

Adult Social Care in Scotland - Equality Evidence Review

This paper provides an overview of evidence related to equality in adult social care in Scotland. It focuses on groups with protected characteristics under the Equality Act 2010, as well as those who experience socio-economic disadvantage. It forms one of an initial collection of contextual papers, setting out key sources of information about social care and related areas in Scotland, linking to the National Care Service Consultation proposals published in August 2021.

Key findings

- People who access social care, unpaid carers, and social care workers are diverse groups with a broad range of needs and experiences.
- In 2020/21 more than three quarters (77%) of people receiving social care support and services in Scotland were aged 65 and older, and around three-fifths (61%) were female, although this varies by age group.
- However, people of all ages access social care support, and there has been an overall increase in the number of people receiving adult social care in Scotland across all age groups in recent years.
- Women are more likely than men to report that they provide regular unpaid care. Caring prevalence varies by age, increasing from 12% of those aged 16-44, to 28% of those aged 45-64, before decreasing to 14%-18% among those aged 65 and over.
- In 2020, 80% of adult social care staff were female. The social care workforce is older than the general workforce.
- There is little data and evidence on the scope and experiences of some protected characteristic groups most notably, gender reassignment and religion or belief.
- Some groups have been particularly disadvantaged by the Coronavirus pandemic, including: older people; disabled people and people who had been advised to shield.

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1. Introduction

This paper presents an overview of evidence related to equality in adult social care in Scotland. It focuses on groups with protected characteristics under the Equality Act 2010, as well as those who experience socio-economic disadvantage. The purpose of this overview is to bring together key data sources and national statistics, where these are available. It does not provide exhaustive or fully comprehensive coverage of all social care services but provides an insight into how caring and use of social care services and support vary by equality groups and socio-economic status. The focus is on adult social care but data that covers all age groups is indicated throughout. In addition, the paper draws on other national evidence to provide insights into variations in usage and experiences for groups with protected characteristics and those who experience socioeconomic disadvantage.

For each of the protected characteristics, evidence is presented separately in relation to the experiences of people who access social care, unpaid carers, and social care workers. However, it should be noted that these are not distinct groups in practice; for example, people who access social care themselves may also be providing unpaid care for others, and some unpaid carers are also employed as social care workers.

This paper forms one of an initial collection of contextual papers, setting out key sources of information about social care and related areas in Scotland, linking to the National Care Service Consultation proposals published in August 2021.

The collection consists of the following 6 papers on adult social care:

1. [Scotland's Health and Demographic Profile](#)
2. [People who Access Social Care and Unpaid Carers in Scotland](#)
3. [Social Care Support and Service Provision in Scotland](#)
4. [Experiences of Social Care and Caring in Scotland](#)
5. [The Adult Social Care Workforce in Scotland](#)
6. [Adult Social Care in Scotland - Equality Evidence Overview](#)

And papers on:

7. [Children's Social Services](#)
8. [Justice Social Work in Scotland](#)
9. [Learning and evidence from national social care systems in Nordic and Scandinavian countries](#)
10. [Integrated Care Studies: The SCFNuka \(Alaska\) and Canterbury \(New Zealand\) Models](#)

While the focus of this set of evidence papers is social care, there is an intrinsic link between social care and social work. Social work is a statutory role which involves assessing need, managing risk, and promoting and

protecting the wellbeing of individuals and communities. Social care support is an umbrella term for adult, children's and justice services which directly support people to meet their personal outcomes. A social work evidence paper is being prepared for publication in summer 2022.

2. Context

A wide range of social care support and services are accessed by people of all ages in Scotland. Social care support can be provided in people's homes or wider community or in residential settings such as care homes, and is funded publicly and privately.

An estimated 1 in 25 people of all ages in Scotland were reported as receiving social care support and services at some point during 2020/21^{1 2}. This includes an estimated:

- 93,280 people who received home care³;
- 130,000 people who had an active community alarm and/or a telecare service;
- 44,000 people who received funding towards a long stay care home place;
- and 6,300 people who were supported during a short stay in a care home (such as for 'respite' (short breaks)⁴ or for reablement)⁵.

Further data and evidence on the profile of the population who access care and support in Scotland can be found in [People who Access Social Care and Unpaid Carers in Scotland](#).

Unpaid carers provide care and support to family members, friends and neighbours, who may be living with disability, physical or mental ill-health, frailty or substance misuse. The number of carers living in Scotland was estimated to be around 700,000 to 800,000 before the pandemic, however there is evidence to suggest this has since increased. In 2020, it was estimated that there were around 839,000 adult carers living in Scotland⁶. However, Carers UK estimate that the number of unpaid carers in Scotland could have increased to over 1 million since the

¹ This is based on social care information provided by health and social care partnerships in Scotland for people that are fully or partially funded by the Local Authority, therefore it does not include people who are entirely self-funding their care and support.

² Public Health Scotland (2022) [Insights in Social Care: Statistics for Scotland](#)

³ Public Health Scotland (2022) [People supported - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

⁴ 'Respite' is used here as this is the term used in the source data.

⁵ Public Health Scotland (2022) [Insights in Social Care: Statistics for Scotland](#)

⁶ Scottish Government (2021) [Scottish Health Survey – telephone survey – August/September 2020: main report](#)

coronavirus outbreak⁷. Further data and evidence about unpaid carers in Scotland can be found in [People who Access Social Care and Unpaid Carers in Scotland](#).

The social care sector is a major employer in Scotland. In 2020, there were 134,640 people employed in the adult social care sector, with a whole time equivalent of 100,060⁸. Further data and evidence about the social care workforce in Scotland can be found in [The Adult Social Care Workforce in Scotland](#).

2.1 Protected Characteristics

The Equality Act 2010 stipulates that it is against the law to discriminate against someone because of a protected characteristic. The protected characteristics specified in the Act are: age; disability; sex; pregnancy and maternity; gender reassignment; sexual orientation; race; religion or belief; and marriage and civil partnership⁹. With the exception of marriage and civil partnership¹⁰, each of these protected characteristics are set out in the subsequent sections. An additional section on socioeconomic status is included, although this is not a protected characteristic, because it is widely recognised that socioeconomic disadvantage is associated with inequality of outcomes¹¹.

3. Age

The Equality Act 2010 defines the protected characteristic of age in terms of persons of a particular age, or those belonging to a particular age group¹². This section brings together data and evidence on adult social care and age. Evidence is presented here in relation to the experiences of people who access social care, unpaid carers, and social care workers.

3.1 People who access social care

Although people of all ages access social care, patterns of use vary by age group. Further information can be found in [People who Access Social Care and Unpaid Carers in Scotland](#).

