assessment Framework 6 (JPIAF 6) was data collected by the Scottish Government from local authorities on single shared assessment in community care and carers' assessments.
- 4.41 The first full reporting year was 2005/2006. It involved the collection of three Performance Indicators (PIs), covering:
- PI 1 - Number of persons with completed community care assessments by agency of lead assessor, type of assessment, and service user group
  - PI 2 - Number of persons with completed community care assessments by time interval from first identification date to first service start, and service user group
  - PI 3 - Number of carers with completed carers' assessments by age group of carer, service user group of cared for person, and type of assessment
- 4.42 The Performance Indicator definitions were not intended to direct or limit the practice of Single Shared Assessment (SSA)<sup>11</sup> at a local level, nor to standardise practice nationally. Rather they were concerned with counting and measuring progress in single shared assessment for the purposes of consistent and reliable national performance reporting.
- 4.43 The intention at the outset was for the quality of the information collected for these performance Indicators to be monitored and as JPIAF 6 developed over time, different PIs would be developed for consultation.
- 4.44 The number of local authority JPIAF 6 returns varied considerably. Reasons suggested for the poor return varied and included: no response, no data being available; variation from what was required and/or submission of raw data.
- 4.45 In relation to carers in Scotland, the performance indicator most relevant is PI 3. This indicator records:
- The number of carers in all age groups who had a carer's assessment
  - The number of carers of persons in each service user group who have a carer's assessment
  - The number of carers whose needs are assessed jointly with those of the cared-for person or separately in each group
- 4.46 The data returned in the JPIAF 6 exercise indicated that overall very few carers assessments were carried out. Only 696 carers assessments were identified by Scotland's local authorities. The data suggested that carers assessments were far more likely to be carried out separately (54%), rather than jointly between carer and cared-for person (46%).

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<sup>11</sup> Single Shared Assessments are those that require input and co-ordination across agencies (or from a joint team) and where the assessment information has been shared between the appropriate staff in the agencies, by whatever method, in order to complete the assessment and/or secure services as a result. For the purpose of JPIAF 6, SSA is defined as a sub-set of community care assessment

## The Scottish Health Survey

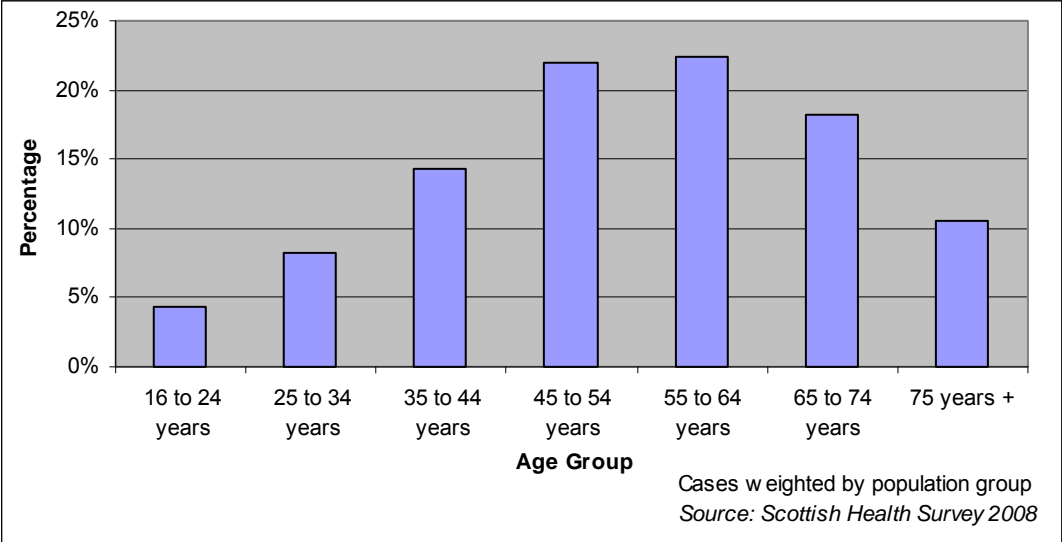
- 4.47 The Scottish Health Survey (SHeS) provides a detailed picture of the health of the Scottish population and is designed to make a major contribution to the monitoring of health in Scotland.
- 4.48 There have been three previous SHeS (1995, 1998 & 2003). However the first rolling SHeS began in January 2008 and will run to 2011.
- 4.49 The 2008 adult sample of the SHeS is expected to be around 6,500. Being cross-sectional it will provide a snap-shot in time of the state of Scotland's health in 2008. Due to the continuous nature of the survey, it will be possible to plot changes in the health and well-being of the nation, though this will be dependent on the questions included in the survey.
- 4.50 In relation to caring, the 2008 survey asks a number of questions:

<b>SCOTTISH HEALTH SURVEY 2008 – CARERS QUESTIONS</b>					
<b>Do you provide any regular help or care for any sick, disabled or frail person? Please include any regular help or care you provide within or outside your household. Excluding any help provided in the course of employment.</b>					
1	Yes	2	No		
If Yes, then ask:					
<b>Who is it that you provide regular help or care for?</b>					
<b>In total, how many hours do you spend each week providing help or unpaid care for?</b>					
1	1 - 4 hours per week	2	5 - 9 hours per week	3	10-14 hours per week
4	15-19 hours per week	5	20-34 hours per week	6	35-49 hours per week
7	50+ hours per week	8	Continuous care*	9	Varies
*Continuous care would be if the person needs to have someone with them at all times of the day and night.					

- 4.51 The first national results were published in September 2009 and they are accessible on the Scottish Governments website (<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey>). For the purposes of this report, a number of more relevant results are presented. It should be noted that data will be available at Health Board level once 4 years of data have been collected. Data at the local authority level will not be possible in the SHeS due to the nature of the sampling strategy employed. Nevertheless, it still represents an important additional source of up-to-date data on carers in Scotland. In addition, because the wording of the carers' question has been constructed to match the SHS, it will enable comparisons to be made between the two surveys.
- 4.52 11% report that they provide regular help or care for any sick, disabled or frail person (*unweighted Base = 6,460*).

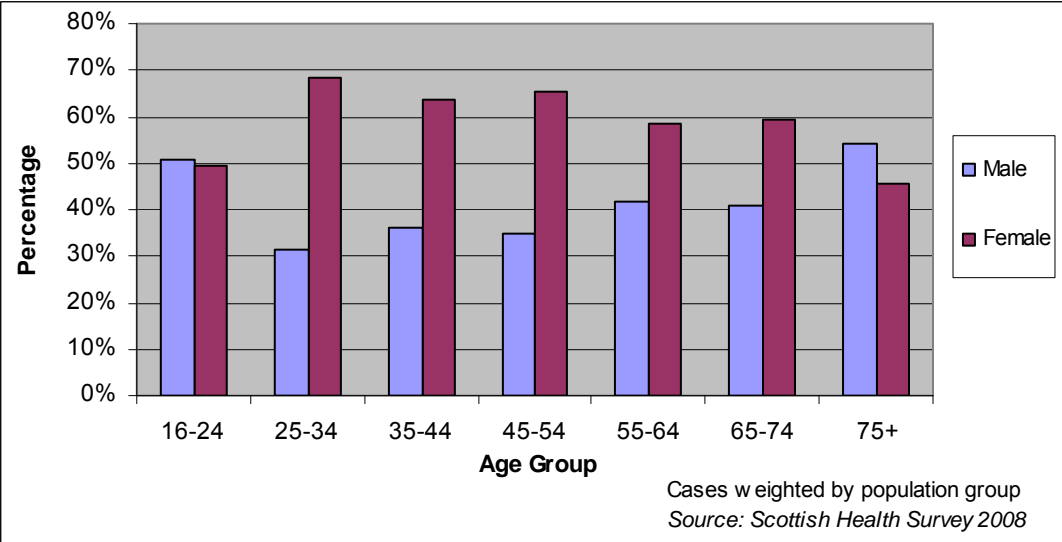
4.53 Figure 4.13 suggests that most carers in Scotland are from the middle to eldest age groups in society. 45 to 54 year olds & 55 to 64 year olds make up about 44% of carers; whilst a further 28% is made up from 65 to 74 and over 75 age groups. The youngest age group (16 to 24) accounts for 4% of carers.

