The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

HEALTH AND SPORT COMMITTEE

Tuesday 5 May 2015

Session 4

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HEALTH AND SPORT COMMITTEE

14th Meeting 2015, Session 4

CONVENER

*Duncan McNeil (Greenock and Inverclyde) (Lab)

DEPUTY CONVENER

*Bob Doris (Glasgow) (SNP)

COMMITTEE MEMBERS

*Rhoda Grant (Highlands and Islands) (Lab)
*Colin Keir (Edinburgh Western) (SNP)
*Richard Lyle (Central Scotland) (SNP)
*Mike MacKenzie (Highlands and Islands) (SNP)
*Nanette Milne (North East Scotland) (Con)
*Dennis Robertson (Aberdeenshire West) (SNP)
Dr Richard Simpson (Mid Scotland and Fife) (Lab)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Claire Cairns (Coalition of Carers in Scotland)
Fiona Collie (Carers Scotland)
Ben Hall (Shared Care Scotland)
Suzanne Munday (Minority Ethnic Carers of People Project)
Heather Noller (Carers Trust Scotland)
Scott Richardson-Read (Scottish Transitions Forum)
Andrew Strong (Health and Social Care Alliance Scotland)

CLERK TO THE COMMITTEE

Steve Farrell

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Health and Sport Committee

Tuesday 5 May 2015

[The Convener opened the meeting at 10:08]

Carers (Scotland) Bill: Stage 1

The Convener (Duncan McNeil): Good morning and welcome to the 14th meeting in 2015 of the Health and Sport Committee. As usual, I ask everyone who is present to switch off mobile phones, because they can interfere with the sound system. I draw people's attention to the fact that members and officials will be using electronic devices instead of hard copies of the committee papers.

Our first and only agenda item today is a round-table evidence session on the Carers (Scotland) Bill. It is the committee's first evidence session on the bill. We are a wee bit late in starting because we had a briefing on the bill from Scottish Government officials prior to the meeting.

As is normal with a round-table session, we will introduce ourselves.

My name is Duncan McNeil. I am the MSP for Greenock and Inverclyde and the convener of the committee.

Andrew Strong (Health and Social Care Alliance Scotland): I am the policy and information manager at the Health and Social Care Alliance Scotland.

Bob Doris (Glasgow) (SNP): I am an MSP for Glasgow and the deputy convener of the committee.

Fiona Collie (Carers Scotland): I am policy and public affairs manager for Carers Scotland.

Mike MacKenzie (Highlands and Islands) (SNP): I am an MSP for the Highlands and Islands region.

Dennis Robertson (Aberdeenshire West) (SNP): I am the MSP for Aberdeenshire West.

Heather Noller (Carers Trust Scotland): I am the policy officer for the Carers Trust Scotland.

Colin Keir (Edinburgh Western) (SNP): I am the MSP for Edinburgh Western.

Claire Cairns (Coalition of Carers in Scotland): I am network co-ordinator for the Coalition of Carers in Scotland.

Richard Lyle (Central Scotland) (SNP): I am an MSP for the Central Scotland region.

Scott Richardson-Read (Scottish Transitions Forum): I am policy and development worker for the Scottish transitions forum, which is part of the Association for Real Change Scotland.

Nanette Milne (North East Scotland) (Con): I am an MSP for North East Scotland.

Suzanne Munday (Minority Ethnic Carers of People Project): I am the chief executive of MECOPP.

Rhoda Grant (Highlands and Islands) (Lab): I am a Highlands and Islands MSP.

Ben Hall (Shared Care Scotland): I am communications developer for Shared Care Scotland.

Rhoda Grant: Is anything missing from the bill that witnesses would have liked to see in it?

Fiona Collie: There are probably a couple of things missing from the bill. One of our primary focuses has been on hospital discharge, which we know is a difficult time for carers. Often, it is when someone first becomes a carer. In our surveys, large proportions of carers say that they are not consulted on, or involved in, discharge. One of the main difficulties is that about 20 per cent say that the person for whom they care has to be readmitted within one month.

It is important not only that carers have a choice about caring, but that they are fully involved in decisions from admission to discharge, and that social care services are in place. If carers are not involved fully, that cannot happen. In 2001, we did some research, and the picture was exactly the same then. Many discharge policies and protocols are in place, but at the moment they do not appear to be working, which is why we would like there to be in the bill a duty to involve and inform carers.

The Convener: Does Suzanne Munday want to comment? I am sorry—the light tends to cause glare.

Suzanne Munday: I am sorry.

The Convener: It is just on your name plate, not on you. [*Laughter*.]

Suzanne Munday: You are making me blush now.

We would also like an equal opportunities section to be included in the bill. That is necessary because there is a substantial body of evidence to show that limited progress has been made in supporting carers who have one or more protected characteristics. That is normally seen as relating to black and minority ethnic carers, but we are talking about the whole range of protected characteristics—for example, carers within the lesbian, gay, bisexual and transgender community or disabled carers, who are a growing number, according to the evidence that we have. The bill could be strengthened by including such a section.

Claire Cairns: We would also like the bill to include a statement or principle about carers being equal partners in care. The Community Care and Health (Scotland) Act 2002 recognises them as key partners in providing care, and that was strengthened in the carers strategy, in which they were recognised as equal partners in care.

We had a consultation session with our members in March, at which it came across strongly that they would like carers to be equal partners under the bill. Many people also put that in their submissions to the committee. Carers, local care organisations, local authorities and the Convention of Scottish Local Authorities acknowledge carers as equal partners in their submissions.

The Convener: Scott—did you indicate that you want to comment?

Scott Richardson-Read: No. I was just scratching my eye.

The Convener: If you make a bid to speak, that is it—you have to do it. [*Laughter*.]

10:15

Andrew Strong: The Health and Social Care Alliance Scotland and, I know, our members think that the bill could be strengthened by the inclusion of a specific provision on emergency planning in the adult carer support plans and in the young carer statement. That would make a difference.

I take the opportunity to remind the committee that that issue was first raised in 2004, with a petition from the Murray Owen older carers group on the growing number of older carers who were caring for people with learning difficulties. Limited progress has been made across the country, and I was surprised not to see provisions in the bill on the matter. The problem has not reduced since 2004: there are more older carers out there. According to the latest Scottish Government statistics, 11 per cent of people aged over 65 are carers and more than half of those 11 per cent provide care for 35 hours or more a week.

