

Carers and Young Carers Strategy
Parliamentary Debate – Thursday 28th October 2010

The Deputy Presiding Officer (Trish Godman): The next item of business is a debate on motion S3M-7272, in the name of Shona Robison, on the carers and young carers strategy.

The Minister for Public Health and Sport (Shona Robison): We came into Government with a strong commitment to develop a new carers strategy for Scotland. The aim was to build on the considerable progress that had been made since the publication in 2005 of the landmark care 21 report, "The Future of Unpaid Care in Scotland". I am pleased to open this debate on the new carers and young carers strategy for Scotland, which we produced jointly with the Convention of Scottish Local Authorities and launched on 26 July.

COSLA and the Scottish Government did not produce the strategy on our own. That would have been to do a huge disservice to the thousands of carers and young carers who selflessly care for family and friends. The strategy was very much informed by many people in the statutory and voluntary sectors and by carers and young carers—I welcome many of those people to the gallery. Their significant input has ensured that the strategy reflects the needs and interests of Scotland's unpaid carers and young carers, which is important, given the significant contribution of carers and young carers to their families, communities and society. As we know, unpaid carers in Scotland save the statutory services as much as £7.6 billion each year.

The publication of the strategy is evidence of our commitment to address the adverse impact of caring that there can sometimes be, when carers' physical and mental health and wellbeing and financial situation are compromised. The approach builds on the £9 million that we invested in health boards to enable them to develop carer information strategies. The information strategies are having a positive impact at local level. There is a sense that the profile of carers has been raised, and support has been provided in many different ways.

A significant part of the funding is going to carers centres and young carers projects, for essential work with carers. I stress that we regard the continuation of the funding—£5 million a year from April 2011—as a priority in the spending review. If we are successful, I will discuss with the national carers organisations and health boards the priority for use of those resources. Of course, local authorities will continue to have an important role in providing core funding to local carers services.

The strategy builds on the £4 million that we allocated to enable local authorities to make progress in delivering our concordat commitment to provide an additional 10,000 weeks of respite care by 2011. Figures that were published in September showed that overall respite provision increased by nearly 9,000 weeks between 2007-08 and 2009-10, against a target of 6,000 weeks. That is good news, which shows that our investment in respite is delivering real progress.

The strategy also builds on the considerable resources that we allocated to the national carers organisations to fund carers training programmes, stabilise young carers projects, provide national young carers festivals and do much more. It complements investment from elsewhere, including the Big Lottery Fund, which has said that it will invest £50 million in a programme that will support people with dementia and their carers. We welcome that investment. Other investment, such as the £20 million investment in telecare, benefits carers, who tell us that such funding is important.

The strategy provides clear direction and gives impetus to the progress that the Government wants to see during the next five years. However, because of the challenging economic situation, we have to acknowledge and accept that there will not be a change overnight. Change will be incremental.

We should note that there is a strong economic argument for supporting carers, as set out robustly in the strategy: with timely and appropriate support, carers can continue to care for longer and in much better health, diverting significant demands away from health and social care services. In the current economic climate, it is even more important that health and social services, as well as the third sector, make the best use of existing resources. There is a clear spend-to-save argument for supporting carers through earlier, preventive interventions. Carers have a crucial role to play in our work around reshaping care for older people, and we are determined that they will not be further burdened by the shift from institutional care to care at home. Indeed, when local partnerships submit their local delivery plans under the reshaping care programme, they will have to demonstrate how the third sector—including carers organisations and carers themselves—will be involved. I am clear that carers should be around the table when the local plans are being developed. We are in discussion with COSLA about making significant resources available to be used in pooled budgets jointly across statutory bodies and involving the third sector. That presents a major opportunity to transform services locally, which can better support carers.

The strategy highlights the fact that many of the improvements that carers look for do not require significant additional investment. Carers tell us that it is often the small things that make a difference—for example, when a general practitioner gives time to the carer and is sensitive to the impact that caring can have. Young carers tell us that having a supportive teacher who gives them extra time for homework makes a difference.

The carers and young carers strategy is one strategy, but with two significant parts. That approach recognises that adult and young carers have different needs and require different approaches to meet those needs and achieve improved outcomes. However, it also acknowledges that some issues are common to carers and young carers, particularly for young carers in their transition into adulthood.

Both parts of the strategy have common features. For example, they both include many recent quotations from carers and young carers to show what it is like to be a carer or young carer and to tell both positive and negative stories. Those real-life situations will help pave the way for good service development and show

what to avoid. The Equal Opportunities Committee and many others welcomed that approach, and I put on record the committee's good work.

Both parts of the strategy also have a strong evidence base for support to carers and young carers. They both have a strong equalities dimension, with a focus on hard-to-reach carers and young carers. They both show the importance of a pathway approach from carer and young carer identification, through assessment to different types of support at crucial times. They both recognise the diversity of carers and young carers and acknowledge that every caring situation is unique. There will be priorities for support to carers and young carers, whether that is older carers, the parent carer who cares for a disabled child or carers living in the most deprived areas with little income.

Specifically on adult carers, "Caring Together: The Carers Strategy for Scotland 2010-2015" recognises carers as "equal partners in care" who make a significant contribution to the delivery of health and social care services. It identifies a suite of action points, the delivery of which will help to support and sustain unpaid carers and enable them to enjoy a quality of life outwith caring.

The two parts of the strategy are both based on an outcomes approach and are set within a wider framework for action, such as our programme for reshaping care for older people. With young carers, there are clear links to the getting it right for every child programme, which provides a catalyst for outcome-focused assessment and multi-agency working. It will benefit young carers and help to ensure that they are supported. Of course, there are also strong links to curriculum for excellence and to the more choices, more chances agenda.

"Getting it Right for Young Carers: The Young Carers Strategy for Scotland: 2010-2015" recognises that young carers can benefit from providing care.

However, it is essential that they are relieved of inappropriate caring roles and supported to be children and young people first. It highlights the crucial role that social workers and national health service staff have, as they can ensure that the cared-for person's care package never relies on a child or young person's contribution. Further, the strategy recognises the key contribution that teachers can make in supporting young carers in school and responding sensitively when their caring role impacts on their attendance, attainment or behaviour.

We are giving the Princess Royal Trust for Carers £150,000 for a fourth young carers festival next year. We will be able to get feedback from 500 or so young carers on what impact they think the strategy has had one year on from publication. It is worth noting the very good support that there has been for the young carers festival from across the chamber. I know that that support is welcomed.

In recognising the voluntary sector's hugely important role in supporting carers, I was pleased to be able to commit £1 million in new investment this year to support the implementation of the strategy, and subsequently to extend that funding to cover each of the five years of the strategy, making £5 million in total. In the current economic climate, that funding is meaningful and will deliver change for carers and young carers. We have awarded the funding to the national carers organisations to enable them to develop innovative, flexible and personalised short breaks for carers and young carers. With our approval, they

propose to use it in two ways: to invite bids from stakeholder organisations with service development ideas that aim to increase the choice, availability and quality of short-break opportunities; and to help carers directly and quickly by giving them access to a fund that can help them to purchase a break of their choosing. The national carers organisations are working up the details and will publicise the scheme as soon as possible.

