

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:

There are no objections to carers developing a support plan with professional input following assessment of need, however, carer's assessments should not be renamed "Carers Support Plans" as this would confuse the distinct assessment of need stage with a subsequent support plan stage. Support plans are put in place after assessment, and the new title would be somewhat misleading. Any proposed

legislation needs to be clear that any resulting support plan following assessment, 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

To ensure consistency with the Children and Young Person Act, any plan for a child or young person should be called a 'child's plan'. Assessment and planning for young carers must sit within the GIRFEC approach. Assessment will be based on the concept of wellbeing as outlined in the Children & Young Persons Act.

In terms of a young carers support plan, the concept is supported however it is clear that the question of additional and adequate resources being provided to support young carers is a challenge. It might be that the better approach could be ensure that the "cared for person" has an assessment and their needs identified and provided for by adult services reducing the demand on young carers.

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: This would be supported in part, however rather than remove the substantial and regular test, we strongly believe that consideration should be given to redefine this description to broaden out access – perhaps by retaining some definition relating to provision of regular unpaid care. Whilst there is a clear need for local authorities and health boards 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. Not all referrals to social work services result in assessment, many require signposting to other agencies and information and advice, therefore opening up the service to universal assessment for carers would actually create inequity in the system rather than equality of access.

It would also however not be appropriate to limit access to those who at present maintain a caring role but fall under the current line of entitlement. In practice, Social Work practitioners would undertake assessments for a greater number of people than those strictly entitled to assessment under the definition, as a common sense approach.

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 for a carer's assessment.

The assessment for a child or young person should be based on the GIRFEC approach and based on assessment as part of the wellbeing (SHANARRI) approach as outlined in the Children & Young Persons Act. This will mean that assessment will be led by the relevant service, following a staged intervention approach based on the assessment of wellbeing.

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: There are many examples of unpaid carers who are caring for someone who is receiving a high level of care provided by non Social Work services; these carers would benefit from receiving relevant information, advice and assessment to support them in their caring role

Further discussion is required by the Scottish Government with Health and Social Work services on this issue as to which organisation has the lead role for carer's assessment in this situation, particularly in light of integration and in relation to cases where there are medical rather than social care needs. For example, removal of this consideration may significantly increase demand for carers' assessments in relation to learning disability services where medical care rather than social care may represent a significant proportion of care for service users and their carers.

As above, the assessment for young carers will be based on the GIRFEC approach and wellbeing assessment.

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: This is current practice locally and would be supported by local partners. Carers are offered an assessment by a social work professional or they can request one by completing a carers self assessment. Support in completing the self assessment is available from the Carers Centre.

As noted previously any removal or redefinition of the substantial and regular test would impact on the resources available to support this process.

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

Yes

No

Comments: Yes, this distinction would be supported. Carers would be assessed in terms of capacity to care, rather than ability. Linking this approach to a renewed focus on outcomes for anyone participating in a carer's assessment would be very welcome and would align with similar work being undertaken across social work services to develop outcome focused assessment, care plans and associated practice.

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 an assessment are advised at the outset of any waiting times for assessment, including any targets associated with this process.

Any waiting time for assessment which is targeted by local authorities or health boards should be in line with general community care assessments to ensure equality of access. Defining a length of time in legislation would not be supported at this point, as there would be a need for local authorities to consider levels of demand following implementation of proposed legislation and the related impact on current staffing resource in terms of assessment and care management staff.

Significant additional investment would be required by local authorities to support the legislation.

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

Comments: There are no significant issues locally, with only a handful of cases arising every year.

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 although this would suggest that template assessments and support plans would be required to be implemented nationally which may be difficult to achieve.

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: The provision of information and advice on assessments, support and services for carers is a key function of local Carers Centres. Locally this is funded

through Carers Information Strategy monies. This work should be supported by the Council and NHS however specific funding would be required to be allocated to these organisations to support such activity locally. The possible cessation of the Carers Information Strategy monies in 2015/16 is therefore concerning unless this is reallocated to integration authorities at least at its current level.

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: Yes, there is a strong argument for a long term commitment on funding required to stop short term planning in local authority and health partnerships. Locally the work funded through Carers Information Strategy monies has been very important in ensuring that carers are supported, indeed a number of pieces of work have been identified by the Government as examples of best practice. However the short term nature of the funding awarded on an annual basis means that it is difficult to put in place long term plans for this work, this could have a negative impact on carers and workers.

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: This is a significant concern for local authorities as there is no indication that additional resources will flow to local authorities to support the implementation of this duty, at a time of significant resource constraint. The implementation of SDS and 'The Carers (Waiving of Charges for Support)' regulations is a significant unknown for local authorities in terms of the impact on resources and on the provision of services which local authorities themselves provide. There is limited capacity within existing resources to accommodate this proposed move which could be to the detriment of other service users in terms of the level of resources available to share equitably across the system.

The introduction of a duty linked to eligibility criteria would also appear to contradict the idea of a more universal approach to support for carers as set out in Question 2 of this consultation ie offering universal access to assessment and then applying eligibility criteria in relation to support services will both increase expectation and frustrate unpaid carers.

In terms of young carers, it is suggested that they should continue to have their needs assessed using the GIRFEC approach. It would be inappropriate to introduce an approach for young carers which is separate to GIRFEC. GIRFEC is

now well embedded locally and any change would only serve to introduce confusion.

