Introduction

The National Carer Organisations (NCO) welcome the opportunity to provide a response to the Scottish Government's consultation on *Equality and Human Rights Mainstreaming Strategy*.

The National Carer Organisations are Carers Trust Scotland, Carers Scotland, the Coalition of Carers in Scotland, MECOPP, Shared Care Scotland, and the Scottish Young Carers Services Alliance.

Together we have a shared vision that all of Scotland's unpaid carers will feel valued, included and supported as equal partners in the provision of care. The National Carer Organisations aim to achieve this through the representation of unpaid carers and amplifying their voices at a national level.

We believe we can deliver more for unpaid carers by working together to share our knowledge and experience, and by focusing our collective efforts on achieving improvements in areas of policy and practice that are of greatest concern to unpaid carers.

Part 1 – Proposals on the Strategy Content

1. Do you agree with the vision?

Yes

1a. Please explain your answer or provide more information

The National Carer Organisations work with unpaid carers across Scotland, including those with protected characteristics such as female unpaid carers, BME unpaid carers, older adult unpaid carers and young carers. There is a strong recognition that unpaid carers face significant barriers in terms of equalities. This can be in the form of financial inequalities – in the 2023 *State of Caring* report 28% of unpaid carers reported struggling to make ends meet[1]. It also extends to health and wellbeing with the *State of Caring* report also showing that 54% of unpaid carers reporting that their physical health had suffered due to their caring role[2]. Other reports show intersectional issues that face unpaid carers with other protected characteristics[3].

It is evident that the commitment "to tackling the persistent and entrenched systemic inequalities that still exist in Scotland" is crucial for unpaid carers facing significant inequalities. Furthermore, the

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[1] Carers Scotland (2023), 'State of Caring 2023: The Financial Impact of Caring', https://www.carersuk.org/media/3lefblsc/state-of-caring-in-scotland-2023-finances-fv.pdf

[2] Carers Scotland (2023), 'State of Caring 2023: 'A health and social care crisis for unpaid carers in Scotland', https://www.carersuk.org/media/mwiltjsa/state-of-caring-2023-a-health-and-social-care-crisis-for-carers-in-scotland-online.pdf

[3] MECOPP (2024), 'Using intersectionality to improve EQIA outcomes for unpaid carers', https://static1.squarespace.com/static/62f4f5fa696d570e19a69429/t/65df2fb21cba963dc57a064d/1709125554589/MECOPP_Briefing_Sheet_17.pdf

importance attached to the realisation of human rights must also ensure that the barriers faced by unpaid carers are considered.

2. Do you agree with the objectives?

Yes

2a. Please explain your answer or provide more information

The NCOs broadly support the objectives stated, although would argue that more detail is required. It is welcome that there is a desire to take an 'intersectional' approach which has been previously supported by NCO members[4].

In terms of the objective to remove systemic barriers, an intersectional approach is crucial. This must consider both the barriers facing those with protected characteristics, but also those whose situation will lead to systemic barriers - such as unpaid carers. As previously discussed, there are a multitude of barriers faced by unpaid carers including, but not limited to, health, finances and discrimination by association.

In terms of improving how policy decisions are made and delivered, this is also important for unpaid carers. There is already significant work taking place in the right to a break from caring. There are issues however faced by unpaid carers, particularly related to consistency of support. For instance, in a review of local carers strategies, it was shown that only 15 out of 30 had equalities outcomes designed to support BME unpaid carers in 2023[5]. The creation and delivery of improved policy decisions must therefore include work to ensure that this is a consistent approach taken across different public sector bodies, including local authorities. This would also be important in the objective to "establish the leadership, capability, capacity, culture and practice that ensures Government and public sector policy and service delivery are focused on equality and human rights." This leadership must be consistent across the public sector.

With regards to the objective to embed transparency, this is also an important objective. We would argue that part of this must include an improved EQIA process. This is important in holding policy to account and ensuring the needs and barriers for those of protected characteristics are considered. We would argue that the needs of unpaid carers should be included in the EQIA process and for taking an intersectional approach, which will make the process more robust[6]. There has been increased recognition that carers should be considered in EQIAs, for reasons such as the disadvantages faced by carers, the intersection with other protected characteristics and the impact of reducing support on carers can have on those they care for. This approach has been endorsed by COSLA[7].

