

INTRODUCTION

The Care Inspectorate is the independent scrutiny and improvement body established under the Public Services Reform (Scotland) Act 2010, that brings together the scrutiny work previously undertaken by the Care Commission, HMIE child protection team and the Social Work Inspection Agency. Our role is to regulate and inspect care and support services (including criminal justice services) and carry out scrutiny of social work services. We provide independent assurance and protection for people who use services, their families and carers and the wider public. In addition, we play a significant role in supporting improvements in the quality of services for people in Scotland.

We have drawn on findings from a range of inspection activities in responding to this consultation. Since 2012, we have also been leading joint inspections of services for children and young people which are conducted in partnership with a number of other scrutiny bodies. These inspections, we have conducted 11 so far, evaluate the effectiveness of CPPs' joint work to improve outcomes for children and young people. At the end of 2012, we began work to develop an approach for the inspection of services for adults in partnership with Healthcare Improvement Scotland. To date, we have undertaken inspection work in three development sites and full pilot inspections in a further two community planning partnership areas. These inspections have focused on evaluating the effectiveness of community planning partners in supporting older people in their communities for as long as possible. In due course, the inspections will extend to examining outcomes for a wider group of adults. Our strategic inspection activity, for adults and children and young people, is based on the premise that positive outcomes are achieved when agencies work effectively together with a clear focus on the interests of people who use services at the heart of their activity.

In line with the duty of user focus and our ['Involving People, Improving Services' plan](#), we feel it is important to take into account the views of people who use services and carers in every aspect of our work, including involving them in responding to this consultation. Every inspection we conduct involves contact with people using services, their relatives or carers, who provide valuable information on their experiences, whether through one-to-one discussions, conversations with our lay assessors, or our Care Standards Questionnaires (CSQs).

We also host a national 'Involving People Group' where a core group of around 30 people from across the country who use services, and carers, come together to discuss issues relating to care and support services, and look at ways that we can improve as a regulator. We held a focus group with our 'Involved People' specifically for the purposes of responding to this consultation and the views received are represented throughout our submission.

CONSULTATION QUESTIONS

The Carer's Assessment: Carer's Support Plan

Question 1: Should we change the name of the carer's assessment to the Carer's Support Plan?

Yes

No

Comments: We welcome the proposed change. Our contact with carers and carers' organisations as well as staff providing support to carers across the country indicates that many carers find the term off-putting and stigmatising. We have found carers who wrongly assume that the assessment is judging their competence to care rather than supporting them in their caring role. The use of Carer's Support Plan better describes the purpose of the document.

Question 2: Should we remove the substantial and regular test so that all carers will be eligible for the Carer's Support Plan?

Yes

No

Comments: We strongly agree that every carer should be entitled to a Carer's Support Plan, albeit not all carers will require the provision of services to assist them. The Plan should be underpinned by a robust assessment of the needs of the carer which is informed by the views of the carer. We know from inspections that a robust process for monitoring the implementation of the plan is essential to ensuring positive outcomes for both carer and cared-for person.

We support the proposal to remove the substantial and regular test. Our contact with carers during our work suggests that the current test can sometimes act as a barrier to carers accessing help at an early stage to prevent a crisis arising later on. We have found that provision of early, often low level support, can be of great benefit in maintaining a good quality of life for both carer and cared-for person.

However, we are aware that removal of the test may present a significant challenge for authorities in delivering higher volumes of support to greater numbers of carers at a time of financial constraint. Demographic changes will increase these challenges over the next few years. Many authorities have an established threshold for access to services at the "critical and substantial" level. Our inspection evidence supports the views of the carers with whom we have contact, that services are already stretched. In the context of limited resources, some form of eligibility framework is likely to be required.

We are aware of the inconsistency of support across local authority areas at present and there is a risk that removal of the substantial and regular test could further exacerbate this problem without national guidance on an alternative. While the programme of joint inspections of services for older people is still in the pilot stages, findings from the first tranche of inspections show significant variation in the completion of carers assessments and evidence that support provided has resulted in improved outcomes for the carer.

Our inspections have found that people who use services greatly value transparency and clear information when decisions are made about allocation of resources. We suggest that it would be helpful for the Government to consider

developing national guidance to support authorities in this regard, aimed at reducing the risk of significant inequalities in support for carers across the country. It would be helpful to involve carers' organisations in the development of such guidance. It is important that eligibility frameworks recognise the need for the early support described above.

