

CONSULTATION QUESTIONS

Please note that these responses are collated from a consultation event carried out in Dundee on 24th March with 45 local carers and 22 local professionals. 38 of the carers and 10 of the professionals gave their specific responses to most of the questions below (not all were asked). Comments from carers at the consultation have been included, along with the position of Dundee Carers Centre.

8 Young Carers were also consulted on there areas that were relevant to them.

The Carer's Assessment: Carer's Support Plan

Question 1: Should we change the name of the carer's assessment to the Carer's Support Plan?

Yes

No

26 out of 38 carers were in favour of changing the name, and 9 and out of 10 professionals.

Dundee Carers Centre position

We recognise that there is generally support for this proposal from carers, while also recognising that it is largely a cosmetic change. The main benefit is that it removes the pressure from carers to feel as if they are being assessed on their capacity or willingness to take on the caring role. We believe that a good quality assessment should act as a support plan regardless of the name given to it. Feedback from carers shows that Carers Assessments as they stand have not been a universally positive experience, so a move in this direction is very welcomed. There has to be a move away from purely counting the amount of Carers Assessments for a tick-box exercise towards focussing on the quality and the outcomes expected of a Support Plan for the individual carer.

Comments from carers

- *Will a name change make any difference? It's more important that there is a change in how it's used*
- *Carer Support Plans should be regularly reviewed, not a one off exercise*
- *Professionals need to be aware that carers may support more than one person. One support plan will not fit all, they need to be personalised to each individual's situation*
- *Should the term 'carer' be changed? Caring person?*
- *Carers support plan is much better than assessment*
- *Does a name change really work?*

- *How to keep a carer well and happy – provide a suitable care plan and activities for the person being cared for. Make it person-centred and carry it out*
- *Re-assessment must be carried out on a regular basis. Circumstances change!*
- *I've been caring for my daughter for 39 years – never had an assessment as a carer.*
- *No need to change the name. 'Assessment' is understood by all.*
- *Changing this would help to plan ahead. If a plan is in place when there is less need then it helps to avoid a crisis.*
- *When the person you care for has multiple issues it seems to make it more difficult to get support*
- *Will enable a holistic view of the impact on the whole family*
- *Change the terminology from carer to supporter?*
- *People on this table were happy with the title Carer Assessment- they felt that people all know and understand what it means. If you change the name what difference does it make?*

Question 2: Should we remove the substantial and regular test so that all carers will be eligible for the Carer's Support Plan?

Yes

No

37 out of 38 carers were in favour and 9 out of 10 professionals.

Dundee Carers Centre position

We strongly endorse this proposal along with the overwhelming majority of carers who were consulted. We believe that all carers should have the right to ask for an outcomes-focussed Carers Support Plan to be carried out and welcome this initiative. We endorse the existing position of Dundee City Council in offering assessments to carers regardless of the existing current criteria.

Comments from carers

- *Support should be available to any carer who needs it irrespective of hours spent caring.*
- *One person thought that it was not cost effective to do this for all the family*
- *More precise definition and awareness of what a carer is, what an unpaid carer is and what a personal assistant is*
- *Majority thought that all carers should be eligible for an assessment including all family members as they may care on a shift basis*
- *There should be an individualised carers support plan and the needs and circumstances of carers vary widely*
- *Extent/degree of caring role should be recognised in the care plan and support services devised accordingly*
- *Majority of the group felt that the carers assessment should be flexible to enable it to be a personalised carers assessment.*
- *In some circumstances it may be necessary to have a family assessment*
- *The carers support plan should also cover this*

- *Everyone should be getting this (a carer is a carer)*
- *Everyone is equal*
- *Different levels of support: full support – high caring role / light touch support*
- *Nothing pushed to the side –support plan should be relevant – being adhered to - comes down to a safety net – carer should be included in care plan*
- *No ticky box system – should be detailed*
- *Yes, will enable fairer support to carers affected by a range of issues and may support prevention of stress in carers and highlight needs earlier. Needs to focus on prevention rather than crisis*
- *Link into opportunities when a person is being assessed for services*

