

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:

While we understand the rationale for the change, the implies a significant change in emphasis from assessment to provision of support. The implications of this in terms of service delivery and cost need to be fully thought through, particularly given the extension in eligibility described elsewhere in the consultation document. Carer's self assessment is currently working well in many areas and it is not clear how this would be continued with a change to Carer's Support Plan which implies a subsequent intervention or support.

The rationale for the change is to improve uptake and reach. Language used is important in ensuring a positive approach which encourages early uptake in a proactive approach. Central to this is clarity and consistency on what is to be achieved by the process involved and the outcomes expected. Any proposed legislation needs to be clear that any resulting support plan which will include assessment of need, will set out a range of actions which the carer, statutory and voluntary services will all play a role in delivering to meet identified outcomes for the carer.

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:

The impact of caring varies by individual with the resulting effect on capacity to continue in the caring role a more tangible test for carers to understand. Building in an anticipatory approach within this would hopefully prevent a crisis response model where carers are encouraged to forward plan for continuing in their caring role. The focus of assessment should be to identify the level of need. However, the ability to respond to that need will continue to be limited by resource available and requirement to support those at greatest need or risk.

However, resources would need to reflect the consequences of any significant changes to this test to ensure sufficient capacity was created to deal with any subsequent increase in demand. With health boards and local authorities continuing to identify and support carers through information, advice and support,

this needs to be balanced against the resources available to carry out assessments within local authorities.

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:

Consistency in approach to the caring situation where health and social care needs of both the carer and cared for are taken into account

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:

While Local Authorities should be enabled to make an offer, the requirement for an offer of a Carers Support Plan to be made to all carers is potentially a significant increase, and it is not clear how this duty will be monitored or enforced, and what definition of 'carer' is being used. There is a risk of significantly raising expectations which may not be able to be met.

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

Yes

No

Comments:

By removing this term it becomes less judgemental. Carers can then be seen in terms of impact of caring and capacity to care, rather than ability.

Capacity should consider the impact of the caring role on the health and wellbeing of the carer. Linking this to an outcomes based focus would incorporate holistically health and social care components of support for carers are evidenced.

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:

It would be good practice to ensure that all individuals who are subject to a process should be advised at the outset of any waiting times, including any targets associated with this process. Capacity within services and levels of demand require consideration. We would support the recommendation not to set a length of time within the legislation.

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

Comments:

As assessment is what has been identified at that given time it should be considered but re-assessed with regards to the current circumstances.

Providing in a format that can be accessed by all those involved in the caring situation, professionals and carers, would assist with clarity and consistency in delivery of the plan and the outcomes for carers which have already been identified. Consideration should be given to how this can be linked to existing mechanisms for sharing key information, such as eKIS

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:

Guidance and best practice examples on portability would also be welcomed.

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:

Access to information and advice is central to ensuring carers are empowered to continue in their caring role. Where this information is accessed has many

avenues via health, local authority, third sector as well as in the wider community. Availability in multiple formats at multiple outlets is key for ensuring all groups can access. Consistency in content and quality of information provided is required.

Carers Information Strategy has allowed for development of initiatives in from health, local authority and partnerships. Within NHSGGC Acute, evaluation of users of the Family Support and Information Service and Patient Information Centres demonstrates how effective these services are in identifying carers and facilitating them to support within local authorities.

It is not clear why this is being suggested as a local authority duty rather than a shared responsibility for HSCPs.

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:

There is a strong argument for a long term population planning to support carers, working across all agencies. This is already a partnership role and will increasingly be so with the new HSCPs, so the specific requirements on Health Boards seems no longer appropriate. However, commitment on funding is required to enable long term planning in local authority and health partnerships.

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:

The introduction of a duty linked to eligibility criteria would also appear to contradict Question 2 of this consultation. Offering universal access to support and then applying eligibility criteria in relation to support services will both increase expectation and frustrate unpaid carers.

