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Analysis of Consultation Responses

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CARERS LEGISLATION
ANALYSIS OF CONSULTATION RESPONSES

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EXECUTIVE SUMMARY

BACKGROUND

- 1.1 In October 2013, Alex Salmond MSP, the then First Minister of Scotland announced that the Scottish Government would bring forward specific legislation to promote, defend and extend the rights of carers and young carers. The aim is to further support unpaid adult carers and young carers who care for family members, friends or neighbours.
- 1.2 Between 22 January 2014 and 16 April 2014, the Scottish Government conducted a consultation on proposals to improve outcomes for carers and young carers. The consultation contained 27 questions relating to new carers' legislation.

MAIN FINDINGS

- 1.3 In total, 1,587 responses (1,422 of which were generated by surveys distributed by two stakeholder organisations) were submitted to the Scottish Government. The remainder (165) were standard written responses to the consultation paper; 32 from individuals and 133 from organisations. Full copies of the standard written responses can be found at <http://www.gov.scot/Publications/2014/05/8784/0>¹.
- 1.4 Of the 1,422 responding to stakeholder surveys, 513 respondents submitted their response using a template produced and distributed by the Coalition of Carers in Scotland (COCIS). The remainder (909 responses) were based on a questionnaire distributed by the Scottish Youth Parliament. The Scottish Government also ran a series of 16 consultation events across the country.
- 1.5 Similar themes emerged from the consultation responses and in the consultation events. The main themes to emerge from consultation responses are discussed in the following paragraphs.

The Carer's Assessment: Carer's Support Plan

- 1.6 A large majority of those who addressed the question of whether the name should change from Carer's Assessment to Carer's Support Plan supported the change of name. The main reasons given for this support were that the current name can act as a barrier to take-up as it has negative connotations and can discourage carers, as it can appear judgemental (Question 1).
- 1.7 Most respondents agreed with the removal of the substantial and regular test and welcomed the fact that this would increase eligibility for an assessment (Question 2).
- 1.8 Most agreed with the removal of the 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. Reasons for support included that current requirements can act as a barrier to accessing

¹ Please note that only those responses where written consent was given appear online.

support and the need for a Carer's Support Plan for every carer (Question 3).

- 1.9 Almost all respondents who replied supported the introduction of two routes through to the Carer's Support Plan. A main theme to emerge was that this proposal should improve access to support (Question 4).
- 1.10 Most respondents agreed with the removal from statute of the wording about the carer's ability to provide care. Many said this has negative connotations and acts as another barrier to carers accessing support. There was also widespread support for a move to an outcomes-based approach (Question 5).
- 1.11 Most respondents agreed with 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. Some commented on informing the carer of the length of time being an administrative and bureaucratic process (Question 6).
- 1.12 Many respondents felt that portability of assessment is a significant issue for service users and carers. A variety of reasons were given and these included that carers should not have to go through a reassessment, issues with differences across local authority areas and the need for consistency and standardisation (Question 7).
- 1.13 Almost all of those who replied agreed that the Scottish Government and COSLA with relevant interests work together to take forward improvements to the portability of assessment, some for the reasons given in the paragraph above (Question 8).

Information and Advice

- 1.14 A majority of respondents supported the proposal to introduce a duty for local authorities to establish and maintain a service for providing people in its area with information and advice relating to the Carer's Support Plan, support for carers and the Carers Rights Charter. A majority of those opposed to this proposal were local authorities (Question 9).
- 1.15 More respondents agreed than disagreed with the proposal to 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. However, opinions were mixed and some respondents found this question hard to understand and difficult to answer (Question 10).

Support to Carers (other than information and advice)

- 1.16 A majority of respondents supported the proposal to introduce a duty to support carers and young carers, linked to an eligibility framework. Greatest levels of support came from carer/ user support organisations and individuals. Respondents felt that a key advantage is that this might create a consistent approach across Scotland, improving access to services. The views of local authorities were split, with equal numbers in favour and against. Some local

authorities wanted to set their own eligibility criteria (Question 11).

1.17 There was majority support that the existing discretionary power to support carers and young carers should not be retained. This was the view primarily from carer/ user support organisations and individuals. Support for retaining the existing discretionary power came primarily from local authorities and CHCPs (Question 12).

1.18 There was majority support for the introduction of a duty to provide short breaks. Greatest levels of support came from carer/ user support organisations and individuals. Least support came from local authorities, health organisations and CHCPs (Question 13).

Stages and Transitions

1.19 A majority of respondents supported the proposal to issue statutory guidance on the Carer's Support Plan (CSP) which will include guidance for those undertaking the Carer's Support Plan on managing stages of caring. Disagreement with this proposal came primarily from local authorities and CHCPs (Question 14).

1.20 A large majority of respondents were supportive of new carers' legislation providing for young carers to have a CSP if they seem likely to become an adult carer. The key advantages of this approach are that it would help to ease the difficulties of transition and mean a more integrated approach with all agencies working together, as well as preventing potentially long delays in young carers becoming adult carers being able to access the necessary support services (Question 15).

Carer Involvement

1.21 All respondents answering this question agreed that there should 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, with a number of respondents commenting that carers are in the best position to know what services are required (Question 16).

1.22 Many respondents noted the importance of involving carer organisations in the planning, shaping and delivery of services and support falling outwith the scope of integration (Question 17).

1.23 Almost all respondents supported the establishment of 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 (Question 18).

1.24 There was support for making provision for young carer involvement in the planning, shaping and delivery of services for cared-for people and support for young carers. There was also recognition that the needs of young carers will differ significantly from those of adult carers (Question 19).

Planning and Delivery

1.25 Almost all respondents answering this question agreed with the proposal to 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. Opposition to this came primarily from local authorities, health organisations and CHCPs (Question 20).

Range of services

1.26 A majority of respondents were supportive of the introduction of statutory provision to the effect that local authorities with Health Boards must take steps to ensure, in so far as is reasonably practical, that a sufficient range of services is available for meeting the needs for support to carers and young carers in the area. Opposition came primarily from local authorities and CHCPs (Question 21).

Identification

1.27 There was majority support amongst carers organisations and individuals for legislative provision for GPs or local authorities to maintain a Carers' Register in order to support the identification of carers. However, a number of respondents perceived the wording of this question to be confusing and the results of this question should be treated with a degree of caution (Question 22).

1.28 Almost all respondents were supportive of the Scottish Government ensuring that good practice is widely spread amongst Health Boards about the proactive use of Registers of Carers within GP practices. A key advantage is that this would promote equity and consistency across Scotland and offer a joined up approach towards the provision of services to carers (Question 23).

1.29 Almost all those responding to this question were supportive of the Scottish Government asking Health Boards to monitor compliance with the core contractual elements of the GP contract (Question 24).

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

1.30 Views 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 were polarised. Broadly equal numbers of respondents supported the lead authority being the authority where the carer lives or the authority where the cared-for person lives. A higher number of local authorities were supportive of the latter (where the cared-for person lives) (Question 25).

1.31 Again, views were split as to which local authority should cover the costs of support to the carer. As with the previous question, there were also some requests for collaboration between local authorities and for costs to be shared (Question 26).

1.32 Almost all respondents answering this question supported the Scottish

Government and COSLA producing guidance for local authorities, although there were some comments that any guidance produced needs to be for all local authorities (Question 27).

Responses submitted on Coalition of Carers in Scotland template

1.33 The majority of these respondents said that they support the Carers Bill and wanted to see the following:

- A duty on local authorities to support carers according to an eligibility framework and a discretionary power to support carers who do not meet eligibility.
- A duty on local authorities to provide and promote short breaks.
- A duty on local authorities to offer all carers, including young carers who are about to turn 18, a carers support plan
- A duty on local authorities to establish and maintain a service for providing carers with information and advice on their rights, support, and access to a carers support plan.
- A duty on health agencies to inform and involve carers in hospital admission and discharge procedures.
- The inclusion of emergency planning in carers support plans.
- A named person in each health practice, responsible for managing a GP carer register, identifying carers, supporting them and signposting them to other services.

The Scottish Government did not consult on the last three bullet points. These were included by the Coalition of Carers in Scotland (COCIS) in their template.

Scottish Youth Parliament responses

1.34 Responses from the Care Fair Share questionnaire distributed by the Scottish Youth Parliament to young people aged under 25 years generated 909 responses. Just over one in five (22%) of those who responded to this questionnaire said they have caring responsibilities at present.

1.35 The majority of respondents supported the following proposals, most of which the Scottish Government did not consult on:

- Involving young carers in the planning, shaping, and delivery of services both for cared-for people and young carers.
- More flexibility for young carers in how they spend direct payments for support they receive from local authorities, rather than receiving a care package.
- All local authorities to have:
 - a duty to support young carers, allowing them to participate in leisure and recreational activities without financial burden.
 - a duty to hold information centrally about young carers and younger adult carers in schools, colleges, and universities.
- All local authorities should be required
 - to keep information about young adult carers aged 18-25 specifically, separate from information about all adult carers over 18.

- to meet minimum national expectations about providing services and support for young carers.
- Carers legislation should specifically mention the needs of young adult carers as they move into adulthood in order to highlight the different challenges they face at this point in their lives, including the possibility for increased financial strain.
- All young carers moving into adulthood should be automatically offered a new support plan by their local authority to consider their changing needs.

SUMMARY

1.36 There was a good response to this consultation, with many respondents welcoming the opportunity to provide their comments on the proposals outlined. Across the consultation as a whole there was support for specific legislation that will support carers and their rights, with many respondents commenting on the adverse impact that caring for another can have and the need for support to be available to all carers to help them in their caring role.

1.37 In general, respondents were supportive of the proposals outlined in the consultation paper.

2 INTRODUCTION

BACKGROUND

- 2.1 Figures from the 2013 Scottish Health Survey suggest that 16% of adults aged 16 or over in Scotland provide some form of regular unpaid care. Carers play a crucial role in providing support to others but until relatively recently there has been little acknowledgement of the adverse impact that caring can have on an individual and little or no support provided to carers.
- 2.2 In October 2013, Alex Salmond, the then First Minister of Scotland announced that the Scottish Government would bring forward specific legislation to promote, defend and extend the rights of carers and young carers. These plans acknowledge the needs of unpaid adult carers and young carers who care for a family member, friend or neighbour.
- 2.3 Between 22 January 2014 and 16 April 2014, the Scottish Government conducted a consultation on proposals to improve outcomes for carers and young carers. The consultation contained 27 questions relating to new carers' legislation. A list of the questions is included in Appendix 1.

OVERVIEW OF RESPONSES

Consultation responses

- 2.4 In total, 1,587 responses were received; table 2.1 below shows that:
- There were 165 standard responses to the consultation paper; 32 from individuals and 133 from organisations.
 - Responses from several of the carer/ user support organisations included or were based on findings from their own consultations with members.
 - 513 respondents submitted their response using a template distributed by the Coalition of Carers and local carers centres.
 - There were also 909 responses based on a questionnaire distributed by the Scottish Youth Parliament.
 - In addition, 16 consultation events took place across the country; these are listed in Annex 1.

Table 2.1 Total responses

Respondent group	Number
Standard consultation responses	165
Responses using the Coalition of Carers template	513
Responses using the Scottish Youth Parliament questionnaire	909
Total	1,587

- 2.5 As part of the analysis process, standard consultation responses were assigned to groups. This enabled analysis of whether differences, or commonalities, appeared across the various different types of organisations and/ or individuals that responded.
- 2.6 The following table shows the number of respondents in each group. Tables presented in following chapters are based on the numbers given here.

Table 2.2 Standard consultation responses

Respondent group	Number
Individuals	32
Carer/ User support	81
Local authority	24
Health	13
Community Health and Care Partnerships (CHCP)*	6
Public body	3
Professional body	3
Representative body	3
(Total Organisations)	(133)
Total	165

*referred to as CHCP throughout the report

- 2.7 A list of all those organisations who submitted a standard consultation response, along with their assigned group, is included in Appendix 2.

ANALYSIS AND REPORTING

The consultation questions

- 2.8 Some questions contained yes/ no options to allow respondents to indicate whether or not they agreed with a particular point. Results from these tick-box questions are presented in table format at each relevant question. Where respondents provided a comment but did not explicitly state one of the tick-box answers, these responses are recorded in the tables in a column headed 'other'.

Analysis of open consultation questions

- 2.9 Responses to open questions were examined and main themes were identified. Sub-themes were also identified, these included reasons for opinions, specific examples or explanations, alternative suggestions or other related comments.
- 2.10 The main themes were analysed by respondent groups to ascertain whether any particular theme was specific to one group, or whether it was common across some or all groups. When looking at group differences however, it must be borne in mind that where an opinion has been identified in relation to a particular group or groups, this does not indicate that other groups do not share this opinion, but rather that they have simply not commented on that particular point.

Analysis of alternative submissions

- 2.11 The results from the Coalition of Carers' template and Scottish Youth Parliament questionnaire are presented in Annex 2.
- 2.12 The consultation responses raised a number of issues, many of which were reiterated in a number of questions throughout the consultation. Many of these issues were also raised at consultation workshops. A summary of key points solely from the workshops is included in Annex 1.

Other points

- 2.13 The consultation gave everyone who wished to respond and comment the opportunity to do so. As such, we cannot make assumptions about the viewpoint of any organisation or individual who chose not to respond.
- 2.14 The following chapters document the substance of the analysis and presents the main views expressed in responses. These chapters follow the ordering of the sections in the consultation.
- 2.15 Appropriate verbatim comments, from those who gave permission for their responses to be made public, are used throughout the report to illustrate themes or to provide extra detail for some specific points.

3 THE CARER'S ASSESSMENT: CARER'S SUPPORT PLAN

In summary,

The Carer's Assessment: Carer's Support Plan

- There was majority support for all proposals in this section of the consultation.
- A large majority supported a name change from Carer's Assessment to Carer's Support Plan. The main reasons for this were that the current name acts as a barrier to take-up as it has negative connotations and can discourage carers, as it can appear judgemental.
- Most respondents agreed with the removal of the substantial and regular test and welcomed the fact that this would allow everyone access to an assessment.
- Most respondents agreed with the removal of the 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. Reasons given included that the current requirements can act as a barrier to accessing support and the need for a Carer's Support Plan for every carer.
- Almost all respondents who replied supported the introduction of two routes through to the Carer's Support Plan. Once again, a main theme to emerge was that this proposal will enable all carers to access support.
- Most respondents agreed with the removal from statute of the wording about the carer's ability to provide care. Many said this has negative connotations and acts as another barrier to carers accessing support. There was also widespread support for a move to an outcomes-based approach.
- Most respondents agreed with 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. Some respondents, however, commented on the need to set a timescale or a maximum waiting time.
- Some respondents commented on informing the carer of the length of time being an administrative and bureaucratic process.
- Many respondents felt that portability of assessment is a significant issue for service users and carers. Reasons included that carers should not have to go through a reassessment, issues with differences across local authority areas and the need for consistency and standardisation.
- Almost all of those who replied agreed that the Scottish Government and COSLA with relevant interests work together to take forward improvements to the portability of assessment, some for the reasons given in the paragraph above.

- 3.1 Under the existing law, carers who provide a substantial amount of care on a regular basis are entitled to a carer's assessment to look at their support needs. Over the years, different local authorities have adopted different approaches to this assessment. In addition, there are other assessments also being used to assess the support needs of carers and young carers.

CARER'S ASSESSMENT

- 3.2 The Scottish Government has proposed that the name 'carer's assessment' is changed to Carer's Support Plan.

Question 1: Should we change the name of the carer’s assessment to the Carer’s Support Plan?

Table 3.1: Question 1

Respondent group	Yes	No	Other	Nil response
Individuals (32)	23	3	1	5
Carer/ User support (81)	72	-	3	6
Local authority (24)	15	6	3	-
Health (13)	9	-	1	3
CHCP (6)	2	2	2	-
Public body (3)	2	-	-	1
Professional body (3)	1	-	-	2
Representative body (3)	1	1	1	-
TOTAL (165)	125	12	11	17

3.3 As can be seen in the table above, almost all of those who replied said yes (125), twelve, half of which were from the local authority group, said no and eleven gave other answers. One hundred and twenty-five respondents commented further on this question and the main themes to emerge from these responses are outlined below.

Supportive of changing the name

3.4 Most of the 125 respondents who said ‘yes’ provided further comment on the effect of terminology. In practice the term ‘carer’s assessment’ can be interpreted by the carer as a judgement on their ability to care and is believed to play a part in poor take up. The phrase ‘carer’s support plan’ was thought to indicate that the purpose is to support the carer in their role. The Carer’s Support Plan is already used in some areas. The need for a clear explanation of the purpose of the assessment and plan was also highlighted as important.

3.5 Several respondents commented that the name is less important than action and budgets to address support needs for carers. It was pointed out that support plan may lead to a presumption of support following the assessment that may not always be the case.

3.6 A small number commented on support for young carers. This included the importance of a plan for young carers. There were differences on what may be the most appropriate system: a young carers representative organisation stated that a Carer’s Support Plan (CSP) and/ or Child’s Plan should be offered; whilst a local authority voiced concern over introduction of another mechanism for planning for young carers.

3.7 There was also a comment on the need to ensure the assessment process is fit for purpose in relation to minority ethnic communities.

Against changing the name to Carer’s Support Plan

3.8 All 12 respondents who said ‘no’ also commented, with most saying that the name Carer’s Assessment is sometimes perceived in a negative way but giving various reason for not supporting a change of name at all, or a change to Carer’s Support Plan specifically.

3.9 One CHCP respondent felt the name Carer’s Support Plan could lead to confusion between the initial assessment stage and any subsequent support plan and several other respondents echoed this view. There were also concerns, especially from some local authority respondents, that the name Carer’s Support Plan predetermines the outcome when, in fact, some assessments may not lead to a support plan.