Although the Scottish Government has responded to the calls for emergency provision, it has said that not all carers require an emergency plan. I join Enable Scotland, which is a member of the Health and Social Care Alliance Scotland, in contending that all carers require a discussion of what will happen when they are no longer able to care. If we have not thought about or discussed at all what happens in an emergency, we run the risk that carers will fall through the gaps. Many carers just want peace of mind about what will happen. We are aware of situations in which the carer of a person with learning disabilities can no longer care or, for example, the person's mother has died, and they have been given an emergency respite place for longer than would be expected. Carers are worried that that is what will happen to their sons and daughters. We must have in place provisions that prevent that from happening.

Fiona Collie: I want to add a couple of other issues that the bill provides an opportunity to explore. The role of the wider national health service is mentioned, but it is not explored as deeply as it could be. The role of general practitioners will also be absolutely critical. We have GP registers, which are very good, but the question is what happens when someone is on a GP register. The bill is an opportunity to formalise or to make clearer what should happen. That could be a referral to a local carer support centre or a referral for an adult carer support plan. It could be something as simple as an appointment acting as a trigger for a discussion about a person's caring role, what that means for their health and whether they might need, for example, a health check, which might relate to the services that a practice offers.

The NHS's wider involvement in the development of carers' strategies is also an issue. It is clear that local authorities will have the duty to produce the strategies, but they should be produced jointly—especially in the light of integrated services, so that carers have a journey across both services and they are clear about what they are entitled to expect.

We have also highlighted in our submission an issue that a number of carers highlighted to us: the opportunity to look at a method of redress. That issue has been on the table for quite a long time—I looked back and saw that it has been around since 2008. The matter moved forward and was included in the 2011 review of social work complaints, which recommended that there be a role for the Scottish Public Services Ombudsman in the final stage of social work complaints. At the moment, people who complain about social work services can go to the ombudsman only on the grounds of service failure or maladministration. However, it was recommended that there should be a balance and that the approach should be the same as it is for the NHS, in respect of which there is an opportunity for the SPSO to make decisions on professional judgment.

Something is missing: carers must have the opportunity to get redress and to get answers to problems without having to go to judicial review and to involve solicitors and get legal advice, with the cost and significant stress that that entails. The committee has an opportunity to explore further to find out where we are with that and how it can link not only to the bill, but to the wider integration agenda.

The Convener: Scott Richardson-Read is indicating that he wants to speak.

Scott Richardson-Read: I am not scratching my eye this time. [*Laughter*.]

The Convener: You have made that clear.

Scott Richardson-Read: I second the comment about where accountability should sit in the bill. On transitions, the bill seems to be, especially for young carers, a bit vague about how it meshes with the Children and Young People (Scotland) Act 2014 on the child’s plan and risks to wellbeing, and also how it meshes with the co-ordinated support plan and additional support for learning. It looks very much as though, under the bill, the young carers support plan will be supplemental to the existing robust planning exercises. It would be good to see that being dealt with as it is under the duties in the Children and Young People (Scotland) Act 2014, in which the model is “one child, one plan”, in order to prevent duplication. There should also be accountability for when carers’ plans are not followed through, as young carers make the transition to adult carers. Will accountability lie with the local authority or, as colleagues have said, will there be something bigger than that—will it lie with the ombudsman or wherever?

Claire Cairns: We welcome the duty on local authorities to develop a local carers strategy. In addition, they should provide a financial breakdown of the resources that they are going to direct to carers support. The financial memorandum says that there are not adequate data on what resources are directed to local carers support. We think that that needs to be part of the local carers strategy but also part of the local joint strategic commissioning plans. New resources will be directed towards carers support, for the new duties under the bill; we must ensure that they are additional to the resources that are currently directed to local carers support. The best way of doing that is through the two mechanisms that I have just mentioned.

Ben Hall: I will add to what Claire Cairns just said about the carers strategy. There is a missed opportunity to require local authorities to plan for the provision of short breaks to allow carers to have choice and flexibility about the services that they access locally. If there was within the carers strategy a requirement on local authorities to do that, it would strengthen the bill from a carers’ perspective.

The Convener: That was a quick run-through of the issues, but it was a pretty good summary of the submissions that we have received. We should maybe attempt to get behind some of the issues. We have heard about the single journey back and forth between the community and the hospital, hospital discharge, equality, emergency planning, the financial resources that need to be identified to improve things for carers, the need for short breaks, and the need for clarity within the legislative landscape. There are a number of issues; I would like to explore some of them usefully in the next hour or so, in order to add to the evidence that we have received. Do witnesses want to take any of those issues a wee bit further, or would it be more helpful to have direct questions from committee members?

Scott Richardson-Read: I will take the discussion forward now and will then pass it on to colleagues.

Carers have come to us with some really unpleasant stories—for example, the young person for whom they care leaves school, but does not meet the eligibility criteria for health and social care services, so the carer, who was in full-time employment, has to quit their job. Carers also end up getting divorced from their husband, for example. I am painting a bleak picture, but such are the stories that we hear. Carers have been known eventually to put themselves at risk in order to get services to support the young person for whom they are caring. The eligibility criteria for access to services are a big issue for carers. That is an area of concern in terms of the transition to being an adult carer. When young carers make the transition to become adult carers, they have to go through a reassessment process.

We hope that the bill will come with some financial input for local authorities, but the question remains for our members whether the carer’s assessment unlocks funds to the carer, whether it merely unlocks the ability for carers to access respite, or whether there are other services that it unlocks in local authorities. We have to bear that in mind in a self-directed support budget. Will it all be in one pot? Will the carer have a pot of money of their own to provide services for themselves in order that they can continue to support a person? How will all that mix together with the Children and Young People (Scotland) Act 2014 and all the other legislation? The picture looks quite bleak, at the moment.

The Convener: What leads you to believe that there will be sufficient additional funds to meet the additional demand arising out of the legislation and give you those individual pots of money?

Scott Richardson-Read: I have some figures. The average cost of a carer’s assessment was £176—someone can correct me if I get the figures wrong—and it looks as if around £88.5 million will be put into the local authorities at stage 2. From doing very fast maths—I am not an expert at maths—there will be roughly £2.5 million per local authority to provide those services. Will that be fed into a self-directed support set-up budget, or will it sit separately for the carer to get support to continue to care? How will that look with the legislation roll-out—will the moneys be joined together or separate?

Claire Cairns: I would love to say that I am about to answer that question, but I will probably ask some more questions.

The Convener: This is the opportunity to do that. We will ask questions on your behalf of the Government and its ministers.

