

July 2023



# Equal, expert and valued

## Seven years on

**Enhancing carer representation on Integration Joint Boards**

Fifth report from the Carer Collaborative of IJB Carer Representatives

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# Introduction and summary

**The Carers Collaborative** supports, evaluates and improves carer representation on Integration Joint Boards (IJBs). This is the Collaborative's fifth scoping report.



This report is published during a time of significant change in Scotland. Recovery from Covid-19 is on-going and the cost-of-living crisis is having a significant impact on public funds, and on the lives of unpaid carers. Social care is undergoing reform and developments are underway to support the establishment of the National Care Service.

Over the last seven years the Carers Collaborative has developed significant experience and expertise relating to the involvement of unpaid carers within formal health and social care integration structures.

The coming year offers a key opportunity for policymakers and stakeholders to review the evidence within this report and engage with the Carers Collaborative, to support the National Care Service co-design process and, in particular, the development of Carer Representative roles in new local Care Boards.

This update report is based on a further year's research, reviewing evidence of effective involvement, using the 'Equal and Expert' best practice standards<sup>1</sup>. It concludes with an updated set of straightforward recommendations as summarised in the following tables.

<sup>1</sup> <https://carersnet.org/wp-content/uploads/2021/10/Standards-for-Carer-Engagement.pdf>

## The Carers Collaborative recommendations

Recommendation	Progress	Next steps – 2023+
<p><b>1. Include Carers’ Reps in decision making</b></p> <p>1.1 Carer Reps are involved in IJB strategic groups.</p> <p>1.2 Carer Reps are seen as ‘equal &amp; expert’ partners.</p>	<p>Carers are well represented within IJB structures, with more opportunities to get involved in a range of locality and strategic groups.</p> <p>The Scottish Government has committed to co-designing the National Care Service, and involving Carer Reps as full members with voting rights on the new Care Boards.</p>	<p>Continue to support carer involvement in key governance and decision-making structures and processes.</p> <p>Engage with the Carers Collaborative and fully utilise Carer Reps’ experience and expertise in the NCS co-design process and development of carer involvement in Care Boards.</p>
<p><b>2. Increase awareness and profile of carers and Carer Reps</b></p> <p>2.1 Provide formal Carer Awareness training to IJB strategic partners</p> <p>2.2 Undertake ‘carer proofing’ of policies and strategies</p>	<p>Most areas note a high level of carers awareness and understanding of the importance of carer involvement within the IJB and other strategic groups.</p> <p>More still needs to be done to improve ‘carer proofing’ and equality impact assessment of plans and policies.</p>	<p>Carer Awareness training for IJB strategic partners should be prioritised to ensure Carer Reps experiences and expertise is seen as equally valuable.</p> <p>Prioritise and involve carers to ‘carer proof’ policies, linking these with Equality Impact Assessments. The Carer Collaborative Briefing Paper on Carers and Equality Impact Assessments can help.<sup>2</sup></p>
<p><b>3. Build capacity in Carer networks</b></p> <p>3.1 Prioritise the development of succession, recruitment and induction processes.</p> <p>3.2 Expand the pool of carers reps to support sustainable representation</p> <p>3.3 Increase the diversity of carers reps to ensure representativeness</p>	<p>Succession planning for out-going Reps and induction processes to support new Reps are not yet established, or remain under-developed in many areas.</p> <p>Accessibility and diversity of networks has increased, but this is primarily limited to the diversity of caring roles, rather than carers from diverse communities.</p> <p>There are still significant challenges around the emergence of new carers able or willing to undertake representative roles.</p>	<p>Succession planning processes for Carer Rep roles must be developed as a matter of priority, including exit interviews and handovers from existing Reps and induction/ training for new Reps.</p> <p>Provide support and resources to proactively build carer network capacity to enable:</p> <ul style="list-style-type: none"> <li>• New carers to be identified and supported to undertake representative roles.</li> <li>• Including carers from Black and Minority Ethnic communities.</li> </ul>

<sup>2</sup> <https://carersnet.org/wp-content/uploads/2021/10/Carers-and-EQIA.pdf>

Recommendation	Progress	Next steps – 2023+
<p><b>4. Value and resource Carer Reps</b></p> <p>4.1 Ensure Carer Representatives have a clear remit</p> <p>4.2 Train and support Carer Representatives</p> <p>4.3 Provide the expenses and resources necessary to perform the role</p>	<p>The provision of formal mentoring support / training for Carer Reps remains inconsistent across the country.</p> <p>There has been a decline in the number of areas reporting all expenses are covered. Whilst travel/ printing costs are mostly met, challenges remain in some areas with other costs (e.g. replacement care).</p> <p>Three areas now publish their expenses policies on their website, however overall the number of written expenses policies remains low and where these are available they are not being shared consistently with Carer Reps.</p>	<p>Continue to develop structured training and mentoring opportunities for Carer Reps.</p> <p>Use or adapt the Carer Collaborative template expenses policy<sup>3</sup> to develop and implement an expenses process that acknowledges and meets the full costs of carer contributions to IJBs and other strategic groups. Proactively share expenses policies with Carer Reps.</p> <p>Ensure replacement care expenses are available to Carer Reps (without the need for Carer Reps to use their own network of support or existing care packages; SDS option).</p>
<p><b>5. Make meetings better</b></p> <p>5.1 Continue supporting Carer Reps to contribute to agendas</p> <p>5.2 Continue to improve the accessibility of meetings, minutes and papers</p> <p>5.3 Allow time in meetings for discussion and questions</p>	<p>Access to agenda-setting has improved slightly, and Carer Reps report that they can contribute to discussions. However, in some areas involvement in agenda setting remains a challenge.</p> <p>IJB meetings are accessible in most areas, with more opportunities for carers to contribute and less use of jargon.</p> <p>Almost all areas share papers one week in advance of the meeting, and half of Carer Reps report they have support to discuss the papers.</p>	<p>Provide more consistent access to agenda-setting.</p> <p>Continue to ensure Carer Rep involvement is meaningful and is having an impact (e.g. in decision-making) and allow time in meetings for discussion and questions.</p> <p>Continue to issue papers sufficiently in advance to allow Carer Reps to read, consult and prepare.</p>

<sup>3</sup> <https://carersnet.org/wp-content/uploads/2021/10/Carer-Expenses-Policy.pdf>

# Background

## The Carers Collaborative

The Carers Collaborative is a project that supports, evaluates and improves carer representation on Integration Joint Boards (IJBs). The Collaborative has gathered evidence and facilitated events since March 2016, involving **55 Carer Reps** from **30 authority areas**.

Four 'Equal, Expert and Valued' reports have been published to date, in 2017<sup>4</sup>, 2018<sup>5</sup>, 2019<sup>6</sup> and 2022<sup>7</sup>. They identified good practice and set out recommendations to support and improve carer involvement on IJBs.

This update report reflects on the undoubtable progress made to improve carer involvement since the first Equal, Expert and Valued report was produced, including:

- Awareness and recognition of carers issues, perspectives and needs.
- Carer representation on IJB structures and involvement in the development of key strategies (e.g. Carers Strategies).
- Accessibility of meetings, including the provision of papers in advance and less use of jargon.
- Provision of accessible and high-quality information through carer networks.
- Increased numbers of carers exchanging views.



