CONSULTATION QUESTIONS

The Carer's Assessment: Carer's Support Plan

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

☐ Yes   x☐ No

Comments:

The consultation conflates 'assessment' with 'support planning' which are two related but separate stages of the process. The Government's own policy documents around care management clearly distinguish between an assessment of need and the care/support plan to meet needs identified.

The consultation rightly points to the reluctance of many 'carers' (assuming they accept this appellation) to be 'assessed' and this is likely to be one major factor in the low uptake of carer assessments nationally. We would welcome attempts to rebadge what is offered to carers (within the limitations of the current legal duty to offer a 'carer assessment') to make it more acceptable and meaningful. In this authority we have been working closely with our local carer organisation on a 'carer conversation tool' which is aimed towards identifying outcomes as well as the impact of the caring role.

However no tool can solely focus on outcomes either at the assessment or support planning stages. Indeed it is not possible to assess someone's outcomes (only their needs) and outcomes can only be considered at the support planning stage based on identified needs/impact. The current trend to talk loosely about 'outcome based assessment' it therefore contradiction.

So simply 'renaming' the carer assessment as a support plan (Ch 2 section 9) will only cause confusion to practitioners and carers. Something has to precede the support plan which analyses areas within the carer's life impacted by the caring role whether or not this is termed an 'assessment'.

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

☐ Yes   x☐ No

Comments:

Removing any link between the assessed needs of the cared-for person and the support offered to the carer would be unwise. This would in practice widen the definition of a 'carer' and the number of people to whom a carer assessment would have to be offered or completed, especially where there are multiple potential

carers within a family or neighbourhood. The 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.

Notwithstanding the difficulties arising from defining 'substantial and regular' caring if this test is abandoned along with any focus on the cared-for person then the implications for practitioner workloads and service budgets would be unpredictable.

As dealt with later, the notion of 'eligibility criteria' for allocating resources to carers based on critical or substantial priority and risk would only be practicable if a carer had a significant input to a cared-for person who also met the same eligibility criteria.

Question 3: Should we remove that part of the existing carer assessment process whereby the cared-for person is a person for whom the local authority must or may provide community care services/children's services?

☐ Yes   x☐ No

Comments:

We would suggest that whether or not the cared-for person is actually receiving services (acknowledging factors such as refusal to accept) the requirement that that person 'may' or 'might' otherwise receive services should be retained. In other words the cared-for person would be eligible to receive support in their own right whether or not this is actually in place.

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?

☐**X** Yes   ☐ No

Comments:

Yes on the basis of our earlier responses - that the request from the carer or the offer from the practitioner is for an assessment (or agreed equivalent) not for a Carer Support Plan).

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

☐**x**Yes   ☐ No

> Comments:
>
> We would agree to the removal of any assessment of 'ability' with its connotations of (in)competence.
>
> However any assessment preceding the support plan has necessarily to consider the 'capacity' of the carer in its widest sense in order both to measure the impact of caring activity and the likelihood of its continuation.

Question 6: Should we introduce a duty for local authorities to inform the carer of the length of time it is likely to take to receive the Carer's Support Plan and if it exceeds this time, to be advised of the reasons?

☐ Yes   ☐ *x*No

> Comments:
>
> This would only be appropriate in the context of nationally set timescales for all assessments (including those of the cared-for person or other clients) and client support plans. In practice it has been recognised that authorities have to be left with discretion to prioritise cases according to need/risk. In this authority our assessment & support management procedures do exactly this - setting a range of timescales by domain and risk rating.
>
> Similarly the situation of carers will vary widely and professional judgement (if necessary backed by local procedures) would be preferable to standardised tiimescales.

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

> Comments:
>
> The need to consider 'passporting' carer assessments is not a significant issue perhaps due to the low number of assessments completed across authorities.

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

☐ *x*Yes   ☐ No

> Comments:
>
> See above

Information and Advice

Question 9: Should we introduce a duty for local authorities to establish and maintain a service for providing people with information and advice relating to the Carer's Support Plan and support for carers and young carers?

☐ Yes   X☐ No

> Comments:
>
> We would view this as a very specific area on which to place an additional duty of authorities at this time and an aspect that could be clearly indicated within statutory guidance.
>
> As with other authorities we have comprehensive information available on our responsibilities and services for carers as well as other groups. We also fund a dedicated carer support organisation which provides advice and information as well as passing on referrals for carer assessments. If a separate facility operated by the local authority was envisaged this would both duplicate the current third sector resource and place an additional burden on our limited capacity.

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?

☐*x* Yes   ☐ No

> Comments: Clearly the funding which currently comes to Health Boards is a significant factor in enabling this imperative

Support to Carers (other than information and advice)

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

☐ Yes   x☐ No

> Comments:
>
> We would favour the option of retaining the discretionary power to support carers and young carers.
>
> Erecting an 'eligibility framework' for allocating resources to carers would seem to be in direct contradiction with the aim of de-stigmatising our approach. Operating such a framework (involving judgements around priority and level of risk) this would entail robust assessment and formalised processes for deciding if resources should be allocated. This would not fit with the overall approach proposed which is querying the need even for an assessment of need (by going directly to a support plan).