There is a clear relationship between long-term health conditions or disability and increasing age. In 2020, the Scottish Health Survey found that the prevalence of any long-term condition increased with age, from 32% among those aged 16-44, to 68% among those aged 75 and over¹³. The proportion of individuals who have two

⁷ Carers Week (2020) [Carers Week 2020 Research Report](#)

⁸ Scottish Social Services Council (2021) [Scottish Social Service Sector: Report on 2020 Workforce Data](#)

⁹ UK Government (2010) [Equality Act 2010](#)

¹⁰ Under the Act, marriage and civil partnership is a protected characteristic only in respect of protection from discrimination at work

¹¹ See: Scottish Government (2021) [Fairer Scotland Duty: guidance for public bodies](#)

¹² UK Government (2010) [Equality Act 2010](#)

¹³ Scottish Government (2021) [Scottish Health Survey – telephone survey – August/September 2020: main report](#)

or more medical conditions simultaneously (referred to as 'multimorbidity') has risen across high income countries, including the UK¹⁴, partly reflecting increases in life expectancy across recent decades. Projections suggest that this trend is set to continue¹⁵. A recent cross-sectional study which linked national health and social care data to explore multimorbidity and social care use in those aged over 65, found that the vast majority (93.3%) of those receiving social care had multimorbidity¹⁶. While these trends reflect the ageing profile of populations, it is important to note that multimorbidity is not restricted to older people. Further information about multimorbidity can be found in [Scotland's Health and Demographic Profile](#).

Long-term health conditions, disability, and age are all associated with increased likelihood of needing care and support and the likelihood of needing social care increases with age; in 2020/21, consistent with previous years, more than three quarters (77%) of people receiving social care support and services in Scotland were aged 65 and older. Furthermore, almost half (463.5 per 1,000 social care clients) of the people receiving social care support were in the 'elderly and frail'¹⁷ client group. Between 2017-18 and 2020-21, there has been an overall increase in the number of people receiving social care in Scotland across all age groups¹⁸. There is also some evidence from England to suggest that the number of younger adults who require social care support has increased over the last five years, with further increases projected over the next five years¹⁹.

There are variations in assessed support needs between age groups. In 2020/21, personal care was identified as a support need for around 56% of people aged 65 and over whose needs were assessed, whereas personal care was identified as a support need for just under a third of people aged 18-64 whose needs were assessed. The vast majority of assessed support needs for people aged 65 and over were for personal care and equipment and temporary adaptations. For people aged 18-64 whose needs were assessed, there was a much wider range of assessed support needs, including: personal care; domestic care; housing support,

¹⁴ The Academy of Medical Sciences (2018) [Multimorbidity: A Priority for Global Health Research](#)

¹⁵ Whitty C et al (2020) [Rising to the challenge of multimorbidity BMJ 2020;368:l6964](#)

¹⁶ Henderson, D.A.G.; Atherton, I.; McCowan, C.; Mercer, S.W. & Bailey, N. (2021). [Linkage of national health and social care data: a cross-sectional study of multimorbidity and social care use in people aged over 65 years in Scotland](#). Age & Ageing, 50: 176-182.

¹⁷ 'Elderly and frail' is used here as this is the term used in the source data.

¹⁸ Public Health Scotland (2022) [People supported - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

¹⁹ Idriss O, Allen L, Alderwick H. (2020) [Social care for adults aged 18–64](#). Health Foundation; 2020

social, educational and recreational; equipment and temporary adaptations; and 'respite'^{20 21}.

There are substantial age related variations within the population aged 65 and over, as service provision generally increases with age. The proportion of the population receiving home care increases from a rate of 25 people per 1,000 population for ages 65-74, to 87 people per 1,000 population for ages 75-84, and 255 people per 1,000 population for ages 85 and over. Many people aged 65 and over in receipt of home care receive a relatively small amount of support, with around a third of this group receiving between 4 and 10 hours per week, and just over a third receiving 10 or more hours per week. In contrast, around half of people aged 18 to 64 receiving home care support received 10 or more hours per week²².

The vast majority of people reported to have a community alarm or telecare are aged 65 and over, with the highest rates in the oldest age groups. For people aged 65-74, the community alarm/telecare rate per 1,000 population is 30, rising to 112 for the 75-84 age group, and 315 for those aged 85 and over²³. Additionally, people in the older age groups are more likely to have both a community alarm or telecare and home care. Just over one third (37.3%) of people aged 65-74 with an alarm or telecare also receive home care, and this proportion rises to nearly half (47.1%) of people aged 85 and over. This differential may reflect the higher prevalence of long term conditions, including frailty and dementia, and more complex needs associated with these conditions in older age groups, as well as potentially reducing informal support networks being available as people get older²⁴.

Older adults are also much more likely to receive social care support in residential and nursing homes than younger adults. The majority (90.8%) of long stay care home residents are aged 65 and over, with more than half of this group aged 85 and over²⁵.

People aged 65 and over who receive social care support are also much less likely to have a direct payment (Self-directed Support²⁶ Option 1) than those aged 18-64,

²⁰ 'Respite' is used here as this is the term used in the source data.

²¹ Public Health Scotland (2022) [Self-directed Support - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

²² Public Health Scotland (2022) [Home care - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

²³ Public Health Scotland (2022) [Technology enabled care - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

²⁴ Public Health Scotland (2020) [Insights in Social Care: Statistics for Scotland - Support provided or funded by health and social care](#)

²⁵ Public Health Scotland (2022) [Care home - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

²⁶ Self-directed Support aims to ensure that care and support is delivered in a way that supports choice and control over one's own life and which respects the person's right to participate in society. The Social Care (Self-directed Support) (Scotland) Act 2013 came into effect in April 2014.

and much more likely to have their support chosen and arranged by the local authority (Self-directed Support Option 3)²⁷. Research by the ALLIANCE and Self Directed Support Scotland (SDSS) highlighted particular barriers to accessing information about Self-directed Support for older people, and suggested actions to address these barriers, including: increasing professional knowledge and awareness; streamlining and signposting; and ensuring people can access information in a range of formats²⁸.

The majority of people who receive social care services report being satisfied with them. Analysis of Health and Care Experience Survey data found that, when asked to rate their help, care or support services (excluding care/help received from friends and family), 62% of respondents rated services 'good' or 'excellent' in 2021-22, while 17% rated services 'poor' or 'very poor'. Males²⁹ were proportionally more likely than females to rate their quality of care as positive, at 64% and 61% respectively. Similarly, people aged 65 and over were proportionally more likely to rate their quality of care as positive compared to the national figure, at 68% and 59% respectively. The oldest age cohort was 9 percentage points more likely to rate their services positively compared to the youngest age cohort (aged 17-24) in 2021-22 (68% and 59% respectively)³⁰.

3.2 Unpaid carers

People of all ages are unpaid carers, however caring may be experienced differently across the life course. For example, young carers may be balancing caring with education, working age carers may be balancing caring with work and childcare, and older people may be balancing caring with needs associated with their own health and ageing.