Potential drawbacks

- *Concern with the above is there are limited resources which will then be used for a wider group of carers who may not have as heavy a caring role as others.*
- *Individuals abusing the system*
- *Can the local authority cope with the increase of work load, putting this in place? Does this water down the service available to those in a high caring role?*
- *What about those carers who don't have a substantial caring role?*
- *What about the view of the 'cared for' person and how they feel about being 'looked after'?*
- *May impact on resourcing of support to carers*
- *Will need monitoring of a carers record*
- *If eligibility was widened there may be a risk that everybody will become a carer and it will be harder to identify carers*
- *How will a fair approach to support be implemented?*

Question 3: Should we remove that part of the existing carer assessment process whereby the cared-for person is a person for whom the local authority must or may provide community care services/children's services?

Yes

No

37 out of 38 carers agreed with this and all 10 professionals.

Dundee Carers Centre position

As above, this meets with strong approval from carers and from the Carers Centre. In particular, it means that assessment can be carried out earlier and in a more proactive way rather than potentially being held up by an extensive process of diagnosis. We welcome the existing position of Dundee City Council in offering assessments to carers regardless of the current criteria.

Comments from carers

- *Delays getting a diagnosis or a lack of diagnosis can be a barrier to getting help*

Question 4: Should we introduce two routes through to the Carer's Support Plan – at the carer's request and by the local authority making an offer?

Yes

No

Dundee Carers Centre position

We believe that there should be the flexibility to have 2 routes towards a Carers Support Plan, although there should be a strong obligation placed on front-line Local Authority and Health staff to offer the Plan wherever possible. However, this also needs to be done in a constructive way and explained fully rather than simply offered as a token gesture. At the present time, carers can be offered an Assessment without this being fully explained or a rationale given. There should be further training around this for all front-line staff, building on the great work of EPiC. Ideally, awareness raising for staff around carers issues needs to be more deeply embedded into training courses at University level, i.e. Social Work, Nursing, Education, etc. This is patchy at best at the current time, even though it was highlighted as an action in the national Carers Strategy.

Question 5: Should we remove from statute the wording about the carer's ability to provide care?

Yes

No

Carers were broadly in favour of this proposal. 25 voted yes, with 4 voting no and 9 unable to decide. 6 professionals were in favour with 2 voting no and 2 undecided.

Dundee Carers Centre position

We support this proposal, although we also recognise that the Plan needs to take into account the impact of the caring role on the carer in terms of their physical and mental health, which may well affect their ability to care. The Plan should not be seen as a *judgement* of the carer's ability to care. However, it does need to recognise that unpaid carers are not paid care professionals – they continue in the caring role out of a sense of love and duty to the individual. Very often this can cause them to put their own needs to one side and end up jeopardising their ability to care in the long run.

Question 6: Should we introduce a duty for local authorities to inform the carer of the length of time it is likely to take to receive the Carer's Support Plan and if it exceeds this time, to be advised of the reasons?

Yes

No

Dundee Carers Centre position

The Scottish Government should provide further guidance on this. We recognise the positive attitude that Dundee City Council shows towards carrying out Carers Assessments in a reasonable time period, but we know from speaking with other Carers Centres that this is not the case in other areas. All the evidence shows that *proactive, early intervention* will help to prevent carers from ending up with their own physical and mental health problems and placing twice the strain on existing services. The earlier that support can be provided the better. If support becomes contingent on a Support Plan, then it is absolutely vital that there are clear timescales set out and adhered to. However, we are also concerned that focussing too much on timescales will reduce the carrying out of the assessment to a tick-box exercise rather than the emphasis being placed on outcomes. Outputs, while important, only tell a small part of the story.

Comments from carers

- *12 week timescale for assessment – totally unacceptable!*
- *Carers should be able to ask for a reassessment whenever they feel they need another*

Question 7: How significant an issue is portability of assessment for service users and carers?

Dundee Carers Centre position

The Carers Centre have not found this to be a significant issue, but we do agree that a Support Plan should be as portable as possible. Carers should not have to go through a new lengthy assessment process whenever they have to move, and each Local Authority area should be prepared to accept and build on a Support Plan that has been carried out previously.

