

## **Renfrewshire Carers Centre**

The response below has been completed after consultation with carers by email and Renfrewshire Carers Forum, views of staff and comments taken from the National Carer Organisations, Local Authority and Community Health Partnership responses

### **Carer assessments/Support Plans**

We support the name change for Carers Assessments to Carers Support Plan. Carers often feel they are being judged on their ability to care with the terminology assessment and this may be one of the reasons for the low uptake of carer's assessments, therefore any means to address this would be welcomed and Carers Support Plan more accurately reflects their purpose.

We support the proposals to remove the 'substantial and regular' test so that all carers would be eligible for a Carer's Support Plan. This will mean that carers are able to access support at an earlier stage, preventing crisis and greater cost of support at a later stage. However more resources are required both in terms of the additional resources required to carry out the increase in carers support plans being asked for and resources for organisations which support carers, who may experience greater demand for their services if a larger number of carers are signposted to them, to ensure they are adequately resourced to provide this support.

We support separating the carers assessment from the assessment of the cared for person, so that a carer can access an assessment even if the person they care for is not in receipt of any services

We would support an option to devolve the process for undertaking Carers Support Plans to the third sector. However, our position is that there needs to be an understanding that the duty still sits with the local authority and there must be a clear process for picking up on needs identified through the assessment. In terms of best practice this should include identified workers from the local authority linking with the third sector organisation

We agree that as well as carers being able to request a Carer's Support Plan, the local authority must offer it, as is current practice locally. Carers, particularly those who are new to caring, may not be aware of support that they are entitled to, and it is important that agencies inform carers of what is available to them. However, this requirement should be extended to acute NHS services and integrated health and social care services. It is also important to ensure that if the carer is requesting a Carer Support Plan, they are able to make their own judgment on whether a 'light' or 'full' assessment is required. We also believe that the option for carers self assessment to be retained as this is a quick self assessment of need, which can be responded to quickly. As stated previously if changes above are implemented then there needs to be resources to support this process.

Agree should remove the wording about a carers ability to care

Whilst we recognise the challenges in setting maximum waiting times, we believe there should be a defined timescale for a Carer's Support Plan and also to then provide services

that carers are eligible for. This timescale should not be more than twelve weeks. This is to ensure that carers do not reach crisis point before they receive support. A robust process needs to be in place to ensure an annual review, as a minimum should be offered. Otherwise carers should be able to trigger a review at any point to take into account a change in circumstances.

No significant issues locally with portability of assessment. Guidance and best practice examples would be welcomed.

Carers Support Plans should cover what will happen in an emergency

As previously specified significant resources need to be made available to support the legislation

We believe that to ensure consistency with the Children and Young Person Act and plan for a child or young person should be called a 'child's plan'. Assessment and planning for young carers must sit within the GIRFEC approach. Assessment will be based on the concept of wellbeing as outlined in the C&YP Act.

The assessment for a child or young person should be based on the GIRFEC approach and based on assessment as part of the wellbeing (SHANARRI) approach as outlined in the C&YP Act. This will mean that assessment will be led by the relevant service, following a staged intervention approach based on the assessment of wellbeing.

*'review of cared for person's needs should trigger a carers assessment'*

*'Staff induction must involve carers' issues'*

*'What if the carer is in hospital – who cares for them'*- Carer support plans need to record what is to happen in an emergency.

*'CSP and CCA done as joint exercise, at same time but separate'*

## **Information and Advice**

The provision of information and advice on assessments, support and services for carers is a key function of local Carers Centres. Locally this is funded through Carers Information Strategy monies. This work should be supported by the Council and NHS however specific funding would be required to be allocated to these organisations to support such activity locally. The possible cessation of the Carers Information Strategy monies in 2015/16 is therefore concerning unless this is reallocated to integration authorities at its current level.

There is a strong argument for a long term commitment on funding required to stop short term planning in local authority and health partnerships. Locally the work funded through CIS has been very important in ensuring that carers are supported, indeed a number of pieces of work have been identified by the Government as examples of best practice. However the short term nature of the funding awarded on an annual basis means that it is difficult to put in place long term plans for this work, this could have a negative impact on carers and workers.

