



First Minister's National Advisory Council on Women and Girls

Website Summary

November-December 2019 Spotlight: Carers

NOW IS THE TIME TO
CHANGE
FOR GOOD

**#GENERATION
EQUAL**



YOU SAID – WE LISTENED

In November and December 2019, we invited public feedback on the Spotlight topic of carers. We'd like to give a huge thank you to everyone who shared their experiences and ideas.

A full report has been given to the NACWG and a summary version is shared below.

Please note: these reports summarise the responses received to this open call for submissions. They do not represent the views of the National Advisory Council on Women and Girls (we are seeking feedback to gain more insight) nor do they represent a majority view or the view of the Scottish population. They represent the views of those organisations or individuals who have chosen, proactively, to respond.

Who did we hear from?

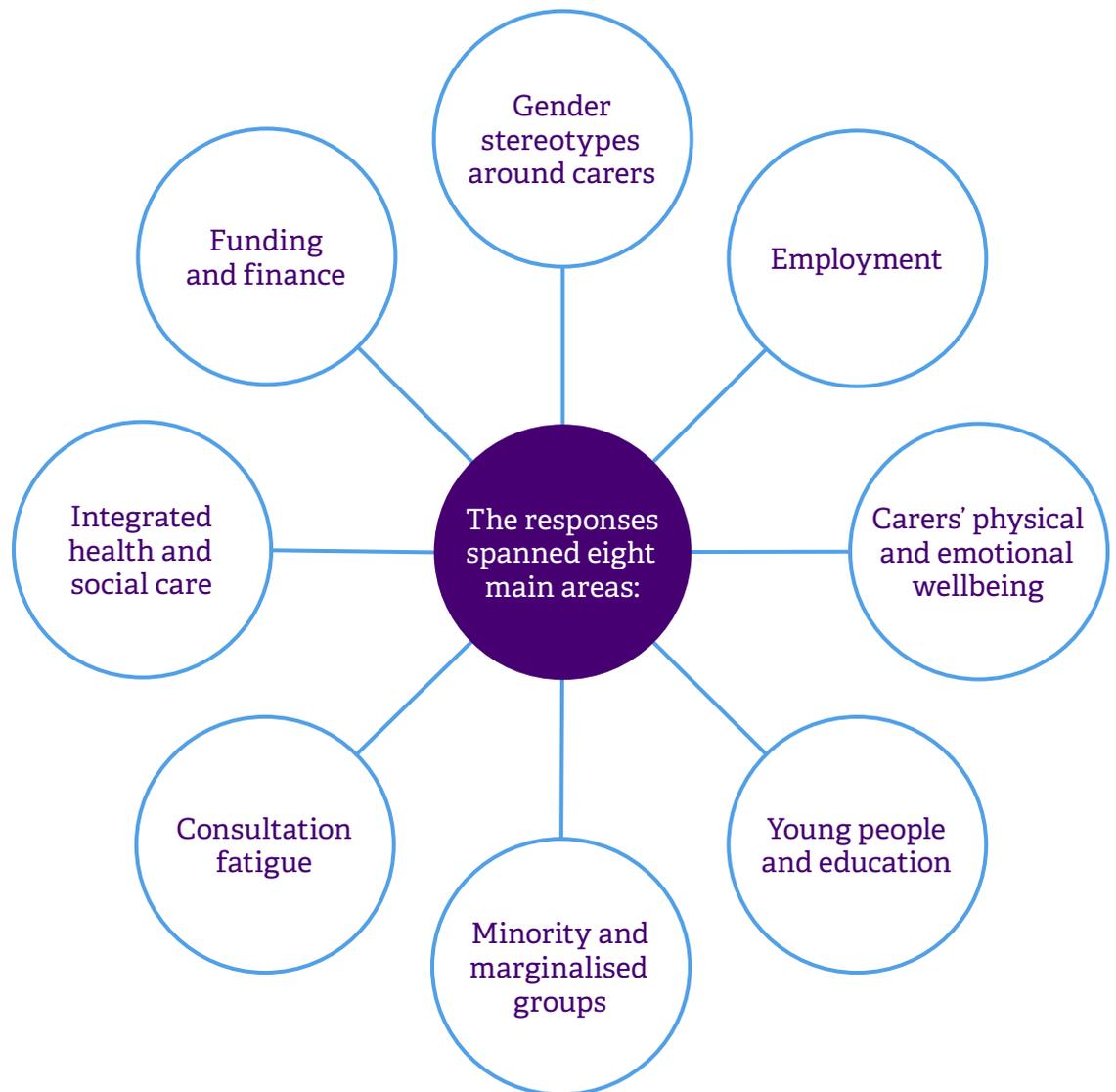
The overall volume of response was slightly lower than we've received on some other Spotlight topics, however this could be influenced by the fact that several key organisations came together to hold well-organised and well-promoted 'Wee Circle' discussion events.

WE ASKED THREE QUESTIONS:

- Q1. IN SCOTLAND, WHAT ARE THE BIGGEST EQUALITY ISSUES FOR WOMEN AND GIRLS WITH CARER RESPONSIBILITIES?**
- Q2. IN SCOTLAND, WHAT NEEDS TO CHANGE TO SUPPORT WOMEN AND GIRLS WITH CARER RESPONSIBILITIES?**
- Q3. WHAT ACTIONS SHOULD THE NACWG RECOMMEND TO IMPROVE GENDER EQUALITY FOR WOMEN AND GIRLS WITH CARER RESPONSIBILITIES?**



WHAT DID WE LEARN?



