

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:

1. Carers have long argued for a shift from 'assessment' to 'support'. We therefore welcome the proposal to rename 'carer's assessment' to 'carer's support plan', providing it links outcome-focused assessment with a new duty on local authorities and NHS to provide support following assessment, with a NATIONAL framework/guidance of eligibility criteria. 'Language heralds intent' and carers will expect better returns from support planning than from assessment to date. VOCAL would not support purely cosmetic/semantic changes which raise expectations but fail to deliver basic rights for subsequent support across Scotland.
2. VOCAL advocates a new approach to carer support plans, one where local authorities commission local carer organisations and centres to undertake the support planning process. In a survey of 5,498 carers in Lothian in 2013, 58% of 714 carers (response rate 13.2%) expressed an overwhelming preference to be 'assessed' by a local carers centre or carer organisation, the NHS (25%) or someone from an organisation supporting the person receiving care (23%). Only 9% named local authorities as their preference. Future carer support planning must be seen in the context of 'prevention':
 1. The government should seek to support carers in such a way that people with support needs will not require expensive direct intervention, or only at a later stage of their illness.
 2. One of the most effective ways to achieve this is through support delivered by carer organisations - these organisations should therefore be tasked with developing support plans tailored to the individual circumstances of individual 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:

YES – this would be a logical step to move to a **prevention approach** which maximises carer support **before** their caring situation becomes substantial and regular, or untenable.

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:

YES – particularly to allow carers to obtain a carer support plan irrespective of the local authority's duty to a person potentially requiring care in cases where the carer lives in a different local authority from the person cared for.

For situations where carer and person receiving care live in the same local authority, we have no conclusive views on this question.

We are of the view that **in most cases** the criterion “whereby the cared-for person is a person for whom the local authority must or may provide community care services/children’s services” seems a fair criterion for a carer support plan. But we are unsure, if this could in some circumstances prevent a carer from receiving a carer support plan – e.g. where a cared-for person, for example with undiagnosed mental health, addiction or behaviour problems denies having any care needs.

This question would require more detailed consideration than we have been able to afford.

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:

YES – legislation and subsequent guidance should recognise the diverse routes of carer identification and self-identification and should thus support a variety of routes to reach carers and inform them of their right to a carer support plan.

Again, carer organisations should in future be commissioned to undertake carer support plans and **should thus also be able to offer carer support plans**

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

Yes

No

Comments:

Not necessarily, but ‘ability to provide care’ should be expanded to ‘**ability and willingness to provide care**’. Too many carers are currently being forced to take on intensive caring responsibilities which exceed their capacity and/or willingness to care. This brings high risks and consequences of physical and emotional ill-health or a reluctance which jeopardises family relationships and becomes counter-productive to national efforts to prevent the need for statutory care provision and hospital admissions.

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:

YES – there should be a duty on local authorities (and those commissioned to provide carer support plans) to inform carers of a reasonable timescale for a carer support plan.

This should be within a **fixed period** following diagnosis, with fast-track arrangements for people in sudden caring situations and in the context of hospital admissions.
There proposals should link to future hospital admission/discharge procedures

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

Comments:

This question should be worded as **portability of carer support plan**, not assessment. We assume that in a majority of cases, this support plan would have identified supports for the carer, some of which would have been put in place, but some might have been refused by the local authority or NHS.

This also raises the question, if agreed support should be portable, should refusals also be portable?

We strongly advocate a national framework of eligibility criteria to prevent vastly different practice in different parts of the country as at present. A national framework of eligibility should serve for portability, it would also define the right of carers to appeal and the right to request reviews of the support plan when circumstances change.

People with support needs and their carers should not be worse off when a change of jobs or family circumstances necessitate a move to a different local authority. A national eligibility framework should minimise situations where people feel it necessary to move to another authority because they are more likely to receive support and services there.

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:

The Scottish Government should work with all local authorities as COSLA no longer seems to represent all Councils and within a framework of national guidance.

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:

YES – with the proviso of primarily supporting and commissioning established third sector carer organisations to fulfil this role. New legislation must seek to avoid the unintended consequence of a local authority withdrawing third sector support to benefit in-house local authority provision.

Almost every study in the past 20 years has shown an overwhelming preference of carers to be supported by carer-led carer agencies in the third sector rather than directly by local authorities. Only through local carer networks can people access a wide range of early peer support – recognized as a vital factor for self-directed support – and the range of universal early support required.

Over the past 20 years, Scotland has established excellent local networks of local carer organisations. These networks should be further strengthened and commissioned to provide information and support.

Public service policy aims for local authorities to focus on good commissioning and reduce direct service provision – this should be reflected here too.

VOCAL supports legislation which introduces a **duty on local authorities to promote** these services to all citizens, but which also places a **duty on local authorities to commission** carer organisations to providing people with information and advice.

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, **BUT ...**

No

Comments:

£5m annual funding to support Carer Information Strategies has had a very significant impact on outcomes for carers, up and down the country. The NHS route of the funding has also ensured greater accountability and more reliable targeting of funds than is possible through local authorities. **This support must not be lost and should be increased as demand for carer support grows.**

Subject to reassurances, the most essential elements of previous NHS Carer Information Strategies should in future be incorporated into joint local Carer Strategies.

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:

VOCAL considers a duty to support carers and young carers (and a duty to provide short breaks – see below) as the most important aspects of these legislative proposals.