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): Obviously, the Liberal Democrats welcome what the minister has just said, but how does she intend to audit the outcomes once the process that she describes has been gone through?

Shona Robison: There will be a robust auditing process, as there always is with the third sector. The third sector is well placed to be able to deliver innovative thinking. That is what it is best at, and I am confident that it will do so in this case. To be effective, the strategy needs to be implemented at the local level by local authorities, health boards, the third sector and others. The aim is to achieve practical support on a consistent and uniform basis. I will talk further about implementation in my closing remarks.

In conclusion, I am not complacent about the challenges that carers and young carers face daily nor about the scale of the task in implementation, but ministers will wish to know—I mean members; ministers already know—that the strategy has attracted international attention. The getting it right for young carers strategy is believed to be the first young carers strategy in Europe. It is good that Scotland has a first once again. We can and should learn from others as we face up to the challenges ahead, but it is nice to know that people are also learning from us. I move, that the Parliament welcomes the publication, in July 2010, of the carers and young carers strategy for Scotland for 2010 to 2015, *Caring Together and Getting It Right For Young Carers*; notes that this strategy has been produced jointly with COSLA and informed by a wide range of stakeholders; recognises the importance of providing effective and timely support to Scotland's estimated 657,000 unpaid carers in order to sustain them in their vital role in caring for relatives or friends affected by disability, illness or substance misuse, a role that benefits their families, local communities, Scottish society and the economy, and agrees that young carers should be relieved of inappropriate caring roles and supported to be children and young people first and foremost.

Jackie Baillie (Dumbarton) (Lab): Like the minister, I welcome this debate on carers and the publication of the carers and young carers strategy.

As the minister pointed out, some 657,000 people are carers, and 100,000 are young carers. That is a significant part of the population. They make a huge contribution to their families and to society as a whole. As the minister said, the value that they give is around £7.68 billion each year. That is a truly staggering figure.

The Government and COSLA are to be commended for producing the strategy, and Labour members agree with the main actions that have been outlined. It is

essential that we improve information and advice, properly establish the number of carers that there are so that we can identify and assess their needs, and, of course, ensure that the assistance that they need to support their caring is in place.

The strategy is right, but we need clarity about how it will be implemented. I am delighted that the minister will cover that in her closing speech. The strategy will be deemed a success only if it actually makes a difference to people's experiences on the ground in their communities. Therefore, will the minister tell us how local authorities and health boards will be held to account, how the implementation of the strategy will be monitored, and whether she intends that there will be annual reports to the Parliament on progress? That would strengthen the importance that we attach to the strategy and its implementation. The funding that has been put in place for carers information strategies has, of course, been welcomed on the ground, but it will come to an end in March 2011. It would be helpful to know whether the minister is confident that that funding will continue at the same level that it has been at previously. Labour members will certainly support all her efforts in Government to secure that funding for the future. Such funding has undoubtedly helped carers with training on how to manage their caring role, deal with the stress and take care of their own health and wellbeing, and it has had substantial local benefits. Carers have been identified, new partnerships have been forged with primary and acute care services, and advice and information has been provided. For that to be sustained, certainty over future funding of carer information strategies is desirable.

Secondly, I welcome the funding that has been provided for carer training—national carer organisations have been awarded some £281,000. Although that is helpful, the way forward is undoubtedly a national consortium to develop carer training across the board, and there is concern about what will happen to that money in the future. I note, too, that NHS Education for Scotland has an annual budget of some £389 million for training for health professionals. I invite the minister to try to squeeze out a little bit more money for carer training, which I think would have great value.

I turn to short breaks and respite care. Despite the welcome progress on increasing the number of respite weeks that are provided for adults, the figures on respite breaks for children are going in the wrong direction. More worryingly, cuts are beginning to be made at a local level. Local authorities are reducing the budget for respite care, some are changing their eligibility criteria and others are providing respite only when there is a crisis.

I know that Shared Care Scotland has been funded by the Scottish Government to undertake research on current respite planning and delivery, which will help to inform future action. I suspect that it will show the problems that I have described: the tightening of eligibility criteria to save resources and a lack of recognition that providing respite is a positive preventive measure that enables a carer to carry on caring for their loved ones. The real progress that has been made on that is being put at risk. Respite provision is beginning to be seen as a measure that should be deployed only in a crisis, rather than as a preventive

measure. What action can the minister take to prevent the welcome progress that has been made on the number of respite weeks that are provided from unravelling and going backwards?

As well as promising an increase in the number of respite weeks, the Scottish National Party promised to ensure that

"By 2011 carers in greatest need will have a guaranteed annual entitlement to breaks from caring."

I have searched, but I have not found evidence of that commitment being taken forward. I can see no progress on meeting that guarantee, which would be welcomed by carers and Labour members alike.

Shona Robison: I have been quite up front in saying to carer organisations that in the current economic climate, funding such an entitlement is extremely challenging. We would not want resources to be diverted from one set of carers to another, and the economic challenges that we face mean that there is a real danger of that happening. However, we would like to see that commitment being met in the longer term; it is just that it is very challenging in the current economic climate.

Jackie Baillie: I thank the minister for her honesty. In the context of the economic climate, perhaps we could discuss self-directed support. A commitment was made to extend direct payments to carers and to provide additional funding for young carers. That has been done, but the fact that the Government did not proceed with its legislation on self-directed support, which the Labour Party would have fully supported because we think that it is the right direction of travel, represents a real lost opportunity.

I understand that there was an argument—or a discussion—between COSLA and the Government about funding. My difficulty is that given that we know that there might be insufficient funding next year, as the financial circumstances will be extremely tight in 2011-12, an opportunity existed to bring forward such legislation this year, but that opportunity has been lost. I would like the minister to comment on that, too, because self-directed support has been cried out for at local level but, unfortunately, it has not been delivered.

I want to mention older carers, particularly older carers of people with learning disabilities. I very much welcome the fact that the carers strategy acknowledges that, for the first time, there is a generation of people with learning disabilities who will outlive their parents. When those babies were born, the parents were told to take them home and love them or to put them into hospitals. Many of those who chose to take them home have had the joy and the privilege of caring for their son or daughter for the past 40, 50 or even 60 years; they never expected to be able to do so.

However, they are worried about the future. Older family carers in particular are worried about peace of mind. They want to know what will happen to their son or daughter when they are no longer able to care for them, because of either infirmity or death. Will the minister give us information on emergency planning that can be put in place; long-term planning for carers who are worried that there

will no one to advocate for their son or daughter when they are gone; and transition planning, which needs to be done sensitively and put in place well in advance?

Carers make the point that respite breaks from care are often too inflexible and not available at short notice. Their fear is that the definition used by the Scottish Government and COSLA means that some forms of day services can also be seen as short breaks, which has led to a substitution that I do not think the minister desires, and which we certainly do not. By creating a definition of respite breaks we would get a true figure, rather than one that has been inflated by some forms of day services.

The key point is that we all want to see successful implementation of the carers and young carers strategy. We fear that it might be at risk, and that momentum could be lost, partly because we are moving into an unsettling financial period. We are asking that funding for carer support, which we all acknowledge is critical, be protected because more and more is being asked of unpaid carers and our society relies heavily on them. As part of that, we ask that carer centres, which are a critical part of that infrastructure, and which enable unpaid carers and young carers to continue, enjoy our support.

