

Strategy for Unpaid Carers – Equality Impact Assessment

What is the Welsh Government considering and why?

The Social Services and Well-being (Wales) Act 2014, defines a carer as someone who provides unpaid care to an adult or disabled child. The cared for person may be a family member or a friend, who due to illness, disability, a mental health problem or an addiction cannot cope without their support. A carer could be a husband caring for his wife, a parent caring for their child who has care and support needs, or a child caring for their parent or sibling.

As part of our commitment to improving the lives of all ages of carer in Wales, in October 2020 the Deputy Minister for Health and Social Services launched our public consultation for a new Strategy for Unpaid Carers. The consultation set out our proposed direction for the new strategy, and included proposals to add a new fourth national priority focusing on employed carers and those in education. It also included a proposal to create a new Charter for Unpaid Carers. The [consultation document and a summary of the responses](#) we received are available on our website.

In developing the new strategy we took careful consideration of the consultation responses as well as wider engagement with unpaid carers of all ages and their representatives. This engagement took place via the Ministerial Advisory Group for Unpaid Carers and its supporting engagement group. Both of these groups will also guide the development of a delivery plan and will monitor implementation.

The new [Strategy for Unpaid Carers](#) was launched in March 2021 and represents our continuing commitment to improving the recognition of, and support to, unpaid carers in Wales. It sets out our revised national priorities for unpaid carers, including the addition of a new priority on education and employment.

Priority One: Identifying and valuing unpaid carers

All unpaid carers must be valued and supported to make an informed choice about the care they provide and to access the support they need whilst caring and when the caring role comes to an end.

Priority Two: Providing information, advice and assistance

It is vital that all unpaid carers have access to the right information and advice at the right time and in an appropriate format.

Priority Three: Supporting life alongside caring

All unpaid carers must have the opportunity to take breaks from their caring role to enable them to maintain their own health and well-being and have a life alongside caring.

Priority Four: Supporting unpaid carers in education and the workplace

Employers and educational / training settings should be encouraged to adapt their policies and practices, enabling unpaid carers to work and learn alongside their caring role.

A Charter for Unpaid Carers will also be developed to agree best practice guidance and to clearly define the roles and responsibilities of Welsh Government, local authorities, local health boards, third sector organisations and unpaid carers.

Charter for Unpaid Carers

The charter will help unpaid carers to self-identify and understand their rights under the Social Services and Well-being (Wales) Act 2014. It will support local authorities to deliver their duties under the Act and clearly set out good practice standards that ensure unpaid carers are involved as equal partners and have a voice in policy development, planning, research and training.

Long term

The 2011 Census shows that around 12% of the population of Wales are unpaid carers, and Social Care Wales estimates that this figure could increase to 16% by 2037. These figures include anyone caring for as little as an hour a week and most people who spend only very limited time on caring will not require any additional support. However, Wales also has the highest proportion of older carers and of carers providing more than 50 hours' care a week.

Since the start of the Covid-19 pandemic, the number of carers in Wales has increased as many more people have taken on the role of an unpaid carer for the first time. Last year, Carers UK estimated that there are 196,000 new unpaid carers in Wales since the start of the pandemic. It also reported that 4 in 5 unpaid carers (81%) were providing more care than before lockdown. Each of our renewed four national priorities takes into account the impact of Covid-19 on the lives of unpaid carers and reflects that these experiences will shape support needs over the months and years ahead.

We will work with the Ministerial Advisory Group on Carers and its supporting engagement group to develop a delivery plan to support the implementation of the new Strategy for Unpaid Carers. This will be published in autumn 2021 and will consider the long term needs of unpaid carers in Wales. As we plan ahead, we will re visit the delivery plan to ensure it is responsive to any demographic or societal changes that impact the lives of unpaid carers.

Our [Strategy for an Ageing Society](#) aims to create an age friendly Wales that supports everyone to live and age well. This programme of work will align with the

Strategy for Unpaid Carers and benefit people caring today and future generations of unpaid carers.

Prevention

Supporting carers is a preventative measure both for the individual carer and for the sustainability of health and social care services.

Early intervention and prevention is critical and the strategy responds to the need to embed the preventative aspects of the Social Services and Well-being (Wales) Act 2014 more effectively in public services and move key providers of services, including the third sector, towards an improved model of support for unpaid carers. Addressing these key issues now will help to prevent more unpaid carers, and the people they care for, reaching crisis point before accessing vital support services. This will, in turn, reduce the pressure on NHS and social services.

Integration

The strategy will provide a focus for ensuring that support for unpaid carers is embedded across other policy areas in the Welsh Government. For example, close joint work will continue with Education and Employability to strengthen links with these areas so that policies are developed with the impact on unpaid carers in mind.

