



Carers Trust consultation response

Submission to the consultation on the Draft Carers (Waiving of Charges for Support) (Scotland) Regulations 2014 and the Draft Directions (The Carer's Assessment (Scotland) Directions 2014)

About Carers Trust in Scotland

Carers Trust works to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems. With our Network Partners, we aim to ensure that information, advice and practical support are available to all carers across Scotland. Together with our Network Partners, we provide access to desperately-needed breaks, information and advice and education, training and employment opportunities. We help carers to maintain their own health and wellbeing and support them so they do not feel isolated. Our Network Partners benefit from the provision of grants, our work to improve carers services and we help carers make their needs and voices heard and provide someone to talk to, in person and online.

The implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 will result in a significant shift in the delivery of health and social care services. For this to be successful, carers must be involved as equal partners in care, both in the design and delivery of outcome focused support for the people they care for and also as recipients of SDS themselves.

We support the move towards more personalised, self-directed support. Carers and the people they care for welcome the opportunity to exercise more choice and control over the services they use.

Until now, implementation has been variable and not all areas have upheld the underpinning principle of personalisation when re-designing their services to incorporate self-directed support. It is our hope that the Social Care (Self-directed Support) (Scotland) Act 2013 and the regulations and guidance which accompany it will be robust enough to ensure the successful delivery of self-directed support across Scotland, translating the vision of personalisation into reality.

About the consultation response

The National Carer Organisations developed a briefing paper on the draft guidance and regulations which was distributed widely to carers and other stakeholders. This

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outlined the key aspects of the Guidance and Regulations relating to carers and explained how people could contribute to the consultation

In addition, we facilitated consultation sessions at both national and local events, primarily with carers, but also with practitioners working with carers. People have had the opportunity to contribute their views via an online survey and through a webinar session. Over 300 people contributed to the consultation. Their views have informed this response and have also been captured in a report, which is included as an appendix.

This response aims to highlight the issues which carers and other stakeholders have identified as being of particular concern and where possible to provide recommendations in relation to addressing these concerns.

Response to the Draft Carers (Waiving of Charges for Support) (Scotland) Regulations 2014

Carers Trust agrees with the general circumstances regarding waiving of charging to carers for support and breaks provided to them. Carers are equal partners in care and deserve to be given similar rights to those providing care on a paid basis, and this includes regular holidays and rest breaks. If carers are assessed as needing a short break from caring, the cost of this and for any replacement care required should not be charged for.

We have significant concerns about **Line 5** of the draft regulations, which stipulate that in relation to replacement care to facilitate a short break for the carer, carers should arrange for friends, family, neighbours or other volunteers to provide replacement care and only where this is not possible will the local authority step in to arrange the care. In partnership with the other National Carer Organisations, Carers Trust has consulted widely with carers and stakeholders regarding the draft charging regulations and have included some headline figures and comments in this response. Our concerns are set out in further detail in the response to Q6 a) and b).

Regarding clarity, anecdotal evidence from a number of carers and carers centres states that many people found the regulations difficult to interpret. We recognise that this is not a simple area of legislation, and that further guidance and user guides will be produced for professionals, service users, carers, and other groups who are interested in the Regulations, but it may be worth considering whether clearer and more illustrative language could be used. Examples within paragraph 9 that illustrate the six individual situations may be helpful.

We remain concerned that the power to provide services free of charge to young carers is contingent upon having been assessed under the 1995 Act. Our experience is that very few young carers who are receiving support from young carers' services

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in Scotland have been assessed under the Act. We would hope that more young carers will have their needs assessed as a result of local authorities implementing GIRFEC, and would like to see something in the regulations which recognises the imminent change to assessing children and young people's needs as detailed in the Children and Young People's Bill.

In terms of clarity of paragraph 9, we appreciate that although the paper is not intended for young people but service providers, an easy read version of the regulations would still be helpful, with examples of how the situations detailed will apply to young carers.

Along with the other National Carer Organisations we consulted with carers and practitioners from across Scotland in person at a range of events, including a webinar, and through an online survey. The full results of this survey are included in the appendix of this response.

Unsurprisingly, carers were significantly in favour of not being charged for services and support provided to them. 96% of those responding to the survey said that they agreed or strongly agreed that they should not be charged and spoke about the financial and personal penalties of caring and of the significant costs to the state if they did not provide care.