It is difficult to accurately ascertain the number of unpaid carers as data sources are self-reported and some people may not identify themselves as unpaid carers. However, the Scottish Health Survey provides robust data on the prevalence on unpaid care within the adult population. In 2020, the Survey found that almost one in five adults (19%) reported that they provided regular unpaid care, with women more likely to do so than men (23% and 14% respectively). Caring prevalence also varied by age, increasing from 12% of those aged 16-44 to 28% of those aged 45-64, before decreasing to 14% - 18% among those aged 65 and over. A similar

See: Scottish Government (2014) [Social Care \(Self-directed Support\) \(Scotland\) Act 2013: statutory guidance](#)

²⁷ Public Health Scotland (2022) [Self-directed Support - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

²⁸ ALLIANCE and Self Directed Support Scotland (2020) [My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland](#)

²⁹ 'Males' is used here as this is the term used in the source data.

³⁰ Scottish Government (2022) [Experiences of Social Care and Caring in Scotland](#)

pattern was found for women, however, for men there was no clear pattern by age³¹.

The Carers Census provides data about unpaid carers who are being supported by their local carers services³². In 2020-21, there were 31,760 individual carers reported to be supported by those local services that responded to the Carers Census and around a quarter of this group were people aged 65 and over. Adults aged between 18 and 64 made up a further 62% of unpaid carers being supported by local services, and a further 14% of this group were aged under 18 years³³.

The Carers Census also provides data about the number of hours spent caring and suggest that caring intensity increases with age. In 2020-21, two thirds of young carers spent less than 19 hours a week providing unpaid care, compared to 11% of adult carers. This may reflect differences in the capacity for, and the appropriateness of, higher levels of caring between adult carers and young carers³⁴. However, it should be noted that this data only includes those unpaid carers who are being supported by local services and may not reflect the experiences of the wider population of unpaid carers.

The Carers Census also suggests that adult carers and young carers were impacted differently by their caring roles. In 2020-21, adult carers were more likely than young carers to experience impacts on their health (56% compared to 27%), finance (34% compared to 20%) and future plans (43% compared to 19%). Young carers were more likely to experience an impact on their emotional well-being due to their caring role than adult carers (89% compared to 74%). However, the impacts of providing care varied depending on the average number of hours of care provided per week; the more hours of care per week provided by carers, the more likely people were to experience impacts on their health, employment and living environment³⁵.

UK-wide polling carried out by Carers UK found that unpaid carers aged over 65 were particularly worried about negative health implications of caring, specifically managing the stress and responsibility associated with being a carer and the negative impact on their own physical and mental health. The Carers UK report also highlights difficulties in juggling work and care for working age carers, and the

³¹ Scottish Government (2021) [Scottish Health Survey – telephone survey – August/September 2020: main report](#)

³² Carers Census data may not include all carers who are in contact with carer centres as informal contact with carers would likely not be recorded in their systems. Carers Census data should be treated with caution, as it is taking time for providers to implement systems to accurately collect and record the requested information for the Carers Census following a significant change in practice.

³³ Scottish Government (2021) [Carers Census, Scotland, 2019-20 and 2020-21](#)

³⁴ Scottish Government (2021) [Carers Census, Scotland, 2019-20 and 2020-21](#)

³⁵ Scottish Government (2021) [Carers Census, Scotland, 2019-20 and 2020-21](#)

impact of unpaid care on people's ability to also undertake paid work, leading to many people giving up work to care³⁶.

There is well established research about the impact of caring on young carers³⁷. Being a young carer tends to be associated with poorer health and well-being, which is likely to have implications for other areas of young carers' lives, such as education and employment. Those providing more hours of care appear to have worse self-reported health, however, it is not possible to say the extent to which this is directly related to caring responsibilities. Other factors such as deprivation, gender and support networks are also likely to have an impact. Research suggests that young carers may face challenges in participating in social or leisure activities and may feel isolated as a result. However, it is also important to note that young carers can be positive about their caring role and feel that it brings benefits³⁸.

Young carers can face challenges in balancing their caring responsibilities and education and employment requirements and opportunities. Caring responsibilities may influence education and employment choices, and flexibility is an important factor in enabling young carers to balance different commitments. The negative impact of combining caring and education may have potentially significant enduring consequences for workforce participation, and geographic and social mobility, with the risk of compounding deprivation and inequalities³⁹.

Young carers are a diverse group of all ages and backgrounds and live in all areas of Scotland. However, analysis of data from Scotland's Census in 2011 shows that caring is more common in some groups of young people than others. The data suggests that as children become older, more of them regularly provide a few hours of caring per week. The majority of young carers and young adult carers are female. A higher proportion of young people in the most deprived areas report providing care and they provide the most hours of care. Young carers in rural areas may face additional challenges due to the more dispersed nature of services and facilities⁴⁰.

3.3 Social care workers

Scottish Social Services Council (SSSC) data show that the social care workforce (not including Personal Assistants), is older than the general workforce. The average age of social care workers varies between services and sectors; public

³⁶ Carers Week (2020) [Carers Week 2020 Research Report](#)

³⁷ The Carers (Scotland) Act defines young carers as those aged under 18 or who are aged 18 and a pupil at school. However, some data sources refer to 'young adult carers' (aged 16–24 years) and 'young carers' (aged 4–15 years).

³⁸ Scottish Government (2017) [Young Carers: Review of research and data](#)

³⁹ Scottish Government (2017) [Young Carers: Review of research and data](#)

⁴⁰ Scottish Government (2017) [Young Carers: Review of research and data](#)

sector services tend to have the oldest workforces (average age 51), while the private sector has the youngest (average age 42)⁴¹.

There is no national data collected on personal assistants, however there is some data on those who recently received the Scottish Government pandemic thank you payment for social care workers⁴², which suggests that this group may also be older than the general workforce. Almost half (47%) of the Personal Assistants who received the thank you payment were aged 51 and over, though this may not be representative of the Personal Assistant population as a whole⁴³.

4. Disability

Disability is defined in the Equality Act 2010 as ‘a long-term limiting mental or physical health condition, that has a substantial negative effect on your ability to do normal daily activities that has lasted, or is expected to last, more than 12 months⁴⁴. The Scottish Health Survey found that just under half of adults (47%) reported that they were living with a long-term health condition, with 31% reporting that they lived with a limiting long-term condition, with no significant variations by sex. The prevalence of any long-term condition (limiting and/or non-limiting) increased with age, from 32% among those aged 16-44 to 68% among those aged 75 and over. This pattern by age was similar among men and women⁴⁵.

This section brings together data and evidence on social care and disability. Evidence is presented here in relation to the experiences of people who access social care, unpaid carers, and social care workers.