Claire Cairns: Thank you.

As the national care organisations, we have also put in a submission to the Finance Committee. Obviously, to do that, we looked through the financial memorandum and looked at how costs have been estimated and what the demand is likely to be in care support.

We have a few questions about resources for the bill. Obviously, it is incredibly important that there are adequate resources for the bill, or it will be very difficult for local authorities to implement the duties, and that may result in cuts to other services. We want to avoid that happening, because any cuts to service users will automatically impact on carers, as well, as it is a family unit.

We have questions about the financial memorandum. First, quite a few carers funding streams are coming to an end. For example, the respite funding of £2.28 million is coming to an end. Also, although under the change fund 20 per cent of the resource was directed to carers support, the same thing has not happened with the integrated care fund, so there is insecurity around that funding. The care information strategy funding of £5 million is also coming to an end. In the financial memorandum, resources are directed to the NHS, for example, which may cover the loss of the £5 million, but if the financial memorandum is costing the bill's additional duties and we are already in deficit because we are losing funding from other streams, will the money be adequate?

We also have a question about preventative support. The financial memorandum costs additional duties, but early preventative support will be very important in providing a framework for carers support. That is often provided through the third sector, and it is really important that that funding continues because, apart from anything else, demand will increase when information and advice and adult care and support plans are universally provided. Naturally, the carers who do not meet the eligibility criteria will still need some form of service, and that will be likely to be preventative support that is provided through the third sector. That needs to be considered as well. No money is going towards carer support in the third sector, as indicated through the financial memorandum, so we are a bit concerned about that.

The costings in the financial memorandum are another issue. For example, there is the cost of new posts to meet the duty to provide information and advice, but there are already posts in the third sector that provide that service. We need to ensure that they will be additional posts to cope with the increasing demand rather than the funding that already exists simply being replaced.

I apologise for not providing solutions; I have asked more questions.

The Convener: No—providing that context is useful.

Dennis Robertson is going to come in on something else.

10:30

Dennis Robertson: I would like to explore the issue of eligibility criteria. From the evidence that we have received, it seems to be a subject on which views are polarised. Some people prefer a national approach to the setting of eligibility criteria, while others prefer a more local approach. I believe that a majority of the witnesses who are here today support a national framework of eligibility criteria. Why do you prefer a national approach over a local approach? To pick up on what Scott Richardson-Read said about transition, do we have enough provision to ensure that the eligibility criteria will deal with the transitions that people make, especially the transition that young people make from young carers to adult carers? I would like to hear why the witnesses think that a national framework of eligibility criteria is a better pathway to follow than a local approach. Perhaps I am wrong—some of you might prefer a local approach.

Scott Richardson-Read: I will get the ball rolling. In referring to eligibility criteria, our members find that their favourite phrase is "postcode lottery". Every local authority has a very different approach to funding services, which should be based on the measurement of need. Local authorities should also capture unmet need.

Following the work of people such as Colin Slasberg, Kirsten Stalker and the Commissioner for Children and Young People in Scotland, we are finding that, although the eligibility criteria across the whole of Scotland might be set at "critical" or "substantial", the services that are provided under the moniker of "critical" or "substantial" vary greatly across the country. Some local authorities offer quite a wide collection of services under the "substantial" eligibility criteria, while others offer just one or two. Depending on factors such as rurality, some authorities might not be able to offer much at all. Across Scotland, the picture on eligibility criteria is very mixed. For people who might have had an out-of-authority placement at a school where they were looked after, moving back into their local authority area can cause a lot of issues.

A national model of eligibility criteria would be helpful, but there is a problem with the eligibility criteria that means that they do not allow for preventative work to take place in health and social care. Sir Harry Burns and the chief medical officer in England are strong proponents of a preventative model of health and social care. If we set eligibility criteria around risk prevention rather than preventative work, that will mean that we cannot support people who might need a little bit of support to stop them going into crisis. In other words, we will wait for people to go into crisis, who will then be accommodated or taken away from parents because they can no longer manage to provide support. That is my tuppenceworth on why a national framework of eligibility criteria would be a useful model.

Claire Cairns: Carers came out very strongly in favour of national eligibility criteria. When proposals for the bill were being consulted on, we consulted more than 500 carers around Scotland and more than 95 per cent of them said that they supported national eligibility criteria. Their reason for doing so was that they wanted an end to the postcode lottery. That ties in with what Scott Richardson-Read said.

For most carers, the bill is about having rights and entitlements to support for the first time. It is about having an assessment and then knowing that they will be able to get the services that they are assessed as needing, provided that they meet the eligibility criteria. That is why the eligibility criteria are so important. Carers have said that they want to know what they are entitled to and what their rights are. If we have local eligibility criteria, the trouble is that we will have variation across the 32 local authorities. There will be 32 different systems, so it will be extremely difficult for carers to know what they are entitled to.

In addition, the system will be prone to more variation. For example, if local authorities are allowed to vary eligibility criteria, when carers finally get to a point at which they get the support that they need—many carers say that they have to battle for it—they will not be secure in receiving that support, because it could change in a year or two. Setting national eligibility criteria means that carers know what level of support they are entitled to.

In addition, we can look at what has been done in other countries. For example, England and Wales have introduced national eligibility criteria. Throughout Europe, there are many examples of countries that have national eligibility for social care support; in fact, we found no examples of local eligibility. Examples show that national criteria are the best way to provide equity and transparency and ensure that people know what they are entitled to.

It is interesting to note that only five of the 69 submissions on the bill came out in support of local eligibility criteria. The rest, where they stated a preference, were in favour of national criteria. That includes all the submissions from local and national care organisations and carers themselves, and a few interesting places. A couple of local authorities—East Dunbartonshire Council and South Lanarkshire Council—supported national eligibility criteria. The Scottish Human Rights Commission and the Equality and Human Rights Commission said that they supported national eligibility criteria because we would otherwise have a lack of equity throughout Scotland.

Andrew Strong: Claire Cairns mentioned the Scottish Human Rights Commission. Its concern is about the portability of care. If someone lives in one local authority and receives services there, they will be unable to move into another local authority if they will not receive services there. We therefore agree on the need for national eligibility criteria.

The postcode lottery is already happening in some cases in health and social care. We talk about charging for non-residential social care, for which there are 32 different systems all charging different amounts for different types of care. If you live on one street and you are in one local authority, you will pay more than someone who is in the next street in another local authority. It creates a divide between people. That issue is currently being progressed through the Public Petitions Committee. We would like the bill to go down a different track altogether.

