

# National Advisory Council on Women and Girls: Monthly Spotlight

## CARERS

### Summary

Care work can be formal (when it is someone's job) or informal (unpaid care, provided by family, friends and neighbours). Women are more likely than men to do both paid and unpaid care work.

Adults in the most deprived areas are more likely to provide regular unpaid care than those in the least deprived areas. The majority of unpaid carers spend 19 hours or less caring per week.

Women are far more likely than men to be lone parents. Women in Scotland also spend more than twice as much time as men caring for their own children on average.

Caring can be a positive and rewarding experience and can have a positive impact on wellbeing, but it can also be associated with poor psychological wellbeing and physical health. Carers are less likely to report having good or very good general health, and are more likely to have a long-term health problem or disability that limits their day-to-day activities.

#### Key Figures

- In 2018, 18% of women aged 16+ undertook unpaid care, compared to 12% of men.
- 20% of women in the most deprived areas provided regular unpaid care in 2017-18, compared to 16% of women in the least deprived areas.
- In 2017-18, 32% of girls and women who were unpaid carers provided less than 5 hours a week and another 35% reported caring for 5-19 hours a week. 16% provided 50+ hours a week.
- Just over half of unpaid female carers were employed or self-employed in 2011 (54%), while another quarter were retired (24%). This was similar to the female population as a whole.
- In 2011, 87% of lone-parent families in Scotland were female lone parents.
- Women spent an average of 35 minutes per day on childcare for resident children in 2014-15, compared to 16 minutes for men.
- Only 37% of unpaid carers (aged 17+) identifying as women said that caring had NOT had a negative impact on their health and wellbeing, in 2017-18.
- Over two thirds of Carer's Allowance payments in Scotland in 2019 were made to female carers.

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**Note:** Although most of the evidence presented here is based on robust survey data collected by Scottish Government, it should be noted that there are particular challenges with identifying people who are carers, largely because they may not always identify as such themselves. This may be because they see their care work as part of their relationship to the person they care for, or because caring can often start at a low level, and it may not be until the caring intensifies or the carer gives up employment as a result, that they start to see themselves as a carer. Research has also found that identifying as a carer may be difficult for some people because it means acknowledging that the other person needs care.<sup>1</sup>

## Introduction

This paper offers an overview of current evidence about carers in Scotland, from a gendered perspective. It is a summary overview, and is intended to be accessible for anyone regardless of whether or not they have existing knowledge about this area.

Being a carer can entail a number of different things. Formal carers are those whose job it is to provide care to other people. This might include providing childcare, being a foster carer, or residential, day and domiciliary care for those with a long-term physical condition, mental ill-health, disability, or problems related to old age.

Informal carers are perhaps most often thought of as people who look after, or give any regular help or support to, family members, friends, neighbours or others because of a long-term physical condition, mental ill-health or disability; or problems related to old age. However informal care work can also include taking care of children, regardless of whether or not they have health conditions or a disability.

## 1. Who does care work?

### 1.1 Formal care work

In 2018, 141,200 people in Scotland aged 16+ were employed in the following caring occupations – of which 87% were women (123,200) and 13% were men (18,000):<sup>2</sup>

- Residential, day and domiciliary care managers and proprietors
- Nursery nurses and assistants
- Childminders and related occupations
- Play workers
- Educational and support assistants
- Care workers and home carers
- Senior care workers
- Care escorts

In total, 5.4% of all people aged 16+ in employment in Scotland in 2018 were employed in these caring occupations. 10% of employed women were employed in these occupations, compared to 1% of employed men.

In 2018, the gender pay gap for those working full time in caring personal service occupations was 7.5% – the difference between men's and women's median hourly earnings as a percentage of men's earnings.<sup>3</sup> For those working part time, the pay gap was -4.3%. (Note that while this occupational category includes those working in both childcare and related personal services, and in caring personal services, it also includes those working in animal care and control services – see endnote for further details).

## Foster caring

There were 3,758 approved foster care households at the end of 2018, a total which had gradually decreased from 4,414 in 2015 (a 15% reduction).<sup>4</sup> Three quarters of looked-after children in Scotland who live away from family are being cared for by foster carers.<sup>5</sup>

A gendered breakdown of foster carers is not currently available. Of those in Scotland who responded to a recent survey by The Fostering Network, 81% were female.<sup>6</sup> However, this was a non-random sample of foster carers and so those who responded cannot be taken as representative of all foster carers in Scotland. 9 out of 10 of those who responded were aged 35-64, with almost half (46%) being 45-54 years old. Almost half (46%) were looking after one child; a further third (30%) were taking care of two.

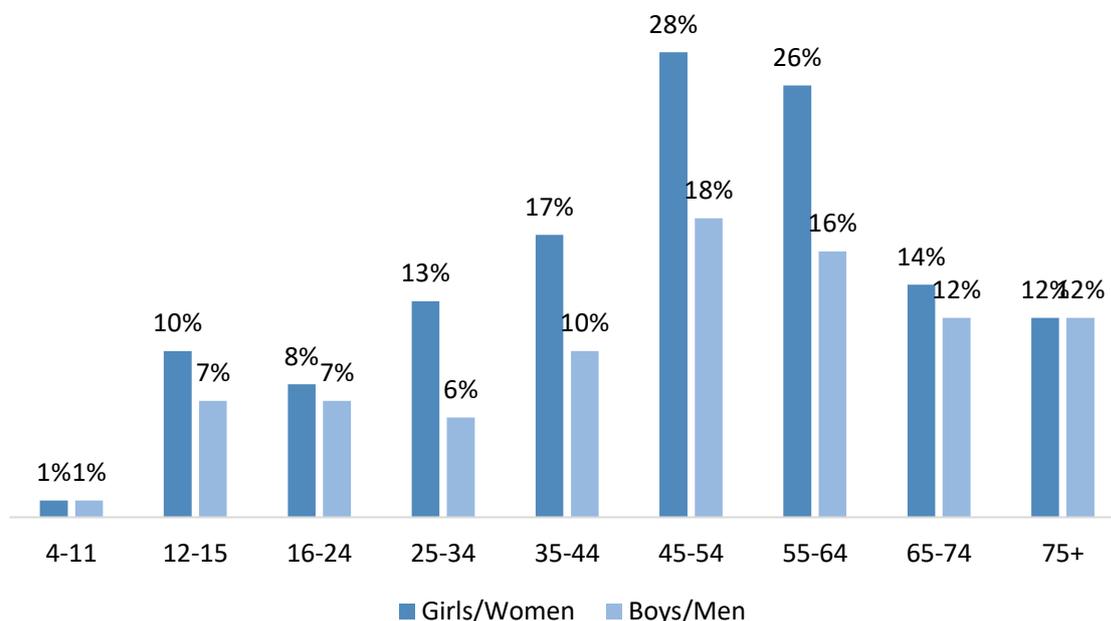
### **1.2 Informal care work – caring for those with a long-term physical condition, mental ill-health, disability, or problems related to old age**

In 2018, 18% of women aged 16 and over reported unpaid care for a family member, friend or someone else because of a long-term physical condition, mental ill-health or disability; or problems related to old age.<sup>7</sup> This compared to 12% for men.

The prevalence of this kind of unpaid care provision among children aged 4-15 was 4%, with no significant difference in prevalence between boys (3%) and girls (4%). For both genders, the prevalence of care provision was highest amongst those aged 12-15 (9% overall, 7% boys, 10% girls).

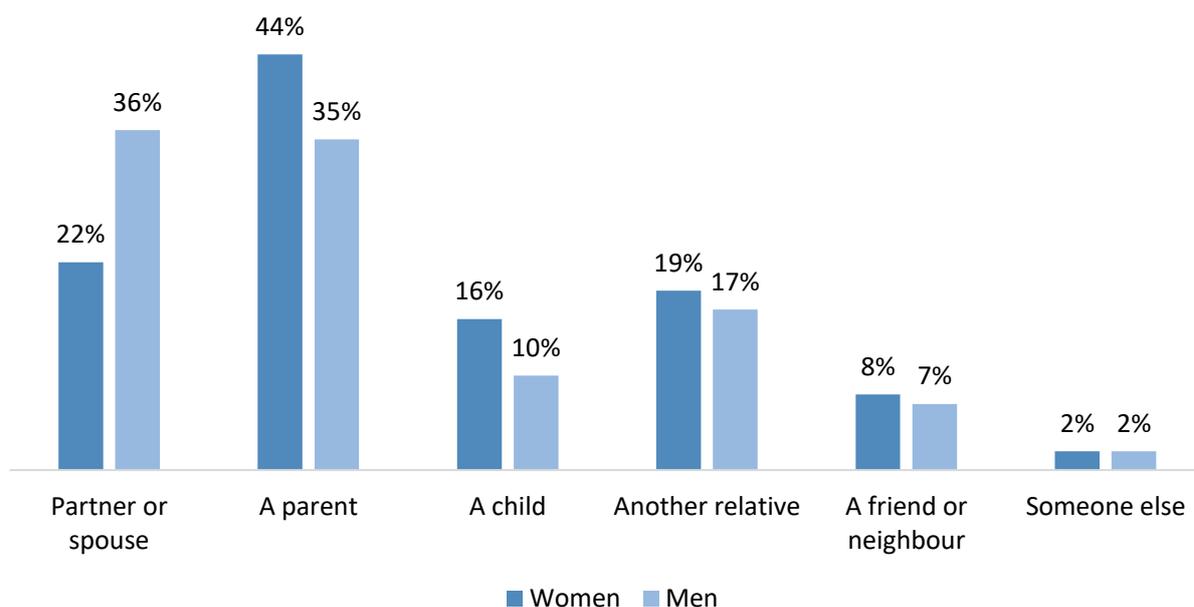
Women are more likely than men to provide regular help for any sick, disabled or frail person across all age groups (apart from those aged 75+). As the graph below shows, women aged 45-54 are the most likely to provide this care, followed by women aged 55-64.