We support the Scottish Government in implementing the strategy. The minister will enjoy our complete support in arguing to secure the funds to ensure the continuation of carer strategies, and to implement them across Scotland.

Mary Scanlon (Highlands and Islands) (Con): The previous Scottish Executive introduced a strategy for carers in 1999 to improve the information on help and support for carers; to improve local services; to propose consistent national standards for carers short breaks; and to check that carers got the help that they needed. The plight of carers has undoubtedly been on the Parliament's agenda since 1999, although progress can be difficult to measure on all issues and for all carers; that is why the point that was raised by Jamie Stone and Jackie Baillie on monitoring the strategy is so important.

It is, therefore, right to publish another carers strategy for Scotland to 2015 to examine and address the needs of carers in 2010. More work needs to be done to support carers. I welcome the strategy, particularly the investment in telecare and telehealth, where appropriate.

Yesterday I attended a meeting of the cross-party group on carers, which was ably chaired by Cathy Peattie, to launch its carers manifesto. We heard about the different experiences of three carers and the effect that being a carer has on their lives, opportunities and careers. One carer just wanted to go to the park with her family, but faced huge obstacles to doing so. Her family was refused help with certain aids and adaptations because they are homeowners. The father is in full-time employment, but the mother told us that he does not earn a huge amount—certainly not enough to make the necessary changes to their home to accommodate their child's needs.

The second carer highlighted the language problems that her mother faced in receiving care, and her mother's lack of confidence in receiving care. That led to

the carer giving up her civil service career. The third carer spoke of the wonderful help, understanding and support that she received at her local carers group. The experiences of those three carers confirm the need, if we need it to be confirmed, for a carers strategy, particularly the carers rights charter and the need to improve the quality and uptake of carers assessments and support plans, as well as other measures. A local carer who is well known to me has allowed me to use her name. Bunty Macdonald from Carrbridge asked me to highlight the fact that the biggest challenge she faced was the move from children's to adult services. She asked that the minister take that on board. Chapter 17 of the carers strategy sets out the benefits of advocacy support to carers. It is shocking that only three carer advocacy organisations exist in Scotland. As others have said, the carers manifesto also states that breaks are increasingly offered only as emergency relief, rather than as the on-going support that, as Jackie Baillie said, helps to prevent crisis situations. In these difficult financial times, surely we need to focus on investing in services that save money elsewhere in the public sector. Research on specialist support for young carers illustrates that for every £1 invested in it, there can be a saving of more than £6 to the public purse as a result of better educational outcomes and fewer young people going into care.

The issue of kinship carers is regularly championed by my colleague Nanette Milne. The Citizens Advice Scotland briefing, which talks about the information and experience of kinship carers, is very helpful on that issue. The need for kinship care arises generally as a result of upsetting and stressful situations for both the child and the carer; 36 per cent of kinship care situations are a result of addiction problems, 24 per cent are due to bereavement and 15 per cent are related to neglect. Around three quarters of kinship carers are grandparents, and many give up employment to meet their responsibilities.

I was shocked when I read about the kinship care allowance in the Citizens Advice Scotland report. The allowance is paid by some local authorities but not all, and the rates vary from £23 a week to £148 a week for a child under four—the highest payment is six times greater than the lowest. As the CAS briefing states, 62 per cent of kinship carers are eligible for the allowance, but whether it is paid depends on where someone lives in Scotland. Although the payments are considerable, there is no doubt that they are less than the amount that would be required to pay for residential care. In the new strategy, I could find only one paragraph on kinship carers; I refer to paragraph 3.18, which states: "They should receive a kinship care allowance from the local authority." Will the minister respond to that in winding up? Finally, I hope that the Government will continue to support direct payments.

Ross Finnie (West of Scotland) (LD): This is one among a number of the issues that are debated in this chamber for which it is self-evident that there is a broad measure of cross-party support, and so there should be. As a consequence, progress has been made during this session of Parliament. I am not going to suggest that we have either made progress at the right pace or covered every issue—I would certainly not suggest that to the large number of

people in the public gallery who are much closer to the issue than any of us—but we know that there was initial progress through the first Government, and we know that even the current strategy saw its origins in the care 21 recommendations. We do make progress.

I must say to the minister that from the Liberal Democrat point of view there is very little in either of the strategies with which we will or would take great issue. We believe that the assessment has a great deal of rationale, and it highlights some of the major issues. However, now that we have done all the excellent work in analysing, becoming more familiar with and getting a better understanding of what is an enormously important aspect of our society, we ought perhaps to focus our attention on the implementation of the strategy that has been outlined.

There are one or two issues that are either not explicitly referred to or not teased out. Jackie Baillie talked about the accountability mechanisms for delivery through health boards and local authorities. However, the Liberal Democrats have a concern before we even get to accountability. We are increasingly concerned that, although the theory of community health and care partnerships and community health partnerships remains sound, it is becoming very difficult to get the kind of consensus that is required on the delivery of care in the community, whether it is care for carers or whatever. Indeed, in many of those partnerships, not all of the participants take part.

The minister will be more acutely aware than any of us of the collapse of the whole project in and around the Glasgow area, which I regard as deeply sad. We are concerned that it is increasingly obvious—the carers strategy points it out—that there must be a level of co-operation between the local authorities and the health boards if the strategy, among other things, is to be delivered effectively. The Scottish carers manifesto contains aspirations to realign resources and to prioritise within the primary care and purchasing services. I agree with those aspirations, but they point a finger at those by whom and through whom those changes are to be achieved.

Shona Robison: I take it from that that the member supports pooled budgets, the level of which we are negotiating at the moment. I take it that the member supports that direction of travel.

Ross Finnie: I will be happy to support it provided that I can see the mechanisms that will support it. Allocating sums of money is helpful, and it would be churlish to suggest that that is not a way of providing assistance, but I would like to see a little more flesh on how we are to resolve the seemingly intractable problem—which is not a creation of the Government—of turning the theory of those community groups into a delivery mechanism in which we could repose confidence. That will be critical in the context of care and carers.

On the question of who cares for the carers, the Government has directed its money largely through the health boards, and many of the groups associated with carers have been hugely appreciative of that. They believe that that has had the effect almost of ring fencing, as it has been much more transparent how the

money is channelled to individual care organisations in contrast with people's experience of the difficulties with some local authorities.

I do not want to be overcritical but, on the delivery mechanism, I cannot find anywhere in the single outcome agreements any explicit reference to carers. That is an interesting commentary on where we are. If we are to turn the theory in these two excellent documents into a reality, we must address the delivery mechanism.

The Liberal Democrats also share the concern that has been expressed from the Labour front bench about respite breaks. I have not been able to discern the precise source of the drift away from the provision, but it appears that there is difficulty in securing it and I ask the minister to take that concern seriously. I hope that, in looking across the board at care and caring provision, we do not suddenly regard the respite bit as the bit that is too difficult and which gets chopped off first.