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

Yes

No

Comments:

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

Yes

No

Comments:

It is not clear why short breaks have been specifically identified as an intervention which provides legislation, amongst the wide range of support which can be provided to carers. We would have some concerns that a narrow definition of respite or short breaks can discourage flexible, person centred approaches to providing appropriate support. Identifying others ways to support improved carer health and wellbeing is important. Understanding what they require to give them a break from their caring role is key in providing a short break service and should be considered within the overall support provided.

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:

Identification of the stage of caring is a key function within development of Support Plan/Assessments and as such should be incorporated into the regular review of the Support Plans/Assessments. Anticipatory approach would also consider these transitions as a matter of course.
Providing professionals with examples of good practice may be more beneficial.

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:

Young carers should have their needs assessed and responded to under the GIRFEC approach, which should consider transition.

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:

Yes, but not clear what additional legislation is proposed and how it would enable this. Consideration should be given to what is being proposed in addition to existing guidance and legislation, for example the Participation Standard and Patient's Rights Act.

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:

Not clear that additional legislative provision is required for this, beyond what is already covered by requirements for NHS Boards to involve relevant organisations in planning, shaping and delivering services (Participation Standards, Community Engagement Standards, Major Service Change guidance, Community Empowerment Bill).

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:

Wider principles should apply equally to children, but it would be helpful to be clear what areas are not already covered in existing legislation.

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?

Comments:

This would be a positive approach. Ensuring meaningful, appropriate engagement at multiple levels will provide views are obtained and considered.

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 carer's strategies which must be kept under review and updated every three years?

Yes

No

Comments:

Within the NHSGGC area each of our six Community Health (and Care) Partnerships already develop jointly agreed local carer's strategies with Local Authority and other partners. Any requirement to do this should therefore sit clearly with HSCPs rather than requiring health boards to develop strategies with multiple Local Authorities. However, the benefit of making this a statutory duty is not clear and would not be consistent with many other areas of responsibility where more detailed plans are not required through legislation or performance and accountability arrangements. The principle should rather be maintained that HSCPs, Boards and Local Authorities are accountable for outcomes rather than monitored on specific processes.

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:

Not clear what legislation would add to current requirements and responsibilities.

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:

Agree that the benefits of legislative provision for this are unclear and would be out of line with other equally important roles which GPs perform.

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:

If Carers' Registers are to be maintained, then it is important that they serve a function and are used in a proactive manner to improve the support for carers. Good practice in all areas of carers' support should be highlighted.

Identification, especially early identification, of carers is crucial in ensuring that they are supported to continue in their caring role. Processes which support a population based anticipatory approach to identification of carer status facilitate the conversation required for identification to be acknowledged. The action then attached to this and subsequent revisiting of the carer's status is vital to ensuring they continue to be supported.

Supporting mechanisms which will ensure actions are attached to processes where carer identification is likely to occur e.g. screening for physical and mental health and wellbeing, is welcomed.

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

Yes

No

Comments:

Health Boards are already responsible for contract monitoring of GP practices. The approach to carers should be in line with existing monitoring arrangements for all core contractual elements of the contract – applying a different approach to the carers' element of the contract would be unworkable.

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:

Guidance and best practice examples on would be welcomed on this issue.

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:

As above

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

Yes

No

Comments:

Additional Comments

We would wish to make some additional comments about the draft EQIA. At present, the EQIA attempts to assess the differences in numbers of carers by group and it is helpful that the disproportionate impact on women and more deprived populations are highlighted. However, the experience of carers is equally if not more important than the numbers. For example, prejudice or assumptions being made about family and caring arrangements for BME groups, lack of acknowledgement and response to the caring role of same sex partners. The way in which carers are identified and supported needs to take account of these issues.

The EQIA also highlights the aim of the legislation which is to

- improve carers' health and wellbeing;
- sustain the caring role;
- enable carers to have life alongside caring;
- assist carers to remain in or return to work;
- enable access to community support networks; and
- prevent or delay hospital or residential carer admissions for cared-for persons.

It would be helpful to see the rest of the legislation described in relation to these aims, some of which may be particularly relevant to particular equality groups or may have particular barriers.

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