Fiona Collie: We are not talking about cutting across local accountability and discretion to develop services in different ways. Each area will be different. Services in Glasgow will be different from services in a rural area. What we are talking about primarily is looking at where thresholds are set, so that it is clear to carers that, if they meet a certain threshold, they will receive support. It may be different in different areas, but it gives carers an idea about whether they will get something.

Dennis Robertson: I wonder whether we can explore that a wee bit.

The Convener: You can, but I will always take the panellists' views in these situations, and I have had a bid from Mike MacKenzie—I do not know whether it is on this subject.

Mike MacKenzie: It is exactly the same territory. Dennis Robertson has covered it very well, so I am happy to withdraw my question in favour of Dennis pursuing his.

The Convener: I am just explaining for Dennis Robertson's benefit that I see the different bids and I am communicating to him that there are other bids. I will take the panellists first.

Ben Hall: This is a very quick point. I thought that it might be useful if I gave a concrete and simple example, which is the differences between the short breaks that are provided around the country. Some local authorities provide holiday play schemes for families with disabled children and some local authorities do not. It means that some families struggle throughout the holiday period. It has an impact on their health and wellbeing and on their employment possibilities. Equity across the country would be desirable.

The Convener: I may be going against my ruling, but is there not a need for caution here? The expectation is that, if we have national eligibility criteria, everybody will apply the highest standard, but if we are working out a national standard, negotiations are more likely to lead to the middle road. I am sounding a note of caution here about a national standard versus an aspiration. I understand that an eligibility assessment could take 12 weeks, yet some local authorities are doing better than that. There are also issues to do with children, as in the examples that Ben Hall gave. Am I right or wrong in thinking that there are two different things here?

I see that I have got a response. We will hear from Claire Cairns, Suzanne Munday and Ben Hall. Scott Richardson-Read wants back in, too—in fact, everybody wants back in.

Claire Cairns: I will follow up on that point. We would view the national criteria as being a minimum standard. Local authorities would still have the power to provide for carers over and above that service. The bill provides both the power and the duty to support carers.

We believe that carers are not being provided with the same level of service in some areas, so we need to bring that up to a minimum standard. In other areas, authorities may decide to continue at the level that they are at, which is possibly higher. We have discussed that a lot with carers. We have ensured that they realise that, if there are to be eligibility criteria, there is a possibility that their support could go up as well as down. Across the piece, carers say that they want it to be fair, and they understand the position, but they want to know what they are entitled to.

The Convener: That does not answer the question about the postcode lottery, which is what the big objection is to. If people can apply a minimum standard but some local authorities, given their circumstances, can do better, that is a postcode lottery.

Claire Cairns: There is still a minimum standard, though, which I think is the more important thing.

The Convener: We are just exploring the idea. You say that that is what is important. There are some strong points about people moving from one area to another. People could still find themselves in a situation, in the scenario that you have described, where their package will be different.

Scott Richardson-Read: We should perhaps think about eligibility criteria, rather than what services are provided and access to services. Eligibility criteria are gatekeeping tools. It is necessary to meet them to be eligible for a service; what that service is is then up to the local authority. The idea is that those who do not meet the gatekeeping eligibility criteria will not be able to access any potential statutory or third sector help from that local authority. We are trying to ensure that the keys to accessing services across the whole of Scotland are equal. The services that are then delivered behind that are bespoke for the local authority, depending on need. That is how I view it.

The Convener: That is clear.

Ben Hall: You are right to say that there will still be differences between—and probably within—local authorities, but those differences would be reduced. The eligibility criteria add to the transparency of access to services and, therefore, the local accountability of people in providing services. That leads on to a democratic process, where people can challenge their local services or not, as they choose. Without that, as we are told time and again, people do not know what services are available, how to get to them or what the routes are. That applies to front-line support staff and social work staff as well as to carers. There is no clear record of what is available to everybody, so it is very much a question of how things fall in each case.

Suzanne Munday: My colleagues have put things more eloquently than I could, but I wish to reinforce the point that Claire Cairns has made. We have evidence of carers having to wait for a significant amount of time for a carers assessment. By the time the carers assessment comes around, the caring situation has ended, either through bereavement or through the person going into longer-term care. We need greater clarity and consistency across Scotland on the rights that carers have and on the eligibility criteria.

Mike MacKenzie: It occurs to me that local authorities have different cost pressures. In particular, in these difficult times, there could be a tendency to manipulate or ease their budgetary pressures through raising eligibility criteria, which seems to me to be profoundly wrong, but I wonder what the panel members feel about that.

10:45

Ben Hall: I work with a network of local authority workers running short-break bureaux, which are in-house offices that provide support to enable accessible breaks and breaks from caring. Anecdotally, we have heard that there is increased pressure to move from providing preventative breaks to providing crisis intervention. That is already happening.

Scott Richardson-Read: I draw the committee's attention to the report from Scotland's Commissioner for Children and Young People, "'It Always Comes Down to Money': Recent changes in service provision to disabled children, young people and their families in Scotland". The report was written by Dr Kirsten Stalker, who explored the experience of the people who use services versus the experience of local authorities, and compared and contrasted eligibility criteria and people's experiences across Scotland. It painted a picture that suggests that local authorities are changing their eligibility criteria because of austerity and budgetary concerns, which is not a good picture. I can provide the committee with that information after the meeting.

Dennis Robertson: I have a question on a point that Claire Cairns and Fiona Collie raised about some of the discretionary aspects. Having a duty is absolutely fine, but when powers are diluted, local authorities can either do things or not, because there is no enforcement behind those powers.

Remote and rural aspects can come into play, and Scott Richardson-Read mentioned a postcode lottery. I am not particularly comfortable with that term, but is there a problem in implementing the minimum standard that Claire Cairns mentioned? Discretion is discretion, and I wonder whether, if an authority just does not have the resources, discretion simply means that it will not provide the service.

Claire Cairns: There are two points. First, we think that it is important that the power is in the bill, because, to go back to what we said about the importance of preventative support, we need a power to support carers who do not meet eligibility criteria. That is not to say that, in a way, that support is not insecure, so we welcome the provision of firm rights for carers in the bill. At present, there is an excellent network of local carer support across Scotland that is envied by many European countries, and it is really important that that is protected. We would like the bill to provide resources for that preventative support because of the increase in demand that there will be on it.