If the submission of a Carers Information Strategy is to be repealed there needs to be a continued focus from health in identifying, informing and supporting carers, including directing resources to carer support as a continuation of CIS funding. The mechanisms for directing resources to carer support need to be nationally agreed and embedded within the new integrated partnerships to be able to respond to the requirements of their local community. Resources need to respond to local identified needs and should be ring fenced.

It is essential that information and advice services are identified locally and based locally

If there is to be a duty placed on local authorities to establish or maintain information and advice services for carers, there will need to be a universal standard for carer information and advice services, and this would be the minimum standard for services to provide. Carers must also play a central role in deciding who provides the information service in their area, taking account of existing services and recognising the strengths and benefits of existing services.

*'Information and support is best supplied by carer centres who offer information, advice, support, training, peer support, advocacy, counselling. GPs, hospital discharge should point people in the direction of carer centres'*

*'CIS: must get feedback from services so they know how much £ is needed, then ring fence it'*

*Should be: 'A 'beginner's guide to caring' but people can get more and further info as they need it'*

### **Support to Carers and short Breaks**

We support the proposal to introduce a duty on local authorities to provide support to carers and to provide and promote short breaks, according to an eligibility framework. We also believe that the discretionary power to support carers who do not meet eligibility criteria should be retained. We believe that this approach will result in greater consistency in the provision of support and services to carers and will help to protect carers health and wellbeing. It should also act as a catalyst to encourage additional investment in carer support services, including short breaks, helping to address gaps in services and the current pressure on available provision. Needs more resources if placing a duty. Again should not just be the duty of the local authority, health should be included. Any additional monies should be allocated on a LA area to meet local needs.

In relation to the development of an eligibility framework, we agree with the National Carers Organisations that:

- Eligibility criteria must be co-produced by carers and must be specific to the needs of carers, rather being adapted from existing eligibility criteria for other care groups
- Eligibility criteria should be produced nationally to avoid further inconsistency in relation to the provision of services and support to carers
- The eligibility criteria must be linked to the needs of the cared- for person, but this should not be the only criteria determining a carer's eligibility. Additional factors

must be considered, such as carer's health, employment status, additional responsibilities outside the caring role, life outside caring etc.

- Eligibility criteria must have a preventative aspect to it.

In addition, our position is that the duty to support and provide respite must have resources attached to it for it to be successfully implemented.

However we do feel by opening up the eligibility for carers for all carers to be entitled to a carers support plan, and then introducing eligibility criteria to access resources and short breaks will both increase expectation of carers and frustrate carers but in order to have equity across Scotland and not a post code lottery, eligibility criteria needs to be in place

*'Must be a minimum standard of service'*

*'Will carers' centres be resourced adequately? NO CUTS'*

*'Assumptions that an adult child will provide full time care. (Carer's ability and willingness to care should be taken into consideration)'*

*'Short breaks are so useful: they make me feel better. Flexibility is important'*

### **Stages and Transitions**

We believe that guidance should be issued on the Carer Support Plan that includes guidance on managing stages of caring. We also believe that young carers who are likely to become adult carers should have a Carer Support Plan, and that this should be carried out well in advance of the young person reaching the age of 18 so that the transition is as smooth as possible.

Young carers should have their needs assessed and responded to under the GIRFEC approach and it is important that a Child's Plan considers the transition to adulthood.

It is important that any additional responsibilities for young carers do not rest only with the local authority but extends to health, the further education service and Skills Development Scotland. It would be helpful to consider how this will link with the 'named person' role within the C&YP Act.

Any plans from the Scottish Government for young carers need to address their rights to seek employment or enter further education. There also needs to be recognition that young carers will possibly want to move to their own accommodation and as such this might reduce their availability to care for the cared for person.

### **Carer Involvement, Planning and Delivery**

In Renfrewshire carers are involved in local governance and planning structures, particularly through JPPIGs with all key partners where there is individual carer representation.

Specifically, local social care and health partners have ensured that carers have been involved in developing the local 10 year joint commissioning plan for older people.