Question 8: Should the Scottish Government and COSLA with relevant interests work together to take forward improvements to the portability of assessment?

Yes

No

Dundee Carers Centre position

As above.

Information and Advice

Question 9: Should we introduce a duty for local authorities to establish and maintain a service for providing people with information and advice relating to the Carer's Support Plan and support for carers and young carers?

Yes

No

All carers and professionals were unanimous in their support for this proposal.

Dundee Carers Centre position

We strongly endorse this position, although we recognise that this already exists in the majority of areas through provision of local Carers Centres and other condition-specific organisations. Here in Dundee the Local Authority and NHS also provide a range of information services relevant to carers and the people they care for. This is possibly more patchy across the country for young carers as there are fewer Young Carers Projects. Carers strongly advocated going to the local Centre for advice and information as staff there are experts in dealing specifically with carers' issues. If a duty is placed on Local Authorities to provide these services, this should come with additional resource to support a minimum standard of service in each Local Authority. Ideally this should be delivered through existing carers services rather than creating new structures.

Comments from carers

- *Information of what support is available should be provided at diagnosis*
- *The third sector must be recognised as an important partner in the support of carers and their funding should be made more secure.*
- *Best ways to ensure information is available: GP Surgeries / Council Websites / Schools (for Young carers) / Information in community languages*
- *Outreach work in communities as people may not have access to internet or be able to read in their community language*
- *There should be information workers who have a specific remit to keep the information up to date*
- *Information and advice should be given through already established Carers Centres – database to keep up to date across all services – available to pass between all services*
- *Information should be available for carers in GP Practices, also schools and colleges*
- *Carers may not be aware of Self Directed Support. Education about SDS is first and foremost so that carer is aware of what help is available to them*
- *Information and support should be available for everyone, not only at diagnosis. Healthcare providers should be able to provide information and signposting. Schools, libraries, shopping centres, hospitals, health centres, dentists – anywhere people go!*
- *The consensus on the table was to join a carer's organisation as in their experience, voluntary sector organisations are better at providing the information and advice needed.*
- *Internet is good for some people- but it needs to be remembered that not*

everyone is on-line

Comments from Young Carers

Young Carers all felt that this was required so that people knew about the services that would met their needs.

Question 10: Should we repeal section 12 of the Community Care and Health (Scotland) Act 2002 about the submission of Carer information Strategies to Scottish Ministers, subject to reassurances, which are subject in turn to Spending Review decisions, about the continuation of funding to Health Boards for support to carers and young carers?

Yes

No

Dundee Carers Centre position

The Centre supports the view that there is no need to produce a separate Information Strategy for Health Boards, particularly in the light of Health and Social Work Integration. We support all local agencies working together to roll out a commonly agreed strategy on information and support. This is the current position here in Dundee.

However, we are also concerned that taking away this requirement could lead to the monies associated with Carer Information Strategies also being reduced or diverted away from current priorities. This funding has been of huge benefit since it's introduction in terms of providing a range of support services for carers, training for staff and awareness raising. The funding cannot be allowed to melt back into the pot. We would see this as a huge step backwards when so much positive progress has been made.

Support to Carers (other than information and advice)

Question 11: Should we introduce a duty to support carers and young carers, linked to an eligibility framework?

Yes

No

All carers and professionals were unanimous in their support for this proposal.

Dundee Carers Centre position

We welcome the extension of carers rights to include the right to support. This should be a fundamental right of all carers, irrespective of their circumstances. However, we also recognise that this needs to be carefully balanced with diminishing resources and the introduction of an eligibility framework that might

mean some carers not getting access to services. This needs to be properly resourced by the Scottish Government to ensure that all carers receive appropriate support. We also believe that this highlights the need for more formal carers advocacy services to be provided in each area.

