



Submission to the Consultation on Regulations and Statutory Guidance to accompany the Social Care (Self-Directed Support) (Scotland) Act 2013

1. Information on MECOPP (Minority Ethnic Carers of Older People Project)

- 1.1 MECOPP was established in January 2000 as an independent Charity. The organisation assists Black and Minority Ethnic (BME) carers access the supports and services necessary to undertake or sustain a caring role. MECOPP currently supports in excess of 750 carers including carers with the Gypsy/Traveller community.
- 1.2 MECOPP, as one of the National Carer Organisations (NCO's) has contributed to the joint submission. Our individual submission will therefore concentrate on issues which may impact on BME carers specifically.

2. Background Information

- 2.1 Until the publication of the 2011 Census, there are no official figures on the number of BME carers within Scotland. The only figures available across Scotland are drawn from the 2001 Census which recorded 6,815 BME carers. However, reliance of these figures may be problematic due to under-reporting. Whilst the age structure of Scotland's BME population is markedly younger than the majority population, research suggests that caring may start earlier and last for longer.
- 2.2 The move towards 'shifting the balance of care' to the home and community will mean that family members, relatives and friends will play an increasingly central role in the provision of care, support and treatment for people who are frail, disabled or living with longterm conditions and illnesses. This will impact equally on BME carers as much as carers within the majority population. Yet, it is recognised that support services both within the statutory and voluntary sectors have consistently failed (with some notable examples of good practice) to provide adequate and appropriate support to BME carers. We therefore welcome the **potential** of self-directed support to transform the delivery of services to Minority Ethnic communities.

3. Introduction

- 3.1 The development and implementation of self-directed support (SDS), with its focus on choice and control, on the face of it provides BME communities with an opportunity to acquire the support they need. However, we strongly

advocate that SDS and in particular, Option 1, does not absolve local authorities and other bodies covered by the Equality Act (2010) of their legal duty to ensure that their services are accessible to all sections of the population. We raise a point of concern that SDS may become the default position of local authorities who cannot meet the needs of BME communities within mainstream provision.

4. Draft Directions (Carers Assessments) (Scotland)

- 4.1 MECOPP welcomes the addition of Directions to local authorities on carer's assessments as a means of achieving greater quality and consistency. We are pleased that additional guidance has been included on the interpretation of 'substantial and regular' moving away from a focus on the number of hours spent caring. We also welcome recognition of the value of a more preventative approach within the assessment process.
- 4.2 We believe, however, that the Directions should include a specific action on ensuring that assessments are culturally competent to ensure that the needs of equality groups are accurately captured and reflected in the final assessment and outcomes for the individual. Whilst previous guidance makes an explicit link between equalities legislation and the individual assessment of need, (Community Care and Health (Scotland) Act 2002: Scottish Executive Circular No CCD 2/2003) we believe that training on, and implementation of, this approach has been 'patchy' at best.

5. Draft Carers (Waiving of Charges for Support Regulations)

- 5.1 We welcome the waiving of charges for carers in recognition of their role as equal partners in care and as care providers who require resourcing to enable them to continue in their caring role.
- 5.2 We also welcome the inclusion of short breaks, including holidays, but raise a point of concern that this does not lead to unintended consequences whereby eligibility criteria are tightened due to finite resourcing with fewer carers being able to access a break. We believe consideration should be given to funding those carers who have limited financial resources at their disposal.
- 5.3 We believe consideration additional guidance may be necessary on the duration of a holiday as for many Minority Ethnic carers, their preference may be to take an extended break to their or their family's country of origin. In these circumstances, it may be that the local authority makes a contribution to the overall cost of the extended break.

The Expectation that family and friends will provide replacement care

- 5.4 We are concerned that this will reinforce the belief that Minority Ethnic families 'prefer to look after their own' and that they can draw on the resources of an extended family network to support them. Research

shows that multi-generational households and extended family networks are being eroded due to a range of socio-economic factors.

5.5 There will be many circumstances where this is not possible:

- The specialist nature of care provided may mean that family members, friends and relatives do not have the necessary skills and knowledge to provide this;
- The caring situation may involve the use of specialist equipment which is located within the carer's home and which cannot be moved;
- The reluctance of family members to provide replacement care and any subsequent resentment that may be caused by refusing to take on this role;
- Uncertainty about the quality and consistency of care provided by another member of the family who is unfamiliar with all aspects of the caring routine and the care provided; and,
- Any potential loss of earnings (including holiday entitlement) for the family member who has taken on the replacement care

5.6 For many carers, family members already contribute within the limits of what they are able to offer. We believe the expectation that carers should consider family members as a 'first port of call' may be counterproductive and dissuade some carers from seeking a break. We do not believe it is within the purview of local authorities to involve themselves in personal and voluntary care arrangements and also question how this would be monitored and enforced.

5.7 The suggestion that volunteers may play a role in providing replacement care is also problematic for BME carers. Experience on the ground and anecdotal evidence highlights that volunteering is not as well developed within BME communities. Given that any volunteers may need to speak a community language and have knowledge of the relevant cultural norms and practices, we question the availability of suitable volunteers to provide this replacement care.

Universal Services

5.8 We would strongly endorse the joint submission of the National Carer Organisations (NCO's) on this point.

6 Draft Statutory Guidance

Employment of Relatives

- 6.1 MECOPP welcomes the recognition that in certain circumstances it will be both preferable and appropriate to employ a relative to provide care. For Minority Ethnic communities, there are considerable difficulties in recruiting staff who can meet the cultural, linguistic and religious requirements of direct payment recipients. Enabling a more constructive approach to this issue will increase the options available to an individual.
- 6.2 Research conducted by MECOPP indicates that this would be a popular choice but again, we note a concern that such an approach may become ethnically specific and stifle the development of more creative and innovative options. We also note a more general concern that local authorities may continue to prove resistant to the idea of employing a family member and regard it as a 'option of last resort' leading potentially to a two tier system.

7. Additional Points

- 7.1 Research conducted by MECOPP to explore BME carers and service users' understanding of the SDS terminology found little, if any understanding of terms now in common usage. Concerns were expressed about the complexity of the language used, lack of consistency when information is translated or interpreted and a failure to take into account lower levels of literacy, particularly amongst BME older people. Participants also highlighted the need for additional support to understand and respond to changes in the delivery of care citing a strong preference for BME specific organisations where they had an existing relationship. Underpinning this was a lack of confidence in mainstream support agencies who have little, if any, knowledge and experience of BME service users and carers. The cultural shift from passive recipients of services to 'active agents' was also highlighted as a major concern requiring time and investment to overcome