The supporting delivery plan will set out specific cross-government actions, emphasising the importance of the contribution of other government departments to improving outcomes for unpaid carers through their policies and programmes. Whilst local authorities have a duty under the Social Services and Well-being (Wales) Act to identify and respond to the eligible needs of unpaid carers, there can be many additional factors outside of this which are critical in improving the health and wellbeing of unpaid carers, and this broader focus addresses this.

Collaboration

Collaboration with partners in the public and third sectors is critical if the best possible support is to be provided to unpaid carers in our communities.

Public bodies have a duty to adopt a more joined approach to service design and delivery. The successful implementation of the strategy will require public bodies in local government and health and social services to work together to determine the most effective delivery mechanisms for carer support services. Though the development of a Charter for Unpaid Carers we will move towards and support a shared understanding of the rights of unpaid carers and the level of service they should receive, particularly during the common scenarios that carers encounter such as hospital discharge or emergency admission.

Our third sector partners play a vital role in delivering essential services to unpaid carers in Wales. As well as providing £2.6 million over three years to Carers Wales, All Wales Forum of Parents and Carers, Carers Trust Wales and Age Cymru via our Third Sector Sustainable Social Services Grant Scheme, we continue to work with Carers Wales as corporate members of the Welsh Employers for Carers programme.

Involvement

Carers must be considered and treated as equal partners in the development and delivery of services designed to support them, building on the principles of ‘voice and control’ embedded in practice through the Social Services and Well-being (Wales) Act 2014. The strategy commits us to developing a range of solutions that enable local authorities to deliver timely, effective statutory assessments that are responsive to the individual needs of unpaid carers.

When developing our Strategy for Unpaid Carers, we sought feedback from a wide variety of voices and experiences, including carers themselves. Their replies informed our plans going forward and the future shape of our national carers’ priorities.

We also facilitate regular engagement with unpaid carers, professionals and policy makers. In 2020/21, we funded Carers Trust Wales to lead on the development of, and recruitment to, the National Engagement Group for Carers to support the Ministerial Advisory Group on Unpaid Carers. Members of the engagement group include unpaid carers and the frontline staff who support them from across Wales. We also fund Children in Wales to host the Young Carers’ Network. These mechanisms ensure the voice of the unpaid carer informs policy development and delivery and will continue to be funded in 2021/22.

Impact

The strategy has been developed based on engagement with unpaid carers and their representatives via the Ministerial Advisory Group for Unpaid Carers and its supporting engagement group, as well the feedback received via the consultation process.

There is also much evidence regarding the experiences of unpaid carers in Wales, including the recent and continuing impact of the pandemic and lockdowns. The strategy draws on the learning from a range of findings in research and evidence papers produced by academics and third sector carer organisations.

The Senedd Health, Social Care and Sport committee opened its inquiry ‘*The Impact of the Social Services and Well-being (Wales) Act 2014 in relation to Carers*’ in 2018. The Committee’s report, [Caring for our future](#), was published in 2019 and the Welsh Government has previously responded to the 31 recommendations. The renewed priorities and the Charter for Unpaid Carers build on a number of the themes included in the Committee’s inquiry.

The strategy responds to this evidence by providing high-level direction around what is needed across the public sector to develop person-centred and resilient services for unpaid carers, and is committed to improving the recognition of, and support to, unpaid carers in Wales. It provides a clear message to the public and stakeholders regarding the next steps we will take to ensure carers are supported more effectively. This includes action to achieve consistency in levels of support between different health boards and local authorities.

Costs and savings

Carers Wales have estimated that unpaid carers save the Welsh economy £8.1 billion every year.

The Strategy for Unpaid Carers will be delivered under existing budget allocations, but we will consider the need for additional funding to support carers as it arises. We will work closely with local government and health and social service providers to agree actions that will help us to achieve the commitments in the strategy. Given their entitlements under the Social Services and Well-being (Wales) Act 2014, unpaid carers are already able to access and receive support from mainstream health and social services budgets.

Welsh Government project funding provides additionality to statutory services, for example, we are providing £2.6 million over three years (2020-23) to Carers Wales, All Wales Forum of Parents and Carers, Carers Trust Wales and Age Cymru, via our Third Sector Sustainable Social Services Grant Scheme.

We will continue to fund the national young carers ID card project with £150k in 2021-22, working in coproduction with local authorities and Carers Trust Wales.

In 2019/20, £7.891m was spent via the Integrated Care fund (ICF) directly on projects and services to support unpaid carers. The 2019-20 ICF annual report, published on 24 March 2021, showcases how unpaid carers are benefitting from this fund.

