

SPICe Briefing

Carers (Scotland) Bill

01 May 2015

15/24

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The Carers (Scotland) Bill sets out a range of measures intended to improve the support given to carers. This includes the introduction of new duties on local authorities to support carers who are assessed as needing support and who meet eligibility criteria.

This briefing sets out the Bill's main provisions and the response to these proposals from the Health and Sport Committee's call for written evidence.



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EXECUTIVE SUMMARY

There are an estimated 745,000 adult carers and 44,000 young carers in Scotland. The value of the care they provide is estimated to be around £10.3bn each year. Caring can have a detrimental effect on the health and wellbeing of a carer and this can subsequently impact on the person that is being cared for.

At the moment, local authorities have a duty to assess a carer's ability to care and the power to provide support where necessary. NHS boards can also be required to publish a carer information strategy setting out how carers will be informed of their right to request an assessment. The Bill aims to provide greater support to carers by (amongst other things):

- Changing the definition of carer so that it will encompass a greater number of carers
- Giving local authorities a duty to prepare an adult care and support plan (ACSP) or young carer statement (YCS) for anyone it identifies as a carer, or for any carer who requests one
- Giving local authorities a duty to provide support to carers that meet local eligibility criteria
- Requiring local authorities and NHS boards to involve carers in carers' services
- Giving local authorities a duty to prepare a carers strategy for their area
- Requiring local authorities to establish and maintain advice and information services for carers

Respondents to the Health and Sport Committee's call for evidence broadly welcomed the Bill but a number of issues were highlighted. Some of the most common issues mentioned were that:

- the proposed definition and right to request an ACSP/YCS would have a significant resource impact and could draw resources away from other services
- the Bill would allow eligibility for support to be set locally rather than nationally and could therefore lead to postcode lotteries of support
- there should be a greater role for the NHS, especially in relation to identifying carers, and also that carers should be involved in hospital discharge and admission procedures
- there should be an explicit requirement for ACSPs/YCSs to include emergency and anticipatory care plans
- the Bill does not contain a duty for local authorities to offer carers a short break

In the first year of implementation, costs are estimated at between £17.5m and £19.4m, rising to between £76.8m and £88.5m by 2021-22 and in subsequent years. The majority of additional costs are expected to fall on local authorities and relate primarily to the preparation of ACSPs/YCSs and the provision of support for adult and young carers. Additional support for adult and young carers is expected to cost an additional £60.1m per annum by 2021-22.

INTRODUCTION

The Carers (Scotland) Bill was introduced in the Scottish Parliament on 9 March 2015 (Scottish Parliament, 2015a). The policy memorandum to the Bill sets out the policy objective of the Bill as seeking to further the rights of carers in order that they are better supported and can continue to care, if they so wish, and to have a life alongside caring. The Bill has the same ambitions for young carers but also seeks to enable them to have a childhood similar to their non-carer peers (Scottish Parliament, 2015b).

CARERS IN SCOTLAND

There are various estimates of the number of carers in Scotland but the policy memorandum gives an estimate of 745,000 adult carers and 44,000 young carers¹ which is taken from the Scottish Health Survey. The Scottish Health Survey estimates that 17% of the population aged 16+ undertakes some level of unpaid care, although the level of this care varies (see figure 1) (Scottish Government, 2015; 2015a):

Figure 1: Provision of unpaid care by those aged 16+, 2012/13

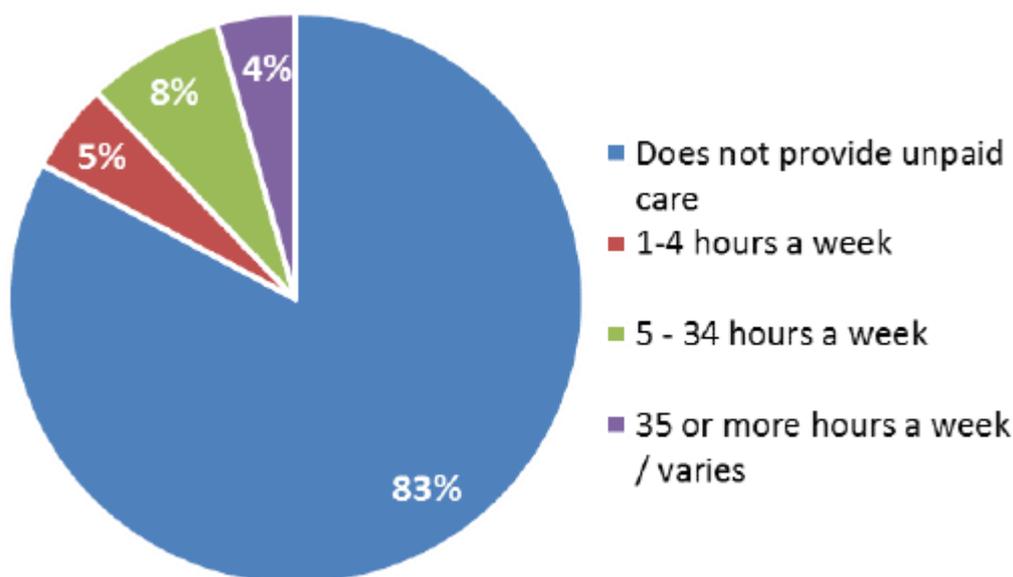


Figure 1 shows that 4% of the population (aged 16+) is estimated to provide more than 35 hours of care a week. The total value of unpaid care in Scotland is estimated to be £10.3 billion per annum (Carers UK, 2011).