**Figure 4.13: Percentage of carers by age group** (unweighted Base = 6,460)



4.54 It appears that when looking in more detail at gender that across nearly all age groups women are more likely than men to be carers, except in the 16 to 24 and over 75 age groups. (Figure 4.14)

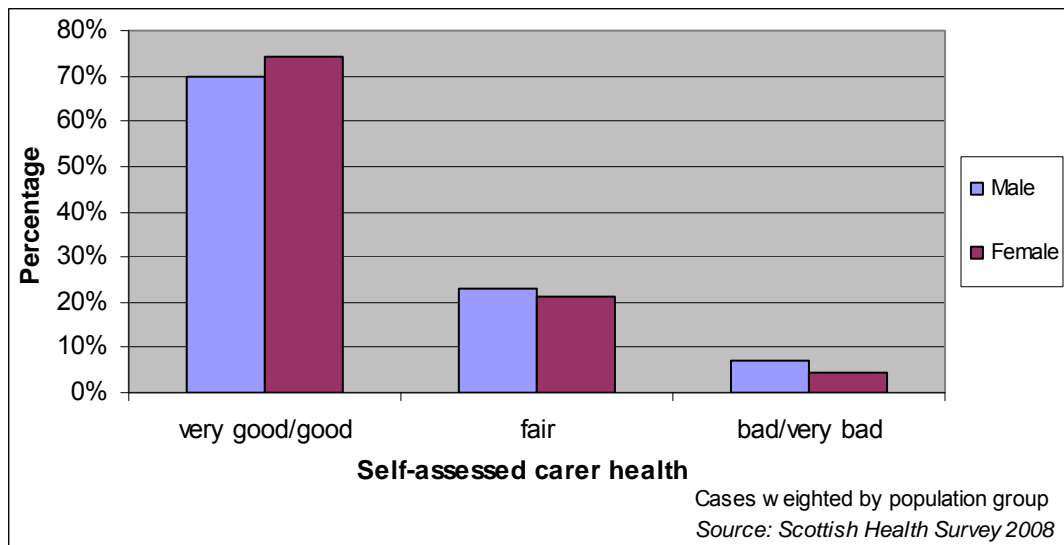
**Figure 4.14: Percentage of carers by age group and gender** (unweighted Base = 6,460)



4.55 Figure 4.15 shows the self reported health status of carers in Scotland, this provides a useful insight into the health and well-being of carers.

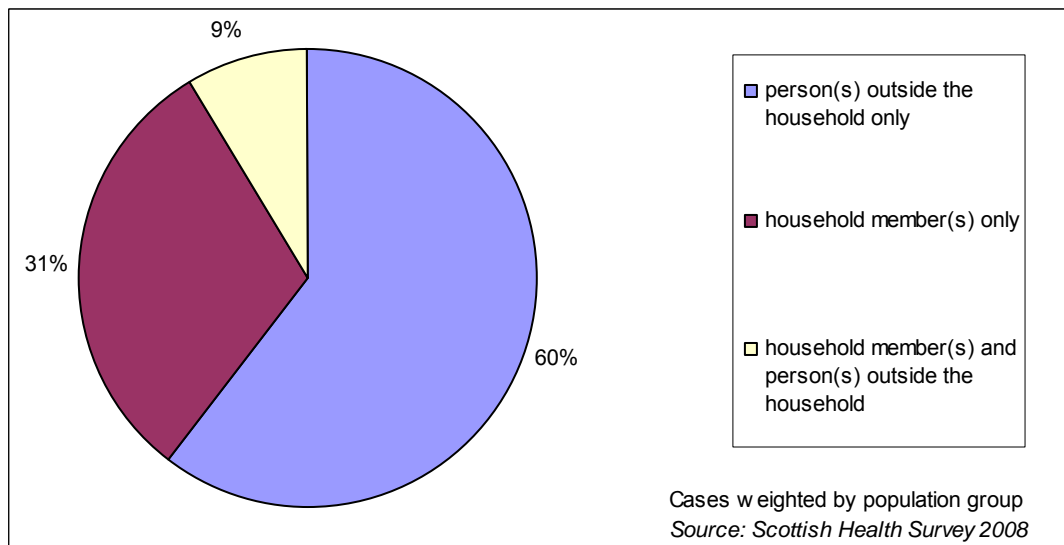


**Figure 4.15: Self-reported health of carers in Scotland (unweighted Base = 843)**



4.56 The Scottish Health Survey also asks its respondents about who the care is provided for. Most carers, (60%) solely provide care to someone outside of their household. (Figure 4.16)

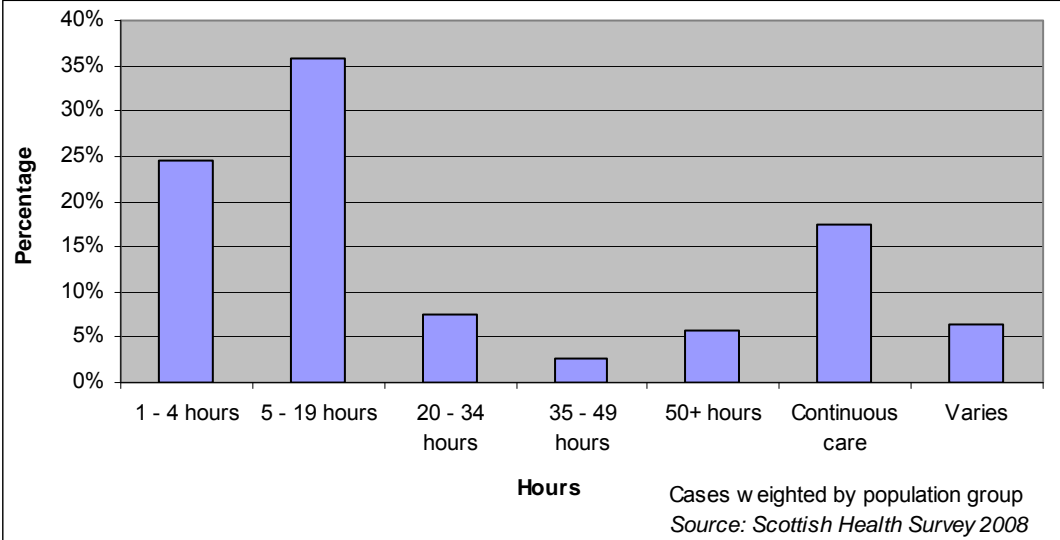
**Figure 4.16: Who regular help or care is provided for (unweighted Base = 843)**



4.57 The Scottish Health Survey also asks respondents the number of hours they provide help or unpaid care for a person both inside and outside the household:

4.58 Figure 4.17 indicates that 60% of carers spend up to 19 hours a week providing unpaid care. 17% of carers indicate that they provide continuous care. Continuous care would be if the person needs to have someone with them at all times of the day and night.

**Figure 4.17: Hours of help or care a person provides per week (unweighted Base = 843)**



**Summary of chapter**

4.59 In this Chapter other sources of official and government data on carers in Scotland have been reviewed. This includes data from the DWP on the Carer’s Allowance in Scotland, statutory performance indicator data on provision of short breaks from Audit Scotland, the Social Work Inspection Agencies recent Survey of Carers, data collected related to the provision of carer’s assessments in local authorities and the SHeS.

4.60 Each of these sources provides alternative information on carers, which when used in tandem with the survey data analysed in Chapter 3 provides a wider perspective on the caring experience in Scotland today.

4.61 The data from DWP and the SHeS supports the trends identified within the analysis of the 2001 Census and SHS that;

- a higher proportion of women provide unpaid care than men
- carers are more likely from middle aged or older age groups.

## 5 DEMOGRAPHIC CHANGE AND ITS IMPLICATIONS FOR HEALTH AND WELL-BEING

### Introduction

5.1 In this Chapter data related to projected demographic change and its implications for health and well-being is discussed. Projecting demographic changes to the population of Scotland is important to many policy areas, but particularly in respect to carers' policy given the view that the population is ageing and in greater need of care and support. This will increase demands on the state, social services and families.

### Population projections for Scotland

5.2 A useful piece of work in this area was conducted by the General Register Office for Scotland (GRO for Scotland) entitled the *Projected Population of Scotland*. This National Statistics publication was first published in October 2007 and made population characteristic projections to 2031, based on 2006 data.

5.3 Table 5.1 shows the projected changes to Scotland's population at five-yearly intervals to 2031. The data indicates that the population of Scotland is projected to rise from 5.12 million in 2006 to a high of 5.37 million in 2031. Conversely, projections beyond 2031 will see the population slowly decline, falling to below 5 million in around 2076. Also interesting is that the number of children aged under 16 is projected to decrease by 7%, from 0.92 million in 2006 to 0.86 million in 2031.