3.10 Other views included the need for outcome-focused engagement with carers rather than a name change.

SUBSTANTIAL AND REGULAR TEST

3.11 At present, some local authorities undertake an assessment to decide if carers care on a regular and substantial basis, and some local authorities do not. In addition to changing the name, it is also proposed that all carers will be eligible for the Carer’s Support Plan.

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

Table 3.2: Question 2

Respondent group	Yes	No	Other	Nil response
Individuals (32)	24	3	1	4
Carer/ User support (81)	73	-	1	7
Local authority (24)	13	6	5	-
Health (13)	9	-	1	3
CHCP (6)	4	1	1	-
Public body (3)	2	-		1
Professional body (3)	1	-		2
Representative body (3)	1	2	-	-
TOTAL (165)	127	12	9	17

3.12 The table above shows that 127 said yes. Twelve said no; half of these respondents came from the local authority group. Nine respondents did not specify and instead made other comments. There were further comments from 121 respondents. The main themes to emerge from these respondents are outlined below.

Agreement with the removal of the substantial and regular test

3.13 One hundred and one respondents who agreed with the removal of the substantial and regular test so that all carers will be eligible for the Carer’s Support Plan commented further.

3.14 Some examples of typical responses from the carer/user group include:

- “All carers should have access to receiving a support plan, regardless of the hours they do.”
- “Removing the substantial and regular test would better account for the impact that illness and disability can have on people’s lives, and enable more people who would benefit from carers support to access it.”

- “The inconsistency of what each local authority deems ‘regular’ and ‘substantial’ care has led to a ‘postcode lottery’ of support to carers with some not receiving any support as a result.”
 - “It would help ensure the needs of carers who would not have met this test are supported.”
- 3.15 Many respondents, across groups, who agreed with the removal of the test welcomed the fact that this would allow assessments for everyone, including those who need only low level or intermittent support.
- 3.16 Many respondents from the carer/ user group who welcomed the change said this would ensure assessments are carried out at an early point rather than when a crisis has been reached. Several other respondents from various groups were keen to see preventative rather than responsive support.
- 3.17 The substantial and regular test was described by many respondents as an artificial barrier which has for many years prevented some carers from accessing services. Carer/ user organisations in particular commented that under the current test, many carers are “invisible” with some struggling to cope with changing demands due to the condition of the cared-for person, or are juggling work and care with no support.
- 3.18 There were also comments that there is no standard definition for ‘substantial and regular’ and it is therefore confusing for carers and for staff.
- 3.19 There were calls, from carer/ user respondents, for eligibility for a Carer’s Support Plan to be clear and standardised across all areas, including standard response times. A small number mentioned that, at present, it appears that some local authorities are unsure which carers should be assessed.
- 3.20 Several commented on inconsistencies across local authority areas. A local authority commented: “As there is no clear definition of what constitutes substantial and regular it currently leads to significant interpretation and varying levels of application across Scotland”. Some of these respondents felt that removing the test could help address this but only if accompanied by national guidance: “We are aware of the inconsistency of support across local authority areas at present and there is a risk that removal of the substantial and regular test could further exacerbate this problem without national guidance on an alternative” (public body).
- 3.21 A carer/ user respondent expressed concern that the change may leave the system open to abuse and said, for this reason, it is important that there is a clear and consistent definition of carer.
- 3.22 There were, however, concerns across respondent groups over the cost and resource issues that would result from making all carers eligible for the Carer’s Support Plan for both local authorities and third sector organisations. A public body said: “removal of the test may present a significant challenge for authorities in delivering higher volumes of support to greater numbers of carers at a time of financial constraint.” Implications for the workforce were also of concern, with one local authority respondent commenting: “We believe, however, this will result in an increased uptake of carers’ assessments and in

service demands that flow from these. It is essential that additional funding and a range of resources are in place to address this". There were comments on the need to work closely and effectively with the third sector and the role voluntary organisations can play in assisting with support planning.

- 3.23 There was also concern from some in the carer/ user group that, while there is a right to an assessment, there is no corresponding right to support and the resources needed to provide this support.
- 3.24 A small number of carer/ user respondents said that support can only be provided if the cared-for person accepts it; this can mean some carers who need support are not receiving it. These respondents wanted to see the rights of carers taken into account in these situations and mediation used to support these rights.
- 3.25 Some respondents reported that the test is already taken into account in their area and gave details of the processes that are followed.
- 3.26 There were many comments on the need to take particular account of the specific needs of a variety of different groups including: young carers, those affected by poverty, carers of those with fluctuating conditions, mental health carers and carers within equality groups.
- 3.27 While some respondents said that young carers should be included, there was some concern that a Child's Plan "may not be sufficiently focused and specialised with regards to the needs of young carers". Some respondents representing young people reported that their own consultations had found that most young people "would prefer to have a Carer's Support Plan, or a Young Carer's Support Plan, in place of the current proposals". There was also a concern, from other respondents in this group, that assessments for young carers are conducted by the voluntary sector. This was seen by one carer/ user organisation as "a missed opportunity to ensure that young carers have their caring needs assessed and are able to have the support they need to allow them to be children and young people first".

Disagreement with the removal of the substantial and regular test

- 3.28 Eleven of the respondents who disagreed with the removal of the substantial and regular test commented further.
- 3.29 A small number of local authorities, individuals and representative bodies voiced concern about the impact the removal of the test would have on limited resources. There was a comment on the need to make clear that the proposal to offer assessment to all should not be seen as a general entitlement to support. These respondents were concerned that this step could lead to those in most need of support not receiving it, or not receiving it quickly enough, as resources are targeted at a much larger group of carers.
- 3.30 Some were also concerned about a lack of clarity over some proposals, a lack of definitions and guidance and what were seen as contradictory proposals. For example: "There is a further query that this approach would be in contradiction of national eligibility criteria for service users and legislation for other groups who are in need".

3.31 The need for a set definition of carer was again raised and a local authority said that “emphasis has to remain on the needs of the cared-for person and the impact of caring for that particular person not just the personal situation of someone who regards themselves as a carer”.

COMMUNITY CARE/ CHILDREN’S SERVICES

3.32 The existing carer assessment is only available if the cared-for person is a person for whom the local authority must or may provide community care services/ children's services. The Scottish Government proposes to remove this requirement as not all cared-for people need or receive such services, some may refuse them and some may have medical needs only.

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?

Table 3.3: Question 3

Respondent group	Yes	No	Other	Nil response
Individuals (32)	19	8	1	4
Carer/ User support (81)	61	3	3	14
Local authority (24)	19	4	1	-
Health (13)	6	2	1	4
CHCP (6)	6	-	-	-
Public body (3)	2	-	-	1
Professional body (3)	1	-	-	2
Representative body (3)	1	1	1	-
TOTAL (165)	115	18	7	25

3.33 As can be seen in the table above, 115 respondents said yes and 18, across a range of respondent groups, said no. Seven made other comments. One hundred and twelve respondents commented on this question and the main themes from these responses are outlined below.

Agreement with the removal of the requirement

3.34 Ninety-five of those who agreed that the requirement should be removed commented further; several respondents made brief comments reiterating or stressing their agreement. Many of the comments noted on responses to this question were similar to those seen at the previous questions in this section.

3.35 The need for a Carer’s Support Plan for every carer once again emerged as a main theme in responses. One local authority said: “We strongly believe that a carer’s role must be defined in relation to the cared-for person and the activities undertaken with them or on their behalf. It follows then that the development of the Carer Support Plan should reflect the totality of the carer role that is being undertaken and should not be dependent on whether the cared-for person receives a service from the local authority”.

- 3.36 Once again, respondents commented that the current requirements can act as a barrier to accessing support and welcomed the proposal to remove any barrier to support for carers and cared-for people.
- 3.37 Several respondents commented that this step would make it easier to identify all carers as, at present, many are caring without assessment or support. Some of the local authority respondents pointed out that, under the present system, many carers are not known to their local authority. One said: "Not all carers recognise themselves as carers and even less are known to the local authority. A carer might be providing care without support from any organisation, or they might be getting support from family/ friends, health services or third sector organisations".
- 3.38 Some, from the carer/ user group, said that in many cases the cared-for person prefers to be supported by family rather than accept care services and that it is important to identify these cases to ensure the carer is supported and not left to care alone. One carer/ user respondent said: "We know from experience that in some cases the cared-for person may not need such services or might refuse the support, however this should not prevent the carer from receiving a Carer's Assessment".
- 3.39 Others commented on the number of cared-for people who do not currently meet the criteria; again this means their carers are unsupported.
- 3.40 There were comments that, in both the above situations, support for the carer would allow them to continue caring for longer and therefore the investment in carer support would pay for itself as it may reduce the need for the cared-for person to access services. The need for a preventative, rather than responsive, system was again a theme in many responses with comments on the need to provide support to carers before crisis point is reached.
- 3.41 Several groups of cared-for people were mentioned as either falling outwith the criteria at present or perhaps being resistant to or unsure of statutory services. This included people with mental health problems, those who are affected by substance misuse, people living with HIV, elderly people, people from BME communities, those awaiting diagnosis and people with a medical condition; carer/ user respondents stressed the need for support for the carers in these groups.
- 3.42 There were also many comments on the need to support all young carers, some stressed that this must be done using the GIRFEC approach. A local authority said: "This is particularly important in relation to young carers where the cared-for person does not want to obtain support or does not recognise the need for support". A representative body reported: "The young carers and young people we consulted with felt that, in many situations, the cared-for person does not want, or perhaps need, this type of support, but still requires a significant amount of care".
- 3.43 One carer/ user respondent pointed out that some carers have multiple caring roles and said that while individually none of the cared-for people met the criteria for access to services, the combined roles meant that the carer had an intensive caring role and was in need of support.

3.44 Again, several areas reported that they currently offer assessment regardless of whether the cared-for person is in receipt of services and outlined their processes. COSLA and one local authority said that they understood that the requirement had been removed under the 2002 Community Care Health Act and they have, therefore, been offering assessments to all carers.

3.45 One CHCP respondent commented: “We would suggest that the tone of entitlement within the narrative of this proposed legislation is unhelpful as existing legislation and guidance are (sic) already providing a framework for delivery which supports local partnerships to identify and address the needs of their local communities”.

3.46 Respondents were uncertain about the impact this change would have on resources and, therefore, on services for those in most need. Respondents said that there would need to be adequate resources in place to meet the increased demand. One carer/ user respondent said that their members were divided over the issue as, some felt, the current criteria are indicators of priority. Another respondent from the same group, however, suggested that giving every carer a support plan would allow professionals to more easily assess unmet needs.

3.47 A local authority respondent detailed suggestions in relation to the financial implications of this proposal:

“It would be necessary to undertake substantial financial modelling to project the current and future demands this proposal will have on the public sector both in terms of funding and workforce. The modelling should consider the potential operational resources needed to deliver carers’ support plans in practice and, delivering on the commitment to provide the right services at the right time within a reasonable timescale. In conjunction with this work and to complement any future statutory guidance, it would be good practice to develop a clear set of outcome measures and data set alongside any financial modelling. This approach would provide a baseline for the public sector to report against the national outcomes framework.”

3.48 Other recurring comments included:

- The importance of integrated service provision.
- The need to clarify the role of other bodies, for example the role of the NHS where the cared-for person has medical needs only.

Disagreement with the removal of the requirement

3.49 Ten respondents said they did not want to see the requirement removed and gave their reasons.

3.50 One main theme to emerge from these responses was the need to ensure that the needs of the cared-for person are taken into account and any support they require provided.

3.51 A representative body pointed out that the requirement is not that cared-for people ‘must’ be in receipt of services, but that they ‘may’ be eligible to receive them.

ROUTES THROUGH TO THE CARER’S SUPPORT PLAN

3.52 The Scottish Government proposes to retain the current requirement for a carer to be able to ask their local authority to make an assessment towards a Carer’s Support Plan. Recognising that not all carers will make this request, there is a further proposal to introduce a requirement for local authorities that they must offer a Carer’s Support Plan. This means that there would be two possible routes to the Carer’s Support Plan.

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?

Table 3.4: Question 4

Respondent group	Yes	No	Other	Nil response
Individuals (32)	28	-	-	4
Carer/ User support (81)	55	1	-	25
Local authority (24)	22	1	1	-
Health (13)	8	-	1	4
CHCP (6)	5	-	1	-
Public body (3)	2	-	-	1
Professional body (3)	1	-	-	2
Representative body (3)	2	-	-	1
TOTAL (165)	123	2	3	37

3.53 The table above shows that almost all of those who replied said yes (123), two respondents said no, three made other comments. Ninety-eight respondents commented further on this question and the key themes to emerge are outlined below.

Support for two routes

3.54 Ninety-three of those who said ‘yes’ gave their reasons for supporting the introduction of two routes through to the Carer’s Support Plan. In addition, three who did not specify agreement or disagreement made similar comments to those seen in ‘yes’ responses.

3.55 Several of the carer/ user organisations commented that the proposal will allow those who may not wish to seek help to be offered support even when they do not request it. However, the question of how local authorities will identify carers was raised in many responses, with some suggestions for ‘triggers’ that might alert the local authority to someone taking on a caring role, or the use of other agencies to signpost people to the local authority:

3.56 Several also raised the question of how the information should be publicised to ensure all carers are aware of the right to a Carer’s Support Plan.

- 3.57 There was an appetite for multiple routes rather than simply the two outlined. Several carer/ user organisations felt the proposal could go further and there were calls for it to be extended to NHS and integrated. One carer/ user organisation suggested: “more routes would be even better and specifically getting GPs to refer for carer support plans” while a local authority commented:
- “In an integrated world there should be the opportunity for a number of routes toward the development of a Carer’s Support Plan. Rather than the local authority making an offer, perhaps there should be an obligation on statutory agencies to signpost carers to whomever can assist them in developing their Support Plans.”
- 3.58 Several respondents from the carer/ user group were keen to see independent and/ or voluntary agencies involved in the process with one such organisation reporting that they are becoming involved in undertaking carer assessments on behalf of the local authority. Another from this group said: “There may be a requirement for the local authority to ‘offer’ the assessment, however we believe that the undertaking of the assessment sits best with independent organisations such as Carers’ Centres”.
- 3.59 Many, across respondent groups, said that this two-route system already exists in their area: “This reflects current practice” (CHCP) and “The introduction of two routes for a Carer’s Support Plan will remove any ambiguity caused by existing legislation and also reflects our current practice” (local authority).
- 3.60 Many respondents also commented on the importance of involving the voluntary sector in the process, for example: “Carers can currently request an assessment independently or they can be offered one by a local authority. Many carers will be prompted to request an assessment by third sector organisations” (carer/ user).
- 3.61 Commenting on the process they currently use to offer support to carers, one local authority said: “there has been training provided for a wide range of staff, and the expectation is that all staff involved with a cared-for person will make the carer aware of the Carer’s Journey and will support the carer to complete this, as required.”
- 3.62 Some respondents stressed the need for local authorities to ensure proper training and resources for front-line staff to allow them to offer an assessment and support wherever possible. There were also calls for local authorities to do as much as possible to make carers aware of their right to a Carer’s Support Plan.
- 3.63 A small number of responses again included specific reference to young carers. Particular issues for this group of carers included concern that the proposals aimed at making available a Support Plan to every carer does not, under the proposals outlined in the consultation document, extend to young carers. A carer/ user respondent pointed out that the proposals do not guarantee a Child’s Plan for every young carer and wanted to see this anomaly rectified. One carer/ user respondent asked: “will young people be able to request a Child’s Plan, so that they receive all the support they are entitled to? This would

be fair and would ensure that there is parity between how adult carers and young carers are treated”. Other comments on this issue included:

“The proposals seem unclear in relation to supporting young carers who are not eligible for a Child’s Plan. There could be a risk that young people are not identified as carers, which would affect their ability to access the range of support measures available to carers. The proposals do not go into sufficient detail about how the rights of young carers will be strengthened.”

(carer/ user)

“Under these proposals, any carer or young adult carer will be able to request a CSP, or be automatically offered one where they have been identified as a carer. Yet, the Scottish Government has acknowledged that not every young carer will be eligible to receive a Child’s Plan where they have been identified as a young carer.”

(representative body)

3.64 There were some other recurring points and these included:

- That it should be mandatory for the local authority to offer all carers a Carer’s Support Plan.
- The need for a yearly review.
- A question as to whether this needs to be laid down in legislation; a local authority felt guidance would suffice.
- The need for a consistent approach in all areas.
- Concern over funding and resources and concern that unless these are addressed, the proposal will raise unrealistic expectations.
- The need for a clear definition of carer.

Opposition to two routes

3.65 Two carer/ user respondents said no and provided additional comments. One wanted to see multiple routes. The other said that some provisions already exist: “There is already a duty to assess under Section 22 of the Children (Scotland) Act 1995”.

CARER’S ABILITY TO PROVIDE CARE

3.66 The consultation explained that, at present, the legislation includes wording about assessment of the carer’s ability to provide care. This has been seen as a negative view of the carer’s competence or skills and the Scottish Government propose to remove this wording and introduce an outcomes-based approach.

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

Table 3.5: Question 5

Respondent group	Yes	No	Other	Nil response
Individuals (32)	18	8	2	4
Carer/ User support (81)	48	4	2	27
Local authority (24)	20	3	1	-
Health (13)	8	2	-	3
CHCP (6)	5	-	1	-
Public body (3)	2	-	-	1
Professional body (3)	1	-	-	2
Representative body (3)	3	-	-	-
TOTAL (165)	105	17	6	37

3.67 One hundred and five respondents said yes, 17 said no and six made other comments. One hundred and five respondents commented on this question.

Agreement with the removal of the wording

3.68 Eighty-five of those who said yes commented. The main themes that emerged from these responses was general support for this proposal and, in particular, support for a move to an outcomes-based approach. Most respondents agreed that the current wording has negative connotations and acts as another barrier to carers accessing support. It was suggested that the concept of 'capacity' to care was more appropriate than ability.