Overall, feedback highlighted the lack of recognition and value placed on the work of carers. Feedback also highlighted the limitations of 'blanket' approaches, and the need to consider the wide variety of care needs, carer needs, and care-giving situations, as well as the ways care overlaps with other equality issues such as ethnicity.



MAIN ISSUES



1.

GENDER STEREOTYPES AROUND CARERS

Responses highlighted how gender stereotypes can create expectations that women and girls will provide unpaid care, from a young age (with men and boys not considered as potential care givers or framed as less suited to care-giving). Feedback also highlighted how these gender stereotypes place less value on, and give less emotional recognition to the care provided by women and girls. Feedback included the observation that society fails to recognise the financial implications of care-work (both to care-givers and to society and the economy). Feedback raised the distinctive ways that BAME women can experience gender stereotypes in the context of care-giving, (including greater 'duty' and 'shame'), and how cultural stereotypes are perpetuated by professionals and society, not just by members of BAME communities

Respondents called for gendered stereotypes around caring and carers to be challenged at every level and every life-stage, and for men to play an active role.



2. EMPLOYMENT

Responses highlighted the vicious circle that can exist if women earn less than men and are therefore more likely to take on the bulk of care responsibilities, resulting in more women leaving employment, or finding their earnings and advancement curtailed. Feedback noted that this can have a distinctive impact on women and girls from BAME communities, where cultural expectations about caring overlap with cultural expectations about women in employment. Responses highlighted that there are limited, if any, replacement care options, that would enable carers to retain, or return to employment. Feedback noted that employment support for carers lags behind progress for parents and childcare. People felt the earnings rules for Carers Allowance can conflict with employment and career development and that Carers Allowance rules can prevent people combining full time study with their caring responsibility. Respondents expressed anxiety around workplace perceptions of maternity leave, working mothers, and flexible working practices.

Suggested actions included: increased flexible working practices for people with care responsibilities; Government-funded paid carer leave; more co-creation of policies with carers; increased legal protection for carers in the workplace; and increased use of procurement policies to accelerate change.



3.

CARERS' PHYSICAL AND MENTAL WELLBEING

Feedback highlighted the way caring responsibilities can affect the physical and mental wellbeing of carers themselves, and reflected on the lack of respite care, and the consequences of this.

Suggested actions to support carers' wellbeing included more replacement care and break facilities, and improved access to these. Suggested actions also covered the physical health of carers including free glasses, dental treatment, and priority access to physio services for carers (of all ages).



4.

YOUNG PEOPLE AND EDUCATION

Responses showed the multifaceted ways that being a young carer can create significant life challenges including being bullied, difficulties with schoolwork, and problems finding compatible employment. It was also highlighted that full-time carers can be deterred or prevented from going into further/higher education as this disqualifies them from receiving Carers Allowance.

Suggested actions included: improvements to the way young carers are identified (including within schools); improved access to support and relief services; and greater flexibility around receiving Carers Allowance while studying.



5. MINORITY AND MARGINALISED GROUPS

Feedback suggested more work is needed to understand and support carers and care needs within BAME communities, including the Traveller community. Feedback highlighted how minority and marginalised groups can lack access and/or referrals to support (particularly tailored support); how they're not considered as a core service need when local support services are commissioned; and how they can be more vulnerable to service cuts. Feedback also mentioned the need for policy makers and responsible agencies to be sensitive to distinctive rural experiences and challenges.

Suggested actions included: more funding for grassroots, cultural-specific support for carers from minority groups (in all areas); and more effort to raise awareness of and increase access to and support services in seldom heard-from communities. Feedback also called for: improved translation and interpretation support; increased diversity amongst paid carers; and greater Scottish Government investment in data on BAME experience of social care services.



6. CONSULTATION FATIGUE

Feedback reported that carers are over-consulted, but that some voices are not included, and there's limited evidence of feedback and of action. Responses highlighted the practical and structural barriers that make it difficult for carers to participate in meaningful ways. These included the lack of carers involved in local planning, representation on Integration Joint Boards, information on representation, meeting times, travel costs and lengthy reimbursement processes. Specific issues were raised around social security planning, and effective use of equality impact assessments, embedding these in professional practice at all levels.

Suggested actions included more transparency, better feedback loops, and re-thinking participation processes to allow a diverse range of carers to contribute.



7.

INTEGRATED HEALTH AND SOCIAL CARE

Feedback highlighted how a target culture, bureaucracy, inconsistency, and poor connection of services and communications can create problems, particularly for people whose care circumstances are more complex (e.g. people in the Borders receiving care or treatment in different UK regions; and how carers for people with mental health problems may not be recognised when the person they care for is in a state hospital).

Suggested actions included: greater understanding of carers and caring amongst professional groups; and improvements to current complaint procedures.



8.

FINANCE AND FUNDING

Feedback highlighted frustration with inconsistent care charge policies, practices, and 'postcode lotteries'. Responses also showed how short-term funding arrangements hamper third sector support services, including those serving minority or marginalised groups.

Suggested actions included: improved recognition and reimbursement of costs incurred by carers in the course of their work (e.g. complex/expensive transport journeys, particularly in rural areas). Suggestions also included establishing an innovations fund and/or radical action to help solve persistent problems (e.g. a carers basic income, changes to GDP measurement); more secure funding for local third-sector support services; fairer implementation of the Carers Act (e.g. funding and council tax issues); a number of changes to Carers Allowance; and making sure funding decisions are underpinned by robust sex-disaggregated data.



THANK YOU

This is a summary of the responses and can't highlight every individual point raised. However full feedback has been shared with the NACWG.

Thank you to everyone who took the time to share their feedback – it is valuable. We'd love as many people as possible to share their ideas on our next Spotlight topics. We have a new one every two months.