**Table 5.1: Projected population numbers in Scotland by age groups 2006 to 2031**

	2006	2011	2016	2021	2026	2031
All Ages	5,117,000	5,206,000	5,270,000	5,326,000	5,363,000	5,374,000
0-15	922,000	897,000	896,000	905,000	887,000	858,000
16-29	912,000	955,000	922,000	864,000	842,000	848,000
30-44	1,107,000	1,019,000	978,000	1,011,000	1,032,000	994,000
45-59	1,058,000	1,104,000	1,144,000	1,081,000	992,000	955,000
60-74	735,000	812,000	866,000	939,000	988,000	1,026,000
75+	382,000	417,000	464,000	526,000	622,000	692,000
Children	922,000	897,000	896,000	905,000	887,000	858,000
Working ages	3,213,000	3,260,000	3,303,000	3,309,000	3,313,000	3,227,000
Pensionable ages	983,000	1,048,000	1,072,000	1,112,000	1,163,000	1,289,000

Source: GRO for Scotland

**Table 5.2: Projected proportion changes of Scotland by age groups in Scotland 2006 to 2031**

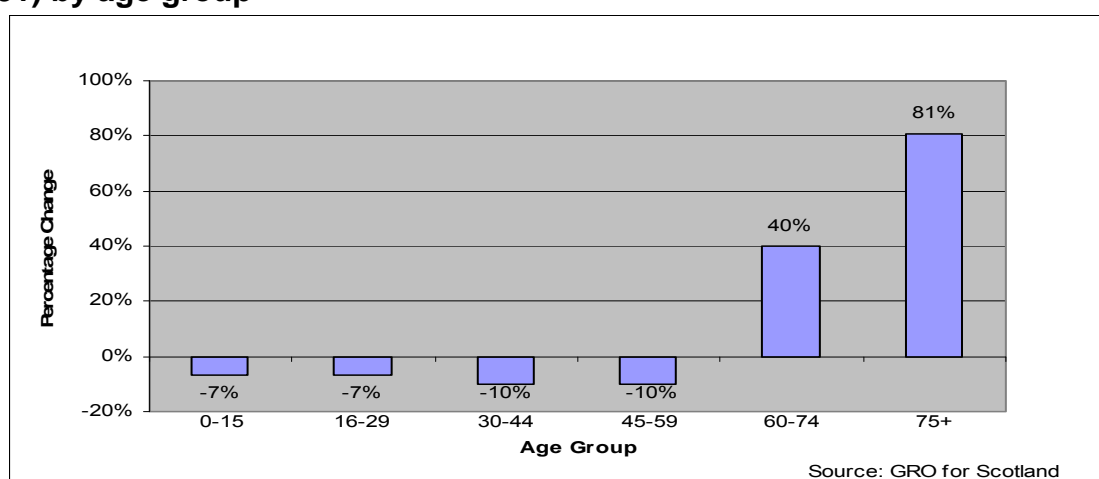
	2006	2011	2016	2021	2026	2031
<b>All Ages</b>	<b>5,117,000</b>	<b>5,206,000</b>	<b>5,270,000</b>	<b>5,326,000</b>	<b>5,363,000</b>	<b>5,374,000</b>
	%	%	%	%	%	%
0-15	18	17	17	17	17	16
16-29	18	18	17	16	16	16
30-44	22	20	19	19	19	18
45-59	21	21	22	20	18	18
60-74	14	16	16	18	18	19
75+	7	8	9	10	12	13
<i>Children</i>	18	17	17	17	17	16
<i>Working ages</i>	63	63	63	62	62	60
<i>Pensionable ages</i>	19	20	20	21	22	24

Source: GRO for Scotland

5.4 The age projections in Tables 5.1 and 5.2 suggest that the number of people of working age<sup>12</sup> in Scotland is projected to increase slightly from 3.21 million in 2006 to 3.23 million in 2031 (an increase of around 0.4 per cent). The number of people of pensionable age<sup>13</sup> in Scotland is also projected to rise by around 31 per cent from 0.98 million in 2006 to 1.29 million in 2031.

5.5 Figure 5.1 indicates a substantial change in the projected age of the population that will be of particular relevance for carers' policy in Scotland: the number of people aged 75 and over is projected to increase by around 81% from 0.38 million in 2006 to 0.69 million in 2031.

**Figure 5.1: Projected Percentage Change in Scotland's population (2006 to 2031) by age group**



<sup>12</sup> Working age is 16-59 for women and 16-64 for men until 2010; between 2010 and 2020 working age becomes 16-64 for women. Between 2024 and 2026 working age for both men and women becomes 16-65 and changes again, in two further steps, to 16-67 by 2046.

<sup>13</sup> Pensionable age is 65 for men, 60 for women until 2010; between 2010 and 2020 pensionable age for women increases to 65. Between 2024 and 2026 the pensionable age for both men and women increases to 66 and changes again, in two further steps, to 68 by 2046.

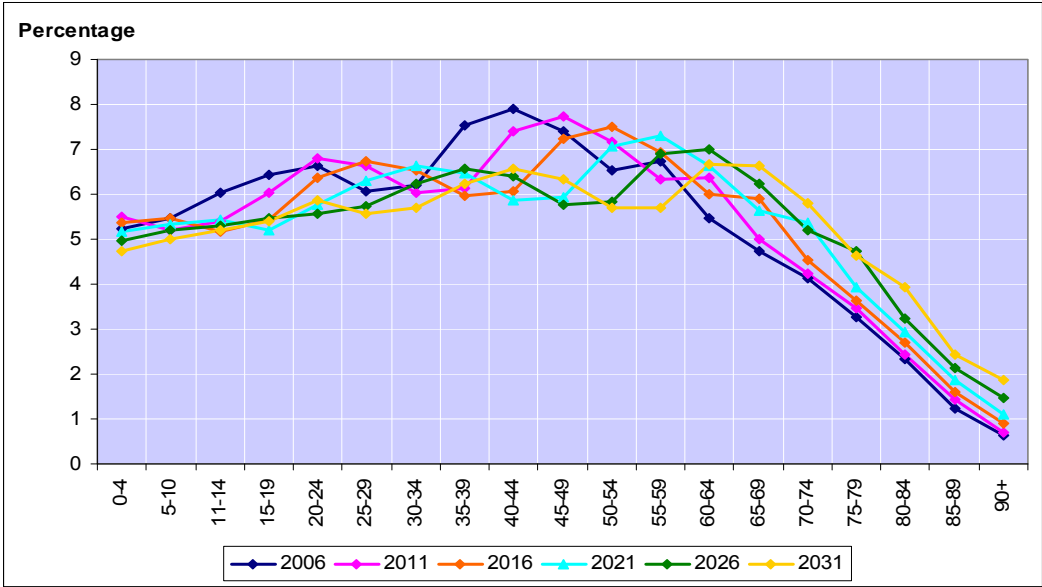
5.6 The shifting age profile of Scotland’s projected population can also be seen in Table 5.3 and Figure 5.2:

**Table 5.3: Projected percentage of Scottish population in age bands 2006 to 2031**

	2006	2011	2016	2021	2026	2031
<b>All ages</b>	5117000	5206000	5270000	5326000	5363000	5374000
	%	%	%	%	%	%
<b>0 to 4</b>	5.20	5.50	5.40	5.20	5.00	4.70
<b>5 to 10</b>	5.50	5.20	5.50	5.30	5.20	5.00
<b>11 to 14</b>	6.00	5.40	5.20	5.40	5.30	5.20
<b>15 to 19</b>	6.40	6.00	5.40	5.20	5.50	5.40
<b>20 to 24</b>	6.60	6.80	6.40	5.80	5.60	5.90
<b>25 to 29</b>	6.10	6.60	6.70	6.30	5.70	5.60
<b>30 to 34</b>	6.20	6.00	6.50	6.60	6.20	5.70
<b>35 to 39</b>	7.50	6.10	6.00	6.50	6.60	6.20
<b>40 to 44</b>	7.90	7.40	6.10	5.90	6.40	6.60
<b>45 to 49</b>	7.40	7.70	7.20	5.90	5.80	6.30
<b>50 to 54</b>	6.50	7.20	7.50	7.10	5.80	5.70
<b>55 to 59</b>	6.70	6.30	6.90	7.30	6.90	5.70
<b>60 to 64</b>	5.50	6.40	6.00	6.60	7.00	6.70
<b>65 to 69</b>	4.70	5.00	5.90	5.60	6.20	6.60
<b>70 to 74</b>	4.10	4.20	4.50	5.40	5.20	5.80
<b>75 to 79</b>	3.30	3.50	3.60	3.90	4.70	4.60
<b>80 to 84</b>	2.30	2.40	2.70	2.90	3.20	3.90
<b>85 to 89</b>	1.20	1.40	1.60	1.90	2.10	2.40
<b>90+</b>	0.60	0.70	0.90	1.10	1.50	1.90