Caring can exacerbate pre-existing health problems in carers or lead to new health problems. When a carer's ability to care is compromised it may also impact on the health of the cared for person. Thirty two per cent of carers have indicated that caring has had a negative impact on their health and research has shown that the most common adverse health effects are psychological (Scottish Government, 2014; Hirst, 2004). The Scottish Health Survey analysis of mental wellbeing amongst carers showed that mental wellbeing scores decreased as hours of care provided increased (Scottish Government, 2015).

Caring may also bring financial stress with four in ten carers indicating that they had been in debt as a result of caring, and five in ten feeling that financial worries were affecting their health (Carers UK, 2012). Over a third of adult carers caring for 35 hours a week or more are also in

¹ The Scottish Health Survey uses the age of 16 as the split between adult and young carers. However, as the Bill would define a young carer as aged under 18, the 44,000 figure is an estimate.

employment. Due to the impact of caring, 5% of adult carers have left employment, 6% have been unable to take up work and 7% have worked fewer hours.

The type of support provided directly to carers can vary but can include practical support like short breaks and skills training, and psycho-social support such as counselling, befriending, stress management and relaxation classes.

Seventy per cent of carers have indicated that they receive no support with caring. Among those that provided more than 35 hours of care per week, this figure was 42% (Scottish Government, 2015).

HEALTH AND SPORT COMMITTEE CALL FOR EVIDENCE

During March and April 2015, the Parliament's Health and Sport Committee issued a call for written evidence on the Bill and received 65 submissions². Respondents were firstly asked if they supported the Bill. About a third of respondents (31%, n=20) did not answer this question. Of those that did, even fewer gave a clear 'yes/no' answer. This makes it difficult to assess the overall level of support for the Bill.

Nevertheless, of those that did provide a clear answer, 29% (n=13) gave an unequivocal 'yes'. While no respondents said they did not support the Bill, CoSLA stated that it felt the case for legislation had not been made.

The remaining submissions could perhaps be described as being on a spectrum of support, in that they all expressed some level of support for the Bill but along with varying levels of concern.

KEY THEMES

This briefing will detail the response to the specific provisions of the Bill. However, the following is a summary of the key themes that emerged about the Bill as a whole, as well as specific suggestions for additions that do not relate to the existing provisions.

This is not intended to be an exhaustive account of all of the points raised and for more detail of the submissions please see the Health and Sport Committee's [webpage](#).

The use of legislation to safeguard carers' rights

Many submissions welcomed the Bill and felt that the rights of carers will be strengthened by being placed in legislation and also because the power to provide support that is currently available to local authorities will be turned in to a duty.

Links to other legislation and policies

Some respondents raised questions about how the Bill would sit alongside other legislation and policies. Examples mentioned included the health and social care integration agenda, the end-of-life framework, the Social Care (Self-directed Support) (Scotland) Act 2013 and the Carers Charter (e.g. MacMillan Cancer Support, West Lothian Council, NHS Tayside, Children 1st).

Level of detail in the Bill

The level of detail in the Bill was contentious. On the one hand, some respondents were concerned that some of the detail in the Bill would be subject to regulation and questioned

² Correct at time of writing.

whether the aims of the Bill would be better achieved by including the detail in the Bill itself (e.g. Scottish Partnership for Palliative Care).

Conversely, other submissions viewed the Bill as being too prescriptive and suggested that much of it could be left to guidance. Specifically, this was mentioned in relation to the detail of the [adult carer support plan](#) and the [carer strategies](#). This tended to be the view of local authorities (e.g. Perth & Kinross Council, Dumfries & Galloway Council).

Funding and resource implications

Many submissions had concerns about the resource implications of the Bill and that the cost may be under-estimated (see [Financial Memorandum](#)). Some viewed the Bill as creating a 'universal' approach to services which would mean that lower levels of care would require the associated support plans. These submissions tended to question the potential impact this could have on other services (e.g. East Dunbartonshire Council, Dumfries & Galloway Council, Social Work Scotland). Others were also concerned about resources but more from the perspective that without adequate resourcing, the aims of the Bill would not be realised (e.g. East Renfrewshire Health and Social Care Partnership, Lorraine Allan, Young Carers Services Alliance, Alzheimer's Scotland).

Some submissions highlighted the potential resource implications for the third sector should there be an increase in the number of carers identified. There was particular concern that, as stated in the financial memorandum, the Scottish Government has calculated that there would be no additional cost to the third sector (e.g. the Health and Social Care Alliance Scotland, Carers Trust, Scottish Youth Parliament, Carers Coalition).

The role of the NHS

Most of the duties in the Bill are placed on local authorities. Many submissions suggested that there should be a greater role for the health service (specifically GPs and primary care) in identifying carers and signposting them to services and support. Some viewed this as particularly important given the integration of health and social care and the fact that the Bill would repeal NHS boards' duty to produce Carer Information Strategies (see '[Carers Strategies](#)') (e.g. East Renfrewshire CHCP, Borders Carers Centre, Marie Curie, Scottish Partnership for Palliative Care, NHS NES, Perth & Kinross Council, NHS Lothian, National Carer Organisation).