Things are tight, and carer support has always been insecure because carers have had no statutory right to support, which is why we are very keen to see the bill passed. However, as I said, we need to keep an eye on the preventative support provision that goes with the powers in the bill.

On the difficulty of supporting people in rural and remote communities, we have a rural and remote carers working group, from which we sent the committee a specific submission. People in remote and rural areas can experience difficulties. For example, whenever the person who is looked after or the carer is provided with an element of support, it is often very difficult for them to take up that support because the services are just not there.

We have examples from the Western Isles in which people have been given a direct payment but have not been able to purchase a service or employ a personal assistant because there is very low unemployment in the area. There are also problems related to geography. We put forward in our submission a few solutions around some of the challenges that are presented in working in rural areas.

There are some very good examples of good practice in our network. For example, local third sector organisations have been able to employ outreach workers who can cover a larger area to provide support to carers, particularly in island communities. In Argyll and Bute, the local care centre in Lochgilphead works through general practices on some of the islands to support carers, and peer support groups have been set up and sessional workers employed on the islands to ensure that carers in the very remote areas in Scotland get support.

We believe that there are solutions to support carers and implement the duty, but they may require more resources, particularly in relation to transport costs.

The Convener: I think that Scott Richardson-Read also wants to comment.

Scott Richardson-Read: I support what Claire Cairns has said. We recently travelled all around Scotland, looking at issues in connection with the autism strategy in rural areas, and we found a similar picture: the more rural you are, the harder it is to get services put in place. A lot of people are just getting direct payments and are having to leave their job to become a carer for a young person because they cannot employ a personal assistant under option 1 for self-directed support, which is potentially their only recourse to services. Some inventive and useful models are starting to arise across Scotland, but I second what Claire Cairns said.

Bob Doris: We are moving away from the eligibility criteria and towards the commissioning, promotion and development of services once needs have been identified and an attempt is made to meet them. I will make a brief comment on eligibility criteria. I may be confused, but it seems that working out the needs that should be identified is being conflated with ensuring that the approach is nationally consistent, as opposed to having local discretion and delivery to meet those needs.

It was Mr Hall who gave me that conflation. Let us suppose that someone takes a break from caring, that a cared-for person is given a break away with the carer, or that some other provision is put in place. Some local authorities may give a certain number of days during the summer and others may give nothing at all, or may give a number of days that is somewhere in between. For me, that conflates the identification of a need that has to be met and the delivery of a service on the ground, but they are two very different things. During the conversation about eligibility criteria, it became evident to me that the witnesses were perhaps talking about those two different things under the one heading.

I am not sure how we can get a system in which every young carer and every adult carer gets an identical level of service provision, because a lot of it is based on the resource allocation that each local authority decides to put into services. I accept that there are issues around how we identify the type of needs that have to be met. I would like some opinions on that, because of that conflation—that is my main point.

I also note that, although the bill places a duty on local authorities relating to local eligibility criteria, there is also a power for ministers relating to national eligibility criteria. After three years, the criteria have to be refreshed. As we develop what we do for carers and cared-for people in Scotland, I suggest that we acknowledge that the Government has the power under the bill to make national eligibility criteria if they are required, and that, after three years of operating the local eligibility criteria, that might be a way forward. That is particularly relevant given the tensions between the resource allocations that local authorities decide to make and other decisions to prioritise other needs, and the confusion between service delivery and eligibility criteria. That makes sense to me, convener; I hope that it makes sense to others.

The Convener: Fiona Collie wants to respond to that, and I will also accept other comments.

Fiona Collie: I take Bob Doris's point. I think that Scott Richardson-Read made the point well about eligibility criteria being primarily about gate keeping and about identifying the point at which carers know that they will get some resource. We very much believe that that should be a national approach. I take the point about setting national eligibility criteria after three years if local criteria do not work, but our view is that it would be better to develop something that works nationally in the first place, rather than waiting three years.

Deciding what carers should be entitled to expect is something that we should explore, and the national carer organisations are doing that. We are working on the threshold part of the criteria and examining what that might look like in practice. It is about trying to provide a solution rather than saying that we do not agree with what is proposed. We are trying to come up with a solution that we think might work.

The eligibility criteria are primarily about thresholds, and we can work together on what the standards might look like; what the adult carers support plan might look like when carers come to the table to get it; and what things might look like across Scotland.

The term “postcode lottery” is not a great one, but the fact is that at the moment carers have very few or no rights. For a start, they have no right to support. There are some powers in relation to support that have not really been taken up locally; indeed, only six local authorities have taken up the power under the Social Care (Self-directed Support) (Scotland) Act 2013. We are looking to find some way of moving forward consistently, and the bill provides an opportunity to start with a consistent approach, instead of working in 32 different ways.

Ben Hall: If, as Mr Doris has suggested, I have conflated the two issues, I am sorry. I should say that we are in favour of a national eligibility framework for services but local decisions on the type and provision of services. In looking at the bill in the round and at carer involvement in the planning and provision of the carers strategies that local authorities are required to produce, I think that such an approach would allow for local accountability.

Claire Cairns: Just to reiterate the points that colleagues have made, I think that it is almost as if there are three stages to this. The first relates to thresholds and what triggers a carer's eligibility to receive a service, and we fundamentally believe that such decisions should be taken at a national level.

The second stage relates to the level of support that a carer gets once they have been told that they are eligible to receive a service. Such decisions could be made at a national level or at a local level, but I think that the issue needs to be discussed. As Fiona Collie has said, national carer organisations are looking to put forward a framework in that respect, but it will focus mostly on thresholds and what triggers support for carers; the level of support itself also needs to be looked at.

The third stage relates to the form of support that carers will get once they know that they can get such support. Again, various choices are available to carers through self-directed support. They might choose to take up a local service—and there will be local variations on what is available and on offer—or they might use a resource in a different and more innovative way. Those are three areas that we are looking at with regard to eligibility.

The bill also contains the possibility of moving to a national framework within three years, and I have two points to make about that. First, the fact that 32 local authorities will be developing local eligibility criteria will pose quite a challenge; indeed, I know that one council has said in its submission that it will be very difficult to set such thresholds. Why should that have to happen in 32 different areas when we could have a really good national framework that was developed and co-produced by carers, national carer organisations, local authorities and health, and which we could get right first time around?

Secondly, the Community Care and Health (Scotland) Act 2002 makes provision for Government to take a national look at charging policies. At the moment, charging policies are a local matter. There has been a lot of campaigning about charging because of the huge variation and the very unfair charging policies that are in place across Scotland. That national approach has not been taken, and I think that if the bill goes for local eligibility criteria, the opportunity to change to a national approach will be very slim.