Source: GRO for Scotland

**Figure 5.2: Projected percentage changes to Scottish population by age group 2006 to 2031**

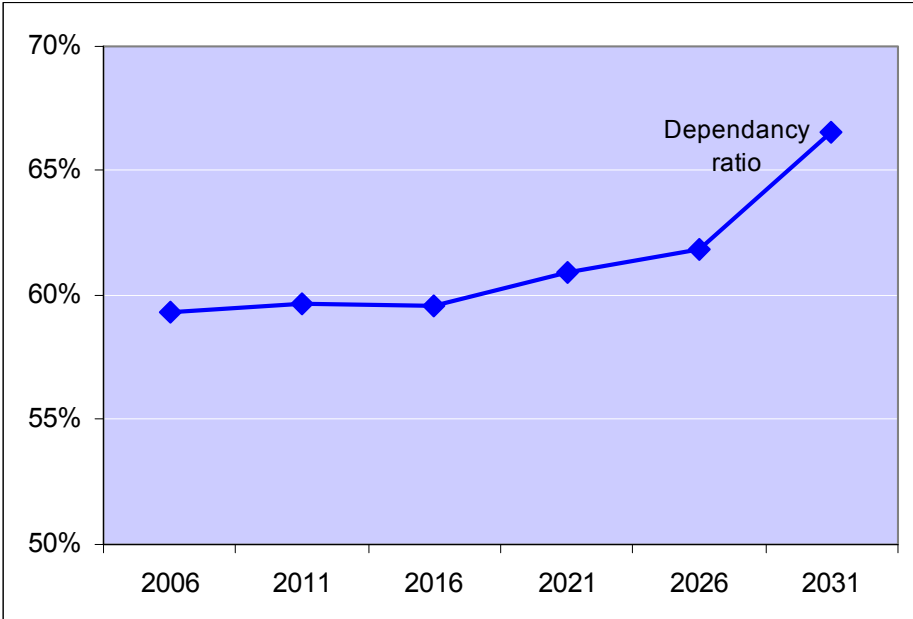


Source: GRO Scotland

5.7 The shifting projected age profile of Scotland’s population is further reflected in the dependency ratio projections (Figure 5.3\_). The dependency ratio is a summary measure of the age structure of a population showing the ratio of persons aged under-16 or over pensionable age to those of working age.

5.8 In Scotland the dependency ratio is projected to rise very slowly from around 59 per 100 working age population in 2006 to 62 per 100 in 2026. Between 2026 and 2031 the dependency ratio is projected to increase to 67 per 100 working age population.

**Figure 5.3: Projected changes to the dependency ratio in Scotland (2006 to 2031)**



Source: GRO for Scotland

5.9 Table 5.4 indicates that in 2006 the 59 dependents per 100 working age population were made up almost equally of children (29 per 100) and pensioners (31 per 100). By 2031 this distribution is projected to have changed to 27 children and 40 pensioners per 100 population of working age. This in turn means that there will be relatively fewer people joining the working age population in subsequent years.

**Table 5.4: Projected number of dependents per 100 Population: 2006-2031**

	2006	2011	2016	2021	2026	2031
<b>All dependents</b>	59	60	60	61	62	67
<b>Children Under-16</b>	29	28	27	27	27	27
<b>65/60 &amp; Over</b>	31	32	32	34	35	40
<b>65/60 to 74</b>	19	19	18	18	16	18
<b>75 &amp; Over</b>	12	13	14	16	19	21

Source: GRO for Scotland

- 5.10 Table 5.4 suggests that perhaps the increase in the population of pensionable age included in the dependency ratio is due to the increasing proportion of pensioners projected to be in the 75+ age group.
- 5.11 The 2007 GRO for Scotland analysis also provides projections based on seven alternative scenarios of changes to Scotland's population<sup>14</sup>. The population is projected to rise initially; however, under all but two of the variants (high migration and high fertility) the population begins to decline within the 75 year period covered in the report.
- 5.12 All of the variant projections show Scotland's population ageing significantly over the next 25 years with the number of people aged 75+ projected to increase by between 71% and 91%. Indeed under the variant projection of natural change only, which assumes net zero migration at every age, Scotland's population is projected to fall by 0.06 million to 5.06 million by 2031.

### **Household projections for Scotland**

- 5.13 In addition to the projected demographic changes to Scotland's population, household projections are also published as a National Statistics Publication (GRO for Scotland, 2008). This publication gives forward projections of the number of households in Scotland up to 2031, based on population estimates of Scotland in 2006.

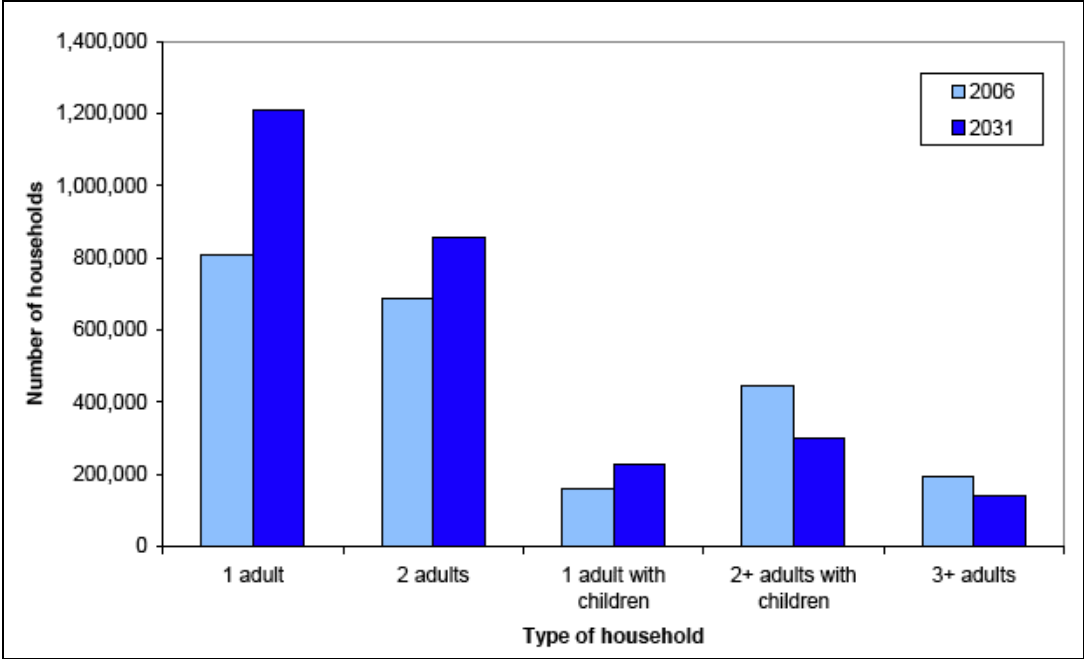
### ***Household projections***

- 5.14 This work suggests that between 2006 and 2031, the number of households in Scotland is projected to increase by 19% to 2.7 million - an average of 17,600 additional households per year. Over the same period, the population in Scotland is projected to increase by around 5%. Most of the projected increase, therefore, is the result of more people living alone or in smaller households. The analysis indicates that the average household size is projected to decrease from 2.19 people in 2006 to 1.93 in 2031.
- 5.15 An additional concern is that Scotland's population is ageing, with more people in the older age groups and fewer in the younger age groups. This has an impact on household structure, as children tend to live in larger households and older people in smaller ones. This has implications for carers' policy in Scotland because while people are increasingly living longer and alone, there are less younger people to provide unpaid care.

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<sup>14</sup> The six Standard 'Single Component' Variants are: (1) High Fertility; (2) Low Fertility; (3) High Life Expectancy; (4) Low Life Expectancy; (5) High Migration; (6) Low Migration. There is an additional Special Case Scenario: (7) Zero Migration. See <http://www.gro-scotland.gov.uk/files1/stats/projected-population-of-scotland-2006-based/j896121.htm> for further details.