Comments from carers

- *Dundee Carers Centre were unanimously praised for the support they had given carers in Dundee and share information unlike the statutory sector.*
- *Differentiation between unpaid and paid carers in the Bill*
- *Local statutory services to be more open and honest about the barriers to support, i.e. the challenges they're having providing support*
- *More support for ethnic communities, i.e. interpreters are not always available*
- *Carers Centres should have a higher profile and Government funding*
- *Who cares for the carers?*
- *Carers are people who need a life outwith caring*
- *NHS should provide more support to carers at all levels.*
- *Carers should have access to free services and shouldn't be charged. Yes we do think it should be a duty.*
- *All should be eligible.*
- *A duty rather than a power – yes! Duty = responsibility = accountability. Local councils/SW services need to be kept an eye on, pinned down. My experience in Fife is that Social Work please themselves not the public – staff centred*
- *Carers need to feel valued every day.*
- *Caring – mental health. We are very vulnerable.*
- *A carers card would be a good idea*
- *Carers should have access to free services and shouldn't be charged*
- *All carers should be eligible*
- *All carers should be entitled to assessment*
- *Eligibility criteria would have to be introduced in order to prioritise and meet the needs of different carers – it would be important that carers had information regarding how to access Self- Directed support also as this may be another option for them to access respite. Social workers will need to be regularly briefed regarding this.*
- *There should be a national eligibility framework as this would be fairer on the whole*
- *local authority – rather than a national – ‘one size does not fit all’ – the needs of carers in each local authority could be different to the neighbouring local authority – each authority should be providing the most relevant support to the different needs of carers in their own area.*
- *The group felt that there should be national guidelines- otherwise it's too open to interpretation by each local authority. National guidelines make it easier for carers to know what they are entitled to.*

Comments from Young Carers

*No- people would feel that they were being discriminated if there was criteria.
Yes – Quicker support if specific to the caring role*

Question 12: Alternatively, should we retain the existing discretionary power to support carers and young carers?

Yes

No

Dundee Carers Centre position

See above.

Young Carers Comments

*Some people don't like change
We like the way it is now because you include us*

Question 13: Should we introduce a duty to provide short breaks?

Yes

No

35 carers voted yes, with 1 voting no and 2 undecided. 9 professionals were in favour with 1 undecided.

Dundee Carers Centre position

We strongly believe that this should be made a duty, but that it should encompass as wide a range and variety of short break provision as possible. Our experience in Dundee is that carers want and need the flexibility to benefit from a short break that meets *their* needs. We have worked with local partners here in Dundee to develop a range of flexible short break provision, from a few hours away to funded breaks and residential activities. Local Authorities and NHS Boards should produce a Short Breaks Statement to set out how they will deliver on this duty.

Comments from carers

- *Make sure short breaks are followed through by the use of statements*
- *Short breaks without strings*
- *Short breaks should be available to all carers, even if they don't take up offer*
- *How long before short breaks can be brought in for carers?*
- *Short breaks should be provided without strings attached. Carers do not want to be subjected to 1930s style means testing in order to access a break.*

Comments from Young Carers

Yes – Gives us a break.
Young Carers maybe socially excluded
Help us be kids!

Stages and Transitions

Question 14: Should we issue statutory guidance on the Carer's Support Plan which will include guidance for those undertaking the Carer's Support Plan on managing

stages of caring? This would apply to adult carers only. (For young carers, practice guidance will be developed to support management of a Child's Plan through the stages of caring).

Yes

No

Dundee Carers Centre position

We agree that guidance would support the process.

Comments from carers

- *There should be regular assessments during transition periods to identify changes and differing needs for carers*
- *Continual reassessment- it should be done at least bi-annually- but always being able to contact should circumstances change*

Question 15: Should new carers' legislation provide for young carers to have a Carer's Support Plan if they seem likely to become an adult carer? Any agreed support recorded in the Carer's Support Plan would be put in place after the young carer becomes a (young) adult carer.

Yes

No

Dundee Carers Centre position

We would like to see the needs of young and young adult carers fully recognised in the Bill, and this would be a positive step forward. This would prevent potentially length delays for young carers accessing appropriate support when moving into Adult Services.