Mechanism

We propose to publish a supporting delivery plan in autumn 2021 setting out clear actions, timescales and measures for monitoring progress.

Legislation is not proposed as part of this work - a regulatory impact assessment is not required.

Equality Impact Assessment

Summary

It is not considered that any changes to Strategy for Unpaid Carers should be made as a result of the assessment, as the evidence and data gathered indicate that overall the strategy will have a positive impact for carers and equality groups.

We did not identify evidence that the strategy will directly or indirectly discriminate on the basis of the protected characteristics outlined in the Equality Act 2010. Neither have we identified evidence of potentially negative impacts to people who have protected characteristics. Nevertheless, we will monitor the delivery of the strategy and remain alert to new evidence suggesting that discrimination or other prohibited conduct is, or could be, occurring and take appropriate action to prevent this happening.

The strategy is not specifically intended to tackle prejudice and promote understanding between people on the basis of protected characteristics. Nevertheless, the Equality Impact Assessment has not identified any element in the

strategy which would cause friction between those who share a protected characteristic and those who do not. In addition, the strategy (priority one) does commit to addressing the stigma associated to the caring role, particularly when experienced by young carers.

The strategy has the potential to advance equality of opportunity in relation to accessing support, but there are some areas that will require careful consideration as the delivery plan is developed to ensure that the strategy achieves its intended benefits for all carers in Wales. These have been explored in more detail below.

Record of impacts by protected characteristics

The strategy aims improve the experiences of all unpaid carers in Wales through a range of commitments. It is intended that most carers will benefit equally from the strategy. However, the Equality Impact Assessment has identified areas where tailored actions may be needed to:

- remove or minimise disadvantages,
- meet the needs of people who share a relevant protected characteristic that are different from the needs of people who do not share it, and
- encourage people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.

These areas will form a key component of the development of a delivery plan to implement the strategy, due to be published in the autumn 2021.

Below is a summary of impacts which records where the evidence has highlighted that specific consideration is needed to ensure the intended benefits of the strategy are realised on an equitable basis.

Intended positive impact of the proposal	Action to mitigate potential negative impacts
Improving the accessibility, quality and appropriateness of services that support unpaid carers in their caring role.	<p>The impact assessment has highlighted that specific action may be needed to ensure this equally benefits carers from Black, Asian and minority ethnic communities, Gypsy, Roma and Irish Traveller communities, those with different religions or beliefs, older carers and LGBT carers.</p> <p>The evidence analysis found a number of barriers reported by unpaid carers with one, or a combination, of these protected characteristics. Some barriers were not unique to these unpaid carers but did tend to be experienced more strongly or differently by them, revealing an inequality of service delivery and outcomes.</p> <p>The commitment in the strategy to create a Charter for Unpaid Carers aims to reduce disparity in terms of the support available to unpaid carers between different health boards and local authorities. In order to ensure the experiences of these carers are reflected in the charter, and to ensure it also complies with our obligations under equality legislation, the co-production process must include voices from these communities.</p>

	<p>Our commitment to collecting the findings from research and data ensures that policies aimed at improving the experiences of unpaid carers are well-informed. Performance metrics will also help us to identify where the strategy is not meeting its commitments and what action we need to take to improve delivery. Continuing to seek out research and data related to the experiences of carers with these protected characteristics, as well as engaging with stakeholders from these groups, will be an important step towards achieving the commitments set out in the strategy.</p>
Improving the identification of unpaid carers.	<p>The evidence analysis has shown that carers who are older, male or from ethnic minority communities are less likely to identify with the term 'carer'. This may mean that information or support directed at unpaid carers doesn't appear relevant to those family and friends who provide support.</p> <p>Priority one seeks to address this by raising awareness amongst unpaid carers of how self-identification can lead to financial, emotional and practical support. Nevertheless, the need for tailored actions to support these carers will be explored during the development of the delivery plan.</p>
Improving the health and wellbeing of unpaid carers.	<p>The evidence analysis has demonstrated the detrimental effect on some carers' health and wellbeing, with older carers at higher risk than younger carers.</p> <p>Disabled carers also face particular challenges to their health and wellbeing that are often exacerbated by their caring role.</p> <p>The strategy aims improve health and wellbeing outcomes for all unpaid carers through a range of commitments, most notably priority three: supporting a life alongside caring. It is likely that older and disabled carers will equally benefit from the strategy, nevertheless the need for tailored actions to support older or disabled carers will be explored during the development of the delivery plan.</p>
Reducing the impact of the Covid-19 pandemic on unpaid carers.	<p>The evidence analysis found a notable impact of Covid-19 on older unpaid carers. Each of our renewed four national priorities takes into account the impact of Covid-19 on the lives of unpaid carers and recognises that these experiences will shape support needs over the months and years ahead.</p> <p>We will monitor the impact of the strategy and supporting delivery plan as the effects of Covid-19 continue to be felt on older carers.</p>
Improvements to the financial resilience of unpaid carers.	<p>The evidence analysis found limited data regarding the intersection between unpaid carers and pregnancy and maternity. We did, however, note concerns raised on both parenting and unpaid care online forums about maternity allowance and carers allowance and whether both can be claimed. We will explore in more detail the financial impact of providing unpaid care, including the effect of claiming benefits additional to Carers Allowance. Carers Allowance and Maternity Allowance are not currently devolved to Wales.</p>