**Figure 5.4: Projected number of households in Scotland by household type 2006 to 2031**



Source: GRO for Scotland

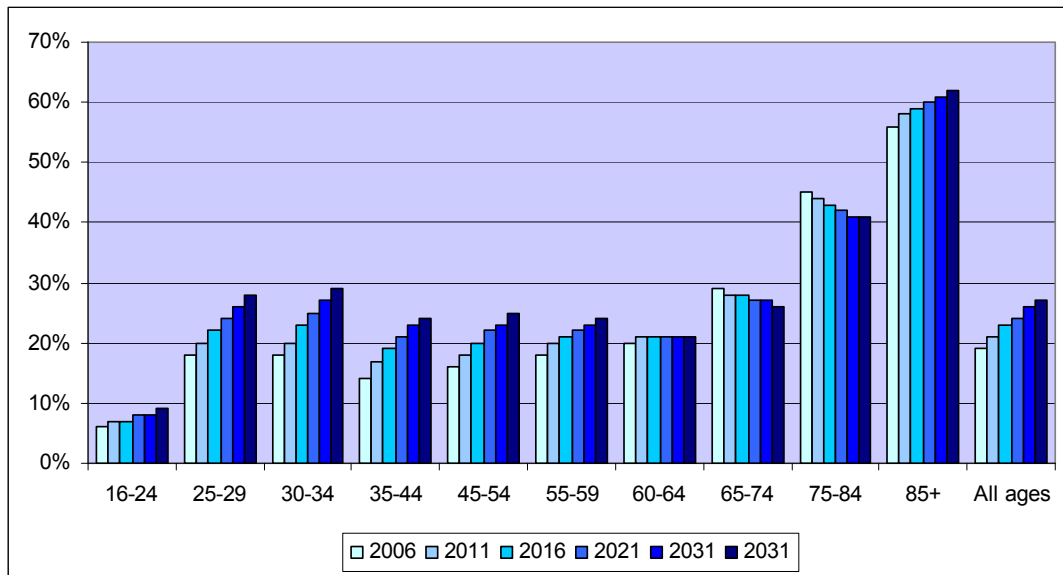
5.16 The projections to 2031 in Figure 5.4 suggest a large increase in households containing just one adult, from around 809,000 (35% of households) in 2006 to over 1.2 million (44%) in 2031. There are also projected increases in other small households. Households containing just two adults without children are projected to rise from 687,000 to 858,000, though there is a projected 21% decrease in the number of two adult households in the 35-59 age groups. The number of households containing one adult with children is projected to rise from 157,000 to 226,000. In contrast, the number of larger households is projected to fall, with households containing two or more adults with children decreasing from 443,000 (19% of all households) in 2006 to 300,000 (11%) by 2031. There is also a projected decrease in the number of households containing three or more adults, from 195,000 to 139,000.

**One adult households**

5.17 Figure 5.5 indicates that in 2006 19% of the population aged 16 or over lived alone. This is projected to rise to around 27% by 2031. Although a slight decrease in projected age and number of people living alone is expected by 2031 for those in the 65-74 and 75-84 age groups, people are still more likely to live alone as they become older, particularly for those in the over 85 group, where 62% of people aged over 85 are projected to be living alone in 2031.