Question 3: Should we remove that part of the existing carer assessment process whereby the cared-for person is a person for whom the local authority must or may provide community care services/children's services?

Yes

No

Comments: We support this proposal as it could help to remove potential barriers to carers getting the support they require. For young carers, removal of the term 'may' is more in line with GIRFEC principles of ensuring that every child or young person should get the help they need, when they need it.

Question 4: Should we introduce two routes through to the Carer's Support Plan – at the carer's request and by the local authority making an offer?

Yes

No

Comments: Our consultation with carers shows strong support for local authorities taking a proactive approach to raising awareness of the needs of carers and providing offers of support routinely, in addition to the option of carers requesting a support plan directly. In the context of integrating health and social care, we suggest the carer's request route should be expanded to ensure health services refer on to local authority partners so requests for support can be made as speedily as possible.

Question 5: Should we remove from statute the wording about the carer's ability to provide care?

Yes

No

Comments: We support this proposal but have some concerns about how a plan which refers to "the outcomes that the carer wishes to achieve both in day-to-day life and the future" could be interpreted. While "ability to care" can be perceived as negative and can be inclined to narrow the focus of the assessor, the outcomes identified in the Carer's Support Plan should be linked to what support the carer requires to manage and maintain their caring role with a good quality of life which will benefit both carer and cared for person. We welcome any development of the support plan to be more clearly focused on the difference that services and support are making to the life of the carer in his/her role. Our involved people stress the importance of listening well to carers to ensure that support plans meet their needs well, and of reviewing plans regularly to take account of any changes in circumstances.

Question 6: Should we introduce a duty for local authorities to inform the carer of the length of time it is likely to take to receive the Carer's Support Plan and if it exceeds this time, to be advised of the reasons?

Yes

No

Comments: We support this proposal as we are aware that delays in planning and providing support are a key issue for people who use services and carers. We know that some carers wait too long for an assessment to be completed. Our involved people report significant delays for needs to be assessed. There can also be further delays in the provision of support following assessment.

Our view is that the introduction of this duty will increase transparency and will therefore be of some benefit to carers in anticipating when support may be provided which will help them in making plans for their own lives. However, timescales and targets for completion of assessments already exist. Providing information to carers about the length of time assessments will take to complete is of limited value unless there is genuine effort to minimise delays. We would like to see greater accountability for the timeous completion of support plans and provision of support. We suggest there should be a requirement to collate information about the impact of waiting times on carers and those they are caring for to assist in planning service improvements.

Question 7: How significant an issue is portability of assessment for service users and carers?

Comments: In our experience of meeting with carers during inspections, this is a very significant issue for the carers affected. Inspection evidence shows significant variation in arrangements for assessing needs and providing support across the country. This is supported by the experiences of our involved people who have described the enormous stress and anxiety caused when highly valued support services are threatened or where there is a hiatus in support due to delays in bureaucratic processes. The capacity of the carer to continue in the caring role is often reduced at times of crisis or change so removing support plans temporarily while seeking further assessment adds significantly to an already vulnerable situation.

Question 8: Should the Scottish Government and COSLA with relevant interests work together to take forward improvements to the portability of assessment?

Yes

No

Comments: We strongly welcome this proposal. We would like to see improved cooperation and communication between local authorities, reduction of delays and smooth processes which keep the interests of carers and those they care for at the centre. A joint initiative between Scottish Government and COSLA should assist in this.

Information and Advice

Question 9: Should we introduce a duty for local authorities to establish and maintain a service for providing people with information and advice relating to the Carer's Support Plan and support for carers and young carers?

Yes

No

Comments: We are strongly in support of local authorities having a duty to provide information and advice about carers' support plans and the support available. However, through our inspections we are aware of existing services providing valuable support to carers, including young carers, and suggest that, where possible, these could be strengthened. Through our children's services inspections we have become aware of a number of third sector services providing very positive experiences for young carers, for example North Ayrshire Carers Centre (Princess Royal Trust) and the Carers Trust Young Carers Service in Stirling.

Furthermore, our view is that NHS boards should have a similar responsibility to provide information and advice. GPs and many other health professionals providing universal services are likely to have frequent contact with carers and young carers and are well placed to provide information and direct carers to appropriate sources of support. We note it is proposed that local authorities and health boards collaborate in relation to the development of local carers' strategies and take steps to ensure a sufficient range of services is available. We suggest this should apply also to the dissemination of information. With the forthcoming integration of planning and service delivery arrangements and the establishment of new integration authorities, the proposed duty may be best sited with the new integration boards and authorities, rather than local authorities alone.