However, key challenges remain to fully realise the ambition of carers being involved as equal, expert and valued partners, including:

- The emergence of new carers willing or able to undertake formal representative roles.
- Succession planning for outgoing Reps, and induction/training for new Reps.
- Publication of expenses policies to ensure Carer Reps' full costs of involvement are met (including replacement care).
- Carer proofing of policies and plans and/or carers needs included in equality impact assessments.
- Evaluating the outcomes and impact of carer involvement in IJB structures.
- Clarity on the use of Carers Act funding (as these funds are not ringfenced).

### Aim

Seven years on from publication of the first Equal, Expert and Valued report, and five years on from implementation of the Carers (Scotland) Act 2016, this fifth report seeks to assess progress that has been made to ensure carers are equal, expert and valued partners in health and social care. It aims to:

- Build on the constructive insights and recommendations offered in our previous reports.
- Provide ideas and signpost to resources for improving carers' involvement on IJBs.
- Help Integration Authorities benchmark their practice.
- Inform the design of the National Care Service and in particular carer involvement in new Care Boards.
- Support continued practice improvement.

4 <https://carersnet.org/wp-content/uploads/2021/10/Equal-Expert-and-Valued-2017.pdf>

5 <https://carersnet.org/wp-content/uploads/2021/10/Equal-Expert-and-Valued-2018.pdf>

6 <https://carersnet.org/wp-content/uploads/2021/10/Equal-Expert-and-Valued-2019.pdf>

7 <https://www.carersnet.org/wp-content/uploads/2022/05/Equal-Expert-2022.pdf>

## Methodology

The Carers Collaborative normally meets four times each year, however in July 2022 there was an additional meeting to review the National Care Service Bill<sup>8</sup>. These meetings provide a forum for Carer Representatives to receive mutual support, share their experiences, develop best practice tools, scope current practice and contribute to wider policy developments and discussions.

The Carers Collaborative also has regular inputs from external stakeholders. In 2022/23 this included meetings with Kevin Stewart MSP, Minister for Mental Wellbeing and Social Care (until March 2023) and [The SDS Collective](#).

During 2022/23 the Collaborative has contributed to policy consultations and reviews related to the National Care Service (Scotland) Bill and the Independent Review of Inspection, Scrutiny and Regulation.

Carers Collaborative representatives are also members of a range of national strategic groups including, COSLA Health and Social Care Board, National Care Service Stakeholder Reference Group, Carers Rights and Support Steering Group and the Carers Parliament.

This involvement ensures Collaborative discussions are informed by, and inform, wider strategic discussions and developments.

In 2022/23, 15 Carer Representatives (and other IJB members) completed self-assessments against the 'Equal and Expert' best practice standards, with a comprehensive scoping exercise also being conducted by an independent researcher. Broadly consistent with previous years, the scoping exercise reviewed:

- Integration Authorities Annual Performance Reports (2021/22), for references to carers, carer outcomes, carer involvement and the Carers Act.
- Achievement of National Health and Wellbeing Outcome Six<sup>9</sup> via data from the Health and Care Experience Survey (2021/22)<sup>10</sup>.
- Integration Authorities Annual Accounts (2021/22) to assess allocation of resources for carer support, including Carers (Scotland) Act 2016 funding.

### What we mean by 'Carer Representative'

The report typically uses the words 'Carer Reps' or 'Reps' to refer to Carer Representatives on IJBs.

These are unpaid carers (or former carers).



<sup>8</sup> <https://www.parliament.scot/bills-and-laws/bills/national-care-service-scotland-bill>

<sup>9</sup> 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 well-being. <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/>

<sup>10</sup> <https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2022/introduction/>

## The Policy Context for carer involvement



The requirement for carer representation in planning and commissioning public services is set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which requires Integration Authorities to include a Carer Representative on their IJB<sup>11</sup>. The Carers (Scotland) Act 2016<sup>12</sup> extended the expectation of carer engagement to other areas of Health and Social Care.

More recently in early 2021, the Independent Review of Adult Social Care made recommendations about the involvement of, and support for, unpaid carers on IJBs and within health and social care decision-making processes. Following publication of the Independent Review, in June 2022 the National Care Service Bill was introduced to Parliament. This will ultimately see the transfer of social care responsibilities from local authorities to a new national service, and the establishment of new Care Boards at local level (replacing current IJB structures).

Since 2016, the Carers Collaborative have used the 'Equal and Expert' best practice standards<sup>13</sup> to assess the effectiveness of carer representation in health and social care integration. Our previous reports highlighted good practice from some areas of the country.

This year's report follows this theme and offers positive and practical insights to help improve standards and consistency. It begins with a reflection on the changing policy context for integration and involvement. A review of progress against previous years' recommendations is then presented, before examining updated evidence for the three *Equal and Expert* standards.

### The three Equal and Expert standards

- 1 Carer engagement is fully resourced
- 2 Carers on strategic planning groups represent the views of local carers
- 3 The involvement of carers on strategic planning groups is meaningful and effective

<sup>11</sup> Public Bodies (Joint Working) (Scotland) Act 2014

<sup>12</sup> <http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016>

<sup>13</sup> <https://www.carersnet.org/carers-collaborative/>



# The changing context

Following the publication of the Independent Review of Adult Social Care in February 2021, a range of developments have been underway at national and local level. This has included consultation on the establishment of the National Care Service in late 2021, and the introduction of the National Care Service (Scotland) Bill in June 2022.

## Independent Review of Adult Social Care

The Review made a series of recommendations about the involvement of carers in health and social care design and decision-making. One of these recommendations related to the role of Carer Representatives on IJBs, which has specific relevance to the development of the new National Care Service:

Carers must be represented as full partners on the Integration Joint Boards...They already have a non-voting seat around the Integration Joint Board table, but they should be full partners...Every member of the Integration Joint Board should have a vote.



## National Care Service

### Consultation

In August 2021 the Scottish Government developed proposals for a National Care Service (NCS) in Scotland. They produced a National Care Service consultation paper to get feedback on these proposals, which resulted in almost 1300 responses.

### National Care Service (Scotland) Bill

Following analysis of consultation responses the National Care Service (Scotland)<sup>14</sup> Bill was introduced to Parliament in June 2022. This significant legislative development will ultimately see the transfer of social care responsibilities from local authorities to a new national service. It also contains provisions for the establishment of new local Care Boards (replacing the current IJB structures), and new Special Care Boards (similar to current Special Health Boards).

### National Care Service co-design

The Scottish Government has committed to a codesign process at national and local level for the NCS<sup>15</sup> stating that:

The Scottish Government will co-design parts of the National Care Service that will operate at national level with people who access and deliver social care support. This will include a Charter of Rights, a national complaints process, and an electronic social care and health record.

Local bodies will continue to play a crucial role in the design and delivery of services that people access directly for social care support. We will work with them to support a consistent approach to co-design across the country.