**Graph 1: Prevalence of providing regular unpaid care, by age and gender (Scottish Health Survey, 2018)**



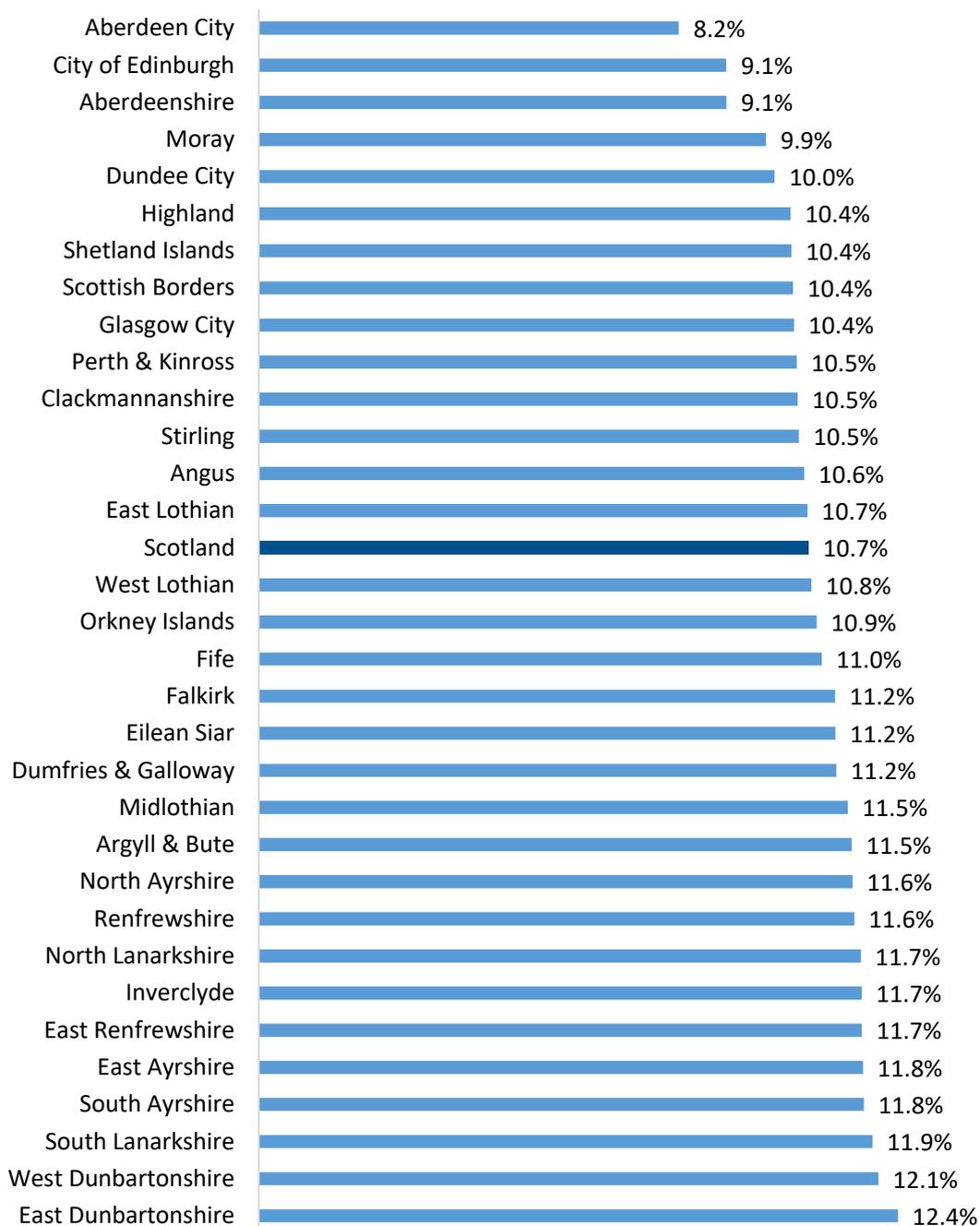
Among unpaid carers aged 17+, men were most likely to be caring for a partner or spouse, while women were most likely to be caring for a parent.<sup>8</sup> The graph below presents the data on who carers were giving regular help or support to, in 2017-18; note that respondents were able to select more than one option.

**Graph 2: Who those who identified themselves as carers were providing care to, by self-reported gender (Health and Care Experience Survey, 2017-18)**



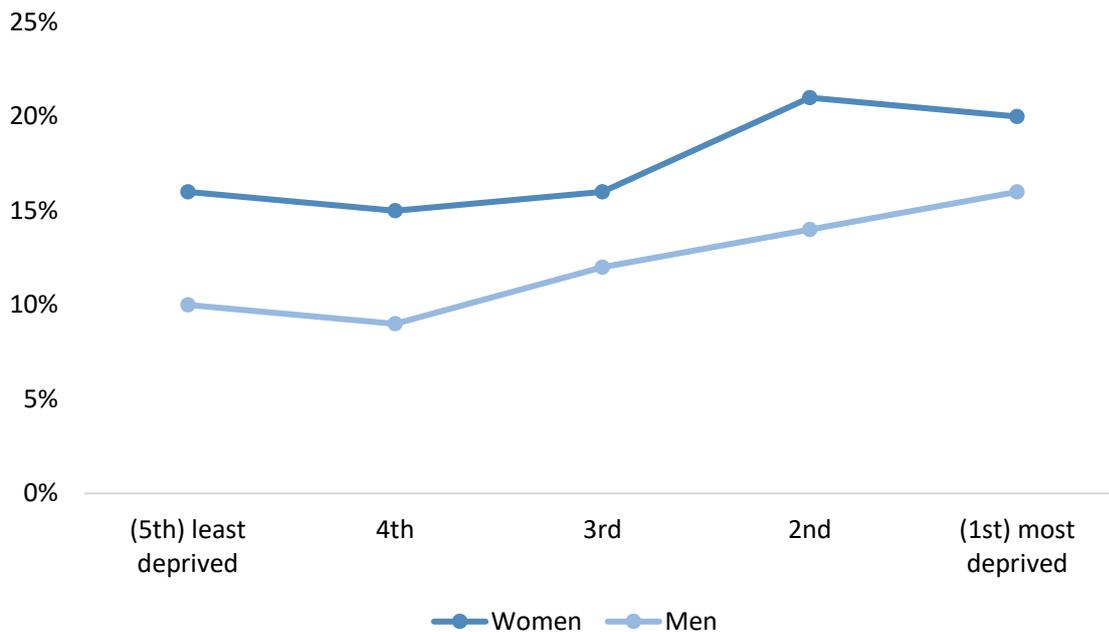
According to the 2011 Census, the lowest proportion of women and girls providing unpaid care was found in Aberdeen City, where 8.2% identified themselves as a carer. The highest rates of women and girls caring tended to be in council areas towards the west coast of Scotland, with the highest proportions in West and East Dunbartonshire (at 12.1% and 12.4% respectively).

**Graph 3: Proportion of women and girls providing unpaid care, by Scottish council area, 2011 (Scotland's Census)**



Adults in the most deprived areas are more likely to provide regular unpaid care than those in the least deprived areas. In 2017-2018 combined, 20% of women (and 16% of men) in the most deprived areas provided regular unpaid care, compared to 16% of women in the least deprived areas (and 10% of men).

**Graph 4: Caring prevalence in adults (age standardised), 2017-2018, by area deprivation and gender (Scottish Health Survey, 2018)**



A similar pattern is seen with children; in 2017-2018 combined, 1% of girls (and 1% of boys) in the least deprived areas provided regular unpaid care, compared to 4% of girls (and 3% of boys) in the most deprived areas.

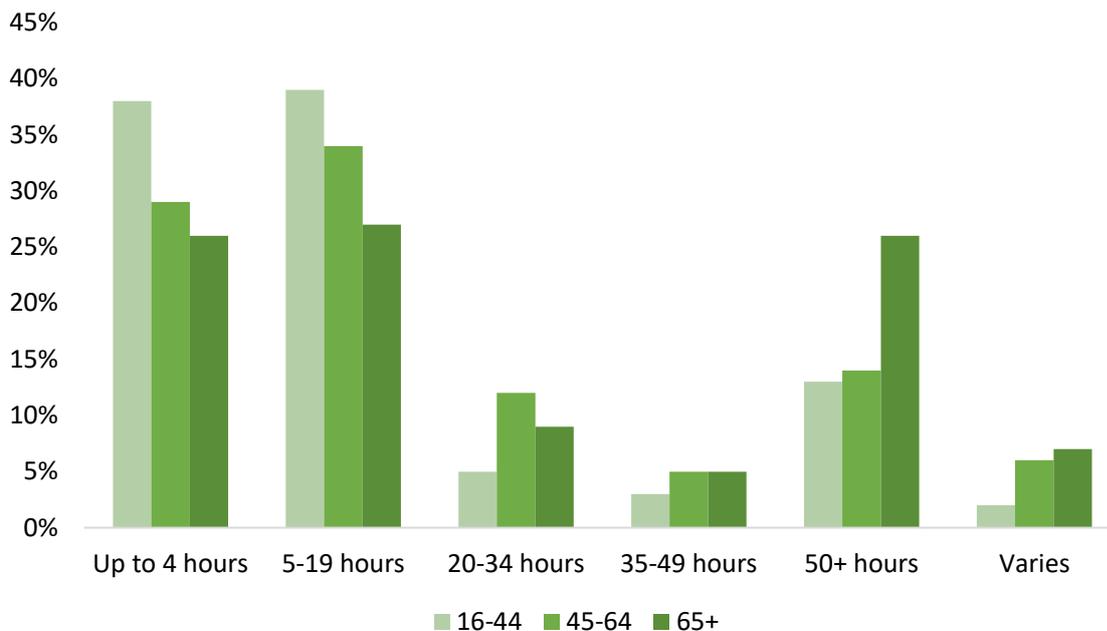
The 2011 Census suggested that 9% of the white Scottish / British / Irish population are carers compared to 5% of other ethnicities.<sup>9</sup> However, further work is needed to look at the age structure and health of different ethnic populations to see if that explains some or all of this difference.