As social policy continues to shift the balance of care to care-at-home, and in the face of growing demographic trends, we are and will witness a massive shift to unpaid family care. VOCAL has evidenced this earlier this year by comparing and analysing the trends

from the 2001 and 2011 census information.

Demographic developments in our society call for a **new social contract between government / statutory agencies and unpaid carers** which recognises the growing economic and human contribution unpaid carers make in a set of rights and entitlements to support, not solely for those at the sharpest end of caring. Increasing demand for intensive unpaid care correlates negatively with the rights of carers to employment and education.

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

Yes

No

Comments:

NO – VOCAL does not support retaining discretionary powers **as an alternative** to a duty to support (see question 11).

We are, however, in favour of local authorities retaining discretionary powers **over and above the duty to support within a national eligibility framework**. The diversity of caring situations will inevitably mean that for many people supports with a national eligibility framework may not be sufficient to meet agreed outcomes. Local authorities should therefore retain additional discretionary powers to support people and their carers.

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

Yes

No

Comments:

YES – in the context of agreed national and local eligibility criteria.

For some 20 years, carers have consistently raised the need for short breaks as one of their top three priorities to support them in their caring role.

We would like this duty linked to a duty to provide short breaks bureaux or brokerage services in each local authority area, as traditional provision is inadequate to provide appropriate breaks for people in very diverse situations.

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:

YES – it is desirable to set out a national framework of minimum requirements through guidance to focus on best practice support in transition stages.

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:

YES – we believe a young carer support plan to aid the transition to adulthood is desirable.

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 – carer engagement and participation in all planning will make for better services which reflect and respond to the real life situations of carers.

But we would strongly recommend that carer engagement is achieved through carer representatives from carer organisations, and not – as many authorities now seek – through tokenistic recruitment of individual carers who have no reference body to support them.

Local authorities and NHS have accepted a framework of trade union involvement for representation of their paid workforce and should similarly develop carer engagement through the representative organisations of the unpaid carer workforce.

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:

YES – please read response to Question 16 above.

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:

YES – where there is a primary carer. But this should not undermine the principle of self-determination and self-directed support of people with support needs

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:

We advocate that each local authority should commission for stable third sector young carer services and include young carer involvement in the planning, shaping and delivery of services in these commissioning brief.

This way, young carers would be supported in their role, as is already the case in many local authorities and well developed through Scotland's Young Carers Alliance.

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:

YES – the development of good effective policy and services depends in large part on effective planning and the engagement of all partners, particularly those who most directly work with and represent carer need and interests.

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:

YES – VOCAL supports a duty on all local authorities & NHS boards to commission for a

range of universally available, free range of carer support which should include information, advice, training and education, person-centred support, advocacy, counselling and specific short-breaks planning and brokerage through Short Breaks Bureaux.

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:

To support 'prevention' of crisis, systematic early identification **AND REFERRAL** of carers is essential. Early systematic identification **AND REFERRAL** is best facilitated by the NHS at GP and hospital interface.

Carer Registers are currently not the dynamic system required to identify and refer carers, but VOCAL would only support the removal of registers if they are replaced by a more dynamic system of carer identification and referral.

VOCAL urges the government to consider

- o Replacing requirement on GPs and health centres for carer registers with a duty to identify and refer carers to receive carer assessment and support plan.
- o Paying GP practices and health centres £5 per carer referral to the local carers centre

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:

YES – of course

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

Yes

No

Comments:

We assume this must be a rhetorical question – are there any contractual arrangements in the public sector that should NOT be monitored for compliance

As regards the carer registers of GP's, the Scottish Government should make **provision for local carer organisations to monitor the number and quality of carer referrals**

from GP's to see how dynamically registers are being used

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:

VOCAL believes that carers should have a choice which local authority undertakes and provides the carer support plan. Where a carer requires personal support, e.g. counselling to manage the emotional impact of caring, they may wish this to be provided where they live.

If their primary support needs are improved provision for the person they care for, they may choose to have the carer support plan undertaken in the authority where the person receiving care lives.

Guidance can help to sort out grey areas, but the principle of carers' choice should be included in the final decision.

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

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

Yes

No

Comments:

Additional comments:

CARER IDENTIFICATION: Young Carers

Where for adult carers, GP practices and health centres remain the key for systematic early identification, for young carers it is school who are best place to identify young people with caring roles.

We believe, both sets of legislation – children and families bill and carer legislation - need a bridge.

We propose that new legislation should simply stipulate:

“Scottish Government Ministers have the power to require local authorities to ensure all primary and secondary schools develop Young Carer Identification Plans to inform young carers of their rights under new legislation.”

Subsequent guidance should ensure best practice in identification plans, with a focus on young carers caring for adults, sibling and kindred care, and with aggregation of the number of young carers identified at each school and in each local authority.

HOSPITAL DISCHARGE

VOCAL strongly advocates that hospital discharge should begin at the point of admission with the full and active involvement of carers. Where necessary, support must be provided to the carer to ensure that their views are taken into consideration.

Discharge planning must take account of the level of care that carers are willing and able to provide and should put in place additional support or replacement care where required.

We therefore propose a **Duty on NHS Boards to inform and involve carers in hospital admission and discharge procedures.**

CARERS AND EMPLOYMENT

VOCAL would like to see a stronger focus in legislation and subsequent guidance on measures to support carers and young carers continuing in education and employment: accessing employment for young carers and more legislation for flexible working to prevent carers being forced to reduce or give up paid employment – particularly women. (Equalities impact assessment?)