<sup>14</sup> <https://www.parliament.scot/bills-and-laws/bills/national-care-service-scotland-bill/introduced>

<sup>15</sup> <https://www.gov.scot/publications/national-care-service-co-design-national-care-service/pages/1/>

The codesign process has a range of elements, one of which is the establishment of Lived Experience Expert Panels,<sup>16</sup> which aim to involve people with lived experience, including unpaid carers, in the design of the NCS and formulation of National Care Service (Scotland) Bill Regulations.

## Care Boards

The establishment of new local and special Care Boards is outlined in the NCS Bill. This includes regulations around the functions and running of Care Boards. Whilst the Bill does not explicitly state that unpaid carers (or others with lived experience) are to be full Care Board members, with voting rights (as recommended by the Independent Review of Adult Social Care), within the new National Carers Strategy (see below), the Scottish Government states that *'carers will be voting members on new care boards that will replace integration authorities'* and it is hoped this will be formally enacted via secondary legislation in the form of NCS regulations.

It is noted that Carer Reps have concerns about the proposed use of a public appointment process for unpaid carers to become Care Board members. Given the on-going challenges with carer rep recruitment and succession planning, Carer Reps feel a more formal process would create a further barrier to unpaid carers becoming involved.

With many years of experience of being IJB Carer Reps, the Carers Collaborative has unique and invaluable experience and expertise to inform future developments and ensure best practice. The Collaborative, within this report, and in their meetings with key politicians and policymakers, restate their firm commitment to help shape the future involvement of unpaid carers on the new Care Boards.

## National Carers Strategy

In December 2022, a National Carers Strategy<sup>17</sup> was published by the Scottish Government. This national strategy states that it:

*'...brings together existing initiatives and new approaches, and proposes new and better ways to support carers. It seeks to reflect both the diversity of carers' experiences and their lives beyond caring...The strategy will drive long-term, sustainable systemic change to how carers are valued and supported. This will help to recognise and mitigate the potential wellbeing, economic and social risks of caring.'*

The Strategy outlines a series of priorities, including living with Covid-19; valuing, recognising and supporting carers; health and social care support; social and financial inclusion; and young carers. There is an associated action plan, and implementation and monitoring of the Strategy will be overseen by the Carers Rights and Support Steering Group. The strategy also notes the contribution of the Carers Collaborative as representatives on IJBs.

## Recovery from Covid-19

The last Equal, Expert and Valued report noted the significant impact Covid-19 had on the lives of unpaid carers. Recovering from and living with Covid-19 remains challenging for many carers, due to increased caring responsibilities and some carers feeling vulnerable and 'left behind' as restrictions have been lifted. Continuing to offer support, particularly to those most adversely affected, is a priority in the National Carer Strategy with actions identified including building confidence in health and social care services; increasing awareness of emergency and future care planning; SDS flexibility; and informing proposals for Carer Support Payment (which will replace Carers Allowance).

<sup>16</sup> <https://www.gou.scot/publications/design-the-national-care-service/>

<sup>17</sup> <https://www.gou.scot/publications/national-carers-strategy/>

# Progress with previous *Equal, Expert and Valued* themes

In the sections that follow, we review progress against some of the core themes and recommendations from the previous *Equal, Expert and Valued* reports in more depth. These themes arguably have particular resonance and value for the development of procedural guidelines for the new Care Boards.

## Carer Rep recruitment



Recruiting new carers who are willing to undertake representative roles continues to be a challenge for IJBs. At the time of writing we are aware of **four IJB areas** without Carer Reps, or in the process of recruitment. Two of these areas have been without a Carer Rep for several years. Covid-19 and the cost-of-living crisis has led to increased pressures on unpaid carers, meaning many are less able, or willing, to take on the level of responsibility which comes with formal carer representative roles.

*'This is still a work in progress as it's difficult to find carers with an interest and energy beyond their immediate caring roles.'*

*'This requires much more support. Training in confidence building, how to participate at meetings and contribute to consultations; briefings on the administrative structures with a role in supporting carers, their remits, models of operation and how they interact; peer support and shadowing opportunities.'*

Recruiting a larger pool of carers to undertake representative roles can help share responsibility, making the role more manageable and attractive to carers to take on. IJBs can encourage members of existing fora to become IJB Carer Reps by promoting the importance of the role, giving clear information about mutual expectations and commitments, resourcing induction and involvement, including providing training, expenses and resources necessary for carrying out the role. *Equal, Expert and Valued* and our *template role description*<sup>18</sup> can help.



The Scottish Government, the Improvement Service and NHS Education for Scotland have also produced national induction materials<sup>19</sup> which can be used to support local approaches. Consideration of this recruitment challenge is key to the development of carer representation on new Care Boards. As previously noted, the Carers Collaborative has concerns that the proposed use of a public appointment process for unpaid carers to become representatives on Care Boards would create a further barrier to unpaid carers becoming involved.

<sup>18</sup> <https://carersnet.org/wp-content/uploads/2021/10/Carer-Rep-Role-Description.pdf>

<sup>19</sup> <https://learn.nes.nhs.scot/17538/board-development/induction>

## Succession planning



A number of Carer Representatives are coming, or have come, to the end of their term in post. Whilst each area is different as to the number of terms (typically three years) Carers Reps can stay in office, many carers have been in representative roles for two or even three terms, usually because a lack of new carers willing or able to undertake representative roles.

*'The group has struggled to recruit new members which makes succession planning currently a challenge. This was in part due to the pandemic when carers had a very difficult period caring for loved ones.'*

*[There was] a recruitment process two years ago and around four people put themselves forward, however all dropped out. Two when they realised the time commitment and all the extra meetings etc, another when they realised it wasn't a paid post. The two current carer reps agreed to stay on.*

*'It remains to be seen, [succession] has not happened yet. I had to put a stop to the public appointments process that was proposed for my successor.'*

Succession planning is crucial to support positive exits, continuity and renewal of carer representation. However, whilst some areas are now considering how best to plan for succession, many do not have succession plans or processes in place. IJBs should have a formal succession planning process, identifying when tenures end and allowing sufficient time to recruit and train replacements. Of course, existing Carer Reps can, and in a few areas do, assist these processes.



## Supporting Carer Reps



Carer Reps bring significant personal and professional experience, but IJBs can help new or prospective Reps by providing structured induction and ongoing training. Newly appointed Reps report benefitting from shadowing and handover with existing Carer Reps and from having facilitated introductions to their fellow board members. Whilst some areas now have formal induction processes and training in place, others are still in the process of developing these.

*'I am about to complete my third, three-year term. I received some training eight years ago when there was no well worked out process. There still isn't.'*

*'I received training on procedure/governance/compliance, etc. [But] I did not receive training on the structure of the IJB, who does what, what services were in my council area – I gathered this information myself by requesting meetings with several IJB members.'*

*'No induction or training in the last six years.'*

Similarly some areas have mentoring or buddying opportunities for Carer Reps, however in other areas this is done less consistently, with either no formal process in place or Covid-19 disrupting progress.