In 2017-2018 combined, the largest proportion of carers (both male and female) reported spending 19 hours or less a week providing unpaid care.<sup>10</sup> Around a third of girls and women reported providing less than 5 hours a week (32%) and more than a third reported caring for between 5 and 19 hours a week (35%). The proportion of girls and women providing care for 50 hours or more was 16%.

There were clear age variations in the reported hours spent caring. A higher proportion of female carers aged 65+ reported providing 50 hours or more of unpaid care each week (26%) than younger age groups (14% of those aged 45-64, 13% of

those aged 16-44 and 4% of those aged 4-15). A higher proportion of girls than women reported that they provided less than 5 hours a week of care (50% among those aged 4-15 compared to 26-38% among women).

**Graph 5: Hours spent each week by female carers providing help or unpaid care, 2017-2018, by age (Scottish Health Survey, 2018)**

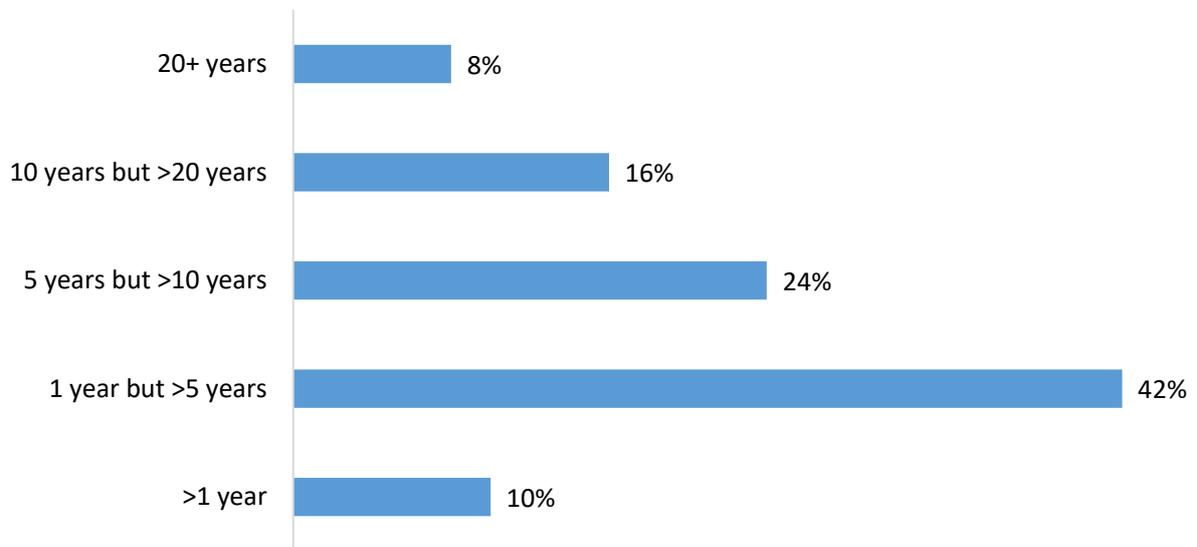


Female carers aged 65+ were more likely than male carers of the same age to report providing 50 hours or more of care a week (26% vs 16%). Girls were more likely than boys to provide care for more than 34 hours per week, (7% compared to less than 1%).

Scotland’s 2011 Census showed that children who live with a lone parent are much more likely to be a carer (6.6% were carers) than children who live with two parents (of whom 2.5% were carers).<sup>11</sup> Children who lived with a lone parent were also much more likely to have substantial caring responsibilities (35 hours or more a week) than children living with two parents. The 2011 Census showed that nearly 3% of children living with a lone parent were caring for 35 hours a week or more while only 0.5% of children living with two parents provided this level of care.

Combined data from 2014-2017 shows that two thirds of female carers (66%) had been providing care for between 1 and up to 10 years. On average, 8% had provided care for 20 years or more, but this varied significantly by age. Between 0-5% of female carers aged 16-44 had been providing care for this length of time, but this rose to 15% of female carers aged 75+.

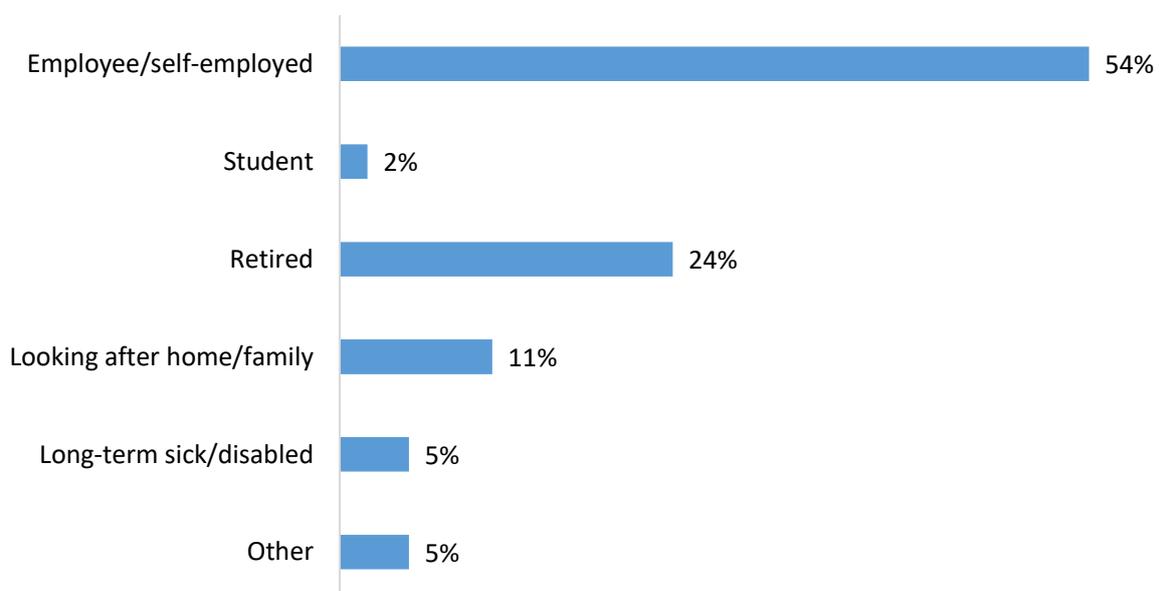
**Graph 6: Length of time providing care among female carers aged 16+, 2014-2017 (Scottish Health Survey, 2017)**



### **Economic status of carers**

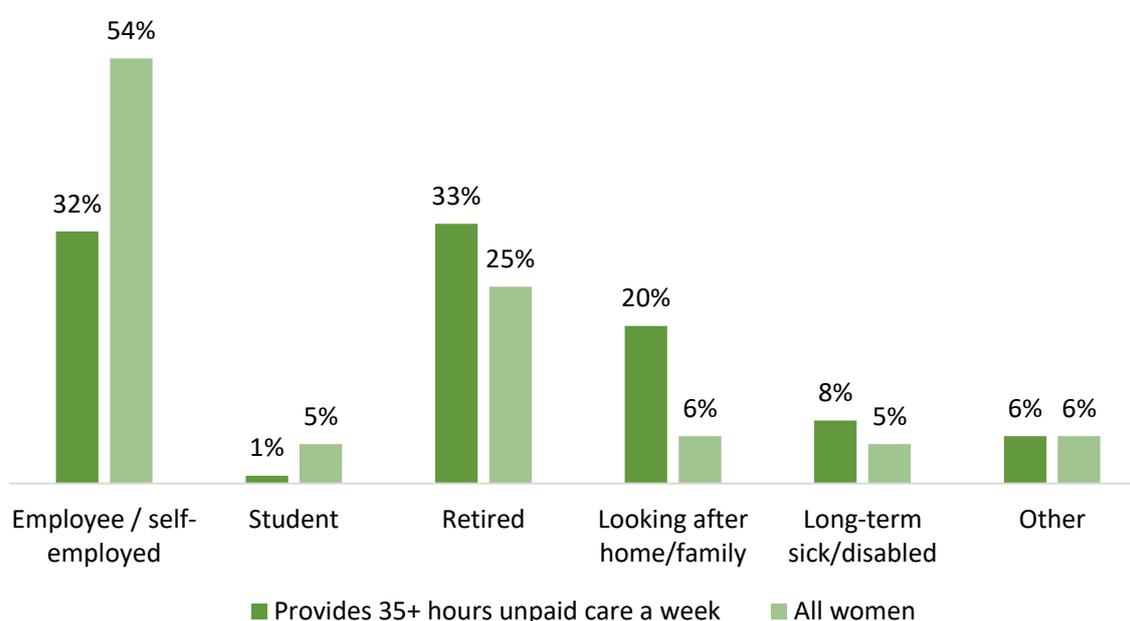
The 2011 Census showed that just over half of unpaid female carers were employed or self-employed (54%).<sup>12</sup> Another quarter were retired (24%), while a tenth were looking after home and family (11%). This is illustrated in the graph below.

**Graph 7: Economic status of female carers aged 16+, 2011 (Scottish Census)**



Overall, this split was fairly similar to that seen in the female population of Scotland as a whole. The main difference was in the proportion of women who were looking after home and family (6% overall, compared to 11% of unpaid carers). However, the picture is different for women who spent 35 or more hours a week caring, which is equivalent to working full-time. This is shown in the graph below.

**Graph 8: Economic status of women aged 16+, by provision of unpaid care, 2011 (Scottish Census)**



### 1.3 Informal care work – caring for children

Under a quarter (22%) of households in Scotland contained children, in 2018.<sup>13</sup> Of these, over half (55%) were small families with two adults of any age and one or two children, while single parents accounted for just over one in five households with children (22%). The remainder (23%) were large family households, with two adults of any age and three or more children, or three or more adults of any age and one or more children.

