Carer (Scotland) Bill

East Dunbartonshire Council

Introduction

This Council welcomes the opportunity to further comment on such an important Bill as we fully recognise the growing demands on informal carers throughout Scotland as a result of demographic trends and the continuing drive for people to be cared for within their own home or with relatives rather than within hospitals or other institutions.

East Dunbartonshire Council has demonstrated a longstanding and robust commitment to working with and supporting carers for example by the establishment and funding of East Dunbartonshire Carers Link and a multi-agency approach to implementing a local carer strategy.

We therefore start from fundamental principles that those carers in need of support to continue in the role should be assisted in any way possible and should be given a voice in how services both for carers and those who are cared for are delivered.

Definitions

Although we accept that the current terminology around ‘substantial’ and ‘regular’ is too restrictive we believe that the proposed definition is far too broad and will potentially bring relatives or neighbours into a statutory framework where we should be encouraging family responsibility, voluntarism and community participation.

Removing the requirement for the cared-for person to be receiving (or be eligible for) services under other legislation may be seen as less stigmatising but it will create a potentially universal demand on social work services which are already under severe financial pressures even in providing for those assessed as having the highest priority. It is unlikely that any additional funds attached to this legislation will sufficiently ameliorate this.

Support plans/statements

We are aware of the reluctance of some carers to be ‘assessed’ (even if this is to determine their requirement for support rather than their competence as a carer) or even to be badged as a ‘carer’.

We would also acknowledge the low uptake locally as well as nationally of ‘carer assessments’. However we would suggest that this has been more related to carers declining such assessments (either believing that they will not generate any additional resource or because of the overlap with their
contribution to the cared-for person’s assessment) rather than social work staff failing to offer or ‘sell’ them.

However in ostensibly removing ‘assessment’ from the process and moving directly to an entitlement to a support plan the Bill removes both the ability to judge someone’s level of priority when resources are scarce and raises the expectations of carers that it is all about ‘wishes’ and outcomes rather than needs and eligibility.

In fact throughout the documentation to the Bill the activities of ‘assessment’ and ‘support planning’ are interchanged and overlapped. Similarly the terms ‘need’ and ‘eligibility’ are used alongside that of ‘personal outcomes’ without a recognition that ‘assessment of need’ has to precede the setting of outcomes and agreement on resource allocation (within the support planning stage) unless budgets are infinite.

For example sections 7 and 11 of the explanatory notes refer to the identification of ‘needs’ to be met by the responsible local authority and section 6 notes that ‘the assessment process’ will be set out in regulations. Paragraph 52 comments that an ACSP will be ‘very much the same as a good quality carer’s assessment’.

We suggest that there will need to be a much clearer distinction between the stage of needs being assessed and that of setting outcomes and agreeing on the allocation of resources to prevent potential confusion amongst both professionals and carers.

The financial memorandum (para 20) sensibly talks about an ‘outcome-focused and co-produced assessment and support plan’ which retains the distinction between these two stages whilst emphasising the requirement for ‘assessment’ be a more participative and aspirational experience for the carer.

We would also have concerns around the potential increased demand for assessment/support planning as an ‘early intervention’ or ‘preventative’ measure (para 86) drawing scarce practitioner resource away from a focus on those most in need. This could only be achieved by adopting a non-assessed baseline entitlement approach which would start to impinge on carer allowances within the welfare benefits system.

We are unclear as to the reasons for using the face of the Bill to specify in such detail around the content of a ACSP or YCS given that the aspects provided are essentially components of an ‘assessment’ and represent current good practice within carer assessments. The importance of agreeing outcomes for carers would be retained via sections 6(1) and 11(1) and could be reinforced via guidance.
The proposed use of Ministerial powers to determine the frequency of the reviewing of ACSP and YCS could serve to redirect scarce professional resources when authorities are already stretched in completing such reviews for substantive support packages for clients (where there is no such statutory requirement) under local procedures. The likely absence of any grading of carer support would also prevent the prioritisation and varying of frequency of reviews as occurs with clients.

**Provision of support/eligibility**

We would be concerned about the practicalities of devising and administering eligibility criteria in the absence of clear thresholds for determining priority between needs and between carers.