Comments from carers

- *With regards to young carers, a carer suggested that services compile a plan for future financial assistance via a potential trust fund. When young carers reach the age of 18, they will have access to monies for further education and possibly their own accommodation. It was suggested that £10 per week into a fund would result in acknowledgement to young carers of the importance and recognition of their role and contribution towards financial savings for the Scottish Government.*
- *If a young adult carer is proposed to become an adult carer – there should be a support plan put in place before a YC turns 18 – if not , it could take a while for that to be put in place ad that child would not have the right support.*
- *Better transition from children to adult services. Many carers describe 16-18 as a black hole of support for the person they support with a knock on effect for themselves*
- *Early intervention to ease transition from young carer to adult carer*
- *One plan to do it all*

Carer Involvement

Question 16: Should there be carer involvement in the planning, shaping and delivery of services for the people they care for and support for carers in areas outwith the scope of integration?

Yes

No

Dundee Carers Centre position

We believe that any carer representation needs to be strategic and not implemented in a tokenistic fashion. Yes, carers should be involved in the planning, shaping and delivery of services for the people they care for, whether or not they come within the scope of integration. Again, the situation here in Dundee is a very positive one with carer involvement fully supported and resourced by local partners, but we know this is not the case in all areas. There needs to be guidance issued so that there are minimum expectations, while strongly avoiding the temptation to involve carers as a mere tick-box exercise.

Comments from carers

- *The label carer often defines me and I don't always want to be more involved than I have to be, ie my caring role is often as much involvement as I want*
- *Opportunities to be involved from a distance as cared for person won't always allow carer time away to attend these things*
- *Paid carer positions*
- *Local carer representatives (voluntary or paid) sitting on a national body could be involved in shaping local services for carers.*
- *Have to recognise that carers have a wealth of experience and professionals should act accordingly and work in partnership with carers.*
- *Carers can only get involved in planning of services if they are receiving enough support themselves, and they must be listened to and not tokenistic.*
- *Local Authorities , GPs and hospitals should involve carers in shaping services – at the moment only Dundee Carers Centre do this*
- *Carers need to have some place to be heard. Current situation is poor – carers tend to get help with one hand but it is then taken away with the other i.e. receive carers allowance so benefits are cut. It is a poverty trap – should not just be surviving but living a life of their own.*

Young Carers comments

All young carers said yes to the involvement

Question 17: Should we make provision for the involvement of carers' organisations in the planning, shaping and delivery of services and support falling outwith the scope of integration?

Yes

No

37 carers voted yes, with 1 voting no. All 10 professionals agreed with this.

Dundee Carers Centre position

Yes, carers organisations should be involved in local strategic planning structures. Carers as a group cut across many local strategic priorities, and we therefore see carers organisations as being strategically important. For example, here in Dundee the Centre Manager has taken the Lead on the Carers Workstream of the Reshaping Care Change Fund and there is a real desire to involve the Centre and other organisations.

Comments from carers

- *Information about carers involvement is fragmented with each organisation providing only their own information. It would be helpful if all this information could be put together in one place.*

Question 18: Should we establish a principle about carer and young carer involvement in care planning for service users (subject to consent) and support for themselves in areas not covered in existing legislation?

Yes

No

37 carers were in favour with 1 not in favour. All 10 professionals agreed.

Dundee Carers Centre position

This is a very important principle. The Carers Centre cannot see any justification for not proactively seeking to involve the carer in care planning. There are some barriers to this, but more guidance should be issued on obtaining informed consent, particularly in relation to sensitive caring roles such as substance misuse or mental health issues where the cared-for person may not always know what is in their best interests. Too often the default position of frontline professionals is to use confidentiality as an excuse to act in a defensive fashion, which often disenfranchises the carer. Carers are not an optional added extra, they are equal partners.

Carers in Dundee have raised the issue of Carer Identification/Authorisation cards. We believe this could be usefully explored as an innovative and proactive approach alongside the pilot work being carried out around Young Carers cards, but would need to also be accompanied by a rigorous programme of staff awareness raising and training.