At the time of Scotland's last census in 2011, 69% of Scotland's dependent children lived in a one-couple family, 24% lived in a female lone-parent household, and 2% lived in a male lone-parent household.<sup>14</sup> 87% of the 291,000 lone-parent families in Scotland were female lone parents. More recently, the 2018 Scottish Household Survey found that a slightly lower proportion – 81% – of adults in single parent households were female, although the difference may at least partly be due to the

difference in the methods used by the survey compared to the Census, rather than a real population change since 2011.<sup>15</sup>

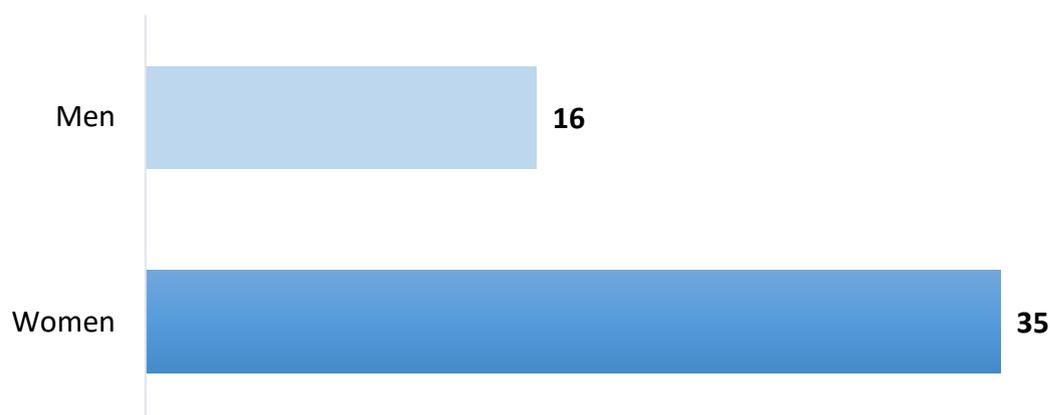
In 2011, the proportion of households with dependent children which were female lone parents rose from 9% in the least deprived areas, to 46% in the most deprived areas.<sup>16</sup> Female lone parents were also most prevalent in large urban areas, representing 28% of households with dependent children, compared to 15% in remote or accessible rural areas.

Female lone parents were more likely to have two or more dependent children: 42% of female lone parents, compared to 31% of male lone parents.<sup>17</sup> Interestingly, male lone parents were more likely to have male dependent children: 54% of dependent children in male lone parent households were male, compared to 51% in all other households.

Of course, household composition cannot in itself tell us **how much time** those in the household spend caring for the dependent children, and many people also care for children that they do not live with, such as grandchildren.

Time use data from 2014-15 shows that on average, women in Scotland spent **more than twice as much time** as men caring for their own children.<sup>18</sup> Women spent an average of 35 minutes per day on childcare for resident children, compared to 16 minutes for men.

**Graph 9: Minutes per day adults in Scotland spent on childcare for resident children, 2014-15 (Time Use Survey)**



Looking only on those participating in childcare on a given day, women spent an average of 143 minutes (2 hours 23 minutes) on this form of unpaid work, compared to an average of 106 minutes for men (1 hour 46 minutes). This only takes account of childcare as a primary activity, such as supervising, talking or reading to, accompanying or feeding the child(ren). It does not account for time spent looking

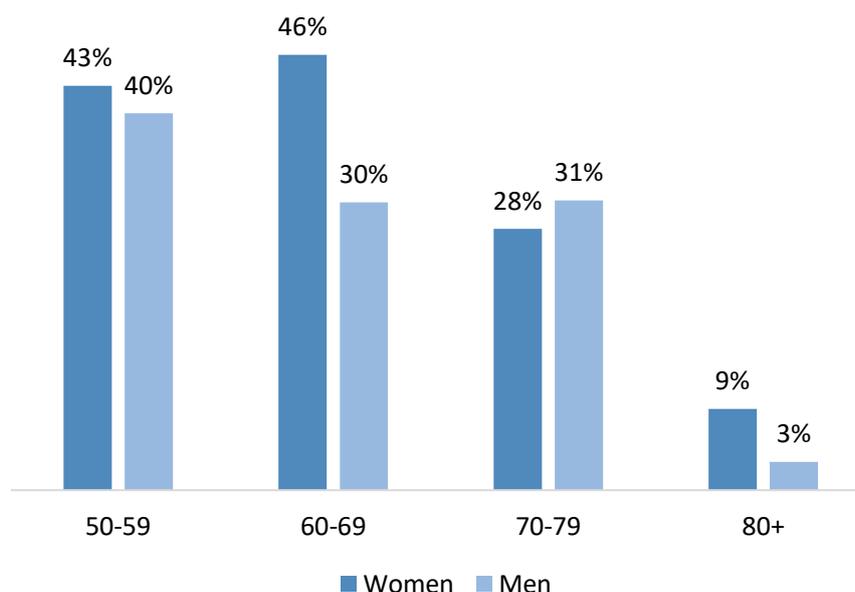
after a child while they, or the adult, are doing another activity (such as housework, shopping, household management or leisure activities).

#### 1.4 Informal care work – caring for adults or children

The Healthy Aging in Scotland study (HAGIS) asked **older women** and men (50+) whether they provided care for **either adults or children**. In line with other sources, they found that women were more likely to provide care across all age groups.<sup>19</sup> In the last 2 years, 38% of respondents and/or their spouse spent at least 1 hour a week helping adult children and/or grandchildren with practical household tasks if childcare is excluded, or 53% if childcare is included. A quarter (24%) provided help to other relatives, while 13% provided the same kinds of help to friends and neighbours. Two thirds (66%) of the respondents (and/or their spouse) provided help to others (regardless of recipients), among whom 64% provided help to one type of recipients, 30% to two, and about 6% to all three types (children/grandchildren, other relatives, friends/neighbours).

Among those who provided adult care, 42% of them also provided care to children. These ‘sandwich carers’ make up around 10% of the population. Again, women are more likely to be ‘sandwich carers’ (and married people are more likely to be informal carers and sandwich carers than singletons or widowers).

**Graph 10: Provision of either adults or child care, by age and gender (HAGIS Pilot Survey, 2017)**



## 2. What are the impacts of being a carer?

### 2.1 Health and wellbeing

Caring can be a positive and rewarding experience and can have a positive impact on wellbeing, but it can also be associated with poor psychological wellbeing and physical health. Those most at risk of psychological distress are carers in more demanding care situations, providing higher levels of caring over extended period.<sup>20</sup>

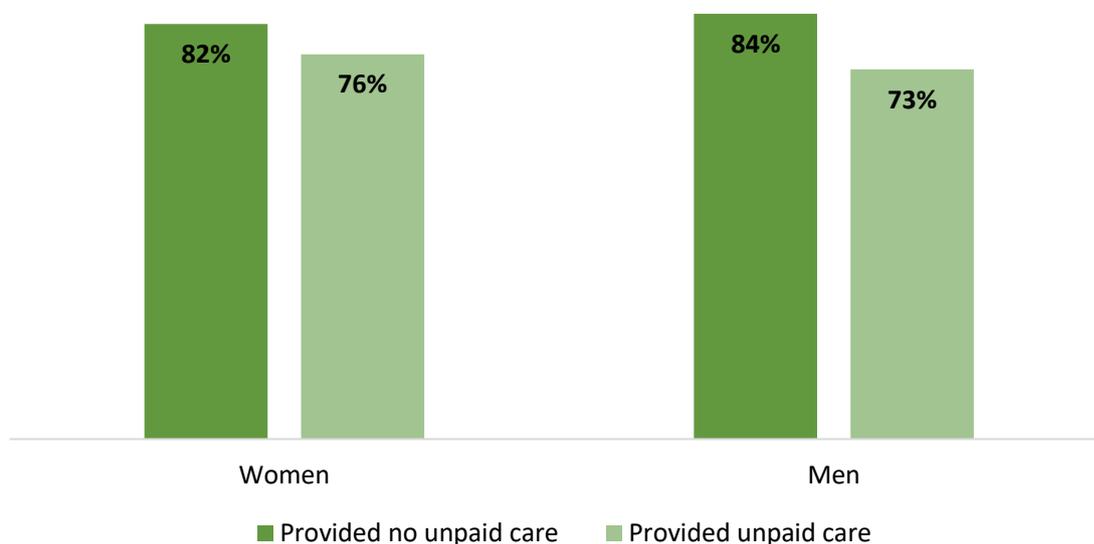
For some people, being a carer has a positive effect on their wellbeing including hobbies, family life and friendships as well as mental health through the development of self-esteem and confidence.<sup>21</sup>

Overall, only 38% of unpaid carers (aged 17+) said that caring had NOT had a **negative impact on their health and wellbeing**, in 2017-18. This was down from 44% in 2013-14.<sup>22</sup> Women were somewhat more likely than men to say that caring had had a negative impact on their health and wellbeing. 36% of carers aged 17+ who identified as women said that they had experienced a negative impact and only 37% actively disagreed, compared to 32% and 41% respectively for men.<sup>23</sup> Carers who identified as women were also less likely to say that they had a **good balance** between caring and other things in their life: 63%, compared to 68% for those who identified as men.

### General health

In terms of overall health, carers were less likely than non-carers to report 'good' or 'very good' health in the 2011 Census.<sup>24</sup> Overall, 83% of those who did not provide unpaid care reported 'good' or 'very good' health, compared to 75% of unpaid carers. This may partly reflect the fact that carers are likely to be older and may have age-related health problems. The difference was slightly smaller for female than for male carers. 76% of female carers reported good or very good health, compared to 82% of women and girls who did not provide care; for men and boys, good health was slightly higher than for women and girls among non-carers (84% reporting good or very good health), but slightly lower among carers (73% reporting good or very good health).<sup>25</sup> This is illustrated in the graph below.