3. Do you agree that strengthening leadership is a key driver for mainstreaming equality and human rights?

Yes

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[4] Ibid

[5] MECOPP (2023), 'Local Authority Carer Strategies and Action Plans: A Review', https://static1.squarespace.com/static/62f4f5fa696d570e19a69429/t/646f804e13cf995603e31f36/16850289431 49/MECOPP+Briefing+Sheet+16.pdf

[6] MECOPP (2024), 'Using intersectionality to improve EQIA outcomes for unpaid carers'.

[7] Carers Collaborative and COSLA, 'Briefing Paper Carers & Equality Impact Assessments', https://carersnet.org/wp-content/uploads/2021/10/Carers-and-EQIA.pdf

3a. Please explain your answer or provide more information

It has been evident in the delivery of equalities-related improvements for unpaid carers that there has required strong leadership to drive change. As already discussed, there has been inconsistent commitments to equalities related outcomes in local carers strategies, and where there have been commitments, this has often been due to leadership at different levels taking an approach that values improvement in equalities. Examples of this taking place include Falkirk Health and Social Care Partnership engaging with a local community group to help support BME unpaid carers after identifying unmet needs[8]. However, with many local authorities not maintaining this leadership focus on supporting equalities for unpaid carers, it is clear that leadership must be strengthened.

4. Do you agree with the focus on different levels of leadership?

Yes

4a. Please explain your answer or provide more information.

Regarding equalities issues faced by unpaid carers, including those with protected characteristics, there will be a requirement for concerted action from different levels of leadership. This includes political, executive team and public sector at both Holyrood and local levels. It is important that any approach designed to improve the situation encompasses these different levels. Leadership can also come from the community, and including those with lived experience in leadership roles will ensure a greater diversity of representation.

5. Have we captured the core elements of strengthening leadership within the context of mainstreaming?

Yes

5a. Please explain your answer or provide more information.

We are in broad agreement in what has been described within the strategy for leadership. There may be further consideration of how to deliver this, which we have offered suggestions in our response to question 6.

6. What actions would you recommend to ensure strengthening leadership as outlined above will contribute to mainstreaming?

One action that we would recommend would be to ensure mandatory training on equalities issues is utilised for those in leadership positions. For unpaid carers from BME communities, issues such as a lack of culturally appropriate services are often cited as a key barrier[9]. MECOPP recommends utilising training such as cultural competency to better resolve these issues and currently offers this as a

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[8] MECOPP (2024), 'Advancing Equalities in Local Carers Strategies: Best Practice', https://static1.squarespace.com/static/62f4f5fa696d570e19a69429/t/66601e62c5ad09731ce673f1/1717575267 048/MECOPP_Briefing_Sheet_18.pdf

[9] MECOPP (2017), 'Informal Caring within Scotland's Black and Minority Ethnic Communities', https://static1.squarespace.com/static/62f4f5fa696d570e19a69429/t/6397558e2f0aca3c17eed4f5/1670862226 396/Briefing+sheet+03.pdf

training option[10]. There are other forms of training available, but this would be essential in ensuring leadership meet the ambition to "have the necessary level of understanding to be able to support, guide, lead and challenge others in respect of equality and human rights." There may also be consideration of wider unpaid carer awareness training within specific contexts, such as older adult carers issues and for unpaid carers with disabilities or other long-term health conditions.

Mandatory training on young carers' issues within education environments should be introduced. At least one in ten children in every class has a caring responsibility[11] but 49% of these young and young adult carers do not get help in school, college or university to balance caring with their education[12]. In 2023, there were only 6,548 young carers recorded on SEEMiS - 2023 Pupil Census in Scotland[13]. In education settings, consideration should be given for Young/Student Carers Champions with responsibility and oversight for identifying and implementing appropriate support for young and student carers. It is vital that young carers, young adult carer and student carers are better identified and supported at school, college and university to ensure they have the same opportunities as their peers to fulfil their aspirations.

There should also be consideration of ensuring that leadership has diverse backgrounds. This may include ensuring adequate representation in leadership of those with protected characteristics under the Equality Act. There may also be consideration of greater representation of unpaid carers, including unpaid carer representatives on boards such as IJBs etc. This will require resources to support those with lived experience to participate. Unpaid carers face a number of barriers to participation due to the requirements of their caring role. Consideration of the recommendations of the paper, *More than Equal,* would support more unpaid carers taking on leadership roles[14].

