Social Care / Carers Event - 15th April 2016

Notes on afternoon discussion groups – Carers

Questions from slides:

Slide 1
Equalities are important to consider in the baseline data collection . These are the nine protected characteristics under The Equality Act 2010.

- Which of these do you routinely collect for carers?
- Which of these should be reported nationally for carers?

Equality characteristics – comments from discussion groups

- Most important are age, sex and disability and these are routinely recorded.

- Ethnicity will also be useful – Is recorded better now than it has been in the past.

- While all of the protected characteristics are important, it's not a good idea for asking these questions to be mandatory - for example, some questioned if it is a good idea to ask about gender reassignment/sexual orientation? For self-referral, give the option to provide responses for the equalities characteristics? (i.e. questions on all equalities characteristics are included in assessment, but providing a response is optional)

- It isn't obvious how some of the characteristics are relevant to caring/support (particularly sexual orientation/gender reassignment) - asking about these may lead to a risk of putting carers off from completing the assessment? (Why are you asking for this? What will you do with this information?) On the other hand, LGBTI (and other minorities) might require specific services - having data on these people would potentially be helpful.

- Hours of care provided is important, to give an idea of burden on carers, but may not be routinely recorded (e.g. only for those who undergo a carer's assessment). Is it worth looking at introducing a care diary, to get more information on how much/what type of caring people do? There was a further concern surrounding the definition of carer hours: this is potentially vague / subjective and will differ across people who are reporting. It will be very difficult to make reporting more reliable but this might be helped by specifying types of tasks that count as care tasks.

- Client group is also important - likely to be differences in carer needs/support depending on the needs of the cared-for person.

Slide 2
It will be important to monitor the number of people coming forward for assessment and the services and support they receive?

- Do you already hold this type of information? (number of ACSP/YCS offered or requested – number accepted, number declined, number completed)
- Do you carry out assessments in the council or use the 3rd sector?
- If assessments carried out by local carers centre does it make more sense for them to submit data directly?

Data on ACSP/YCS – comments from discussion groups

- Most (if not all) LAs collect data on assessments completed, but data on assessments offered, requested or declined is likely to be more patchy – some LAs will not record at least some of this information, or only partial information e.g. 1) will record if an assessment is declined but not the reason for the assessment being declined, 2) do not differentiate between assessments offered by the LA and assessments requested by the carer).

- The nature of integrated health/care services may make it difficult to pick up all assessments offered, as some staff may not know if an assessment has been offered, or that this information should be recorded (e.g. if need for support is identified by NHS staff providing a service to the carer). There was a concern, furthermore, that the setting of localities as part of integration would make it harder for LAs to collect correct information.

- Do social workers have time to complete (and properly document!) assessments?

- The word 'assessment' may put people off, so some care is required with the wording used – a 'self-evaluation form' might be more suitable.

- It will be helpful for LAs to know (as far in advance as possible!) what data SG will be asking for. SG need to discuss this with LAs to get the dataset that works best for all involved – don't want to ask for something LAs can't provide.

- Some LAs will provide services (including assessments) through outside/third sector organisations, like local Carers Centres. This could make submitting data to SG more complicated – there are two obvious options:
    - local Carers Centre passes data on to LA, who submit data to SG (possibly combining with data held by LA) - more stages involved means more work/more opportunity for something to go wrong?
    - local carers centre submits data directly to SG (e.g. through ProcXed) - will they have access to all of the data that SG requires for carers' assessments?

- General agreement that we want to avoid duplication of effort and convoluted processes where possible – unfortunately there is a risk of double-counting when Carers Centres are involved.

- There is interest in assessing the impact of being a carer on health. Does being a carer make it more difficult to be healthy? If so, how can we best support carers?

Slide 3
Will there be carers who get a support package without a ACSP / YCS? How do we capture these carers?

Some people will provide care for someone else and receive services because of disability. How do you currently deal with this?

Carers without ACSP/YCS – comments from discussion groups

- There will be some people in this position (not having had an ACSP or YCS) who are receiving support - general agreement from everyone in group.

Carers who also receive support – comments from discussion groups

- Carers who are also cared for person – are LA systems able to identify these people? It would be ideal to be able to, but it is likely that this will not be possible for at least some LAs (e.g. incompatible systems mean that it would be difficult to link records).

- The enforced need to change due to the Carers Act means that there is potentially scope to look at/collect data on outcomes when getting data on carers. It would be extremely helpful to find out how different kinds of support

helped carers – not just what was done but what helped and how, so qualitative data will be needed. If outcomes data is required, how should the data be collected?

- May be worth looking at old community care questions, as these may be relevant? e.g. has support provided improved carer's life/situation?

- There was a strong feeling that there is potential for outcomes work in terms of carers.

Data availability / Recording Systems – comments from discussion groups

What do local authorities collect and store?
Do local authorities collect data for all assessments offered / requested / refused / completed?
Are systems designed to record this/make available for submissions to SG?
What format is the data in?
Is it easy or difficult to extract data for analysis from the systems?

- The answers to these questions varies by local authority

- There are also potential issues around integration of local authority systems – for example, if the systems used to record data on cared-for people and carers are not compatible, it will not be possible to link the relevant records to show that a carer also receives support from the local authority.

- An overriding problem is that systems measure clients / service users as opposed to carers. Information on carers is accessed through this route and this is difficult to get around. It's hard to capture information on carers through the Social Care Survey, for example, due to the needs assessment. A carer that is assessed as having a disability will then be viewed as a service user with a particular need.

- The impact of SDS was also deemed potentially problematic: SDS requires a recording system change and the new issue that carers are at service user assessments and may not feel the need for their own assessment as their views are taken into account at that point.

Practical issues – comments from discussion groups

- Training will be required for social workers – who will pay for this?

- The people who will be collecting the data (i.e. those carrying out the assessments) need to know the reason that the data is being recorded/what it is used for/what problems if it is not collected - not having this knowledge is likely to lead to lower-quality data.

- Young people being cared for – where is the dividing line between normal parental care and care due to an illness/condition/disability?

- Issue of when daycare is daycare. When is it respite and when is it both respite and daycare?

- If carer's needs are assessed as part of a joint assessment with the cared-for person, will the same data be collected compared to a separate assessment for the carer?

- Eligibility criteria will be important to ensure equitable access to support.

- Direct payment – how does this affect the paid/unpaid carer definition? (i.e. if the cared-for person receives a DP and passes some of this on to the carer, does this mean that a person providing care is effectively being paid? If this is happening, is there any way for us to know about it?)

- It is important to know if the money given to LA's is used for the right services and knowing these are actually helping carers. How should this be assessed?

ACTIONS:

- **Volunteers for short life working group should email their details to SWStat@gov.scot**
- **Set up short life working group to draft data specification and guidance for new data collection – Summer 2016**
- **Consult on data specification and guidance – Autumn 2016**
- **Implement new data collection – for quarter Jan-March 2017**