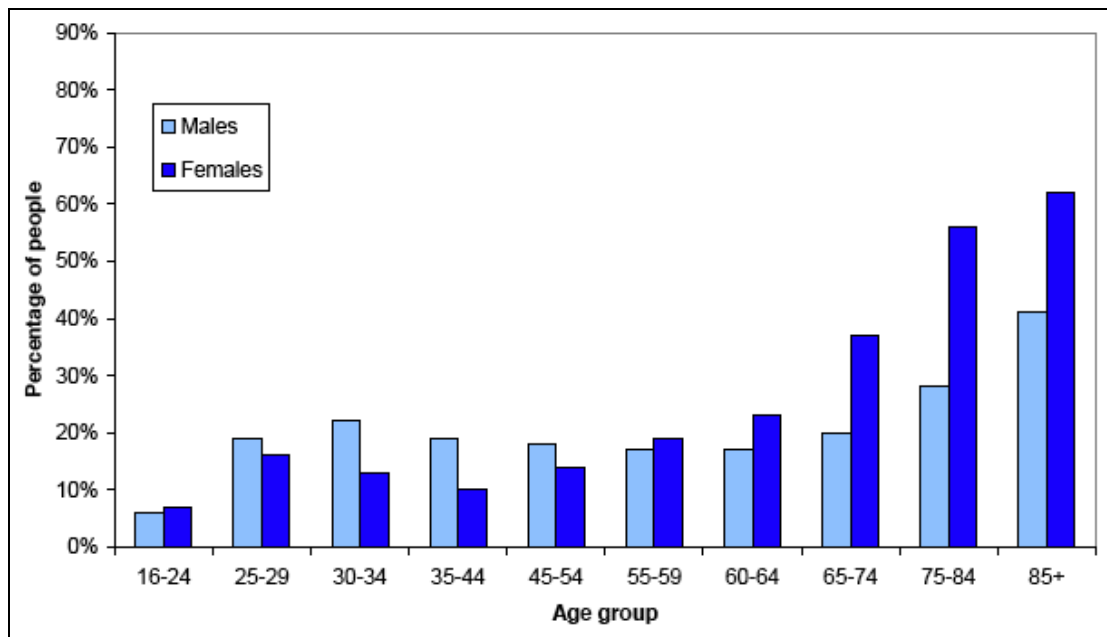


**Figure 5.5: Projected percentage of people living alone by age group**



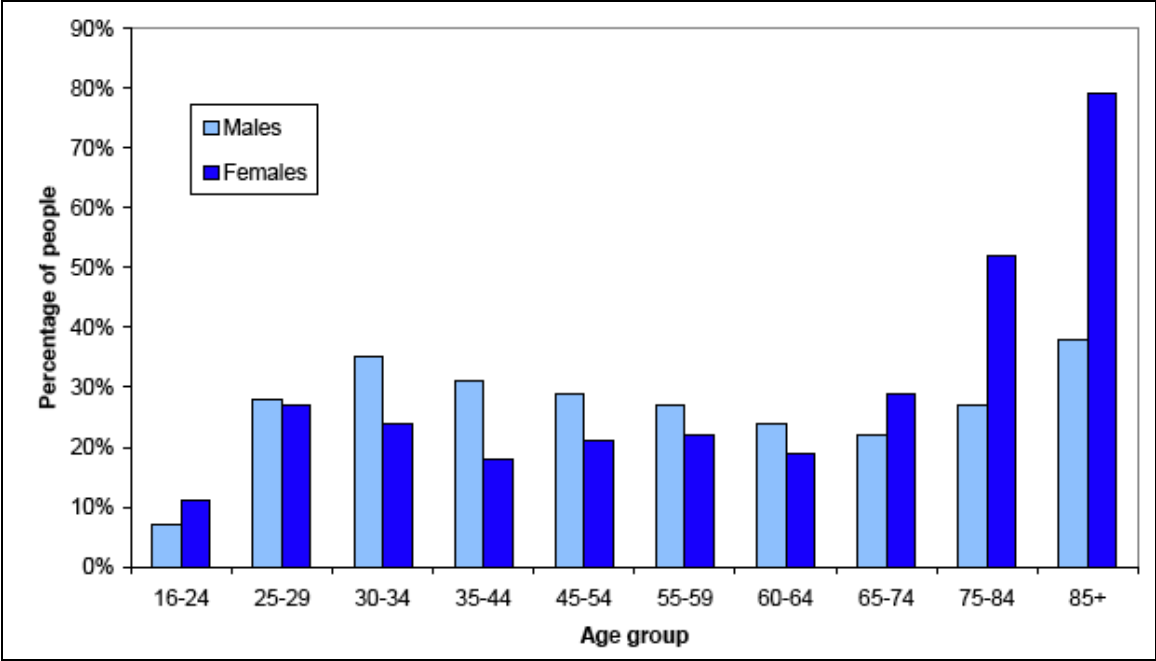
Source: GRO for Scotland

**Figure 5.6: Percentage of people living alone in 2006 by age group and gender**



Source: GRO for Scotland

**Figure 5.7: Projected percentage of people living alone in 2031 by age and gender**



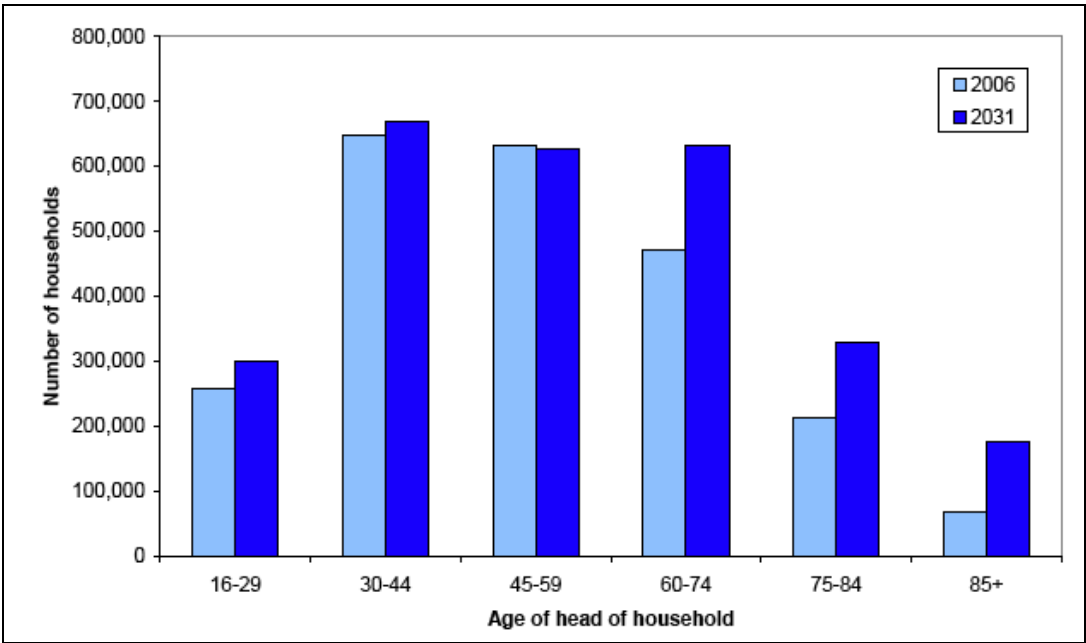
Source: GRO Scotland

5.18 Figures 5.6 and 5.7 show the projected changes from 2006 to 2031 of people living alone by age group and gender. Older women are more likely than older men to be living alone. But the number of men living alone is projected to increase more rapidly, from 353,000 households in 2006 to 554,000 in 2031, an increase of over a half. The number of men living alone who are aged 85 or over is projected to increase from 11,000 to 35,000.

***Age of head of household***

5.19 Figure 5.8 shows the projected changes to households by age. Those households headed by people aged 60 or over are projected to increase by over 50% from 753,000 to 1.14 million between 2006 and 2031. In contrast, households headed by someone aged under 60 are projected to increase by just 4%, to around 1.59 million. The number of households headed by someone aged 85 or over is projected to more than double over the same period, from 69,000 to 177,000.

**Figure 5.8: Projected age of head of household**



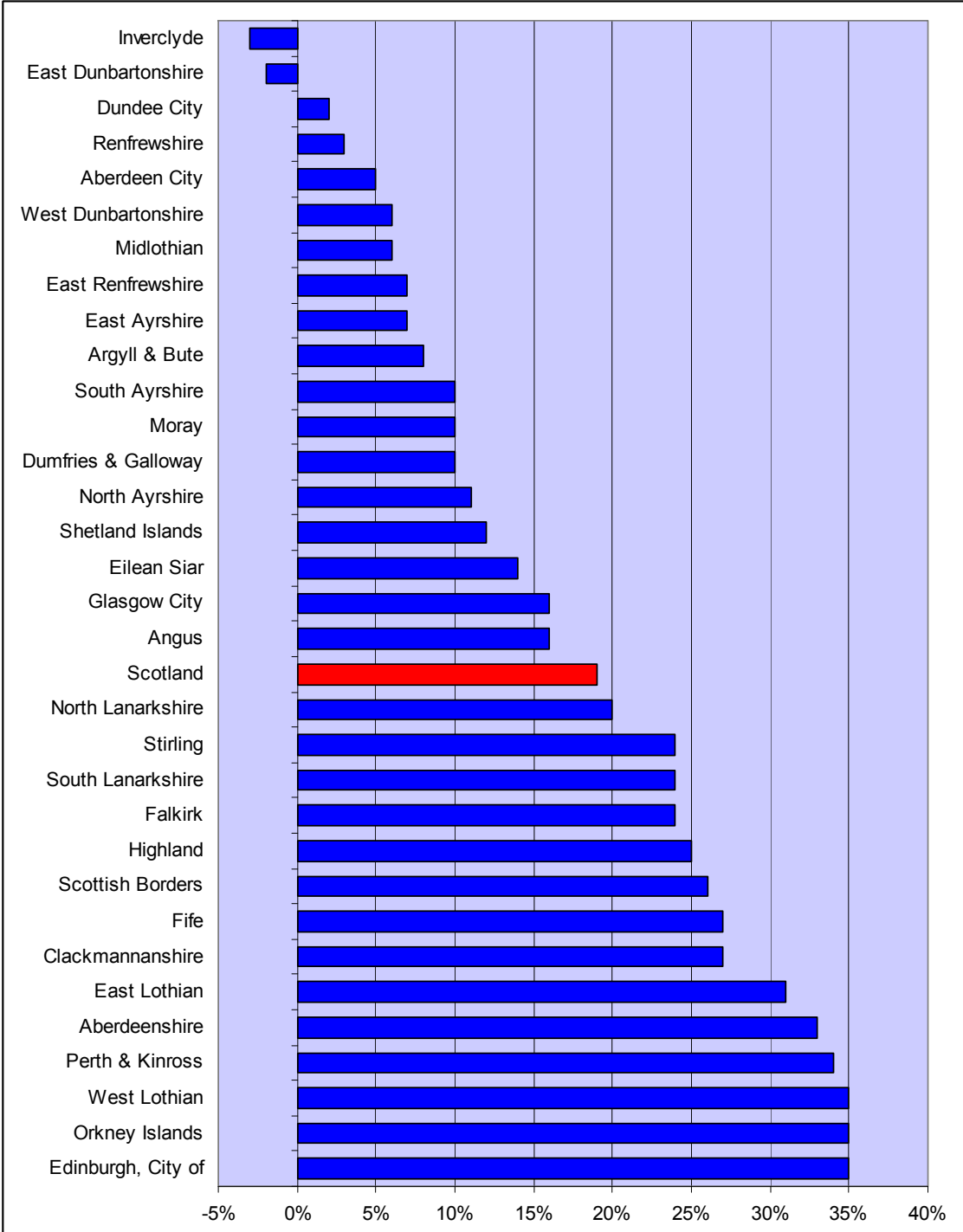
Source: GRO for Scotland

***Households by Local Authority***

5.20 Examination of the projected percentage change in the number of households in Scotland by local authority area (Figure 5.9) shows that, apart from Inverclyde and East Dunbartonshire, the number of households in all local authority areas will increase between 2006 to 2031. The largest projected increases over this period are in the Orkney Islands, West Lothian and Edinburgh (all 35%). Perth and Kinross, Aberdeenshire and East Lothian also have projected increases of over 30%. In contrast, Inverclyde and East Dunbartonshire have projected decreases of 3% and 2% respectively.