One further consideration that should be taken is strengthening leadership not just in political and public sector, but also where Government has influence/contracts. There are opportunities to develop and support leadership amongst those in receipt of public contracts, many of whom are in the third and independent sector and some of which are large private sector providers including in transportation, housing and social care. Previously the Scottish Business pledge encouraged businesses to take on the real living wage, encourage progress on diversity and gender balance as well as investing in young people[15]. Another initiative that has worked well with businesses, third sector as well as public sector organisations has been the Carer Positive Award, encouraging employers to provide better support for unpaid carers in their employment[16].

[10] MECOPP (2017), 'An Introduction to Cultural Competence', https://static1.squarespace.com/static/62f4f5fa696d570e19a69429/t/6397571c11cf28458c6a3372/1670862622662/Briefing+sheet+06.pdf

[11] University of Nottingham (2018), ' New research suggests more than one in five children in England carry out some care for sick and disabled family members', https://www.nottingham.ac.uk/news/pressreleases/2018/september/children-england-care-sick-family.aspx#:~:text=New%20figures%20from%20BBC%20News,admitting%20to%20being%20young%20carers.

[12] Carers Trust Scotland (2023), 'Being a young carer is not a choice: It's just what we do', https://carers.org/downloads/being-a-young-carer-is-not-a-choice--its-just-what-we-do---final-scotland-summary.pdf

[13] Scottish Government (2024), 'Pupil Census Supplementary Statistics', https://www.gov.scot/publications/pupil-census-supplementary-statistics/

[14] Coalition of Carers in Scotland and The Health and Social Care Alliance Scotland (2024), 'More than Equal: Valuing and supporting the expert contribution of people with lived experience, file:///C:/Users/James/Downloads/More-Than-Equal-valuing-and-supporting-the-expert-contribution-of-people-with-lived-experience-PDF.pdf

[15] Mygov.scot (2018), 'Sign up to the Scottish Business Pledge', https://www.mygov.scot/scottish-business-pledge

[16] Carer Positive, 'Carers and Employment', https://www.carerpositive.org/carers-and-employment

7. Do you agree accountability and transparency are a key driver for mainstreaming equality and human rights?

Yes

7a. Please explain your answer or provide more information.

N/A

8. Have we captured the core elements of accountability and transparency within the context of mainstreaming?

Yes

8a. Please explain your answer or provide more information.

N/A

9. What actions would you recommend to ensure greater accountability and transparency contributes to mainstreaming?

As previously mentioned in our response to question 2A, it is essential that the EQIA process is strengthened. It is important that this is a methodical exercise that will understand equalities considerations of policy and help produce robust solutions. As previously mentioned, this means taking an intersectional approach that allows for a greater understanding of how different characteristics can lead to different experiences and outcomes. We also suggest considering the impact on unpaid carers who face several additional barriers compared to the general population.

10. Do you agree that ensuring an effective regulatory and policy environment is a key driver of mainstreaming equality and human rights?
Yes

10a. Please explain your answer or provide more information.

As previously mentioned, there is an inconsistent approach across Scotland towards equalities outcomes for BME unpaid carers, and much of this is related to a lack of an effective regulatory and policy environment on mainstreaming equalities and human rights. We would argue that there must be robust mechanisms to deliver better equalities and human rights outcomes.

11. Have we captured the core elements of ensuring an effective regulatory and policy environment within the context of mainstreaming?

No

11a. Please explain your answer or provide more information.

While we are very supportive of the proposed human rights impact assessment framework and believe that the EQIA process is extremely important, we maintain concerns that this does not go far enough. There must be actions and measures to strengthen the processes of these types of impact assessments to ensure that they are more robust, including work to ensure that they take an intersectional approach.

We also maintain a concern that there is no discussion over any form of monitoring/oversight of the regulatory approach. As shown by the inconsistent approach towards equalities for unpaid carers in different local authority areas across Scotland, without any mechanisms to ensure the applications of equalities across different public bodies (including local authorities), there will be a lack of delivery for those with protected characteristics.

12. What actions would you recommend to ensure that an effective regulatory and policy environment will contribute to the achievement of mainstreaming?

As discussed in the answer to question 9, there must be a more robust approach to how EQIAs are taken which includes utilisation of intersectionality and considering how those - such as unpaid carers - are impacted. Involving lived experience within the process would assist with this.

We would also recommend ensuring processes to improve consistency across different public bodies - such as local authorities, including additional oversight and scrutiny mechanisms being put in place.

13. Do you agree that utilising evidence and experience is a key driver for mainstreaming equality and human rights?

Yes

13a. Please explain your answer or provide more information.