*'There is a mentoring policy/buddy system in place. This was put into hiatus during the pandemic but has now been re-implemented for all new and existing members going forward.'*

*'[Mentoring support was] promised – met mentor in February 2020, but no further contact despite me highlighting this at every opportunity.'*

## Expenses policies and remuneration



Previous *Equal, Expert and Valued* reports highlighted that it is critical for Carer Reps to have their full expenses met for the public duties they carry out on behalf of Integration Authorities. It is a basic point of principle and good practice that people should not be financially worse off for undertaking voluntary public duties, and people should not be excluded by the need to subsidise their role.

Written expenses policies are essential for processes to work effectively and equitably. This concurs with recommendations on paid participation from Scottish Human Rights Commission<sup>20</sup> and formed part of the Coalition of Carers in Scotland response to the National Care Service consultation<sup>21</sup>.

The table below shows from the 15 self-assessment returns received, only six IJBs have a visible expenses policy and nine Carer Reps have never received a copy. Moreover, one Carer Rep notes that they are required to use their SDS budget for replacement care to enable them to undertake their role; another notes that replacement care was seen as 'too difficult'; and another that the process to claim expenses in their area is so complicated that it is not used.

On a more positive note, three HSCPs (Falkirk; North Ayrshire; South Ayrshire) now publish their expenses policy on their website. Falkirk HSCP also publish their claim form. The Carers Collaborative has produced a template expenses policy<sup>22</sup> which IJBs can adapt and use, with five IJBs already having made use of this.

	2022/23 (14 Carer Rep/ IJB returns)	2020/21 (15 Carer Rep/ IJB returns)	2019/20 (16 Carer Rep/ IJB returns)	2018/19 (20 Carer Rep/ IJB returns)	2017/18 (17 Carer Rep/ IJB returns)
<b>Does your IJB have a written expenses policy?</b>	Yes: <b>6</b>	Yes: <b>7</b>	Yes: <b>6</b>	Yes: <b>6</b>	Yes: <b>5</b>
	No: <b>3</b>	No: <b>1</b>	No: <b>5</b>	No: <b>5</b>	No: <b>9</b>
	Unsure: <b>6</b>	Unsure: <b>6</b>	Unsure: <b>5</b>	Unsure: <b>7</b>	Unsure: <b>3</b>
<b>Have you been given a copy?</b>	Yes: <b>6</b>	Yes: <b>7*</b>	Yes: <b>5</b>	Yes: <b>5</b>	Yes: <b>4</b>
	No: <b>9</b>	No: <b>5</b>	No: <b>11</b>	No: <b>14</b>	No: <b>13</b>
<b>Is replacement care included?</b>	Yes: <b>6</b>	Yes: <b>6</b>	Yes: <b>4</b>	Yes: <b>5</b>	Yes: <b>5</b>
	No: <b>3</b>	No: <b>5</b>	No: <b>1</b>	No: <b>3</b>	No: <b>3</b>
	Don't know / no policy: <b>4</b>	Don't know / no policy: <b>2</b>	Don't know / no policy: <b>6</b>	Don't know: <b>2</b>	Don't know: <b>5</b>
	N/A to me: <b>2</b>	N/A to me: <b>2</b>	N/A to me: <b>5</b>	N/A to me: <b>3</b>	N/A to me: <b>1</b>
<b>Are expenses only for IJB meetings, or for other meetings and preparation?</b>	All meetings: <b>9</b>	All meetings: <b>7</b>	All meetings: <b>10</b>	All meetings: <b>7</b>	All meetings: <b>12</b>
	Only IJB: <b>2</b>	Only IJB: <b>3</b>	Only IJB: <b>1</b>	Only IJB: <b>3</b>	Only IJB: <b>0</b>
	None: <b>0</b>	None: <b>0</b>	None: <b>0</b>	None: <b>2</b>	None: <b>3</b>
	Don't know/ no policy: <b>4</b>	Don't know/ no policy: <b>1</b>	Don't know / no policy: <b>5</b>	Don't know: <b>3</b>	Don't know: <b>2</b>

<sup>20</sup> <https://www.scottishhumanrights.com/media/2251/paid-participation-report-ufinal.pdf>

<sup>21</sup> <https://carersnet.org/wp-content/uploads/2021/11/National-Care-Service-Response.pdf>

<sup>22</sup> <https://carersnet.org/wp-content/uploads/2021/10/Carer-Expenses-Policy.pdf>

## Agenda setting

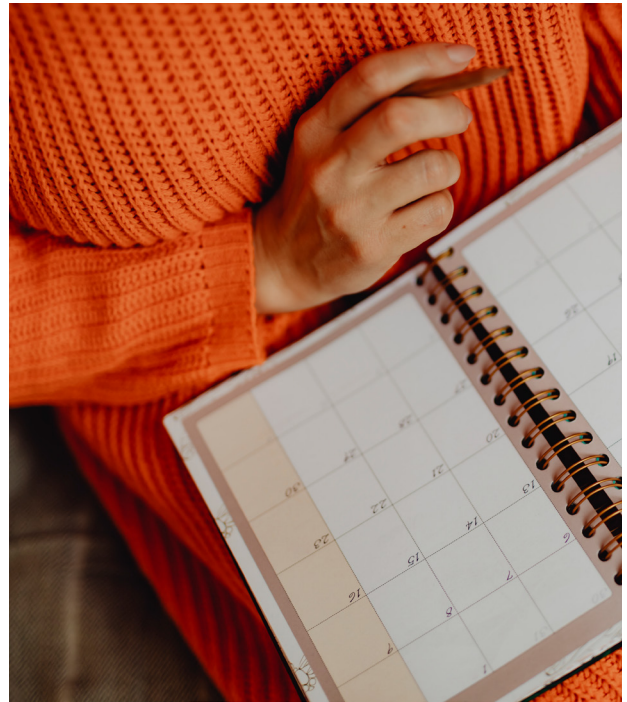


The ability of Carer Representatives to contribute to the agenda has shown a slight improvement over the last year. In some areas Carer Reps report that they can contribute to the agenda, however in other areas experience remains mixed.

*'When we attend the IJB and SPG we are always asked for our input, and we have a set agenda item. [We] have always felt respected...and that our views and input are welcome and valid.'*

*'We are good at raising issues of concern...[but] getting things on an agenda has become harder as we're excluded from the agenda planning groups.'*

It is clear more still needs to be done to ensure joint ownership of agendas, and there are arguably opportunities to build this in as integral part of procedural operations within new Care Boards.



# Equal and Expert: Overview of evidence

This section presents an overview of the 'Equal and Expert' carer engagement standards and shows the extent to which they were evident in self-assessments received from 15 Carer Representatives or their IJB colleagues. Since the fourth update Report (2021/22), three indicators show improvements, eight have remained similar and a further six show a decline.



## Key:

Several good examples – overall, practice is good

Some good examples exist, but experience is mixed

Limited examples – some local good practice may exist but overall practice is poor

## Standard One: Carer engagement is fully resourced

### Outcomes:

1. Carer Representatives will feel confident in undertaking the responsibilities of their role and be able to express clearly and fully the views of other carers.
2. The strategic groups will benefit from the views of carers being regularly and directly represented and will produce work which addresses the needs and meets the aspirations of carers more fully.