3.69 There were comments, particularly from local authority respondents, that the move to an outcomes-based approach will allow for individual support plans and tailored support to ensure the carer's health and wellbeing is not compromised by their caring role and to ensure they can have a life outside of caring. As such it is proposed that assessments should cover carer's capacity and their own circumstances, health, aspirations and support needs.

3.70 Several respondents commented on the need to see carers as partners and to acknowledge the valuable role they play and to provide the support they require to enable them to carry out their caring role.

3.71 The need to engage with and listen to carers and to have regular reviews of their needs was also highlighted as important.

Disagreement with the removal of the wording

3.72 Thirteen respondents, mainly individuals and carer/ user respondents, who disagreed that the wording should be removed also commented further.

3.73 Three carer/ user respondents felt a change could cause confusion and suggested instead that a reference to mental and physical health could be added as it is important that these are taken into account. The term 'willingness' was not supported by two of these respondents as they thought

this suggests a matter of choice when, in many cases, there is none. One carer/ user respondent, along with one from the health group who answered no, felt the word ‘capacity’ would be a better substitute than ‘willingness’. Another carer/ user respondent reported their members felt ‘ability’ to be important as any shift in this ability would indicate a need for change to their support.

3.74 The individual respondents pointed out the strain that the caring role places on carers with one pointing out that to care you have to be able to care.

3.75 Local authority respondents said that in some cases it will be important to consider ability; the criteria should instead be expanded and some reported the indicators used in their area to support this, for example willing and able to continue caring. One also said “To not consider the ability to care conflicts with adult support and protection guidelines.”

TIME TO RECEIVE CARER’S SUPPORT PLAN

3.76 As mentioned in the consultation document, there is some anecdotal evidence to show that it can sometimes take a long time for carers to be offered a carer’s assessment. The Scottish Government proposes to introduce a duty to inform the carer of the length of time it is likely to take to receive the Carer’s Support Plan. In addition, if the Carer’s Support Plan is not received within that time carers must be informed of the reasons.

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?

Table 3.6: Question 6

Respondent group	Yes	No	Other	Nil response
Individuals (32)	27	-	1	4
Carer/ User support (81)	61	-	5	15
Local authority (24)	12	9	3	-
Health (13)	9	-	1	3
CHCP (6)	4	2	-	-
Public body (3)	1	-	1	1
Professional body (3)	1	-	1	1
Representative body (3)	1	2	-	-
TOTAL (165)	116	13	12	24

3.77 The majority of those who replied said yes (116). Thirteen said no and these respondents came mainly from the local authority group. Twelve respondents gave other answers; perhaps, not sure and “yes and no”. Further comments were noted in 119 responses to this question.

Agreement with the introduction of the duty

3.78 Ninety-four of those who said yes commented further on this question and the main theme to emerge in a large number of these responses was reiteration of

their agreement with this proposal. A very small number agreed with the process but felt it would be better set as guidance rather than a duty.

- 3.79 In a fairly large number of responses, however, there were also comments on the need to set a timescale or a maximum waiting time. Respondents, mainly from the carer/ user group, felt that there should be either a duty or that a standard for a reasonable timescale should be set out in statutory guidance. A small number stressed the need for a set timescale particularly for those carers who are providing end-of-life care.
- 3.80 Some respondents commented on the strain placed on carers while waiting for an unspecified time. One, from the carer/ user group, said that carers are under enormous emotional pressure and should not be made to feel they have been abandoned; nor should they have to chase for their assessment. Another carer/ user group included the following comment from one of their members: “Been trying to get help for 15 months. There should be a published process which is consistent. This should also have a timeframe in which this must be done.”
- 3.81 The following typical examples come from other carer/ user responses:
- “LA should have a duty to set realistic waiting times, advise individuals of these and explain reasons if waiting times are exceeded.”
 - “Carers of those with a terminal illness and/ or at the end-of-life could require intense support in a very short space of time of becoming a carer and may only require this support for a short period until the person they are caring for dies.”
- 3.82 The issue of resources was again raised in a number of responses from both carer/ users and others with respondents saying more resources will need to be put in place to allow for this duty to be fulfilled as local authority budgets are already under pressure.
- 3.83 There also were calls to improve waiting times; one member of a carer/ user organisation said “12 week timescale for assessment – totally unacceptable!” However, while respondents suggested a number of different maximum waiting times; 12 weeks was the most common. For example “We believe that there should therefore be publication of the agreed timescale (e.g. preferably 28 days but certainly not exceeding 12 weeks) to ensure that carers do not go beyond crisis point before they receive support”.
- 3.84 A small number again commented that early or proactive support can help a carer’s health and well-being.
- 3.85 Several respondents commented on a wide difference in waiting times across different local authorities and wanted to see consistency across the country: “Carers are currently waiting for a variable amount of time to receive their assessment. This ranges from weeks to years across local authorities” (carer/ user). A duty, best practice and guidance were all suggested as a means to achieve this.

- 3.86 Many respondents also wanted to see greater accountability with monitoring and reporting procedures put in place. Several suggested that data should be collected and information from different local authorities collated to show how waiting times are managed in different areas. There were also comments on the need to ensure management of waiting times does not become a bureaucratic, box-ticking exercise but actually improves the process for carers.
- 3.87 In addition to suggesting a maximum waiting time for assessment, several respondents, again mainly from the carer/ user group but also a small number of local authority respondents, also wanted to see a maximum waiting time for receipt of services. However, this would also have resource implications. One CHCP respondent said: "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".
- 3.88 There were some comments that a similar process is already in place in some local authority areas.
- 3.89 One local authority felt that the process should be the same as for a cared-for person: "the assessment process is more meaningful and transparent if the same rigour is placed upon this regarding timeframes and accountability as is placed upon assessment of the cared-for person".

Disagreement with the introduction of the duty

- 3.90 Thirteen of those who did not agree with this proposal commented further; many of the points raised echoed some themes from the 'yes' responses, including:
- The need for guidance rather than legislation.
 - Resource issues.
 - The need to avoid bureaucracy.
 - That many local authorities already follow this procedure.
 - How will the duty be monitored or enforced?
- 3.91 There were also queries as to the usefulness of a duty or standardisation:
- "It is difficult to see how creating a duty in this circumstance would positively impact on service provision; it shifts the emphasis from a local partnership model based on need, to an emphasis on statutory monitoring". (CHCP)
 - "The situation of carers will vary widely and professional judgement (if necessary backed by local procedures) would be preferable to standardised timescales." (local authority)

Other comments

- 3.92 Twelve respondents made other comments, with several saying they are unsure or undecided over the introduction of this duty.

- 3.93 Again, some similar comments emerged including: the need for similar processes for both carers and cared-for people; the need for a person-centred process; that guidance would be preferable to a duty; the need for clear timescales or a maximum timescale; the need for ongoing contact with carers; the need to include young carers; that this is current practice in some areas; and that complying with the duty may require additional resources.
- 3.94 There was also a comment that timescales can be difficult to assess and that regular contact with, and updates to, a carer are also very important.
- 3.95 One local authority said the duty should not be required: “If the development of Carer Support Plans is to be aligned with SDS the carer should remain in control and hold their own plans (like hand-held maternity records). This control includes setting their own timescales and self-assessment about their own carer-journey and their readiness to look at other aspects (or reviewing aspects) of their caring role”.

SIGNIFICANCE OF PORTABILITY OF ASSESSMENT

- 3.96 The consultation also looked at issues around portability of assessment; where a carer, or the person they care for, moves from one local authority area to another.

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

- 3.97 One hundred and sixty-five respondents commented on this question. A large number, including respondents across groups, described portability variously as significant, very significant, hugely significant, a big issue, a challenge or similar.
- 3.98 Many respondents included reasons for their view and one of the main themes to emerge related to the differences that exist across local authority areas and the need for consistency in eligibility, assessment and support services. This included examples such as different respite entitlements across areas. Several, especially carer/ user and individual respondents, talked about the ‘postcode’ lottery of procedures and services that they feel exist at present.
- 3.99 While a small number of local authorities supported a move towards greater consistency, a similar number pointed out that these differences exist because of different needs in different areas. One said: “We would be concerned that portability of assessment requires consistency in provision and it is noted within the consultation papers that there is acknowledgement that there will be difference in provisions across Local Authority boundary areas for a variety of reasons”.
- 3.100 In addition, a public body suggested: “This should continue as best practice rather than as a statutory duty, maintaining the importance of local democracy and the importance of allocating resources according to local need”.
- 3.101 Several respondents said that portability in itself is not significant, consistency is most important and this includes consistency of eligibility.

Current rules were described, by respondents in the carer/ user and local authority groups, as confusing, unclear and open to interpretation.

3.102 There was also a small number of comments on the need to look at what happens when carers and/ or cared-for people move to other parts of the UK.

3.103 The issue of ownership was also raised in some responses with respondents from the carer/ user and CHCP groups commenting that, subject to capacity, it should be the carer and cared-for person that own their assessment or Plan.

3.104 There were calls, including a selection of local authorities, health boards, carers and the people they care for, for a process for reviewing an existing Carers Support Plan if they move to another area, some said this should be done before the move. This would help to manage the process and ensure that there was minimum disruption. "There is the potential for significant risk especially where the person being cared for has complex needs and there is a break in the provision of support" (health).

3.105 A small number commented on the importance of portability for those groups likely to move often, for example those with alcohol or drug problems living difficult lifestyles, and minority ethnic communities such as gypsy travellers.

3.106 Several respondents acknowledged that portability is a growing issue. One carer/ user respondent said: "It is likely to be an issue of growing significance given the aging of the population and the fact that there will be fewer family members (given the smaller size of families and the distance people live from one another) available to provide care".

3.107 Several respondents, across most groups, said that portability is not an issue in their area, or that they are aware of, however several also said that this may be a growing area of concern and suggested more research and information will be needed before any solutions can be devised.

"This has not been raised as a significant issue in our area and in our feedback from carers but we do support the need for some more research in this area as longer-distance caring increases because of geographical and social mobility." (local authority)

3.108 Finally, at this question, the issue of young carers was again raised with some commenting on the need for portability to apply when they move away from home, for example:

"Many young adult carers continue to provide care, but may have moved out of the family home to attend college, university or work in a different local authority area. The portability of assessment for young adult carers in this situation is potentially very important in order to ensure they receive the support that is appropriate for the person they care for and for themselves." (representative body)

IMPROVEMENTS TO PORTABILITY OF ASSESSMENT

3.109 The consultation went on to say that the Scottish Government thinks improvements can be made to the assessment process in order to make it easier for service users and carers to move from one part of the country to another.

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

Table 3.8: Question 8

Respondent group	Yes	No	Other	Nil response
Individuals (32)	26	-	-	6
Carer/ User support (81)	52	-	-	29
Local authority (24)	20	1	2	1
Health (13)	9	-	-	4
CHCP (6)	5	-	1	-
Public body (3)	1	-	-	2
Professional body (3)	-	-	-	3
Representative body (3)	2	-	-	1
TOTAL (165)	115	1	3	46

3.110 As shown in the table above, almost all of those who replied said, or implied in their answer, that they agree with this proposal (115); one local authority said no and three respondents made other comments. Seventy-six respondents commented further on this question.

Agreement with working together to take forward improvements

3.111 Seventy-one respondents who answered 'yes' commented further; several of these respondents referred to the answer they had given at the previous question. The main themes that emerged from the others were also similar to those seen at the previous question.

3.112 The main comments made at this question included:

- The need for the Carer's Support Plan to be portable.
- The importance of portability, consistency and minimising any stress or distress for carers.
- Welcome for any improvements that can be made to portability.
- The need to discuss portability with all individuals, agencies and organisations that may be involved and not just local authorities.
- That there is likely to be more cross-boundary caring in the future and the need to consider cross-UK border issues.
- The need to involve carers and cared-for people in discussions and decisions.
- The need for clear guidelines for local authorities.
- The need for a commitment to improving portability, not to discussions about improving portability.

- The need to consult with carers, young carers and cared-for people on any proposed changes to portability.
- The need for clear guidance.
- The need to develop minimum standards of service and protocols.
- That the assessment and Plan should belong to the individual and not to the local authority.

4 INFORMATION AND ADVICE

In summary,

Service for providing people with information and advice

- A majority of respondents supported the proposal to introduce a duty for local authorities to establish and maintain a service for providing people in its area with information and advice relating to the Carer's Support Plan, support for carers and the Carers Rights Charter. A majority of those opposed to this proposal were local authorities.
- Respondents want to see consistency in the content and quality of information and advice provided as well as ensuring this is accessible and meets the needs of wide-ranging user groups.
- Requests were for information to be provided in a range of formats and via a number of different channels.
- Those opposed to this proposal felt that legislation is unnecessary as quality provision of advice and information is already in place.
- There were some concerns about who would be responsible for delivery of this service; as well as concerns over funding and resources for this provision.

Section 12 of the Community Care and Health (Scotland) Act 2002

- A key issue cited by respondents was the availability of funding. Linked to this, there were some calls for ongoing government scrutiny to ensure that adequate core funding is available.
- There was support for partnership working for the development of joint local approaches for carer information.

4.1 This chapter of the consultation addressed carers' and young carers' access to information and advice, including to the Carers/ Young Carers Rights Charter, and maintenance of information. It explained the existing legal provisions in respect of information and advice and put forward the view that new legal provisions would be beneficial in adding impetus to policy and practice developments underway to support service users and carers with information and advice.

SERVICE FOR PROVIDING PEOPLE WITH INFORMATION AND ADVICE

4.2 The paper detailed a proposal to introduce a duty for local authorities to establish and maintain a service for providing people in its area with information and advice relating to the Carer's Support Plan, support for carers and the Carers Rights Charter. Question 9 asked:

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?

Table 4.1: Question 9

Respondent group	Yes	No	Other	Nil response
Individuals (32)	26	-	2	4
Carer/ User support (81)	64	2	-	15
Local authority (24)	7	15	1	1
Health (13)	11	-	2	-
CHCP (6)	2	2	2	-
Public body (3)	1	-	1	1
Professional body (3)	2	-	-	1
Representative body (3)	1	2	-	-
TOTAL (165)	114	21	8	22

- 4.3 The table above shows that 114 respondents said 'yes' and 21 (mainly from the local authority group) said 'no'. Eight respondents made comments without explicitly giving an unqualified 'yes' or 'no'. One hundred and thirty-seven respondents made comments on this question and some key themes were evident across respondent categories and regardless of whether respondents answered 'yes' or 'no'.
- 4.4 The most common theme related to the importance of ensuring that information and advice is provided relating to the Carer's Support Plan and support for carers and young carers. Further, many respondents commented on the need for consistency in the content and quality of information and advice that is provided. Even respondents disagreeing with this duty, felt that provision of information is important, with most noting that this happens already and that legislation is not needed.
- 4.5 Linked to the need for consistency in the quality of information and advice provided, many respondents commented on the need for accessibility of information to meet the needs of wide-ranging user groups.
- 4.6 There were recurring comments on the need for information and advice to be provided in a range of formats and through wide-ranging channels; in particular, some respondents noted the importance of one-to-one communication and the need to avoid over-reliance on online channels.
- 4.7 There were many comments on the need for the style and format of information to take account of the specific needs of different groups, including children and young carers and carers within equality groups.
- 4.8 The main themes from those respondents who answered 'no' to this question were that legislation per se would be unnecessary and that quality provision of advice and information is already in place. Some respondents reiterated that the SDS Act already places a duty on local authorities to ensure the provision of independent information and advice in relation to self-directed support.

- 4.9 Another key recurring theme, sometimes relating to existing provision, and evident in comments from those answering ‘yes’ and from those answering ‘no as well as those who simply commented, was about who would or should be delivering the service. Some of these comments related to the phrasing of the consultation question and others related more generally to a requirement for local authorities to fund the information and advice service, rather than necessarily maintain and deliver the service.
- 4.10 Several respondents, notably carer/ user support organisations, expressed concerns that ‘Local Authorities might try to establish their own services, rather than resourcing existing carer support services’. The importance of maintaining existing and effective services and of providing locally based services was frequently noted, and also taking account of the needs of more isolated, LGBT, Traveller Communities, BME communities and other hard-to-reach carers.
- 4.11 Some respondents cited specific types of individuals or organisations they felt were best placed to offer expert and impartial information and advice, and others identified the need for provision from wide ranging sources. The need to maintain and build on quality provision was a recurring theme.
- 4.12 The importance of adequate funding and resources for provision of information and advice was cited by several respondents.

SECTION 12 OF THE COMMUNITY CARE AND HEALTH (SCOTLAND) ACT 2002

- 4.13 The consultation detailed a proposal to repeal section 12 of the Community Care and Health (Scotland) Act 2002 about the submission of Carer Information Strategies to Scottish Ministers, expressing the view that the provision will be redundant when the integration of health and social care is established.
Question 10 asked:

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?

Table 4.2: Question 10

Respondent group	Yes	No	Other	Nil response
Individuals (32)	8	11	7	6
Carer/ User support (81)	23	21	16	21
Local authority (24)	17	2	5	-
Health (13)	8	1	1	3
CHCP (6)	4	1	1	-
Public body (3)	1	-	-	2
Professional body (3)	-	-	-	3
Representative body (3)	2	1	-	-
TOTAL (165)	63	37	30	35

- 4.14 The table above shows that 63 respondents said ‘yes’ and 37 respondents said ‘no’. A further 30 made comments without giving an unqualified ‘yes’ or ‘no’.

Opinions were mixed within most respondent categories, although most local authorities and health organisations who commented were in favour of repealing section 12. Amongst individual respondents, the balance of opinion was slightly against the repeal of section 12.