Comments from carers

- *Carer needs to be recognized and believed by professionals*

- *Carers need to have confidence to speak up when deciding on care*
- *Confidentiality especially in mental health services is a big issue. Very difficult to be involved in the care planning of a spouse if the health service is not able to tell you anything.*
- *One size fits all does not work*
- *More effective sharing of information can reduce stress, e.g. Dundee Carers Centre has many services in one organisation – A HUB, where there is empathy.*
- *Some people find it intimidating and daunting to speak to officialdom*
- *The carers need to be recognised not ignored by professionals*
- *The carer needs to be believed*
- *Having the support of the voluntary sector helps us to know what to ask for and what our rights are.*
- *Situation – when cared-for person refuses to allow support from other agencies. I have experienced a lack of support when Social Worker stopped visits as support she suggested would not be utilized.*

Young Carers Comments

Yes – Ask the cared for and the carer

Question 19: What are your views on making provision for young carer involvement in the planning, shaping and delivery of services for cared-for people and support for young carers?

Dundee Carers Centre position

As above, this should be a very strong priority, although again it should be approached in a way that avoids a purely tokenistic response. Any carer and young carer involvement needs to be fully resourced, with minimum standards for engagement being applied.

Comments from carers

- *Involve people with lived experience, the Real Experts: carers, cared for, service users, survivors (especially Psychiatric survivors), family members*
- *Over the last 20 years there is money for consultation and legislation for carers but there never seems to be the resources for any realistic implementation of support and services. At a time of decreased money, budgets and resources, the cheapest solution is to increase the workload on the back of the unpaid carer.*
- *600,000 carers in Scotland = 1/10 of population. Scotland's carers as legally equal partners in care deserve a Carers Ambassador to the Scottish Parliament*
- *Knowledge is power – in order to stand up for yourself to be aware of what is available to you and what you are entitled to. Carers want to be allowed to be involved with decisions and feel that their views have been listened to and taken into account.*
- *Carer paid to oversee the Act.*

- *Carer involvement has to be meaningful not meaningless, which is about listening, responding and acting upon what carers are saying. Nothing about us without us!*
- *Carers as equal partners? Yes, and we are more than equal to the task of being meaningfully involved IF we are listened to, we are reimbursed for expenses (and even if you employ some of us in paid posts that recognized our skills and experience)*
- *Pleased the consultation recognizes that carers are equal partners*
- *Getting involved with a carer association- like Carer Voice, Alzheimer Scotland*
- *Not everyone has confidence or the time to come to an event like this. Need to come to speak to carers where they are. Sometimes the person needs cared for to enable the carer to participate.*
- *Doesn't mean they are right just because they are the 'professional'*
- *Work with professionals and students too*

Planning and Delivery

Question 20: Should we introduce statutory provision to the effect that a local authority and each relevant Health Board must collaborate and involve relevant organisations and carers in the development of local carers strategies which must be kept under review and updated every three years?

Yes

No

36 carers said yes to this proposal with 2 undecided. All 10 professionals said yes.

Dundee Carers Centre position

The Centre supports this position, while also accepting that a Strategy in and of itself does not always produce results. It is key for all agencies in the local area to collaborate on producing a local Strategy that fully meets the needs of local carers. Here in Dundee, all local agencies work well together to prioritise the needs of carers, and we believe this must be an expectation across all areas.

Comments from carers

- Yes
- *Not necessarily a separate strategy but it needs to be included as a section within the overall strategy*
- *Yes but should be kept short and sweet – easier to understand. Plain english*

Question 21: Should we introduce statutory provision to the effect that local authorities with Health Boards must take steps to ensure, in so far as is reasonably practicable, that a sufficient range of services is available for meeting the needs for support to carers and young carers in the area?

Yes

No

There was unanimous approval for this proposal.

Dundee Carers Centre position

There should be a minimum standard of services for carers of all ages across each area of Scotland. This needs to be fully resourced by the Scottish Government. If there is a statutory Duty implemented to support carers, then it naturally follows that services need to be available to provide that support.

Identification

Question 22: Should there be no legislative provision for GPs or local authorities to maintain a Carers Register in order to support the identification of carers?

