Carers (Scotland) Bill

South Lanarkshire Council Social Work Resources

1. **Do you support the Bill?**

   Yes. Both NHS Lanarkshire and South Lanarkshire Council have a strong commitment to supporting adult carers and young carers. We broadly welcome the provisions laid out in the Bill.

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

   The Bill compliments the strategic direction of Caring Together, most noticeably a rights based, preventative approach to supporting carers. It is arguably the right time to extend carers’ rights (recognising the new legal rights carers have gained in England and Wales too). The benefits to carers are perhaps self-evident:

   - Replacing the Carer’s Assessment with a new Adult Carer Support Plan (ACSP) and providing a Young Carer Statement (YCS) for all young carers
   - Establishing an information and advice service for carers in each local authority area, which must include a short-breaks statement
   - Introducing a legal duty to support carers but in line with local eligibility criteria in order for the duty to apply
   - Requiring local authorities in determining which type of support to provide to the carer, to consider whether this form of support should be a short break
   - Requiring local authorities to prepare local carer strategies
   - Requiring local authorities and health boards to involve carers in carer services meaning services provided by the local authority or health board to carers and the cared for person

   In summarising, the Bill aims to put carers’ needs on the same statutory footing as those of service-users/patients. There will be clear benefits in changing the terminology from Carer's Assessment to Adult Carer Support Plan and the Young Carer Statement as carers told us the terminology was a barrier to asking for and accessing support.

   We are aware carers have long campaigned for a legal duty to access support to be introduced as there have been many issues in relation to the Carer's Assessment. Though carers have cited terminology as one, we do remain concerned that supporting carers remains a practice issue; getting ‘buy in’ from staff is crucial. Arguably, introducing a duty to offer support to those carers who are eligible will make a difference
in practice. We would envisage seeing a cultural shift in the support offered to carers in introducing the new legislation incorporated into a broader training programme for front-line staff.

Carers tell us of the positive support received from carers’ organisations within South Lanarkshire but we are also aware that carers’ experiences of accessing information, advice and knowledge of their rights can vary as can receiving a personalised response to their needs. On this basis, we welcome the duty to establish and maintain an information and advice service but we are unclear as to whether this would be a new service to be set up or whether existing services would be strengthened given some carers’ concerns about the quality of information received from some existing services. The Carers Rights Charter, when complete will be an invaluable aid for carers and professionals.

Within South Lanarkshire we are proud of our partnership with carers and NHS Lanarkshire and of our Carers’ Strategy so whilst we already have this working partnership/commitment, we welcome the opportunity to introduce a duty ensuring that all local authority areas have a Carers’ Strategy. This will drive accountability and consistency. Of course we welcome the opportunity to continue to work with carers in agreeing our strategic direction, setting eligibility criteria and in reviewing our strategy’s efficacy.

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

We would like to see carers supported in planning for an emergency (to include anticipatory care planning and future planning) as a requirement to be included in the ACSP. We would deem this good practice (an example could be an emergency admission to hospital or the carer no longer being able to support the cared for person in the community for one reason or another). This would not be onerous in terms of adding this to the stipulated content of the YCS or the ACSP. It would lessen carers’ anxieties, offer, where possible a personalised response to providing support to the cared for person whilst the carer is unavailable and in doing so may lessen what could be costlier alternatives of residential or nursing care.

We are not clear on two aspects in relation to the intention of the Bill (the reserved function of the Social Worker and how the carers’ budget will be determined through the self-directed support process). We understand that the policy intention is to delegate the ACSP to voluntary sector partners; the vast majority we would assume are not qualified Social Workers and this is a concern in terms of assessing and responding to risk, working holistically and from a whole family approach, assessing for outcomes and in exercising the values and principles underpinning social work. We fully acknowledge and respect the skills and commitment of voluntary sector partners in supporting carers but in terms of consistency and ultimately in giving carers confidence
that their needs are to be responded to appropriately and professionally we would welcome some further clarification on this.

In relation to self-directed support (SDS), again if voluntary sector partners are to complete the ACSP we are not clear how this will in practice marry up with the local authorities’ I.T systems that effectively calculate the care/support costs for service-users as well as carers at present. Some local authorities include carers’ support costs in the overall SDS budget. Where a resource allocation system (RAS) is deployed and there is a carer, the service-user's budget through the RAS is decreased dependent on what care the carer provides (assuming a deflator is applied and in most cases it will be). This then opposes the policy intention of supporting carers if budgets are decreased without carers’ needs having first been assessed. The resulting situation could be one of the carer’s needs being taken into account during the SDS assessment for the service-user, the budget then being reduced because of the care the carer is providing and the carer then needs to have their needs assessed by the voluntary sector. Added to this is the need to inform voluntary sector colleagues as to how the local authority assesses risk and prioritises resources based on the eligibility criteria it will set. We feel greater clarity is needed on this point too.

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

Arguably, carers would benefit from support at the time of a hospital discharge. We are aware of good practice at the time of discharge and indeed within Lanarkshire we have our Carer Support Teams who support carers in the three acute sites across Lanarkshire but the Bill could be strengthened in this way. However, there would be resulting resource implications with this but ultimately better discharge planning and carers better supported may reduce re-admission rates. If this cannot be included then we would welcome some further research into this.

We would like to see ‘risk’ explicitly included within the proposed content of the ACSP recognising that carers may have low level needs (if well supported by a substantial care package) but risks may be substantial because of certain factors eg, the intensity of the caring role, having care needs of their own, experiencing mental ill health etc. Some carers are more resilient than others by way of exercising coping mechanisms and so consequently their level of risk may be lower than those in similar roles less able to manage their caring role.

Whilst we support the proposal to introduce locally set eligibility criteria, we do understand carers’ reservations that this will perpetuate a ‘post code lottery’, noting that in England and Wales national eligibility criteria has been set. Within South Lanarkshire we do offer services at present to those who present as in need without having to formally exercise a prioritisation framework, therefore we would support the development of national eligibility criteria but
we also welcome the power to offer preventative support through general services/support.

Along with the rights based framework, we would support the development of carer advocacy, again noting that this varies in practice nationally with there being very few advocacy services that directly and exclusively support carers. This ties in with the need to establish good, reliable, consistent sources of information and advice, not just to signpost but to truly support carers to exercise their rights through the use of advocacy. We feel this does need further discussion. For some service-users/patients there is a legal right to advocacy. Whilst we understand the reservations that may exist in developing dedicated carer advocacy, this is much debated but does appear to link in with the development of information and advice. Part 6 of the Bill stipulates carers must be given information on carer advocacy, this is a paradox if the ‘service’ as such does not exist.

5. **Is there anything that you would remove from the Bill?**

No. As stated, we welcome the intention of the Bill but seek further clarification in relation to how this will be taken forward in practice.

6. **Other Comments**

Although we welcome the provisions of the Bill, the financial implications for local authorities cannot be underestimated.

The infrastructure to support the provisions of the bill such as:

- IT developments (Adult Carer Support Plans/Young Carers Statement)
- Duty to provide support to eligible carers
- Staff training
- support to voluntary sector providers
- Carer Strategy development
- carer involvement

will have significant resource implications for local authorities.

End of comment.

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