- 4.15 One hundred and thirteen respondents made comments on this question. A small number of respondents commented on difficulties in understanding and therefore answering the question. The key theme across all responses, noted by respondents who answered either 'yes' or 'no' or simply made comment and from different respondent categories, was the importance of appropriate funding continuing to be available.
- 4.16 For some respondents, who typically answered 'no', reassurances were not felt to be adequate; the benefit of ring-fenced funding were cited by several. Some respondents expressed concern that without ring-fenced funding, support might not be channelled toward carers. For example, three respondents commented: "The mechanisms for directing resources to carer support need to be nationally agreed and embedded within the new integrated partnerships".
- 4.17 A further common theme, again across different answers given and from different respondent categories, was that partnerships create the best foundation to develop joint local approaches to carer information.
- 4.18 Whilst many of the respondents who answered 'yes' felt that the context of health and social care integration made the repeal of section 12 appropriate, some respondents felt it was too early to implement this proposal. One carer/ user support organisation who answered 'no' commented: "Although this provision may become redundant with the imminent integration, this should not be implemented until such time as more concrete plans and provisions are made for the integration process at a local level."

5 SUPPORT TO CARERS (OTHER THAN INFORMATION AND ADVICE)

In summary,

A duty to support carers and young carers

- A majority of respondents supported the proposal to introduce a duty to support carers and young carers, linked to an eligibility framework. Greatest levels of support came from carer/ user support organisations and individuals. The views of local authorities were relatively polarised, with almost equal numbers in favour and against.
- There were requests to develop the framework in consultation with stakeholders.
- There were some concerns that if thresholds are set too high, some carers might not be able to access support. In line with this, there were requests for the provision of preventative support; and for discretionary power to be retained to support carers not meeting the eligibility criteria.
- There were some calls for clear timescales to be outlined; as well as concerns over the resources that would be required for the introduction of this duty.
- A small number of respondents felt legislation elsewhere supports carers and young carers (for example Self-directed Support (SDS) or Getting it Right for Every Child (GIRFEC)); which in turn negates the need for an additional duty.

Existing discretionary power to support carers and young carers

- There was majority support not to retain the existing discretionary power to support carers and young carers; primarily from carer/ user support organisations and individuals. Support for retaining the existing discretionary power came primarily from local authorities and CHCPs.
- As noted at the previous question, a number of respondents wanted to see the discretionary power retained as well as the introduction of a duty to support carers and young carers, linked to an eligibility framework, so that all carers would have access to the support they need, regardless of whether they meet eligibility criteria or not.
- For many of those in favour of retaining the status quo, a key factor is that discretionary power allows for the provision of flexible support. Another key factor is that other legislation already exists which provides support to carers and young carers.
- Again, there were some concerns over resources to provide support to carers and young carers.

Short breaks

- There was majority support for the introduction of a duty to provide short breaks. Greatest levels of support came from carer/ user support organisations and individuals. Least support came from local authorities, health organisations and CHCPs.
- A number of respondents in favour of the introduction of this duty noted that current provision across Scotland is inconsistent, that there is a lack of information on what is available to carers or that short breaks are essential for carers to recharge their batteries.
- A key theme was that short breaks need to be flexible and offer a range of opportunities to meet carer needs.

- A key advantage attributed to short breaks is that they put an emphasis on prevention.
- There were some concerns over the resources that would be needed to support this duty, with some suggestions that the third sector offers a more cost effective route to the provision of short breaks than do local authorities.
- There were some requests for greater clarity over short breaks and for the provision of guidance and best practice.
- There were requests for local authorities to issue a Short Breaks Statement outlining what is available to carers and young carers.
- For those opposed to the introduction of this duty, key reasons were that there is already a range of short breaks in place for carers and young carers; that the provision of short breaks should be discretionary; that short breaks are only one of a range of supports available and that they should not be awarded separate status; or that carers can already seek direct payments under current legislation.

5.1 The consultation paper explained that currently there are no provisions within social care law to directly support carers. Since 1 April 2014, with the introduction of the Social Care (Self-directed Support) (Scotland) Act, local authorities have had the **discretionary** power to support carers.

5.2 Another option being considered by the Scottish Government is to repeal the power to support carers and introduce a duty to support them. However, realistically it would not be possible to support all carers, so the duty would need to be linked to an eligibility framework. This would mean that local authorities would be required to support carers on a consistent basis across Scotland but there would be an allowance for local variations in the type of support available and in accordance with the eligibility framework. This framework would be set out in regulations or guidance rather than in primary legislation.

A DUTY TO SUPPORT CARERS AND YOUNG CARERS

5.3 The first question in this chapter of the consultation paper asked,

Question 11: Should we introduce a duty to support carers and young carers, linked to an eligibility framework?

5.4 As shown in table 5.1, a large number of those who replied said yes (119). Greatest levels of support came from carer/ user support organisations and individuals. However, the views of local authorities were evenly split, with 12 in favour of this and 12 against. Twenty-three respondents, mainly from local authorities and CHCPs, said no. One respondent from the health group said yes and no.

Table 5.1: Question 11

Respondent group	Yes	No	Other	Nil response
Individuals (32)	28	-	-	4
Carer/ User support (81)	72	2		7
Local authority (24)	12	12	-	-
Health (13)	3	3	1	6
CHCP (6)	1	5	-	-
Public body (3)	1	-	-	2
Professional body (3)	1	-	-	2
Representative body (3)	1	1	-	1
TOTAL (165)	119	23	1	22

- 5.5 One hundred and fourteen respondents commented on this question. A number of respondents outlined the advantages of introducing a duty to support carers and young carers, linked to an eligibility framework. A key advantage was that this will create a consistent approach across Scotland and improve access to services. A small number of respondents, mostly carer/ user support organisations, noted that this will provide clarity or transparency for carers on their entitlements, and allow provider organisations to manage delivery of this support. In line with this, there was support for any eligibility criteria to be set nationally to avoid any inconsistency in the provision of support services, although there were a small number of concerns about the provision of services in more rural areas or access to services by individuals within minority groups such as ethnic minorities.
- 5.6 While there was support for this proposal, a large number of respondents noted a number of issues that need to be taken into account in developing eligibility criteria. One issue, cited primarily by carer/ user support organisations, was that there is a need to develop the framework in consultation with other stakeholders; including Health Boards, local authorities, third sector organisations and carers.
- 5.7 Another key theme, and linked to the setting of eligibility criteria, is the need to take into account the provision of preventative support to carers so that they do not reach crisis point before support is available. There were a small number of requests for more information on the eligibility criteria because of concerns that the thresholds set may be too high for some carers to access support, and that low level needs would not be met. Because of concerns over thresholds for any eligibility criteria, there were some calls for local authorities to retain the discretionary power to support carers who do not meet the eligibility criteria.
- 5.8 A number of respondents also noted the need to consider a wide range of factors such as a carer's health, their employment status, other responsibilities they may have and so on. This was mentioned primarily by carer/ user support organisations.
- 5.9 A small number of respondents, primarily in carer/ user support organisations also commented that any eligibility criteria that are developed need to be linked to the needs of the cared-for person, although a few other respondents commented that this needs to be specific to the needs of the carer.

- 5.10 Putting in place an eligibility framework was in itself not considered to be enough by some respondents, who also called for clear timescales to be outlined for access to support, and for allowing access to preventative or anticipatory support. Where a timescale was specified, most respondents noted that up to 12 weeks would be acceptable.
- 5.11 Respondents across all sub-groups had concerns about the resources that would be needed for successful implementation of an eligibility framework.
- 5.12 A small number of respondents commented that there is legislation elsewhere which currently supports or will support carers. For example, that under the Children and Young People Act there will be a duty to support young people, including young carers, and that the carers' legislation needs to include guidance outlining the services and support local authorities should have in place to fulfil their duty to support young carers.
- 5.13 There were also concerns from a small number of respondents that this would effectively reintroduce the 'Substantial and Regular' test.
- 5.14 A small number of respondents who were positive about introducing a duty to support carers and young carers, linked to an eligibility framework within carer/ user support organisations and local authorities commented specifically on young carers. Most of their comments noted that that this needs to be consistent to fit with Getting it Right for Every Child (GIRFEC).
- 5.15 We have already noted that opposition for this proposal came primarily from local authorities and CHCPs. Some of these respondents had concerns over a lack of clarity in the information provided; while others had concerns over the resources that would be needed to implement this. One local authority noted that it will not be possible or realistic for local authorities to support all carers but that a duty linked to eligibility criteria would allow for fair access to services.
- 5.16 However, the key concern of those in opposition to this proposal related to queries over the need to introduce further duties. These respondents felt that the needs of young carers are dealt with by GIRFEC and/ or that new powers under SDS and the Children and Young People Act are sufficient.
- 5.17 Two local authorities felt that introduction of a duty to support carers and young carers, linked to an eligibility framework, would mean that carers are treated as recipients of care, rather than equal partners. A small number of respondents also felt that this would lead to assessment and 'gate-keeping of services, which was not felt to be useful in implementing a preventative approach.

EXISTING DISCRETIONARY POWER TO SUPPORT CARERS AND YOUNG CARERS

- 5.18 The next question asked respondents to consider whether the status quo should be maintained by retaining the discretionary power.

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

Table 5.2: Question 12

Respondent group	Yes	No	Other	Nil response
Individuals (32)	2	19	-	11
Carer/ User support (81)	9	34	-	38
Local authority (24)	14	9	-	1
Health (13)	3	4	-	6
CHCP (6)	6	-	-	-
Public body (3)	-	1	-	2
Professional body (3)	-	-	-	3
Representative body (3)	1	1	-	1
TOTAL (165)	35	68	-	62

- 5.19 The majority of those who replied said no (68) and these were primarily within the carer/ user support organisation category and individuals. Of the 35 saying yes, support came primarily from local authorities, carer/ user support organisations and CHCPs. While there was a degree of support for this proposal from local authorities, a significant number did not support this, with 14 saying 'yes' and nine saying 'no'.
- 5.20 Not surprisingly, many of those who responded gave the opposite response to that given at the previous question; i.e. many of those who felt there should be a duty to support carers and young carers, linked to an eligibility framework (Question 11), did not support retaining the status quo. That said, we have already noted in relation to the previous question that a number of respondents wanted to see a discretionary power retained as well as introducing a duty to support carers and young carers, linked to an eligibility framework; they felt this would not allow any carers to be denied access to the support they require.
- 5.21 Fifty-seven respondents commented on this question. Many gave relatively brief responses, reiterating points raised in the previous question.
- 5.22 For those in favour of retaining the status quo, a key issue was that discretionary power allows for the provision of flexible support; which can be inclusive of carers and young carers who do not have a Carer's Support Plan or a Child's Plan. A number of these respondents also noted that Self-directed Support and/ or the Children and Young People Bill will allow for the necessary support to be provided.
- 5.23 One carer/ user support organisation noted that statutory power should underpin this process. Another that substantive guidance should be provided.
- 5.24 For those respondents supporting the introduction of a duty, a number noted that retaining discretionary power will lead to inequalities for carers in accessing services or noted that there is currently a wide variation in the support offered across Scottish local authorities. A few respondents noted that if a new duty is introduced, then discretionary power should also remain so that support can still be offered to carers who do not meet the necessary eligibility criteria.

SHORT BREAKS

5.25 One intervention offered to support carers and young carers is short breaks. A short break can be any provision which supports carers and young carers to have time out from caring in order to recharge their batteries. So, a short break can include holidays, time for participation in leisure activities, time to meet up with friends or breaks away with the cared-for individual. There has been some progress in Scotland to offer short breaks to carers, although provision is inconsistent across the country and among different care groups.

5.26 The consultation paper noted that the Scottish Government is considering introducing a duty for local authorities to provide and promote short breaks and invited respondents to give their views on this. Question 13 asked:

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

Table 5.3: Question 13

Respondent group	Yes	No	Other	Nil response
Individuals (32)	23	4	-	5
Carer/ User support (81)	69	3	-	9
Local authority (24)	5	19	-	-
Health (13)	4	5	-	4
CHCP (6)	-	6	-	-
Public body (3)	-	-	-	3
Professional body (3)	1	-	-	2
Representative body (3)	1	2	-	-
TOTAL (165)	103	39	-	23

5.27 Many of those who replied said yes (103) while 39 said no. Of those saying no, almost half came from local authorities (and represented the majority of those responding to this consultation), all CHCPs and more than half the health organisations responding to this question.

5.28 This question received a large number of additional comments, with 128 respondents commenting further. A small number, mostly carer/ user organisations, echoed the consultation paper and commented that current provision is inconsistent across Scotland or that there is a lack of information in general over what is available to carers. A small number, mostly but not exclusively local authorities, noted that they already offer short breaks to carers, with one commenting that this is provided in conjunction with third sector organisations.

5.29 A key theme, cited by almost half of these respondents and across all sub-groups was that short breaks are essential for carers to recharge their batteries or that they are a highly valued intervention to support both carers and the cared-for individual. Two local authorities noted evidence they had to show that short breaks offer carers support they value and produce positive outcomes. As noted by one carer/ user support organisation:

“Short breaks are a vital, even indispensable, source of support for a significant number of carers to enable them to sustain their caring roles.

Enshrining recognition of this fact in legislation would send an important signal to carers in need of such breaks that their role is valued and their need is recognised. It would also mean that the enhancing of the status of carers in the move to be treated as equal partners in the provision of care.”

5.30 Another key theme, cited by around a quarter of these respondents across most sub-groups, was that short breaks need to be flexible and offer a range of different opportunities to meet the needs of carers. For example, to some carers a short break may be a few days away somewhere; for others, it may mean an opportunity to undertake leisure activities such as a visit to the cinema or socialising with friends.

5.31 Another advantage noted by a small number of respondents was that the availability of short breaks puts an emphasis on prevention so that carers can avoid reaching a crisis point.

5.32 While many respondents were positive about the provision of short breaks, a significant minority acknowledged the issue of resources and noted that there will need to be sufficient resources made available for this to be successful. A few of these respondents commented that it will be difficult for local authorities to support this financially or that the introduction of this duty is unrealistic because of its impact on budgets. Not surprisingly, local authorities noted this could place a significant financial burden upon them. That said, there were a number of suggestions that the provision of short breaks could be devolved to the third sector; this would be a more cost effective approach and offer a better route for carers as they would be dealing directly with carer organisations with a good understanding of their role. For example, one carer/ user organisation suggested that local authorities should be investing in social enterprise and community-based short break solutions. There were a small number of comments that in the long term the provision of short breaks would make financial savings that would more than cover the cost of providing these as short breaks help to keep cared-for individuals within the family home, rather than putting more pressure on full time care in residential services.

5.33 There were some calls for greater clarity over the definition of short breaks, with recommendations for the development of guidance and best practice in order to promote consistency around the provision of short breaks. Allied to this there were a number of requests for a Short Breaks Statement from local authorities. Such a statement would provide information on what is available and how to access this.

5.34 There were a small number of concerns, primarily from carer/ user organisations, about the availability of short breaks that are appropriate and accessible to all carers. For example, one commented on a lack of culturally appropriate short break services for BME communities; another on the need for appropriate services for gypsy travellers; another on carers living in remote and rural areas. Another commented,

“Short Breaks Statements will be a vital tool to help carers understand what short breaks are available in their area, and which breaks they may be entitled to.”

5.35 Across the organisations opposed to this duty, three key themes emerged. First, a number noted that they already provide a range of mechanisms for providing short breaks and there was recognition of the importance of these to carers. However, the second key theme and primarily cited by respondents within local authorities, health boards and CHCPs was that while they recognise the value of short breaks, they do not support a duty and that the provision of short breaks should be discretionary. These respondents noted that they offer a range of different supports to carers, of which short breaks are only one aspect and that they should not be awarded separate status. As one health board commented:

“This would not be helpful in our endeavour to provide carers with the outcomes which suit them. A duty will inevitably lead to a definition of respite/ short break that is rigid. Our experience is that carers, if provided with some resource and no red tape, will be creative and very innovative in accessing the means to improve their life balance through a short break which may be for example be the opportunity to purchase equipment to provide an outlet (eg musical instrument, bicycle, garden seat, shed) that was not open to them before.”

5.36 The third key theme emerging was that carers can already seek direct payments under current legislation and utilise options under the provisions of the Self-directed Support Act (SDS). These comments came primarily from local authorities and CHCPs. As one CHCP noted,

“As Self Directed Supports develop there will be increasing means to provide short breaks which may not come under such a clearly defined category.”

5.37 In relation to this last point, a few respondents within local authorities and CHCPs commented that new legislation would benefit from further consideration of how this duty would align with SDS. A small number also commented that they would like this to be a discretionary power rather than a duty, with some concerns that this could create expectations that cannot be met by local authorities. A representative body commented:

“[We are] of the view that this would lead to a service-led approach and undermine actions to shift professional thinking towards an outcomes-led approach.”

6 STAGES AND TRANSITIONS

In summary,

Statutory guidance on the Carer's Support Plan

- A majority of respondents supported the proposal to issue statutory guidance on the Carer's Support Plan (CSP) which will include guidance for those undertaking the Carer's Support Plan on managing stages of caring. Disagreement with this proposal came primarily from local authorities and CHCPs.
- Key advantages cited for this approach were that it would help to identify changing needs and allow for authorities and service providers to respond to changing needs, it would support the development of consistent good practice and consistency in assessments and it would help with cross-border portability. That said, there were comments that this will need to be flexible and responsive to individual and changing needs.
- In terms of young carers specifically, there were requests for a CSP to be carried out well in advance of their transition to an adult carer.
- Of the small number of respondents opposed to this, there were queries as to whether the concept of stages of caring is useful, that this should not be needed by qualified staff or that regular reviews and assessments of carer needs are already conducted.

