

Scottish Government:  
Draft for Consultation: Carer's Strategic Policy Statement  
December 2019.

Introduction

The Carers Strategic Policy Statement is intended to maximise the benefits from national policies and approaches to support carers (including major ongoing reforms such as implementation of the Carers (Scotland) Act and the development of new social security powers for carers). It aims to do this by connecting a wide range of existing policies. The draft Statement has been developed following intensive informal engagement with stakeholders.

By having this “map” of national carer support policies and strategies, those with a role in commissioning or providing support for carers can make fully informed decisions about different approaches and models, and tap into existing opportunities. The Scottish Government want to ensure it covers the right information and is presented in a way which will be genuinely useful to its intended audience.

The Scottish Women's Convention (SWC)

The Scottish Women's Convention (SWC) is funded to engage with women throughout Scotland in order that their views might influence public policy. The SWC uses the views of women to respond to a variety of Parliamentary, Governmental and organisational consultation papers at both a Scottish and UK level.

The Scottish Women's Convention engages with women using numerous communication channels including Roadshow events, Thematic Conferences and regional contact groups. This submission provides the views of women and reflects their opinions and experiences in a number of key areas relevant to women's equality.

**The Carers Strategic Policy Statement aims to map the main policies across the Scottish Government which are relevant to carers; and set out the overall approach and outcomes these policies contribute towards. Do you agree that the draft achieves this?**

Agree. The overall insight and vision afforded to the Carers Strategic Policy Statement clearly sets out the approaches and outcomes in a way which is clear and concise. A main benefit of producing the document is that it readily shows the interaction between Scottish Government policies in relation to carer's and the person's they care for across the range of Government Portfolios. This was seen as a forward thinking way of ensuring that carers have accessible knowledge to this and also are made aware of their rights under different policies.

Whilst it is beneficial that the Statement goes some way to recognising the value of carers and their role as equal partners in care, it remains to be seen how this will work in practice. This should include explicit commitments to staff training and upskilling to collaborate effectively with carers and ensure that they feel valued.

It is crucial that in publicising such a document to map out the main policies for carers that this is also highlighted at a national level to illustrate the range of support that carers provide and the issues that they face. This is particularly apt in cases where women may not identify as carers and thus do not seek out support.

One critique of the Policy Statement, however, is that it may be seen as rather lengthy and it would perhaps be beneficial to produce a more accessible version for those who need it. This was particularly the case where smaller, individualised documents could be produced in terms of different health needs of the cared for person as well as the Policy Statement related here.

**Do you agree with the vision and principles as proposed in the strategic framework?**

Agree. Whilst it is beneficial that the strategic framework accounts for equal partnerships between carers and support services, there are still doubts about how this will translate at a practical level. Cuts to local authority services have led to a downgrading in resources leaving many women worried about accessing support within their role as unpaid carers. This is particularly pertinent in more ruralised localities where services may not be as readily accessible. Worries over how to ensure frameworks that can be applicable in all areas is common.

The underlying principles of prevention and enabling choice and control for carers to allow personalised support is seen to put individuals at the forefront of decisions. Far too often, many women may feel that the choices made in regards for the individuals they look after are out with their control, despite the high impact that this has on their own life. It is therefore commendable that this is included.

One of the most beneficial aspects of the framework is highlighting that carers are not one single cohort and that support needs will be different and are interdependent of the cared for person. This is of particular importance given the changing demographics of Scotland and its aging population.

This should also take into account, however, within the framework the significant impact that inequality plays within society on carers. Explicit reference to how caring disproportionately impacts on women and the exacerbation of income inequality should be underscored in order to put this at the heart of the framework and ensure support is directed to where it is needed most.

Given the high proportion of care in certain areas, services may be stretched and under resourced. This should be given a clear priority in a preventative strategy so the correct policy decisions can be implemented. It must be recognised, for instance, the significant toll that caring alongside income and health inequalities take on women as well as the people they care for. Not only are they left out of pocket by having to give up employment, these women may be less likely to seek assistance due to a shortage of resources and a lack of information about accessibility of support.

### Carer Voice and Engagement

#### Do you agree with the proposed strategic outcome: “Carers voices are heard and their views and experiences are taken into account in decisions which affect them?”