4.1 People who access social care

Public Health Scotland’s Insights in Social Care publication includes a breakdown by client group. The client group category is determined by a Social Worker or Social Care Professional and is used as a means of grouping individuals with similar care needs. Whilst this is not the same as disability, it provides some insight into the needs of different groups. A person can be assigned to more than one client group. In 2020/21, the most common client group was “Elderly/frail” (99,015 people) followed “Physical or sensory disability” (76,605)⁴⁶. Further data on the profile of the population of people accessing social care support can be found in [People who Access Social Care and Unpaid Carers in Scotland](#).

⁴¹ Scottish Government (2022) [The Adult Social Care Workforce in Scotland](#)

⁴² Scottish Government (2021) [Social care Personal Assistants to receive £500 payment](#)

⁴³ Self Directed Support Scotland (2021) [Thousands of Personal Assistants receive thank you payment](#)

⁴⁴ Scottish Government (2019) [Scotland's Wellbeing: national outcomes for disabled people](#)

⁴⁵ Scottish Government (2021) [Scottish Health Survey – telephone survey – August/September 2020: main report](#)

⁴⁶ Public Health Scotland (2022) [People supported - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

The Scottish Commission for People with Learning Disabilities' (SCLD) report data for adults with learning disabilities who are known to local authorities in Scotland. Many of this group will be accessing social care, but others will not be receiving formal support. In 2019, there were 23,584 adults with learning disabilities known to local authorities - equivalent to 5.2 people per 1000 people in the general population. Many of this group lived in mainstream accommodation (61.8%), with or without formal support. Just under a third (31.3%) lived with a family carer, mainly a parent (77.5%). A further 14.7% of people lived in supported accommodation, and 7.8% lived in registered adult care homes. SCLD data show that 18.2% of adults with learning disabilities known to local authorities attended a day centre⁴⁷ in 2019⁴⁸. However, the data does not report how many adults with learning disabilities known to local authorities receive support at home or in their communities. Furthermore, the number of people attending day centres is likely to have reduced since this data was collected as a result of broader shifts in service provision, as well as the suspension of many day services during the pandemic^{49 50}.

Research by the ALLIANCE and Self Directed Support Scotland (SDSS) explored people's experience of Self-directed Support and social care in Scotland. This research highlighted particular barriers to accessing information, advice and support experienced by many participants, including people with mental health problems, people with learning disabilities, and blind and partially sighted people. This research also found some evidence of gendered assumptions in social care assessments, for example, support with childcare and housework was considered appropriate for a disabled mother, but neglected for a disabled father as it was assumed that housework and childcare would be undertaken by their female partner⁵¹.

4.2 Unpaid carers

Whilst there is limited available data about disability and unpaid carers, there is considerable evidence about carers' health and wellbeing. However, given the prevalence of unpaid care and disability within the population of Scotland, discussed earlier in this paper, it is likely that there is a substantial population of unpaid carers who would meet the definition of disability, as set out in the Equality Act 2010.

Analysis of Scotland's Census data has shown that adult and young carers are more likely to have a long-term condition or illness than non-carers, although this is

⁴⁷ 'Day centre' is used here as this is the term used in the source data.

⁴⁸ Scottish Commission for People with Learning Disabilities (SCLD) (2019) [Learning Disability Statistics Scotland 2019](#)

⁴⁹ Scottish Commission for People with Learning Disabilities (SCLD) (2020) The Impact of Coronavirus on People with Learning Disabilities and their Parents, Carers and Supporters

⁵⁰ Care Inspectorate (2020) [Delivering care at home and housing support services during the COVID-19 pandemic](#)

⁵¹ ALLIANCE and Self Directed Support Scotland (2020) [My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland](#)

based on 2011 data⁵². According to the 2011 Census, young carers and young adult carers are twice as likely as young people generally to report a mental health condition: 3.7% of young carers compared to 1.4% young people without caring responsibilities. However, it is unknown from the Census data if and how this may be related to their caring role⁵³.

UK wide surveys carried out by Carers UK found that unpaid carers were more likely to experience anxiety and feel lonely, and to have lower levels of life satisfaction than the general population⁵⁴. Recent research carried out by Carers Trust Scotland suggests that unpaid carers' mental and physical health may have been particularly affected during the pandemic. Carers Trust Scotland reported that many unpaid carers were spending more time caring and had fewer opportunities to get a break from caring⁵⁵. Research carried out by the Care Inspectorate found that isolation, anxiety and disruption had impacted unpaid carers' mental and physical wellbeing⁵⁶. In addition, evidence from a nationally representative UK survey found that the mental health of unpaid carers deteriorated more during lockdown than non-carers⁵⁷.

4.3 Social care workers

There is limited available data about disability and social care workers, which relies on individual workers to disclose this information. Whilst Scottish Social Services Council (SSSC) data show that at least 2% of the overall social care workforce reported having a disability, this is likely to be an undercount, because disability information was unknown for a further 17% of the social care workforce⁵⁸.

5. Sex

The Equality Act 2010 defines the protected characteristic of sex as being a man or a woman⁵⁹. This section brings together data and evidence on social care and sex. Evidence is presented here in relation to the experiences of people who access social care, unpaid carers, and social care workers.

5.1 People who access social care

⁵² Scottish Government (2015) [Scotland's Carers](#)

⁵³ Scottish Government (2017) [Young Carers: Review of research and data](#)

⁵⁴ Carers UK (2019) [Getting Carers Connected](#)

⁵⁵ Carers Trust (2021) [COVID-19 in Scotland: The impact on unpaid carers and carer service support workers](#)

⁵⁶ Care Inspectorate (2020) [Delivering care at home and housing support services during the COVID-19 pandemic](#)

⁵⁷ Whitley, E., Reeve, K., & Benzeval, M. (2021). [Tracking the mental health of home-carers during the first COVID-19 national lockdown: Evidence from a nationally representative UK survey](#). *Psychological Medicine*, 1-10

⁵⁸ Scottish Social Services Council (2021) [Scottish Social Service Sector: Report on 2020 Workforce Data](#)

⁵⁹ UK Government (2010) [Equality Act 2010](#)

Public Health Scotland's Insights in Social Care publication reports that around three-fifths (61%) of people being supported by social care services in 2020/21 were female. This is consistent with previous years. There were more females than males⁶⁰ in the older age groups, but for people aged 18 to 64 the gender split was more even, with slightly more males than females. However, for children and young people aged 0 to 17 receiving social care support, 68% were male. For people living as long stay care home residents, there are roughly equal males and females in the 65-74 age group, but in the 85 and over age group, there are three times as many females than males⁶¹.

Research by the ALLIANCE and Self Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland, found some variation in men and women's experiences. For participants in this study, women had generally received less information about Self-directed Support options and budgets than men, and were less content with the quality of information that they received⁶².