Bob Doris (Glasgow) (SNP): Over the years, we have gradually continued to get a better picture of the job that unpaid carers do in Scotland, and of the scale of that job, and we continue to increase the recognition that we give them. That is something on which there has been cross-party support over the years—even though I joined the Parliament only in 2007, I am conscious that that has been the case since 1999, and I am glad that it continues today.

With pressures on the public purse like never before, we must be careful not to allow short-term thinking to intrude on our political decisions in relation to care. We need a long-term strategy that will support those remarkable people now and in the future. Estimates suggest that as many as one in eight of the population care for someone on a voluntary basis and that there are more than 66,000 unpaid carers in Glasgow, the area that I represent. Those figures are likely to rocket in the years ahead, and it is predicted that as many as 1 million people in Scotland will be performing a caring role by 2037. Such statistics show why it is important that we get this right for the long term.

There is little dispute that we have an aging population, and I have already given an idea of the projections associated with that. A further projection is that there will be a 144 per cent increase by 2031 in the number of people who are aged 85 or over. Where possible, we want to keep people at home and in the community, and we will need unpaid carers to help in that regard. That means that we have to take action now, and the strategy that is set out in the "Caring Together" document outlines the thinking and plans in that regard of the Scottish Government and COSLA up to 2015. I think that we are on the right track and are moving forward in relation to that.

I also hope that we will gain cross-party support in opposing some of the more harmful aspects of the UK Government's cuts, which could jeopardise carers. I say that not to make a party-political point. If we are to support carers, we have to consider all the aspects that affect them. Earlier this month, even before the spending review was announced, the think tank, Demos, claimed that disabled people and carers could lose up to £9.2 billion by 2015 due to the Conservative and Liberal Democrat UK Government linking benefits to the consumer prices

index rather than the retail prices index. It also said that families with disabled children in which one of the adults is also disabled and is cared for by their partner could lose up to £3,000. There are hidden dangers in such proposals, and the Scottish Parliament does not necessarily have the power to protect carers in that regard.

I will not say more about the UK situation, as I want to forge cross-party support, but we have to be aware of where all of the balls are on the pool table when we take a shot to help carers. We cannot miss that out.

I want to spend the rest of my speech talking about kinship carers, which is a subject that is close to my heart. I am sure that Mary Scanlon will gladly recognise that kinship carers got no structured formal payments before May 2007 and will come on board with the structure that is now in place. That structure has to be improved and made more sophisticated. I am delighted to say to Ms Scanlon that the Labour Party is moving forward in a spirit of consensus in relation to kinship care. At lunch time, I was at an event with Johann Lamont and neither of us was trying to blame the other for having a worse record in relation to kinship care. Instead, we were trying to find solutions that can be used to take forward the situation. One such solution was getting the UK Government on board in relation to kinship care.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): I welcome the comments that Bob Doris has made and I think that it is important that we get some consensus around this issue. Does he agree that one of the ways in which we could improve the position of kinship carers would be to do something about the situation in which some of them are able to get financial support only when the children have been placed under a children's hearing order? Does he agree that, in some cases, early intervention by grandparents and others means that the carers and the children are disadvantaged?

Bob Doris: I thank Cathy Jamieson for her comment but, although that is the outcome at the local level, the premise is completely inaccurate. Way before the kinship care commitment that the Scottish National Party Government made in May 2007, local authorities could use their discretion to pay any kinship carer a sum up to the foster carers allowance. They did so, and some continue to do so. It is important to get more sophisticated in our approach to the issue of formal and informal kinship care payments.

New permanence orders are now in place in relation to kinship care, which have helped. I know that Adam Ingram, the Minister for Children and Early Years, has pushed that forward. The orders are a useful intervention, which shows how we are working together on all aspects of care.

The strategy talks about young carers. A lot of the kids who receive kinship care used to be young carers of drug addicts, alcoholics or parents who were in and out of prison. The kinship care commitment is about taking those kids away from situations where they are the carers to a safe environment where they are cared for, so that they can enjoy their younger years.

I am glad that we have cross-party support for the strategy.

Mary Mulligan (Linlithgow) (Lab): I welcome the opportunity to debate carers issues. I fully support the motion in the name of the Minister for Public Health and Sport, particularly the closing line, which acknowledges that young carers should be "supported to be children and young people first and foremost."

I commend the two reports that were published in July 2010: "Caring Together" and "Getting it Right for Young Carers". Both deal effectively with the core issues of being a carer. I believe that that is down to the involvement of carers and carers organisations in drafting the reports. However, I recognise that the minister listened to carers and carers organisations, for which she, too, is to be commended.

Now comes the challenge of delivering on the strategy. Like others before me—and, no doubt many others after me—I put on record my admiration for the role that carers play. Jackie Baillie quoted the £7.68 billion that carers save our communities. More than that, carers provide the personal care that it would be very difficult for anyone else to replicate. Sometimes it might be difficult for the cared-for person to show their gratitude, so the community around carers should ensure that carers know how valued they really are.

There is a lot of agreement in today's debate, so I will use my time to highlight the carer's life journey. Before I stop handing out the plaudits, I commend the work of my local carers organisation, Carers of West Lothian—not least because members of it, Mary-Denise McKernan, Paul Weddell and Gill Burns, are here in the gallery—which does an excellent job in offering services to carers throughout West Lothian. In outlining the carer's journey, I will refer to some of the projects with which Carers of West Lothian is involved, to show how carers can be better supported.

The first thing that we must do to support carers is to identify them. It has often been said that the last people to recognise carers are carers themselves. We have to use others with whom they are involved to identify them as carers. In West Lothian, the Moffat Charitable Trust project has been providing a carers support service at local hospitals since June 2008. Keith Lugton, who runs the project, has been able to offer various forms of support to existing carers, such as a carers assessment, but, crucially, he has also been able to identify and support new carers by working with NHS staff and social workers. However, when I spoke to him recently, he told me that that is not always as easy as it sounds. Some professionals still have reservations about confidentiality for patients. I understand their concerns, but they must also consider their patient as a person who will have on-going needs throughout their care, many of which will be met by a carer who needs support. Keith Lugton is managing to overcome some of that reticence and has clearly identified a number of carers.

I highlight that project for two reasons. First, there are still practices in the NHS and in social work that need to be addressed to ensure that considerations such as confidentiality are not used to the detriment of the carer and the cared-for person. Secondly, Keith Lugton's post was funded by the Moffat Charitable Trust. I say "was", because the funding ended in March 2010. NHS Lothian stepped in to provide a further year's funding, but that will take it only to March 2011. What will happen then?

Such uncertainty becomes a problem for many carers and the organisations that support them. Once we have identified carers, they might need several forms of support, which could include information, training or respite care, as we have heard. In West Lothian, a carer training development worker offers support. In February 2010, Carers of West Lothian successfully secured more than £37,000 from the Long Term Conditions Alliance Scotland. That funding has allowed a programme of work with people who have long-term progressive neurological conditions, such as multiple sclerosis, Parkinson's disease or motor neurone disease, and with their carers. That will give them the knowledge that they need to prevent falling and about what to do in the event of a fall. The funding for Sharan Glendinning's post comes partly from the Long Term Conditions Alliance and partly from funding for the carer information strategy.

