

## 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?

Perhaps

We feel that a carer's assessment is necessary before a Carer's (outcome based) Support Plan can be developed and that this the assessment will inform the CSP.

We also feel that within the context of the SDS legislation, assessments are critical to determining levels of needs and desired outcomes for the people who use services and as such this proposal is out of step with that direction of travel.

In Glasgow, our focus is on outcomes identified by the carer through our outcome focussed self assessment/referral form and subsequent screening assessment. Furthermore our focus is on interventions which support the carer to achieve the outcomes. Talking Points is well embedded within our carer assessment, care planning and review paperwork and ethos.

Furthermore the carer pathway that we have developed in Glasgow includes a performance report which counts the number of carer assessments offered, number declined, assessments completed and number of outcomes based support plans in place, numbers reviewed and numbers complete. Our pathway is a whole systems approach whereby the SW Carer Teams undertake the assessments and the voluntary sector carer centres are responsible for the development of outcomes based support plans. As such removing the terms 'carer assessment' would undermine our current agreed performance framework and not truly reflect the work undertaken by SW and voluntary sector in meeting the needs of carers.

Notwithstanding we respect the long standing view from some carers that the word 'assessment' can appear judgemental and perceived as an assessment about a carer's 'ability to care'. In Glasgow we offer carer assessments and our experience is that this has not been a barrier given that we have carried out 2,450 carer assessments in the last 18 months.

Within the context of personalisation for adult service users, carer assessments which highlight the impact of the caring role on the individual carer have been crucial in determining the final budget for the service user.

Irrespective of whether the name is changed under legislation – we will continue to 'assess' carers – this is critical in trying to understand the impact of the caring role and inform the service response. We understand that this proposal relates to law and not to practice.

Changing the name will not necessarily lead to an increase in carer assessment not lead to better outcomes for carers.

Question 2: Should we remove the substantial and regular test so that all carers will be eligible for the Carer's Support Plan?

**Perhaps**

It is naive to suggest that all carers should be eligible for a CSP, and also to assume that local authorities have the resource capacity to deliver on this. Local authority settlements over the next few years will severely reduce social care budgets and this will have an impact of not only the delivery of social work services but is likely to impact of the voluntary sector too.

Also this assumes that all carers need to have some form of statutory intervention when we know that many families have the capacity to support family members with long terms conditions and disabilities out with the formal social care system.

There needs to be a response to supporting carers where 'all roads don't lead to social work'.

There is a huge challenge for universal services and the community and voluntary sector in building more caring communities. This is at the heart of the Christie report and the principles of this are not reflected within this proposed legislation.

People become carers as a result of the onset of a long term condition/diagnosis or at the birth of child with disabilities. As such carer identification should be embedded within primary and acute health care with appropriate signposting to carer and condition specific organisations. Identifying carers at point of diagnosis should allow for providing the right level of support, information and advice at that time and as such no need for directing all carers along a formal pathway of assessment / carer support plan as the default position.

In Glasgow all carers are eligible for an assessment via the self assessment process and as per our model this will result in an outcomes based carer support plan *or* a short term targeted intervention including information and advice.

The next stage in this process is a screening assessment and/or full assessment based on the level of need. This 2<sup>nd</sup> stage determines the carers 'priority' in accordance with the impact of the caring role and *not* whether we believe the carer to be regular and substantial. Our priority systems is P1, P2 and P3 with P1 being highest indicator of need/impact.

P1s and P2s are supported by Social Work Carer Teams where staff work to alleviate the caring role in a range of ways but most often by getting increased support and services for the cared for. The focus of these interventions is to (where possible) reduce the impact of the caring role so that the carer's priority rating reduces to P3.

Carers prioritised as P3 are automatically referred to carer centres for access to the range of core services provided recorded via an outcomes based support plan. The services provided by these centres are anticipatory and seek to prevent the impact of caring escalating the carer to a higher priority.

This partnership / whole systems approach was developed as a result of a lengthy carer service modernisation programme and was only possible to deliver due to additional funding from CIS and Change Fund. The risk to this model is the potential removal of CIS and Change Fund investment from April 2015

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

Our view was that this was removed under the auspices of the 2002 Community Care Health Act and we have been offering all carers assessment in their own right.

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

Glasgow already has both routes.

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

Perhaps

We understand why this may be perceived by some carers as a negative connotation although this was never the intention of the legislation. Glasgow's

approach is a focus of 'impact of the caring role' and this may include ability and/or inability to continue to provide care.

It is about how we frame questions and about not making assumptions. It is important to capture information around the continuation of the caring role e.g. 'do you wish to continue to care...' and if so what supports and services will lead to good outcomes for the carer and the cared for.

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?

**Perhaps**

This is basic good practice that is reflected within current practice in Glasgow. We inform the carer that we respond within a 28 working day period. This is not say that everyone will wait 28 days – we screen applications daily and those regarded a high priority will be contacted immediately with other waiting no less than the 28 days.