Data from England shows that older women are at three times greater risk of having an unmet need for help with one or more activities of daily living (ADLs)⁶³ than younger men⁶⁴.

5.2 Unpaid carers

The Scotland's Carers report in 2015 found that 59% of people providing unpaid care were women, and 41% were men. This varied by age group; working age women were much more likely to be carers than working age men, but in the over 75s age group, men were more likely to be carers than women⁶⁵. More recently, the Scottish Health Survey found that overall, women were more likely than men to report providing regular unpaid care (23% and 14% respectively)⁶⁶.

⁶⁰ 'Male' and 'female' are used here as these are the terms used in the source data.

⁶¹ Public Health Scotland (2022) [People supported - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

⁶² ALLIANCE and Self Directed Support Scotland (2020) [My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland](#)

⁶³ Social care needs can be estimated in various ways. For older people, the ability to perform activities of daily living (ADLs) – like washing and dressing – is often used to assess levels of need and how these might change over time. But ADLs are not considered to be as good an indicator of social care need for younger adults, because physical disabilities and frailty are less common (see: Idriss O, Allen L, Alderwick H. (2020) [Social care for adults aged 18–64](#). Health Foundation (p.20))

⁶⁴ Brimblecombe N and Burchardt T (2021) [Social care inequalities in England: evidence briefing](#). Centre for Analysis of Social Exclusion, LSE

⁶⁵ Scottish Government (2015) [Scotland's Carers](#)

⁶⁶ Scottish Government (2021) [Scottish Health Survey – telephone survey – August/September 2020: main report](#)

Social Security Scotland report that, in November 2021, around 69% of Carer's Allowance clients were female and 31% were male⁶⁷.

Most people will be unpaid carers at some point in their life⁶⁸. However, research carried out by Carers UK found that women were more likely to become unpaid carers at an earlier stage in their life than men. This study also found that women were more likely to be providing a higher number of hours of unpaid care than men. These are important findings because they have wider implications for gender inequality, affecting women's mental and physical wellbeing⁶⁹, participation in paid employment and earnings over the lifetime⁷⁰.

The Young Carers research report found that a majority of young carers in Scotland were female, and highlighted evidence about gendered differences in the types of care work undertaken by young people. This report also found that young female carers reported poorer wellbeing compared to young male carers, particularly in the 16-24 year old age group⁷¹.

The Carers Census provides data about unpaid carers who are being supported by local carers services in Scotland. In 2021, the majority of working age carers (76%) being supported by local services were female. Furthermore, around 7 in 10 people being supported by local services were female⁷². The reasons for this are not known, however it may be the case that women are more likely to seek support from carers services than men.

5.3 Social care workers

The vast majority of the social care workforce are women and in lower paid positions⁷³. In 2020, 80% of adult social care staff were female and 17% were male^{74 75}. In their 2019 report on 'Fair Work in Scotland's Social Care Sector', the Fair Work Convention proposed that the undervaluing of care work is associated with perceptions of care work as being 'women's work', and with the prevalence of women employed in the sector. This report also highlighted the contribution of the social care sector to the gender pay gap in Scotland, which disadvantages women⁷⁶.

⁶⁷ Social Security Scotland (2022) [Summary statistics for Carer's Allowance, Disability Living Allowance, Attendance Allowance and Severe Disablement Allowance at November 2021](#)

⁶⁸ Carers UK (2019) [Will I care? The likelihood of being a carer in adult life](#)

⁶⁹ Iriss (2020) [Carers mental and physical health](#)

⁷⁰ Carers UK (2019) [Will I care? The likelihood of being a carer in adult life](#)

⁷¹ Scottish Government (2017) [Young Carers: Review of research and data](#)

⁷² Scottish Government (2021) [Carers Census, Scotland, 2019-20 and 2020-21](#)

⁷³ Fair Work Convention (2019) [Fair Work in Scotland's Social Care Sector 2019](#)

⁷⁴ No information on sex was provided for the remaining 3%

⁷⁵ Scottish Government (2022) [The Adult Social Care Workforce in Scotland](#)

⁷⁶ Fair Work Convention (2019) [Fair Work in Scotland's Social Care Sector 2019](#)

6. Pregnancy and Maternity

The Equality Act 2010 stipulates that it is against the law to discriminate against someone because of pregnancy or maternity⁷⁷. This section brings together data and evidence on equality in social care and pregnancy and maternity. Evidence is presented here in relation to the experiences of people who access social care, unpaid carers, and social care workers.

6.1 People who access social care

There is no national data about pregnancy and maternity and social care. However, there is a substantial cohort of women of child-bearing age who are receiving social care, and many of this group are likely to experience pregnancy and maternity. There are 22,710 women aged 18-64 receiving social care in Scotland⁷⁸. Within the general population, there are around 50 live births per 1,000 women of child-bearing age⁷⁹ in Scotland⁸⁰.

6.2 Unpaid carers

There is no national data about carers and pregnancy and maternity. However, as noted above (see section 2.2), a substantial proportion of unpaid carers are working age women. Almost half (47%) of all carers included in the 2020-2021 Carers Census were female aged 18-64⁸¹. The prevalence of unpaid care in young/mid-life women means that it is likely many women will be experiencing pregnancy and maternity alongside undertaking unpaid care.

6.3 Social care workers

There is no national data specifically about pregnancy and maternity and the social care workforce. However, there is a substantial cohort of women of child-bearing age who are employed in the adult social care sector, and many of this group are likely to experience pregnancy and maternity. Analysis of SSSC data shows that there were 58,450 adult social care workers under the age of 44 in 2020, and at least 80% of the overall adult social care workforce were women. In addition, almost half of the adult social care workforce (47%) are on part time contracts and around 5.5% are on zero hours contracts⁸², which may impact on maternity pay.

⁷⁷ Equality and Human Rights Commission (2021) [Protected characteristics](#)

⁷⁸ Public Health Scotland (2022) [People supported - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

⁷⁹ For the purpose of calculating fertility rates, 'child-bearing age' is taken as ages 15-44 inclusive. For further information on fertility rate calculations see: [NRS Fertility Rates](#)

⁸⁰ National Records of Scotland (2021) [Births Time Series Data](#) (Table BT.10 Fertility rates by Council Area 1991 to 2020 – General Fertility Rate)

⁸¹ Scottish Government (2021) [Carers Census, Scotland, 2019-20 and 2020-21](#)

⁸² Scottish Government (2022) [The Adult Social Care Workforce in Scotland](#)

7. Gender reassignment

The Equality Act 2010 defines the protected characteristic of gender reassignment in terms of a person who has, or intends to, transition from one sex to another⁸³. This section brings together data and evidence on equality in social care and gender reassignment. Evidence is presented here in relation to the experiences of people who access social care, unpaid carers, and social care workers.