Here is the challenge, minister. Many carers organisations that do a great job in supporting carers and which will be crucial in delivering the strategy spend much of their time looking for funding options. "Caring Together" has been commended, but it provides little in additional resources. "Getting It Right For Young Carers" has been equally commended, but much of the work to deliver on it is funded through the carer information strategy, and guarantees for that have yet to be made.

We have said that we value carers. They will believe us only if the resources are provided to support them and the carers organisations that support them. We know that funding is difficult, but we have a duty to follow good intentions with adequate and more reliable funding.

Hugh O'Donnell (Central Scotland) (LD): As always, it is a privilege to speak in a debate about carers, because they are the unsung heroes of the society in which we live. It might not sit comfortably with the Parliament, and I do not ignore the progress that we have made, but I think that we have made progress too slowly since 1999—otherwise, we would not have to have a brand-new shiny document. The publication is useful, interesting and full of nice words but, as Jackie Baillie and Ross Finnie said, what matters is not the rhetoric that we speak in this place but the implementation and delivery of services and resources to the people who need them. Notwithstanding what other members have said, my personal opinion is that progress has been too slow and inadequate.

I recognise that we sit in an unpleasant economic environment, as Bob Doris said, but I am disappointed when I reach only page 25 of the strategy document and find that paragraph 2.44 puts in place a defence—we haven't got the money to do this. That concerns me and I am sure that it concerns the people who are listening in the public gallery.

From my casework and from going around organisations such as the young carers project in Motherwell, which Action for Children runs, the sad fact strikes me that, all too often—regardless of the resources, which are not infinite, that this place, or whichever Government, allocates—people in other organisations seek to circumvent the intention of funds as quickly and as easily as they can. We must find a mechanism that obliges people to follow "Caring Together" and its predecessors and to put them into action. Thus far, we have not done that. We

have only to look at the variability of service and resource to recognise that. I understand that there is no question but that such negotiations are difficult for whichever minister happens to be in the place that is Ms Robison's, but that is no consolation to the people who expect to receive the services and the resources. The situation is unacceptable.

It is not acceptable that, at 48 hours' notice, one of my constituents discovered that the respite care that they were promised had been pulled. The decision to do that affected not only my constituent and the cared-for person but the rest of the family, who also needed respite. There are implications in not tackling those who say that they do not have the money without realising that other elements of our public service must pick up the bill. We must address the silo thinking that operates across the public service.

Bob Doris: The member is quite right in what he says about resources and, of course, we always need more, but are the resources that are spent at the local level always being spent wisely? Surely putting carers at the heart of how we structure services, including respite care, would be a step forward in ensuring that we get the right services at the local level? Irrespective of the cash input—and we want more—we must ensure that services are designed with the carer and not the civil servant in mind.

Hugh O'Donnell: I have some sympathy with the member's point. All too often, and despite the person-centred planning approach, which many members in the chamber will know about from experience, professionals present plans to service users as a *fait accompli*. It is a case of, "This is what we can offer" or "This is what we are prepared to offer." There has to be a mechanism to get round that, notwithstanding the financial challenges that we face. If that has to be the situation, plans must be set out well in advance so that people have the opportunity to plan their lives and organise their care or caring.

The minister was with me and others in West Linton during the summer at a fabulous festival for young carers. However, many of the young people told me that it was the first planned day that they had been able to get away—in some cases, it was the first for two years. That is because those who are responsible for delivering respite and support packages were not doing it, except at the last minute. There has to be a mechanism for addressing that. Notwithstanding the well-intentioned words in this and other strategy documents, a mechanism has to be found to ensure that a strategy for carers is implemented and that it is not impeded by those whose agendas do not include carers.

Linda Fabiani (Central Scotland) (SNP): I want to talk about a specific element of caring that Jackie Baillie touched on in her contribution: the thousands of older people who continue to care in their own homes for adult sons and daughters with a learning disability. The figures suggest that approximately 20 per cent of people with learning disabilities live in the family home and are cared for by family members over the age of 65. In the document that we are debating today, the profile of carers section notes that

"For those undertaking a caring role within the household, over 70% of carers have been providing care for over 5 years".

The reality is that, within that 70 per cent, some will have been caring for those they love with learning difficulties for between 30 and 50 years—indeed, in some cases, towards 60 years. That is a lifetime of devotion, commitment and hard work. In my area, the Murray Owen Carers Group includes such carers with a lifetime's experience of all these issues. Two of the members are, of course, Madge Clark and Jeanette Kelly, who many members know for their work with Enable Scotland and their awareness-raising petition to the Parliament's Public Petitions Committee in 2004.

That work has made it clear that this group of parent carers has specific and unique needs that are being neither recognised nor supported properly at present. As Enable Scotland noted:

"This is a generation of older carers who have a lifelong responsibility for looking after sons and daughters."

Great physical and mental pressure is involved in doing that. Enable Scotland goes on to say that "This is the first generation of parents of people who have learning disabilities whose sons and daughters will outlive them."

Those words describe the fear and anxiety about what will happen in future. Older family carers have little peace of mind as they continue to care for their adult relatives.

I draw members' attention to motion S3M-7086, which I drew up a couple of months ago. Although it is in my name, it was jointly developed by me, Johann Lamont and Hugh O'Donnell. The motion

"welcomes the Older Families Charter launched by Enable Scotland, Quarriers, Edinburgh Development Group and the Learning Disability Alliance Scotland".

The charter for change

"outlines 5 simple steps that can be taken to make life easier for this group of people and to plan for the long term needs of older carers and the needs of those that they care for."

First, the charter states:

"Local government should collect accurate information on the numbers, needs and location of older carers and adults with learning disabilities living in the family home".

That is the way to get good planning. Secondly,

"Every adult with a learning disability living with an older carer should be able to have a person-centred plan that supports them in leading full lives, making and keeping friends and keeping in touch with their families if they leave home."

Thirdly,

"In each local authority area there should be a dedicated officer for older families to provide local information, support access to services, identify their needs and plan for how they will change over time."

Fourthly,

"Every adult with a learning disability living with an older carer should be able to have an Individual Emergency Plan which identifies what could be done in specific crisis situations."

Fifthly, on the subject of advocacy services, which Mary Scanlon mentioned earlier, the charter states:

"Every family with older carers across Scotland should have the opportunity to access independent advocacy services."

Some local authorities are already taking some of those steps. In fact, thanks to the work of the Murray Owen centre and groups such as that across South Lanarkshire, and of course the commitment of many officers in South Lanarkshire Council, it is already meeting the charter in theory, but it is continuously striving to improve its practice. I mention the difference between theory and practice deliberately. Often, the theories are good and we can tick the boxes and say, "Yes, we are doing fine," but it is the practice that matters. It is the quality underneath the theory that is important, so it should be continually monitored and assessed, and people should be listened to. The strategy states that carers should be "equal partners in the planning ... of ... support."

That is essential, as is carers being supported "in a personalised way".

It seems to me that the charter for change is little to ask. I hope that all local authorities will sign up to it and that our Government will endorse it as part of its own carers charter.