Young carers becoming adult carers

- A large majority of respondents were supportive of new carers' legislation provided for young carers to have a CSP if they seem likely to become an adult carer.
- The key advantages are that it would help ease the difficulties of transition and mean a more integrated approach with all agencies working together, and preventing potentially long delays in young carers being able to access necessary support services.
- There were calls for planning to be carried out well in advance so that the transition can be as smooth as possible as well as ensuring safeguards are in place to consider the needs of the young carer, for example, education or career options.
- One concern was that young carers without a Child's Plan may be disregarded.
- Some local authorities noted they already provide this service.
- Some respondents – primarily those opposed to the introduction of this legislation – commented that young carers already have their needs assessed and services provided via GIRFEC or the Children and Young People Act.

- 6.1 This chapter of the consultation examined stages in the experiences of the cared-for person and the carer, the transition from children's services to adult services for young people and the transition from being a young carer to an adult carer. In order to clarify the terminology used, the consultation paper distinguished between stages, which relate to different stages experienced by cared-for people and carers; and transitions, which mean transition of service for cared-for people usually required because of the cared-for person's age.

STATUTORY GUIDANCE ON THE CARER'S SUPPORT PLAN

6.2 Discussions with carers have shown they can experience difficulties and challenges at different stages in their caring role. The Scottish Government is proposing to issue guidance on the Carer's Support Plan (CSP) which will include guidance for those undertaking the CSP on managing stages of caring. Question 14 asked:

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).

Table 6.1: Question 14

Respondent group	Yes	No	Other	Nil response
Individuals (32)	27	-	-	5
Carer/ User support (81)	61	1	-	19
Local authority (24)	12	7	-	5
Health (13)	7	1	-	5
CHCP (6)	1	4	-	1
Public body (3)	2	-	-	1
Professional body (3)	-	-	-	3
Representative body (3)	1	1	-	1
TOTAL (165)	111	14	-	40

6.3 As can be seen in the table above, the large majority of those responding to this question (111), said yes while only 14 said no. Disagreement with this proposal came primarily from respondents within local authorities and CHCPs. One hundred and six respondents commented on this question. A number of advantages to the introduction of this proposal were identified by respondents and these included:

- It will help to identify changing needs and allow for responses to changes in circumstances.
- It would support the workforce to achieve consistent good practice across all local authority areas.
- It will mean greater consistency in assessments.
- It will help with cross-border portability.
- It will help those in an advocacy role to help a carer to prepare for assessment.

6.4 A number of respondents, primarily carer/ user support organisations, noted a degree of caution in relation to this proposal, most notably that it will need to be flexible and responsive to individual (and possibly changing) needs, particularly if crises or emergencies arise. A small number of respondents felt that this should be reviewed on a regular basis or that it should be possible for a review to be triggered by a carer if their circumstances change.

- 6.5 A small number of respondents, all local authorities and carer/ user support organisations commented on young carers specifically. A key theme was the need for a Carers' Support Plan for a young carer to be carried out well in advance of their transition from a young carer to a young adult or adult carer. Another carer/ user support organisation commented that it is essential that there are linkages between plans for children and young people to ensure that vital information is not omitted. Two of these local authorities noted that guidance would be useful.
- 6.6 Reference to some of the wording was made by a few respondents. For example, a local authority felt that caution is needed in relation to 'managing stages of caring', given that this is not a linear process. A carer/ user support organisation noted "We interpret the reference to "end of caring" as being to the death or institutionalisation of the person being cared for. We think it would be helpful to be explicit about what is meant here".
- 6.7 A small number of respondents felt that this aligns with the core principles of EPiC (Equal Partners in Care) or those of coproduction and SDS. One carer/ user support organisation felt it would be useful to consider how this will link with the Named Person role within the Children and Young People Act.
- 6.8 There were calls from a small number of carer/ user support organisations for carers to be involved in the development of guidance.
- 6.9 For the small number of respondents who were not supportive of this proposal, a few comments were made, each by only two or three respondents:
- Query whether the notion of stages of caring is useful as this process is not ordered or predictable (local authorities).
 - We regularly review and adapt assessments and support interventions already (local authorities).
 - Guidance is welcomed but it does not need to be statutory (local authorities and a health board).
 - Providing examples of good practice may be more useful, for example, to highlight areas to be covered when undertaking an assessment.
- 6.10 One local authority felt that each local authority or partner organisation should have responsibility for developing their own guidance to reflect local practice in line with national legislation. Another local authority noted concerns over the issue of portability and the potential for cross-border issues when the carer lives in one local authority and the cared-for person in another.

YOUNG CARERS BECOMING ADULT CARERS

- 6.11 In order to ensure that young carers approaching the age of 18 who are likely to become adult carers receive a Carer's Support Plan to determine any need for support, the Scottish Government intends to make provision in law for dealing with this transition to adult carer. Question 15 asked:

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.

Table 6.2: Question 15

Respondent group	Yes	No	Other	Nil response
Individuals (32)	26	-	-	6
Carer/ User support (81)	57	-	-	24
Local authority (24)	16	5	-	3
Health (13)	8	-	-	5
CHCP (6)	3	2	-	1
Public body (3)	1	-	-	2
Professional body (3)	-	-	-	3
Representative body (3)	2	-	-	1
TOTAL (165)	113	7	-	45

6.12 A large majority (113) of those who replied to this question were in favour of this proposal, with only seven in disagreement. Disagreement came from local authorities and CHCPs. Eighty-three respondents commented on this question and many of the key themes emerging echoed those seen at the previous question.

6.13 Respondents across all sub-groups noted a number of advantages to this proposal. Key was that this would help to ease the difficulties of transition, that it would mean a more integrated approach to planning with all agencies working together to help the young carer, or that it could prevent potentially long delays in young carers accessing appropriate support when they become an adult carer. There were also some comments that transition from being a young carer to an adult carer should be made as easy as possible. A typical comment from a carer/ user support organisation was:

“The transition from Children’s to Adults Services for a young carer is often not a smooth and stress-free one. From experience, many young adult carers find themselves in a position where the support they once received is no longer available to them due to this transition. Therefore by ensuring that young carers have a Carer’s Support Plan if they seem likely to become an adult carer, will hopefully address this.”

6.14 A significant number of respondents noted that planning should be carried out in advance in order for the transition to be as smooth as possible; some of these respondents noted specific ages at which transition planning should commence. Of these respondents, some suggested that planning should start at the age of 14, which is the same time as planning for transitions for children with disabilities starts; others suggested the age of 16 would be a suitable point in time. There were also a small number of concerns about the need to ensure that safeguards should be in place so that career or education options for the young carer can be considered in line with their caring role.

6.15 A concern noted by a small number of respondents was that young carers who do not have a Child's Plan may be disregarded. One carer/ user support organisation commented:

"[We are] concerned that the current proposals mean that young carers are not able to receive a Carer's Support Plan until they become adult carers. As highlighted by YouthLink Scotland, young carers who do not have a Child's Plan may fall between the gaps. The consultation document states that not all young carers will be deemed to have a wellbeing need and so may not have a Child's Plan. It may therefore be difficult to identify young carers who do not have a Child's Plan but who need support through a Carers Support Plan. In line with the recommendation made by YouthLink Scotland, the creation of a Young Carer's Support Plan/ eligibility for a Carer's Support Plan could help to resolve the current issues concerning transition from children to adult services."

6.16 A few local authorities noted that they already provide this service. Small numbers of respondents also made reference to this being consistent with the core principles of EPiC (Equal Partners in Care), or SDS which offers young people choice and control during the process.

6.17 Some respondents – primarily but not solely among those who disagreed with this proposal - referred to GIRFEC specifically, with comments that young carers should have their needs assessed and responded to under the GIRFEC (Getting it Right for Every Child) approach and that the Child's Plan should consider the transition to adulthood. One CHCP commented on this, as well as raising issues over the need for multi-agency working and links with the named person role within the Children and Young People Act. They noted:

"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."

6.18 Other reasons for disagreement with this proposal included,

- This is already carried out and covered in transitions planning (local authorities).
- Existing legislation should be used more effectively.
- Effective integrated services should already be doing this.
- This is not needed (local authority).

- 6.19 A small number of respondents raised concerns in relation to this proposal. There were some calls for more detail or clarity, for example, in relation to where responsibility lies under the integration agenda or having a clear definition of what constitutes 'adult'.
- 6.20 The issue of resources was raised by a small number of respondents, for example, that these need to be effectively targeted and providers need to ensure they are age and stage appropriate. One carer/ user support organisation suggested this needs to take place in a multi-disciplinary framework using pooled budgets.

7 CARER INVOLVEMENT

In summary,

Areas outwith the scope of integration

- All respondents answering this question agreed that there should 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, with a number of respondents commenting that carers are in the best position to know what services are required.
- Some respondents commented on the need to ensure that carers are treated as equal partners throughout the process, and involved in a meaningful way.
- There were some comments that different approaches will be needed in involving the views of carers. For example, age-appropriate approaches will need to be utilised for young carers.
- Some respondents also commented on the need to consider the views of the cared-for person and that coproduction will be an important element.
- The inclusion of non-integrated bodies in this provision was welcomed by some respondents.
- A significant number of respondents commented that this proposal has links to other legislation or strategies.
- Some respondents noted that they already involve carers in the planning, shaping and delivery of services.

Involvement of carers' organisations

- Many respondents noted the importance of involving carer organisations in the planning, shaping and delivery of services and support falling outwith the scope of integration.
- A significant number of respondents noted the need to include a wide range of third sector organisations, not simply those who represent carers.
- There were some concerns that non-engaged carers might slip through the net.
- Some respondents noted that they already involve carers in the planning, shaping and delivery of services.
- A small number of respondents felt there is no need to have specific legislation as there is already sufficient provision for this.

Carer and young carer involvement in care planning

- Almost all respondents supported the establishment of 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.
- Many respondents commented that carers have valuable knowledge and experience or that they should be treated as an equal partner in the planning, shaping and delivery of care. Again, there were comments of the need for age-appropriate involvement for young carers.
- While a small number of respondents commented that this principle is consistent with other policies and legislation, there were a small number of concerns that this principle might conflict with some other legislation for example, the Mental Health (Scotland) Bill.

- There were some requests for the provision of support; including good practice guidance, independent advocacy and training.
- There were some requests for partnership working in order to provide the best quality of support.

7.1 This chapter of the consultation looked at carer involvement in planning, shaping and delivery of services and support, and use of carer expertise and knowledge by professionals.

7.2 The Scottish Government is proposing to make provision for 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. They are also proposing to make provision for involvement by carers' organisations in the planning, shaping and delivery of services and support falling outwith the scope of integration.

AREAS OUTWITH THE SCOPE OF INTEGRATION

7.3 The first question in relation to these issues asked:

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?

Table 7.1: Question 16

Respondent group	Yes	No	Other	Nil response
Individuals (32)	27	-	-	5
Carer/ User support (81)	72	-	-	9
Local authority (24)	23	-	-	1
Health (13)	12	-	-	1
CHCP (6)	5	-	-	1
Public body (3)	2	-	-	1
Professional body (3)	1	-	-	2
Representative body (3)	2	-	-	1
TOTAL (165)	144	-	-	21

7.4 All of those who replied said yes (144 respondents). This was across all respondent sub-groups. One hundred and twenty-four respondents provided further commentary to support their answer to this question.

7.5 Around half of these respondents commented that it is important to involve the views of carers or that they welcomed any moves to involve carers in the planning, shaping and delivery of services. A small number of these respondents (mostly local authorities and carer/ user support organisations) referred specifically to the need for carers to be involved as **equal** partners in the process.

7.6 A small number of respondents, mostly carer/ user support organisations, also noted the need to ensure that inclusion of carers is not just tokenistic but that

they are involved in a meaningful way. A small number of respondents suggested inclusion of representatives from carer organisations to allow for representative and collective input, rather than involving carers with no representative body to provide them with support.

- 7.7 There were also a number of comments that carers should be involved in every stage of the planning, shaping and delivery of services. Some respondents noted specifically that a carer is in the best position to know what services are required because they know the cared-for person better than the professionals; as such, their knowledge and expertise is seen to be an invaluable element of service delivery. A small number of references were made to carers within specific communities such as BME, and the need to include these in planning, shaping and delivery of services. As noted by one professional body:

“We agree with carer involvement in planning, designing and delivering services. The proposal aligns with both our own view on the importance of involvement in improving services and the broad direction of travel across other policy areas and national strategies. For example, the Scottish Government’s Mental Health Strategy: 2012 – 2015 includes a commitment to “increase the involvement of families and carers in policy development and service delivery”. Our view is that meaningful involvement appropriately recognises and values the unique perspective and expertise of carers and supports effective partnership working.”

- 7.8 The same organisation also went onto comment on the cared-for person and the proposal to include non-integrated bodies in this provision.

“This needs to be balanced to reflect the voice, choice, rights and needs of both the person using the service and the carer. We especially welcome the proposal to include non-integrated bodies in this provision. This should provide greater assurance around the provision of support for young people whose services will not necessarily be included in integrated bodies in all areas of the country.”

- 7.9 A small number of respondents referred to the need for the provision of training for health and social care professionals in order that they know how to involve carers or in order that they can deliver the services needed by carers to fulfil their caring role.

- 7.10 The integration agenda was referred to by a number of respondents – again, mostly carer/ user support organisations – who welcomed the proposal to include non-integrated bodies in this provision.

- 7.11 While most respondents simply referred to ‘carers’ in their responses at this question, a relatively small number referred specifically to young carers and noted that they should have the opportunity to become involved in shaping services in their community. That said, one carer/ user support organisation commented that age-appropriate approaches will need to be utilised; another noted that involvement needs to be guided by the young carers age, their stage of development and their understanding of their caring role.

7.12 A significant number of respondents referred to links this proposal has to other legislation or strategies and those mentioned included:

- National Person Centred Health & Care Programme.
- Equal Partners in Care – Core Principles for Working with Carers and Young Carers (NHS).
- Carers Strategy.
- EPiC core principles.
- Standards for best practice for engaging carers (Coalition of Carers).
- Recognised best practice by Christie Commission.
- Equal and Expert: 3 best practice standards for carer engagement.
- Patient Rights (Scotland) Act 2011.
- Government guidance.
- Government's Mental Health Strategy 2012-2015.
- Public Bodies (Joint Working) Act.
- Models of Community Planning.
- UNCRC.
- SDS and the principles of person-centred care.
- Participation Scotland.

7.13 One representative body queried the need for additional legislation in this area as local authorities already have duties in relation to involving individuals and communities in the planning, shaping and delivery of services. They also noted that when the Public Bodies (Joint Working) (Scotland) Act comes into force in 2015, it will place more duties on local authorities in the planning and design of services.

7.14 One individual also felt that there was a conflict of interest between the proposed carers legislation and the Mental Health (Care and Treatment) (Scotland) Act 2003.

7.15 Finally, in response to this question, a number of respondents – primarily within local authorities and health boards – commented that they already involve carers in the planning, shaping and delivery of adult services; for example, having representation on working groups. One of these respondents – a local authority – was concerned that these proposals might duplicate arrangements already in place.

INVOLVEMENT OF CARERS' ORGANISATIONS

7.16 The next question focused on the possible involvement of carers' organisations and asked:

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?

Table 7.2: Question 17

Respondent group	Yes	No	Other	Nil response
Individuals (32)	27	-	-	5
Carer/ User support (81)	57	-	-	24
Local authority (24)	19	4	-	1
Health (13)	10	1	-	2
CHCP (6)	4	1	-	1
Public body (3)	1	-	-	2
Professional body (3)	1	-	-	2
Representative body (3)	2	-	-	1
TOTAL (165)	121	6	-	38

7.17 As shown in the table above, 121 respondents said yes while six, mostly local authority respondents, said no. Ninety-five respondents commented on this question; many of whom reiterated points made to Question 16. Many of these responses noted the important role for carers' organisations to play in the planning, shaping and delivery of services and support falling outwith the scope of integration. For example, that they bring a good understanding of the needs of carers or that they have invaluable knowledge and experience in supporting carers and understand issues of relevance.

7.18 However, a significant number of respondents, mainly from carer/ user support organisations noted the need to include a wide range of third sector organisations, and not just those who represent carers. A typical response to this question was illustrated by a carer/ user support organisation who commented,

"Carers' organisations, and indeed those organisations who work with people who are cared-for (such as disability organisations) have a wealth of knowledge and a 'closeness to the customer' that provides an invaluable resource to service planning as well as the experience and skill to support individual carers in effectively participating."

7.19 A small number of respondents commented on the need to include carers in the planning, shaping and delivery of services; with one carer/ user organisation noting the need for co-production to apply. In connection with the involvement of carers themselves, there was a cautionary note from a very small number of respondents that not all carer organisations will be engaged with all carers and that these non-engaged carers should not be allowed to slip through the net.

7.20 A small number of respondents noted the need for involvement to be meaningful and sustained and not simply tokenistic.

7.21 As at the previous question, a number of respondents noted that they are already involving carer organisations in planning, shaping and service delivery.

7.22 A small number of respondents felt there is no need to have specific legislation to ensure the involvement of carer organisations as there is already sufficient provision for this. For example, under the Public Bodies (Joint Working) (Scotland) Act or under the Children and Young People Act.

7.23 A number of respondents commented on the links between the proposals here and EPiC principles, SDS or person-centred planning.

7.24 One local authority was concerned that there could be a conflict of interest if a carer organisation is also a campaigning organisation.

CARER AND YOUNG CARER INVOLVEMENT IN CARE PLANNING

7.25 The consultation paper noted that carers are ‘equal partners in care’. Under the Social Care (Self-directed Support) (Scotland) Act 2013, carers should be fully involved in the assessment of needs for support and the provision of support for themselves. So, for example, local authorities must collaborate with people in relation to assessment and the provision of support. Existing legislation also provides for local authorities to take account of the views of carers in the assessment of service users, both adults and children before reaching decisions on the services to be provided.

7.26 The Scottish Government is proposing that carers’ legislation includes a principle about carer involvement in care planning for service users (subject to consent) and support for themselves in areas not covered in existing legislation. Question 18 asked,

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?