In line with this, some submissions were of the view that the Bill does not do enough to identify carers. Some viewed GPs as pivotal in identifying carers and wanted specific provision in the Bill to support this, for example, the creation of a carers register operated by GPs (e.g. Coalition of Carers, Scottish Youth Parliament, Carers Scotland).

Hospital Admission and Discharge Procedures

A significant number of submissions called for the Bill to include a duty on health boards to involve carers in hospital admission and discharge procedures. Respondents highlighted the frequency of ineffective discharge planning which can increase the likelihood of readmission and place additional pressure on carers (e.g. Mental Health Carers Forum, North Lanarkshire Carers Together, North Ayrshire CHCP, the Health and Social Care Alliance Scotland, Carers Trust, Dumfries & Galloway Council, Carers Scotland).

Prevention

A number of submissions highlighted the importance of adopting a preventative approach to carers' needs. That is, for carers with lower levels of need, there should be access to services

which will prevent their needs from escalating. Some expressed concern that resources might be directed towards those with more intensive caring roles to the detriment of preventative support (e.g. Coalition of Carers, Carers Trust, National Carer Organisation).

Equal Opportunities

Some submissions called for an equal opportunities clause to be placed on the face of the Bill. This would mean that local authorities would be required to produce an equal opportunities statement and action plan setting out how they intend to meet the needs of carers with one or more of the protected characteristics (e.g. MECOPP, the Alliance, Coalition of Carers Remote and Rural Group, Scottish Youth Parliament). Similarly, the Equalities and Human Rights Commission called for “more information on how the Bill will meet the needs [of] carers and cared-for people who share one or more protected characteristic”.

BILL PROVISIONS

DEFINITION OF ‘CARER’

Current Situation

At the moment, the law recognises a carer as someone who provides, or intends to provide, a substantial amount of care on a regular basis to a person aged 18 or over, who is a person for whom the local authority must or may provide, or secure the provision of, community care services³.

There is a similar provision in relation to the carer’s assessment for a disabled child. The disabled child, or another person in the child’s family must be a person for whom the local authority must or may provide a range and level of services appropriate to the child’s needs⁴.

Bill Proposals

The Bill would remove the requirement for the care to be ‘substantial’ and ‘regular’ and;

- for the cared for person to be a person for whom the local authority must or may provide, or secure the provision of, community care services, or
- for the disabled child/another person in the child’s family to be a person for whom the local authority must or may provide a range and level of services appropriate to the child’s needs.

The policy memorandum to the Bill explains that the benefit of this is that it will remove the need for local authorities to assess the level of care provided. It is also expected to widen the group of people who will be considered to be ‘cared-for’.

The Bill would define a young carer as a person under the age of 18 years, or a person who is 18 years but is still at school. An adult carer would be anyone else aged at least 18 years old.

The Bill would not include within the meaning of ‘carer’, parents caring for children simply by virtue of the child’s age, but it is intended to include the parents of children with disabilities.

³ Section 12AA of the Social Work (Scotland) Act 1968

⁴ Section 24 of the Children (Scotland) Act 1995

Response

The change to the definition of who would be considered a carer was met with a mixed response.

On the one hand, many respondents welcomed the change as they felt that it would make for a smoother journey for carers and improve access to support (e.g. Marie Curie, Scottish Independent Advocacy Alliance, North Lanarkshire Carers Together, Mental Health Carers Forum, the Health and Social Care Alliance Scotland).

However, some local authorities and health and care partnerships were of the opinion that the new definition would be too broad and would lead to a sense of universal entitlement (e.g. Dumfries & Galloway Council, North Ayrshire CHCP, West Lothian Council, East Renfrewshire CHCP, East Dunbartonshire Council, CoSLA). As a result, they expressed concern about the potential number of carers that would come forward, the resource implications of this change, and the subsequent impact on other services. Perth and Kinross council was an exception to this and it supported the removal of the 'substantial and regular' test, highlighting that it is not a definition it currently uses. However, in line with the others, it did have concerns about services being made available to carers of people not in receipt of community care services, preferring instead to see local discretion.

Other more specific points on the definition included that it should also explicitly include the parents of children with life limiting conditions (Scottish Partnership for Palliative Care) as well as kinship carers (Scottish Human Rights Commission).

Some also wanted the definition of young carer to be extended to those aged over 18 who are in an education setting other than school, for example, further education or an apprenticeship (Children 1st, Scottish Youth Parliament).

ADULT CARER SUPPORT PLANS

Current Situation

The Social Work (Scotland) Act 1968⁵ gives carers (as currently defined) a right to request an assessment of their ability to provide, or to continue to provide care. The local authority should then 'have regard' to the results of that assessment.

Bill Proposals

The Bill would give local authorities a duty to prepare an adult carer support plan (ACSP) for anyone it identifies as a carer (and who wishes to have one), or for any carer who requests one. An ACSP would set out (amongst other things) the personal outcomes that the carer wants to achieve, their identified needs (if any) and any support that is to be provided by the local authority to meet those needs. The duty would apply to the local authority in which the carer lives, as opposed to the local authority in which the cared-for person lives (where this is different).