Cathy Peattie (Falkirk East) (Lab): I welcome the carers and young carers strategy, the partnership approach to developing the strategy, and indeed the minister's commitment to make it work. It is worth repeating the statistics. Scotland has 660,000 carers. That is about one person in nine. It is more than the number of people who work in our health and social services. The oldest carer is over 100 years old and the youngest is just three years old—one of perhaps 100,000 young carers. Young carers often struggle. They do not have an opportunity to experience childhood. Sometimes, schools are not aware that pupils are young carers and do not understand the difficulties that they face. Some people give their lives to caring. One in five give up jobs and career opportunities to look after loved ones. On average, carers lose £11,000 a year through having to give up their work and some 75 per cent are in fuel poverty. Yet, at the expense of their hardship and loss, their caring is of course a great benefit for our society. Paying for the care that they would provide would cost billions, but what support do they get? This year, the Scottish Government will spend £281,000 on carer training. NHS training, by comparison, receives well over a thousand times that amount.

Many carers devote long hours to caring—115,000 carers devote more than 50 hours a week and 21 per cent of young carers devote more than 30 hours a week. Many carers struggle to maintain their caring role while holding down a job. They need support to do both and the economy needs them. Eighty per cent of carers have been forced to give up leisure activities because of their caring and three quarters have lost touch with members of their family and friends. Half of those who provide intensive care have been treated for anxiety, depression or mental health issues.

Carers need support to carry on caring. Carers organisations and support centres are crucial to that support, yet what is already an underfunded sector is

subject to more pressure in the current financial climate. I am talking about organisations such as the Princess Royal Trust for Carers, which supports 50,000 carers and young carers through a network of carers centres and young carers projects. There is also the coalition of carers in Scotland, which is an alliance of more than 80 local carer-led groups, centres and projects. Carers Scotland is the Scottish office of Carers UK. It is a carer-led organisation that provides information and advice and that campaigns on carers' rights. Shared Care Scotland offers a range of services to improve knowledge and understanding of short-break services and the needs of people who use the services. Crossroads Caring Scotland is a national charity that is dedicated to providing short breaks for carers in their homes. I have experience of the support that it can give families. The Scottish young carers services alliance represents and supports more than 50 young carers projects and services throughout Scotland.

Yesterday, carers organisations delivered their manifesto to the cross-party group in the Scottish Parliament on carers. I will wave it about and encourage every member who is here to get a hold of it and read it. They say that just over £11 million would ensure continued support to enable centres to continue caring, which is just over £14.66 per carer for a year, yet funding for all the essential activities is now under threat from cuts. I do not just mean the cuts that are to come, because cuts are already biting. Carers centres have had their budgets cut or frozen and sometimes that has been going on for several years. They are forced to devote precious time to preparing contract tenders for services that they provide, which squeezes what they can do and creates uncertainty and causes disruption.

I thank Margaret Mitchell for lodging a question on carer information strategies. The £9 million funding over three years comes to an end in March. As Mary Mulligan said, that creates uncertainty. Questions remain about how that money has been allocated, and a big question remains about what will fill the gap that will be left by its termination.

We must ask what the costs are of not supporting carers. One fifth of carers say that, if they had more support, the people whom they care for could be kept out of hospital. As I said, the health of carers suffers—two fifths have not had a break of longer than two days. Carers are aware of the economic difficulties that we face. They know that times are hard, but they also know that the failure to recognise their situation, contribution and needs will make it harder for all of us. Cutting back on support for carers will put pressure on health and other services and, in the longer term, will impede our economic recovery.

I welcome the carers manifesto, which outlines the importance of carers and actions that improve carers' lives. We need to implement the action points in the young carers strategy and ensure the sustainability of services that are dedicated to young carers. We need a carers' rights charter and we need to fund carers and their organisations. Most of all, we need to listen to carers and provide them with the support that they are asking for on training, work, flexibility for those who work, regular breaks and an opportunity for life outside their caring.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): I will be brief, as I have only two points to put on the record. The first is about young people who are in families where drugs and alcohol are being misused and who become carers. We have some way to go before we can say that we have a system for identifying them and providing support. Carers centres are a vital part of that. I want to pick up on kinship care. Bob Doris rightly identified that local authorities have powers to support kinship carers, but the problem is that local authorities do not seem to be exercising those powers, except in a narrow range of circumstances. We need to look at that further where, for example, people take over the caring responsibility for grandchildren, who are often from homes where drugs and alcohol have been misused, or where elder brothers or sisters take on responsibility for younger children. They move in quickly where they see problems and then they discover that they are not eligible for support because of the narrow set of criteria. Before anyone says that we have moved on in that respect, I say that I recognise that but there is still some way to go. In summing up, will the minister give a commitment to trying to set up a meeting with UK Government ministers to look at some of the wider issues around the benefits system, which does not assist carers? I am conscious that in some instances in which the Scottish Government would try to step in to help, it would cause a problem with the UK benefits system. To move forward on that we need to get people round the table to discuss it in more detail and to have some kinship carers involved in the process. I hope that I kept my speech within my two minutes.

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): I am not returning to this place next May and this debate is a good example of why I will miss it—we have heard thoughtful speeches from all sides of the chamber. Shona Robison painted a picture for us and I was delighted to hear of her commitment to protecting funding for carers in the spending review that will be upon us shortly. She pointed out the funding that is being directed towards carer training programmes. I liked her expression that it is the "small things that make a difference", because that is absolutely true. I am sure that each and every one of us in our work as MSPs has discovered that that little bit of attention from a doctor—Shona Robison referred to that—or a teacher taking on board why homework has not been completed makes all the difference to the young carer.

Jackie Baillie numbered the 100,000 young carers. She said, as I did in my intervention on the minister, that it is about focusing on the outcomes, a point on which members touched again and again. It obviously struck a big chord with Linda Fabiani when Jackie Baillie mentioned the problem that others spoke about of older carers looking after people with learning difficulties. I have come to admire my constituents who take on that role. As others have said, those old people will die before the person for whom they are caring. Such people often live only with the person for whom they care and they have a peculiar form of courage that I am sure we all recognise. Jackie Baillie also asked a crucial

question about what emergency planning is in place for when something happens.

Mary Scanlon welcomed the investment in telehealth. She was right to mention it and I have no doubt that more will be said about it in the future. She said that the move from children's to adults' services is a chasm that sometimes is not crossed as easily as we would like.

My colleague Ross Finnie was correct when he said that co-operation between health boards and local authorities is not always as we would like it to be. As members know, I have some experience of being a carer and I have come across that problem. It has got better, but there can sometimes be a gap between the health board and social work, particularly when a family member becomes a carer unexpectedly because of a medical intervention or something of that nature. When the person who has to be cared for leaves hospital, one is sometimes not too sure what happens next. Although we could fine-tune that situation, I do not decry in any way what has happened in the past.

Bob Doris was correct to warn us against short-term thinking. His exchange with Cathy Jamieson on kinship care was informative, not just to me, but I am sure to the whole chamber. It was an important point.

Mary Mulligan spoke of the involvement of carers and carers organisations in drafting the report, and that is to be welcomed. She was right when she said that it is about valuing carers. I am sure that we all get frustrated by the fact that the many people who do good work in our society do not seem to get the recognition that they deserve. I am not talking about honours, but often people could do with recognition, which could make all the difference to carers. Whether it is an old person looking after someone with learning difficulties or a young carer looking after an alcoholic or drug-addicted parent, they need to be sung to the skies.