Table 7.3: Question 18

Respondent group	Yes	No	Other	Nil response
Individuals (32)	25	-	-	7
Carer/ User support (81)	56	-	-	25
Local authority (24)	20	1	1	2
Health (13)	9	-	-	4
CHCP (6)	5	1	-	-
Public body (3)	2	-	-	1
Professional body (3)	1	-	-	2
Representative body (3)	2	-	-	1
TOTAL (165)	120	2	1	42

7.27 The table above shows that almost all respondents providing an answer to this question said yes (120). Only two respondents (one local authority and one CHCP) disagreed with the proposal and one local authority respondent said perhaps. Ninety-four respondents went on to provide additional commentary in support of their response.

7.28 Many of the views provided in response to this question echoed those seen at the two previous questions. Many respondents noted that carers have valuable knowledge and experience or reiterated that carers should be treated as an equal partner in the planning, shaping and delivery of care. A public body and a local authority noted that provision needs to be balanced to reflect the needs of both the carer and the cared-for person. A small number of respondents

noted that carers are already involved in care planning for service users in their area.

- 7.29 A concern noted by a small number of respondents was the potential for conflicting views over what is considered to be good care by the carer and the cared-for person and that the issue of consent has the potential to be problematic in some instances.
- 7.30 A small number of respondents, across all sub-groups, made specific reference to young carers. The key comment being that young carers need to be involved in a way that is appropriate to their age and development. Two of these respondents referred to the Young Carer's Authorisation Card as an example of what works well. Other comments in relation to young carers included the need to provide support and information to them.
- 7.31 There was reference from a small number of respondents that this principle is consistent with other policies and legislation. Those mentioned included:
- Getting it Right for Every Child (GIRFEC).
 - Self-directed Support (SDS), encompassing person-centred care and coproduction.
 - EPiC core principles.
 - Equal Partners in Care.
 - Public Bodies (Joint Working) Act.
 - Human rights.
- 7.32 That said, a very small number of respondents, all carer/ user support organisations, had concerns that there could be conflicting legislation surrounding this principle. For example, one noted that there could be conflict between Carers' legislation and the Mental Health (Scotland) Bill and the Adults with Incapacity (Scotland) Bill. Another respondent noted that this principle needs to take account of all relevant legislation, citing Millan Principles as an example.
- 7.33 A number of respondents referred to the provision of support. The range of support mentioned included:
- Good practice guidance to support this and/ or guidance on informed consent.
 - Independent advocacy.
 - Training for carers and/ or health and social care professionals.
- 7.34 There were a small number of comments, mostly from local authorities, that existing legislation and guidance is sufficient. One local authority referred to the Social Work (Scotland) Act 1968.

YOUNG CARER INVOLVEMENT

- 7.35 The consultation paper noted concerns from young carers about their involvement in the planning and delivery of services for cared-for people and for themselves. For example, that they are not always provided with the information they need or that health and social care professionals do not always ask for their views on the care of a parent. In order to ensure that young carers

are fully involved, the Scottish Government is proposing that carers' legislation includes a principle about young carer involvement in care planning for service users (subject to consent) and support for themselves. Question 19 asked,

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?

7.36 One hundred and twenty respondents, across all sub-groups, commented on this question. Many of those commenting simply noted their support for making provision for young carer involvement in the planning, shaping and delivery of services for cared-for people and support for young carers. A typical comment was,

“Their involvement and contribution is extremely important and should be included in action plans/ strategy development process etc in relation to services for cared-for people and support for young carers.”
(local authority)

7.37 Other phrases in support of this included ‘this should be integral’, ‘this is essential’, ‘young carers should be listened to’ or ‘the views of young people should be valued’.

7.38 A significant number of respondents, primarily carer/ user support organisations, referred to the need for support, some of whom felt that this would be best achieved in partnership with carer organisations. Some of these respondents noted that young carers need support so they can be fully involved in the planning, shaping and delivery of services.

7.39 There was a recognition from respondents across all sub-groups of the need to recognise that the needs of young carers will differ significantly from those of adult carers. So, for example, a number of respondents noted the need for support to be age-appropriate, with some of these citing the Scottish Young Carers Festival as a good example of age-appropriate support. Other respondents commented that any involvement needs to reflect young carers’ rights to a childhood or that it needs to take into account their educational needs or their mental health. There were also some comments on the value of collective and one-to-one advocacy services for young carers.

7.40 A small number of respondents also noted that there is a need to recognise that the needs of young carers may change over time, with one giving the example of the transition from young carer to adult carer.

7.41 There were also comments from a small number of respondents for greater awareness and training for professionals coming into contact with young carers. These included health and social work staff, school staff and other support workers. For example, a carer/ user support organisation noted the need for staff to learn how to involve young carers in a meaningful manner.

7.42 A small number of respondents also cautioned about the need for a balance between the rights of the carer and the rights of the cared-for person.

- 7.43 A number of respondents noted that they already actively support young carers in the planning, shaping and delivery of services; some of whom provided examples of how they currently engage with young carers. These included references to young carers working groups and young carers fora.
- 7.44 There were also comments that this provision is consistent with the EPiC (Equal Partners in Care) core principles and SDS. A few other respondents noted the need for this provision to reflect UNCRC principles or the Gold Rules for Engaging Young Carers (produced by Scotland's Commissioner for Children and Young People).
- 7.45 Finally in response to this question, a small number of respondents raised concerns over the resourcing of this provision.

8 PLANNING AND DELIVERY

In summary,

Involvement in the development of local carers' strategies

- Almost all respondents answering this question agreed with the proposal to 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. Opposition to this came primarily from local authorities, health organisations and CHCPs.
- A significant minority of respondents noted they already involve carers and carer organisations in the development of carer strategies; some local authorities presented this as an argument against this proposal.
- Key advantages to the introduction of this were that it would help to identify unmet needs for support, it will help to provide parity of services across Scotland or that it will be critical in helping to review progress and monitor outcomes.
- There were some calls from respondents for the need to consider a Young Carers' Strategy, either in its own right or as part of a carers' strategy.
- There were some calls for the period of review to be flexible to meet changing needs, rather than every three years.

Range of services

- A majority of respondents were supportive of the introduction of statutory provision to the effect that local authorities with Health Boards must take steps to ensure, in so far as is reasonably practical, that a sufficient range of services is available for meeting the needs for support to carers and young carers in the area. Once again, opposition came primarily from local authorities and CHCPs.
- A significant number of respondents noted the need to be able to offer a range of services to carers in order to meet their needs; for example, access to advice or training.
- There were comments that this would allow for consistent provision across Scotland.
- Some respondents noted that they already collaborate with other organisations in relation to service delivery.
- There were some concerns over the wording of this question with calls for clarification of 'sufficient range of services' and 'reasonably practical'.
- A key reason for opposition to this proposal was that SDS legislation already allows for this.

8.1 This chapter of the consultation set out proposals for statutory provision for the development and publication of local carers' strategies which would, among other things, address issues of need and demand for support.

INVOLVEMENT IN THE DEVELOPMENT OF LOCAL CARERS STRATEGIES

8.2 In order to ensure a good focus by local authorities and Health Boards on strategic planning, the Scottish Government is proposing 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.

- 8.3 The Scottish Government is not proposing statutory provision for the preparation of young carer strategies given the provisions in the Children and Young People (Scotland) Act for the preparation of a children's services plan. Question 20 asked:

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?

Table 8.1: Question 20

Respondent group	Yes	No	Other	Nil response
Individuals (32)	26	1	-	5
Carer/ User support (81)	62	-	-	19
Local authority (24)	12	10	1	1
Health (13)	8	2	-	3
CHCP (6)	3	2	-	1
Public body (3)	1	-	-	2
Professional body (3)	-	-	-	3
Representative body (3)	1	-	-	2
TOTAL (165)	113	15	1	36

- 8.4 One hundred and thirteen respondents said yes while 15, mainly from the local authority group, said no and a further local authority respondent said perhaps. One hundred and twelve respondents commented on this question. A number of respondents, mainly carer/ user organisations or individuals noted the need to include carer organisations and carers in the development of local carers' strategies, with some specifying particular groups of individuals such as young carers or organisations with a national remit who are involved in delivery of services.

- 8.5 A significant minority of respondents noted that they already involve carers and carer organisations in the development of carer strategies. Many of these respondents were local authorities and views from these were polarised in terms of whether statutory provision should be introduced. Those disagreeing with the need for statutory provision noted that as they already involve carers and carer organisations, there is no need for further legislation. One CHCP noted,

“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.”

- 8.6 Some carer/ user organisations outlined advantages to the introduction of statutory legislation. These advantages included that legislation will help to identify unmet needs and demands for support to carers, that it will help to provide parity of services across Scotland, that it will be critical in helping to review progress and monitoring the outcomes or that it will embed a more consistent and strategic approach to the development of carer services. A public body also noted that this reinforces the importance of collaboration between services and carers to ensure improved outcomes.
- 8.7 A number of respondents, most notably carer/ user organisations, commented on the need to give consideration to a Young Carers’ Strategy, either in its own right or as part of a carers’ strategy. As noted by one carer/ user organisation,
- “We believe that Young Carers’ strategies should also be developed. This could be a distinct part of the Carers’ Strategy or a separate document, but the needs of young carers should be considered alongside adult carers in a local area. Not all young carers will be accessing children’s services and therefore may not be covered by a Children’s Services Plan.”
- 8.8 There were also calls from a small number of respondents for this to be linked into the national carers’ strategy.
- 8.9 Some respondents referred in some way to the integration agenda; some of these noted that there is no need for the introduction of statutory provision as this will be covered as part of the integration of Social Care and Health. For example, two health organisations commented that this responsibility should sit with Health & Social Care Partnerships. There were also a small number of comments that any legislation needs to take account of the structure of integrated bodies and the provision of any services that do not fall under the integration agenda.
- 8.10 Some respondents referred specifically to the period of review, with views split as to the necessary frequency of this. While there was some agreement that a three yearly review would suffice, there were also some requests for review to be an ongoing process in order to meet changing needs, for example, if an individual is suffering from a degenerative condition.

RANGE OF SERVICES

- 8.11 The consultation paper noted that there is not currently a legal duty in social care law to provide support to carers. As such, there is an under-developed market of providers to provide carers with support such as advocacy, short breaks, counselling and so on.
- 8.12 The consultation paper went on to note that there may be merit in legislative provision so that local authorities with Health Boards have to take steps to ensure, as reasonably as is practicable, that support services are available to

meet the needs of support to carers and young carers. Question 21 went onto ask,

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?

Table 8.2: Question 21

Respondent group	Yes	No	Other	Nil response
Individuals (32)	26	-	-	6
Carer/ User support (81)	58	-	-	23
Local authority (24)	12	10	1	1
Health (13)	6	1	1	5
CHCP (6)	2	4	-	-
Public body (3)	1	1	-	1
Professional body (3)	-	-	-	3
Representative body (3)	1	-	-	2
TOTAL (165)	106	16	2	41

8.13 As shown in the table above, the majority of respondents (106) providing an answer at this question said yes; these were primarily from carer/ user support organisations, individuals and local authorities. Sixteen gave an answer of 'no', and these were mainly from the local authority group and CHCPs. Two gave other answers (perhaps and undecided). Ninety-four respondents provided further commentary and explanation in support of their response.

8.14 A significant minority, mostly carer/ user support organisations, noted the need to be able to offer a range of services to carers in order to meet their needs. A small number of these respondents noted specific types of service this needs to include, such as access to advice, training and education, and person-centred support and advocacy. A small number of respondents noted that there is already collaboration between different organisations in relation to service delivery. There were also a small number of suggestions that these services could be provided by third sector or voluntary organisations and funded by local authorities and health boards.

8.15 A small number of respondents, mainly carer/ user support organisations, noted the need to have minimum standards of services across Scotland or that there should be a universal list of what is available across Scotland and how to access these services.

8.16 Additional comments from those in support of this statutory provision noted that this would be fairer and consistent for carers, or that there is a need for consistency in provision across the whole of Scotland, including the more rural areas. There were also comments on the need to include carers in decision-making.

8.17 While many comments referred to the need to provide a range of services, a small number of respondents also pointed to the need to ensure that the quality of services and outcomes achieved were also important considerations.

- 8.18 The wording of the question raised concerns from some respondents (mostly local authorities and carer/ user support organisations), with calls for clarification of ‘sufficient range of services’ or ‘reasonably practicable’. One organisation in the health sector noted that without a clear definition, it is difficult to assess resource requirements.
- 8.19 Another concern from a number of respondents related to resources, with some calls for greater levels of funding to ensure capacity, or ring-fenced funding being made available in order to be able to make local authorities and health boards accountable.
- 8.20 Of the respondents not supporting this statutory provision, a small number, mostly CHCPs noted that SDS will bring about changes to services or that SDS legislation focuses on this issue. As one noted,
- “As self directed supports develop, the means to access supports for carers and young carers will become increasingly diverse. It is anticipated the market will grow to reflect the demand. The demand for appropriate support will be driven by individuals as opposed to statutory bodies in time, however, there should be a means within each partnership to monitor demand and ensure there is sufficient ease of access to relevant identified support provision such as independent advocacy.”
- 8.21 A small number of respondents also noted that this should be the responsibility of HSCPs or that this is considered under the provision of the Children and Young People (Scotland) Act 2014.
- 8.22 Another issue raised by a small number of respondents was a request for more consultation and/ or research to look at the specific needs of carers and/ or a review of what is currently available.

9 IDENTIFICATION

In summary,

Register of carers

- There was majority support for legislative provision for GPs or local authorities to maintain a Carers' Register in order to support the identification of carers; primarily from carer/ user support organisations. However, a number of respondents perceived the wording of this question to be confusing and the results of this question should be treated with caution.
- Some respondents felt that GPs are often in the position to be able to identify a carer or that this would be an effective way of identifying carers.
- That said, there were comments that if a Carers' Register is to be introduced, it needs to be meaningful; there were also some suggestions of a need for guidelines on how to use the Register.
- There were also some calls for guidance or awareness training on how to identify carers.
- There were concerns that this could result in multiple registers and duplication of information. Furthermore, there are also felt to be some issues in relation to data protection and who would have access to the Register.
- Some respondents felt there is less value in imposing such a duty on local authorities as not all carers will be accessing social work services.

Proactive use of Registers of Carers

- Almost all respondents were supportive of the Scottish Government ensuring that good practice is widely spread amongst Health Boards about the proactive use of Registers of Carers within GP practices.
- A key advantage is that this would promote equity and consistency across Scotland and offer a joined-up approach towards the provision of services to carers. Some respondents called for partnership working across all agencies involved in identifying or providing support to carers. That said, there were some concerns that the Register will simply be a data collection point and that regular monitoring will be needed to ensure carer needs are being met.
- Some respondents noted that GP practices already maintain a register of carers and that there should be more emphasis on sharing good practice between and across local authorities.
- There were some calls for additional training for GPs and other agencies to help them in the identification of carers, with some suggestions that there could be a named person within each GP practice to lead on carer support.

Monitoring compliance

- Almost all those responding to this question were supportive of the Scottish Government asking Health Boards to monitor compliance with the core contractual elements of the GP contract.
- Key advantages were that this would help to ensure consistency across Scotland, promote accountability or be beneficial for carers.
- There were some suggestions that GPs should be required to report annually or that Health Boards should have to report to the Scottish Government on an annual basis.

- There were a small number of requests for monitoring to be in place, and for this monitoring to link to outcomes.

9.1 The consultation paper noted that it is necessary to identify carers and young carers so they can have access to a carer’s assessment and to the support they need. However, identification of carers can be a challenge.

9.2 There are a number of avenues through which a carer or a young carer can be identified and these include social work departments, health and other professionals. Additionally, there are a number of existing local and national initiatives to help professionals identify carers.

REGISTERS OF CARERS

9.3 One of the ways in which carers can be identified is through the requirement for a GP to hold a Register of Carers, and this is included in the core element of the GP contract; and, as such, is a contractual agreement. The aim of this is that carers are identified in the GP practice so they can then be referred on for a carer’s assessment and the support they need. However, there appear to be inconsistencies across GP practices in terms of how this is applied.

9.4 Another option is for local authorities to have a Carers Register, although this could lead to multiple Registers being held. Furthermore, there is also an issue with data protection legislation and issues in relation to consent and confidentiality.

9.5 Having given consideration to a statutory requirement for GPs and local authorities to identify carers through the use of a Register of Carers, the Scottish Government have ruled this out as an option. The Scottish Government is not convinced that more carers would be identified by the introduction of this legislation. Question 22 asked:

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?

Table 9.1: Question 22

Respondent group	Yes	No	Other	Nil response
Individuals (32)	8	16	-	8
Carer/ User support (81)	9	46	-	26
Local authority (24)	14	7	1	2
Health (13)	7	3	-	3
CHCP (6)	4	1	-	1
Public body (3)	-	-	-	3
Professional body (3)	1	-	-	2
Representative body (3)	1	1	-	1
TOTAL (165)	44	74	1	46

9.6 As can be seen in the table above, more said no (74) than said yes (44) while a respondents from the carer/ user support group said yes and no.