"Often a carer has to work less than full time to support the person for whom they care. This saves the taxpayer and government coffers millions of pounds a year. Without help many of these people would be bed blocking in our already overstretched NHS. It is wrong to charge carers as it may result in abandoning the caring role to support themselves with the inevitable increase in costs to support the people they care for in institutions."

"Carers give up their time, energy, health and financial resources to care for ANOTHER person. This saves the government a fortune in comparison to these people who cannot be independent having to have round the clock care packages or needing admittance to residential facilities. Carers have already made a huge sacrifice, which is usually significantly financially detrimental to them, so they should not be expected to be further disadvantaged by having to pay for help. Furthermore I think it would lead to a huge reduction in carers, who could no longer afford to care for their loved one, which would be more costly in the long run to the government."

Questions 1 and 4 – 6

Breaks

We welcome the guidance on in the circumstances where charges must be waived and where they may not be. However, we do not believe that this is sufficiently clear and would suggest that Page 4, paragraph 9 be amended to read:

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Lines 1 to 6 discuss waiving charges for breaks for carers in certain circumstances. In summary the following applies:

In relation to breaks, where a carer's assessment determines that the following will produce the best outcomes, the local authority must waive charges for the following costs:

- The cost of a short break or break away for the carer or young carer away from the person they care for.
- The costs of transportation to short breaks or breaks for the carer or young carer.
- Any costs relating to the provision of a replacement care service which would facilitate a carer to have a short break from their caring responsibilities.
- The cost to the carer or young carer of a holiday or break together
- Any additional costs of such a holiday or break including, for example, specialist equipment or more accessible rooms

In the event that any care services are provided to **mainly meet** the assessed needs of the care recipient (to support social opportunities and to support independent living for example), but as a consequence deliver a break to the carer as a welcome by-product of the service, then existing charging policies would apply to the service user, but no charge direct or indirect will be applied to the carer.

Local authorities should build on and share best practice in implementing and delivering breaks in their area. Recent examples include the Time to Live Fund (delivered by Shared Care Scotland), Better Breaks (delivered by the Family Fund), short breaks vouchers and local short breaks bureaux. Strategies to support the delivery of such breaks in each area should be co-produced with carers.

We would note however, that without additional funding for the delivery of self-directed support for carers including breaks, we are concerned this may result in funding being severely rationed or diverted from elsewhere. The Scottish Government must monitor local authority delivery and be aware of and respond to any such unintended consequences in the delivery of breaks and other SDS support.

We also suggest that it would be helpful to reorder the breaks section to start with breaks and holidays together. Paragraphs 14 and 16 on pages 7 and 8 fit better together.

Breaks or Holidays Together (page 8)

Change to from p16 to p14

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Where a carer's assessment determines that a **break together** will produce the best outcomes, the local authority must meet the full cost of the holiday for the carer or young carer. Moreover, any additional costs resulting from the purchasing of additional care support, specialist equipment or special accommodation requirements that may be needed to facilitate this, will not be passed on to the carer or service user in the form of a charge.

Short Breaks (Respite) (page 7)

Change from p14 to p15

When a carer's assessment determines that a short break or break away from the person they care for would be of benefit to the carer or young carer, the local authority will provide or arrange such support. In these circumstances, the whole cost of the break will be met by the local authority. Examples of short breaks in these circumstances include holidays, attending weddings or family events, social activities, swimming or art lessons.

Change from p15 to p16

Where it is agreed through the carers assessment that the carer will benefit from such short breaks, for example, weekly meetings with friends and that the local authority will provide support in that form, the cost of any transport involved (including taxi fares where appropriate) would be met by the local authority.

Replacement Care (page 9)

Informal replacement care, or care in emergencies, may often be provided by friends or relatives. However, we have significant concerns that the draft Regulations indicates this should be the default position when seeking replacement care for any reason. Unpaid carers are not required to provide care, whereas the local authority has a statutory obligation to provide care and support to those who need it. Whilst some people may prefer to receive replacement care from a friend or family member when their regular unpaid carer is not available, there may be many reasons why this is not appropriate, including (but in no way limited to) complexity of care needs, inability of friends or family to provide care on a regular basis, or no appropriate friends or family to provide replacement care.