	<p>Priority four of the strategy aims to encourage employers to adapt their policies and practices so that unpaid carers are able to work alongside their caring role without discrimination. However, specific Welsh Government policies supporting pregnancy and maternity and employment rights are more likely to have a tangible beneficial impact on unpaid carers who are also in this group.</p>
<p>Reducing the barriers faced by unpaid carers when accessing statutory support services, including mental health support.</p>	<p>The impact assessment has highlighted that specific action may be needed to ensure this commitment equally benefits older carers and carers from ethnic minority communities and Gypsy, Roma and Irish Traveller communities.</p> <p>Our evidence analysis found a number of reasons why these carers were hesitant to approach social services, and therefore less likely to receive support in their caring role.</p> <p>Commitments in the strategy seek to address this and it is likely that actions agreed under priorities one and three, and the proposed Charter for Unpaid Carers will reduce these barriers. Nevertheless, the need for tailored actions to support these carers will be explored during the development of the delivery plan.</p>
<p>Improved access to information, advice and assistance (IAA).</p>	<p>The evidence analysis found particular barriers for older or disabled carers, and carers from ethnic minority communities and Gypsy, Roma and Irish Traveller Communities when attempting to access appropriate information, advice and assistance (IAA).</p> <p>Provision of appropriate IAA provides the vital first steps of a preventative approach and priority two aims to ensure that all unpaid carers have access to the right information and advice at the right time and in an appropriate format. Nevertheless, any actions to improve IAA (and carers' needs assessments) in the delivery plan will need to consider the specific needs of these carers.</p>
<p>Encouraging employers to be more responsive to the needs of working age unpaid carers.</p>	<p>The impact assessment has highlighted that specific action may be needed to ensure this commitment equally benefits working age carers who are disabled, from ethnic minority communities or who may have different needs because they are either male or female.</p> <p>The evidence analysis found that barriers to employment for unpaid carers tended to be different depending on their circumstances, and that diverse and tailored approaches were needed in order to improve access to suitable employment opportunities.</p> <p>The strategy includes commitments to encourage employers to adapt their policies and practices, enabling unpaid carers to work and learn alongside their caring role. Nevertheless, we will consider whether more specific actions are needed within the delivery plan to address the specific barriers to employment for these carers.</p>
<p>Improvements to the respite and care services on offer to support working age carers.</p>	<p>The evidence analysis found that a key barrier to working age unpaid carers accessing suitable employment was insufficient social care services. A study on the availability of culturally sensitive services found that a higher</p>

	<p>proportion of survey respondents from ethnic minority communities stated that a lack of suitable services were a contributing factor to them giving up work or reducing hours to care.</p> <p>Commitments in the strategy to improve access to respite and short breaks are intended to help carers in their life alongside caring, including opportunities for employment. However, the evidence has identified a need to explore how actions could specifically address the barriers for working age carers in relation to the availability, consistency and reliability of care services for the person being cared for. This would be linked to the proposal for a Charter for Unpaid Carers but is also connected with the delivery of wider social care services. For carers from ethnic minority communities, the availability of culturally sensitive services is another important consideration. This will be explored in more detail during the development of the delivery plan.</p>
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Summary of evidence

A variety of information sources were used to develop the strategy and to assess its potential impact on people with protected characteristics under the Equality Act 2010. A summary of this evidence can be found below.