Question 10: Should we repeal section 12 of the Community Care and Health (Scotland) Act 2002 about the submission of Carer information Strategies to Scottish Ministers, subject to reassurances, which are subject in turn to Spending Review decisions, about the continuation of funding to Health Boards for support to carers and young carers?

Yes

No

Comments: We suggest that reassurance would be required in relation to future funding arrangements to ensure that resources were made available to support carers and young carers.

Support to Carers (other than information and advice)

Question 11: Should we introduce a duty to support carers and young carers, linked to an eligibility framework?

Yes

No

Comments: We strongly support the introduction of a duty to support carers, including young carers, to improve the quality of life for both carers and the people for whom they are caring.

In respect of adult carers, as stated in our response to Question 2, our view is that there needs to be a transparent method of allocating resources which the public can understand and, where necessary, challenge. Some form of guidance to assist local authorities in allocating resources will be required in place of the term 'substantial and regular'. We suggest that the eligibility framework should facilitate the timely provision of actual support, not just assessment for support; support equality for carers living in different parts of the country; and value and facilitate the provision of low level support at an early stage to prevent crisis.

However, we note that, in respect of young carers, the 'eligibility' concept jars somewhat with key GIRFEC principles by which all children should have access to the help they need, when they need it, for as long as they need it. We therefore greatly welcome the intention to place support for young carers within the GIRFEC framework which would allow all young people with caring responsibilities to have their needs assessed and a plan made to support them and their families.

Question 12: Alternatively, should we retain the existing discretionary power to support carers and young carers?

Yes

No

Comments: Our inspection evidence is that the system of discretionary powers to date has led to inconsistencies in the quality of experiences of carers across the country. We would like to see an acceleration of progress in supporting the increasing number of carers and young carers and improving outcomes for this group.

Question 13: Should we introduce a duty to provide short breaks?

Yes

No

Comments: We agree that short breaks are an important and effective option on a continuum of choices for carers and young carers and provide invaluable opportunities for time out from their caring role. However, the term short breaks suggests a specific resource or provision rather than an activity, therefore a definition would be important if introducing a duty to provide short breaks.

Self-directed support and personalisation is driving a change in the way services are delivered and a move away from buildings to creative delivery of a personalised service to meet individual need. The proposed duty could attract an over-dependency on short breaks services at the expense of other carer supports, which our contact with carers tells us are widely valued. To narrow a focus on short breaks could potentially limit innovation in the design and delivery of support for carers. Discretionary provision coupled with guidance on development and innovation could cover a wide ranging number of options, including effective short

breaks.

Our involved people feel strongly that emergencies should not be included in the respite/short break allocation, which is the experience of some at present, as this unfairly penalises families who experience crisis, and reduces the availability of planned respite. Positive experiences were reported of local authorities which negotiate discounted rates for carers for certain breaks/accommodation. This has been experienced as being particularly helpful and convenient. Our Involved People suggested there is potential for this to be rolled out as a national initiative.

Stages and Transitions

Question 14: Should we issue statutory guidance on the Carer's Support Plan which will include guidance for those undertaking the Carer's Support Plan on managing stages of caring? This would apply to adult carers only. (For young carers, practice guidance will be developed to support management of a Child's Plan through the stages of caring).

Yes

No

Comments: We agree that statutory guidance would be very helpful. Feedback from our involved people and our inspection evidence highlights the importance of continued support through transitions to ensure good outcomes for carers and those for whom they are caring.

Evidence from our pilot joint inspections of services for older people suggests there are particular challenges for services in ensuring positive experiences and outcomes when there are emergency admissions and discharges from hospital. Weaknesses are evident in the involvement of carers when plans are being made to discharge a person from hospital or when there are deteriorations in a person's long term health condition which require a change in support arrangements. Furthermore, if a person is being cared for at home, responsive and timely enhanced support to carers may prevent emergency admissions to hospital or avoid demands on care homes for respite or admission. We suggest these issues should be addressed specifically in the guidance.

Question 15: Should new carers' legislation provide for young carers to have a Carer's Support Plan if they seem likely to become an adult carer? Any agreed support recorded in the Carer's Support Plan would be put in place after the young carer becomes a (young) adult carer.

Yes

No

Comments: Our inspection findings confirm that there is an inconsistency across Scotland in the support for young people through transitions. Schools are well placed to identify young people with caring responsibilities and to provide much needed support. An example of good practice can be found at Stirling High School's Young Carers Club. However, this support often disappears suddenly when young people leave school.