There is no precise estimate of the number of trans or non-binary people in Scotland. However, the most commonly used figure for trans people is 0.5% of the population, equivalent to almost 24,000 adults⁸⁴. More generally, the experiences of trans and non-binary people have been largely absent in social care research to date⁸⁵.

7.1 People who access social care

There is no national data about gender reassignment and people who access social care. However, given the prevalence of social care needs in the population and across the life course, it is likely that some trans people will require social care support.

7.2 Unpaid carers

There is no national data about gender reassignment and unpaid carers. However, given the prevalence of unpaid care in the population and across the life course, it is likely that some trans people will provide unpaid care.

7.3 Social care workers

There is no national data about gender reassignment and social care workers. However, given that the social care sector is a major employer in Scotland, it is likely that some trans people will be employed in the sector.

8. Sexual orientation

The Equality Act 2010 defines the protected characteristic of sexual orientation in terms of a person's sexual orientation towards persons of the same sex, the opposite sex, or either sex⁸⁶. This section brings together data and evidence on equality in social care and sexual orientation. Evidence is presented here in relation

⁸³ UK Government (2010) [Equality Act 2010](#)

⁸⁴ Thomson R, Baker J, and Arnot J (2018) [Health Care Needs Assessment of Gender Identity Services](#). Scottish Public Health Network (ScotPHN)

⁸⁵ Kneale, D., Henley, J., Thomas, J., & French, R. (2021). [Inequalities in older LGBT people's health and care needs in the United Kingdom: A systematic scoping review](#). *Ageing and Society*, 41(3), 493-51

⁸⁶ UK Government (2010) [Equality Act 2010](#)

to the experiences of people who access social care, unpaid carers, and social care workers.

In 2017, 2% of the population in Scotland identified as Lesbian, Gay, Bisexual or Other (LGBO)⁸⁷. Younger adults were more likely to identify as LGBO than older adults; around three in ten (29%) of LGBO adults were young adults (aged 16-24), compared to around a sixth (14%) of heterosexual adults. This study also found that people identifying as LGBO were less likely to say that they had good or very good health than heterosexual people⁸⁸.

8.1 People who access social care

There is no national data about sexual orientation and people who access social care. However, given the prevalence of social care needs in the population and across the life course, it is likely that many Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people will require social care support.

Research by the ALLIANCE and Self Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland, highlighted particular issues for LGBT+⁸⁹ participants, including recruitment of Personal Assistants and working with new support workers, and not knowing how care workers would treat participants if they disclosed their sexuality⁹⁰. Similar findings were reported by a study in England⁹¹. Both studies highlighted a need for holistic social care assessments and targeted support and information for LGBTI people.

A systematic scoping review of inequalities in older Lesbian, Gay, Bisexual and Transgender (LGBT)⁹² people's health and care needs in the UK suggested that formal care environments could compromise the identities and relationships of older LGBT people, and that many older LGBT people have a fear of formal care settings. The review also suggested that needs for formal care could be accelerated for some older LGBT people, and this was associated with social networks, isolation and loneliness, and health behaviours. The review also found evidence to suggest that only a minority of older LGBT people plan for their future needs⁹³.

⁸⁷ 'LGBO' is used here as this is the term used in the source data.

⁸⁸ Scottish Government (2017) [Sexual orientation in Scotland 2017: summary of evidence base](#)

⁸⁹ 'LGBT+' is used here as this is the term used in the source data and includes participants who self-identified as 'gay or lesbian', 'bisexual', and 'other'.

⁹⁰ ALLIANCE and Self Directed Support Scotland (2020) [My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland](#)

⁹¹ Norah Fry Research Centre (2017) [LGBTQI+ Disabled People and self-directed social care support](#)

⁹² 'LGBT' is used here as this is the term used in the source data.

⁹³ Kneale, D., Henley, J., Thomas, J., & French, R. (2021). [Inequalities in older LGBT people's health and care needs in the United Kingdom: A systematic scoping review](#). Ageing and Society, 41(3), 493-51

8.2 Unpaid carers

There is little national data about sexual orientation and unpaid carers. Analysis of Scottish Survey Core Questions 2019 data found that the prevalence of providing unpaid care was lower for LGBO⁹⁴ people than for heterosexual people (at 15.4% and 16.2% respectively), however the difference was not statistically significant⁹⁵. Given the prevalence of unpaid care in the population and across the life course, it is likely that many LGBT+ people will provide unpaid care.

A small study about the experiences of LGBT young adult carers in Scotland, carried out by the Carers Trust in 2016, highlighted specific barriers and disadvantages for this group and the implications these could have on outcomes. This study found that LGBT young adult carers were more likely to experience bullying and to have a mental health problem, and were less likely to feel that they have good health overall. Survey respondents also reported feeling under supported in education, employment, health and social care and by support groups and services⁹⁶.

8.3 Social care workers

There is no national data about sexual orientation and social care workers. However, given that the social care sector is a major employer in Scotland, it is likely that many LGBT+ people will be employed in the sector.

9. Race

The Equality Act 2010 defines the protected characteristic of race in terms of colour, nationality, and ethnic or national origins⁹⁷. This section brings together data and evidence on equalities in social care and race and ethnicity. Evidence is presented here in relation to the experiences of people who access social care, unpaid carers, and social care workers.

NRS analysis of population data suggests that Scotland is becoming more ethnically and religiously diverse⁹⁸.

9.1 People who access social care

There is very limited national data on ethnic group for people who access social care. The majority of people receiving social care support are White; in 2020/21, 72% of people receiving social care support were White, a similar proportion to

⁹⁴ 'LGBO' is used here as this is the term used in the source data.

⁹⁵ Scottish Government (2021) [Scottish Surveys Core Questions 2019](#) (SSCQ 2019 Supplementary Tables - 1.4 Care)

⁹⁶ Carers Trust (2016) [Young people caring OUT there: experiences of LGBT young adult carers in Scotland](#)

⁹⁷ UK Government (2010) [Equality Act 2010](#)

⁹⁸ National Records of Scotland (2013) [Census 2011: Key results on Population, Ethnicity, Identity, Language, Religion, Health, Housing and Accommodation in Scotland – Release 2A](#)

previous years, but ethnicity was recorded as not known or not provided for a further 26%⁹⁹.

Research by the ALLIANCE and Self Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland, highlighted barriers to support for Black and minority ethnic people¹⁰⁰, including: access to information and advice; and cultural awareness and understanding. This was particularly the case for Black and minority ethnic women, and the report suggests that this could be associated with women having less fluency in English in some communities¹⁰¹.