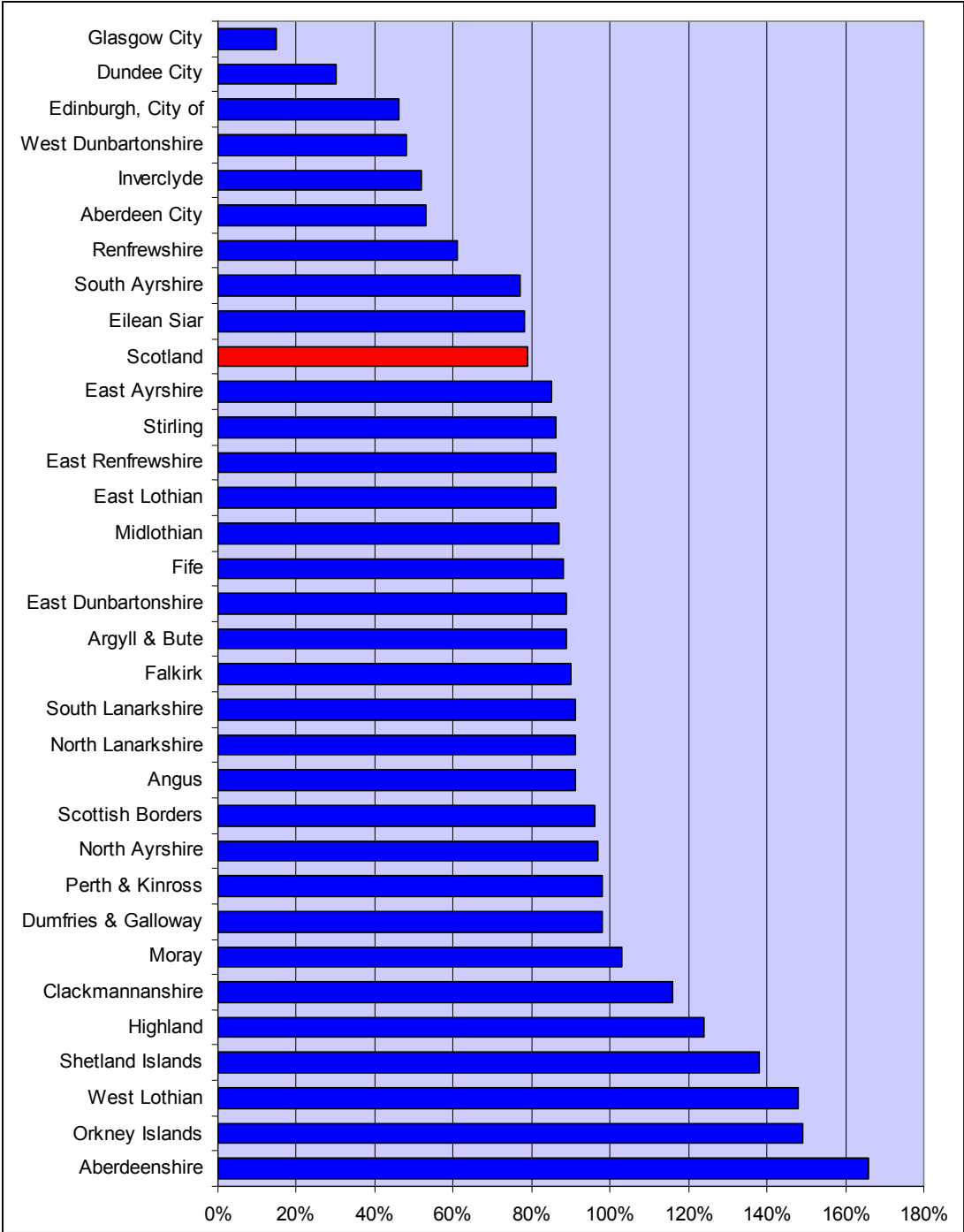
5.21 Figure 5.10 shows that all local authorities there is a projected increase in the percentage of households with head of household over 75 year olds. The biggest projected increase is predominantly in the local authorities in the most rural areas of Scotland, whereas the most urban local authorities are likely to see the smallest increases in households headed by someone aged over 75. This will have implications, for social service provision in rural areas, which may be further confounded by other changing demographics in Scotland.

**Figure 5.9: Projected percentage change in the number of households in Scotland by Local Authority area 2006 to 2031**



Source: GRO for Scotland

**Figure 5.10: Projected percentage change in households headed by someone aged 75+ by Local Authority area**



Source: GRO for Scotland

**Healthy Life Expectancy in Scotland**

5.22 Other statistics with a direct impact on carers’ policy are found in research conducted by Clark et al (2004) on Life Expectancy (LE) and Healthy Life Expectancy (HLE) in Scotland.

5.23 LE represents an estimate of the number of years from birth that an individual could expect to live. HLE represents the number of years that an individual can expect to live in good health, which ties in with the Scottish Government’s National Outcome 6 – we live longer, healthier lives. There are two HLE estimates used in the research limiting long-term illness which is a measure of serious and chronic ill-health and self-assessed health which is a measure of perceived health status both are collected in a number surveys, including the Census.

5.24 Clark et al (2004) estimated the LE and HLE for males and females in Scotland. Table 5.5 shows that in 2000 the LE for females at birth is 78.7 years. HLE estimates indicate that 73% of this life expectancy will be free from limiting long-term illness and 85% HLE (self-assessed health) will be enjoyed in ‘Good’ or ‘Fairly Good’ health. LE at birth for males is shorter, and the proportions of those years that are free from limiting long-term illness (74%) and in ‘Good’ or ‘Fairly Good’ health (88%) are similar to the figures for females.

5.25 At age 65, life expectancy for females is 17.9 years and for males is 14.8 years. Females can expect only 50% of these years to be free from limiting long-term illness but 75% to be enjoyed in good or fairly good health. The proportions of life expectancy for males at age 65 that are free from limiting long-term illness (52%) and in good or fairly good health (78%) are similar to the figures for females, but the general trend is towards higher figures for males.

5.26 Life Expectancy at birth for females is approximately 5.4 years longer than for males, representing a difference of 7%. Differences between females and males are smaller, however, when health status is taken into account. HLE estimates at birth for females are 5% and 4% higher than for males using limiting long-term illness and self-assessed health, respectively. A similar pattern of results is observed for the measures at age 65 years. LE and HLE at age 65 is higher for females than males but the difference in both measures of HLE is smaller both in absolute and relative terms.

**Table 5.5: Life expectancy and healthy life expectancy in Scotland at birth and age 65**

Age Group	At Birth			At Age 65		
	LE	HLE(LLI)	HLE(SAH)	LE	HLE(LLI)	HLE(SAH)
<b>Females</b>	78.7	57.5	57.2	17.9	8.9	13.4
<b>Males</b>	73.3	54.5	64.6	14.8	7.7	11.5
<b>Ratio (Male:Female)</b>	1.07	1.05	1.04	1.21	1.15	1.16

Source: Clark et al, 2004

## **Summary of chapter**

- 5.27 In this Chapter a number of sources of data on demographic change and its implications for health and well-being were presented and discussed. This involved outlining different previously published research from the General Register Office for Scotland and NHS Scotland's Information Services Division.
- 5.28 The material consulted here enabled the potential future make-up of Scotland's population to be understood in terms of projected population and household demographic changes. As well work done into projected Life Expectancy and Healthy Life Expectancy (Clark et al, 2004) of the Scottish population to be better understood, which will have a direct impact on the provision of unpaid care in the future as the population ages.

## 6 KEY FINDINGS AND CONCLUSIONS

### Introduction

6.1 In this Chapter the findings from each of the data sources consulted are brought together to present a picture of caring in Scotland. This builds on the established survey data on carers discussed here, and offers alternative perspectives on the caring experience in Scotland.

### Key findings

6.2 Some of the emergent themes and findings from the data examined in this research are presented below:

#### *Caring in Scotland*

6.3 **Caring requirements:** The SHS 2007/2008 estimates that around 14% of households contain someone requiring care. This compares to 33% of households reporting that they contain someone with a long-term illness or disability.

6.4 **The prevalence of caring in Scotland:** The prevalence of caring in Scotland: The 2001 Census estimated that around 10% of the population were providing care to another person and around 4% of the population were providing over 20 hours per week. While around 7% of households in the SHS sample have a carer providing help or care within the home, around 10% of the adults randomly selected for the survey provide additional help or care to someone not living with them.

6.5 **Number of carers in a household:** The SHS found that 79% of carer households have only one carer, 17% have two carers and 4% have 3 or more carers, providing care within the household. Most households in Scotland (96%) which have a person requiring additional help or caring needs has only one person in need of the extra help or care.

6.6 **Who carers care for:** The majority of carers providing help or care within the home, provide care to a parent. This was closely followed by care to other relatives including spouses, children and siblings.

6.7 **Time spent caring:** In the 2001 Census, 63% of carers were undertaking less than 20 hours of care per week and 23% were undertaking more than 50 or more hours per week. In the SHS, 48% of Scottish carers providing care to other household members provide 'continuous care'. The adults randomly selected for the SHS indicate that 79% of carers providing care to people not living with them are providing less than 20 hours per week.

6.8 **Time carers have been a carer:** For those undertaking a caring role in the household, the SHS suggested over 70% of carers have been providing care for over 5 years.



6.9 **Support services carers use:** The 68% of carers providing care to people not living with them, reported that they did not access any external support. Carers who access support reported that the most common type of service utilised was practical support including transport (22% of carers).

### ***Characteristics of Scotland's carers***

6.10 **Age:** Across all the data sources it was found that as carers get older they appear to take on more caring responsibility. The 2001 census reports that 69% of carers were aged 50 or more. The SHS indicates that 56% of carers who provide care within their household and 51% of carers providing care to people not living with them are aged 50 or more. The data was limited on young carers, as the full extent of caring undertaken by young carers is unlikely to be revealed in such surveys.

6.11 **Gender:** The 2001 Census data indicated that around 11% of women were undertaking a caring role, compared to 8% of men. The prevalence of female to male carers was around 60:40. Data relating to claimants' of the Carer's Allowance in Scotland supports this finding, with more women than men claiming the allowance. This finding is further substantiated by the SHS, as 63% of women and 37% of men provide care to people not living with them. However this difference in prevalence is less apparent when unpaid care is provided by a carer to someone within their household as in the case 54% of women and 46% of men provide care.