Mary Mulligan made an important point, which Cathy Peattie echoed in her speech a few minutes ago, about the stress that carers experience. If a person is caring for someone who is wetting the bed and that happens again, or if something goes wrong and they have to deal with it, that is the time they need a drink or a fag and their blood pressure goes up. That is what respite is all about. In his impassioned plea for real delivery, Hugh O'Donnell correctly criticised silo thinking. The point is linked to what Ross Finnie, I and others are saying about the disconnect between various services that sometimes exists.

Members would expect me to mention the huge challenge that is presented by distance and rurality. Crossroads Care has been mentioned. Crossroads in east Sutherland in my constituency may deal with people who live in very remote locations. By necessity, those carers often have to deal with issues by themselves. I am sure that many members will remember the young children from east Sutherland who came here during the first session and put on a little play in one of our old committee rooms about what it is like to look after a parent and to be ticked off for not having done one's homework. Many of those kids live up straths and in very remote locations. I plead with the minister not to forget the challenges that rurality and distance present.

I conclude where I started. Recognition of carers and of what they can and do contribute is hugely important. I do not know whether we can encourage councils

or others to do a trawl, by means of the experts on the ground, of people who are working hard; that may not cost much money. I am happy to take advice on the matter, but just giving people a certificate to say that they should be proud of what they are doing and that they are contributing to society, are doing something great and deserve the country's thanks would be helpful.

Margaret Mitchell (Central Scotland) (Con): I welcome what has been an extremely important debate on the Scottish Government's carers and young carers strategy, which follows on from a debate on the issue that the Equal Opportunities Committee secured in February 2009. As has been the case today, in that debate there was cross-party support for the enormous contribution that carers of all ages make to Scottish society and recognition of the challenges that unpaid carers face. Those challenges involve fairness issues, so the Equal Opportunities Committee has had a long-standing interest in carers and has continued to play a key role in monitoring and scrutinising the progress that the Government has made in developing the strategy. I thank the minister for her comments recognising that work.

I consider it a matter of considerable regret—and one that should be revisited—that at present no formal mechanism is in place to guarantee a convener speaking time in such circumstances. For that reason, I make my comments today as a Conservative member and will refer only to some of the Equal Opportunities Committee's findings. I will also make observations that arise from liaising with carers organisations in my Central Scotland constituency such as North Lanarkshire Carers Together and the Princess Royal Trust for Carers. When the subject was last debated, a number of key policy reforms were suggested. Members referred to the need for early identification of carers and to the fact that, although carers had a statutory right to assessment, they had no such right to services. Also highlighted was the desperate need for carers to access respite and to have annual health checks. I will address each of those points in turn, starting with the identification of carers.

The commitment on training and qualification accreditation bodies in action point 9.2 of the strategy is welcome, as it will help to ensure early identification. Also welcome is the consideration that is being given to the possible introduction of a Scottish carers helpline. However, although the strategy highlights the need for continued emphasis on carer identification in GP practices, hospitals and other settings, I understand that at present it is by no means clear that GPs have signed up to that. I invite the minister to address the point in her closing remarks. Furthermore, the statutory right to assessment remains in isolation, in so far as the strategy contains no corresponding statutory right to services. Instead, it appears that an outcome-based approach is on offer, whereby local authorities are asked to monitor the impact and outcomes of carers' assessments on an on-going basis.

Hugh O'Donnell: I note what the member says about statutory provision of services. Generally, does she agree that, if there is a strategy in any area of

activity for which a Government is responsible, there should be a statutory obligation to ensure that the strategy is applied?

Margaret Mitchell: Absolutely—and other members have made that point. I ask the minister to confirm how the outcome-based approach will help to address the current postcode lottery, which is due to the uneven distribution of resources dedicated to carer services between one local authority and another. In view of that, and taking into account her response to Jackie Baillie, can the minister provide any reassurance to carers that local authorities will be provided with appropriate resources to deliver the necessary services and support for carers and voluntary organisations, as outlined in the strategy, especially in the wake of the current budgetary constraints?

Respite care is crucial to enable carers to continue to perform their invaluable role, which, it should never be forgotten—and I make no apology for emphasising it again—saves the Scottish economy a staggering £7.68 billion every year. Although the £1 million that is allocated to the voluntary sector to provide that care is welcome, if we consider that Scotland has nearly 660,000 carers, that £1 million is spread very thinly indeed, considering what respite care that money could deliver to each individual.

Another key aspect of support for carers is the annual health check. It is disappointing that only a five-yearly check will be instigated under a programme that is available only for those aged 45 to 64—and only if the carer lives in one of the 15 per cent most deprived areas in Scotland. Although the strategy aims to lower the age of assessment to 40, the net result is that health check provision will not be universal, nor will checks be carried out annually.

Carers organisations in Central Scotland have highlighted the point that, although the strategy contains robust recommendations on advocacy, which are certainly welcome, the problem is often not a lack of advocacy—given that what is required is well known—but a lack of mediation in the frequent circumstances in which a dispute occurs over the delivery of what is required.

As Ross Finnie has pointed out, there is no doubt that the strategy document is potentially very good. However, the issues that have been outlined must be addressed if the strategy is to deliver what it was intended to do, for a group of people in Scottish society who could not be more deserving of our support.

Karen Whitefield (Airdrie and Shotts) (Lab): I am pleased to make Labour's final contribution to this debate on the carers and young carers strategies. It has been an excellent debate, with good contributions from all speakers. I apologise in advance if I do not refer to everyone's speeches individually, which is because of the pressures of time—I do not want to give the Presiding Officer yet another opportunity to tick me off.

One of the first cross-party groups that I joined on becoming an MSP in 1999 was the CPG on carers. During my time as the convener of that CPG, its primary focus was on the development of a carers strategy. Back in 1999, the carers lobby took full advantage of the establishment of the new Parliament, seeing an

opportunity to raise their issues and get them high up on the political agenda. I was pleased that the Government at that time launched a carers strategy in 1999, and the current Government has seen fit to do further work, developing the work that was undertaken by the Parliament in its first session.

It became clear to me back then that there was a particular problem in relation to young carers. There was and still is a tension between the understandable desire to relieve children and young people of onerous caring responsibilities and the pragmatic need to support them in their caring role. There was a feeling that to support young carers was somehow to condone their involvement in an activity that could be detrimental to their personal development and for which the state should ideally take greater responsibility.

That is why I am particularly pleased that the Scottish Government has published the first young carers strategy, which is important. It is estimated that more than 100,000 young people in Scotland have caring responsibilities. We need much more information about the number of young carers and the issues that they face, so I welcome Government plans to introduce a category on young carers in the 2011 school census. As the Princess Royal Trust for Carers said in its briefing for the debate, the inclusion of such a category can only raise awareness of young carers and result in identification of and support for a greater number of young people.

I welcome the Government's decision to commit £5 million to the voluntary sector, to provide respite and short breaks, and I welcome the provision of funds for the annual Scottish young carers festival.