Protected characteristic	Summary of evidence reviewed
Age Older people	<p><u>Statistics</u></p> <ul style="list-style-type: none"> Wales has the highest proportion of older carers of the UK administrations. The National Survey for Wales found that 27% of all 65-74 years olds in Wales provided some level of care in 2017/18. The 2011 Census found that 35% of carers in Wales were in the 50-65 age bracket, and 23% were over 65. 10% of all carers were over 65 and providing more than 50 hours of care per week. The National Survey for Wales found that 31% of carers aged over 75 provided over 50 hours of care per week in 2019/20. The 2011 Census found that 45% of carers who were over 65 provided over 50 hours of care per week. The 2011 Census found that, in Wales, 16% of carers over the age of 64 were in bad or very bad health. This was the largest proportion of carers in bad or very bad health by age group. <p><u>Research</u></p> <p>Older people may be less likely to identify with the term 'unpaid carer'.</p> <p>Some of the barriers reported by older carers from ethnic minority communities resonate with those experienced by older white Welsh and British people. However, there are some issues which are clearly linked directly or indirectly to their ethnicity. These include:</p> <ul style="list-style-type: none"> - Access to advice and information - Finances and tenure

	<ul style="list-style-type: none"> - Privacy, dignity, culture and care - Links to the ethnic minority community <p>Some older people fear letting statutory agencies into their lives because they worry that they will lose control and independence; that they will be forced to go into a care home, or that they will be evicted from their home.</p> <p>The initial wait for an assessment is a concern for some older people, while others have felt that they were rushed or that professionals asked the wrong questions.</p> <p>In terms of information, advice and assistance, many older people have reported not knowing where to start or even what they are looking for. Information is not always accessible, some older people feel angry about the increasing trend for only making information available online, others feel overloaded with leaflets.</p> <p>Older people have reported being less likely to recognise and act upon symptoms of common mental health problems for a number of reasons including practical barriers, the language of mental health, GP assumptions about preferences, and acceptance of low mood as normal aspects of ageing.</p>
<p>Age</p> <p>Working age</p>	<p><u>Statistics</u></p> <ul style="list-style-type: none"> • The National Survey for Wales found that 22% of all 25-44 year olds and 33% of all 45-64 year olds in Wales provide some level of care (2017/18). • The 2011 Census found that 27% of carers in Wales are in the 35-49 age bracket, and 35% are in the 50-64 age bracket. • The National Survey for Wales found that 13% of carers aged 25-44 and 14% of carers aged 45-64 provided over 50 hours per week of care. • The 2011 Census found that 50% of unpaid carers of working age (16-74) in Wales are in employment. This compares to 58.2% of all working age people in Wales. • 7% of all unpaid carers are providing 50 hours of care or more a week and are in paid work. 26% of those carers who are providing 50 hours of care or more a week are in paid work. <p><u>Research</u></p> <p>The majority of all carers are of working age and, surveys and consultations with carers show that the majority wish to work, but many are unable to because of caring responsibilities.</p> <p>The peak age for caring often coincides with the peak of an individual's career – 22% of people aged 50-64 in Wales have caring responsibilities.</p> <p>Flexibility of hours can be an issue for returning to or getting into paid work alongside caring. Caring is also a significant contributor to underemployment – with many carers reducing working hours or seeking often lower skilled work that can be more flexible.</p> <p>A frequent issue raised around difficulties with employers is carers' access to leave. Many working unpaid carers report struggling to take time off work to respond to the needs of the person they care for.</p> <p>51% of carers (across the UK) have cited problems with accessing suitable care services as a reason they gave up work or reduced working hours. A fifth of carers said care services were too unreliable to allow them to work alongside caring.</p> <p>There were also positive accounts of support at work. Carers have reported going 'the extra mile' for employers who had supported them. They</p>

	described developing relationships with employers and managers over time which led to flexibility, sometimes beyond organisational policy.
Age Children and young people	<p><u>Statistics</u></p> <ul style="list-style-type: none"> According to the 2011 Census, Wales has the highest proportion of unpaid carers under 18 in the UK. 6% of unpaid carers are between the ages of 16-24. 2% are under 16. There are approximately 30,000 unpaid carers under the age of 25 in Wales. Most carers under the age of 24 provide between 1-19 hours of care per week. The 2011 Census shows that there are approximately 800 carers under the age of 16 providing more than 50 hours of unpaid care per week. This is 10% of all carers under 16. 78% of carers who are under 16 provide 1-19 hours of care. <p><u>Research</u></p> <p>With regard to young people and young carers, barriers identified by respondents to our consultation included:</p> <ul style="list-style-type: none"> Difficulty communicating with professionals because they are young and their caring role is not recognised. Many young carers needing help to identify as carers and seek timely support. Respondents spoke of a lack of general and professional training for employees in health and other sectors to raise awareness of young carers and the issues they face. Services for young carers don't always meet demand and many set a minimum age, for example aged over 8, in order to access local authority or commissioned services. Young carers were not routinely involved in consultations or decision making that involved the person they care for. <p>A Children's Rights Impact Assessment (CRIA) will be completed for the delivery plan and will provide more detail on the impact of the strategy and delivery plan on children and young carers up to the age of 18.</p>
Disability	<p><u>Statistics</u></p> <ul style="list-style-type: none"> The 2011 Census shows that 79% of the Welsh population who provide no unpaid care are not limited day-to-day by a long term health problem or disability. This compares to only 67% of unpaid carers. Unpaid carers are more likely to report having a long term condition, disability or illness than people who do not provide unpaid care – 32% of carers compared to 21% of people who do not provide care. Carers providing over 50 hours of care per week were more likely to report being limited a lot day-to-day by a long term health problem or disability than those providing fewer hours. <p><u>Research</u></p> <p>For disabled carers, their own disabilities can be overlooked, or the care they are providing for those whom they care for is not always recognised.</p> <p>In addition to people with existing disabilities taking on caring responsibilities, carers frequently report developing mental and physical health conditions during and as a result of caring.</p> <p>Across the UK, carers with disabilities are significantly more likely to give up work to care (61% of working age disabled carers compared to 52% of non-</p>