Agree. There is a clear need to have lived experiences and the invaluable knowledge of carers inbuilt into the system of policy and decision making processes. The fact that this recognises effective collaboration is commendable.

It should be recognised at the heart of decision making that for many carers, they will take on their role unexpectedly. Strategies should be in place to provide support at this time in terms of prevention and ensuring carers knowledge is accounted for. This should note support from the very outset to ensure clear and concise communication is involved at every step of the process.

As set out within the Carer’s Charter, it is apt that this specific Outcome here takes account of carers rights to be involved in services, have their views taken into consideration and that professionals clearly understand carer’s rights. This is particularly the case for those who may be juggling low incomes or feeling socially isolated where many in this situation may feel that their views are not sufficiently taken into account. It would be helpful if there was additional information laid out explaining the fundamental rights to be involved in decision making under the Carer’s Charter. This should also include information about where carer’s can access further advice to find out the full list of services available within their area.

We want this document to be helpful and concise. Do you agree that this chapter provides enough information about the most important issues about carer voice and engagement?

Further Recommendations for Policy Making Processes in terms of Carer Voice and Engagement:

- Greater awareness of the Carers Act at a national level.
- A clear commitment to ensuring carers voices are heard through all processes in health and social care.
- Recognition of carer's entitlement to support where they provide care to multiple persons such as elderly parents as well as children and grandchildren. This will often not fall under the definition of Carer as set out by the Act but yet still leads to an intensification of caring responsibilities.
- Ensuring young carers feel able to participate in these processes.
- Ensuring guided and personalised support that allows carers to have access from one source that they can trust and feel supported throughout.

The proposed strategic outcome is one of the “National Health and Wellbeing Outcomes” set in legislation to guide the integration of health and social care: “People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing?” Do you agree with our proposed approach of using the same outcome for this document?

The fact that a separate outcome is explicitly relayed for carers was seen as welcome. Whilst it is agreeable to use this in order to have a joined up and collaborative approach, it should be underscored that this is looked at in connection with other National Health and Wellbeing Outcomes such as “Health and Social Care Services contribute to reducing health inequalities.” (Outcome 5). Given the enormous pressure that carers are under, this is seen as a key group in which mental health could be a pressing issue. Lack of respite, welfare reforms and other pressures are all seen as key factors. All outcomes should be looked at as working in tandem when placing carer's health and wellbeing at the forefront.

It is pertinent that this chapter sets out the close relationship between social care support for carers and those that they care for. The underscoring of preventative measures should be emphasised throughout in line with the National Health and Wellbeing Outcomes. This is particularly apt in line with placing mental health on the same footing as physical health and the interlinkage between both.

Given the high demand placed on services, more recognition should be given to how over stretched those that provide respite for carers currently are. For instance, one approach that is lacking is a more explicit commitment to the disproportionate impact that caring has on women's health, particularly for those over the age of 45. Many women in this age

range may face health issues and be dealing with the onset of the menopause. This should be recognised within the approach in order to highlight the impact that ill health may have on women carers.

[We want this document to be helpful and concise. Do you agree that this chapter provides enough information about the most important issues on health and social care support for carers?](#)

Further Recommendations for Policy Making Processes in terms of Health and Social Care Support:

- Joined up support across all Government Departments to underline carer's health such as housing, equalities, employment and social security.
- The need for support where a carer may not be able to return to work or where this may be detrimental to theirs and the cared for person's health.
- Recognition of the health problems that women face, particularly for those in their forties providing unpaid care.
- Personalised healthcare which takes account of women carer's needs.
- Recognition of the impact on a carer's health if a cared for person's wellbeing deteriorates and the effect that this can have.
- Joined up responses to ensure that implementation of the Carers Act is working concurrently across Scotland.

[Do you agree with the proposed strategic outcomes: "Carers access the financial support and assistance they are entitled to?" "Carers are able to take up or maintain meaningful employment alongside caring?" "Carers can participate in and are valued by their community and wider society?"](#)

An outcome which definitively references the income inequalities that many carers at the lower end of the socio-economic scale are disproportionately impacted by is to be welcomed. Those who at present do not qualify for Carer's Allowance due to not meeting the qualifying criteria are often penalised meaning the unpaid work that they undertake is not adequately valued in monetary terms.