### Evidence of implementation Carers in representative roles will:

<p><b>1. Receive training and a full induction</b></p>	<p>Structured or semi-structured induction to board roles and operations was provided by six areas. In seven areas induction processes and training are still in fairly early stages of development or have not yet been required as Carer Reps have been in the role for several years. One Carer Rep noted having received no induction or training over their six years in post.</p>	<p>Met: <b>6</b> Partially Met: <b>7</b> Not Met: <b>1</b> No response: <b>1</b> <b>Decline from 2021/22.</b></p>
<p><b>2. Be mentored and/ or have access to a buddying system.</b></p>	<p>Five areas noted mentoring or buddying opportunities in their areas. Of these, one area has a mentoring policy/buddy system in place; one existing Carer Rep is providing mentoring support to their identified successor on the IJB; others are provided support from senior officers. Six areas noted that the approach to mentoring is inconsistent e.g. no formal process in place or that this has been disrupted during Covid-19. Three areas have no mentoring process in place.</p>	<p>Met: <b>5</b> Partially Met: <b>6</b> Not Met: <b>3</b> No response: <b>1</b> <b>Decline from 2021/22.</b></p>
<p><b>3. Have the full costs of their work in and for the strategic groups met – this includes the costs of any substitutionary care that is required.</b></p>	<p>Seven Carer Reps report that travel, IT / printing costs are covered in their area. However, a further eight note issues with expenses, including: complicated expenses process resulting in Carer Rep not claiming expenses; replacement care costs being viewed as ‘too difficult’; a requirement to use SDS budget or existing care package for replacement care; Carer Rep being unaware that expenses could be claimed; Carer Rep waiting two+ years for expenses to be reimbursed as there was no expenses policy. More encouragingly, this year’s research shows three areas now publish their expenses policies on their website. More needs to be done to ensure Carer Reps have the full costs of their work met – the Collaborative’s carer expenses policy template<sup>23</sup> can help.</p>	<p>Met: <b>7</b> Partially Met: <b>4</b> Not Met: <b>4</b> <b>Decline from 2021/22.</b></p>
<p><b>4. Be supported to leave their role through succession planning processes, including exit interviews.</b></p>	<p>Only three Carer Reps report that a formal succession planning process is, or is being, developed in their area. One recently retired Rep had a good exit interview however, notes this was not carer specific. Three Reps note that succession planning has not yet been developed, or needed, as they have been in the role for a number of years. Two Reps are working with their deputy or successor to support succession planning. No succession planning takes place in four areas. Succession planning continues to require focussed attention and development.</p>	<p>Met: <b>3</b> Partially Met: <b>8</b> Not Met: <b>4</b> <b>Similar to 2021/22.</b></p>

<sup>23</sup> <https://carersnet.org/wp-content/uploads/2021/10/Carer-Expenses-Policy.pdf>



Standard One (continued)

**Outcomes:**

1. Carer Representatives will feel confident in undertaking the responsibilities of their role and be able to express clearly and fully the views of other carers.
2. The strategic groups will benefit from the views of carers being regularly and directly represented and will produce work which addresses the needs and meets the aspirations of carers more fully.

**Evidence of implementation** Carers in representative roles will:

**5. Are part of a strong carer network (e.g. carers groups and carer forums) and are able to use these networks to obtain the views of other carers.**

Encouragingly eight areas report strong networks, including links with Carer Centres, forums, carer partnerships and carer workstreams. However, six areas note engagement with networks has been disrupted or challenging, either due to key carer support personnel moving on / lack of carer support posts, or because of the impact of Covid-19 meaning carer networks need to be re-formed or strengthened.

Met: **8**  
 Partially met: **6**  
 Not met: **1**  
**Decline from 2021/22.**

## Standard Two: Carers on strategic planning groups represent the views of local carers

### Outcomes:

1. Carers on strategic groups will be:
  - (a) representative of the various communities of carers
  - (b) able to express in informed ways the views of a range of carers.
2. The other partners on the strategic groups will know with confidence that they are learning of the views of a range of carers.
3. The work produced by the strategic groups will fully take into account the views of carers.

### Evidence of implementation

<p><b>1. Carer organisations will be properly resourced to establish and support a strong carer network, which offers a variety of ways for carers to get involved.</b></p>	<p>Ten areas report that there are good links between their Carer Centres, carer networks and wider third sector organisations. One Carer Rep notes that Carer Act funding has been used to appoint new carer engagement workers. One area reports challenges with carer engagement due to pressures on carers; another is trying to make the case for an additional carer support worker post to increase engagement.</p>	<p>Met: <b>10</b> Partially Met: <b>3</b> Not Met: <b>2</b> <b>Similar to 2021/22.</b></p>
<p><b>2. Carers have access to high quality information in a variety of formats and can feed in their views to the network in accessible ways (e.g. social media).</b></p>	<p>Ten areas report that information sharing works well. Examples include, information sharing being a priority in the new carer strategy; social media; webpages with information for carers; carer hubs; engagement events; easy-to-read versions of all policy documents; proposals to recruit ‘campaigners’ who will have responsibility for information sharing. Five areas note that further development is needed to improve consistency and accessibility of information.</p>	<p>Met: <b>10</b> Partially Met: <b>4</b> Not Met: <b>1</b> <b>Similar to 2021/22.</b></p>
<p><b>3. The number of carers involved in exchanging views through the network continues to grow.</b></p>	<p>Nine areas report that numbers have increased. Involvement initiatives include films and messages on social media aimed at recruiting new members; establishment of Carers Collective / Voice groups; more carers recruited to existing carer forums/ groups; a range of consultation approaches used to develop new carers strategy; establishment of participation and engagement team. However, six areas report more work is required to expand networks, with two noting the adverse impact of Covid-19 on carer involvement.</p>	<p>Met: <b>9</b> Partially Met: <b>4</b> Not Met: <b>2</b> <b>Similar to 2021/22</b></p>

Standard Two (continued)

**Outcomes:**

1. Carers on strategic groups will be:
  - (a) representative of the various communities of carers
  - (b) able to express in informed ways the views of a range of carers.
2. The other partners on the strategic groups will know with confidence that they are learning of the views of a range of carers.
3. The work produced by the strategic groups will fully take into account the views of carers.