We also know from our joint inspections that young people may be particularly vulnerable at this stage and need flexible support delivered in sensitive ways, usually from people with whom they can build up meaningful, trusting relationships. We strongly welcome provisions in the Children and Young People (Scotland) Bill to extend support for young people. However, for young people aged 16+, the 'named person' system under the GIRFEC framework is not well developed as yet, particularly if the young person has not been looked after previously. This means that robust forward planning on a multi-agency basis is essential to ensure that young carers can benefit from continued support through transitions. Arrangements should be made well in advance of a young person reaching adulthood and be sufficiently robust to provide 'seamless' support without interruption for the young person.

Some carers organisations, such as the North Ayrshire Carers Trust, recognise and are responding very positively to develop services appropriate to the specific needs of young adults for whom there has been a lack of suitable provision to date. Our most recent joint inspections of services for children and young people have also identified some positive examples of support for young carers, such as in the Highland and East Lothian areas.

Carer Involvement

Question 16: Should there be carer involvement in the planning, shaping and delivery of services for the people they care for and support for carers in areas outwith the scope of integration?

Yes

No

Comments: We agree with carer involvement in planning, designing and delivering services. The proposal aligns with both our own view on the importance of involvement in improving services and the broad direction of travel across other policy areas and national strategies. For example, the Scottish Government's Mental Health Strategy: 2012 – 2015 includes a commitment to "increase the involvement of families and carers in policy development and service delivery". Our view is that meaningful involvement appropriately recognises and values the unique perspective and expertise of carers and supports effective partnership working. This needs to be balanced to reflect the voice, choice, rights and needs of both the person using the service and the carer.

We especially welcome the proposal to include non-integrated bodies in this provision. This should provide greater assurance around the provision of support for young people whose services will not necessarily be included in integrated bodies in all areas of the country.

Question 17: Should we make provision for the involvement of carers' organisations in the planning, shaping and delivery of services and support falling outwith the scope of integration?

Yes

No

Comments: We particularly welcome this proposal. Our involved people stress the important support and advocacy role played by carer organisations, particularly in representing the perspectives of smaller groups of carers with specialised needs. We would want to see meaningful involvement of organisations representing young carers, whose needs are often different from the needs of older carers and whose perspectives might otherwise go unheard.

Question 18: Should we establish a principle about carer and young carer involvement in care planning for service users (subject to consent) and support for themselves in areas not covered in existing legislation?

Yes

No

Comments: We welcome this proposal and believe it could be of assistance in reducing inequalities for people who use services which fall outside the existing legislation. We would want to see the principle make explicit mention of the inclusion of young carers. We suggest that any principles should make reference to the need for involvement to be meaningful and empowering for the individual. Our involved people feel such a principle would help remind professionals that they need to listen to and take due account of carers' views and that it should not always be assumed that the professional 'knows best'. As suggested in our response to Q16, this needs to be balanced to reflect the voice, choice, rights and needs of both the person using the service and the carer.

Question 19: What are your views on making provision for young carer involvement in the planning, shaping and delivery of services for cared-for people and support for young carers?

Yes

No

Comments: Our view is that young carers should share the same rights as adults in this regard. Our Involved People recognise the particular vulnerability of young carers and feel particularly strongly about the need for young carers to be listened to, have information readily available and be given time and support to enjoy being young.

In our contact with young carers during the course of our work, a recurring theme is the priority which young carers place on getting high quality support for the person for whom they are caring. They continually describe this as being of the greatest benefit to them as it provides them with the reassurance they need to get on with their lives and achieve their goals. They do not tend to make a distinction between support for themselves and the person for whom they are caring as they see the two as inextricably linked. This makes it all the more important that young people themselves are fully involved in designing, shaping and delivering services.

There are many examples across the country for successfully involving young

people in service design, in both statutory and third sector services. Some examples (though not specifically about young carers) are described in the Care Inspectorate's 2012 publication '[Practice Guide: Involving Children and Young People in Improving Children's Services](#)'.

Planning and Delivery

Question 20: Should we introduce statutory provision to the effect that a local authority and each relevant Health Board must collaborate and involve relevant organisations and carers in the development of local carers strategies which must be kept under review and updated every three years?

