Carers (Scotland) Bill

Care Inspectorate

Introduction

The Care Inspectorate is the independent scrutiny and improvement body established under the Public Services Reform (Scotland) Act 2010, which brings together the scrutiny work previously undertaken by the Care Commission, HMIE child protection team and the Social Work Inspection Agency. Our role is to regulate and inspect care and support services and carry out scrutiny of social work services. We provide independent assurance and protection for people who use services, their families and carers and the wider public. In addition, we play a significant role in supporting improvements in the quality of services for people in Scotland.

In line with the duty of user focus and our ‘Involving People, Improving Services’ plan, we feel it is important to take into account the views of people who use services and carers in every aspect of our work. Every inspection we conduct involves contact with people using services, their relatives or carers, who provide valuable information on their experiences, whether through one-to-one discussions, conversations with our Inspection Volunteers, or our Care Standards Questionnaires (CSQs).

We welcome the opportunity to respond to this call for evidence.

1. Do you support the bill?

The Care Inspectorate welcomes the policy objectives of the Bill to provide better support to carers on a more consistent basis. Carers make a significant contribution to society and in their communities, caring for family or friends whom are affected by physical or mental illness, disability or frailty.

However, we know this can sometimes have implications for the carer’s own health and wellbeing. We are aware from our scrutiny activities that carers that are well supported, with their own needs met are better able to care for others and achieve better outcomes. It is therefore crucially important that carers are supported to manage their caring responsibilities in good health, and to have a life of their own outside of caring.

This is also in line with other Scottish Government policy initiatives, such as Self-directed Support, aimed at ensuring vulnerable people and their carers get the support they need and are empowered to shape and understand decisions affecting them. The aims of the Bill also align with the SHANARRI indicators, particularly Healthy, Active, Respected, Responsible and Included. Furthermore, Outcome 6 of the National Health and Wellbeing outcomes states: “People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.”
We believe that the provisions outlined in the Bill will help to further the rights of both adult and young carers and support them in this ambition.

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

   Overall we believe that the provisions set out in the Bill should ensure better support for carers on a more consistent basis, leading to better outcomes for both the carer and the cared for person and a strengthening of individual rights.

   The Bill supports the drive to look at outcomes for carers and these collective outcomes should influence on-going commissioning strategies. The provisions in the Bill should also lead to greater clarity in respect of met and unmet need.

   In addition to the above we have the following comments to make on specific provisions:

   - **Part 2 of the Bill relates to Adult Carer Support Plans and Young Carer Statements.** We support the change in terminology from ‘Carer’s Assessment’ to ‘Adult Carer Support Plan’ and ‘Young Carer Statement’, believing the terms to be less stigmatising and more empowering for carers. This was something we supported in our response to the earlier Scottish Government consultation on proposals for carers legislation. Our contact with carers and carers’ organisations, as well as staff providing support to carers across the country indicates that carers may be less inclined to engage in an ‘assessment’, as often they will misinterpret its intentions.

   - **We welcome the introduction of distinct plans for adult carers and young carers, as we know their needs are indeed very different.** It is also important that local support plans and strategies reflect these differences.

   - **Part 4 of the Bill relates to carer involvement, requiring local authorities and health boards to involve individual carers and bodies representing carers in the design, development, delivery and review of carers’ services – for those not already covered under the scheme of integration.** We welcome this provision, believing that meaningful involvement appropriately recognises and values the unique perspective and expertise of carers, empowers the individual and supports effective partnership working. This needs to be balanced to reflect the voice, choice, rights and needs of both the person using the service and the carer.

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

   We feel it is important that the Bill references and aligns with other Scottish Government policy initiatives including the National Health and Wellbeing Outcomes and the SHANARRI indicators. We believe this will
help to ensure that carers get the appropriate support while improving outcomes.

In addition, although in general we would support that ‘eligibility’ criteria should be determined locally, this does have high potential for strong disparity amongst local partnership areas.

We recognise that the Bill does give Scottish Ministers the power to set national eligibility in place of local criteria. There may be a middle ground in setting some ‘must be included’ criteria. Based on evidence from our scrutiny activities, again we would suggest that links to the appropriate National Health and Wellbeing Outcomes and the SHANNARI indicators would be beneficial.

4. Is there anything you would remove from the Bill?  
No.

5. Is there anything to add to the Bill?  
There will always be carers who, due to their caring responsibilities, will find it difficult to physically be involved in any form of engagement. It would be helpful if the Bill emphasised that local authorities and health boards have a responsibility to ensure that they make adequate and reasonable provision to maximise carer involvement, for example meetings arranged at appropriate times of the day / evening.

We would also welcome detail on how the provisions within the Bill are to be monitored, as this may have implications for our strategic inspections.

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