Carers (Scotland) Bill

Donald Macleod (Individual)

1. Do you support the Bill?

I support the Bill in many ways. It’s a significant and very welcome recognition of the need to provide more support for carers. I am delighted that we have it before us as it should stimulate a Scotland-wide discussion on this subject. I very much like the provision in Part 6 for “an information and advice service” to be established and maintained. It is the word “advice” which is particularly pleasing to see especially as the Bill explicitly references advice being offered on matters such as “income maximisation”, “advocacy” and “health and wellbeing (including counselling)’’.

2. What do you feel would be the benefits of the provisions set out in the Bill?

If fully implemented, the provisions – in general – will result in much more effective support being provided to carers on a variety of fronts throughout Scotland. It should also result in carers being much more involved in planning (for themselves and for people for whom they care) at an individual and at strategic levels. This in turn should make a raft of services more carer-supportive. Ideally we would see carers being seen as Equal Partners in Care.

3. How do you feel the Bill could be amended or strengthened?

3.1 Part 1 section 4 (1) Meaning of Personal Outcomes

While I like the emphasis on “personal outcomes” being defined as including “outcomes which would if achieved, enable carers to provide or continue to provide care for cared –for persons” I feel that more needs to be added to this definition to encompass other stages of the journey carers can take. Here are my suggestions:

(i) Preparing to take up a caring role – anticipatory planning

There are a number of situations where people could benefit from support that commences prior to taking up caring roles that they know are coming their way. Carer Support Plans can be conceived of as forming a crucial part of anticipatory planning in many situations (e.g. in the case of people with long-term conditions).
Additionally, if people knew that support would be available prior to taking up (as well as during) caring then more people in Scotland might choose to care.

(ii) Disengaging from caring (to allow for smooth transitions)

Some of the most harrowing incidents involving carers and people for whom they care come when caring ceases abruptly. There needs to be acknowledgement of the transitions carers might choose to make for whole variety of reasons. It is in the interests of all that this be managed as smoothly as possible and not becomes a damaging or even catastrophic event.

(iii) Post-caring including bereavement

While I recognise there are obvious difficulties with this aspect (e.g. the length of time and the level of resources), it is clearly not beneficial to carers for them to experience an abrupt cessation of support simply because a person is no longer a carer. For example a number of carers can with to continue for a period to attend support groups after the person for whom they cared has died. Ideally the outcomes should recognise the reality of death and the end of caring and the need for support for this period. It is difficult I know to think of a precise form of words that encapsulates this but it is worth trying to find a phrase that will address this need adequately.

3.2 Part 3 Chapter 1: Strong, Core National Eligibility Criteria able to be Augmented Locally

I favour what I would regard as effectively an inversion of the order presented in the Bill regarding powers to set criteria. I think we need strong, core National Eligibility Criteria that could be augmented by additional local criteria to address specific circumstances or to reflect an added determination to proceed swiftly in a given direction.

3.3 Part 4 Carer Involvement

Deepening the nature duty to involve carers in carer services

It is excellent to see that this duty is being provided for. However, unless carers are fully supported in and through that process, their involvement risks being tokenistic. It maybe that this is more appropriate for the guidance to accompany the act but carers will need resources to enable their involvement. For example they need:

- resources to ensure substitutionary care if required;
- meeting of costs of engagement such as transport/subsistence;
• assistance with understanding matters such as the topic under discussion and how to influence policies and practices;
• channels of communication opened to them so they can seek the views of other carers and report back to them.

All of the above could theoretically be provided through organisations dedicated to carers but they in turn require the resources to provide this form of support. For carers to become Equal Partners in Care at a strategic level there are significant resource implications if full involvement on proper, principled footings is to be secured.

3.4 Part 5: Duty prepare local carer strategy

I think there are three additional matters that perhaps should to be considered for inclusion within the legislation:

(i) **Caring, Poverty and Health Inequalities**

The Policy Memorandum accompanying the Bill is excellent. The final bullet point of paragraph 17 within that Memorandum contains a chart that shows intensity of caring in each of the five Scottish Index of Multiple Deprivation (SIMD) categories. It is stark. There is always a danger that one of the inadvertent consequences of policy interventions is that they widen health inequalities. I would like to see local carer strategies being required to address issues of health inequalities and poverty. I know this legislation cannot do all things but I do think local strategies need to examine the pattern of caring with reference to poverty, multiple deprivation and produce policies that mitigate the often adverse financial/life-chance effects of caring.

(ii) **Forecasting and Planning Accordingly**

I am wondering whether it would be beneficial to require strategies to pay attention to longer-term strategic planning? Paragraph 18 of the Policy Memorandum rightly draws our attention of the uncertainty about the future supply of unpaid carers. Ideally local strategies should be required to do some forecasting with 10-20 year perspectives in mind as well as a 3 year one.

4. Is there anything that you would add to the Bill?

Many carers first come to the attention of services of any kind via their GP practice – or the GP practice of the person(s) for whom they are caring. If carers are to receive the support they require much hinges on the way carers are treated within this setting.
Ideally the Bill needs to be extended so that GP practices have duties laid upon them regarding the identification and support of carers.

ENDS

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