The Bill sets out what should be in the ACSP, including information about;

- the personal circumstances of the carer
- the nature and extent of the care to be provided
- the impact of caring on the carer's day to day life and wellbeing

⁵ Section 12AA

- the extent to which the carer is able and willing to provide care
- the carer's personal outcomes and support needs
- the available support in the area
- whether the carer's identified needs meet local eligibility criteria for receiving support (see provision of support)
- support to be provided where the carer's needs meet the local eligibility criteria, and any support to be provided where they do not
- whether the support should be provided in the form of a break from caring
- the circumstances in which the ACSP should be reviewed.

The Bill provides that when ACSPs are reviewed and updated, subsequent plans should detail the extent to which the support previously provided has helped to achieve the personal outcomes of the carer.

The Bill would also give Ministers various regulation making powers in relation to ACSPs, namely; identifying needs and personal outcomes, other information which should be included in the ACSP, the form that ACSPs should take and the review of ACSPs.

The policy memorandum to the Bill explains that the change in terminology to 'adult carer support plan' would be less stigmatising than the term 'carer's assessment' as some people find this judgemental.

The Bill would also move away from assessing the carer's 'ability' to care and instead assess how 'able and willing' they are to provide such care. Other perceived benefits highlighted by the policy memorandum include that there will be more emphasis on what the carer wants to achieve (i.e. personal outcomes) and greater certainty as to when the plan will be reviewed. The policy memorandum also highlights that regulations will be made which will set out that emergency, future or anticipatory planning should be included in the plan.

Response

Generally speaking, respondents were positive about the change in terminology from 'assessment' to 'support plan' as it was felt to be less negative and does not imply that it is a test of a person's ability to care. Some respondents spoke of the reluctance of some carers to be 'assessed' and felt that the change may help address the low uptake of carer assessments (e.g. Perth & Kinross Council, North Lanarkshire Carers Together). However, others thought that the use of the word 'plan' might raise the expectations of carers that they will receive support (e.g. West Lothian Council, East Renfrewshire CHCP, North Ayrshire CHCP, CoSLA).

A number of other specific points were raised about the proposed ACSPs. Namely;

- **Emergency and anticipatory care planning** – a significant number of submissions would like the Bill to specify that the ACSP must include emergency and anticipatory care plans (e.g. ENABLE Scotland, Borders Carers Centre, Stirling Carers Centre, Marie Curie, North Lanarkshire Carers Together, Mental Health Carers Forum, Scottish Partnership for Palliative Care).
- **Access to an ACSP** – some responses were apprehensive over the stated duty to provide a support plan for all carers, irrespective of the level of care they provide. It was felt by some that this could draw scarce resources away from those most in need (e.g. East Dunbartonshire Council). Other respondents welcomed this and thought it would improve access to information and support (e.g. Carers Scotland).
- **Responsible authority** – the fact that the responsible authority could be different from the one in which the supported person lives was viewed by some as potentially creating

problems with agreeing flexible arrangements (e.g. West Lothian Council, Alzheimer's Scotland).

- **Level of detail** – while many welcomed the detailed requirements in the Bill regarding ACSPs, others expressed concern that the Bill prescribes so much of the form and content for identifying needs, the support plan and reviews (e.g. East Dunbartonshire Council). Some felt that this could be better placed in guidance.
- **Personal outcomes** – the focus on personal outcomes was welcomed but some expressed concern that the Bill defines them too narrowly in that they are deemed to be outcomes which would support continuation of the caring role (as opposed to what else carers want in their own life). There was also some concern that the Bill would give Ministers a power to re-define personal outcomes in regulations. This was felt to go against the principle that outcomes should be determined by the needs and wishes of the individual (e.g. MECOPP, North Ayrshire CHCP, the Health and Social Care Alliance Scotland, Inclusion Scotland).

YOUNG CARERS

Current Situation

Scotland's approach to supporting children and young people is guided by 'Getting it Right for Every Child' (GIRFEC). While GIRFEC has been Scottish Government policy for a number of years it was recently placed on a statutory footing through the Children and Young People (Scotland) Act 2014 ('the 2014 Act').

The 2014 Act provides that a 'child's plan' must be drawn up for any person under 18 years of age that needs a 'targeted intervention' in order to meet their 'well-being needs.' In other words, even though there may be something affecting a child's wellbeing, it is only where specific targeted services will address this that a child's plan will be needed. If the child's needs can be addressed through the normal course of things by parents, or mainstream services then there is no need for a child's plan.

'Well-being needs' are assessed using the GIRFEC approach and is based on asking whether the child's wellbeing is adversely affected by any matter. The eight areas of well-being are:

- safe
- healthy
- achieving
- nurtured
- active
- respected
- responsible
- included

Wellbeing is assessed against each of these indicators and this provides a common framework for assessment, analysis, action and review. The content of a child's plan is to include, amongst other things:

- the child's wellbeing need
- the targeted intervention, how it is to be provided and by whom
- the intended outcome
- views of child and parents/carers

A 'responsible authority' (normally the health board or local authority) must decide if a child's plan is required. In most cases, this will be the same authority that provides the 'named person service'⁶. The relevant provisions are due to come into force in August 2016.

Bill Proposals

The Bill would give a responsible authority (see below) a duty to prepare a 'young carer's statement' (YCS) for anyone it believes to be a young carer (and who wishes to have such a statement), and also for any young carers who request one. This would be regardless of whether the young person has a child's plan or not. Where a responsible authority offers a YCS, or if a young person requests one, the young carer's named person would have to be informed.

