

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:

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 test is intrusive and makes carers reluctant to seek help

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:

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:

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



Yes



No

Comments: It would make it less subjective. At present it is open to interpretation and therefore likely to vary depending on who is making that interpretation. Removing the statute wording will allow more family carers to provide help.

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:

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

Comments: Very important. Family carers often work full-time and work commitments may cause the entire family including the person being cared for to move temporarily. There should be a smooth transition in the care we as family can provide to our loved ones.

Also delivery of care may be required from a different authority temporarily when the family go on holiday with the person being cared for.

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:

Information and Advice

Question 7: 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: Yes. At present even where the family carer has Power of Attorney , we are not given the complete information and application forms so we are being prevented from getting the help we need quickly for the person being cared for.

Question 8: 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 should be a system in place where decisions by Local authorities are scrutinized regularly.

Support to Carers (other than information and advice)

Question 9: Should we introduce a duty to support carers and young carers, linked to an eligibility framework?

Yes

No

Comments:

Question 10: Alternatively, should we retain the existing discretionary power to support carers and young carers?

Yes

No

Comments: Discretionary power is difficult to implement and are often disregarded by local authorities.

Question 11: Should we introduce a duty to provide short breaks?

Yes No

Comments: It extremely tiring looking after someone. Short-breaks are vital and have a positive impact on the health of the family carers.

Stages and Transitions

Question 12: 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: It is important that everyone is on the same page and know what their obligations are.

Question 13: 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:

Carer Involvement

Question 14: 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: This is vital. There should be a care plan in place which family carers agree to. They know what the person's needs are and it is important that family carers can be a voice for the person they are caring for.

Question 15: 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: Possibly. It should depend on the Power of Attorney, the family carers and what they stipulate they need.

Question 16: 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:

Question 17: 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 is a good idea. The delivery of care not only impacts on the lives of the person being cared for but also affects the lives of the family carer. It is a symbiotic relationship.

Planning and Delivery

Question 18: 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: This should be based on needs of the person being cared for. The person should be given a choice about the level of clinical information which can be released to non-clinicians.

Question 19: 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:

Identification

Question 20: 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: This is highly intrusive and would put-off people from being family carers. The GPs already know in confidence who the family carers are. A Carers Register is not necessary.

Question 21: 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:

Question 22: Should the Scottish Government ask Health Boards to monitor compliance with the core contractual elements of the GP contract?

Yes No

Comments: The core elements of the GP contract should be more publically known so that we know what our rights are.

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

Question 23: 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: The lead authority should be based on where the 'caree', the person being cared for lives.

Question 24: What are the views of respondents on which local authority should cover the costs of support to the carer in these circumstances?

Comments: Where the person being cared for lives. Easier to regulate the services being delivered.

Question 25: Should the Scottish Government with COSLA produce guidance for local authorities?

Yes No

Comments:

Further notes:

Daycare

The opening hours for Daycare should be longer so that family carers who also work can access it.
i.e. 8am – 6pm

Currently most daycare centres are being closed completely or are only open midday i.e. 10am to 4pm which make it unfeasible for family carers who work, to apply. Also there are not enough places available in daycare.

Grants – Disability living fund

In order to make care person-centred and achieve a national minimum standard, it should be made easier for family carers to adapt their homes or granny annexes for their loved ones. At present any adaptation made to the home results in a notice being placed in the Land register. This stays in place for 10 years which would make it difficult for family to sell their home after the person dies or if they have to sell up and move. This makes family carers reluctant to allow adaptations to their homes even though they desperately need it.

Home cooked food vs Wiltshire Foods or catered food

It is important for the elderly and for people with dementia to have food which they are familiar with. Home cooked food are nutritious and tastier than frozen meals left by Wiltshire foods.

Currently the caree is being forced to accept Wiltshire foods rather than have home-cooked foods made for them by family and friends.

This is because the local authority have contracts with care agencies which stipulate they cannot heat up the food or give the food to the person even though the person has elected to have home – cooked foods prepared by family.

Elderly people have frequently complained about Wiltshire foods but this is being ignored by the local authority.

The reason being given is that home-cooked food breaches health and safety. It is clear to most people that the Health and safety issue is a red herring. It is unreasonable and disgraceful. If the person elects to have home-cooked food then the local authority should respect their wishes and not make things difficult for them.

If a survey was taken of all those who were made to accept Wiltshire foods, it would show that most elderly people are put off from eating and are undernourished as a result.

Because of the Local authority rules, family carers have to take time off work to come home for lunchtime so that they can heat up the food for their loved ones. It has created a difficult situation.

This has also impacted on our ability to accept respite care or apply for daycare because once again the Local authority refuse to allow family carers to provide home-cooked food for the caree.

Transparency and a copy of Records

A copy of any written record of a person's stay during respite or in a care home should be automatically given to family carers so that any problems can be discussed and corrected.

At present respite care homes and care homes are disregarding the right of family carers to help their loved ones.

A copy of 'blue folder' Community nurses notes should be left with family carers in the home of the person who is being cared for so that there is continuity of care by visiting healthcare workers. This will also allow family carers gauge if further consultation is required.

At present even when there is a Power of Attorney in place, this is ignored by Healthcare workers. The system is not transparent and family carers are prevented from getting the help for their loved ones

There should be a clear statement of where the information about the person is being held.

Power of attorney

The Power of attorney is a legal deed authorizing family carers to ensure that their loved one's voice is heard and they can get the help they need as swiftly as possible.

GPs healthcare workers, Banks are deliberately disregarding the authorization of the Power of attorney and making up their own rules which breach the rights of the caree.

Access to help

HRA – Article 8 should be acknowledged – 'the right to private family life'
Forms should be less intrusive. Details of the caree should be known but personal details of the carer other than name and contact number should not automatically be requested.

For example, we needed guidance on Manual handling. Rather than requesting details of the about the person being cared for, the carer was made to give personal info simply for asking for training.

We are concerned that our private information, of both the caree and the family carers are kept on databases which are outside of clinical arena.

In Aberdeen without our personal agreement or local consultation, our private information has been forward to what is essentially a public company 'Bonaccord Care' as a result of some of the local OT and social services being privatized. We only knew of it via a letter after the information was forwarded.

This is a breach of Article 8 of the 'right to private family life'. I am also concerned that details and information of vulnerable people have been forwarded to a public company.

This makes us reluctant as family carers to ask for further help. Assurances of confidentiality does not assuage my concerns.

Equipment for disabled and physically challenged

A Statutory regulation is required which states that there is a legal requirement to provide equipment to a person to allow them to live safely at home.

Firstly, at present there is a two-tier system where people living on their own without family is not a priority, compared to those with family who can speak up for the person.

Secondly it is left entirely at the discretion of the local authority or OT department whether they give equipment or not. This has left many people without equipment or help and has resulted in falls leading to hospitalization.

This has resulted in an inequitable access to equipment. The need for appropriate equipment should be a back up of the 'single-shared assessment'. Otherwise it defeats the purpose of the entire 'single-shared assessment' concept.