Simply put, this position trivialises the role of the unpaid carer. Carers are experts in those they care for and often possess a huge skills base, becoming proficient and efficient in providing care due to the time they spend caring. Often this can include medical skills such as administering injections, caring for stomata, catheters and feeding tubes, and physiotherapy. Family and friends will not have the skills required to take this type of care on, nor should they be expected to. If they do have the skills, willingness and ability to provide care, they are probably already doing it.

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It also places undue stress and pressure on the carer if they are expected to arrange replacement care. They may feel guilty if the care provided by the family member is given reluctantly, of poor quality or in any way not ideal – this can lead to family arguments and breakdown of relationships. It is also a risk that well-meaning family members can underestimate the care that is needed, particularly for people with a learning disability, mental health condition or neurological illness; many carers have reported bad experiences of family members providing replacement care for them because whilst the person who stepped in was well-meaning, they were not sufficiently able to provide care in the required way.

Over half of respondents to the online survey did not agree that it was reasonable to ask friends and family to provide replacement care. Whilst some carers already have some support from friends and family, they believed that this would place additional burdens on to these relationships and that often whilst individuals may be willing they simply do not have the skills to manage the complexity of needs that the cared-for person has. They noted that this would prevent them having a break at all. Many respondents also stated that they did not have family or friends close by.

“Our 30 year old son has complex needs and requires help with personal care. It is inappropriate for his only sister who lives abroad to be expected to do this. We have very few relatives and all are too old/unwilling to cope with his needs. Friends evaporate as soon as they are asked to help in this way.”

“On occasion perhaps, but if it becomes a regular occurrence, people do not want to commit and the carer becomes stressed.”

“I cannot ask my 30 yr. old son to look after his sister because it is very inappropriate e.g. toilet and washing needs, dressing etc... All grandparents are dead except for my mother who is 83 and she herself gets support from me.”

“Not everyone is suited to a caring role - just because someone is family does not change this. Forcing someone into a role in which they were not comfortable would not be good for the health of the cared-for person, or provide the mental break that the carer needs.”

The attached consultation report provides many more examples of occasions when it would be impractical or inappropriate to involve family, friends, neighbours and volunteers as replacement carers.

Regarding the circumstances of ‘social isolation’, if replacement care is restricted to only those who have become socially isolated, preventative opportunities to reduce the number of carers and people with care needs who become socially isolated in the first place will be missed. The definition of social isolation in the draft regulations

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also will not cover situations where the carer and cared-for person do have families, friends and neighbours, but none of them are willing or able to provide care. We believe that this will be the case in many situations and it is not clear how this would be interpreted. It would be a grave error for the regulations to state the default position is to expect unpaid carers to approach unwilling or unavailable family and friends to convince them to provide replacement care.

There were some carers who responded to our online survey were able to ask friends or family for support and would prefer this, but this should be a matter of choice and preference. The current wording of the guidance will create additional burdens and stress on carers, placing the too much of the onus onto carers, who by the local authority's own assessment, are in need of a break from the pressures of caring. The current wording also suggests that all replacement care is to be provided in the cared-for person's home, which may not be the case as residential replacement care may be required.

Carers Trust in Scotland would propose that 'social isolation' is removed from this section, and that both the availability and appropriateness of replacement care provided by friends and family is discussed as part of an assessment. Where it is identified that no such replacement care is possible, the local authority must arrange or provide adequate replacement care that is free of charge to the carer.

Finally, we are unclear about the inclusion of volunteers as a source of "free" replacement care that a carer can organise. Whilst volunteers *may* be able to provide this support, it is likely that this will be part of a service that does have costs involved in the provision of volunteers, for example, through a third sector organisation that provides a service staffed by volunteers (e.g. befriending or care attendant schemes) who are provided with suitable training and appropriate vetting. Much more clarity is needed.

The guidance must be reworded to recognise responsibility should remain with the local authority to provide or commission replacement care (including that of volunteers) but that some carers may prefer (and have) friends or family willing and able to provide care.

Reword and combine paragraphs 17 and 18 to read:

In order for carers or young carers to have a break away from their caring role without the cared-for person, then replacement care is often required. This replacement care enables the cared-for person to remain at home or, where necessary, in a homely environment without the carer or young carer. In some circumstances, a family member or friend may be able to provide this support. However, where this is not available, the Scottish Government expects local authorities to provide or commission replacement care. Any costs relating to this provision of a replacement care service which would facilitate a carer to

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have such a short break from their caring responsibilities must be waived by the local authority.