The policy memorandum describes a move away from an ‘eligibility framework’ as unworkable but does not give reasons for this. The concept of ‘eligibility’ without a priority framework will mean that all carers regardless of status (as the bar will need to be set well below ‘substantial and regular’) will qualify for the same level of assistance with the average cost of support having to be downgraded to meet all demands.

The memorandum refers to a ‘duty to support carers with eligible needs which are the carer’s eligible needs which meet local eligibility criteria’. Again it is not clear how ‘needs’ (which need to be assessed in some way) will sit alongside ‘personal outcomes’ (which cannot be assessed only evaluated post hoc) if there is no assessment and simply a move straight to a support plan.

We appreciate that once the requirement for ‘substantial and regular’ care and support is removed it might be seen as inconsistent to set gradings for the support then offered but notwithstanding any additional funding from the Government this will create impediments in budgeting for all carer demands (especially where - as with this authority – there are no dedicated carer budgets or carer-specific funding so that monies will need to come from existing budgets for cared-for people).

**Duty to provide support to carers**

The policy memorandum recognises that many carers are not looking for specific services for themselves (as opposed to for the cared-for person) and will need to have an eligible need.

However whilst it is acknowledged that engagement with and support for carers (via advice and information) could be improved it is questioned whether the universalising of what will in effect be at least an initial ‘assessment’ across a much greater population will be both resource-intensive for professionals (taking away from other more urgent activities) and not necessarily what a good proportion of carers are looking for. As stated the low
take-up of existing carer assessments reflects an ambivalence both around being classed as a ‘carer’ and formalising of the contact with social work agencies so that the offer of a ‘support plan’ may not be any more acceptable.

We do recognise that an undue focus on the cared-for person has in some instances meant a consequent lack of focus on the personal needs and aspirations of the carer. However we have concerns as the Bill is currently drafted both that the expectations of carers will be raised beyond what can (or should) be provided from current resources and that entitlement for carers around eligibility will in some cases exceed that for the cared-for person (and other service users) in particular around preventative and low-level interventions. The refocusing of resources towards carers in their own right will in many cases at least indirectly benefit the cared-for person (break from caring role or enabling non-caring activities by carer) but could reduce the overall funding available for service users themselves.

The guidance proposed within the policy memorandum around cross-local authority responsibility would need to be strengthened. We welcome the concept of a ‘responsible authority’ for both carer and cared-for person but the allowance for ‘certain justifiable circumstances’ is currently too broad and will not prevent potential disputes between areas given that the notion of dedicated support and funding to a carer (especially where the cared-for person lives in another area) is a new step for authorities who have always funded carer support as part and parcel of the client’s support package.

**General comments**

The Bill in effect represents a consolidation and enhancement for carers across individualised support and participation in the planning both of the support of the cared-for person and of services for carers and clients more strategically. This is to be welcomed.

However a balance needs to be maintained between the rights and influence of carers and the voice of clients. The vast majority of carers will exercise this influence wisely and disinterestedly on behalf of the cared-for person. However entitlement for clients remains spread across a wide range of legislation so in areas such as advocacy, self directed support, eligibility for services and influence around individual support and strategic planning. This needs to be considered as part of the modernisation of social care covering those with restricted mental capacity as well as the most articulate.

The potential impact of the Bill on scarce local resources has been covered above. More generally the issue around the ‘private to public’ shift of the caring role from this more univeralised approach needs to be considered. Undoubtedly there are many ‘hidden’ carers (notably children and young people) but the implications of rebadging valuable but less substantial day-to-
day altruism by neighbours and wider family as formal care with attached support plans may have unforeseen consequences.

Finally for an initiative which apparently seeks to distance carers from a potentially stigmatising approach by removing the notion’ of assessment and capability and emphasising empowerment and partnership the Bill remains embedded within the sphere of social work with its references to support plans, reviews and outcomes rather than linking to wider policy domains such welfare benefit changes, flexibility around employment and community capacity-building as alternative routes to individual and mutual support envisaged within any carers’ rights charter.

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