Analysis of social care data in England found that a slightly smaller proportion of Black and other minority ethnic working age adults reported a need for care, in comparison to their White counterparts. It is not clear from the data whether this is associated with differences in prevalence of long term health conditions or differences in propensity to report a need for care. Furthermore, of those who do report a need for care, Black and other minority ethnic working age adults are less likely than their White counterparts to receive some help (10% and 15% respectively). In contrast, some minority ethnic groups aged over 65 are more likely to report needing help with one or more Activities of Daily Living or Instrumental Activities of Daily Living¹⁰² than their White counterparts, notably Black/Black British and Asian/Asian British. This report also found that some minority ethnic groups reported poorer experiences of social care, notably Asian or Asian British, and Black or Black British¹⁰³.

9.2 Unpaid carers

There is very limited national data on ethnic group for unpaid carers. NRS analysis of population data suggests that Scotland is becoming more ethnically and religiously diverse¹⁰⁴. However the Scotland's Carers (2015) report found that only 4% of people providing unpaid care were from mixed or minority ethnic groups, whilst 96% were from a "White Scottish/British/Irish" ethnic background¹⁰⁵.

According to the 2011 Census data, the majority of 4-24 year olds are White Scottish (84%), 6% are White other British, and 10% are from other ethnic groups.

⁹⁹ Public Health Scotland (2022) [People supported - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

¹⁰⁰ 'Black and minority ethnic people' is used here as this is the term used in the source data.

¹⁰¹ ALLIANCE and Self Directed Support Scotland (2020) [My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland](#)

¹⁰² Activities of Daily Living (ADLs) include basic activities of daily living, like washing and dressing. Instrumental Activities of Daily Living (IADLs) include other activities, like shopping, cleaning and paying bills.

¹⁰³ Brimblecombe N and Burchardt T (2021) [Social care inequalities in England: evidence briefing](#). Centre for Analysis of Social Exclusion, LSE

¹⁰⁴ National Records of Scotland (2013) [Census 2011: Key results on Population, Ethnicity, Identity, Language, Religion, Health, Housing and Accommodation in Scotland – Release 2A](#)

¹⁰⁵ Scottish Government (2015) [Scotland's Carers](#)

The proportion that are young carers and young adult carers is similar; 3% White Scottish and 2% others. Although the numbers are small, there is a variation according to individual ethnic groups. The highest prevalence is 5% of White Gypsy/Traveller young people, followed by 4% of Pakistani, Scottish Pakistani or British Pakistani young people¹⁰⁶. Research carried out in England by Barnardo's suggests that there are particular barriers to accessing support for Black, Asian and Minority Ethnic (BAME)¹⁰⁷ young carers, which could result in this group being isolated and unsupported by services. This report found that BAME young carers were less likely to receive financial and practical support, and suggests that this was due to a lack of culturally appropriate information and community engagement¹⁰⁸.

Analysis of social care data in England found that minority ethnic carers, particularly those from Asian ethnic backgrounds, provided more hours of care than their White counterparts. Furthermore, whilst this analysis found similarities in some aspects of carers' experiences, it also highlights variation. For example, Asian/Asian British carers, and Black/ Black British carers, were more likely to report difficulties with information, advice, support and services than their White counterparts. These groups were also more likely to report that caring had caused them financial difficulties in the last 12 months¹⁰⁹.

9.3 Social care workers

There is limited data on ethnic group for social care workers. Whilst NRS analysis of population data suggests that Scotland is becoming more ethnically and religiously diverse¹¹⁰, only 3% of the adult social care workforce reported as belonging to an minority ethnic group in 2020. There was some variation by service, with the private sector having slightly higher minority ethnic representation. However, ethnicity information was not known for 27% of the adult social care workforce, and the data also does not include Personal Assistants^{111 112}.

10. Religion or belief

The Equality Act 2010 defines the protected characteristic of religion or belief in terms of any religion, or religious or philosophical belief, including a lack of religion

¹⁰⁶ Scottish Government (2017) [Young Carers: Review of research and data](#)

¹⁰⁷ 'Black, Asian and Minority Ethnic (BAME)' is used here as this is the term used in the source data.

¹⁰⁸ James E (2019) [Caring alone Why Black, Asian and Minority Ethnic young carers continue to struggle to access support](#). Barnardo's

¹⁰⁹ Brimblecombe N and Burchardt T (2021) [Social care inequalities in England: evidence briefing](#). Centre for Analysis of Social Exclusion, LSE

¹¹⁰ National Records of Scotland (2013) [Census 2011: Key results on Population, Ethnicity, Identity, Language, Religion, Health, Housing and Accommodation in Scotland – Release 2A](#)

¹¹¹ Scottish Social Services Council (2021) [Scottish Social Service Sector: Report on 2020 Workforce Data](#)

¹¹² Scottish Government (2022) [The Adult Social Care Workforce in Scotland](#)

or lack of belief¹¹³. This section brings together data and evidence on equalities in social care and religion and belief. Evidence is presented here in relation to the experiences of people who access social care, unpaid carers, and social care workers.

10.1 People who access social care

There is no national data on religion or belief for people who access social care, although NRS analysis of population data suggests that Scotland is becoming more ethnically and religiously diverse¹¹⁴.

10.2 Unpaid carers

There is little national data on religion or belief for unpaid carers. Analysis of Scottish Survey Core Questions 2019 data found some variance in the prevalence of providing unpaid care, ranging from 11.5% for people identifying as Muslim to 18.2% for people identifying as Church of Scotland, however the differences were not statistically significant¹¹⁵.

10.3 Social care workers

There is no national data on religion or belief for social care workers, although NRS analysis of population data suggests that Scotland is becoming more ethnically and religiously diverse¹¹⁶.

11. Socio-economic status

The impact of socio-economic disadvantage on people's outcomes is recognised by the Fairer Scotland Duty. The Duty seeks to tackle socio-economic disadvantage and reduce the inequalities that are associated with being disadvantaged. This is a complex, multidimensional problem, closely related to poverty. Having less access to resources can mean that individuals fare worse on outcomes including health, housing, education or opportunities to work or train, and these negative outcomes can reinforce each other¹¹⁷. The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's standard approach to identify areas of multiple deprivation in Scotland¹¹⁸.

11.1 People who access social care

¹¹³ UK Government (2010) [Equality Act 2010](#)

¹¹⁴ National Records of Scotland (2013) [Census 2011: Key results on Population, Ethnicity, Identity, Language, Religion, Health, Housing and Accommodation in Scotland – Release 2A](#)

¹¹⁵ Scottish Government (2021) [Scottish Surveys Core Questions 2019](#) (SSCQ 2019 Supplementary Tables - 1.4 Care)

¹¹⁶ National Records of Scotland (2013) [Census 2011: Key results on Population, Ethnicity, Identity, Language, Religion, Health, Housing and Accommodation in Scotland – Release 2A](#)

¹¹⁷ Scottish Government (2021) [Fairer Scotland Duty: guidance for public bodies](#)

¹¹⁸ Scottish Government (2020) [Scottish Index of Multiple Deprivation 2020](#)

Overall, substantially higher proportions of people in the most deprived areas in Scotland receive home care support; 26% of people receiving home care lived in the most deprived areas, compared to 13.9% in the least deprived. However, this varies by age; 36.2% of those aged 16-64 receiving home care lived in the most deprived areas, compared to 7.5% in the least deprived, while there was little difference in the age 85 and over age group¹¹⁹.