Yes

No

All 38 carers felt that there should be a requirement for GP Practices to maintain an up to date Carers Register. 9 professionals also agreed with 1 undecided.

Dundee Carers Centre position

We *do* believe that there should be a requirement for GP Surgeries to identify carers and keep an up to date Carers Register that is proactively maintained and made use of. This needs to be properly resourced within the GP Contract. However, we disagree with the primary focus and responsibility being placed on GPs and feel that this is an unfair distinction. GP Surgeries are in a unique position to be able to identify and refer carers on for further support, particularly when crisis situations arise in relation to health issues. However, the responsibility needs to be shared equally with other frontline staff in all statutory services.

For instance, large numbers of carers are particularly concerned with the interface between acute and community care when people are being admitted to or discharged from Hospital. This is often a time when carers and the cared-for person are most at risk, and also a time when carers can more easily be identified and referred on.

Comments from carers

- *There must be a duty for a GP Practice to develop and maintain a Carers Register*
- *GP's need to identify carers - but many carers don't feel they are carers or don't feel it is appropriate to say as it stigmatises both the carer and the person they care for*
- *The group recognised that there are pockets of good practice, although individual experiences are dependant on the age and locality and there is a*

general lack of consistency across the region in how carers are identified and supported by their GPs.

- *They should also provide information about what services are available for carers. This could be provided by local authorities and given to GP practices. They should work more in partnership.*
- *This should be a duty – it should also include a reference to confidentiality issues and the carer's own support needs*
- *The register should also record main/secondary/shared carers. As well as information if the carer is looking after more than one person*
- *Carer self identification via GPs*
- *Yes, absolutely – and use it*
- *Carers and confidentiality – how will this be resolved in the Legislation?*
- *Job Centre should recognize the role.*
- *People do not always recognize themselves as carers.*
- *My GP Practice identifies carers but with little or no benefit from being identified. There has to be an outcome from identifying carers – resources, information, contact, groups. Not just tokenistic.*
- *When a person is identified as a carer a note should be put on records of both/all so that it is easier for them to be identified and given help and information.*
- *NOT JUST JOB OF GPs – libraries, schools, etc*
- *GPs have a duty of care to those who care*
- *More information on carers' role to GPs*
- *To be able to be guided to support services through GPs*
- *Some GP Practices are excellent as mine is and they have a register for carers and provide excellent support.*
- *GP Practices should recognize carers.*
- *People have to recognize that they are carers.*
- *GPs should be trained and educated in mental health issues. Lack of knowledge can lead to wrong treatment.*
- *Yes there absolutely needs to be a duty. The carer also has a duty to keep the GP up to date.*

Young Carers Comments

Yes – The carer can then be more involved in important decisions that effects their family

Question 23: Should the Scottish Government ensure that good practice is widely spread amongst Health Boards about the proactive use of Registers of Carers within GP practices?

Yes

No

Dundee Carers Centre position

If Carers Registers are required to be kept, then further guidance should be issued as a matter of some priority. We believe this should also be augmented by working

with local carers' organisations. For instance, here in Dundee we work closely with GP Surgeries in a range of ways to help and facilitate them in identifying and supporting carers.

Comments from carers

- *Additional training is needed for GP's about the caring role and mental health issues.*

Comments from Young Carers

*Everyone should have a basic knowledge of caring roles/disability
To provide good effective support*

Question 24: Should the Scottish Government ask Health Boards to monitor compliance with the core contractual elements of the GP contract?

Yes

No

There was unanimous approval for this across all carers and professionals.

Dundee Carers Centre position

Yes, this should also be a requirement otherwise what would be the point of having this in the GP contract. There should be some element of reporting so that progress can be measured, although there can also be the danger with this approach of focussing on the statistics as the number one priority.

Carer and Cared-for Person(s) in Different Local Authority Areas

Question 25: What are the views of respondents on the lead local authority for undertaking the Carer's Support Plan and agreeing support to the carer where the carer lives in a different local authority area to the cared-for person(s)?

Dundee Carers Centre position

There is some debate about the best way to take this forward. The Centre believes that there needs to be clarity on the issue to prevent responsibility being passed from one Local Authority to another. All areas should be working together as much as possible to ensure the best support for carers.