The whole systems approach developed in Glasgow has allowed us to respond within this defined period. This may not always be the case in Glasgow as at least 50% of our current carer resources are supported via short term funding e.g. Change Fund, Carer Information Strategy.

If this becomes a duty then the government will need to consider the availability of additional resources to enable local authorities to undertake this additional work.

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

This is a difficult question to respond to due to the number of variations within services & budgets across local authority areas. There needs to be an understanding that a carer's assessment is based on a specific point in time and that needs can change or fluctuate quickly.

There are also some key issues around one local authority making decisions on the resources of another and therefore may not be acceptable. This may have implications for ordinary residence.

Question 8: Should the Scottish Government and COSLA with relevant interests work together to take forward improvements to the portability of assessment?

Yes

No

N/A as per 7 above.

## 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?

No

If we are to shift to an anticipatory approach then we need to embed carer identification within the long term conditions agenda, and as such it makes sense that increasing numbers of health professionals in acute and primary care should take responsibility for identifying carers and providing them with relevant information/signposting. This would include GPs and should be the same for young carer and adult carers.

Moreover, in respect of young carers, then education services within the context of the Children & Young People's Bill, should have a key role in identifying young carers and providing information and advice around available supports.

There are obviously training issues for all these staff groups to ensure that they are carer / young carer aware.

As such local authorities should not be required to be the key source of information provision for carers. Additionally it takes the view that it is the solely the responsibility of local authorities to provide information and misses the opportunity to highlight the potential role of wider services to undertake this task. E.g. universal services including NHS and wider information and advice networks.

Currently all local authorities are required to produce Carer Strategies and this should reflect how carer can access services and supports but can't be on the only source of information.

Whist in Glasgow, the Carer Partnership has as a *minimum* a universal offer of information and advice for all carers through the Carers Information Line supported financially through CIS funding, our main focus is to encourage primary and acute health staff to promote the information line, the carers information booklet and self assessment thus

We also recognise that providing information is not always sufficient in itself and our services assist carers to navigate the system and this is normally a core service provided by carer services / centres and requires core funding.

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?

Perhaps

In the world of health and social care integration it may be unhelpful to continue with single agency Carer Information Strategies as supports to unpaid carers require a more joined up strategic response.

In Glasgow at least 25% of funding for carer centres comes from CIS and this is likely to be the same for other local authorities across Scotland. This funding ceases early in 2016 and there has been as yet no information as to other funding to replace CIS which is a big concern.

Carer Strategies should be prepared by both health and social work in partnership with the voluntary sector and carers and these should include a clear financial framework.

### **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?

No

This contradicts the universal offer of assessment / carers support plan. This also contradicts the removal of 'regular and substantial' as it could be assumed that this acted as an eligibility framework in that hours of caring and caring for more than one person deemed the carer to be more eligible than those carers with a lesser caring role.

Also please see 2 above.

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

see above 11

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

No

There are huge resources implications on local authorities if there was a duty to provide short breaks to carers especially if this 'duty' would give an entitlement. Also there really needs to be clarification of 'short breaks' and what the criteria would be. Additionally, such a duty assumes a resource led approach to support when the focus should increasingly be about outcomes.

The focus of carer assessments / outcome based support planning needs to be on outcomes and short breaks are often not the route for carers want. This is not to say that short breaks don't lead to good outcomes for many carers and for those that they care for.

It is worth highlighting that personal budgets available to service users will include an element of funding to meet respite needs. Consideration therefore needs to be given to whether short breaks/respite for carers are 'assessed' through service user assessment processes or through the carer assessment or indeed through a family assessment.

It is worth noting that carer services in Glasgow have a limited resource to provide short breaks for carers. These are normally time limited and are provided to deal with emergency and crisis situations and to allow carers to attend personal appointments, training and/or support groups. Change Fund budgets allow us to provide intensive short breaks to support older people to remain at home and/or support hospital discharge.

One of our core services is income maximisation and we routinely assist carers with applications for attendance allowance and encourage carers and the people they care for to use this to purchase regular short breaks when it is awarded.

As such a duty is not required for short breaks specifically through the carers assessment/CSP but rather short breaks/ respite needs to be considered within a far wider landscape of achieving good outcomes. If this becomes a duty then there will need to be additional resources to deliver.

## 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).

No

This proposal undermines the professional / good practice / common sense approach of social work carer services and carer centre which currently exists and could be viewed as micro-managing

Local authorities and partners should have responsibility for their own guidance to reflect local practice in line with current legislation.

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.

Perhaps

See 14 above

### **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

This is good practice and carers should be involved at an individual level through the assessment process through to involvement in the planning and delivery of services via formal structures.

The information gathered through the cared for / carer assessment process and through outcomes based support planning should be aggregated and fed into the planning process both for carer services and social care services.