- 9.7 However, it should be borne in mind that a number of respondents commented on the wording of this question which they saw as confusing because it is asked in the negative (should there be **no** legislative provision). Wherever possible, the yes/ no answer has been checked against any further comments. However, as this has not been possible in every case the results from this question should be interpreted with a degree of caution.
- 9.8 One hundred and forty-one respondents commented on this question. A large number of those answering 'no' at this question provided comments such as:
- There should be legislative provision to identify carers.
 - There should be a Carers' Register in GP practices and this should be mandatory.
 - It should be a requirement of GPs to hold a Carers' Register.
 - This is an effective way to identify carers.
 - GPs are often in the position to identify a carer who would otherwise remain hidden.
 - Some GPs are reactive and do little to actively identify carers at present.
 - A GP practice is often the first port of call for a carer.
- 9.9 There were also a small number of comments that very few GPs currently identify carers or that this practice is inconsistent across Scotland, and legislation would rectify this position.
- 9.10 While there was majority support for legislation, some respondents noted a number of provisos in order to make this more effective. A significant number, primarily carer/ user support organisations, noted that if a Carers' Register is to be kept, it needs to be meaningful i.e. a carer's name should do more than simply appear on a register; once registered, there should be referrals to resources and support or that it should be linked to actions to support the carer.
- 9.11 Some respondents also felt that guidance or awareness training needs to be provided to highlight how to identify carers, with some reference to young carers in particular; or requested guidelines on how the Register should be used. A small number of carer/ user support organisations suggested that each GP practice should have a named lead individual who can focus on carer identification and support.
- 9.12 A small number of respondents referred to there being less value in placing this requirement on local authorities as some carers might not be using social work services; whereas most individuals will be contacting their GP at some point in time. Some respondents only commented on GP practices maintaining a register and made no reference to local authorities doing the same.
- 9.13 There were some concerns that this could result in multiple carers' registers and a small number of organisations, mainly carer/ user support organisations noted the need to ensure that under integration, all registers should be combined to ensure there is no duplication. Allied to this, a small number of respondents noted concerns over who would have access to this register and cited data protection as an issue. For example, a professional body commented that the sharing of information would not be allowed; a health

organisation that there would need to be clarity over who would have access to such information and how this information would be used. There was a suggestion from one carer/ user support organisation for the inclusion of third sector organisations as they are involved in joint working practices.

9.14 There were a small number of references from carer/ user support organisations for the need to ensure inclusion of all carers, including those in more hard-to-reach groups and young carers.

9.15 Respondents answering 'yes' to this question noted a number of issues, each one cited by relatively small numbers of respondents and these included:

- A register in itself might not actually identify more carers or help to identify hard-to-reach carers.
- There is no need for legislation although GPs and local authorities should be encouraged to maintain a register.
- GP contracts already stipulate that carers must be identified and signposted, thus negating the need for further legislation.
- Requests for further discussion on the purposes of the register; this was cited primarily by local authorities who felt that the purpose and practical value of a register needs to be demonstrated.
- Concerns over the resources that would be needed to maintain a Carers' Register; again, cited by local authorities.
- It would be essential for any registers to be kept up to date.

9.16 A number of respondents also noted the need for different organisations to work in partnership with each other, to allow for consistency.

PROACTIVE USE OF REGISTERS OF CARERS

9.17 While the Scottish Government has ruled out the option to introduce legislation for GPs or local authorities to maintain a Carers Register in order to support the identification of carers, there is an acknowledgment of the need to continue with further policy and practice developments. Question 23 asked,

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?

Table 9.2: Question 23

Respondent group	Yes	No	Other	Nil response
Individuals (32)	26	1	-	5
Carer/ User support (81)	52	-	-	29
Local authority (24)	20	1	-	3
Health (13)	11	-	-	2
CHCP (6)	4	2	-	-
Public body (3)	1	-	-	2
Professional body (3)	1	-	-	2
Representative body (3)	2	-	-	1
TOTAL (165)	117	4	-	44

9.18 Almost all of those who replied said yes (117) while only four said no. Eighty-four respondents commented on this question. A number of reasons were offered in support of this, each mentioned by small numbers of respondents. These included:

- The importance of ensuring effective and proactive use of GP Carers' Registers.
- This will promote equity and consistency across Scotland in the sharing and use of good practice, and the provision of support to carers, with a joined up approach to providing the necessary services to carers.
- GPs are in a good position to identify carers and respond to their needs.
- This encourages GPs to become involved in good practice.
- This will help to ensure the Register has some purpose.
- That this is better than a legislative requirement.

9.19 Some respondents also provided examples of current practice in their area or commented that health boards already share good practice and learning. A small number of respondents noted that GP practices already maintain a register of carers and that there should be more emphasis on sharing best practice between and across local authorities.

9.20 While almost all respondents were positive about this suggestion, a significant number of respondents qualified their comments at this question. Some of these respondents noted that the Register should not simply be a data collection point but that there is also a need to ensure good practice is being implemented or that supporting mechanisms exist to ensure carers are supported fully. There were also some comments that this needs to be regularly updated and that regular monitoring should be undertaken to ensure that carer needs are being met.

9.21 A few respondents also noted the need for partnership working across all agencies that are involved in identifying or providing support to carers. Indeed, there were some comments that this should not solely be the responsibility of GPs but that the wider NHS service and social work departments also need to be responsible for ensuring that good practice is widely maintained.

9.22 There were some calls for additional training for GPs and other agencies to help them in the identification of carers. A small number of respondents felt there should be a named person in each GP practice to lead on carer support.

9.23 There were a small number of comments from carer/ user support organisations that this will only be effective if it is combined with a duty on health boards.

MONITORING COMPLIANCE

9.24 The consultation paper then went onto ask respondents whether Health Boards should monitor compliance with the core contractual elements of the GP contract. Question 24 asked,

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

Table 9.3: Question 24

Respondent group	Yes	No	Other	Nil response
Individuals (32)	25	1	-	6
Carer/ User support (81)	54	1	-	26
Local authority (24)	19	1	-	4
Health (13)	7	2	-	4
CHCP (6)	3	3	-	-
Public body (3)	1	-	-	2
Professional body (3)	1	1	-	1
Representative body (3)	2	-	-	1
TOTAL (165)	112	9	-	44

9.25 The table above shows that 112 respondents said yes and only nine, including three from the CHCP group and two from the health group, said no. Many of those who said 'yes' to this question, did not provide further commentary, and a small number referred to their answer to the previous one or two questions. That said, 67 respondents commented on this question.

9.26 A few respondents noted advantages to this approach in that this would help to identify areas of non-compliance, ensure consistency across different areas, promote accountability or simply that it would be beneficial for carers.

9.27 Some respondents, mainly carer/ user support organisations, commented that GPs should be required to report annually and/ or that health boards should have to report to the Scottish Government annually. These respondents also asked for information such as the number of carers identified and the number of referrals made each year. Some of these organisations also suggested there should be a lead individual within the GP practice with responsibility for support of carers.

9.28 A small number of other respondents referred to the need for monitoring, with one carer/ user support organisation suggesting that carer organisations should be involved in the monitoring process. There were also a small number of comments that the Register should be updated regularly. Two respondents – a local authority and a carer/ user support organisation commented there should

be legislation to make NHS Boards monitor compliance with the core contractual elements of the GP contract.

- 9.29 As with Question 23, there were some calls for the monitoring to link to outcomes or to have some form of reporting which allows for the measurement of progress. There were also a small number of requests for awareness training for GPs or other practice staff.
- 9.30 The small number of respondents opposed to this concept were primarily from health organisations and commented that contract monitoring and payment verifications systems are already embedded within health boards.

10 CARER AND CARED-FOR PERSON(S) IN DIFFERENT LOCAL AUTHORITY AREAS

In summary,

Lead local authority

- Views 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 were polarised. Broadly equal numbers of respondents supported the lead authority being the authority where the carer lives or the authority where the cared-for person lives. A higher number of local authorities were supportive of the latter (where the cared-for person lives).
- There were some calls for collaboration between local authorities in order to ensure the process is person-centred and flexible to meet the needs of carers.
- There were some requests for guidance and support to ensure consistency of quality.
- A small number of respondents commented on the Scottish Government's Ordinary Residence (OR) Guidance and that any guidance developed should take account of this.

Costs of support

- Again, views were split as to which local authority should cover the costs of support to the carer. As with the previous question, there were also some requests for collaboration between local authorities and for costs to be shared.
- Once again, there were some requests for guidance.
- There were some references to OR guidance.
- There were some concerns that there could be different thresholds for accessing services in different local authorities.

Guidance for local authorities

- Almost all respondents answering this question supported the Scottish Government and COSLA producing guidance for local authorities.
- There were some requests that any guidance should be produced in conjunction with other organisations such as carer organisations, third sector organisations, service providers and also carers themselves.
- A small number of respondents referred to the Rules of Ordinary Residence and noted that this needs to be referred to, or that the OR guidance needs to be amended and updated to reflect carers' support considerations.
- There were also a small number of requests for a review period to ensure that any guidance developed is effective in establishing consistent and fair practice.

10.1 The consultation paper noted there will be in the future issues in relation to local authority responsibility for carrying out a Carer's Support Plan, providing support to carers and covering the cost of support where the carer and cared-for person live in different local authority areas.

10.2 At present, it is possible for a carer living in one area looking after a person living in another area to request a carer's assessment of the local authority where they themselves live. This local authority is not under any obligation to

carry out the assessment because it has no power or duty to provide community care services to the cared-for person in question. At present, the way in which local authorities deal with these types of requests – which the Scottish Government understands are relatively small in number – varies across the country, and from case to case.

LEAD LOCAL AUTHORITY

10.3 The consultation paper noted that the issue of which local authority should take the lead for undertaking the Carer's Support Plan and providing support is likely to become more of an issue in the future. If the Scottish Government places a duty upon local authorities to offer a Carer's Support Plan, it will be necessary to have clarity over the local authority on which this duty will fall. Question 25 asked:

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)?

10.4 One hundred and fourteen respondents, across all sub-groups, commented on this question. A small number simply welcomed the intention to address this issue. Views as to whether the lead local authority for undertaking the Carer's Support Plan should be the authority where the carer resides or the authority where the cared-for person resides, were polarised. Thirty-two respondents felt the lead local authority should be the one where the carer resides, in comparison to 34 who felt this should be the authority where the cared-for person resides. For both of these options, there was support across all respondent sub-groups, although more local authorities supported the lead local authority being where the cared-for person resides. There was divided opinion among the carer/ user support organisations with similar numbers supporting both of the given options and also collaboration between local authorities.

10.5 Among the 32 respondents with a preference for the lead authority to be where the carer resides, just over half were from the carer/ user support group. Few local authorities supported this option. Of the respondents providing reasons for their preference, key benefits were that the carer can access support and services locally or that the local authority will know what services and support are available to carers.

10.6 Among the 34 respondents with a preference for the lead local authority to be where the cared-for person resides, support came mainly from the local authority, carer/ user support and individual groups. A number of benefits were cited to this approach and these included:

- The local authority will have knowledge of local services and what is available.
- This makes best use of local resources and support networks.
- It identifies who the carers are and their needs.

- 10.7 A minority of respondents did not provide a preference for the lead authority and supported collaboration between both local authorities, with the Carer's Support Plan being conducted jointly to help achieve the best outcomes for both the carer and the cared-for individual. Support for this option was highest among carer/ user support organisations, with only two local authorities commenting on collaboration. One local authority which was supportive of the cared-for person's local authority being the lead authority for undertaking the Carer's Support Plan, also commented that this will only work if there is close collaboration between the two authorities. Another local authority noted that this is a difficult issue and that it should be led by the individual's needs, albeit that local authorities and health boards need to work together to look at cross-border challenges.
- 10.8 Several respondents noted that whoever is the lead authority, there is a need for an explicit and transparent process for deciding who will be the lead local authority, with some requests for flexibility for local authorities to work closely together and ensure there are reciprocal agreements in place. There were also comments from a few other respondents on the need for Carer Support Plans to be person-centred and flexible so that the needs of the carer are paramount in any decisions. Indeed, a small number of carer/ user support organisations noted that this should not be an issue if there is portability of assessment between local authority areas.
- 10.9 A number of respondents also requested national guidance and support to ensure consistency of quality in taking forward the Carer's Support Plan across all local authorities, and clarity over individual responsibilities. Requests included the provision of best practice examples and a national eligibility framework; one local authority commented that a framework would help to address cross-border issues within Scotland.
- 10.10 There were also a number of comments, mainly from local authorities, on the need to make reference to the Scottish Government's Ordinary Residence Guidance. The key point raised was that there needs to be reference to the Ordinary Residence Guidance, or that whatever decision is made as to the lead authority, this needs to be consistent with Ordinary Residence Guidance. One local authority referred to SDS regulations and commented:
- "This is an issue and is considered by SDS regulations around portability of support plans. The Ordinary Residence guidelines impacts on this and needs further discussion and clarification."
- 10.11 A small number of carer/ user support organisations who had consulted with members on this question noted that their members had divided opinions as to which option would be best.

COSTS OF SUPPORT

- 10.12 Another issue for consideration is that of which authority covers the cost of undertaking the Carer's Support Plan and providing support. It has been suggested that the authority in which the carer lives carries out the Carer's Support Plan and provides support, and that the local authority area where the

cared-for person resides should reimburse the costs to the carer's local authority.

- 10.13 The Scottish Government is keen to understand views before taking any decision on the way forward in terms of legislative provisions or guidance. The consultation paper noted there are also similar issues when the carer or cared-for person lives in Scotland and the other family member lives elsewhere in the UK.

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

- 10.14 Ninety-seven respondents, across all sub-groups, commented on this question, many of whom referred to their response at Question 25. Although many respondents echoed the response they had given at Question 25, views on which local authority should cover the costs of support to the carer were less polarised, with 35 suggesting it should be the authority which supports the cared-for person, and 26 suggesting it should be the authority where the carer resides. For many, although not all of these respondents, preferences for which local authority should be responsible for covering the costs of support to the carer was the same as the answer given at Question 25.

- 10.15 For both of these options, there was support across all respondent sub-groups. Greatest levels of support for the authority which supports the cared-for person came from carer/ user support organisations, local authorities and individuals. Support for the local authority where the carer resides came primarily from carer/ user support organisations, with much less support from respondents in all other sub-groups.

- 10.16 That said, there were a few provisos, with a small number of respondents who were supportive of the authority where the carer resides, commenting that the costs of short breaks/ respite should be paid for by the local authority where the cared-for person resides. A carer/ user support organisation noted concerns of different eligibility criteria in different authorities and another noted the need for both authorities to work closely together.

- 10.17 A small number of respondents commented that the local authority covering the costs of support to the carer should be the local authority that carried out the Carers Assessment.

- 10.18 As at Question 25, there was also support, albeit at a lower level, for collaboration across local authorities or for the costs to be borne jointly. These comments came primarily from respondents who were carer/ user organisations. A small number of respondents, mostly carer/ user support organisations also commented that the needs of the carer should be paramount and that their needs should determine which authority should cover the costs of support to carers.

- 10.19 A small number of respondents also noted the need for clear guidance or for guidance providing clarity on funding issues or how to recover costs between authorities. One CHCP commented that guidance needs to be linked to current arrangements, for example, within older peoples' services.

10.20 A few respondents, mostly local authorities, commented on the issue of Ordinary Residence (OR). A number of key points were made, which included:

- Issues raised under Ordinary Residence (OR) Rules need to be considered.
- Any legislative changes need to be consistent with OR guidance.
- OR guidance should be updated to reflect Carers' support considerations. One carer/ user support organisation also noted that OR Guidance should include reference to the Social Work (Scotland) Act.
- There needs to be further discussion and clarification around how the Ordinary Residence guidelines impact on this decision.

10.21 One local authority commented that the rules of Ordinary Residence and changes to the roles of Responsible Authorities within the Children's Hearings (Scotland) Act 2011 contain adequate provision to guide local authorities when this is an issue for a young carer specifically.

10.22 A small number of carer/ user support organisations which had consulted with their members noted that views were split in terms of which local authority should cover the costs of support to the carer.

10.23 There were also a small number of concerns noted by respondents, mainly in reference to cross-border issues and the different thresholds for accessing services, although small numbers of respondents also had concerns over the resources needed for this, communication between authorities and the timescales for implementation.

GUIDANCE FOR LOCAL AUTHORITIES

10.24 The final question in the consultation paper asked,

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

Table 10.1: Question 27

Respondent group	Yes	No	Other	Nil response
Individuals (32)	26	1	-	5
Carer/ User support (81)	46	1	-	34
Local authority (24)	20	2	-	2
Health (13)	9	-	-	4
CHCP (6)	5	1	-	-
Public body (3)	1	-	-	2
Professional body (3)	-	-	-	3
Representative body (3)	2	-	-	1
TOTAL (165)	109	5	-	51

10.25 A majority (109) of respondents said yes while only five said no. Many of those who answered 'yes' did not provide any further reasons. Seventy-two respondents provided further commentary to this question.

- 10.26 Of those answering 'yes' to this question and providing further commentary, a key theme was that guidance for local authorities would bring about consistency and clarification across all local authorities.
- 10.27 A small number of respondents wishing to see guidance developed, noted that this should also involve various other types of organisation. These included third sector organisations, carer organisations, service providers and carers themselves. One local authority respondent also commented that the working party involved in developing this guidance should ensure representation for all appropriate issues such as SDS or GIRFEC. A CHCP also commented on the need to ensure that any guidance developed is consistent with other relevant legislation. Four respondents – all local authorities – referred to the Rules of Ordinary Residency (OR) and noted that this needs to be referred to or that the OR guidance needs to be amended and updated to reflect carers' support considerations.
- 10.28 A few respondents commented that guidance in itself is not enough to ensure consistency across all local authorities but that this should also be supported by legislation. A few respondents also suggested the need to build in a period of review to ensure that any guidance developed is effective in establishing consistent and fair practice or that there should be an independent watchdog to ensure this is fairly and consistently applied.