Yes

No

Comments: We are supportive of this proposal as it reinforces the critical importance of collaboration between services and with carers themselves to improve outcomes. It should prove helpful in promoting better monitoring and quality assurance in the planning and delivery of services for carers, however we feel it is important that there are good links with community planning and integrated children's services planning. We very much welcome the intention to strengthen the accountability of all community planning partners in planning which is incorporated into the Children and Young People (Scotland) Bill.

Question 21: Should we introduce statutory provision to the effect that local authorities with Health Boards must take steps to ensure, in so far as is reasonably practicable, that a sufficient range of services is available for meeting the needs for support to carers and young carers in the area?

Yes

No

Comments: We support the proposal to clarify and strengthen the responsibilities of health boards to ensure carers and young carers across the country can access support which meets their needs and helps them continue in their caring role while maintaining a good quality of life. While this issue relates to the need for effective joint strategic commissioning, our view is that the Scottish Government's analysis of a potential link between the lack of legal duty and the under development of the market to support carers is reasonable. However, we suggest that the primary aim should be to ensure a high quality of support for carers, rather than focusing solely on achieving a wide range of providers. While diversity of provision is often very helpful in providing choice, in some areas the most appropriate local solutions may involve a single provider working to develop new skillsets to meet the needs of carers with a range of different needs.

Identification

Question 22: Should there be no legislative provision for GPs or local authorities to maintain a Carers Register in order to support the identification of carers?

Yes

No

Comments: We have no inspection evidence to support a view on this proposal. However, we recognise the vital role that GPs play in identifying and supporting carers and signposting them to appropriate services. Carers with whom we have contact through our work describe the toll that is often taken on their own health as a result of trying to meet caring responsibilities without the right level and type of support. They note that GPs are often the first person they tell about their situation.

We do know from our extensive inspection activity across a wide range of services that effective inter-agency communication and planning is essential in improving outcomes for people. It is critical that following identification of carers, professionals work well together to ensure their needs are fully assessed and that appropriate support to meet those needs is provided without undue delay. We would support measures which encouraged GPs to be proactive in seeking support for carers they have identified. However, we note that confidentiality issues need to be considered and addressed in relation to the sharing of information on individuals.

Question 23: Should the Scottish Government ensure that good practice is widely spread amongst Health Boards about the proactive use of Registers of Carers within GP practices?

Yes

No

Comments: Health services, and GPs in particular, provide universal services which are used by a wide range of people. Universal services are well placed to identify and provide or signpost carers to appropriate sources of support, including carers from seldom heard groups with whom other agencies may have more limited contact. We therefore strongly support any encouragement of sharing good practice more widely and of the development of effective mechanisms for doing so. It is our view that proposed good practice should be subject to some form of validation or challenge so that it is clear that it is genuinely resulting in positive support for carers.

Question 24: Should the Scottish Government ask Health Boards to monitor compliance with the core contractual elements of the GP contract?

Yes

No

Comments: Our view is that this proposal strengthens the accountability of Health Boards to ensure that carers benefit from this element of the GP contract. Including referrals for assessment as well as identification of carers would be helpful, albeit this will not provide any useful information about the provision or quality of support (the outcome for the carer) as the result of identification and referral.

Carer and Cared-for Person(s) in Different Local Authority Areas

Question 25: What are the views of respondents on the lead local authority for undertaking the Carer's Support Plan and agreeing support to the carer where the carer lives in a different local authority area to the cared-for person(s)?

Comments: We believe there is a rationale for suggesting that the local authority where the carer lives should carry out the assessment and implement the carer's support plan. This arrangement reflects current recharging practice between local authorities in respect of other services and there should be systems and processes to facilitate it already in place.

A high level of cooperation would be required where the authorities involved have different thresholds for accessing services. Our involved people have concerns about the impact on carers where different attitudes prevail and different thresholds are applied in situations where one authority is assessing the carer's needs and another, the needs of the person being cared for. Development of national guidance to support an eligibility framework which supports the provision of low level and preventative support, as described in our response to Q11, would address these concerns.

Question 26: What are the views of respondents on which local authority should cover the costs of support to the carer in these circumstances?

Comments: See above.

Question 27: Should the Scottish Government with COSLA produce guidance for local authorities?

Yes

No

Comments: Our view is that guidance is essential in achieving greater consistency in the application of cross-boundary arrangements, an area which our contact with carers indicates is a source of very considerable stress and anxiety for families. We think it would be important to build in a review after a period of, say, 18 months following publication, to ensure that it is effective in establishing consistent and fair practice on behalf of carers and young carers.