The National Carer Organisations are brought together by a shared vision that all Scotland’s unpaid carers will be valued, included and supported as equal partners in the provision of care and will be able to enjoy a life outside of caring. They are Carers Scotland, the Coalition of Carers in Scotland, Minority Ethnic Carers of Older People Project (MECOPP), Carers Trust Scotland, the Scottish Young Carers Services Alliance, Crossroads Caring Scotland and Shared Care Scotland.

The National Carer organisations welcome the Committee’s focus on the preventative agenda. For the carers and carers’ services that we work to support, prevention is vital to make sure that carers do not reach crisis point. Scotland’s Carers’ Strategy 2010 committed to this approach:

“Providing support to carers makes economic sense by saving resources in the longer term. With appropriate and timely support carers are able to care for longer, and enjoy better health and improved well-being. Carers do not usually ‘down tools,’ but unsupported they can experience real hardship financially, physically and emotionally. It is much more likely that a cared-for person will be admitted to hospital and the carer’s own health deteriorates if the carer is unsupported. Carers can easily reach crisis point without appropriate and timely intervention. Such interventions can:

- Maintain carers’ capacity, reducing the need for paid service delivery to the cared-for person; and
- Help keep carers healthy, reducing their own need for support from the health and the social care system.”

As well as the Carers Strategy, there have been several other policy responses towards prevention for unpaid carers and the wider health and care sector, which we have welcomed. However, the difficulties with evidencing the impact of preventative spending, and (as the Committee has identified) other pressures that lead to a stronger focus on statutory targets mean that the good practice undertaken in many services and locations is at risk of being lost.

**Which areas of preventative spending/ the preventative agenda would it be most useful for the Health and Sport Committee to investigate?**

- Commissioning decisions – for the most part, carer support services in Scotland that receive statutory funding receive it on a short term basis. This insecurity does not instil confidence or allow for stability in planning support. With the forthcoming implementation of the Carers (Scotland) Act we would welcome a more sustainable approach to funding carer support to allow for preventative approaches to be put in place.
- Areas of good practice, including voluntary sector initiatives, and how best to promote these and incentivise their transfer to other services or areas. Organisations such as carer support services that are more outcomes-driven
recognise the value of preventative support and there are multiple examples of good practice in this area.

- Learning from the Care Act 2014, which places a duty on local authorities in England to provide services to carers that prevent, reduce, or delay them developing a need for support. Carers Trust research found that only 20% of local authorities had a prevention strategy or plan in place, despite a requirement to do so.

- The extent to which the Integrated Care Fund has been a catalyst for driving forward preventative approaches to health and social care.

**How can health boards and integrative authorities overcome the (financial and political) pressures that lead to reactive spending/ a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?**

In many cases, there is clear economic evidence that preventative spending is the way forward. The economic and social contribution that carers make is acknowledged, but many carers can still find it difficult to access support for themselves. Access to information and advice, financial support and breaks in caring are vital in helping carers manage the impact of caring on their lives and health. Without that support, a crisis situation can easily arise, and statutory service intervention has a much greater financial impact, as well as the emotional impact on the carer and the caring relationship. As unpaid carers are the largest care and support resource in Scotland, providing care worth £10.8bn, providing support to them in order to prevent crisis makes clear financial sense.

Moreover, more than half of carers of working age combine unpaid caring with paid employment, but it can be difficult to juggle these responsibilities. In addition to the substantial financial and personal cost to carers of giving up employment, the cost to the economy is an estimated £400m each year. There is therefore a clear incentive to support carers to remain in work, keeping them skilled and using their talents in the paid workforce.

An outcomes focused approach is well documented in policy areas relating to unpaid carers; the Carers Strategy contains outcomes for carers that will be achieved by preventative support and which align to the high-level outcomes of the National Performance Framework. However, we agree with the ALLIANCE that despite a visible commitment to an outcomes-based approach, this does not always happen in practice. Strong leadership and the political will to shift investment from reactive to preventative support is required before a real difference can be made.

**How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing ‘best value for money’?**

As mentioned briefly above, there are pockets of good practice and practice-based evidence to support the value of preventative interventions. Sharing learning more

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1 Prevent, Reduce, Delay: are Councils meeting their new duties to support unpaid carers? Carers Trust 2015
2 Valuing Carers, Carers UK/University of Sheffield, 2015
effectively, and providing a wider range of evidence of the impact of prevention (not just financial) will help to change the culture.

We agree with the ALLIANCE response in that the desire to see short to medium term savings following a preventative approach is not always helpful. For many interventions there needs to be a sustained period of investment and service delivery before the value of the intervention can be properly measured. Statutory services must balance the requirement to make short-term savings with the development of a long-term outcomes based approach.

**How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?**

There are several legislative and policy drivers towards preventative approaches which may help to incentivise. For example, the Carers Act 2016 places a duty on local authorities to provide information and advice to carers, and to provide an Adult Carer Support Plan to all carers they identify. Many carers who might face crisis will benefit from these relatively low-level interventions, and those who do need more intensive support will be identified through these processes. However, we know from evidence of implementation of the Care Act in England that local authorities undertaking a preventative approach to carer support became reliant on universal services, rather than targeted preventative support. Likewise under the Carers Act, local authorities have a power to support carers who do not meet eligibility criteria, and in practice it is likely that these groups of carers will be supported by carers’ centres and other voluntary organisations. Being receptive to a wide range of evidence of the value of preventative approaches, particularly focusing on outcomes, is key to ensuring the shift to preventative services.

**National Carer Organisations**

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3 Prevent, Reduce, Delay: are Councils meeting their new duties to support unpaid carers? Carers Trust 2015