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

Yes

No

Comments: The discretionary power which is now available to local authorities in relation to self-directed support would be a very good basis on which to test the approach to support and to assess whether this does need to be discretionary or a duty. The limits of the legislation in that regard however is that it solely applies to local authorities and not health boards who will also potentially have a role in terms of assessing unpaid carers if the social care distinction is removed.

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

Yes

No

Comments: Further detail is required around this duty. Recently, additional respite for older people has been funded and promoted locally, and unfortunately take up has not been as high as expected. More work needs to be done in this area to understand the needs of carers and their families and to consider how SDS and 'The Carers (Waiving of Charges for Support)' regulations will impact upon the nature and scale of respite provision locally.

It is also unclear as to why a separate 'respite' duty is required when it is proposed to introduce a 'support' duty as set out in Question 11.

In terms of young carers, it is not clear how a "short break" option could be introduced for them and how this is defined. It is however worth further exploration to ensure that young carers are able to have appropriate and safe breaks from their caring role.

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: It is unclear how useful such guidance would be given that those undertaking assessments will already consider managing stages of caring. Perhaps it would be more useful to provide examples of good practice to highlight the areas that should be covered when undertaking an assessment.

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 and it is important that a Child's Plan considers the transition to adulthood.

It is important that any additional responsibilities for young carers do not rest only with the local authority but extends to health, the further education service and Skills Development Scotland. It would be helpful to consider how this will link with the 'named person' role within the C&YP Act.

Any plans from the Scottish Government for young carers need to address their rights to seek employment or enter further education. There also needs to be recognition that young carers will possibly want to move to their own accommodation and as such this might reduce their availability to care for the cared for person.

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: This is current practice locally. There is an excellent level of involvement from carers in local governance and planning structures, particularly through JPPIGs with all key partners where there is individual carer representation.

Specifically, local social care and health partners have ensured that carers have been involved in developing the local 10 year joint commissioning plan for older people.

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: This is current practice locally. Carers specific organisations such as the local Carers Centre and other organisations working with carers are involved in local governance and planning structures.

This is true of the planning of services and support specific to carers but also for services which are less so such as through the community planning process.

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: This is current practice locally to ensure carer's views are considered and recorded as part of the assessment of the care for person, but also to ensure plans are in place should carers become unable to care.

A key aspect of the GIRFEC values and principles is to ensure that young people are supported and encouraged to give their views and are involved in the planning process.

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 is to be welcomed. Locally, support for young carers is considered as part of the Carers Joint Planning and Performance process where there is representation from relevant services and carers organisations. Recently a young carers working group has been established which will facilitate direct input from young carers to ensure they have the opportunity to be involved in the planning, shaping and delivery of services. The working group will work closely with the Young Carers Forum and Young Adult Carers Forum at the local Carers Centre.

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: There are no issues with this being included within legislation and is current practice locally.

At a local level, the Carers Joint Planning and Performance Implementation Group (JPPIG) which involves health and social care professionals, the local carers centre and carers representatives, has developed a strategy every three years with the most recent strategy being published in 2013. The outcomes in the local strategy have clear links to national outcomes and are informed by consultation with local carers. A work plan is in place which is driven forward by the local partnership to address and promote carers issues.

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: There are no issues with this being included within legislation however it is unclear why this requires to be legislated for. Locally the Carers JPPIG undertakes extensive consultation with carers through an annual carers survey as well as hearing feedback on services from other sources such as through the local Carers Forum. This consultation ensures that the service planning process is responsive to the needs of carers and there is clear evidence that funding has been invested where gaps or good practice has been identified.

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: One of the priorities in the Renfrewshire Carers Strategy is the identification and early identification of carers as it is recognised that this can be crucial in ensuring that carers are supported to continue in their caring role. The Carers JPPIG through CIS funding, has funded a number of projects and initiatives based within the Carers Centre to improve the identification of carers and we would hope that these will continue subject to funding.

It is important that carers are identified, not only so that they can be referred for a Carers Assessment, but also so that they can be supported in accessing medical care for themselves. Although GP & Local Authority registers may seem useful, the maintenance of these documents may lead to duplication, omission or confusion. Identification of a carer is already part of health and social assessment documentation.

Funded statutory and/or voluntary services specialising in Carers' Support would be able to take a more proactive role in identifying carers and would be able to use this information more effectively.

While identification of young carers by GP's is welcome it is important that this linked with the duty to share information where a wellbeing concern is identified by a GP in line with the Children & Young Persons Act.

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. Local board areas and individual practices should be regularly monitored to ensure equity of support across the country.

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

Yes

No

Comments: Although health boards should be aware of and report issues with core elements of GP contracts, it should be the role of a national regulatory body or government agency to ensure compliance. However, health boards could be asked to audit parts of the contract in relation to the interface with other NHS departments.

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: The local authority which undertakes an assessment of the cared-for person(s) should take the lead in terms of undertaking a carer's assessment if the unpaid carer also lives in the local authority area. This is the way resources are allocated at present and further work would be required to be undertaken to consider how any change to this practice would be achieved. Guidance and best practice examples on portability would be welcomed on this issue.

For young carers, where necessary, any relevant information should be shared with the child / young persons named person.

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: Yes, there should be further debate and consultation on these issues through CoSLA.