As with adult plans, the responsible authority would be the local authority in which the young carer lives, unless the young carer is of pre-school age, in which case the responsible authority would be the health board in which they live. Where a young carer attends an independent or grant-aided school, the school will prepare the YCS. In these cases the local authority will need to authorise the plan and apply their eligibility framework in order to determine eligible needs. This is because the duty to support the young carer would fall on local authorities.

The content of a YCS would be similar to that for an ACSP (see '[Adult Carer Support Plans](#)' above). However, a YCS would also contain information about "the extent to which the responsible authority considers that the nature and extent of the care provided by the young carer is appropriate".

The YCS would remain in place after the young carer's 18th birthday until a time that they have an ACSP.

As with the ACSPs, the Bill would also give Ministers various regulation making powers with regards to identifying needs and personal outcomes, other information which should be included in a YCS, the form they should take and their review.

The policy memorandum details that the YCS will bring benefits to the young carer as it will allow them to discuss their personal outcomes and need for support in their caring role. The memorandum also states that it is expected that not all young carers will have an identifiable wellbeing need requiring a targeted intervention (and therefore have a child's plan) but this should not mean that they are not entitled to a YCS.

The policy memorandum to the Bill also highlights that for the estimated 200 young carers of pre-school age, the focus of the YCS will be on stopping the caring role and supporting the cared-for person.

Response

Most respondents expressed general support for YCSs, in much the same way as ACSPs. For example, it was felt that they may improve access to support for young carers and prevent the escalation of caring needs (e.g. Scottish Young Carers Services Alliance, Aberdeenshire Council). However, the following specific points were also raised in relation to this provision;

- **Confidentiality** – some respondents raised concerns about the sharing of information with the Named Person and wanted guidance on this (e.g. Scottish Young Carers Services

⁶ The 2014 Act provides that there will be a 'Named Person' available for every child, from birth until their 18th birthday (or beyond, if they are still in school). The Named Person acts as a single point of contact who works with the child and their family to sort out help, support and advice where needed.

Alliance, Carers Trust, Scottish Youth Parliament). Others suggested that information should only be shared with the consent of the young person (e.g. North Ayrshire CHCP).

- **Link with the Child's Plan** – many respondents seemed content that a YCS would be distinct from a Child's Plan and would strengthen support to young carers. However, others asked for clarification and guidance on how the two would interplay (e.g. Scottish Youth Parliament). Some other submissions felt strongly that the introduction of YCSs would be inconsistent with the approach that is being progressed via the 2014 Act and a 'duplication of bureaucracy' (e.g. Association of Headteacher, Social Work Scotland, CoSLA).
- **Continuation of a YCS** – some respondents felt that the continuation of a YCS beyond the age of 18 would help aid transition to adult services (e.g. Aberdeenshire Council) but others expressed concern about this and suggested that there should be a defined timescale for the cessation of a YCS (e.g. North Ayrshire CHCP, Social Work Scotland).

PROVISION OF SUPPORT

Current Situation

At present, carers who provide regular and substantial amounts of care to a person in receipt of community care services, have a right to request an assessment of their ability to care⁷. After carrying out such an assessment, the local authority then has the power to provide support services to meet the identified needs of an adult carer⁸ or to provide services to promote the welfare of a child in need⁹. Regulations stipulate that a local authority must waive charges for these support services¹⁰.

Bill Proposals

The Bill would give local authorities an explicit duty to provide support to those carers who meet locally agreed eligibility criteria. They would also have a discretionary power to provide support for needs that do not meet the criteria.

Local authorities would be required to consult on and publish their criteria, and these would be reviewed at least every 3 years. The Bill would also give Ministers the power to set national eligibility criteria. Where this was to happen, the national eligibility criteria would supersede any local criteria.

In considering what support should be provided, local authorities would also have to consider in particular whether the support should take the form of a break from caring. Ministers would be given a regulation making power to prescribe the form of support that could be provided as a break from caring.

The financial memorandum to the Bill highlights that despite section 24 on "charging for support provided to carers", charges would be subject to regulations made by Ministers under the Social Work (Scotland) Act 1968. The FM states:

"It is fully expected that regulations will be made to waive charges for support to carers. It is further expected that the regulations would be different from the present regulations given the current challenges experienced by local authorities." (para 98)

⁷ Section 12AA of the Social Work (Scotland) Act 1968

⁸ Section 3 of the Self-Directed Support (Scotland) Act 2013

⁹ Section 22 of the Children (Scotland) Act 1995

¹⁰ Carers (Waiving of Charges for Support)(Scotland) Regulations 2014

Response

A significant number of submissions welcomed the introduction of a duty for local authorities to provide support to eligible carers, as well as the power to provide support to those who do not meet the criteria. This was seen as an improvement on the current discretionary power of local authorities. However, the following points were raised in relation to this part of the Bill:

- **Local eligibility criteria** – the duty for local authorities to set local eligibility criteria was the part of the Bill that received the most comments. These comments were polarised between those that believed eligibility criteria for receiving support should be set nationally, and those who believed it is best set locally. Those wishing national eligibility criteria were concerned about postcode lotteries of care, while those wanting local criteria believed in local democracy and the right to decide how to allocate resources locally. Views in favour of national eligibility criteria tended to come from carer organisations, while those in favour of local criteria generally came from local authority representatives. Some local authority submissions also called for the removal of the Ministerial power to create national criteria.
- **Charges** – many respondents expressed concern that support provided under the Bill could be charged for and were of the strong opinion that charges should be waived in the same way they currently are with regards to support provided to carers under sections 3 of the Social Care (Self-Directed Support) (Scotland) Act 2013.
- **Automatic eligibility** – some submissions called for those caring for the terminally ill to be automatically eligible for support (e.g. Marie Curie, National Carer Organisation).
- **Appeals** – some submissions called for an appeals process for those not eligible for support and that this should be independent of the social work complaints system (e.g. Carers Scotland, National Carer Organisation, Coalition of Carers)

CARER INVOLVEMENT

Current Situation

When local authorities are assessing the needs of a person requiring community care services, they should take in to account the views of carers who provide regular and substantial amounts of care to that person, so far as is reasonably practicable¹¹. In addition, the new integrated health and social care arrangements allow for the involvement of carers in strategic service development¹².

Bill Proposals

The Bill would give local authorities and health boards a duty to involve carers in carers' services. Their involvement would be with regards to:

- identifying which needs might require services
- the services that should be provided to meet those needs
- how those services might be provided, and
- how those services might be evaluated.

The policy memorandum explains that this is to plug the gap in carer involvement that might arise from services that are not integrated under the Public Bodies (Joint Working)(Scotland) Act 2014.

¹¹ Section 12A of the Social Work (Scotland) Act 1968

¹² For example, section 33(4) of the Public Bodies (Joint Working) (Scotland) Act 2014

The Bill would also require local authorities to take in to account the care that is provided by the carer when assessing the cared for person's needs. They would also have to take into account the views of the carer when assessing the cared-for person's need for services.

The Bill would also require local authorities to have regard to the principles set out in the Social Care (Self-directed Support)(Scotland) Act 2013 when providing support or creating an ACSP/YCS. These principles set out that a person should have as much involvement as they wish in relation to a needs assessment and the provision of support, and that a local authority must provide reasonable assistance to enable them to express their view. The local authority is also required to collaborate with the person during the needs assessment and provision of support.

Response

These provisions were broadly welcomed by respondents and generally felt to be consistent with other legislation and best practice. However, a few respondents felt that they were unnecessary as they appeared to them to be a duplication of duties in the Public Bodies (Joint Working)(Scotland) act 2014 and the Social Care (Self-directed Support) Act 2013 (e.g. Social Work Scotland, CoSLA, North Ayrshire CHCP).

CARERS STRATEGIES

Current Situation

There is no statutory requirement for either NHS boards or local authorities to produce a local carer strategy. NHS boards prepare a carers' information strategy if required by Scottish Ministers, but this only needs to set out how carers will be informed of their right to request an assessment of their ability to provide care and to ensure information is available to carers. National guidance sets out the minimum requirements for the NHS carer information strategy including on NHS staff training, training for carers, the involvement of carers, the information carers need and the identification of carers (Scottish Executive, 2006).

Bill Proposals

The Bill would repeal the requirement for NHS boards to produce a carer information strategy and instead give local authorities a duty to prepare a local carer strategy for their area. The strategy would have to set out the authority's plans for identifying carers and the care they provide, the needs of carers in the area, support services already available, the extent to which needs are unmet and any plans for improving support. The strategy would also have to set out timescales for preparing ACSPs and YCSs and it must also pay attention to the particular needs and circumstances of young carers.

In preparing the strategy the local authority would have to consider other local or national plans or policies it thinks appropriate. This would include children's services plans and the national health and wellbeing outcomes.

The local authority before preparing its local carer strategy must consult the relevant health board, carers' representatives and take steps to involve carers.

The strategy would need to be reviewed at least every three years.

The policy memorandum to the Bill explains that there are some carers strategies in existence but these have been developed on a voluntary basis. There are even fewer young carers strategies. The policy memorandum outlines that this provision would ensure a more consistent approach across Scotland.

Response

Many submissions welcomed the proposal for local authorities to prepare a carers strategy for their area. The following specific points were also raised:

- **Timescales** – Some submissions called for strategies to contain a defined ‘reasonable’ timescale for the creation of ACSPs/YCSs. These submissions highlighted that at the moment carers often have to wait a long time to access an assessment and that by allowing local authorities to specify the timescale there will be variation across the country (e.g. Carers of West Dunbartonshire, Carers Trust, Alzheimer’s Scotland, Carers Scotland, Coalition of Carers).
- **Integration** – some submissions asked for more information on how a carers strategy would sit with the new integrated health and social care arrangements and its strategic planning (e.g. Marie Curie, Aberdeenshire Council).
- **Carer Information Strategies** – in light of the fact the Bill would repeal the requirement for NHS boards to prepare a Carer Information Strategy, some submissions called for the new carer strategies to include details on carer identification, information and signposting (as currently included in the Carer Information Strategies) (e.g. North Lanarkshire Carers Together, NHS Lothian).

A few submissions wanted the Bill to be less prescriptive about what is in a carers strategy, preferring instead that much of this detail is left to guidance (e.g. CoSLA).