	<p>disabled working age carers) and are much less likely to be in paid work alongside caring (only 18% were in paid work alongside caring, compared to 33% of carers who were not disabled).</p> <p>Evidence points to a combination of financial disadvantage for disabled carers and those in poor health: they are significantly less likely to be in work or in a household with income from paid work, much more likely to miss out on financial support with caring and more likely to be facing greater debt and financial hardship as a result.</p> <p>In response to our consultation, carers with sensory loss were identified as needing additional support to ensure they are included in conversations and decisions being made regarding the person they care for.</p>
Gender reassignment	<p><u>Research</u></p> <p>It was difficult to locate research evidence about the needs and interests of carers who identify as transgender. While research journal articles often include LBG and T, they usually do not include an analysis of the experience of transgender individuals. In studies where the sample does include transgender people, the data are not always separately analysed</p> <p>Our consultation replies provided evidence of the experiences of transgender carers, which indicate services can be unfamiliar with treating transgender patients, that staff can ask inappropriate questions or display a lack of confidence when supporting a transgender person.</p>
Marriage or civil partnership	<p>The protected characteristic of marriage or civil partnership relates to employment discrimination and victimisation. It is not applicable to the Strategy for Unpaid Carers.</p>
Pregnancy and maternity	<p><u>Research</u></p> <p>The evidence review found limited data regarding the intersection between unpaid carers and pregnancy and maternity. There were no comments during the consultation on pregnancy and maternity.</p> <p>A concern raised on both parenting and unpaid care online forums is about maternity allowance and carers allowance and whether both can be claimed. Maternity Allowance is available to people who meet a strict eligibility criteria. This benefit is affected by the receipt of Carers Allowance.</p>
Race Black, Asian and minority ethnic	<p><u>Statistics</u></p> <ul style="list-style-type: none"> • According to the 2011 Census, there are 9,076 Black, Asian or minority ethnic carers in Wales. This represents 2.5% of all carers in Wales. • Asian/ Asian British make up the largest proportion (51%) of unpaid carers from an ethnic minority community. • 'Asian/ Asian British' includes Indian, Pakistani, Bangladeshi, Chinese and other Asian. Of Asian/ Asian British carers in Wales, 23.4% are Indian and 25.3% are Pakistani. • Carers from ethnic minority communities in Wales are around half as likely to provide unpaid care as the white population in Wales. 6.7% of ethnic minority communities are unpaid carers, compared to 12.3% of the white population. • Carers from ethnic minority communities in Wales are less likely than white carers to be in bad or very bad health. 6.5% compared to 8.6%. • Carers from ethnic minority communities are significantly more likely to provide 20-49 hours a week care than white* carers. <i>*Data includes 'Gypsy or Irish Travellers'.</i>