Nanette Milne: On the information and advice service for carers that is set out in section 31, concern has been expressed that local authorities could set up fresh services in areas where carer information centres that people trust and which provide a lot of advice already exist. How variable is the relationship between local authorities and those independent services? If the bill stays as it is, is it likely that some local authorities will set up their own services instead of using the ones that already exist?

11:00

Heather Noller: We, too, share that concern. All carers centres and services receive funding support from the local authority for the area where they are situated; indeed, funding local services is part of the way in which local authorities meet the current supporting carers criterion.

Despite the assurances in the bill that, if services already exist, they will not be replaced by a local authority service, we think that that message could be strengthened as it currently does not respect the rounded, holistic service that a bespoke carers service provides. As well as providing information and advice to all carers, carers services follow up with a much more rounded service that is focused on what the individual carer needs. That involves signposting the carer to other services if the service that is required is not provided by the carers centre. We think that that is a much better service for carers than an in-house local authority service. Going back to what has been said about minimum standards in relation to eligibility, there is a risk that, if there is a duty to provide only information and advice, that is all that the carers will get. Although the range of information and advice is quite extensive, it needs to be followed up much more within the service.

Nanette Milne: Do you envisage local authorities using the duty as a cost-saving exercise? Would they pay less for providing a service themselves than they would pay other organisations that provide a more comprehensive service? Is that one of the concerns?

Heather Noller: Yes, it is a concern. The financial memorandum does not make clear how the funding would be divided. We need to compare what is in the financial memorandum with the funding that is already provided by local authorities to carers services, but we have not been able to do that with a great deal of precision. We will need to explore that later.

The financial memorandum says that the costings are based on the provision of two information and advice workers per local authority. Claire Cairns made some interesting points about outreach workers in different areas. It might be fine to have two local authority advice workers in a small, averagely populated area, but that model would not work for Highland, Argyll and Bute or even the larger cities, where two information and advice workers would not meet the demand. We need a lot more information about variation in provision if we are to meet the different needs of the carer populations in densely populated areas and in communities that are sparse and very spread out.

Suzanne Munday: Ben Hall talked about transparency and accountability. Unfortunately, there is history around the reshaping care for older people change fund, in which 20 per cent of the available funds were designated for support for carers. As national carers organisations, we found it difficult to unpick the provision and say definitively that 20 per cent of those funds had been used to support carers. We believe that the money should be ring fenced. I know that people do not like ring fencing, but it is about accountability and showing that the money that has been earmarked for carers is being used for what it was intended for rather than disappearing into a black hole.

Claire Cairns: When we talked to carers about the information and advice duty, they were very clear about what they wanted. They wanted an information and advice service that was local, independent and expert—just like the services that are currently provided through local carers services, as Heather Noller said. We therefore hope that local authorities will choose to continue those services. I was slightly concerned by COSLA's written submission to the committee, in which it talks about looking at the provision of information and advice more through a public awareness campaign, which goes against what carers have said they want. We hope that the regulations will be very clear and specific about the provision of information and advice to carers that is expected.

Andrew Strong: The alliance houses the dementia carer voices project. Members will probably know Tommy Whitelaw, who cared for his mum and co-ordinated that project. We conducted a survey of what carers want and what the issues are out there, and lots of people told us that they want local advice and information. They certainly do not want a local awareness campaign; they want practical support for the day-to-day activities of caring and information on financial and legal matters. A lot of that provision sits within the third sector, as lots of third sector organisations are the first point of contact for carers.

We welcome the encouragement, within the explanatory notes to the bill, of local authorities and health boards to make the best use of the third sector. As the explanatory notes acknowledge, however, that work needs to be adequately and appropriately funded. Although we welcome the additional funding for the third sector that has been included in the financial memorandum, going back to Heather Noller's point, we are unclear about how that money is going to be divided up.

The financial memorandum says that 50 organisations will receive technical support, such as information technology support, and that there will be extra capacity around that, but I encourage the committee to ask questions about those 50 organisations and what they are. The Scottish Council for Voluntary Organisations did a bit of research into what sort of organisations were out there and found 81 specific carers organisations across the country, but that is only part of the picture. There are hundreds of organisations that provide conditioned, specific support and which also support carers, and they would really welcome some of the funding, too. In deciding who will get the additional money and resource, what will the criteria be?

Ben Hall: I emphasise the importance of information and advice services. We know from research that a few people round the table did that the single biggest barrier to carers taking a short break was their inability to access information and advice. Rather than putting existing services at risk, we want to enhance them.

Dennis Robertson: I have a question about the involvement of carers. What is your opinion of the proposal that local authorities and health boards should have a duty to take account of the views of carers and carers organisations? There is currently a route for public bodies to be involved, but is it necessary to put in place a duty for involvement? It is proposed that those views be taken into account in a "practicable" and "reasonable" way, but I do not think that we can put that in legislation, as it means nothing. What are your views on the involvement of carers and how we take account of those views? Should a body be set up? If so, what should be the divide between carers and the organisations? Should it be 50:50?

Claire Cairns: It is important to use the structures that already exist. Many care forums throughout Scotland meet locally and, for example, take the views of carers. Where those structures work particularly well, there will be a carers forum and a carer in that forum will be represented on local strategic planning committees. The views from the wider carer community are therefore brought into the planning structure and information from the planning structure is taken back to the carer forum. That means that there is more of a two-way process.

It needs to be acknowledged that those forums need to be resourced and the resource implications of involving carers as partners in care have not really been looked at. That support is often provided through third sector organisations, but because those organisations are at full capacity and do that work on top of their other services, it is often the first thing to go.

Moreover, those structures are not in place in every area of Scotland. When we look at carers getting involved in integration boards, for example, we can see how intimidating that is for anybody. Best practice should involve their receiving training, induction through the partnership and all the resources—whether that is, say, replacement care or transport—that are required not just for attending the meetings, but for attending the forum and providing a link. In some areas where there is very good practice, there is also mentoring for carers who are on the boards. I would like that to be set as standard, and I would like the bill to provide that through guidance. I would also like resources to go towards that to ensure that engagement is meaningful.

Ben Hall: Going back to the principle of why carers should be involved, I think that we see time and again through the short breaks fund at Shared Care Scotland that when carers are involved in the planning and commissioning of services, those services are more effective and people's personal outcomes are better.