It is vital that we listen to young carers as we formulate policy and prioritise spending. During their most recent conference, which took place in August, young carers expressed concern about a range of issues. They highlighted the impact that caring can have on a young person's mental health and they called for stronger support mechanisms in schools and greater consistency between local authorities. They expressed concern about the funding that is available for specialist young carers services, many of which have been funded through the fairer Scotland fund, which has come to an end, as all members know.

Among the issues that the Princess Royal Trust for Carers raised, it is important that we highlight the trust's concern about future funding and resources, because the issue underpins many of the trust's other concerns.

Jackie Baillie was right to say that the test for the carers and young carers strategies will be how they deliver on the ground and how health boards and local authorities are held to account on their implementation. There is no point in having an ambitious and well-meaning strategy in place if there are neither the resources available to implement the strategy nor meaningful commitments from all the partner agencies that are involved. Ross Finnie made a valid point when he described the challenges that exist in ensuring not only that the Scottish Government takes responsibility but that there is joint working between health boards and local authorities.

The trust expressed reasonable concern about the lack of additional investment that is attached to the carers and young carers strategy documents. The Government is good at publishing strategies, but it is not always as good at

funding them. Investment is needed to ensure that increasing demand from unpaid carers and young carers can be met locally. That is particularly evident when we consider the plight of carers centres, many of which are experiencing greatly increased demand for their services just when their funding is under threat. Mary Mulligan was right to talk about the difficulties that many voluntary organisations face in trying to guarantee funding for the future. Funding for carer information strategies helps to sustain posts and projects in carers centres. I hope that the minister can offer reassurances about the future funding stream. I welcomed the minister's honesty about the SNP's commitment to guarantee respite for carers who provide the most intensive care, but I gently point out that the commitment was to deliver the guaranteed entitlement prior to 2011. Was the policy that was set out in the 2007 manifesto not fully costed? What has been done since 2007?

Bob Doris, Mary Scanlon and Cathy Jamieson all mentioned the important issue of kinship care and the postcode lottery that was identified by the report that Citizens Advice Scotland published recently on kinship care. I am happy to recognise that there has been some progress on that, but it is not nearly enough. However, it is not only about money, as kinship carers have doggedly campaigned to point out. They want the needs of the children whom they look after to be addressed. They want educational support and access to psychological services to be improved, for example. It would be useful if, in her closing speech, the minister would commit to ensuring that there is better co-operation across all levels of government for kinship carers and the children for whom they care.

I welcome the publication of both strategies. There is much in them to be commended, and I give credit to the Scottish Government. However, the Government must provide the resources that are required to implement the commitments that are made in the strategies. It must provide assurances that local authorities and health boards will remain committed to those policy commitments and not be tempted to cut services as budgets are squeezed.

Shona Robison: I thank all members who took part in the debate. There were a number of positive and constructive speeches. It is clear that all parties acknowledge the impact that caring can have on carers and young carers and that they appreciate the need to improve and extend much-needed support.

I will pick up on a number of the speeches that were made. If I do not pick up on them all, I will write to those members to whom I do not respond.

First, I will say a bit about implementation, because a number of members raised that issue. Our intention is to establish an implementation and monitoring group, which will meet for the first time next month. It will comprise key partners from a range of organisations who will build on the work of the earlier steering groups. Our partners in implementation will include the national carer organisations, whose services and support make a significant difference to the lives of many of Scotland's unpaid carers. That will ensure that they have clear oversight of the progress that is made as the strategy is implemented.

As I said at the outset, we produced the strategy jointly with COSLA, whose members recognise the key contribution that they can make to delivering many of its action points and outcomes, whether through teachers identifying and supporting young carers, schools adopting more young carer-friendly policies and practices, or social workers offering assessment and support to carers. COSLA's involvement in the implementation and monitoring group will be key. The NHS will also be represented on the group. When I met NHS board chairs last month, I highlighted the important contribution that NHS boards can make to delivering improvements for unpaid carers and young carers.

I referred earlier to the fact that the development of the strategy was a joint effort. Members can be assured that its implementation and the delivery of the improved outcomes that it seeks to achieve will also very much be a joint effort. I confirm to members that I am happy to report to Parliament on progress on both strategies. We can discuss further how often that should be, but I am happy to commit to that.

A number of members mentioned the carer information strategy moneys. As I said at the outset, that is a priority for the spending review. I recognise the importance of the CIS moneys for supporting carers centres and a number of other important initiatives to support carers in local settings. However, we should recognise that local authorities also support carers centres, and it is important that we make progress on that jointly, because I would not want one lot of public money to replace other public money that has been lost in the system. Those discussions will have to take place locally, but I get a sense that carers centres are recognised for the work that they do.

Jackie Baillie raised the specific issue of the self-directed support bill, which will be published in the very near future. I will correct what she said. The delay is not because of a tussle between the Scottish Government and COSLA over resources. I am sure that Jackie Baillie understands that the whole premise behind self-directed support is to use the existing resources in the system better. The test sites have shown that resources can be saved. As I have told Jackie Baillie before, the reason for the delay was that stakeholders had fundamental issues with the default position in the bill being self-directed support and unintended consequences of that. It is important that those issues are resolved should that remain one of the key planks of the bill. It was felt that more time was necessary to try to get agreement among stakeholders

Jackie Baillie: The minister will not be surprised if I refer to correspondence and reports from local authorities and COSLA that suggest that they would oppose the bill, based on the likely costs that would arise from it. Will she confirm that, whether or not she publishes the bill, there will not be legislation on self-directed support in this session, as previously promised?

Shona Robison: I do not want to breach the consensus that exists, but it is the SNP that has driven self-directed support. I am glad that Labour now supports us on that. There will be legislation as quickly as it can be taken forward. Nineteen

of the 32 local authorities support the principle behind the self-directed support bill, and I welcome that support.

I turn to other issues that members have raised.

Mary Scanlon raised the issue of the carers' rights charter, and rightly highlighted its importance for carers.

Ross Finnie talked again about delivery and accountability. I think that I reiterated in an intervention in his speech that pooled budgets create an opportunity for us to move forward significantly on issues on which there is local agreement between councils and health boards. There is an opportunity to move forward on the changes that need to be made in the interaction between health and social care services. Many of those changes will directly benefit carers, which is why it is important that carers should be around the table when decisions are being made. They should not be an afterthought; rather, they should have a voice at the top table when local plans are being developed.

Bob Doris made important points about kinship care and the challenges in moving forward on that.

Mary Mulligan, Hugh O'Donnell, Cathy Peattie and Margaret Mitchell commented on resources. The coming pressures on Scottish budgets will not have escaped anyone. I wish that the situation were otherwise, but it is not. Those pressures will affect health board and council budgets, which will affect the pace of change that we can implement with strategies, whether that is the carers strategy or any other strategy. I wish that that were not so, but it is so.

However, I hope that what I have said reassures carers that we are taking practical steps forward through pooled budgets with a significant but yet to be determined resource behind them; the continuation, I hope, of CIS moneys; the respite commitment; delivering through the voluntary sector; and self-directed support, on which I say to Jackie Baillie that we will deliver legislation to move forward. All of those things are important in providing carers with tangible benefits. Such benefits will come from the carers strategy.

I hope that those who are listening in the public gallery have taken heart from the constructive comments that have been made throughout the chamber.