Comments from carers

- *The group all agreed that the assessment should take place in the local authority where the person is being cared for.*
- *If people move authorities then the information should flow and follow the person.*

- *Should be the choice of the carer – communication between professionals is very important*

Question 26: What are the views of respondents on which local authority should cover the costs of support to the carer in these circumstances?

Dundee Carers Centre position

See above. Some carers raised the point that a central pot of funding could be made available for working with carers in these circumstances. Here in Dundee we tend to be as flexible as we can in offering support to people living on the boundaries with adjoining Local Authorities, rather than expecting them to have to travel long distances to access the services they need.

Comments from carers

- *The cared for LA should have responsibility because without the cared for there is no carer*
- *Separate LAs should provide services for carers and cared for.*
- *This should be looked at on an individual basis*
- *There should be more guidelines around this topic*
- *Drawback – communication between local authorities – timescale*
- *1 local authority – not shared*
- *For the person that needs the care – take on responsibility for the carers and the cared for.*
- *Central funding for carers who live in a different Local Authority from person they are supporting*
- *The carer should receive support regardless and should include transport costs to get to support and care meetings*
- *Centrally funded resources/budget for carers who live in a different Local Authority*
- *Update Ordinary Residence Guidance to include carers and Social Work Scotland Act*

Question 27: Should the Scottish Government with COSLA produce guidance for local authorities?

Yes

No

Dundee Carers Centre position

Yes, we believe that clear guidance needs to be issued.

ADDITIONAL COMMENTS ON HOSPITAL DISCHARGE

- *Carers should be involved in discharged.*
- *Student nurse suggested carers should be involved at every stage of hospital stay straight from admission as so much time can be saved and so much information gathered if carers are involved from the outset.*
- *There needs to be more consistency. There have been good and bad experiences of people being discharged from the hospital so it is not the same across the board.*
- *YES*
- *Make sure the home is habitable, i.e. is there someone there to help them settle in?*
- *Make sure GP is involved*
- *Is there food/gas YES!!! All in complete agreement.*
- *It should be an offence not to. Some terrible circumstances occur when this doesn't happen. The group felt very strongly about this*
- *Is the home safe?*
- *Health Boards MUST advise carers prior to Hospital discharge*
- *Not bed blockers – human people who need decent care!*
- *Yes to being involved in discharge planning*
- *Having multiple needs/diagnosis can make it difficult to get the right support*
- *Kept in longer when needed*
- *Should it allow patients to discharge themselves?*
- *Key person to organize patient's discharge from hospital to check: heating and electricity has been turned on (in case it's been cut off) / food in cupboard / general state of accommodation / inform neighbours*
- *Carers should be involved in all aspects of Hospital care involvement from admission to discharge, especially for patients who cannot or will not make their own views heard. Can be involved in: care plans, admission process, diet likes & dislikes, treatment options and additional needs on patient discharge. Do not assume they have a carer so do not need additional care. Can lead to failed discharges*
- *Mum had been in Hospital and rehab and was there when I had an operation. The surgeon said I needed at least a fortnight before mum came home. But the Care Manager gave me a date for discharge well within the fortnight. The GP had to step in and fight my corner.*
- *Carers need to be informed and involved to ensure care will work at home*
- *The Bill should include a Duty on both Local Authority and NHS Boards*

GENERAL COMMENTS

- *Naming of carers – should a different term be used, i.e. supporter? Might include those who don't see themselves as carers*
- *Can't access support to change bathroom – financial implication is my dad can't get washed*
- *We had to move house to support our daughter's needs. Huge financial consequence*
- *The only people who know what a carer is and feels is another carer – and of course the Dundee Carers Centre.*
- *Empathy has to come back.*

- *It's almost like the word 'carer' has a stigma.*
- *People want to live not just survive.*
- *Carers are not a burden.*
- *What is the impact of the Independence Referendum on Carers Legislation*
- *How are carers who are ill themselves supported in their caring role?*
- *Load of gobbledegook in the consultation document*