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

☐ *x*Yes   ☐ No

> Comments:
>
> See above

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

☐ Yes   ☐*x* No

> Comments:
>
> This is too specific an intervention to create as a duty and would be encourage a service-led approach in contradiction with Self Directed Support and an outcomes-focus.

Stages and Transitions

Question 14: Should we issue statutory guidance on the Carer's Support Plan which will include guidance for those undertaking the Carer's Support Plan on managing stages of caring? This would apply to adult carers only. (For young carers, practice guidance will be developed to support management of a Child's Plan through the stages of caring).

☐ Yes   x☐ No

Comments:

Whilst we recognise that the situation for carers will alter over time (both in their own life and that of the cared-for person) we would question whether the notion of 'stages of caring' is a useful one. This would suggest some kind of ordered or predictable process whereas your examples demonstrate that changes may be short-term or more permanent, practical or emotional, related to caring activity or personal to the carer.

As with assessment and support management with a client we would review and adapt both assessed needs and support interventions on an ongoing basis and take a 'whole family' approach in doing this. We are unclear as how statutory guidance could usefully address the 'managing of stages of caring' in any practical sense. Again the apparent conflation of assessment (re-assessment) and support planning/review may reduce clarity here.

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.

☐*x* Yes   ☐ No

Comments:

We would agree that a young carer should be as entitled to a Carer Support Plan as an adult.

However it would require effective practice and protocols around transitions if the young person is being supported by children's services. Given the separation between children's and adult services (exacerbated in this and other authorities by integration with NHS without children services) any Carer Support Plan involving ongoing support and budgeted resources would need to be agreed with the adult team and no commitments could be made in isolation which tied another organisation.

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?

☐*x* Yes   ☐ No

Comments: There are arrangements in place within this partnership to include

carers in the planning, shaping and delivering of adult services which comprise the in-scope services in the integration plan. There is a specific Carers Working Group, linked to Community Planning structures for both adults and children at which Carers Link (representing all carers in East Dunbartonshire) and East Dunbartonshire Young Carers are represented.

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?

☐*x* Yes   ☐ No

Comments:

See above

Question 18: Should we establish a principle about carer and young carer involvement in care planning for service users (subject to consent) and support for themselves in areas not covered in existing legislation?

☐*x* Yes   ☐ No

Comments:

The principle of consulting those with a significant caring role in all situations is accepted.

However where this goes further to embed the 'right' of a care to be involved in support planning (i.e. in decision making) is potentially more complex. If this is accompanied by the proposed move to remove the 'substantial and regular' test and widen the definition of carer almost to any 'significant person' then this could have implications both around conflicting views and 'undue influence'. Although the safeguard of 'consent' from the individual to involvement is posited there are frequent instances where it is difficult to establish and verify genuine consent even where the person is deemed to have capacity.

Question 19: What are your views on making provision for young carer involvement in the planning, shaping and delivery of services for cared-for people and support for young carers?

Comments:

We would strongly support this.

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?

☐*x* Yes   ☐ No

Comments:

We would strongly support this. This currently is the case in East Dunbartonshire and has been the case since 2005

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?

☐*x* Yes   ☐ No

Comments:

In principle yes but this could be difficult to achieve in practice and not necessarily desirable.

Again this could be too service-based (tied to available funding streams) with facilities not necessarily contributing to the desired outcomes of carers via flexible and future-proofed approaches such as under SDS.

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?

☐ *x*Yes   ☐ No

Comments:

We agree that any register of carers (at least by local authorities) would be undesirable both in terms of risking stigmatising carers and in the bureaucracy involved tying up resources which could be better utilised. Many carers are already reluctant either to define themselves as a carer or to be 'assessed' as one and the notion of their being 'registered' would be anathema. The purpose and practical value of a register would need to be evident over and above 'labelling' and data collection given that the uptake and availability of care-specific resources is extremely limited.

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?

☐*x* Yes   ☐ No

Comments:

Where such schemes have been evaluated and demonstrate benefit to the carer (and cared-for person) this should be shared. A note on a person's medical record that they carry out a caring role would be very useful to GPs as long as this was done with consent and regularly updated (e.g. if cared-for person was deceased).

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

☐ *x*Yes   ☐ No

Comments:

This is desirable in a broad general sense . We would not support the development of targets around carer identification and support for GP's

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

Question 25: What are the views of respondents on the lead local authority for undertaking the Carer's Support Plan and agreeing support to the carer where the carer lives in a different local authority area to the cared-for person(s)?

Comments:

Should such situations occur it would seem preferable for the authority where the cared-for person is resident to assist a carer in their role rather than the carer's home authority to do so when the latter authority will have no connection with (or knowledge of) the cared-for person and will be faced with data recording issues as

to how the carer would go onto their systems when there is no 'client' recorded on them.

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

Comments:

We would view is as logical for the authority where the cared-for person is resident to bear the cost of resources designed to allow the carer to support their client.

This could however be complicated if the proposal to remove the requirement that the cared-for person be actually in receipt of services meaning that the client's home authority might not be actively involved with the client if no assessment has been done or services provided. If the requirement were to remain that at least the client would be eligible for services even if declined) this would assist.

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

☐ *x*Yes   ☐ No

Comments:

This would be useful to provide clarification and to prevent and resolve any disputes.