Breaks identified for the cared-for person within their care needs assessment

For clarity, we believe it would also be helpful to specify the circumstances where charges may not be waived. The following paragraphs are suggested.

Add 2 new paragraphs

In the event where a break **for the cared for person** is identified within their own care needs assessment and thus care services are provided to **mainly meet** their assessed needs (to support social opportunities and to support independent living for example), but as a consequence deliver a break to the carer as a welcome by-product of the service, then existing charging policies would apply to the service user, but no charge direct or indirect will be applied to the carer.

However, there may be occasions when it would also be counter-productive to charge the service user, if for example the application of a charge would prevent such a break. Local discretion will apply bearing in mind the implications of the impact to the carer to have a break as a result of this support and the additional services that might then be needed if the caring relationship breaks down.

Question 2 (a)

Some local authorities have suggested to their local carer organisations that SDS may be an income source in the future if carers choose to purchase such services via a direct payment. There are concerns that this will be viewed as an alternative form of funding to the present system. Services provided by carer support organisations are currently free and can be accessed without a formal assessment. They include information and advice, emotional and peer support, advocacy, counselling and training. Most carer organisations receive core funding from their local authority or health board in the form of a grant or service level agreement.

We believe that this would undermine the current provision, potentially leading to a two-tiered system where only carers in receipt of a direct payment, following a statutory carers' assessment would be able to access certain services. As a result, early preventative support would be lost, leading to crisis provision and more costly interventions being required.

This issue was raised with the Minister for Public Health, Michael Matheson MSP, in October 2012. He reassured the National Carer Organisations that the regulations would make it clear that SDS should not to be viewed as a funding source for universal carer services. However, the regulations are unclear on this point and confusingly do not differentiate between services which are currently free and

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therefore there is no charge to waive and those which generally have a charge, where the charge will be waived for carers.

Section 10 of the draft Guidance accompanying the Draft Carers Regulations 2014 lists the services for which charges will be waived for carers as:

- the provision of information and advice, including signposting to other agencies
- advocacy for carers and young carers
- emotional support and counselling
- training for carers and young carers
- translation and interpretation services
- support with housework or gardening or other similar activity
- cost of taxi fares and driving lessons in special circumstances
- short breaks

Many of the services listed do not currently incur a charge and therefore there is no charge to waive. It is confusing to include these in this section and gives a false impression of the types of support that would additionally provided through self-directed support. They should be removed due to the potential for them to be misinterpreted by local authorities.

We are also recommending that the example of carer support, included in the Draft Statutory Guidance should be removed:

The professional arranges for an individual service fund to be set up. They arrange for this to be transferred to a third sector organisation (say, a carers' centre). This organisation purchases training or peer support sessions under the direction of the carer.¹

We believe the regulations and guidance need to clearly differentiate between those services which a carer may choose through self-directed support in order to sustain them in their caring role or to achieve other personal outcomes, such as a short break, driving lessons, or practical help with housework and gardening and **those services which a carer can currently access without an assessment or a direct payment.**

Notwithstanding the arguments above, where the waiving of a charge for information and advice is mentioned, there is a need to be clear that this does not include legal advice.

¹ Table 9 – Examples of carer's support under the 2013 Act

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Question 2 and 3 (a)

Paragraph 10, bullet 7 and paragraphs 12/13 – Cost of taxi and driving lessons if special circumstances

Whilst we recognise the limitations on local authorities in providing taxis and driving lessons for carers, particularly the need for agreed financial limits on driving lessons, it is difficult to define what ‘exceptional circumstances’ are.

Primarily, if a carers’ assessment identifies a need for a carer to access a service or venue that is only accessible to them by taxi, then it is only right that their taxi fares are included as part of the support. The example given in the draft regulations is of a carer who lives in a remote part of Scotland and does not have access to alternative transport. It needs to be recognised that it is not only remote and rural parts of Scotland where access to public transport is limited – even in cities and large towns, bus and train services can be inconvenient outside of peak travel times and the inconsistency of public transport travel times can cause problems for carers who have to return promptly to relieve replacement care providers. Rural and remote areas may not have any access to public transport and therefore the use of taxis or private cars will never be exceptional circumstances for them.