PROVISION OF ADVICE AND INFORMATION

Current Situation

Local authorities currently have a duty to give carers information on their right to request an assessment of their ability to provide care¹³. Health boards can also be required by Ministers to prepare a carer information strategy (see ‘[Carers Strategies](#)’ above). However, there is no requirement for local authorities or health boards to publish information or advice for carers. In many areas this type of service is carried out by third sector organisations.

Bill Proposals

The Bill would require that local authorities establish and maintain an information and advice service for the carers in their area. The service would be required to provide information and advice on:

- carers’ rights
- income maximisation
- education and training
- advocacy
- health and wellbeing for carers, including counselling.

The policy memorandum to the Bill states that such services will need to involve health board and third sector interests and be “fully co-ordinated and responsive to carers’ needs” (Scottish Parliament, 2015b, para 111).

The Bill would also require a local authority to publish a statement on short breaks which would detail what short breaks are available. The Bill would also give Ministers the power to make

¹³ Section 12AB of the Social Work (Scotland) Act 1968 and section 24A of the Children (Scotland) Act 1995.

regulations to make further provision about the preparation, publication and review of these statements.

Response

Respondents were generally positive about this part of the Bill but the following specific points were raised;

- **Short breaks** – a significant number of submissions expressed disappointment that the Bill only requires local authorities to publish a statement on the availability of short breaks and to consider whether support could be provided in this form. For many this did not go far enough and they would rather the Bill gives local authorities a duty to offer short breaks, or at least establish minimum entitlement and eligibility (e.g. Interest Link Borders, Stirling Carers Centre, Marie Curie, North Lanarkshire Carers Together, Carers of West Dunbartonshire, Shared Care Scotland).
- **Existing services** – some submissions highlighted that there are many advice and support services already in existence. As a result, they felt that the Bill should be focused on supporting and resourcing advice and information services and only establishing services where necessary (e.g. Scottish Youth Parliament, Coalition of Carers, Carers Scotland. CoSLA felt that these provisions duplicate existing duties under the Social Care (Self-directed Support)(Scotland) Act 2013 to secure information and advice.

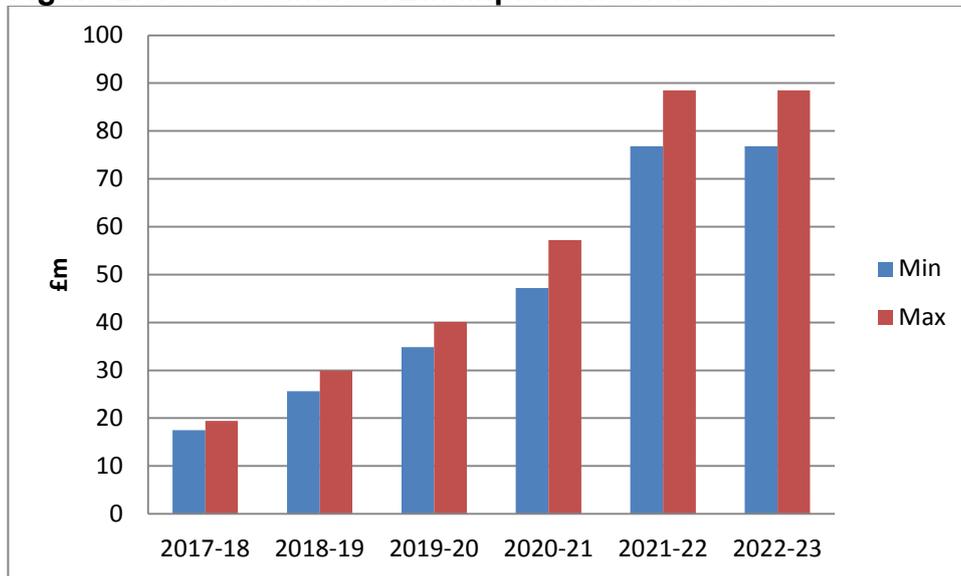
FINANCIAL MEMORANDUM

Overview

The Financial Memorandum (FM) sets out anticipated costs associated with implementation of the Bill for the period 2017-18 to 2022-23. In the first year of implementation, costs are estimated at between £17.5m and £19.4m, rising to between £76.8m and £88.5m by 2021-22 and in subsequent years.

The FM acknowledges that “it is challenging to predict the demand profile with complete accuracy” and the estimates are based on a range of assumptions about potential demand for the ACSP and YCS and for support following commencement of the Bill. In order to capture some of the uncertainties, some elements of the costings are estimated using a range of assumptions to produce a minimum and maximum cost scenario. Overall estimated costs are presented in Figure 2.

Figure 2: Total estimated Bill implementation costs



The FM notes the lack of comprehensive data on current spending by local authorities on support for carers. As current levels of direct support are considered to be relatively modest, they are not taken into account in the FM and all direct support is considered to be additional. The estimated current unit costs associated with undertaking carer’s assessments are taken into account in the FM.

Current support through the Change Fund and third sector organisations are not reflected in the FM as these are not ongoing funding streams. The integrated care fund to support health and social care integration is for three years to 2017-18. The FM notes the intention, from commencement of the Bill, to provide ongoing support to health boards (the Carer Information Strategy funding) to continue to provide support to carers. The FM also notes that, subject to Spending Review decisions, the voluntary sector short breaks fund would continue.

