



Carers (Scotland) Bill

Response to the Call for Written Evidence from the Health & Sport Committee

**The UNISON Scotland Submission to the Scottish Parliament's
Health & Sport Committee**

April 2015

Introduction

UNISON is Scotland's largest public sector trade union. UNISON members deliver a wide range of services in the public, community and private sector. Members are also tax payers, service users and often carers themselves, and are ideally placed to provide evidence to inform the committee during its scrutiny of this Bill. UNISON Scotland welcomes the opportunity to submit evidence to the Health & Sport Committee.

General Comments

UNISON members are well aware of the difficulties faced by carers who struggle to look after older, disabled or ill family members often on their own, as they are the people who currently assess them for the current Carers' Assessment and will continue to do so when the Carers' (Scotland) Act is implemented. The recent Scottish Health Survey puts the number of carers at 750,000 adult and 44,000 young carers. This is 1 in 8 of the adult population of Scotland who care, unpaid, for family and friends. UNISON recognises the importance of supporting carers as they can hold families together, allow those they care for to get the most out of life and save the Scottish economy billions of pounds a year. Many of them are stretched to the limit, attempting to hold down jobs, care for their own families, as well as giving care. Their own health can suffer, as can their career prospects, and they often experience poverty as a result of this.

The Bill includes many measures which help improve the identification and provision of support to carers. Currently the system is that local authorities have the power to support carers if they meet certain criteria and have had a Carers Assessment, which is often based on the number of hours they are caring. Carers have to request their local authority to carry out an assessment of their ability to provide care for people. The current assessment does not look into the carer's needs and is usually based on the needs of the cared-for person. The Bill introduces a duty to offer a carer an adult carer support plan and a young person a young carer statement, without the test around caring "on a substantial and regular basis". It offers more effective delivery of support to carers, aiming to address those issues that impact adversely on the carer and limit their ability to care.

The Bill will create an extra duty on local authority and health staff who will have to identify all of their carers, contact them, offer them an assessment and carry out that assessment. In times of cutbacks to local authority funding, this will mean either existing staff taking on this extra duty, which can only lead to an increase in their heavy workloads, or, as we would insist, taking on extra staff to provide the service. Additional resources will, therefore, need to be deployed so that staff numbers are adequate to carry out the new work placed upon them and that proper training is given in the new requirements and duties.

UNISON supports many aspects of the Bill: the change in the name for both assessments; the removal of the "regular and substantial" test; the ability for a carer to request an assessment and the requirement for the local authority to offer one; the duty for a short breaks assessment, although we would prefer the duty to be extended to include a duty to provide a short break; the duty on local authorities and health boards to involve adult carers, young carers and relevant organisations in the planning, shaping, delivery and reviewing of services and when determining the needs of the person being assessed.

We would wish further clarification on the timescales needed for support plans to be developed; the duty to maintain an information and advice service; the requirement for local authorities to consider offering short breaks from caring. We believe that the emergency, anticipatory or future planning should be included within support plans and that the proposals to look at this on an individual basis do not deal with those eventualities in a sufficiently robust manner. We are also concerned at the proposal to repeal the requirement for health boards to submit a Carer Information Strategy. We accept that this function should be covered by the Health & Social Care Integration partnerships, but feel this need is best covered by retaining the good practice established by Carer Information Strategies.

Whilst in the main we are supportive of local eligibility being set, we nevertheless believe that national minimum standards should be established to ensure that there is not a postcode lottery to receiving support across Scotland. UNISON also firmly believes that health boards should have a responsibility to involve carers in hospital admission and discharge procedures. They clearly have a vital role in determining when the people they look after need hospital care and in aiding with their discharge to ensure that systems are in place for the cared for person to be able to be discharged in appropriate time.

Questions.

1. As stated above, UNISON is supportive of the bill, but would require clarification on certain issues outlined above. We would also require confirmation that additional resources would be given to local authorities to provide adequate staffing levels to ensure that the support scheme is operated timeously and thoroughly.
2. The benefits of the bill would be huge. Unpaid carers are vital; not just to the people they care for, but, as they can hold families together, allow those they care for to get the most out of life they can save the Scottish economy billions of pounds a year. Many of them are stretched to the limit, attempting to hold down jobs, care for their own families, as well as giving care. Their own health can suffer, as can their career prospects, and they often experience poverty as a result of this. The Bill would ensure that as much support as possible can be given to enable them to remain healthy, hopefully avoid them having to give up their jobs, leading them into poverty.
3. As stated above, we would wish further clarification on the timescales needed for support plans to be developed. We believe they must set reasonable timescales, so that carers can access a support plan as soon as possible. This requires adequate staffing levels, so that there are not lengthy delays in providing the assessments and introducing the support plans.

The duty to maintain an information and advice service is a welcome addition, but there are existing local carer support organisations who are already providing this advice and it would be sensible to involve these organisations when determining when additional advice is necessary.

Re the requirement for local authorities to consider offering short breaks from caring; we believe that this should be a specific duty on local authorities rather than just a duty to provide an assessment. These breaks can provide well needed respite care for carers and we believe it should be a duty, rather than a requirement.

We believe that the emergency, anticipatory or future planning should be included within support plans and that the proposals to look at this on an individual basis do not deal with those eventualities in a sufficiently robust manner.

We are also concerned at the proposal to repeal the requirement for health boards to submit a Carer Information Strategy. We accept that this function will be part of the Health & Social Care Integration partnerships, but feel this need is best covered by retaining the good practice established by Carer Information Strategies.

4. We believe the provision for the setting of national minimum standards should be part of the bill, with the eligibility criteria being set locally. This would ensure that there is not a postcode lottery in the service, but that there is no top-down organisation, and that local circumstances are taken into consideration.

The involvement of carers to be involved in hospital admission and discharge procedures should also be included as we believe this will help in the cases of delayed discharges. If the carers do not know what is happening to the person they care for, they are unlikely to be able to assist hospital and care staff to make sure necessary arrangements or packages are in place.

5. There is nothing that we would wish taken away from the Bill.

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