**Graph 11: Proportion of people in Scotland reporting ‘good’ or ‘very good’ general health, by gender and unpaid carer status (Scotland’s Census, 2011)**

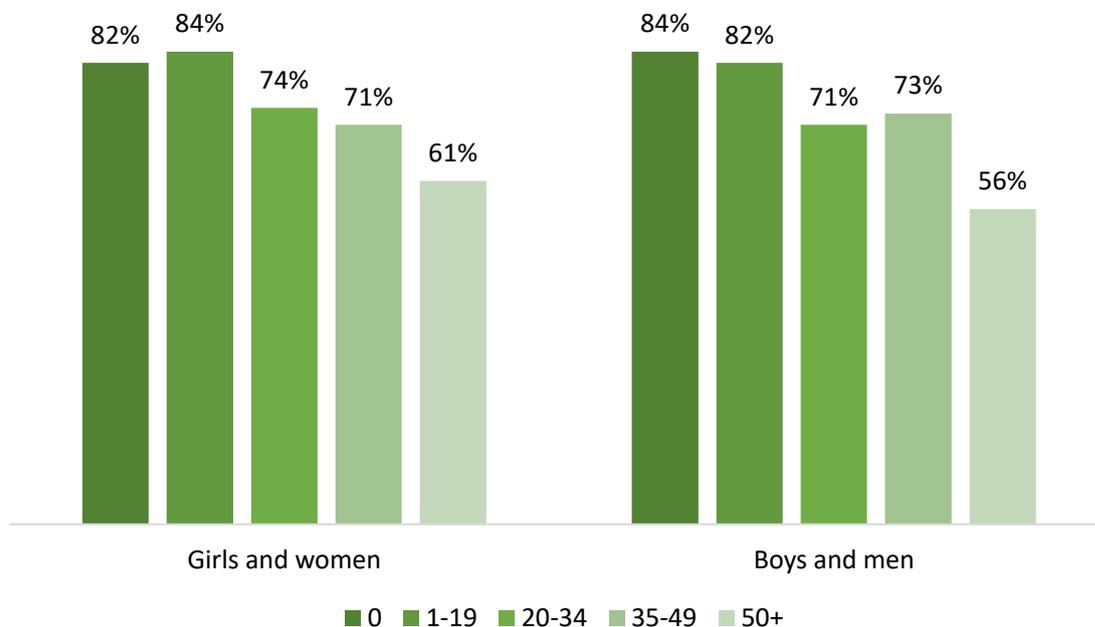


The Scottish Health Survey data shows a similar trend. In 2017, the proportion of women who reported good or very good general health was 72% for both carers and non-carers, whereas for men this fell from 76% among non-carers to 64% among carers.<sup>26</sup> Further research is needed to understand why these sources find greater differences in self-reported health for male carers.

(It should be noted that the Scottish Health Survey and the Census are not directly comparable since, although they ask the same questions, the methods are different and Scotland’s Census is thought to underestimate the extent of low level caring, resulting in a smaller overall proportion of people identifying as carers compared to the Scottish Health Survey).<sup>27</sup>

The Census also shows that the more care someone provides, the less likely they are to say that they have good or very good health. This is illustrated in the graph below.

**Graph 12: Proportion of people in Scotland reporting 'good' or 'very good' general health, by gender and hours of unpaid care provided per week (Scotland's Census, 2011)**



Research has found that there is a high prevalence of hair loss and asthma among young carers, both of which are stress-related conditions.<sup>28</sup>

### Long-term health problems

In terms of solely long-term health problems, 27% of female carers had a long-term health problem or disability that limited their day-to-day activities in 2011, compared to 20% of women and girls who were not carers.<sup>29</sup> The proportion of girls and women with conditions which limited their day-to-day activities 'a lot' was the same for both carers and non-carers (10%), but 16% of female carers had a health problem or disability that limited their activities 'a little', compared to 10% of non-carers.

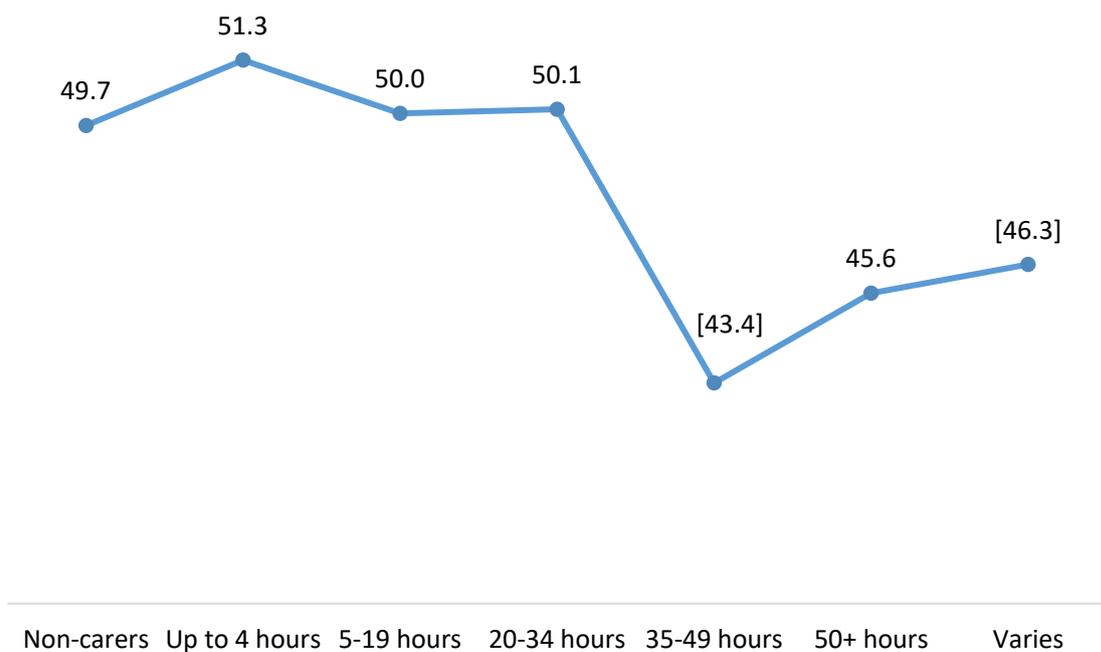
### Mental wellbeing

Overall, there appears to be little difference in the mental wellbeing of women aged 16+ according to whether or not they are carers. The average WEMWBS score for female carers aged 16+ was 49.3 in 2017-2018 combined, compared to 49.7 for those who were not carers.<sup>30</sup>

However, data from the Scottish Health Survey shows that mental wellbeing was generally lower in 2017-2018 among those spending higher numbers of hours caring.<sup>31</sup> However, it was slightly higher on average for those that spent 4 hours or less per week providing care compared with non-carers. The patterns of mental wellbeing by hours spent caring did not vary significantly between men and women; those for women are shown in the graph below.

In terms of **long-term mental health conditions**, 6.3% of female carers said that they had a mental health condition that had lasted or was expected to last at least 12 months at the time of the last Census in 2011, compared to 4.7% of women and girls who were not carers.<sup>32</sup> This was even higher, at 8.3%, for women and girls who provided 50 or more hours of unpaid care a week.

**Graph 13: Mental wellbeing (WEMWBS mean scores) among women carers, 2017-2018, by hours spent each week providing help or unpaid care (Scottish Health Survey, 2018)**

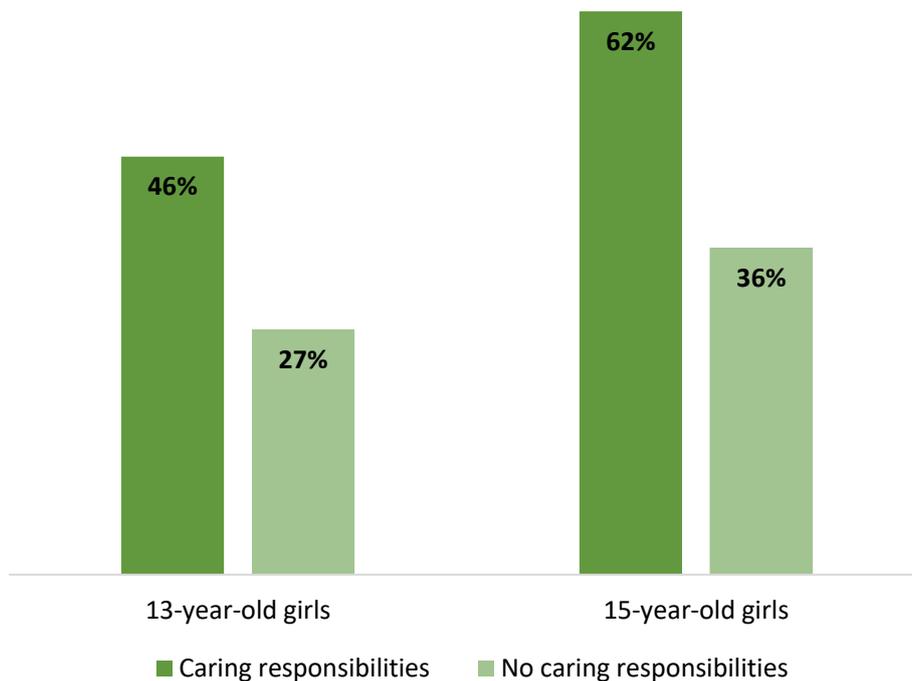


Square brackets around numbers denote that interpretation of the data should be cautious due to low bases for these sub-groups

As of 2015, girls aged 13 and 15 years old were found to be more likely to experience poor mental wellbeing and emotional and behavioural problems if they were a young carer. While 13-year-old girls who were not carers had a mean score of 48.7 on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), those who were young carers had an mean score of 44.2.<sup>33</sup>

The relationship between caring and experiencing **emotional and behavioural problems** was particularly strong among 15-year-old girls, as the graph below shows.