At a local level, the Carers Joint Planning and Performance Implementation Group (JPPIG) which involves health and social care professionals, the local carers centre and carers representatives, has developed a strategy every three years with the most recent strategy being published in 2013. The outcomes in the local strategy have clear links to national outcomes and are informed by consultation with local carers. A work plan is in place which is driven forward by the local partnership to address and promote carers issues.

Locally, support for young carers is considered as part of the Carers Joint Planning and Performance process where there is representation from relevant services and carers organisations. Recently a young carers working group has been established which will facilitate direct input from young carers to ensure they have the opportunity to be involved in the planning, shaping and delivery of services. The working group will work closely with the Young Carers Forum and Young Adult Carers Forum at the local Carers Centre.

However we do realise that not every area in Scotland is the same and for equality we support the proposal for there to be statutory provision for local authorities and health boards to involve and collaborate with carers and carers' organisations in the development of a local carer's strategy, linked to the national carers' strategy and for a young carers strategy to be developed , whether this is part of the local Carers Strategy or a separate document.

We also need to ensure carers are treated as equal partners in care. We believe that the knowledge and experience of carers should be recognised and valued in care planning and that they (and the person they care for) are the experts in deciding what services and support is needed.

We believe it is important that carers and people who use services are involved in determining the types of support and services that should be available in their community.

It is essential for carers and young carers to be equal partners in care and expert providers of care. Support for carers and young carers will be at its most efficient and effective if it is planned and delivered to fit in with the support provided to the cared for person, so involving carers in the planning of this support (with consent) will benefit them greatly.

We support the Scottish Government proposal to enhance legislation to ensure that carers are involved in care planning for the person they care for and in shaping the support they need to help them manage their caring role and have a life outside caring. Our experience shows us that current practice can differ widely and too often, the level of involvement afforded to a carer is dependent upon the actions of an individual practitioner.

*'Involvement means talking and making sure carers are involved meaningfully, in a way that benefits them'*

### **Identification of Carers**

We believe that there should be a legislative requirement for GP practices to develop a register of carers within their practice. The coding mechanism is already in place to enable this to be created. Whilst GPs holding a register of carers is a useful way of identifying carers in a particular local area, it is meaningless if there is no action attached to this. We would like to see a GP register linked to actions to support the carer, such as referral to a local

carer support organisation and steps towards completing a Carer's Support Plan. There should also be a named person within each practice grouping to lead on carer support to ensure that carers' needs and requirements are accounted for.

We see less value in placing the same requirement on local authorities as many carers may never come into contact with social work services. Where carers are in touch with their local social work offices, their details will be available on internal client recording systems either in their own right via a carer's assessment or on the community care assessment of the person they are providing care for (subject to changes proposed in this consultation paper regarding Carer's Support Plans.) The forthcoming integration of health and social care will provide an opportunity to develop integrated ICT systems to enable the sharing of information across GP practices and local authority social work departments.

We propose that the GP register should be linked to actions to support the carer, such as a Carers Support Plan and referral to a local carer support organisation. There should be a named person within each practice grouping to lead on carer support. Good practice can be incorporated with guidance and other materials to support all agencies who identify carers an example of which is carers getting regular health checks.

Whilst there are pockets of good practice within individual GP practices in Scotland, particularly where these practices work closely with local carers' centres and carer support services, we believe that more stringent measures should be taken to ensure that all practices comply fully with the contractual arrangements, particularly as they receive funding for this through the GP contract. GPs should be required to report annually to their respective health boards on compliance with the GP contract. Reporting should include the number of carers identified within the practice, how many referrals have been made for a carer's assessment, and how many reviews of assessments have been undertaken.

We believe to strengthen the legislation that there should be a duty on health to inform and involve carers in hospital discharge procedures.

*'needs to be support available following discharge'*

*'Crucial for carers to be involved in hospital discharge planning'*

### **Carer and Cared-for Person(s) in different Local Authority Areas**

Carers in Renfrewshire believe that as the cared-for person's local authority is benefiting from the carer's presence and provision of care, it is this local authority who should support the carer. Guidance and best practice examples on portability and costs would be welcomed on this issue.

*'Different local authorities: would they have access to each other's assessments?'*

*'What if the service is available in one area but not in another?'*

*'Different local authorities – should the cared for person's LA pay, as they are the ones getting the benefit?'*