**Evidence of implementation**

<p><b>4. The networks are accessible to all carers and the diversity of carers involved in the network is broad.</b></p>	<p>Nine areas note that networks are accessible and diverse. Comments mainly relate to the diversity of caring roles, with two areas noting the need for further action to increase engagement with carers from BAME communities. Six areas note that more needs to be done to improve accessibility and diversity.</p>	<p>Met: <b>9</b> Partially Met: <b>4</b> Not Met: <b>2</b> <b>Improvement on 2021/22</b></p>
<p><b>5. There is a continual emergence of new carers willing to undertake representative roles.</b></p>	<p>Only three areas report that they have an emergence of new carers willing to undertake representative roles. Four areas report that work is underway, but progress is slow, with two noting the adverse impact of Covid-19. However, eight areas report that progress is not being made, with one noting that carers can be reluctant to take on formal representative roles, and another highlighting the need for training and capacity building support to be provided to enable carers to undertake the role.</p>	<p>Met: <b>3</b> Partially Met: <b>4</b> Not Met: <b>8</b> <b>Decline from 2021/22</b></p>

## Standard Three: The involvement of carers on strategic planning groups is meaningful and effective

### Outcomes:

1. Carers will be treated as equal and expert partners in strategic groups.
2. The views of Carer Representatives will be evident in the strategic decisions taken and the plans that are developed.
3. Carers will be treated as equal and expert partners in the provision of care.

### Evidence of implementation

<p><b>1. Carers are equal partners on strategic groups including top level governance structures.</b></p>	<p>Involvement in strategic groups and governance structures remains fairly positive in most areas, with representation on a broad range of strategic groups, including locality planning groups; carer strategy groups; issue-specific steering groups/committees; as well as the Strategic Planning Group. However, as reported in 2022, challenges with recruitment mean representation often falls to one or two Carer Reps. In three areas challenges were noted, including lack of feedback on carer views shared; lack of support to undertake the Carer Rep role.</p>	<p>Met: <b>11</b> Partially met: <b>3</b> Not met: <b>1</b> <b>Similar to 2021/22.</b></p>
<p><b>2. Partners in strategic groups undertake Carer Awareness training so that carers' perspectives are understood and accepted as contributions from "equal and expert" partners.</b></p>	<p>Six areas note a good level of carers awareness and understanding of the importance of carer involvement. However, on-going formal carer awareness training was only mentioned by four areas. Six areas were unsure if carer awareness training had happened, and three noted that no training was available.</p>	<p>Met: <b>6</b> Partially met: <b>6</b> Not met: <b>3</b> <b>Similar to 2021/22.</b></p>
<p><b>3. Meetings are open and inclusive, allowing time for discussion and contributions from all members of the group. Language is jargon free and Carer Rep contributions are minuted.</b></p>	<p>Nine areas report that meetings continue to be open and inclusive. Examples include, Carer Rep input as a standing item on meeting agendas; IJB members noting how much they value inputs from carers; points raised being minuted; support from IJB chair for Carer Rep contributions to discussions; livestreams and recordings of meetings. Four areas report that contributing to meetings can be challenging due to tight timeframes or changing agenda timings at short notice; three note that contributions are not minuted; one notes that additional meetings (e.g. finance meetings) can be rescheduled at short notice which creates challenges to re-organise replacement care.</p>	<p>Met: <b>9</b> Partially met: <b>4</b> Not met: <b>1</b> No response: <b>1</b> <b>Similar to 2021/22.</b></p>

Standard Three (continued)

**Outcomes:**

1. Carers will be treated as equal and expert partners in strategic groups.
2. The views of Carer Representatives will be evident in the strategic decisions taken and the plans that are developed.
3. Carers will be treated as equal and expert partners in the provision of care.

**Evidence of implementation**

<p><b>4. Sufficient time will be given for preparation. Papers will be sent out well in advance and Carer Reps can clarify any information in advance.</b></p>	<p>Most areas provide papers one week in advance of meetings, and seven Carer Reps note that support is available to discuss the papers, if needed. However, two areas note that at times supplementary papers can arrive a day before the meeting. One Carer Rep highlighted that receiving papers seven days in advance can still be challenging due to their length and complexity, particularly at key points in the year e.g. end of year reporting.</p>	<p>Met: <b>9</b> Partially met: <b>6</b> Not met: <b>0</b> <b>Improvement from 2021/22.</b></p>
<p><b>5. The agenda is jointly owned with all group members having the opportunity to place items on it or raise issues of concern.</b></p>	<p>There has been a slight improvement in this indicator. In seven areas Carer Reps note that they feel they are, or would be, able to put items on the IJB agenda. However, five areas note that they cannot place items on the agenda. One Carer Rep notes that they cannot contribute to the agenda but feel able to raise issues within the meeting.</p>	<p>Met: <b>7</b> Partially met: <b>3</b> Not met: <b>5</b> <b>Improvement from 2021/22.</b></p>
<p><b>6. All plans and policies produced by strategic groups are 'carer proofed' so that the impact on carers is explicitly stated to ensure that carers' needs and aspirations have been fully considered. For example, the needs of carers are included within Equality Impact Statements.</b></p>	<p>Five areas note that there has been progress towards carer proofing of policies and plans. One area mentions that Equality Impact Assessments are part of their standard procedures and another that their area has just put its 'Mainstreaming the Equality Duty' in place. However, in most other areas progress is mixed, with carer proofing or equality assessments only being carried out for some plans, or not being done in a consistent or systematic way. Two Carer Reps note that this is not carried in their area.</p>	<p>Met: <b>5</b> Partially met: <b>8</b> Not met: <b>2</b> <b>Decline from 2021/22.</b></p>
<p><b>7. The outcomes of carer involvement will be evaluated.</b></p>	<p>Four areas note that they have evaluation processes in place to measure the outcomes of carer involvement, with two noting that feedback from evaluations has been used to support the development of their new carers strategy. The remaining ten areas note that carer engagement is summarised rather than evaluated (2), that they are unsure if any formal process is in place (3) or that formal evaluation does not happen (5).</p>	<p>Met: <b>4</b> Partially met: <b>5</b> Not met: <b>5</b> No response: <b>1</b> <b>Similar to 2021/22.</b></p>

# Summary of scoping results and good practice spotlights

Alongside the Carer Rep/IJB self-assessment each year, the Carers Collaborative undertakes desk-based research to assess the visibility of carers in IJBs plans and processes.

References to carers (and Carer Representatives) in Annual Performance Reports (APRs) are used as simple indicators of the extent to which carers and carers’

outcomes are identified and prioritised by Integration Authorities. This year, the scoping exercise continued to review references to carers in Annual Accounts.

Year	Annual Performance Report available	Annual Performance Report references to carers	Annual accounts available	Carers Act / Carer support monies detailed in figures	Carers Act / carer support mentioned in accounts commentary
2021/22	30	<b>1580</b> Average per area: <b>53</b>	30	<b>6</b>	<b>12</b>
2020/21	30	<b>1468</b> Average per area: <b>50</b>	30	<b>4</b>	<b>13</b>
2019/20	31	<b>1754</b> Average per area: <b>57</b>	30	<b>3</b>	<b>21</b>
2018/19	31	<b>1648</b> Average per area: <b>53</b>	-	-	-
2017/18	31	n/a	-	-	-
2016/17	n/a	n/a	-	-	-

**Annual Performance Reports 2021/22** were available for 30 areas. There was a slight increase in the number of references to carers in 2022/23. Most annual reports report progress towards National Health and Wellbeing Outcome Six<sup>24</sup> (this information is also available on Public Health Scotland's website<sup>25</sup>) and compare local achievement against the Scottish average reported in the biennial Health and Social Care Experience survey. This survey was updated in 2021/22<sup>26</sup> and shows the Scottish average of 'carers who feel supported to continue caring' at 30%. It should be noted this national average has reduced by 10% over the last seven years (35% in 2019/20; 37% in 2017/18; 40% in 2015/16).