Analysis of the Health and Care Experience Survey data found that people living in the most deprived areas were amongst those most likely to be not receiving support but feeling they needed it in 2021-22¹²⁰. Analysis of social care data in England found that people living in deprived areas or low income households were much more likely to need help with one or more Activities of Daily Living. This research also found an association between unmet need and deprivation for older people in England, and reported that people aged 65 and over living in the most deprived neighbourhoods were more than twice as likely to experience unmet need than those living in the least deprived areas. This report draws parallels with social care need and the social determinants of health, and suggests that people's need for care is influenced by the same factors that influence health (e.g. employment, housing, education as well as social and community factors)¹²¹.

11.2 Unpaid carers

The Scotland's Carers Report found little difference between the overall proportion of people who are unpaid carers living in the most and least deprived areas. However, it did find differences in the number of hours spent caring, with unpaid carers living in the most deprived areas much more likely to be caring for 35 hours a week or more than those in the least deprived areas (47% and 24% respectively). Furthermore, despite there being little difference in the overall proportion of people who are unpaid carers between the most and least deprived areas, there were notable differences for younger age groups. People aged under 25 living in the most deprived areas were more likely to be unpaid carers than those in the least deprived areas (3.1% and 1.7% respectively). In addition, young carers in the most deprived areas were more likely to be caring for 35 hours a week or more than those in the least deprived areas (28% and 17% respectively)¹²². Whilst this was based on Scotland's 2011 Population Census data, the findings are consistent with the more recent Carers Census (2020-21), which includes all unpaid carers being supported by local services across Scotland. The Carers Census also found little difference in the number of adult unpaid carers by deprivation, but substantial differences for young carers; 14% of young carers being supported by local

¹¹⁹ Public Health Scotland (2022) [People supported - Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21](#)

¹²⁰ Scottish Government (2022) [Experiences of Social Care and Caring in Scotland](#)

¹²¹ Brimblecombe N and Burchardt T (2021) [Social care inequalities in England: evidence briefing](#). Centre for Analysis of Social Exclusion, LSE

¹²² Scottish Government (2015) [Scotland's Carers](#)

services lived in the most deprived Scottish Index of Multiple Deprivation (SIMD) decile compared to 5% who lived in the least deprived SIMD decile¹²³.

11.3 Social care workers

As there is no available data on SIMD and the social care workforce, this section focuses instead on pay and conditions in the adult social care workforce. Almost half (47%) of the adult social care workforce were employed on a part-time basis in 2020. On average, adult social care workers in Scotland worked for 31 hours per week in 2020. The majority of adult social care workers were employed on a permanent basis, with 5.5% being on zero-hour contracts¹²⁴. However, it should be noted that part-time work and zero-hour contracts are not proxies for deprivation or poverty.

In their 2019 report on 'Fair Work in Scotland's Social Care Sector', the Fair Work Convention highlighted poor terms and conditions and a lack of security for social care staff, although they acknowledged that progress was being made to address issues of low pay with the implementation of the Living Wage¹²⁵.

12. Conclusion

The previous sections provide an overview of evidence on equality in social care in Scotland. It focuses on groups with protected characteristics under the Equality Act 2010, as well as those who experience socio-economic disadvantage, and brings together key data sources and national statistics, where these are available. It also draws on other national evidence to provide insights into variations in usage and experiences for those groups with protected characteristics and those who experience socioeconomic disadvantage. It has been structured in relation to the experiences of people who access social care, unpaid carers, and social care workers separately, although it has been noted that these are not distinct groups in practice. It should also be noted that there are intersecting inequalities, resulting in multiple and compounding inequality for particular groups¹²⁶. For example, age, gender and deprivation intersect to disadvantage particular groups of young carers.

Importantly, people who access social care, unpaid carers and those who work in the social care sector have been directly and indirectly impacted by the Covid-19 pandemic and mitigation measures. In particular, care home residents, the majority of whom are older people with long term conditions, are at higher risk of Covid-19 morbidity and mortality¹²⁷. Visiting restrictions in care homes during the pandemic have adversely impacted the health and wellbeing of residents and their loved

¹²³ Scottish Government (2021) [Carers Census, Scotland, 2019-20 and 2020-21](#)

¹²⁴ Scottish Government (2022) [The Adult Social Care Workforce in Scotland](#)

¹²⁵ Fair Work Convention (2019) [Fair Work in Scotland's Social Care Sector 2019](#)

¹²⁶ The concept of intersectionality has long been used to articulate and analyse the lived reality of those who experience multiple and compounding inequalities. See: Scottish Government (2022) [Using intersectionality to understand structural inequality in Scotland: evidence synthesis](#)

¹²⁷ Scottish Government (2020) [Adult Social Care Winter Preparedness Plan 2020-21: Evidence Paper](#)

ones¹²⁸, and created additional challenges for care home staff¹²⁹. Unpaid carers and people who receive care at home and housing support have also been adversely impacted by the suspension of services and disruption to daily activities during the pandemic¹³⁰. More broadly, it has been widely recognised that the impact of the pandemic has not affected everyone equally. Some groups have been particularly disadvantaged, including: people who are socio-economically disadvantaged; young people, older people; disabled people; people who had been advised to shield; and people from a minority ethnic background¹³¹.

The data and evidence presented here highlights that people who access social care, unpaid carers, and social care workers are diverse groups with a broad range of needs and experiences. It also highlights that inequalities are intersectional, resulting in multiple and compounding inequalities for particular groups.

The data and evidence presented here provides insight into key equalities issues in social care in Scotland. Planning for a National Care Service will require understanding of equalities issues in social care and engagement with the diverse needs and experiences of people who access social care, unpaid carers and people who work in social care.

¹²⁸ Palattiyil, G., Jamieson, L., McKie, L., Jain, S., Hockley, J., Sidhva, D., Tolson, D., Hafford-Letchfield, T., Quinn, N., Iversholt, R., Musselbrook, K., Mason, B., & Swift, S. (2020). [The Cost of Separation: The Impact of Visiting Restrictions on Families of Care Home Residents during COVID-19](#). Chief Scientist Office

¹²⁹ Scottish Government (2021) [Open with Care: Care Home Managers Feedback on Implementation Survey](#)

¹³⁰ Care Inspectorate (2020) [Delivering care at home and housing support services during the COVID-19 pandemic](#)

¹³¹ Scottish Government (2020) [The Impacts of Covid-19 on equality in Scotland](#)

How to access background or source data:

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