**Graph 14: Proportion of girls with borderline or abnormal scores in emotional and behavioural difficulties, by age and caring status (Scottish Schools Adolescent Lifestyle and Substance Use Survey, 2015)**



It should be noted that these findings are not directly comparable to those for carers aged 16+ outlined above, since the survey for young people asked specifically about whether girls cared for someone *in their home*, while the Scottish Health Survey asks those aged 16+ whether they 'provide regular help or care for any sick, disabled or frail person'.

### Why do carers often have poorer health and wellbeing?

The reason for the differences in carers' health and wellbeing could be partly explained by the fact that carers tend to be older and the likelihood of developing an illness or disability increases with age. However, it is not necessarily clear whether caring has an effect on health or whether people who have poor health are more likely to become carers.<sup>34</sup>

A 2015 review found evidence that carers can encounter higher risk of particular injuries, emotional distress, increased stress and poorer health behaviours such as poor diet and lack of exercise, all of which may negatively impact on their health and wellbeing.<sup>35</sup> Some research has also found that carers who co-reside with the person(s) they are caring for, and 'psychologically distressed' carers dealing with dementia are most likely to experience negative effects of caregiving.

## 2.2 Employment

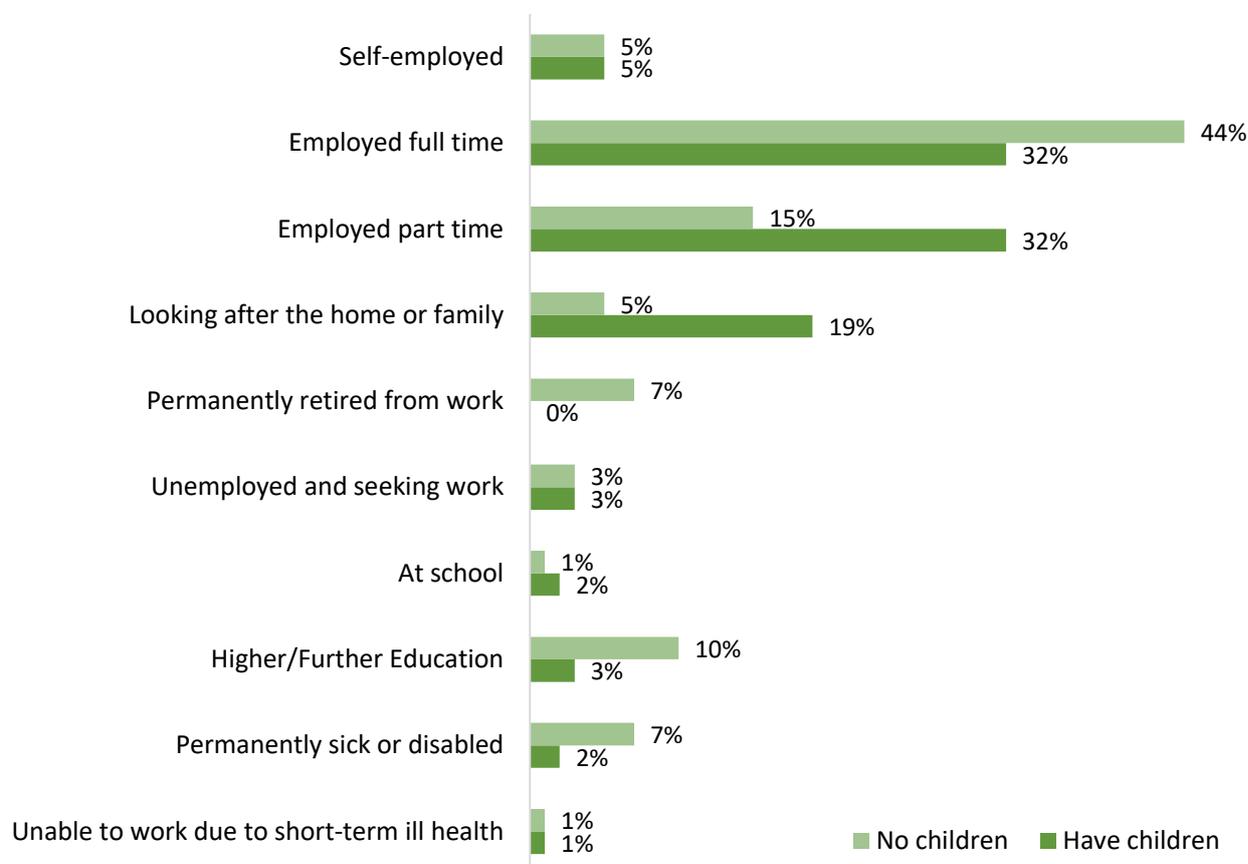
For the majority of those caring for people with a long-term physical condition, mental ill-health, disability, or problems related to old age, their caring has either not affected their employment, or they have never had a job.<sup>36</sup> 72% of women aged 16+ who provide regular unpaid care said this in 2014-17 (and 73% of male carers). However, a minority of carers did report impacts on their employment:

- 8% of female unpaid carers were unable to take up work
- 10% worked fewer hours
- 7% left work altogether, or took early retirement.

Findings were broadly similar for men and women.

The presence of children in the household affects women's likelihood of being in different forms of work. A significantly higher proportion of women aged 16-64 in households containing children were **in work** in 2018, compared to those without children (68% vs 64%, respectively).<sup>37</sup> This gap has widened since 2017, when 66% of women in households containing children and 65% of those without children were in work.<sup>38</sup> However, a higher proportion of women with no children in the household were employed full-time in 2018 (44% compared with 32% of those where children are present), while a higher proportion of women with children in the household were looking after the home or family (19% compared with five per cent of those with no children present) or employed part-time (32 per cent compared with 15 per cent of those with no children present).<sup>39</sup> These differences are shown in the graph below.

**Graph 15: Current economic situation of women aged 16-64 by the presence of children in the household (Scottish Household Survey, 2018)**



Over 1 in 10 employed women in the UK who had recently had a child **lost their job** after telling their employer that they were pregnant, or while on maternity leave, according to 2015 research (11%).<sup>40</sup> Just under 1 in 10 (9%) of mothers said that they were **treated worse** by their employer on their return to work than before their pregnancy, and 1 in 5 reported experiencing harassment or negative comments relating to either their pregnancy or on their return to work.

Some sectors, such as STEM and academia, have a culture and expectation of working long hours and/or lack of flexible working, which is particularly challenging for those with caring responsibilities.<sup>41</sup> Research conducted in 2014 with women working in STEM across the UK found that a low proportion of them (27% of those who responded to the survey) had taken a maternity break, although it did not explore whether this was because they had not had children at all.<sup>42</sup> The majority of those who responded to the survey thought that there were barriers preventing their return after maternity leave or a career break. After financial barriers, including childcare costs, the most important barriers were that there were not enough options for different working patterns (flexible or part-time working, job-sharing or condensed

hours) and a lack of help and support. The study was large-scale but self-selecting, and so not representative of all women working in STEM.

Research conducted by law firm EMW suggests that just over 1% of eligible new parents in the UK used **Shared Parental Leave** in 2017-18, and that the proportion of eligible men taking paternity leave is falling, while the number of women taking maternity leave is increasing.<sup>43</sup> They suggest that 'the growing gap between uptake of maternity leave and paternity leave may in part be due to the increasing number and percentage of men in forms of employment that lack the right to paternity pay, such as the 'gig economy' and other forms of self-employment.' Qualitative research conducted at the University of Birmingham in 2018 found a number of key barriers to the take-up of Shared Parental Leave, affecting different groups in different ways.<sup>44</sup> These include:

- **Organisational level barriers:** a lack of knowledge of the policy from Human Resources and line managers and workplace cultures which are unsupportive of fathers taking parental leave.
- **Maternal and paternal gatekeeping:** one parent's views on their role affecting the involvement of the other parent; primarily mothers dominating childrearing duties but also fathers ruling themselves out of child caring or mothers actively encouraging fathers' involvement.
- **Policy barriers:** real or perceived complexity of Shared Parental Leave and limitations of the policy itself, including those who are not eligible and the second parent's leave being dependent on the other taking less.
- **Communication barriers:** a general lack of effective communication about the policy and unrelated communications inhibiting take up, such as those highlighting the importance of breastfeeding.
- **Cultural barriers:** societal expectations around the roles of each parent and perceived normative maternal and paternal identities.
- **Financial barriers:** Statutory Shared Parental Pay being relatively low and often not enhanced by organisations in the same way as maternity leave.

### 2.3 Education

Research suggests that a young person's education can be adversely affected if they are a carer.<sup>45</sup> School attendance, tiredness and bullying appear to be the three most common areas in which adverse educational impacts are experienced. Just over 1 in 10 young carers who responded to a 2014 survey said that they sometimes missed class due to caring, and nearly half said that they are sometimes tired at school as a result of their caring situation.<sup>46</sup> However, a quarter also said that their caring situation does not affect their school work. It should be noted that those who responded to the survey were not randomly selected, and so these results should not be taken as representative of all young carers in Scotland.

NUS research has demonstrated that women aged 16-24 who are providing 20+ hours of care are significantly less likely to be in education than men providing a similar amount of care.<sup>47</sup> Various studies have found that young adult carers who are in further or higher education can find this challenging to balance with their caring role, particularly in terms of time, and that many consider leaving education for this reason.<sup>48</sup>

Studies have suggested that for those young carers who do pursue further or higher education, the courses that they choose are often influenced by their caregiving identities.<sup>49</sup>

## **2.4 Financial impacts**

Surveys of carers, which tend to involve those with more intensive caring responsibilities, highlight issues such as debt associated with caring.<sup>50</sup> Carers may face additional financial burdens because of their caring responsibilities, for example through higher utility bills or modifications to the home to meet the needs of the cared for person. Over a third of carers who responded to the recent Carers UK survey of carers indicated that they were struggling to make ends meet financially, while over a fifth said that they are in, or have been, in debt as a result of caring.<sup>51</sup> The survey found that those carers who were struggling to make ends meet coped most commonly by cutting back on luxuries. Many also said that they cut back on hobbies and leisure activities, seeing friends or family, or even on essentials such as food and heating.