We would prefer that ‘appropriate circumstances’ be used rather than ‘exceptional’ or ‘special’ circumstances. These terms can become barriers to carers for whom it is quite reasonable because of location and/or their caring circumstances to use a taxi. Supporting a carer to learn to drive could also have multiple benefits in supporting the carer in their caring role, e.g. ease of transport to appointments and reducing isolation. It may also support a carer’s general wellbeing, by enhancing their employment prospects. In the 2011/2012 application cycle, Carers Trust’s grants programme received 129 applications for grants to contribute to the cost of driving lessons. 91 of these applications (around 70%) were successful, with a total of £23,661 distributed to carers. This clearly shows the need for carers to get support towards the cost of driving lessons in order to meet identified outcomes and increase their skills that will help them both in and out of their caring role.

The examples provided in the draft guidance are useful to illustrate different ways that carers can benefit from support with transport, but local authorities must always be prepared to consider appropriate ways in which support with transport can be overcome.

Furthermore, the example given in paragraph 12 (bullet 2) of a taxi to take the cared-for person to hospital appointments is misleading. If an individual requires transport to hospital appointments and there is insufficient public transport or their needs require it, **this is the responsibility of the NHS**. Patient transport (including volunteer drivers) should be arranged or the hospital should arrange suitable transport, including funding taxis **for the patient**. In these circumstances carers

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should be advised of help available with arranging patient transport or with transport costs, and how to apply for this support.

In addition, in relation to driving lessons, the use of the term special or exceptional circumstances does not fit in with an outcome focused approach. A carers' assessment should look at achieving best outcomes in both support for caring and support for the carer's own health and wellbeing. The opportunity to have driving lessons should be seen as part of support for a carer to have a life of their own and not solely about their caring role. In particular this may be something that would be beneficial to young carers as part of their ongoing development.

We suggest rewording of this bullet and paragraphs 12 and 13 to read:

12. It might be decided following a carers' assessment that the local authority will provide a carer with financial support to help pay for taxi fares. This might be, for example, in the following circumstances:

- Where the carer cannot rely on the public bus service to take him or her to, for example, an art class or other social or leisure opportunity
- Where a carer cannot drive a car and there is limited public transport.

13. It might similarly be decided following a carer's assessment that it would be helpful for the carer to be able to drive a car and that the local authority will provide support in the form of driving lessons up to an agreed financial limit. This may have multiple benefits in supporting the carer in their caring role e.g. ease of transport to appointments, shopping, reducing isolation and to support carers own wellbeing e.g. enhancing employment prospects for a young carer.

Whilst this support may not be the norm, local authorities should consider both driving lessons and taxis where it appears reasonable and practicable.

Question 2(d)

Paragraph 11: The examples provided in paragraph 11 are misleading. Providing gardening or housework support to a carer is not to provide more time to provide personal care to the cared-for person but rather to reduce some of the burden a carer experiences in addition to caring or that impacts on their ability to provide care. It may also assist in freeing up time for the carer to help improve their wellbeing and quality of life. We suggest that paragraph 11 reads:

11. Many carers have multiple responsibilities over and above their caring role and may need assistance with practical aspects of their lives to support their health and wellbeing. For example, it would be perfectly reasonable for a local authority to provide or commission help with housework and gardening to help reduce physical and emotional stress on the carer. When this support is provided to carers, it will be free of charge.

Question 7

Additional information

The National Carer Organisations believe that clarity is required in this section. The guidance would benefit from some rewording to reflect self-directed support itself and also the role of third sector. It would be helpful to reorder paragraphs 19 and 20 and add additional information within this section to aid this.

Change paragraph 20 to paragraph 19

19. Charges will not be made for support provided to carers either directly by local authorities or commissioned by the local authority through other statutory, independent and third sector bodies. However, as outlined below, if a carer wishes to supplement and pay for support above the agreed level they will receive through self-directed support, this is a matter entirely for the individual carer.

Change paragraph 19 to paragraph 20

20. The support which carers will not be charged for will be agreed following a carers assessment. Any further support not to be charged for will also be agreed through revisiting the carer's assessment. Carers should be provided with information on how they can ask for a review of their carers' assessment and of plans to schedule regular reviews in line with guidance on carers' assessments.