Rhoda Grant: Returning to Andrew Strong's earlier comments about emergency plans, I understand that such plans are back-ups that should be in place if a carer takes ill or whatever. However, Mr Strong also touched on a matter that I thought would—or should—be dealt with under other legislation: the transition for a cared-for person. If someone is being looked after by a parent, it follows that, at some point, someone else will have to take on the caring role. Are those transitions not taking place? Are young people not leaving home and becoming independent long before they are bereaved of their parents? Is that what is missing? Transitions need to happen over time to ensure that they do not come as such a shock.

Andrew Strong: The simple answer is that I do not know. All I was saying was that we are aware of situations in which older carers are seeking the peace of mind of knowing what will happen if they can no longer provide care; I was not specifically talking about what is in different legislation.

Fiona Collie will be able to help me out here.

Fiona Collie: The legislation should definitely ensure that carers are involved in planning for the transitions of the person for whom they care, whether that is a child's transition to adult services or an adult's transition to older people's services.

One element is emergency planning—in other words, what happens if a person falls and breaks their leg? That should be part of an individual's plan, because it gives a carer confidence and security, ensures that they are not frightened and lets them know that, should anything happen, there will be support and a plan for the person for whom they care.

Another part is what we call future or anticipatory planning; it has a whole load of names, but it is about what happens as a person ages and about carers being able to plan for their own lives and aspirations. For example, a young adult carer—I am a bit older than that—might think, "In the future, I want to move into education", "I want to do this type of training" or "I would like to do an apprenticeship", and they can plan for that within their adult carer support plan. A carer with a disability might think, "I know that my disability is progressive, so I'm going to need to plan for what the future looks like." Carers should have the confidence to be able to do that. The legislation should do part of the work, but it does not cover carers' lives. Instead, it would be a way of bringing everything into one place.

The Convener: At the briefing session before the meeting, Dennis Robertson mentioned the link between the bill's provision for a young carer statement and other related provisions in existing legislation, and I wonder whether we could get something about that on the record, too. I will call Mr Robertson to speak after Bob Doris.

Bob Doris: Like Rhoda Grant, I want to ask about emergency planning. My experience relates to adults with learning disabilities and their ageing parents, and I have to say that Glasgow City Council has not always been as sharp as it could be in asking, "Where are we going to be in five, 10 or 15 years' time?" I would call that anticipatory rather than emergency planning, although they could, of course, end up being one and the same thing in a crisis. Is there any legislation under which such emergency planning might be taking place but not in discussion with carers?

When the committee recently looked at palliative care, we discussed anticipatory care plans for older people in, for example, residential settings. In that respect, we are at 20-something per cent—the number of plans in place is pretty low, although the figure is higher than it was. Is there any connectivity between emergency or anticipatory planning and other legislation and the responsibilities that sit on local authorities or health boards?

At the beginning of the meeting, I wrote down all the things that could be in the bill, one of which is hospital discharge. If any social care needs are identified, we would hope for a six-week plan to be put in place for the person leaving hospital, and that would seem an obvious hook for allowing us to ask who is caring for them and whether they have already had a carer's assessment. Is there some obvious existing and good connectivity that would not be burdensome to use to allow us to implement some of that?

11:15

Scott Richardson-Read: I am not sure that I can comment on connectivity, but we need to consider the process that a carer with, for example, a young adult with a learning disability or complex care need might have gone through. They will have had an assessment, which will have said that they have fulfilled X criteria, that their criteria entitles them to X, that the services are in place and that those services will be reviewed annually. Although those people will age, the review does not necessarily change and the young person might not have enough support or be able to move on enough. As a result, if we are thinking about care planning, we will have to consider how care planning for carers or adult carer support plans fit into the review mechanisms in social work, healthcare and the integrated services.

With regard to discharge planning, a lot of work needs to be done on linking models of social support, such as potentially using support hours to support people at home rather than have them go into hospital. We have already talked about approaches such as social prescribing by GPs, and we need to think about how the care plan fits together with all the different planning mechanisms that are already in use.

Quite a stramash of different approaches and legislation would have to be drawn together to fit around the carer plan. To hark back to my first comment, I would like the bill to set out how it all dovetails together, especially for young carers, and how it fits in with the child’s plan and co-ordinated support plans. Otherwise, we are at risk of having loads of plans and lots of professionals coming in and out of the life of a young person who is also trying to maintain their schooling while caring for somebody in their family instead of having just one person going in and answering the questions on the care plan.

Fiona Collie: Connections could definitely be made and I would welcome it if they were laid out in the bill’s policy memorandum. The earlier consultation on the adult carer support plan and support for carers showed that they need to sit with wider reform and other wider policies, by which I mean not only social care policies but policies on health, poverty, inequality and employment. It is important that we try to make those connections. They exist already; we just need to ensure that they work.

On hospital discharge, I mentioned at the beginning that we would like a duty to include carers in such discussions. Carers have consistently reported that that is a need; only a third are consulted when somebody gets discharged, which is a very low figure. Indeed, it means that two thirds of people are not consulted or are consulted at the last minute. As a result, carers are not involved in trying to decide what support is put in place; an assumption is simply made that they will provide care.

We need to put in place a duty to talk to the carer and ask, before the person being cared for leaves hospital, whether the carer wants and is able to provide care; after all, with the best will in the world, someone who is older might simply not be able to provide care. That is a wider policy matter. Delayed discharge is butting up against our ability to discharge people from hospital safely and in a way that enables carers to provide the support that those people need without detriment to their own health. Some work is needed on that but there are definitely connections with a wide range of policies. Those connections are already being made, and we can make that happen better.

The Convener: With the best will in the world, we might not be able to deal with that issue through a legislative approach.

Fiona Collie: Exactly.

The Convener: In considering the carer’s needs, we should also consider the needs of the person who is being cared for and their overwhelming wish to be out of the clinical setting. The issue is perhaps not that the discussion is not taking place but that the discussion itself is difficult, because we are dealing with the pressure of the person who wants to be out of the hospital setting and the carers who are struggling to work out how to care for the person when they have hit a new low. The options that they face in dealing with a loved one are difficult. The person might be in a residential setting, and there might be an intensive package of care. Speaking from my own and from wider experience, discussions will take place, but there is no easy solution, as we are dealing with very difficult circumstances that cannot really be resolved by legislation.

Fiona Collie: I certainly agree. We are dealing with very difficult situations, but the primary issue that carers are reporting is that they are not consulted. It might well be that those difficult discussions still need to take place, but that is the point at which carers should be involved and, at the moment, carers are saying that they are not. When the care falls to them, they need to be involved in those discussions to ensure that things happen safely.