We agree that utilisation of evidence and experience is essential in mainstreaming equality and human rights. This is important in ensuring that EQIAs are robust and that equalities are embedded in policymaking. We note and support the comments on improved data collection and emphasising the importance of lived experience. This reflects much of the work that the NCOs undertake with improving equalities for unpaid carers.

14. Have we captured the core elements of utilising evidence and experience within the context of mainstreaming?

Yes

14a. Please explain your answer or provide more information.

We agree with the comments about improving the data based and note the comment on the Consultation Paper stating, "Despite improvements in recent years, there remain gaps in Scotland's equality evidence base. A stronger and more complete equality evidence base will support the collective effort across the public sector to fulfil the requirements of the PSED." In a previous paper published by MECOPP on strengthening EQIA process for unpaid carers with protected characteristics, it stated that "It should be noted that an absence of data does not mean there should be an absence of work on this. For many of the protected characteristics there might not be the necessary data, and in those situations, work should be commissioned to fill the gaps." We would therefore welcome a greater emphasis on improved data collection.

In terms of lived experience, a significant amount of recent policy-work to improve outcomes for unpaid carers has been based on the testimony of unpaid carers. We support the comment regarding including working with diverse stakeholders through impact assessment processes and would hope that this work would include unpaid carers, including those with protected characteristics.

15. What actions would you recommend to ensure that utilising evidence and experience as outlined above will contribute to the achievement of mainstreaming?

It is often noted in EQIAs, particularly at a local level, that there is a limited evidence-base which leads to the EQIA not serving its intended purpose. We would argue that there should be a mapping exercise to understand where gaps in evidence exists and put in place a plan to commission work to resolve this. For instance, with unpaid carers while there has been substantial work by National Carer Organisations to build an evidence based (for instance State of Caring Reports[17] by Carers Scotland, briefings on BME[18], Gypsy/Traveller[19] and LGBT+[20] unpaid carers by MECOPP and substantial work on young carers[21] by Carers Trust Scotland), there are often still gaps in the evidence base when local authorities are assessing equality outcomes in their local carers strategies[22].
We would argue that it is essential to also ensure that a diverse range of unpaid carers are included in future work that is utilising lived experience to support mainstreaming of equalities and human rights. This can include working both with the National Carer Organisations themselves but also with local carer organisations.

16. Do you agree that enhancing capability and culture is a key driver for mainstreaming equality and human rights?

Yes

16a. Please explain your answer or provide more information.

We would agree that there needs to be a culture of inclusivity in order to mainstream equality and human rights, so this is a key driver.

17. Have we captured the core elements of enhancing capability and culture within the context of mainstreaming?

Yes

17a. Please explain your answer or provide more information.

We welcome several of the elements discussed in the strategy, including those ensuring that equalities and human rights are embedded in the work and understanding of staff. In terms of the training and development that is addressed in the report, we welcome the support for training on disability and

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[17] Carers Scotland (2022), 'State of Caring 2022: A picture of unpaid caring in Scotland', https://www.carersuk.org/media/yswdcjur/state-of-caring-2022-a-snapshot-of-unpaid-caring-in-scotland-final.pdf
[18] MECOPP (2017), 'Informal Caring within Scotland's Black and Minority Ethnic Communities'.
[19] MECOPP (2020), 'Gypsy/Traveller Carers', https://static1.squarespace.com/static/62f4f5fa696d570e19a69429/t/639759b3821fc401f13d40c7/1670863284452/Briefing+sheet+15.pdf
[20] MECOPP (2019), 'Informal Caring within the LGBT Community', https://static1.squarespace.com/static/62f4f5fa696d570e19a69429/t/639759252f0aca3c17ef8c09/1670863141538/Briefing+sheet+13.pdf
[21] Carers Trust Scotland (2023), 'Being a Young Carer is not a choice: it's what we do', https://carers.org/downloads/being-a-young-carer-is-not-a-choice--its-just-what-we-do---final-scotland-summary.pdf
[22] MECOPP (2023), 'Local Authority Carer Strategies and Action Plans: A Review'.

gender competence. Unpaid carers often are supporting those with disabilities and can have disabilities themselves. With the majority of unpaid carers being female (13.5% of females in Scotland provide unpaid carer compared to 10.1% males)[23]. There may also be consideration of providing cultural competence training, which has been widely utilised in the context of BME unpaid carers in Scotland and helps ensure that those of other ethnicities are fully supported[24].