In 2021/22, 15 areas achieved above the national average of 30%, with the remaining 16 achieving 30% or less. However, performance (as compared to the previous year) improved in only four areas and dropped in the remaining 27. We continue to believe that comparison with a low – and ever reducing – national benchmark is not a useful measure of success. Moreover it is a concern that performance over the last year has dropped in almost all IJB areas.

**Annual Accounts 2021/22** were reviewed to assess reporting on spend of funding allocated to support implementation of the Carers Act. The Carers (Scotland) Act 2016 Statutory Guidance<sup>27</sup> states that:

5.1.44. The performance management framework for integration authorities under the Public Bodies (Joint Working) (Scotland) Act 2014 requires integration authorities to publish certain financial information on an annual basis. The detail of this is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014<sup>108</sup>. Regulation 4(1), read with regulation 4(2) (d) of those regulations requires an integration

authority to publish, in an Annual Financial Statement, the total amount and proportion of funds which have been spent in each reporting year on 'social care services provided in pursuance of integration functions to support unpaid carers in relation to needs arising from their caring role'.

Annual Accounts for 2021/22 were available for 30 Integration Authorities (five of these were unaudited versions). Only six areas had any figures for the Carers Act funding detailed in their accounts, perhaps unsurprisingly as Carers Act funding is not ringfenced. Most of these areas (4) mention Carers Act figures in the 'usable reserves' notes to the accounts; one shows details of Carers Act funding their Community Care budget figures; and one details anticipated Carers Act funding for 2022/23. Two of these six areas also note an underspend of Carers Act funding during 2021/22. A further 12 areas make mention of the Carers Act, or support for unpaid carers more generally, in their introductory or contextual commentary.

### Local Carers Strategies

Scoping of local Carers Strategies was also planned for this year's report, to assess alignment with the 'local carer strategy checklist' as outlined in the Carers (Scotland) Act 2016 Statutory Guidance<sup>28</sup>. However at the time of writing, it is apparent that many areas are developing their new Carers Strategy, with some likely waiting until the publication of the Scottish Government's National Carers Strategy<sup>29</sup> (published in December 2022) to inform their local strategy. Scoping shows only 12 areas have carers strategies covering either up to, or beyond 2023, therefore analysis at this time would not give a true reflection of progress.

<sup>24</sup> 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 well-being.

<sup>25</sup> <https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2022/introduction/>

<sup>26</sup> Health and care experience survey 2022: national results <https://www.gov.scot/publications/health-care-experience-survey-2021-22-national-results/pages/7/>

<sup>27</sup> <https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/>

<sup>28</sup> <https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/pages/1/>

<sup>29</sup> <https://www.gov.scot/publications/national-carers-strategy/#:~:text=Unpaid%20care%20is%20vital%20to,joined%20up%20and%20cohesive%20way.>

## Good practice spotlights:

As with previous years, we seek and share examples to encourage good practice.

### Carer involvement in strategic reviews

**Shetland Islands** Council are undertaking a review of Self Directed Support. The Carer Rep and their substitute are members of the SDS review panel, showing a commitment to involve people with lived experience in this review. The Carer Rep and substitute Rep will ensure that all decisions made are relayed to other carers, particularly those in receipt of SDS, either for themselves as a carer or managing a care package for the person they care for.



### Supporting Carers Act implementation

**Edinburgh** Carers Strategic Planning Group (ECSPG), a sub-committee of the IJB Strategic Planning Group, is comprised of carers and young carers; representatives from commissioned third sector organisations and Edinburgh Voluntary Organisations' Council; and a range of HSCP officers. The ECSPG has led to increasing engagement between officers working within Carers/SDS policy development, third sector organisations and their carer members, which is supporting policy developments to become more meaningful and relevant to carers.

This has included the formation of short-life working groups on the shared content and training resources for key health and social care personnel (e.g. Social Workers, Occupational Therapists, Care Assistants; third sector staff) in the completion of Adult Care and Support Plans and Young Carer Statements. These resources are now being used to support training across the HSCP and third sector, with the resulting evidence and performance being monitored by the Performance and Delivery Committee of the IJB.

### Using Equal, Expert and Valued standards to inform local Carer Strategy

**West Lothian** IJB and its Carer Strategy Implementation Group have taken on board recommendations from the Equal, Expert and Valued (EEV) 2022 report, and the subsequent EEV action plan which was drawn up by the Carer Rep. The Carer Strategy Implementation Group has agreed that their refreshed local Carer Strategy will be underpinned by EEV principles. The introductory text to the new Carer Strategy has been jointly written by the HSCP Director and the Carer Rep, and explicitly states all carers are recognised as equal, expert and valued. Following publication of the new Carer Strategy the Carer Rep will ensure it is effectively disseminated and will review its implementation through a range of operational workplans to ensure it is benefiting carers.



### Funding to innovative support for carers

In **Fife**, Carers Strategy funding has been used to create a 'community chest' fund which aims to empower carers to develop innovative support to meet carers needs. HSCP Local Development Officers, the Carers Centre and third sector groups work collaboratively with carers in the development of bids. The increases in carer support personnel (noted above) should help identify, engage and support an increasing number of carers in localities to develop and submit bids this year. The Carer Rep will continue to monitor the number and types of bids to ensure funding effectiveness and equity across localities.





## Supporting and resourcing carer involvement

In **Scottish Borders** a Training and Information Officer leads on carer engagement and carers are offered a variety of ways to get involved. As well as in-person groups, a large online event was held last year, and carers were also able to submit their views via phone call and a survey. A further carer information event is planned.

In **Fife** Carer Support Workers (funded by the HSCP) were appointed by the local Carers Centre in early 2020 to engage directly with carers in each of the seven localities and gather their views and experiences. Carers Strategy funding has also been used to create a new team within the HSCP dedicated to supporting the involvement, participation and engagement of unpaid carers.

Whilst engagement has been impacted by Covid-19 (e.g. online meetings only) more face-to-face engagement opportunities are now underway. The engagement conversations so far have been exceptionally good, with a range of different views and experiences being shared, and excellent collation, analysis and reporting after the meetings. The Carer Rep is now keen to see more carers involved in these engagement meetings (numbers so far have been limited) and that the evidence gathered through these engagement activities is listened to more widely and influences policy development and decision-making.

## Increasing representation

### In **Perth & Kinross**

representation of carers' views has greatly improved since publication of the first EEV report. The Carer Rep noted that when they started their role seven years ago, they were the only representative member on the IJB which felt very difficult and isolating. The key things which have improved and made a difference are: there are now four Representatives on the IJB (two carer and two service user); there is an established Carers Voice Group which Carer Reps can link with to obtain views; the IJB understands that Carer Reps have a representative role which is based on the views of a network of carers. These positive changes mean the role is less tokenistic and more representative of the wide range of carer views.



