

# **Response to Consultation on Proposals for Carers Legislation on behalf of Carers of East Lothian (CoEL) and carers in East Lothian**

## ***Carers of East Lothian***

CoEL is a registered charity focused on supporting people who care on an unpaid basis for friends and family in East Lothian. We are a member of the Carers Trust and have contact with over 2000 carers in East Lothian working closely with nearly 500 of them each year.

We welcome the opportunity to comment on the proposed legislation and our views are as follows:

## ***Carer's Support Plans***

We support the proposal to change the name of the assessment to Carer's Support Plan. In our view this is much more straight-forward and better describes the purpose of the process.

We also support the proposals to remove legislative restrictions before a person can access such Support Plans. In practice carers do not lightly contact Local Authorities for support and generally only do so when all other sources of support have been explored or are exhausted. It is therefore not necessary to have restrictions in statute as to which carers can access this form of support. By extension, there should not be artificial barriers to accessing such support so we agree that routes to Carer's Support Plans should be widened to include both at a carer's request and at the offer of the Local Authority. However, we feel this should be further extended to include NHS services and Health Boards who could offer (and should be required to publicise) such support.

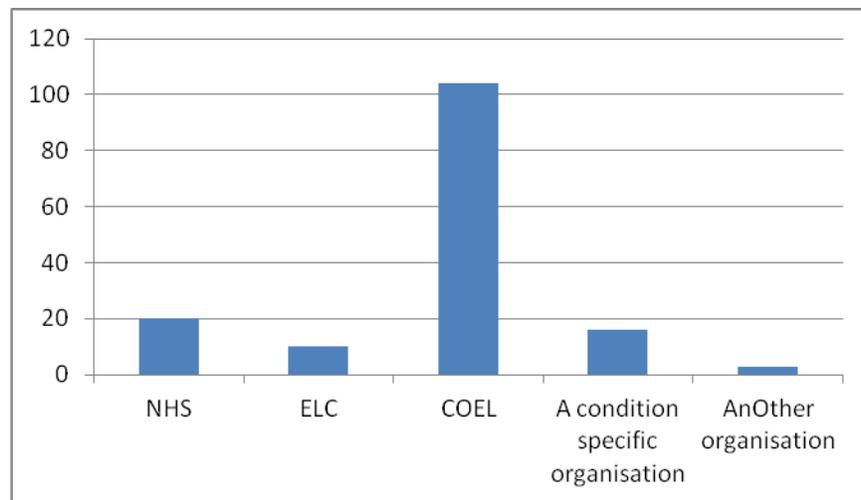
While it is likely to be in the nature of a Carer's Support Plan that it will be about supporting the carer with their caring role, we agree that the wording about a carer's "ability to care" is inappropriate and open to misunderstanding. Accordingly, we agree that it should be changed.

We welcome the proposal that carers should be given an indication of the length of time that it may take for the Carer's Support Plan assessment to take place and an explanation if this is exceeded. We are concerned that this timescale should be reasonable as to propose that someone should wait several months for a Support Plan is to effectively deny them access to such support. We would suggest a timescale of no more than 8 weeks is reasonable and we suggest that this is contained in statute or at minimum within the proposed guidance. We are also

concerned that it should not become routine for such time expectations to be breached. We therefore suggest that Local Authorities are required to report publicly on both the timescale that they have set for such Plans and the extent to which this timescale has been met.

Having said this, we recognize that Authorities are under increasing pressure and we know that they may struggle to commission the provision of Carer's Support Plans (and indeed advice and information services noted below) unless they have increased and dedicated resources to do so from the Government. Without these, it is likely that increased support for carers would need to come from within existing budgets and so would in effect come from reduced support for the person the carer cares for. This would be nonsensical and counterproductive.

We support the option to allow Authorities to devolve the process for undertaking Carer's Support Plans to the voluntary sector. We strongly believe this is likely to result in greater satisfaction and support for carers and it is in line with what carers have told us. In October 2013 we surveyed all the carers we are in contact with and asked them who they would prefer to carry out a Carer's Assessment. There was a clear preference for CoEL, as the local Carers Centre, to do so:



However, our view is that responsibility for the Plans should remain with the Authority so they must take responsibility for contract compliance to ensure that carers are well served by the voluntary sector partners.