We believe it would be helpful to discuss supplementing agreed non-chargeable support in a separate paragraph giving examples:

Charges will not be made for support provided to carers either directly by local authorities or commissioned by the local authority through other statutory, independent and third sector bodies. However, as outlined below, if a carer wishes to supplement and pay for support above the agreed level they will receive through self-directed support, this is a matter entirely for the individual carer. Examples could include another break, therapies etc. If a carer chooses to buy an additional holiday or short break, any replacement care for the cared for person whilst the carer is away may be charged for. However, there may be occasions when it would also be counter-productive to charge the service user if for example the application of a charge would prevent such a break or a carer's ability to access a service that would improve their wellbeing.²

Reword paragraph 21

² As outlined in our response to Question 2(a)

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For clarity, this paragraph should be divided to reflect that carers as disabled people requiring community care services and carers income being taken into account in financial assessments are two separate issues. Moreover, issues around charging and spouse/partner carers should reflect currently CoSLA discussions on charging.

21. There are circumstances where individuals who are carers are charged but **these circumstances are not related to their role as carers**. This relates to where a carer is also a service user and, as such, local authorities' financial assessment and charging policies apply. Therefore, this is outwith the scope of these regulations and guidance. However, **charges must be waived for any support they receive in their caring role**.

Add new paragraphs

Moreover, some local authorities also take the income of partners, which can include carers, into account when reaching decisions on the charging of services and support **to the service user**. This is an ambiguous area of the law and COSLA is undertaking further work with its partners to establish whether the policy in this area can be clarified.³ This too is outwith the scope of these regulations and guidance.

Utilising CoSLA guidance on charging, local authorities should consider whether the carer (who in these circumstances is a supported person or partner) *has difficulty in meeting the charge for the service due to their financial circumstances. Local authorities should take a holistic approach, and consider the full impact of all prospective combined charges on the well-being and independence of the carer and the person they care for. Moreover, in designing charging policies, should give consideration to the impact of such policies on the well-being of carers, many of whom experience hardship.*⁴

³ COSLA, National Strategy and Guidance for Charges Applying to Non-residential Social Care Services 2012/13

⁴ COSLA, National Strategy and Guidance for Charges Applying to Non-residential Social Care Services 2012/13

2. Response to the Draft Directions (The Carer's Assessment (Scotland) Directions 2014)

We welcome the addition of Directions to local authorities in relation to carers' assessments and the interpretation of 'substantial and regular'. We hope that this will lead to greater consistency across Scotland and a more preventative approach to promoting and undertaking carers' assessments.

At the moment the number of carers' assessments being undertaken in Scotland varies greatly between local authority areas. According to figures from an FOI request in 2012, of the 18 local authorities who responded providing information on the number of carers assessments carried out in 2010/11, eight undertook less than 100 assessments, with three carrying out less than 50 and one only providing eight assessments to carers. While some areas have seen a marked increase in the number of carers assessments in the last few years, others are falling far behind.

We are hopeful that the regulations, in providing a more holistic approach to the interpretation of 'substantial and regular' will allow a greater number of carers to access an assessment. However, we feel that the quality of the assessment process and the outcomes they produce for carers are of primary importance and in order for the directions to achieve their aims, it is imperative that they are provided in context.

We recommend that the Directions should include an introduction explaining that carers are equal partners in care and should be assessed to determine if they require resources to support them in their caring role. This should reference the Community Care and Health (Scotland) Act Carers Guidance, placing the definition of 'substantial and regular' in the context of resourcing carers to continue to care **'as much and as long as they wish and feel able'**:

3.2.1 The Executive's policy is that carers should be supported to allow them to continue to care as much and as long as they wish and feel able. The 2002 Act does not provide for services to carers. Carers, like other service providers, need resources to carry out their function. For carers, these resources may be in the form of other care services to help support the cared-for person, or support or advice provided directly to the carer.⁵

The Directions include a range of factors which should be taken into account in determining whether a carer provides 'substantial and regular' care and therefore should be entitled to a carers' assessment. The last factor on the list is 'the carer's views'. We believe this should have more prominence and that the carer's views should be the first consideration when deciding if they are entitled to an assessment.

The final point (3.5.6) of the Directions makes reference to the value of carers' assessments as a preventative approach and makes the point that early access to

⁵ Community Care and Health (Scotland) Act 2002. New Statutory Rights for Carers Guidance

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small interventions may prevent the subsequent need for increased levels of support and the breakdown of the caring relationship. We believe this is an important point which should receive more prominence and be included within an introduction.

**Carers Trust in Scotland
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