	<p><u>Research</u></p> <p>The 2011 Census data indicate that a smaller proportion of ethnic minority communities provide care than the White British population. The ethnic minority population is much younger and therefore less likely to have older parents or other relatives needing care. Analysis by University of Leeds has, in the past, suggested that, when age is accounted for, families from ethnic minority communities are more likely to provide care for older or disabled loved ones.</p> <p>Carers from ethnic minority communities are less likely to be accessing practical support with caring. The reduced levels of support amongst carers from ethnic minority communities may result from a lack of advice and information on rights and entitlements, but also from a lack of culturally appropriate services.</p> <p>Carers from ethnic minority communities are more likely to be in work and less likely to be retired than the general carer population. This reflects both that carers from ethnic minority communities are more likely to be of working age than other carers, but there is also evidence which indicates that carers from ethnic minority communities, particularly late migrants, prioritise earning more highly even when it causes disruption to family care. Carers from ethnic minority communities may also be more likely to be living in multigenerational households, with greater availability of other family members living in the same house to provide care or domestic support.</p> <p>Research in England has found that young carers from ethnic minority communities take on caring roles that are beyond their age. Many are taking on the role of interpreters or translators in visits to the doctors or the hospital where they are privy to hard hitting information like long term or life ending illnesses, for example, malaria, HIV or AIDS, cancer and psychosis. This experience was repeated in response to our consultation. Carers UK has previously concluded that these additional responsibilities have resulted in young carers from ethnic minority communities underachieving in education and suffering from poor mental and physical health.</p> <p>Issues identified by respondents to our consultation included the perceived tendency for services to see ethnic minority communities as a homogenous group, with little understanding of the significance of historical events or religious differences; an expectation in health and social care that people will ask for help if they need it, and a reluctance to reach out pro-actively to communities to offer help and support.</p>
<p>Race</p> <p>Gypsy, Roma and Irish Traveller</p>	<p><u>Statistics</u></p> <ul style="list-style-type: none"> According to the 2011 Census, there are approximately 320 unpaid carers who are from 'Gypsy or Irish Traveller' communities. This represents 0.09% of the unpaid carer population. <p><u>Research</u></p> <p>Romani Gypsies and Irish Travellers are both separate ethnic minorities with the protected characteristic of race. Caring for elderly members, vulnerable adults and young people of both groups within the community is a cultural norm (though family breakdown can disrupt this). Anecdotally we know both groups tend to keep hospital stays as short as possible and avoid the use of residential care homes. Respect for older family members tends to be highly valued.</p> <p>A lack of recognition and understanding of Gypsy and Irish Traveller culture often results in inadequate responses.</p> <p>A study in Scotland found that most people providing unpaid carer who were from Gypsy and Irish Traveller communities did not identify as a carer or use the term carer to describe themselves. Discussions about rights and</p>

	<p>entitlements as carers is new to many and caring is often seen as 'part of one's family duty'. General knowledge about carers' rights/ entitlements within the community is very low.</p> <p>Community isolation was identified as an additional barrier for those who have experienced long-term misunderstanding and prejudice which has led to an increasing distancing from services, including health services.</p> <p>Those who had tried to access social care services often felt they had not received an appropriate or helpful response and this, in turn, made them reluctant to try again.</p> <p>Community care services are often ill-suited to the cohesive and private nature of the Gypsy/Traveller community, and hence Gypsy/Traveller preferences for carers to be within the family/community. This can dissuade carers from accessing Carer Centre or local authority support.</p> <p>The physical health of many carers was visibly bad, and nearly all reported mental health concerns relating to their caring role, including the stress of caring and other issues such as financial struggles, discrimination, isolation and much more.</p>										
Religion or belief	<p><u>Statistics</u></p> <p>Percentage of unpaid carers in England and Wales (Wales-only data was not readily available).</p> <table> <tr> <td>66.8% Christian</td><td>0.75% Sikh</td></tr> <tr> <td>18.76% No religion</td><td>0.71% Other religion</td></tr> <tr> <td>6.97% Religion not stated</td><td>0.48% Jewish</td></tr> <tr> <td>3.79% Muslim</td><td>0.4% Buddhist</td></tr> <tr> <td>1.32% Hindu</td><td></td></tr> </table> <p><u>Research</u></p> <p>Our consultation responses highlighted that for religion or belief, services can fail to be culturally aware of differing needs; unpaid carers may not be widely recognised in some communities and there can be cultural barriers preventing some communities from accessing services in general.</p>	66.8% Christian	0.75% Sikh	18.76% No religion	0.71% Other religion	6.97% Religion not stated	0.48% Jewish	3.79% Muslim	0.4% Buddhist	1.32% Hindu	
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Sex	<p><u>Statistics</u></p> <p>2011 Census:</p> <ul style="list-style-type: none"> 10.5% of all men in Wales are carers. 42.7% of carers in Wales are men. 13.5% of all women in Wales are carers. 57.3% of carers in Wales are women. <p>Age</p> <ul style="list-style-type: none"> 20.2% of carers in Wales aged 25 to 49 are women, compared to 13% in that age range who are men. 20.8% of carers in Wales aged 50 to 64 are women, compared to 14.7% in that age range who are men. Carers who are 65 and over are fairly evenly split between men (11.5%) and women (12%). However, men who are retired are more likely to be carers than women who are retired. 18.4% of retired males were carers and 16.9% of retired females were carers. <p>Hours spent caring per week</p>										