6.12 **Ethnicity:** The available data was unable to provide sufficient information on black and minority ethnic (BME) carers in society. Low reported numbers should not necessarily be taken as an indication of low prevalence of caring, but could be a reflection of the difficulties survey research has in adequately sampling small groups in society.

6.13 **Health of Carers:** Around 12% of carers undertaking an unpaid caring role and 18% of those undertaking more than 20 hours of unpaid care reported that they are in poor health. This is interesting and important in highlighting how carers may themselves suffer from the effects of illness and disability.

6.14 **Economic Activity:** Amongst economically active carers providing any unpaid care to household members, it is part-time workers (both self-employed and employed) who are most likely to be carers. These two groups, along with the unemployed, are also the groups who are most likely to provide over 20 hours care each week. For economically inactive people undertaking any unpaid care, the biggest proportion of carers are those who already have family/home caring responsibilities, followed by those who are retired.

6.15 **Social Class:** The households least likely to have a carer are those households in the higher managerial and professional occupations at around 7% of households. Households with a carer are most likely to be in the lower managerial and professional occupations class (26%).

6.16 **SIMD:** The biggest proportion of households with a carer who cares for another household member (28%) are in the 20% most deprived data zones in the SIMD. The proportion of households with a carer then decreases steadily as deprivation decreases, so that the least deprived 20% of data zones also has the least prevalence of households with carers in Scotland (13%).

## Conclusions

6.17 The aim of this project was to outline the main sources of information on carers in Scotland and present key information which could be used by Scottish Government, COSLA officials and third sector stakeholders working with carers as a resource that could inform the policy process.

6.18 Each source of data consulted, analysed and discussed in this research provides different and important insights into unpaid carers in Scotland. The 2001 Census data provides a snapshot of the total population that can be used as a comparative baseline. Comparing the 2001 Census data with data from the SHS, DWP and SHeS, it has been established that:

- a higher proportion of women provide unpaid care than men
- carers are more likely from middle aged or older age groups.

6.19 Analysis of the SHS data has identified that for carers' providing care to someone within their household, they are far more likely to be providing continuous care, than a carer providing care to someone not living with them. This difference in caring demands is something that can not be identified from the Census and is useful to know when considering the different needs/requirements of a carer.

6.20 It is generally thought that much unpaid caring is hidden particularly among BME and young carer groups from mainstream service providers for various reasons. These include lack of cultural awareness, lack of appropriate information or people not identifying themselves as carers. Data from large scale surveys such as the Census and SHS provide limited information on young carers and BME groups because of the relatively small sample size from these groups. In addition, these groups may have difficulties completing the survey or may not identify themselves as carers. Low levels of young carers and black and minority ethnic carers were identified in the data sources consulted, and no insights or findings were possible on lesbian, gay, bisexual and transgender carers in society.

6.21 Large scale quantitative survey research can have a positive impact on policy formulation and can help build a more complete understanding of who is providing unpaid care. However, this type of research will always be limited in providing a complete picture of minority carer groups. However, there is clearly scope for the inclusion of alternative research strategies such as qualitative interviewing or focus groups that can explore the unique experiences and important role that all carers undertake in society.

6.22 More generally the commitment of the Scottish Government, in partnership with COSLA and other stakeholders to review the National Carers Strategy and assess the progress towards meeting recommendations of the Care 21 Report will further the interests of carers by highlighting and revealing the experiences and needs of different unpaid caring groups and their home situation. By embracing a Community Care Outcome approach, which embeds users and carer satisfaction at the heart of community care services, this will arguably ensure that the voice of many unpaid carers in Scotland is being listened to, valued and acted upon.

## 7 REFERENCES AND USEFUL LINKS

*Blackwell's Encyclopaedia of Social Work*

Care 21 (2006) *The Future of Unpaid Care in Scotland. Headline Report and Recommendations*. Edinburgh, the Scottish Executive

Carers UK (2008) *Carers in Crisis: A Survey of Carers' Finances in 2008*. London, Carers UK

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General Registers Office for Scotland (2008) *Household Projections for Scotland 2006-based*. Accessed at: <http://www.gro-scotland.gov.uk/files2/stats/household-projections/gros-household-projections-for-scotland-2006-based.pdf>

Scottish Executive (2003) *Community Care and Health (Scotland) Act 2002 Guidance on Sections 8-12: Carers*. Edinburgh, the Scottish Executive

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Scottish Executive (2006) *Scottish Executive Response to Care 21 Report: The Future of Unpaid Care in Scotland*. Edinburgh; the Scottish Executive <http://www.scotland.gov.uk/Publications/2006/02/28094157/0>

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Scottish Government (2008) *The Scottish Household Survey*. Accessed at: <http://www.scotland.gov.uk/Topics/Statistics/16002/PublicationAnnual>

Scottish Government (2009) *The Scottish Health Survey*. Accessed at: <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey>

Scottish Government (2009) *Respite care services provided or purchased by Local Authorities in Scotland*. Accessed at: <http://www.scotland.gov.uk/Publications/2010/02/22113516/0>

Social Work Inspection Agency (no date) *Statistical Data from SWIA Performance Inspections*. Accessed at: <http://www.swia.gov.uk/swia/591.147.html>

## Useful Links

### National data sources

- Audit Scotland <http://www.audit-scotland.gov.uk/>
- COSLA <http://www.cosla.gov.uk/>
- Direct Gov <http://www.direct.gov.uk/en/index.htm>
- DWP tabulation tool <http://research.dwp.gov.uk/asd/tabtool.asp>
- General Registers Office for Scotland <http://www.gro-scotland.gov.uk/>
- Information Services Division Scotland <http://www.isdscotland.org/>
- Office of Public Sector Information <http://www.opsi.gov.uk/>
- Scotland Performs <http://www.scotland.gov.uk/About/scotPerforms>
- Scotland's Census Records Online <http://www.scrol.gov.uk/>
- Scottish Government Health & Care Statistics <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health>
- Social Work Inspection Agency <http://www.swia.gov.uk/>

### Caring and carer organisations and voluntary bodies

Different non-governmental and voluntary sector support Scotland's carers in their caring role and provide information, data and research on Scotland's carers. A thorough overview of all of this material is beyond the scope of this report, which is primarily about collecting in one place the different sources of official data on unpaid carers.

Some of these NGO/voluntary bodies are listed below. Though please note this is not an exhaustive list:

Princess Royal Trust for Carers <http://www.carers.org>  
Shared Care Scotland <http://www.sharedcarescotland.com/>  
Crossroads Caring in Scotland <http://www.crossroads-scotland.co.uk/>  
Carers Scotland <http://www.carerscotland.org/Home>  
Coalition of Carers in Scotland <http://www.carersnet.org/>  
Scottish Young Carers Service Alliance <http://www.youngcarers.net/>  
VOCAL <http://www.vocal.org.uk/>  
MECOPP <http://www.mecopp.org.uk/>  
Alzheimers Scotland <http://www.alzscot.org/>  
Children 1<sup>st</sup> <http://www.children1st.org.uk/>  
Barnardo's Scotland <http://www.barnardos.org.uk/scotland.htm>

## Academic Research and Contacts

Academic interest in carers is considerable and growing, with different university departments and academics taking an interest in different aspects of caring in society. It is not possible to provide an exhaustive list of all past and present research on carers and caring in UK universities. To find out about current academic work in this field, individual universities should be contacted. Some examples of recent/current research includes:

Loughborough University - Young Carers Research Group

<http://www.lboro.ac.uk/departments/ss/centres/YCRG/>

The Robert Gordon University - Carers Research Group

<http://www.rgu.ac.uk/carers/general/page.cfm>

University of Leicester - Leicestershire Young Carers Research

[http://www2.le.ac.uk/departments/health-sciences/extranet/research-groups/nuffield/project\\_profiles/lycr.html/?searchterm=carers](http://www2.le.ac.uk/departments/health-sciences/extranet/research-groups/nuffield/project_profiles/lycr.html/?searchterm=carers)

The University of Bradford - Research on Men as Carers

[http://www.brad.ac.uk/acad/ssh/research/rumm/men\\_as\\_carers.php](http://www.brad.ac.uk/acad/ssh/research/rumm/men_as_carers.php)

The University of York Social Policy Research Unit - Research on Carers

<http://www.york.ac.uk/inst/spru/research/bysub/carers.html>

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[www.scotland.gov.uk/socialresearch](http://www.scotland.gov.uk/socialresearch)

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