We know that the relative poverty rate after housing costs was higher for lone mothers than for other single working-age adults, in 2015-18. 39% of lone mothers were in relative poverty, compared to 28% of single working-age women without dependent children, and 26% for single working-age men. The causes of poverty are not necessarily linear or direct, however – being a lone parent can be one of many reasons of being in poverty, but not all lone parents are in poverty.

Research carried out by the Scottish Youth Parliament in 2014 found that young carers were frustrated that they lost their Carer's Allowance payments if they entered full-time education.<sup>52</sup> In many cases this meant that they either had to leave education, or chose not to pursue further or higher education in the first place.

### 3. Support for carers

A 2015 review found evidence that assessment, short breaks and information can have positive benefits in supporting carers.<sup>53</sup> Information, education and training have a positive impact on carers' knowledge, skills, mental health and ability to cope, and accompanied by a social component were found to impact positively on psychological well-being.<sup>54</sup> Findings on the impact of short breaks were mixed, although they have been found to be beneficial to the carer. Day care and other provision during the day seemed to be effective and more likely to be accepted by the carer and cared for person than residential care.<sup>55</sup>

Carers in Scotland surveyed as part of Carers UK's 2018 State of Caring survey thought that the following should be priorities for the NHS in supporting carers:

- 'Giving carers the right information, training and equipment at the right time to be able to care well and safely'
- 'Recognising and valuing the knowledge that carers have and treating them as partners in care'
- 'Ensuring that carers get proper breaks'.<sup>56</sup>

Overall, 37% of unpaid carers (aged 17+) providing care to family members, friends, neighbours or others because of either long-term physical, mental health, disability or problems related to old age, said that they felt supported to continue caring in 2017-18.<sup>57</sup> This was down from 43% in 2013-14. This was slightly lower for women (36%) than for men (38%).<sup>58</sup> The carers who identified as women were also slightly less likely to say that local services are well coordinated for the person(s) they look after (39%, vs 42% for men). Similar proportions of carers identifying as women and as men felt that they have a say in services provided for the person(s) they look after (46% and 45% respectively).

In 2017-2018 combined, around seven in ten unpaid carers aged 4 and over reported receiving no help or support (69%).<sup>59</sup> This was slightly lower for women (67%) than for men (71%).<sup>60</sup> Women who provided unpaid care for 35 hours or more per week were more likely to receive support than those who provided less than 35 hours of unpaid care per week (61% compared to 26% respectively). The most frequently cited form of support for both male and female carers was help from family, friends or neighbours (20% of female carers and 18% of male carers reported receiving this). The second most common form of support reported by female carers was the carer's allowance, received by 8% overall, but 33% of those who were eligible to receive it (those who provided 35 hours or more of unpaid care per week).

**Table 1: Support received by female carers aged 4+, 2017/2018 combined, by hours spent caring per week (Scottish Health Survey)**

Support received	Hours spent caring per week		Total
	35 hours or more	Less than 35 hours	
	%	%	%
Short breaks or respite e.g. day time breaks, overnight breaks	9	2	4
Advice and information	10	5	6
Practical support, e.g. transport, equipment/adaptations	6	5	5
Counselling or emotional support / talking to someone for support, e.g. family member, friend	5	3	3
Training and learning / having a befriender or a peer mentor	1	1	1
Advocacy services	2	0	1
Personal assistant/ support worker/ community nurse/ home help	13	3	5
Help from family, friends or neighbours	32	17	20
Help from teachers at school, e.g. talking or extra help with homework (4-15 only)	1	-	0
Social activities and support, e.g. young carers' groups or day trips (4-15 only)	1	0	0
Carers allowance (16+ only)	33	1	8
Other	3	1	1
Receive no help or support	39	74	67

### 3.1 Carer's assessments

A carer's assessment identifies their needs both in and alongside their caring role. The assessment may lead to provision of services, but the process of assessment in itself can also have benefits for carers.<sup>61</sup> Research has found that carers may not always be aware that they are entitled to an assessment, however, or may be

reluctant to seek external help.<sup>62</sup> Young carers in particular can be reluctant for others to know that they are carers.

Carers UK's 2018 survey revealed a mixed picture, with many carers finding their assessments thorough and helpful, while others had been assessed jointly with the cared-for person and felt that their own needs had not been directly addressed.<sup>63</sup> Some carers who responded to the survey had not heard of a Carer's Assessment.

### 3.2 Financial support

At the end of February 2019, there were 76,597 carers in Scotland in receipt of **Carer's Allowance** (CA).<sup>64</sup> Over two thirds of CA payments (69%) were made to female carers.

A further 46,025 carers were entitled to CA but did not receive a CA payment. The majority of these carers (79%) were over the State Pension age, so may have been eligible to a State Pension with a value equal to or exceeding their weekly rate of Carer's Allowance.

Two thirds of claimants (68%) have been receiving CA payments for over two years, with 38% receiving them for over five years. The average CA payment was £64.55 a week.

In April 2019, 77,740 Carer's Allowance Supplement payments were made to eligible carers. Over two thirds of these (69%) were made to female carers. Each payment was £226.20.

### 3.3 Use of formal caring

Among the carers who responded to Carers UK's 2018 survey, 30% said that they received practical support from care workers coming in to help. The survey also highlighted that some carers refuse health and care support because of concerns over quality. A quarter of the carers who responded to the survey said that they had refused support for this reason. This was particularly common among those caring for someone at the end of life.<sup>65</sup>

## Childcare

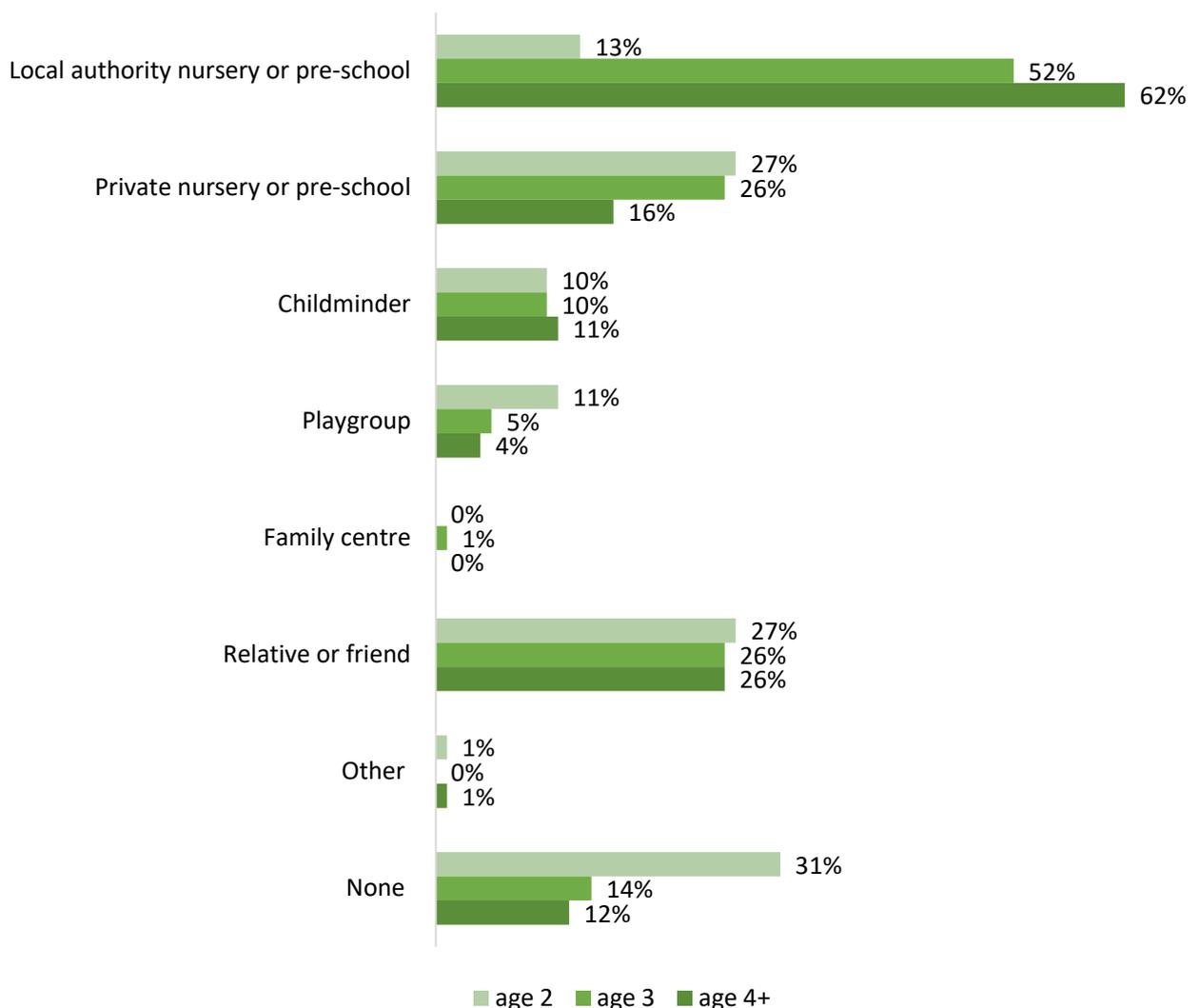
Among households with a child aged 2-5 (who has not yet started school), 80% used at least one of the following types of childcare:

- Local authority nursery or pre-school

- Private nursery or pre-school
- Childminder
- Play group
- Family centre
- A relative or friend.<sup>66</sup>

As the graph below shows, the majority of parents who have children aged 3 or 4 (or 5 if not yet at school) made use of local authority nurseries in 2018. Only 13% of 2-year-olds used this type of childcare, with the difference most likely being due to the eligibility criteria for accessing funded Early Learning and Childcare (ELC), which generally begins the term after a child's 3<sup>rd</sup> birthday. The proportion of parents using a relative or friend for childcare was similar for all age groups – around a quarter.