11 OTHER COMMENTS

- 11.1 Sixty-eight responses contained additional information. Many of these provided background information on their organisation to help set the context of their response. Others used their own experience to illustrate key points they were making; or provided case studies to illustrate good practice examples; or referred to research undertaken by other organisations.
- 11.2 Many of these respondents welcomed the opportunity to respond to this consultation and contribute their views; some welcomed the consultation and its proposals to develop legislation for carers; some confirmed their support for other responses that had been submitted to this consultation.
- 11.3 A number of respondents also reiterated key points they raised in response to specific questions.
- 11.4 A small number commented on the wide diversity of carer groups, the different needs of these groups and/ or the need to ensure support is accessible to all carers regardless. Some referred to specific groups of carers such as LGBT, BME, and those caring for individuals with a terminal illness and raised specific issues that impact on carers within these groups.
- 11.5 Several respondents took the opportunity to raise a point not directly related to the consultation questions and these are summarised below.
- A carer/ user support organisation took the opportunity to request a Child Rights Impact Assessment (CRIA) in order to ensure the Scottish Government's proposals for carer legislation are fully assessed in terms of their impact on the rights of children. Another referred to the need for an Equalities Impact Assessment (EQIA).
 - Another carer/ user support organisation suggested this was an appropriate time to review the Carers' Allowance.
 - A professional body suggested the Scottish Government should produce a reader-friendly guide to provide carers and young carers with information about their rights under any new legislation and offering information on support services.
 - There were calls from a small number of respondents, primarily carer/ user support organisations for the implementation of services to be monitored, with one noting concern over the outsourcing of services.
- 11.6 Two additional issues raised by a number of carer/ user support organisations were Hospital Discharge and Emergency and Anticipatory Care Planning.
- 11.7 Many of these organisations requested the Scottish Government introduce a duty on health boards to involve carers in hospital discharge planning and to ensure the care package for the patient is in place prior to discharge. Key reasons for this were that:
- Current practice across Scotland differs widely, for example, in the provision of access to information and support.

- There should be full and active involvement of carers from the point of admission to hospital.
- Discharge planning should take account of the level of care that carers are able to provide; and pay cognisance to other aspects of carers' lives such as other responsibilities, their employment and their ability to care etc.

11.8 A few also proposed that the Carers Support Plan should include a duty to incorporate anticipatory care planning.

12 SUMMARY

- 12.1 A total of 1,587 responses were received.
- 12.2 There were 165 standard consultation responses including 32 from individuals and 133 from organisations; several of these organisations had consulted with their members before submitting a response. In addition, 513 respondents submitted their response using a template distributed by the Coalition of Carers and local carer centres. There were also 909 responses based on a questionnaire distributed by the Scottish Youth Parliament. The Scottish Government also ran a series of 16 consultation events across the country.
- 12.3 There was a good response to this consultation, with many respondents welcoming the opportunity to provide their comments on the proposals outlined. Across the consultation as a whole there was support for specific legislation that will support carers and their rights, with many respondents commenting on the adverse impact that caring for another can have and the need for support to be available to all carers to help them in their caring role.
- 12.4 In general, respondents were supportive of the proposals outlined in the consultation paper. That said, many noted the importance of integrated service provision and the need to clarify the role played by different agencies in relation to the delivery of services. Allied to this, there is a need for effective partnership working between and across agencies to ensure optimal provision of services, delivered at the right time, in the right place.
- 12.5 Many respondents commented on the need for consistency across Scotland for services and their delivery. Some concerns were expressed over cross-border issues, both within and outwith Scotland and the need for portability of assessments.
- 12.6 While there are requests for consistency in the planning, shaping and delivery of services, there were also calls for services to be flexible and able to respond to changing needs. Respondents would like to see an outcomes-based approach, with regular reviews to ensure that carers receive the services that are appropriate to their needs.
- 12.7 Most respondents acknowledged the importance of involving carers and carer organisations in the planning, shaping and delivery of services in order to ensure that services offered meet the needs of carers. A number of respondents also noted the need to ensure that any carer services are inclusive, for adult and young carers as well as those from more hard-to-reach groups. There were also some concerns over the transition from young carer to adult carer and the need to ensure that this is a smooth transition.
- 12.8 There were calls for assessments to be carried out early; it was felt that a preventative approach will mean that support can be provided to carers when it is first needed and before a crisis point is reached; and help to minimise the use of services.

12.9 Some respondents – primarily local authorities and CHCPs - noted that existing legislation and guidance already provide a framework for delivery and that some of what is being proposed is not needed. For example, some local authorities noted that new powers under SDS or GIRFEC already deal with the needs of carers and young carers.

12.10 While respondents were supportive of these proposals, there were concerns over the resources that will needed to implement them.

APPENDICES

APPENDIX 1: 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?

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

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?

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?

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

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?

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

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

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?

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?

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?

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

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

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).

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.

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?

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?

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?

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?

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?

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?

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?

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?

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

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)?

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?

APPENDIX 2: LIST OF ORGANISATIONS

Organisation name	Group
Carer/ User Support	Aberlour
Carer/ User Support	Age Scotland
Carer/ User Support	Alzheimer Scotland
Carer/ User Support	Alzheimer Scotland's National Dementia Carers Action Network (NDCAN)
Carer/ User Support	Angus Carers Centre
Carer/ User Support	CAIR Scotland – Aberdeenshire Young Carers Service
Carer/ User Support	Carers Link East Dunbartonshire
Carer/ User Support	Carers of East Lothian
Carer/ User Support	Carers of West Dunbartonshire
Carer/ User Support	Carers of West Lothian
Carer/ User Support	Carers Scotland
Carer/ User Support	Carers Trust Scotland
Carer/ User Support	Children in Scotland
Carer/ User Support	Coalition of Carers in Scotland
Carer/ User Support	Crossroads Caring Scotland (Falkirk) Forum
Carer/ User Support	Dumfries and Galloway Carers Centre
Carer/ User Support	Dumfries and Galloway Older People's Consultative Group
Carer/ User Support	Dundee Carers Centre (on behalf of local carers consultation)
Carer/ User Support	Dundee Mental Health Cairn Fowk
Carer/ User Support	East Dunbartonshire Joint Carers Working Group
Carer/ User Support	East Lothian Young Carers
Carer/ User Support	Edinburgh Carers Council
Carer/ User Support	Edinburgh Carers Reference Group
Carer/ User Support	Edinburgh Young Carers Project (EYCP) Broomhouse Young Carers West Lothian Young Carers Project (WLYCP) CHILDREN 1ST, Midlothian Young Carers
Carer/User Support	ENABLE Scotland
Carer/ User Support	Eric Liddell Centre
Carer/ User Support	Families Outside
Carer/ User Support	Glasgow Carers Forum – Mental Health
Carer/ User Support	Health and Social Care Alliance Scotland
Carer/ User Support	Highland Carer Strategy Development and Implementation Group
Carer/ User Support	HIV Scotland
Carer/ User Support	Inclusion Scotland (IS) and Self Directed Support Scotland (SDSS)
Carer/ User Support	Independent Advocacy Perth & Kinross
Carer/ User Support	Inverclyde Asthmatic Caring Group
Carer/ User Support	Inverclyde Carers Council

Carer/ User Support	Joint response from User and Carer Involvement and Support in Mind Scotland
Carer/ User Support	Leuchie House Short Break Care
Carer/ User Support	LGBT Youth Scotland
Carer/ User Support	Macmillan Cancer Support
Carer/ User Support	Marie Curie Cancer Care
Carer/ User Support	MECOPP
Carer/ User Support	MECOPP (Gypsy Travellers)
Carer/ User Support	MECOPP Chinese Focus Group
Carer/ User Support	MECOPP South Asian Focus Group
Carer/ User Support	Midlothian Dementia Single Service Carer Reference Group
Carer/ User Support	Midlothian Joint Carers Strategic Planning Group
Carer/ User Support	Mindroom
Carer/ User Support	MND Scotland
Carer/ User Support	MS Society
Carer/ User Support	National Carer Organisations (Carers Scotland, Coalition of Carers in Scotland, Crossroads Caring Scotland, MECOPP, Carers Trust Scotland, the Scottish Young Carers Services Alliance and Shared Care Scotland.)
Carer/ User Support	National Carer Organisations (joint response)
Carer/ User Support	NHS Lothian Carers Steering Group
Carer/ User Support	North Dementia Forum
Carer/ User Support	North Lanarkshire Carers Together
Carer/ User Support	North West Carers Centre
Carer/ User Support	PAMIS
Carer/ User Support	Parents of Autistic Spectrum Disorder Adults (PASDA)
Carer/ User Support	Parkinson's UK
Carer/ User Support	Perth & Kinross Association of Voluntary Services
Carer/ User Support	Quarriers Carer Support Service Moray
Carer/ User Support	Real Life Options
Carer/ User Support	Renfrewshire Carers Centre
Carer/ User Support	Scotland's Commissioner for Children and Young People
Carer/ User Support	Scottish Borders Parent Carer Working Group
Carer/ User Support	Scottish Council on Deafness
Carer/ User Support	Scottish Disability Equality Forum
Carer/ User Support	Scottish Families affected by Alcohol and Drugs
Carer/ User Support	Scottish Government Carers Reference Group
Carer/ User Support	Scottish Independent Advocacy Alliance
Carer/ User Support	Scottish Partnership for Palliative Care
Carer/ User Support	Shared Care Scotland
Carer/ User Support	South Lanarkshire Carers Network Limited
Carer/ User Support	Stirling Carers Centre

Carer/ User Support	Stirling Carers Voice
Carer/ User Support	The Princess Royal Trust Carers Centre (Falkirk & Clackmannanshire)
Carer/ User Support	The Scottish Young Carers Services
Carer/ User Support	Together (Scottish Alliance for Children's Rights)
Carer/ User Support	VOCAL – Voice of Carers Across Lothian
Carer/ User Support	Western Isles Carers, Users and Supporters Network (WICUSN)
Carer/ User Support	Western Isles Community Care Forum
Carer/ User Support	Youthlink Scotland
CHCP	East Ayrshire Community Health Partnership Officer Locality Group Children & Young People
CHCP	East Ayrshire Health and Social Care Partnership
CHCP	East Renfrewshire Community Health & Care Partnership
CHCP	Inverclyde Community Health and Care Partnership
CHCP	Renfrewshire Council and Renfrewshire Community Health Partnership
CHCP	West Dunbartonshire Community Health and Care Partnership
Health	NHS Ayrshire & Arran
Health	NHS Education for Scotland
Health	NHS Fife
Health	NHS Forth Valley
Health	NHS Grampian
Health	NHS Greater Glasgow and Clyde
Health	NHS Highland
Health	NHS Highland - Argyll and Bute CHP
Health	NHS Lanarkshire
Health	NHS Tayside
Health	NHS24
Health	Scottish Ambulance Service
Health	Scottish Health Council
Local Authority	Aberdeenshire Council
Local Authority	Angus Council
Local Authority	Argyll and Bute Council – Children and Families Service
Local Authority	Argyll and Bute Council Community Services
Local Authority	City of Edinburgh Council
Local Authority	Dumfries and Galloway Council Social Work Department
Local Authority	Dundee City Council
Local Authority	East Dunbartonshire Council
Local Authority	Falkirk Council
Local Authority	Fife Council
Local Authority	Getting it Right for Every Midlothian Child

	Partnership
Local Authority	Glasgow City Council / Glasgow Carers Partnership
Local Authority	Highland Council (Youth)
Local Authority	Moray Council
Local Authority	North Ayrshire Council
Local Authority	North Lanarkshire Council
Local Authority	Perth and Kinross Council
Local Authority	Perth and Kinross Council (Housing and Community Care)
Local Authority	Scottish Borders Council
Local Authority	Shetland Islands Council - Community Health and Social Care & Children Services
Local Authority	South Ayrshire Council
Local Authority	South Lanarkshire Council
Local Authority	Stirling & Clackmannanshire Council Shared Social Services
Local Authority	West Lothian Council
Professional Body	BMA Scotland
Professional Body	Royal College of General Practitioners (Scotland)
Professional Body	The Law Society of Scotland
Public Body	Care Inspectorate
Public Body	Scottish Social Services Council (SSSC)
Public Body	Skills Development Scotland
Representative bodies	Association of Directors of Social Work (now Social Work Scotland)
Representative bodies	COSLA
Representative bodies	Scottish Youth Parliament
32 responses from individuals	

ANNEX

ANNEX 1: CONSULTATION EVENTS AND SUMMARY OF KEY POINTS

The following list shows the dates, venue and host for each of the 16 consultation events.

Date	Venue	Host
28 January	Glasgow	Scotland Network
11 February	Glasgow	SDS/COCIS
25 February	Perth	Scottish Young Carers Services Alliance
25 February	Edinburgh	NHS Education for Scotland
26 February	Glasgow	COCIS
27 February	Glasgow	NHS Health Scotland
5 March	Broxburn	West Lothian Carers
15 March	Glasgow	Scottish Government & Carers Scotland
18 March	Bellshill	North Lanarkshire Carers Together
19 March	Glasgow	Scottish Government & Carers Scotland
24 March	Edinburgh	Shared Care Scotland
24 March	Dundee	Dundee Carers Centre
25 March	Inverness	Scottish Government
26 March	Edinburgh	Scottish Government & VOCAL
31 March	Edinburgh	Scottish Government & Local Authorities
12 April	Edinburgh	Scottish Youth Parliament

Between January and April 2014, 16 consultation events were held across Scotland. Some of these were hosted by the Scottish Government; some were hosted by other organisations. Across these events, attendees comprised carer organisations, carers (adult and young), third sector organisations and NHS Board representatives. Seven of the groups who hosted an event provided a summary of key themes emerging, and the remaining nine groups who hosted an event included findings from events within their final response to the consultation. The following paragraphs provide a summary of key themes from the seven events that provided notes.

Other than the themes already outlined in previous chapters of this report, other issues raised included:

- The need for a holistic and whole family approach when considering the needs of carers.
- A request for a duty for awareness training for practitioners.
- A query over what penalties would be instigated if local authorities failed to meet their duties.
- The concept of a named person or 'navigator' who would be a point of contact.
- Funding for a public information campaign to help raise awareness and encourage carers to self-identify.
- Concerns that connections between this new legislation and other legislation such as SDS are not clear.
- Issues surrounding guardianship and how this influences carers' contributions.

- Hospital discharge and issues in relation to discharge planning.
- While there is general agreement for services to carers across Scotland to be consistent, there were also recognition from young carers of a need for some degree of localisation as needs may differ from one area to another.
- Creation of a central hub of information to foster communication between local authorities, carer centres and carers.
- The need for a system to monitor contracts to ensure fairness and accountability.

ANNEX 2: ALTERNATIVE RESPONSE FORMATS

In addition to the 164 standard consultation responses, 513 respondents submitted their response using a template distributed by the Coalition of Carers and local carers centres .

COALITION OF CARERS RESPONSES

The Coalition of Carers produced a template containing seven statements which people could tick to indicate their support.

The majority of these respondents who returned this template said that they support the Carers Bill and the following numbers said they would like to see the following:

- 473 wanted to see a duty on local authorities to support carers according to an eligibility framework and a discretionary power to support carers who do not meet eligibility.
- 472 wanted to see a duty on local authorities to provide and promote short breaks.
- 473 wanted to see a duty on local authorities to offer all carers a carer's support plan, including young carers who are about to turn 18.
- 475 wanted to see a duty on local authorities to establish and maintain a service for providing carers with information and advice on their rights, support, and access to a carers support plan.
- 472 wanted to see a duty on health agencies to inform and involve carers in hospital admission and discharge procedures.
- 472 wanted to see the inclusion of emergency planning in carers support plans.
- 471 wanted to see a named person in each health practice, responsible for managing a GP carer register, identifying carers, supporting them and signposting them to other services.

Thirty respondents did not state their agreement or disagreement with the statements provided but instead made other comments, stressing their priorities and concerns. These included:

- That the Carers Bill may make it easier to identify the many 'invisible' carers; those who do not ask for help.
- That all carers should have a Carer's Support Plan.
- That the Carer's Bill recognises the importance of carers and values the vital role they play.
- That caring is hard work; that carers put their lives on hold and can affect their physical and mental health and well-being.
- The need for support for all carers.
- The need for support for young carers.
- The need for support before a situation reaches crisis point.
- The need for a register of carers.
- That carers should be protected in their 'work' in the same way that all other workers are protected.
- The need for training for carers.

- The need for more information for carers on support available.
- The need for respite or other breaks for carers.
- The need for financial support; both for carers and to put in place the proposals in this consultation.
- The need to inform and involve carers in relation to hospital admission and discharges.
- The need for duties on local authorities to ensure proposals are put into practice; and for monitoring and accountability.
- The need for consistency and standardisation across local authority areas.
- That the Carers Bill will ensure carers get the support they require and will make life easier for carers.

SCOTTISH YOUTH PARLIAMENT RESPONSES

There were also 909 responses based on the Care:Fair:Share questionnaire distributed by the Scottish Youth Parliament. The following paragraphs outline the response to this questionnaire (The percentages do not add to 100% as not all respondents answered every question).

- Do you think young carers should be involved in the planning, shaping, and delivery of services both for cared-for people and young carers?
 - 92% said yes, 6% said no
- Do you think young carers should have more flexibility in how they spend direct payments for support they receive from local authorities, rather than receiving a care package?
 - 84% said yes, 14% said no
- Do you think all local authorities have a duty to support young carers, allowing them to participate in leisure and recreational activities without financial burden?
 - 92% said yes, 5% said no
- Do you think all local authorities should have a duty to hold information centrally about young carers and younger adult carers in schools, colleges, and universities?
 - 80% said yes, 1% said no
- For monitoring purposes, do you think all local authorities should be required to keep information about young adult carers aged 18-25 specifically, separate from information about all adult carers over 18?
 - 68% said yes, 28% said no
- Do you think the carers legislation and guidance that follows should specifically mention the needs of young adult carers as they move into adulthood in order to highlight the different challenges they face at this point in their lives, including the possibility for increased financial strain?
 - 87% said yes, 17% said no

- Do you think all local authorities should be required to meet minimum national expectations about providing services and support for young carers?
 - 86% said yes, 8% said no

- As young carers move into adulthood, should they be automatically offered a new support plan by their local authority to consider their changing needs?
 - 78% said yes, 10% said no

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