The strategy also refers to 'diverse voices and experiences shaping decisions at all levels.' This is also welcome, and we would request that these voices also include unpaid carers, particularly in relation to services that are either directly or indirectly related to care. This should also include ensuring voices of groups that typically face barriers to services such as those from minority ethnic communities. For instance, Gypsy/Traveller carers typically experience significantly lower levels of access to mainstream unpaid carer support services due a to variety of reasons[25]. MECOPP has helped to reduce these barriers through embedding within the community, including direct recruitment through the community, through its community health worker service[26]. This has led to improved outcomes and there should be consideration on how to recruit a more diverse workforce that both reflects and has the trust of communities.

18. What actions would you recommend to ensure that enhancing capability and culture as outlined above will contribute to the achievement of mainstreaming?

We would support the emphasis on training that is discussed including gender, disability and cultural competence, and hope that a framework can be developed to ensure this is rolled out across Scotland.

We would request that mechanisms are put in place to ensure that the voices of unpaid carers are captured in equalities work. This can be in both formal and informal methods but could include greater roles in mechanisms such as IJBs for instance.

We would support steps to ensure a more diverse workforce that reflects the wider community are put in place. This would engender trust within different communities, as well as ensuring the widest possible skillset and this would make a significant contribution to ensuring the commitment to 'diverse voices and experiences shaping decisions at all levels'. The forementioned MECOPP community health worker services in the Gypsy/Traveller community demonstrates how this can be implemented. There should be actions therefore to ensure that people amongst different protected characteristics are represented in the workforce.

In addition to those with protected characteristics being included within a more diverse workforce, there should be consideration of ensuring that unpaid carers can also be included within the wider workforce. While there have been positive developments including the Carers Leave Act, as well as many public sector employers in Scotland agreeing to be Carer Positive employers[27], there remain significant barriers. The recent report on employability, *Unlocking the Door,* demonstrated a number of barriers unpaid carers face when it comes to employment, with 41% of unpaid carers not at all

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[23] Scotland's Census (2024), 'Scotland's Census 202 – Health, disability and unpaid care', https://www.scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-health-disability-and-unpaid-care/

[24] MECOPP (2017), 'An Introduction to Cultural Competence', https://static1.squarespace.com/static/62f4f5fa696d570e19a69429/t/6397571c11cf28458c6a3372/1670862622662/Briefing+sheet+06.pdf

[25] MECOPP (2020), 'Gypsy/Traveller Carers'.

[26] MECOPP and University of Dundee (2024), 'Evaluation of a Gypsy/Traveller Community Health Worker service', https://static1.squarespace.com/static/62f4f5fa696d570e19a69429/t/66577d8b599bf47a09c9d366/1717009804304/MECOPP_GT_CHW_Service_report_Final_proof_03_11.04.24.pdf

[27] Carer Positive, 'Our Members', https://www.carerpositive.org/our-members

confident for their future employability, and it has a number of recommendations including better support in employability services, more tools to encourage employers to make it easier for unpaid carers and a statutory entitlement of 10 days paid carer's leave per year[28].

19. Do you agree that this Strategy will provide a foundation to influence a culture of mainstreaming equality and human rights within Scottish Government and the wider public sector?

Don't Know

19a. Please explain your answer or provide more information.

As discussed in our answer to question 11A, we maintain concerns about the monitoring/oversight to ensure this is delivered consistently. Without further detail on this, we are unsure if the strategy will fully influence a culture of mainstreaming equality across the wider public sector.

20. Do you agree that improving capacity is a key driver for mainstreaming equality and human rights?

Yes

20a. Please explain your answer or provide more information.

Without intervention, including financial/budgetary intervention, it is clear that it will not be possible to fully deliver on mainstreaming equality and human rights.

21. Have we captured the core elements of improving capacity within the context of mainstreaming?

Don't Know

21a. Please explain your answer or provide more information.

All of the elements discussed do make up some of what is required as part of this strategy. We agree that ensuring that the Scottish Government and wider public sector need support in terms of resources to deliver on mainstreaming equalities and human rights. We also note and support the comments highlighting the importance of grant funding for civil society organisations to help them develop specialised, tailored programmes and services for marginalised and disadvantaged groups. This is essential for unpaid carers, including those with protected characteristics including young carers, BME unpaid carers and female unpaid carers.