### ***Information and Advice Services and CIS Plans***

We believe there should be a duty on Authorities to establish support services for carers within their areas. This is the case in East Lothian and common practice elsewhere so such a duty would simply ensure that it was available across the whole country. However, such services should not be restricted to “information and advice” as carers require a range of supports from information to advocacy to counseling to breaks. Authorities should be required to plan and commission wide ranging support services. Additionally, we reiterate that we consider that placing

such a duty on Authorities will be of little value in itself unless it is also adequately resourced by the Government.

We consider that it is critical that Health Boards remain fully engaged in developing strategies to support and inform carers (and staff) as well as funding services. However, we suggest that given the integration of health and social care services, the legislation is amended to require Health Boards to work with Local Authorities and other partners to produce joint Carer Information and Support Strategies for Authority areas and to co-fund the initiatives and services developed within such strategies. We believe it is critical that Health Boards retain a duty to fund such services to ensure diversity of support for such services and to maintain their commitment to carer support.

### ***Duty to Support Carers and Promote Short Breaks***

We believe that it is essential that Authorities have a duty to support carers and young carers who meet the criteria for such services. However, current eligibility criteria only allow access to support where a need has become critical and from a carers point of view this is far too late. It effectively requires a crisis to have developed before support is provided when we know that it would be far more effective and likely to lead to better and more long term caring relationships if support can be provided before reaching such a crisis. An ounce of prevention is worth a pound of cure. We believe it is critical that the development of criteria for services for carer must reflect this focus on early intervention to prevent crises and so this should be made explicit within the proposed legislation.

We also believe it is also essential that Authorities are required to promote and support breaks for carers. However, there is a danger that the issue of breaks is seen too simplistically. The reality is that a poorly planned break can be of little value to the carer or the person they care for. If the cared for person is unhappy in the alternative care setting the carer will spend their break concerned and upset and quite possibly their on-going relationship will be damaged which could actually undermine the sustainability of the care setting. It is important therefore that Authorities duty to promote breaks includes both the funding of such breaks on a regular and planned basis and services to ensure are supported to get a break that will actually be helpful.

#### **Good Practice Example**

Carers of East Lothian's short breaks service works closely with both carers and the people they care for to explore what kinds of break would work best for them. Carers are supported to overcome their anxieties about leaving the person they care for and to reassure themselves that the alternate care setting will meet the needs and wishes of the person they care for. Since its inception no caring relationships supported by the service have broken down

### ***Consultation, Planning and Delivery***

We support the proposal to require integrated and non-integrated bodies to include carers in the planning, shaping and delivery of services. We believe it is important that carers and people who use services are involved in determining the types of support and services that should be available in their community. However, there is a risk that such consultation is tokenistic and places further burdens on carers while achieving little meaningful input. Authorities need to commit to this engagement and co-production and adopt the recent national good practice standards. We believe this needs to be clear in guidance and we would like to see a clear role for an organisation such as the Scottish Health Council in monitoring the extent to which integrated bodies actually engage with carers (and users of services) as partners.

### ***Additional Proposal - Carer identification and support via GPs***

In addition to the above comments, we believe the Government should take the opportunity to make the proposed legislation as comprehensive as possible by extending it to include aspects of GP services. While there are a number of examples of excellent partnerships with GP Practices to identify and support carers, this far from universal and the registers of carers held by Practices are resources that are underutilised. We would welcome initiatives that could allow good practice to be extended and offered to all carers who have been identified by GPs recognising that this will require resources for both GP Practices and the services to support carers.

#### **Good Practice Example**

Carers of East Lothian works closely with the North Berwick Health Centre and GP Practice to provide a weekly surgery by a Carer Support Worker integrated into the practice. This makes support for carers accessible in a rural area and maintains a high profile for the needs of carers amongst primary care professionals. It is also of benefit to Primary Care staff as illustrated by these comments:

- “I personally have found the service CoEL offers invaluable- it should be available in all Health Centres”
- “We’ve become so used to [the Carer Support Worker] being here for our patient-carers that we don’t know what we’d do if she wasn’t!”