	<ul style="list-style-type: none"> Female carers in Wales aged 25 to 64 are more likely than male carers in the same age range to be providing 50 hours or more of care per week. About 5% of female carers in this age range provide over 50 hours of care per week, compared to 3% of male carers in this age range. <p>Employment</p> <ul style="list-style-type: none"> In 2011 in Wales, 7,439 men and 5,403 women were in full-time employment while providing 50 hours or more unpaid care. <p><u>Research</u></p> <p>The 2011 Census found that the share of unpaid care provision fell most heavily on women aged 25-64; but the gender inequality diminished among retired people, with men more likely to be providing care than women.</p> <p>Whilst men are more likely to be providing over 50 hours care per week at the same time as working full time, women make up the bulk of the workers juggling work and care: 10% of women (aged 16-74) compared with 8% of men in Wales.</p> <p>As with the Welsh population who do not provide unpaid care, women are much more likely to be working part-time. 21% of women who are unpaid carers work part time, compared to 6% of men. This figure is the same for men who do not provide unpaid care. However, 18% of women who do not provide unpaid care work part time. This means that women who are unpaid carers are more likely to work part time than those who are not.</p> <p>There is important evidence that working age men who do care, although they are a smaller group, can face greater financial and workforce disadvantage. Greater incidence of 'partner caring' and less available or acceptable part-time working mean that men are more likely to give up work entirely or retire early to care and are very significantly more likely to be in a household where no one is in paid work.</p> <p>Male carers were much more likely to be able to combine full-time paid work with lower levels of care – with 74% of men providing 1-19 hours of care also being in full-time work, compared to 45% of women. Similarly, whilst 43% of men providing 20-34 hours of care were in full-time work, this fell to 38% for women.</p> <p>However it is the greater likelihood of part-time work at almost all levels of care which meant that overall women were more likely to be in work.</p> <p>This greater likelihood that women are in part-time work is reflected across the economy and is understandable in the context of a wider expectation and culture around part-time working for women and the probability that working age women may have already adjusted or reduced working hours to provide childcare. Female carers often speak about these norms not as a positive reflection on workplace flexibility but as unreasonable expectations that women will take on caring responsibilities at a cost to their careers.</p>
Sexual orientation	<p><u>Statistics</u></p> <ul style="list-style-type: none"> Whilst there are no clear statistics on LGB carers, the ONS calculates this figure at 1.5% of the population (with 1.5% of men saying they are gay and 0.7% of women saying they are lesbian; 0.3% of men identifying as bisexual compared to 0.5% of women). This figure is believed to be much higher, owing to a lingering taboo around reporting of sexual orientation. Based on the estimates from Stonewall that 3.7 million people in the UK are LGBT, Carers UK estimates there are 390,000 LGBT carers in Britain. <p><u>Research</u></p>

	<p>According to a 2015 Stonewall report, one in twenty (5%) staff in the social care profession have witnessed other colleagues discriminate against or provide a patient or service user with poorer treatment because they are lesbian, gay or bisexual in the last five years.</p> <p>Research about LGB carers has tended to focus on either the care recipient or provider in isolation from each other. This is despite research evidence indicating that discriminatory treatment is experienced by both caregivers and care recipients in same-sex relationships.</p> <p>Privileging familial relationships can neglect differences in caring relationships and ignores the social reality that older LGB people may not have disclosed their sexual orientation to family members and therefore may not regard biological family as potential care providers</p> <p>Some individuals have encountered normative assumptions from healthcare staff about their assumed capacity to provide care for same-sex partners because of their intimate relationships. For example, experiences of gay men feeling forced into a carer role for a partner in a short-term relationship in which they felt ill-prepared.</p> <p>The anxiety that overshadows the disclosure of same-sex relationships to health and social care professionals is a fundamental concern for LGB carers that can hamper fair access to services. This anxiety can be exacerbated when carers' private lives are open to external assessment by social care professionals and care managers.</p> <p>Our consultation found that those in the LGB community were identified as experiencing inequality due to fears of stigma or discrimination within health and social care, often feeling that services are unsuitable for their needs and therefore may not access them.</p> <p>Carers told us that services often make assumptions about the relationship of a carer to the person they care for, which can cause unnecessary distress or anxiety. They may feel more comfortable staying in their home due to this fear, inevitably increasing pressure on an informal carer to provide more care for longer.</p>
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Monitoring

We will continue to learn from the ongoing monitoring and evaluation of the strategy and its delivery plan to feed into future policy developments and adapt communication materials to aid in ensuring that all unpaid carers can benefit.

We will work with members of the Ministerial Advisory Group on Unpaid Carers to develop a clear set of metrics using the data outlined above and other sources relating to each of the four national priorities set out in the strategy. Appropriate equality metrics will be considered as part of this work.

Monitoring the impact of strategy on protected characteristic groups will be a continuous process and where any unintended consequences are identified steps will be taken to rectify them. Ongoing stakeholder engagement with key organisations will also provide us with an opportunity to monitor the impact of the strategy.