**Graph 16: Type of childcare used among households with a child aged 2-5, by age of child (Scottish Household Survey, 2018)**



The use of local authority nursery provision was higher among the most deprived areas, in 2018.<sup>67</sup> Over half (53%) of households in the 20% most deprived areas used local authority nurseries, compared with 37% in the 20% least deprived areas.

Just under half (45%) of households who used at least one of these types of childcare used between 11 and 20 hours of childcare per week during term-time. A further 23% used 21-30 hours of childcare, and 12% used more than 30 hours. The majority of households with children aged 3 and above used 11-20 hours of childcare during term-time. This is in line with the current entitlement of around 16 hours of funded ELC per week during term-time.

The most commonly reported **reason for using childcare** was so that parents/carers can work (63%). The proportion of households reporting this as a reason increased as area deprivation decreased, from 46% of households in the most deprived areas to 77% of households in the least deprived areas. A similar pattern can be seen for households who used childcare for their child's social development (including mixing with other children), where there was a 13 percentage point difference between households in the most and least deprived areas (21% and 34% respectively).

In contrast, those in the most deprived areas were more likely than parents in the least deprived areas to say that they used so that they or their partner can study or improve work-related skills (7% vs 1%) or to improve their child's behaviour (9% vs 2%).

### **3.4 Employer support**

Recent research conducted by YouGov for Carers UK found that the following were the interventions that workers in Scotland thought would be helpful if they were caring alongside work:

- An understanding employer or line manager
- Flexible working
- Right to paid care leave of 5-10 days.

It should be noted however that this was a theoretical question given that only some of those asked were unpaid carers (17%).<sup>68</sup>

Research indicates that the transition into adulthood can be particularly difficult for young carers, and that there are limited services available to cater to their specific needs during this period.<sup>69</sup> For those who are in employment, their employers

understanding the specific challenges of caring and offering flexible working arrangements appear to be found helpful.

### **3.5 Use of technology**

Around half of the carers who responded to Carer UK's 2018 survey said that they or the person they care for uses technology to support their caring and/or care.<sup>70</sup> The most commonly used form of technology among the respondents was using the internet as a source of information. Many of the carers also used the internet as a form of communication or online support, while other forms of technology used included remote monitoring and alerts such as motion sensors, fall detectors, personal alarm and GPS.

It should be noted that this was not a random sample of carers, and that compared to the carer population as a whole, those who responded were significantly more likely to be female and caring for a high number of hours every week.

## References

Data sources drawn on in this report collect self-reported data on whether respondents are male or female. The term gender is therefore used throughout this report, although though some data sources use the term sex in their research.

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<https://www.gov.scot/publications/scotlands-carers/pages/2/> [accessed 10 October 2019].

<sup>2</sup> Unpublished analysis of the Annual Population Survey, Jan-Dec 2018, ONS.

<sup>3</sup> Office for National Statistics, 2018. *Gender Pay Gap*. Table 3.12. Available at:

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/dataset/annualsurveyofhoursandearningsashegenderpaygaptables> [accessed 16 October 2019]. The occupations included in the category of 'Caring Personal Service Occupations' are as follows:

<p><b>Childcare and Related Personal Services</b></p> <p>Nursery nurses and assistants            Childminders and related occupations            Playworkers            Teaching assistants            Educational support assistants</p>
<p><b>Animal Care and Control Services</b></p> <p>Veterinary nurses            Pest control officers            Animal care services occupations n.e.c.</p>
<p><b>Caring Personal Services</b></p> <p>Nursing auxiliaries and assistants            Ambulance staff (excluding paramedics)            Dental nurses            Houseparents and residential wardens            Care workers and home carers            Senior care workers            Care escorts            Undertakers, mortuary and crematorium assistants</p>

<sup>4</sup> Care Inspectorate, 2019. *Fostering and Adoption: 2018-19*. Available at:

<https://www.careinspectorate.com/images/documents/5183/Fostering%20and%20Adoption%202018-19%20Statistical%20Bulletin.pdf> [accessed 16 October 2019].

<sup>5</sup> Scottish Government, 2019. *Children's Social Work Statistics 2017-18*. Available at:

<https://www.gov.scot/publications/childrens-social-work-statistics-2017-2018/pages/3/> [accessed 16 October 2019].

<sup>6</sup> This was an online, self-selecting survey with 500 respondents from Scotland. The Fostering Network, 2019. *State of Scotland's Foster Care*. Available at:

[https://www.thefosteringnetwork.org.uk/sites/www.fostering.net/files/content/stateofthenationsfostercarescotland2019final\\_0.pdf](https://www.thefosteringnetwork.org.uk/sites/www.fostering.net/files/content/stateofthenationsfostercarescotland2019final_0.pdf) [accessed 16 October 2019].

<sup>7</sup> Scottish Government, 2019. *The Scottish Health Survey, 2018 edition, volume 1, main report*.

Available at: <https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/> [accessed 10 October 2019].

<sup>8</sup> Unpublished analysis of data from the Health and Care Experience Survey, 2017-18.

<sup>9</sup> Scottish Government 2015. *Scotland's Carers*. Available at:

<https://www.gov.scot/publications/scotlands-carers/> [accessed 10 October 2019].

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- <sup>11</sup> Scottish Government 2015. *Scotland's Carers*.
- <sup>12</sup> Unpublished analysis of data from Scotland's Census 2011; Table CT\_0125e\_2011: Age, provision of unpaid care and sex by economic activity, available at: <https://www.scotlandscensus.gov.uk/ods-web/data-warehouse.html> [accessed 15 October 2019].
- <sup>13</sup> Scottish Government, 2019. *Scottish Household Survey: Annual Report*. Available at: <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey> [accessed 16 October 2019].
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- <sup>17</sup> National Records of Scotland 2015.
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- <sup>19</sup> E. Douglas, T. Wilson & D. Bell (eds), 2017. *Healthy Ageing in Scotland: The Pilot Study*. Available at: <https://www.hagis.scot/publications/> [accessed 16 October 2019].
- <sup>20</sup> Scottish Government 2015. *Scotland's Carers*.
- <sup>21</sup> IRISS, Shared Care & Coalition of Carers in Scotland, 2012. *Rest Assured. A Study of Unpaid Carers Experiences of Short Breaks*. Available at: <http://www.iriss.org.uk/sites/default/files/iriss-rest-assured-full-report-2012.pdf> [accessed 11 October 2019].
- <sup>22</sup> The survey asked people whether they had carried out any regular unpaid caring responsibilities for family members, friends, neighbours or others because of either a long-term physical / mental health / disability or problem relating to old age. Scottish Government, 2018. *Health and care experience survey 2017 to 2018: national results*. Available at: <https://www.gov.scot/publications/health-care-experience-survey-2017-18-national-results/> [accessed 11 October 2019].
- <sup>23</sup> Unpublished analysis of data from the Health and Care Experience Survey, 2017-18.
- <sup>24</sup> Scottish Government 2015. *Scotland's Carers*.
- <sup>25</sup> Unpublished analysis of data from Scotland's Census 2011; Table CT\_0125d\_2011: Age and Provision of unpaid care by health and sex, available at: <https://www.scotlandscensus.gov.uk/ods-web/data-warehouse.html> [accessed 11 October 2019].
- <sup>26</sup> Unpublished analysis of the Scottish Health Survey 2017.
- <sup>27</sup> See Scottish Government 2015, *Scotland's Carers*,
- <sup>28</sup> Scottish Government, 2017. *Young Carers: Review of Research and Data*. Available at: <https://www.gov.scot/publications/young-carers-review-research-data/pages/4/> [accessed 15 October 2019].
- <sup>29</sup> Unpublished analysis of data from Scotland's Census 2011; Table CT\_0125f\_2011: Age and provision of unpaid care by long-term health problem or disability and sex, available at: <https://www.scotlandscensus.gov.uk/ods-web/data-warehouse.html> [accessed 11 October 2019].
- <sup>30</sup> Unpublished analysis of data from the Scottish Health Survey 2017-18.
- <sup>31</sup> Wellbeing is measured using the WEMWBS questionnaire. It has 14 items designed to assess: positive affect (optimism, cheerfulness, relaxation) and satisfying interpersonal relationships and positive functioning (energy, clear thinking, self-acceptance, personal development, mastery and autonomy). Scottish Government, 2019. *The Scottish Health Survey, 2018 edition, volume 1, main report*.
- <sup>32</sup> Unpublished analysis of data from Scotland's Census 2011; Table CT\_0258\_2011: Provision of unpaid care by long-term health conditions (1) by sex, available at: <https://www.scotlandscensus.gov.uk/ods-web/data-warehouse.html> [accessed 28 October 2019].
- <sup>33</sup> *Scottish Schools Adolescent Lifestyle and Substance Use Survey 2015: Mental Wellbeing Report*.
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- <sup>35</sup> Scottish Government 2015. *Scotland's Carers*.
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<sup>62</sup> Scottish Government 2015. *Scotland's Carers* ; Scottish Government, 2017. *Young Carers: Review of Research and Data*.

<sup>63</sup> Note that this was not a random sample, and that compared to the carer population as a whole, respondents to this survey were significantly more likely to be female and caring for a high number of hours every week. Carers UK, 2018.

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<sup>68</sup> Carers UK, 2019. *Juggling Work and Unpaid Care*. Available at: <https://www.carersuk.org/professionals/policy/policy-library/juggling-work-and-unpaid-care> [accessed 16 October 2019]. The poll was carried out by YouGov plc and is a total sample size of 4,254 adults. Fieldwork was undertaken between 28 December 2018 – 04 January 2019. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

<sup>69</sup> See Scottish Government, 2017. *Young Carers: Review of Research and Data*.

<sup>70</sup> Carers UK, 2018.