However, the strategy appears to not address the significant budgetary issues facing third sector organisations (both widely amongst various sectors but from our context, those supporting unpaid carers). There have been challenges in grant funding at a national level in recent years as budgets have flatlined, but the issue is even more acute at local level. For instance, at a recent Edinburgh IJB meeting, it was proposed that a number of organisations including some that support unpaid carers would have

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[28] Carers Scotland and University of Strathclyde (2024), 'Unlocking the door: How to make paid employment a meaningful choice for unpaid carers in Scotland', https://www.carersuk.org/media/jzrcjftg/unlocking-the-door-carers-scotland-report-25-06-2024.pdf

budgets cut mid-year, and although the proposal was not supported, indicates a concerning trend[29]. It therefore appears that the strategy is only partially capturing the core elements of improving capacity.

22. What actions would you recommend to ensure that improving capacity will contribute to the achievement of mainstreaming?

We would argue that there must be an urgent review of how third sector organisations are supported through grants. For many disadvantaged groups, the third sector provides vital services that are not provided for in the public sector. This includes unpaid carers. Local carer organisations provide significant levels of support, and there are other organisations that provide specialised support including for unpaid carers with protected characteristics, who would not receive the necessary support elsewhere. There must be consideration of how vital services for vulnerable people continue to be delivered by the third sector and work to ensure that funding is not only maintained but is also strengthened.

23. Do you think the proposed approach to a collated Action Plan will drive change?

Don't Know

23a. Please explain your answer or provide more information.

We welcome the proposal for a collated Action pPlan. Until there is further detail published on this we are unable to comment on what level of change it will deliver.

24. Do you think there is a need for a cross-public sector toolkit to support mainstreaming of Equality and Human Rights?

Yes

24a. Please explain your answer or provide more information.

We are very supportive of the creation for a cross-public sector toolkit to support mainstreaming of Equality and Human Rights. As previously discussed, we have seen inconsistent approaches to equalities in local carers strategies and this form of work will help to ensure greater consistency across Scotland.

25. What practical steps would you include to make the toolkit an effective resource?

When designing the toolkit, there needs to be consideration of work undertaken in the fields of equalities and human rights, including previous work by third sector organisations. The National Carer Organisations would request particular attention be given to the needs of unpaid carers, particularly considering the work currently taking place on the National Outcome on Care. Consideration on this instance may wish to be given to the work undertaken by the *A Scotland That Cares* campaign[30]. In addition, work that has been undertaken by organisations that support unpaid carers should be

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[29] Edinburgh Integration Joint Board (2024), 'Edinburgh Integration Joint Board Grants Programme and Public Social Partnership',
https://democracy.edinburgh.gov.uk/documents/s76315/7.2%20Edinburgh%20Integration%20Joint%20Board%20Grants%20Programme%20and%20Public%20Social%20Partnership.pdf
[30] A Scotland that cares (2023), 'Invaluable, But Invisible: Why Scotland needs a new National Outcome on Care',
https://ascotlandthatcares.org/wp-content/uploads/2023/10/AScotlandThatCares_Invaluable-But-Invisible_Oct-2023_DigitalVersion.pdf

included. This could include the *State of Caring*[31] reports and MECOPP's guide on best practice in delivering equalities in local carers strategies[32], both of which have already been discussed in this response. This body of work will help to strengthen this toolkit.

26. What are your views on establishing additional reporting requirements?

Don't know

26a. Please explain your answer or provide more information.

We would argue that to deliver on this work and ensure that it is being consistently delivered, there must be some form of scrutiny and reporting related to this. While it does state there will be 'Action Plan updates', there is no detail of what this would involve and how formalised this will be. We would argue that there should be further detail on this to ensure proper scrutiny and accountability.

27. To what extent do the drivers capture the full range of activity required to mainstream equality and human rights?

Captures most of the range

27a. Please explain your answer or provide more information.

The drivers that are considered will make a significant impact in mainstreaming equality and human rights. There are a few considerations that we believe should be included:
- We would be keen to see further work undertaken to ensure consistency across public bodies including local authorities.
- There needs to be consideration of the rights of unpaid carers which face many significant disadvantages. This should be undertaken in an intersectional manner, considering how this may relate to protected characteristics - such as gender, ethnicity and age (particularly both with young carers and older adult unpaid carers).
- Further work on improving EQIAs to make them more robust, intersectional and to consider the needs of unpaid carers should also be considered.

28. Please provide any more information that you think would be useful, which is not already covered in your previous responses.

N/A

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[31] Carers Scotland (2022), 'State of Caring 2022: A picture of unpaid caring in Scotland'.
[32] MECOPP (2024), 'Advancing Equalities in Local Carers Strategies: Best Practice'.