Total estimated costs, split by body, are shown in Table 1. The majority of additional costs are expected to fall on local authorities. In 2021-22 and subsequent years, 94% of costs are expected to fall on local authorities, with the remaining 6% falling on health boards. In earlier years, there are some costs falling on:

- Directing authorities (such as head teachers in independent schools), in relation to young carer statements
- NHS Education for Scotland and the Scottish Social Services Council (SSSC) in relation to workforce development and training
- Third sector organisations, in relation to technical changes, IT and data collection requirements associated with the Bill

Table 1: Total estimated Bill implementation costs by body, £m

	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Lower cost scenario						
Local authorities	11.3	19.4	29.3	42.1	71.8	71.8
Health boards	5.0	5.0	5.0	5.0	5.0	5.0
Directing authorities	0.02	0.02	0.02	0.02	0.02	0.02
NES/SSSC	0.7	0.7	0.0	0.0	0.0	0.0
Third sector	0.5	0.5	0.5	0.0	0.0	0.0
Total	17.5	25.6	34.8	47.2	76.8	76.8
Higher cost scenario						
Local authorities	12.5	23.0	34.6	52.2	83.5	83.5
Health boards	5.0	5.0	5.0	5.0	5.0	5.0
Directing authorities	0.02	0.02	0.02	0.02	0.02	0.02
NES/SSSC	1.4	1.4	0.0	0.0	0.0	0.0
Third sector	0.5	0.5	0.5	0.0	0.0	0.0
Total	19.4	29.9	40.1	57.2	88.5	88.5

For local authorities, the costs identified relate to:

- Preparation of adult carer support plans (ACSPs)
- Preparation of young carer statements (YCSs)
- Provision of information and advice service
- Support for adult and young carers
- Local carer strategies

In 2021-22, when the estimated costs reach their peak, the local authority costs are distributed as shown in Table 2.

Table 2: Estimated local authority costs, 2021-22, £m

	Lower cost scenario	Higher cost scenario
ACSP	7.7	18.9
YCS	1.0	1.5
Info and advice service	3.0	3.0
Support for adult carers	51.2	51.2
Support for young carers	6.5	6.5
Additional short breaks	2.4	2.4
Total	71.8	83.5

The commentary below relates to the local authority costs in relation to preparation of ACSPs/ YCSs and support for carers, as these account for the majority of the estimated costs.

Preparation of ACSPs/YCSs

In total the preparation of ACSPs/YCSs account for between £8.7m and £20.4m from 2021-22 onwards. The FM notes the uncertainty around the potential demand for these plans/statements and the wide range of estimated costs associated with the current carer's assessments that the ACSPs/YCSs would replace.

The FM assumes that the numbers of carers with an ACSP/YCS will build up over time, so that by 2021-22, 34% of adult carers will have an ACSP and 64% of young carers will have a YCS. The FM notes that "it has to be acknowledged that the percentage of adult carers with an ACSP might be more than 34 per cent over time but it is very difficult to be accurate about this." However, the FM does not provide estimates based on assumptions of higher uptake beyond 34% and 64%.

The FM produces alternative cost scenarios for the preparation of ACSPs/YCSs based on higher and lower estimates of the potential unit costs for preparation of these plans/statements. These are based on the current estimated costs of carer's assessments and assume that the costs of the new plans/statements would be similar to those associated with the current assessments. The FM notes that unit costs for current assessments, as reported by local authorities, range from £72 to £342, even once the highest and lowest reported costs were excluded. The FM was based on a range of £72 to £176 for ACSPs and £106 to £167 for YCSs. If unit costs differ from those indicated in the FM, the estimated costs could be higher or lower.

Support for carers

The estimated costs associated with support for adult and young carers total £60.1m per annum from 2021-22. These costs were calculated on the basis of:

- 21% of adult carers receiving support and 40% of young carers
- £333 per year per carer receiving support

The assumptions regarding the proportion of carers receiving support appear to be based on the proportion of carers who do not currently feel supported to continue caring (as reported in the Scottish Health and Care Experience Survey 2013-14). The FM also notes that eligibility will be determined by individual local authorities. This could result in variations in the level of support across different areas.

Wide variation in the value of financial support to carers is also noted and the £333 figure is based on data from England and from an evaluation of the voluntary sector short breaks programme, the Time to Live scheme. The FM does not provide any alternative costings based on different assumptions about levels or costs of support.

The FM also includes an additional £2.4m per year as an "additional short breaks component". This is based on provision of £300 for 5% of adult and young carers. The basis for assuming provision at 5% of carers is unclear, as is the rationale for the assumed £300 cost. Furthermore, the total costs have been spread over 5 years, although the reasoning for this is not provided.

Waiving of charges

The FM notes that the Bill amends section 87 of the Social Work (Scotland) Act 1968 and that regulations are expected to be made enabling local authorities to adjust or waive charges for support to carers. These changes will be expected to address the challenges faced by local

authorities in implementing the current regulations in relation to waiving of charges. Given the uncertainties surrounding this area, the FM does not reflect the costs that might be associated with regulations introduced in this area. A revised FM would be presented if required once the position is clearer.

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Published by the Scottish Parliament Information Centre (SPICe), The Scottish Parliament, Edinburgh, EH99 1SP

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