## Accessing carer support

In **East Renfrewshire** a new Initial Contact Team has been established within Social Work. This enables local Carer Centre workers to refer new carers directly to Social Work services, and to access a duty Social Worker to support existing carers. This has streamlined processes to refer new cases, and follow-up existing cases, and has led to faster, easier and more effective access to Social Work services for carers. Consideration is now being given to the feasibility of expanding the Initial Contact Team remit to include access to other support services for carers.

## Involvement in recruitment of Carer Lead

Also in **East Renfrewshire**, the Carer Rep was invited to be part of the recruitment panel for the new Carers Lead post. This showed a commitment to involving carers in the recruitment and selection of a candidate who was 'carer-focused' and had a good understanding of carers issues, needs and experiences. Other recruitment panel members valued the views of the Carer Rep, and the HSCP are now keen to involve carers on other key carer related appointments. The Carer Rep will continue to work with HSCP members to ensure carer involvement is at the forefront of recruitment of key roles.



## Supporting induction and training

In **East Dunbartonshire** members of the Public Service User and Carers (PSUC) group receive a full induction to prepare them for their role. An induction meeting takes place with the HSCP Development Officer and a Carer Rep who gives them a carer's viewpoint of the role. A full description of the role and remit is given as well as an induction pack with all the paperwork needed for the role including induction policy; full expenses policy and claim forms; terms of reference; mentoring policy; communications strategy; confidentiality agreement; aide memoire and glossary of terms; code of conduct; training record; meeting preparation and notes forms. Carer Reps also have regular awareness sessions and can request specific topics when they feel they need more information to help them contribute to meeting discussions.

# Recommendations to improve Carer Representation

This section updates the recommendations from our previous reports and identifies next steps for improving carer representation.

Recommendation	Progress	Next steps – 2023+
<p><b>1. Include Carers’ Reps in decision making</b></p> <p>1.1 Carer Reps are involved in IJB strategic groups.</p> <p>1.2 Carer Reps are seen as ‘equal &amp; expert’ partners.</p>	<p>Carers are well represented within IJB structures, with more opportunities to get involved in a range of locality and strategic groups.</p> <p>Scottish Government has committed to co-designing the National Care Service, and involving Carer Reps as full members with voting rights on the new Care Boards.</p>	<p>Continue to support carer involvement in key governance and decision-making structures and processes.</p> <p>Engage with the Carers Collaborative and fully utilise Carer Reps’ experience and expertise in the NCS co-design process and development of carer involvement in Care Boards.</p>
<p><b>2. Increase awareness and profile of carers and Carer Reps</b></p> <p>2.1 Provide formal Carer Awareness training to IJB strategic partners.</p> <p>2.2 Undertake ‘carer proofing’ of policies and strategies.</p>	<p>Most areas note a high level of carers awareness and understanding of the importance of carer involvement within the IJB and other strategic groups.</p> <p>More still needs to be done to improve ‘carer proofing’ and equality impact assessment of plans and policies.</p>	<p>Carer Awareness training for IJB strategic partners should be prioritised to ensure Carer Reps experiences and expertise is seen as equally valuable.</p> <p>Prioritise and involve carers to ‘carer proof’ policies, linking these with Equality Impact Assessments. The Carer Collaborative Briefing Paper on Carers and Equality Impact Assessments can help.<sup>30</sup></p>
<p><b>3. Build capacity in Carer networks</b></p> <p>3.1 Prioritise the development of succession, recruitment and induction processes.</p> <p>3.2 Expand the pool of carers reps to support sustainable representation.</p> <p>3.3 Increase the diversity of carers reps to ensure representativeness.</p>	<p>Succession planning for out-going Reps and induction processes to support new Reps are not yet established, or remain under-developed in many areas.</p> <p>Accessibility and diversity of networks has increased, but this is primarily limited to the diversity of caring roles, rather than carers from diverse communities.</p> <p>There are still significant challenges around the emergence of new carers able or willing to undertake representative roles.</p>	<p>Succession planning processes for Carer Rep roles must be developed as a matter of priority, including exit interviews and handovers from existing Reps and induction/training for new Reps.</p> <p>Provide support and resources to proactively build carer network capacity to enable:</p> <ul style="list-style-type: none"> <li>• New carers to be identified and supported to undertake representative roles.</li> <li>• Increased inclusion of carers from currently under-represented communities.</li> </ul>

<sup>30</sup> <https://carersnet.org/wp-content/uploads/2021/10/Carers-and-EQIA.pdf>

Recommendation	Progress	Next steps – 2023+
<p><b>4. Value and resource Carer Reps</b></p> <p>4.1 Ensure Carer Representatives have a clear remit.</p> <p>4.2 Train and support Carer Representatives.</p> <p>4.3 Provide the expenses and resources necessary to perform the role.</p>	<p>The provision of formal mentoring support / training for Carer Reps remains inconsistent across the country.</p> <p>There has been a decline in the number of areas reporting all expenses are covered. Whilst travel/ printing costs are mostly met, challenges remain in some areas with other costs (e.g. replacement care).</p> <p>Three areas now publish their expenses policies on their website, however overall the number of written expenses policies remains low and where these are available they are not being shared consistently with Carer Reps.</p>	<p>Continue to develop structured training and mentoring opportunities for Carer Reps.</p> <p>Use or adapt the Carer Collaborative template expenses policy<sup>31</sup> to develop and implement an expenses process that acknowledges and meets the full costs of carer contributions to IJBs and other strategic groups. Proactively share expenses policies with Carer Reps.</p> <p>Ensure replacement care expenses are available to Carer Reps (without the need for Carer Reps to use their own network of support or existing care packages; SDS option).</p>
<p><b>5. Make meetings better</b></p> <p>5.1 Continue supporting Carer Reps to contribute to agendas.</p> <p>5.2 Continue to improve the accessibility of meetings, minutes and papers.</p> <p>5.3 Allow time in meetings for discussion and questions.</p>	<p>Access to agenda-setting has improved slightly, and Carer Reps report that they can contribute to discussions. However, in some areas involvement in agenda setting remains a challenge.</p> <p>IJB meetings are accessible in most areas, with more opportunities for carers to contribute and less use of jargon.</p> <p>Almost all areas share papers one week in advance of the meeting, and half of Carer Reps report they have support to discuss the papers.</p>	<p>Provide more consistent access to agenda-setting.</p> <p>Continue to ensure Carer Rep involvement is meaningful and is having an impact (e.g. in decision-making) and allow time in meetings for discussion and questions.</p> <p>Continue to issue papers sufficiently in advance to allow Carer Reps to read, consult and prepare.</p>

31 <https://carersnet.org/wp-content/uploads/2021/10/Carer-Expenses-Policy.pdf>



## Thanks and acknowledgments

This report was produced by the Coalition of Carers in Scotland, authored by Jen Curran of The Lasting Difference.

We would like to thank the Carer Representatives involved in Integration Joint Boards across Scotland, without whose expertise and involvement over the last seven years this report would not have been possible.

The work of the Carers Collaborative is funded and supported by the Scottish Government.

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