Carers Strategy and COVID recovery planning for unpaid carers

Social Care

This briefing should be ready in conjunction with our briefing on Short Breaks.

Unpaid carers save the economy billions each year yet many have been left without support
There are an estimated 1.1 million carers in Scotland, a number which grew by almost 400,000 during the pandemic. Carers save economy £10.9 billion per annum – c. £43 million each day

For years carers have been propping up our health and care system at a huge cost to their own personal health, finances and ability to stay in work. Throughout the pandemic they carried a huge load, with 80% taking on more care for relatives and 71% unable to take any breaks at all from their caring role.

During the pandemic seven in 10 unpaid carers (70%) who use day services have reduced or no access because of COVID-19 and only 16% of carers said they were confident they would get support they need in the next 12 months. Nearly seven in 10 (66%) worried services will be reduced and nearly one in five (17%) unpaid carers who work would reduce working hours or would be at risk of giving up work altogether if they cannot access affordable and accessible care.

Carers desperately need support to regain quality of life and enable them to continue caring. The Scottish Government, local HSCPs and the NHS must recognise this toll being placed on unpaid carers and ensure that social care reform and the delivery of social care in the interim works with and provides the right support for carers and those they care for.

Actions for the Scottish Government
The Scottish Government must work with partners in the public, third and independent sectors to address gaps in provision, provide updated guidance and additional funding.

Phase 1 (COVID recovery)

- Put in place a requirement for clear national and local contingency plans for future variants of the pandemic should form part of all forward planning to ensure that unpaid carers are not left without support in future. This lack of support has been deeply damaging.
- Work with partnerships to seek an agreement to ringfence Carers Act funding to ensure it is spent on direct unpaid carer support.
- Ensure that updated guidance on Self-Directed Support aimed at empowering partnerships to deliver much more flexibility in self-directed support is monitored to ensure that it delivers for carers. Additional guidance should be implemented to simplify the administrative processes of self-directed support. This administration is often very onerous and over complicated, deterring many and a system built on trust that people know how best to use funds to meet their own outcomes should be built ahead of the delivery of a national care service.

Phase 2 (Carers Strategy)

- As part of development of a national care service, ensure that there is equity across public, third, independent and individual employment (PAs) of social care workers. This should include ensuring that all those with an Option1 self-directed support package have sufficient
funds to deliver the same rate of pay and good terms and conditions to reduce recruitment and retention problems.

**Actions for NHS and HSCPs**

All NHS Board and IJB remobilisation and recovery plans should include measurable actions to support carers, including but not limited to:

**Phase 1 (COVID recovery)**

- As part of details of how and when social care services will be restarted, clear contingency plans outlining plans for supporting individuals and their carers for periods where COVID rates are higher and changes may be required.

- Provide interim Self-Directed Support budgets to support carers and individuals prior to a full assessment and enabling top-up budgets to existing SDS packages for people with an increased caring role, without the requirement of additional full assessment. Administration should be light touch.

- Details of how each partnership will expand flexibility of Self-Directed Support including enabling carers to utilise a budget to:
  - Employ close relatives more routinely if they and the person they care for feel that this is the best way to meet their needs
  - Spot purchase appropriate health services privately such as counselling, physiotherapy, equipment and adaptations (link into health)
  - Allow easy transfer from Options 3 and 4 for people whose previous services are not available, to enable them to purchase alternative support. This could include using their short break allocations in a way that best meets their family’s needs – for example, a holiday together, activities in the home or community, sitting services and befriending alongside more traditional short breaks

  This should include how they will seek to simplify the administrative processes of self-directed support for carers. This administration is often very onerous and over complicated, deterring many.

- Their plans to reduce waiting lists for both care assessments and Adult Carer Support Plans/Young Carer Statements and how they will how they will review existing packages of support, including emergency plans. This should include their plans to identify and support carers who have begun caring during the pandemic.

- As a priority, how they plan to increase funding locally within 2022/23 for Carers Centres and Young Carers Services (through Carers Act and other local funding) to enable services to expand their capacity to meet the needs of both an increasing number of carers and young carers and an increasing number of carers who are physically and emotionally depleted. (See separate briefing on Sustainable Carers Services)

- Work with third sector partners, including carers centres, and with unpaid carers themselves in implementing and delivering any local Home First Agenda/Initiative, supporting hospital discharge in some areas. These plans should not detract from reinforce carers rights in hospital discharge as set out in the Carers (Scotland) Act 2016. This includes:
  - How will this impact on carers/families?
  - How involved are carers and people who use services in designing these initiatives
• This should also include:
  o **Data and measuring success**
    ▪ What data is being collected by clinical teams/NHS practitioners around discharge decision?
    ▪ Are Carers Centres able to share data/input data to these decisions? Carers centres often find it incredibly difficult to have work by centres on hospital discharge included within the NHS dataset. This means outcomes are not considered as part of the overall health and social care outcomes. This means that people involved in discharge don’t see the role of carer support as clearly or indeed value it equally
  o **Shared knowledge and decision making**
    ▪ Are all Carer Centres involved in daily flow meetings?
    ▪ Is there collective knowledge of limitation of carers’ capacity to take someone home and keep them at home/care for them at home; taking a bigger picture perspective considering history of caring role. Is this fully considered by discharge team/MDT when making decisions to send someone home or to a community setting.

**Phase 2 (Carers Strategy)**

All NHS Board and IJBs should work with partners locally and nationally to continue to deliver plans detailed in remobilisation planning and further develop activity to:

• With partners, update local Carer and Young Carer Strategies, taking account of changes to provision and learning from the pandemic. This should also include undertaking a new needs assessment to understand how carers needs and what services and support they need have changed since the last iteration, particularly from the pandemic.

**Contacts**

Claire Cairns, Coalition of Carers coalition@carersnet.org
Fiona Collie, Carers Scotland fiona.collie@carerscotland.org
Suzanne Munday, MECOPP suzanne@mecopp.org.uk
Paul Traynor, Carers Trust Scotland ptraynor@carers.org
Don Williamson, Shared Care Scotland don.williamson@sharedcarescotland.com