Any carer involvement in the planning, shaping and delivery of services requires that these carers should represent a wider group of carers to allow a representative and collective input and not the views of one or two individuals who self identify as carer reps.

In Glasgow we have established a city wide Carers Reference Group which is representative of the 3 local area forums which represent a wider group of carers. Reps from the CRG sit on arrange of committees and forums with responsibility for service planning & development.

Consideration also need to be given as to how carer representatives capacity with be build in order that they can play a meaningful role in professional structures dealing with often complex issues which staff have been steeped in for years. In Glasgow have targeted community developed resources to support a learning and development programme with the Carers Reference Group.

There also needs to be some framework to assess the impact of carer involvement as there is a danger that this could be a tokenistic gesture.

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

No as this could potentially be a conflict of interest if these organisations are also campaigning organisations.

As per Q16 above the emphasis should be building capacity of carers to participate.

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

Perhaps

No

The disability movement may disagree with this proposed principle in that it can undermine the disabled person's independence.

Good assessment and care management practice considers both the needs of the service user and the carer /young carer (subject to consent) taking a more family based approach and these should be fed into 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?

The response to this includes the same principles highlighted at 16 above e.g. young carer assessment information must be aggregated and inform service planning and caution should be taken with regards young carers participating in health and social care planning structures. This is not to say that planning structures should not engage collectively with young carers, but in ways which suit the needs of young people.

## 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

Perhaps

This is currently good practice in Glasgow and other local authorities.

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

Perhaps

No

The Carers Strategy should be a partnership document not just between local authorities and health but should also involve a range of other stakeholders including carers/young carers. The strategy should have a clear financial framework and set out the range of services available.

### 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

Legislative provision for carer registers by GPs or local authorities will serve no real purpose as seeing the task of identification in terms of a register gets in the way of the key task of GPs and other staff knowing what supports are available and signposting them to these.

Identification of carers needs to be routinely embedded within the day to day practice of a range of professionals working with social work, primary and acute care.

CIS spend in Glasgow has focussed on raising awareness carers among primary and acute care ensuring that these professionals are identifying carers and signposting to supports via our carers pathway/carers information line.

This investment has also been used to support staff training to identify, know what's supports are available and being able to signpost effectively

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

as above Q22

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

Yes

No

If carer identification is part of a GP contract then it goes without saying that this should be monitored.

### **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)?

This should not be prescriptive but rather it would need to be person centred depending on the individual circumstances and needs of the carer and the service user and would require agreement by both local authorities. It would also require a degree of common sense. E.g. if the carer lives in Glasgow and cared for in Ayr then you would expect the carer to have to go to Ayr to attend a support group.

Finances may be a factor depending on the resources required to meet the needs.

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

This is a difficult question to answer given the potential cost and availability of budgets.

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

No

If these proposals are legislated for it will crucial that local authorities and their partners in health and voluntary sector have the responsibility to produce their own guidance.

### **Additional comments – Young Carers**

Our response outlined above has a greater focus on adult carers and as such we have added this paragraph about young carers.

The Children and Young People's Bill presents a radical change in children's services and young carers are recognised as part of this agenda.

In terms of identifying young carers, this is a multi agency role – whether through schools, health and social work. All agencies need to have an awareness of what is available to support young carers and these supports should be reflected in the Child's Plan where appropriate.

Early identification is crucial and the Child's Plan will be an important tool in identifying the needs and risks of these children and young people.

The consultation document suggests that all young carers are likely to have a Child's Plan and as such schools need to be 'young carer aware'. This needs to be reflected in training and development of education staff around the C&YP Bill. Also staff need to be aware of the available supports and referral routes into services.

GIRFEC outcomes are key to this agenda and as such these outcomes will be reflected in outcome based support planning with young carers.

Increased identification of young carers will require additional resources from the Scottish Government.

It is also important to note that support to young carers should be first and foremost to alleviate the caring role as much as is possible and work to support young carers to allow them to have a life measurable through interventions to support the 8 SHANARRI well-being indicators.

### **Additional Comments Adult Carers**

What you are trying to achieve via this legislation is fundamentally similar to the whole systems model in operation in Glasgow and as such we support the proposed direction of travel.

We have achieved this through a cultural shift whereby health, social work and voluntary sector work together in an integrated way, combining resources, reducing duplication and delivering better outcomes for increasing numbers of carers in the city.

This cultural shift also involves a world whereby increasing numbers of primary and acute health staff are routinely identifying carers at points of diagnosis / onset of condition and signposting them via our carers pathway to the Glasgow Carers Partnership.

We are able to do this within existing legislation, strategies and policies.

The development of this model has only been possible through short term funding from CF and CIS and unless we are resourced beyond 14/15 current model will not be possible to deliver.

If we are to continue with the whole systems approach then a secure funding place is vital.