Carers (Scotland) Bill
Glasgow City Council Social Work Services

Do you support the Bill?
The Public Bodies (Joint Working) Act 2014 should provide the framework to support improvement of the quality and consistency of health and social care services through the integration of health and social care services which should help to address people’s needs holistically whether they be patients, service users or carers.

National Outcome 6 “people who provide unpaid carer are supported to look after their own health and wellbeing, including to reduce any negative impact of caring on their own health and wellbeing” will require integration authorities to support carers to achieve this.

As such we question the Bill’s reliance on ‘duties and powers’ for the local authority as opposed to the health and social care partnership or indeed the NHS.

The Public Bodies (Joint Working) Act 2014 sets out the principles which will underpin integrated health and social care and requires partners to jointly prepare a Strategic Plan for the partnership area for all health and social care services and this will include strategic planning for carer services. The Carers (Scotland) Bill places a duty of local authorities to develop and publish local carer strategies. This is a significant conflict.

Furthermore, the role of NHS could be strengthened in identifying carers and reference could be made to the crucial role of all health professional to identify and signpost carers.

The introduction of an Eligibility criteria is viewed as positive step.

Offering all carers a Carer Support Plan created significant challenges for Glasgow. Local authority settlements over the next few years will severely reduce social care budgets and this will have an impact on the delivery of social work services and is likely to impact of the voluntary sector too.

Glasgow moved to offering all carers a support plan in 2011 and this would not have been possible without the introduction of an eligibility/prioritisation criteria, with preventative support to carers provided through the Carers Information Line and Carer Centres, with Social Work Services supporting those carers where impact of caring was greatest.

Supporting carers as key partners has identified that not all carers need to have some form of statutory intervention. Many carers have the capacity to support family members with long terms conditions and disabilities out with the formal social care system. The Carers Support Plans can be used flexibly so that the level of assessment matches the level of risk, need and carer outcomes.
There is a huge challenge for universal services and the community and voluntary sector in building more caring communities where citizens who having caring responsibilities can be supported or signposted to relevant supports without having to be referred to the local authority.

What do you feel would be the benefits of the provisions set out in the Bill?
There are benefits in moving away from the original substantial and regular to an eligibility criteria. There is an incentive as we move to integration to deliver anticipatory health and social care support for carers and the eligibility criteria in Glasgow has supported this shift in practice. The provisions for eligibility criteria set out in the Bill will allow us to better deliver on SDS for carers.

The content of Carer Support Plans will support a greater understanding of the impact of caring role and appropriately matching services to identified needs.

The move to separating outcomes and needs is viewed as a positive approach to supporting carers, moving away from the outdated resource led practice.

The move to Carer Support Plans as opposed to Assessment has been promoted as less stigmatising for the carer but as highlighted previously, an ‘assessment’ will still be required in order to identify the carer outcomes and inform the Carer Support Plan. It would be helpful if the guidance is able to clarify that this assessment can be undertaken in a range of ways that are proportionate and commensurate with each carer’s needs and wishes.

Guidance for formally reviewing Carer Support Plans will also be welcomed.

How do you feel the Bill could be amended or strengthened?
As previously stated, the role of health and social care partnership and therefore the NHS should be strengthened in carer services strategic planning and carer identification. However, the Health and Social Care Partnership is a multi-stakeholder partnership, and the roles and responsibilities of all stakeholders including carers could be set out in the Bill in general terms.

People become carers as a result of the onset of a long term condition /diagnosis or at the birth of child with disabilities. As such carer identification should be embedded within primary and acute health care with appropriate signposting to carer and condition specific organisations. Identifying carers at point of diagnosis should allow for providing the right level of support, information and advice at that time and as such no need for directing all carers along a formal pathway of assessment / carer support plan as the default position.

Duty to prepare adult carer support plans:
Where the carer and cared for person live in different local authority areas the Carers (Scotland) Bill states that responsibility to prepare the Carer Support Plan lies with local authority where the adult carer resides. This may present significant challenges around funding arrangements depending on the needs.
of the cared for and could be very controversial regarding who benefits and who pays?

We would recommend that the carer receives support from the local authority responsible for the cared for person.

**Young Carer Statement:**
The Young Carer Statement should be integrated within the proposed Child’s Plan based on GIRFEC wellbeing indicators. If there is a raising of awareness of caring issues likely to affect a child then there is an opportunity to provide a non-stigmatising, anticipatory, inclusive and preventative approach to supporting children. Health visitors and teachers are ideally placed to identify these issues in young children and hopefully prevent this escalating to child protection issues.

There is a need to re-consider how the “able and willing’ test will sit alongside the Young Carer statement. We believe that there should be a zero tolerance of young carers undertaking inappropriate caring roles and that our services should be family focussed with the key objective being to reduce or eliminate the caring role by young people.

The Carers (Scotland) Bill Explanatory Notes Section 17 section 64 makes reference to “where the young carer is a pre-school child...” which illustrates our concerns as stated in the paragraph above. We are uncertain how it can be reasonable to expect any pre-school child to be considered a carer.

**Is there anything that you would add to the Bill?**
As stated above, the Bill misses an opportunity in that it does not include a duty on NHS to routinely identify carers at point of admission and discharge.

**Is there anything that you would remove from the Bill?**
The duty on local authorities to establish and maintain an information and advice service for carers could be amended to local authorities/health and social care partnerships ‘should have responsibility to provide or commission’ an information and advice service for carers.

Local authorities should not be required to be the key source of information provision for carers and this inclusion misses the opportunity to highlight the potential role of wider services to undertake this task. E.g. universal services including NHS and wider information and advice networks.

**Additional Comments**
The Children and Young People’s Bill presents a radical change in children’s services and young carers are recognised as part of this agenda.

In terms of identifying young carers, this is a multi-agency responsibility – whether through schools, health and social work. All agencies need to have an awareness of what is available to support young carers and these supports should be reflected in the Child’s Plan where appropriate.
Early identification is crucial and the Child's Plan will be an important tool in identifying the needs and risks and of these children and young people.

GIRFEC outcomes are key to this agenda and as such these outcomes will be reflected in outcome based support planning with young carers.

It is also important to note that support to young carers should be first and foremost to alleviate the caring role as much as is possible and work to young carers to allow them to have a life measurable through interventions to support the 8 SHANARRI well-being indicators.

What is trying to be achieved via this legislation is basically similar to the whole systems model in operation in Glasgow and as such we support the proposed direction of travel notwithstanding the comments above.

We have achieved this through a cultural shift whereby health, social work and voluntary sector work together in an integrated way, combining resources, reducing duplication and delivering better outcomes for increasing numbers of carers in the city.

This cultural shift also involves a world whereby increasing numbers of primary and acute health staff are routinely identifying carers at points of diagnosis / onset of condition and signposting them via our carer pathway to the Glasgow Carers Partnership.

The development of this model has only been possible through short term funding from Change Fund etc. and requires committed additional funding along with the implementation of this legislation to deliver.

We have been able to develop and implement the Glasgow Carers Partnership within existing legislation, strategies and policies but we appreciate that the legislation is likely to strengthen and enshrine carers support in law across Scotland.

Glasgow City Council Social Work Services