According to reports from carers, 20 per cent of people are being readmitted within a month. That is all about trying to make these policies work together, but what we want is for these conversations to happen and for carers to be involved in them.

The Convener: Is that a specific area that should be covered by the adult carer support plan? Given that a lot of the issues relate to support for the carers in the family, what about the role of the family itself? Sometimes people can be squeezed out of the situation. Could a specific part of the adult carer support plan cover what people want or need to do as a family, with all the other bits fitting in with that to support the family?

People can find it difficult to go along and play a family role if they do not want to be around at a particular time in the morning or the evening when carers are there; at such times, they can exclude themselves. Should there be a discussion about the role that the family want to play in supporting the person, instead of simply focusing on what the state can provide—or am I getting that the wrong way round? Claire Cairns will put me right.

Claire Cairns: I think you are right—that is what needs to happen. When people are discharged from hospital, families often want to help provide care, but there might be restrictions on the amount and type of care that they can provide. In that respect, the bill makes a good point by talking not about the carer's ability to care, which was referred to in previous legislation, but about whether

> "the adult carer is able and willing to provide care".

Those are two important points. If we do not speak to carers at, for example, the time of hospital discharge, we will not know whether they are in employment, whether they have other dependents and whether they themselves have health conditions that restrict the sort of care that they can provide. That is why we think there needs to be a duty; we think that things need to be done in partnership.

You mentioned some of the pressures that arise from somebody going into hospital. As you have said, there are pressures from the person wanting to leave hospital—that is really common—but you have not mentioned that there is also a lot of pressure on staff to discharge people, because of the targets that they are trying to meet. Recent research on the attitude of nurses at the time of hospital discharge found that

> "72 per cent of nurses in Scotland feel families need to take more responsibility for their older relatives",

while 78 per cent of nurses said that they did not think that families

> "should be blamed if there is not enough support in place."

In other words, one in four nurses say that families should be blamed if there is not enough support in place. The culture among health professionals in some areas is that people should be discharged as soon as possible and that it is the family's responsibility to take on that care.

Carers need to be more involved in what care they are willing and able to provide, and what they are able to contribute needs to be part of the care package. However, the key point is that no assumptions should be made in that respect. Where things fall down is when that conversation does not happen; people go home, and there is a crisis. The carer cannot cope, there is not enough support in place and the person ends up back in hospital.

The Convener: Sometimes there is not enough discussion within the family, and a carer can by their overwhelming commitment almost exclude other family members. Sometimes families do not have that discussion about how everybody can contribute to an individual's care. That is complex and emotional stuff.

Heather Noller will be next and then we will hear from Scott Richardson-Read—and I should say that we are now into our last six minutes.

Heather Noller: Not a lot of pressure, then.

Claire Cairns has already made most of the points that I wanted to make, but I come back to the example that was given and which the convener has highlighted again. The reason why there is a desire for a legislative requirement for emergency planning is to ensure that those conversations happen. Future planning does not need to mean the far distant future—it can be the immediate future following hospital discharge. A carer might be able to provide short-term, high-intensity care for someone who has been discharged from hospital, but they might also need to have a wider conversation with other family members, bring in a care agency or whatever. That can be discussed as part of the emergency and future planning in a carer support plan.

If a carer does not realise that the option for a wider discussion with professionals and other family members is available to them, they might not have that discussion. That is another reason to ensure that having these discussions is a requirement for everyone.

Scott Richardson-Read: My points have pretty much been covered, but I wonder whether the bill should contain a duty for people to refer to a carer support plan when a family member is discharged from hospital. That might enable us to circumnavigate the issue of people feeling excluded.

The Convener: Are there any other comments on that issue? I do not see any bids from committee members at this point.

Dennis Robertson: I was just going to say, convener—

The Convener: Dennis, I was prompting you to ask that question about children.

Dennis Robertson: I will come back to that in a second, but on the point made by Fiona Collie, Heather Noller, Claire Cairns and Scott Richardson-Read that sometimes the conversations that take place are not recorded, I note that with regard to the complexities surrounding discharge, we have not mentioned the power of attorney. As the convener has pointed out, a named person will often take the lead for the family. Sometimes family members disagree with one another about the level of care that a person requires; however, if someone has power of attorney, they can make decisions on behalf of the rest of the family.

On the issue of children, which the convener invited me to raise, Scott Richardson-Read talked about ensuring that the legislative frameworks dovetail. With regard to the young carer statement, it struck me that we already have getting it right for every child, and we are taking forward the named person legislation. Are those existing layers sufficient without our having to go down another route, or do we need that other route to ensure that no one falls through the net?

Scott Richardson-Read: I am concerned that there is too much planning and not enough action; there can be a lot of bureaucracy without anything really happening. We have GIRFEC and the safe, healthy, active, nurtured, achieving, respected, responsible and included—or SHANARRI—indicators, and there are wellbeing risks that will be activated under GIRFEC if a young carer is not attending school. The named person should consider that wellbeing risk, but the worry is that SHANARRI looks at wellbeing as a whole. Does it really focus on a young carer’s specific needs? Do we need a more specific focus on that area of a young person’s life? On the other hand, if that is their only wellbeing risk, should we be looking at the support that that young person needs as a young carer rather than at any wellbeing risk? I do not know—I will leave that open to others.

Heather Noller: To answer Dennis Robertson and Scott Richardson-Read directly, I think that, yes, we need a specific young carer statement for two reasons. First of all, because caring is the only wellbeing need for a lot of young carers, it is important to have something that is specifically designed to support them. Secondly, the consultation with young carers resulted in quite a lot of opposition to the introduction of a child’s plan. Again, if caring is a young person’s only wellbeing need and their only vulnerability, a child’s plan will not be suitable for them.

I agree with colleagues and committee members that quite a lot of different pieces of policy and legislation affect young carers. It is not quite clear how all of that will work in practice, and it is important to ensure that people do not fall through the net and that support is available. Information sharing should happen in as joined up a way as possible, provided that the young person’s wishes and confidentiality are respected, and it would seem that the best way of doing that would be to have something specific for young carers.

The Convener: As committee members have no more questions, I thank the witnesses for their time and the written evidence that they have provided. The committee appreciates it and looks forward to working with you throughout our scrutiny of the bill. Thank you very much for your attendance and your participation this morning, and have a safe journey home.

Meeting closed at 11:30.

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