The acknowledgement that take up of Carers Allowance in Scotland is higher amongst women illustrates the high degree of care women partake in. It is to be commended that this chapter also recognises the need to maximise uptake due to many individuals not recognising themselves as carers. This is inclusive of the positive approach taken by Social Security Scotland where maximising uptake is key and ensuring dignity and respect are at the heart.

Working hours and earnings threshold for qualifying benefits can act as a disincentive for carers to continue with or enter into employment. It is unfair, for instance, that the present system presents no heightened benefits for those caring for more than one person. This is often the case for women. The financial support currently given to carers

does not recognise the significant amount they save the national economy every year. The likes of Carer's Credits in lieu of Carers Allowance should be highlighted to ensure this is widely known about.

With the primary responsibility for unpaid care falling on women, this has to be recognised completely from a strategic overview point. It would be helpful for the document to expand on social security for carers in Scotland as well as detailing the Carer Positive Accreditation Scheme for employers in more detail. It should also expand on health inequalities in more deprived areas with explicit reference to the fact that provision of unpaid care is more common in these with a suitable commitment as to how to augment this income inequality and ensuring social security is targeted towards this.

For many women at present, the main way to be able to juggle caring and employment is by using up annual leave entitlement. The inflexibility within employment is often cited as one of the biggest factors for women having difficulties with caring. This can result in many women moving to lower paid roles that afford more flexibility or leaving the employment market altogether. It would be helpful to note employment rights such as the right to request flexible working and the encouragement of effective trade union representation within a workplace despite this being a reserved issue to ensure carers know the exact rights that they have.

**[We want this document to be helpful and concise. Do you agree that this chapter provides enough information about the most important issues on social and financial inclusion for carers?](#)**

**Further Recommendations for Policy Making Processes in terms of Social and Financial Inclusion:**

- Explicit reference to women on zero hours, precarious and insecure contracts who need flexibility for caring.
- Detailed guidance on the impact of austerity and cuts to local carer support services and how this affects carers in their roles.
- Recognition of working age women who are more likely to be carers and the value of these to the workforce.
- Promotion within workplaces of carer friendly policies and the positive effect that this support has on productivity, recruitment and reduced absenteeism.
- A need for a more flexible approach to the definition of caring that recognises the multiple caring roles that women may undertake but who do not always qualify for services.
- Longer-term investment in social care.
- Encouraging and working collaboratively with the UK Government to allow extra paid leave for carers in employment.
- Recognition of the linkage between poverty, women's inequality and caring.

**Do you agree with the proposed strategic outcome: “Young carers are supported; and protected from inappropriate caring and negative impacts on their education, social lives and future development?”**

Yes. The fact that the framework makes explicit reference to young carers is to be commended. It is thought that in doing so, this will increase recognition of this particular group and the individual struggles they face, often at a time where a high degree of transition in life is happening.

It is helpful that this particular chapter notes the impact that young carers may feel on their societal development whilst explicitly stating a strong commitment to ensuring they do not stop using particular services when transitioning from young to adult carer support. Given that for many young carers, they may struggle to see other opportunities available, it is notable that there is a strong commitment to underscore this.

**We want this document to be helpful and concise. Do you agree that this chapter provides enough information about the most important issues for young carers?**

Further Recommendations for Policy Making Processes in terms of Young Carers:

- Commitment to ensuring young carers feel they are valued and that their views are taken into account.
- Additional resources towards educational training for teachers and support workers to help support young carers throughout their education.
- A need to identify individual pressures that affect young people. The increase in mental health issues, for instance, should be recognised in relation to the added pressure that young carers may be under.
- Recognition of the care provided by young people for multiple persons and the extra strain that this may bring.
- Nationalised policies around flexibility for Educational Maintenance Allowance for young carers.
- Directions as to how to get involved and receive support for participating in events directed at young carers.

**Conclusion**

The SWC welcomes and fully supports the introduction of this proposed Strategy Statement. Women throughout Scotland have voiced their support for ensuring all policies recognise carers and the wide range of unpaid work that they do. As key stakeholders, women play a vital role in this process and it is crucial that their voices are heard.

**For further information, please contact**

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