

# **FUNDING CARERS' RIGHTS TO BREAKS FROM CARING**

**AN ANALYSIS OF THE FINANCIAL MEMORANDUM  
TO THE NATIONAL CARE SERVICE (SCOTLAND) BILL 2022**

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# FUNDING CARERS' RIGHTS TO BREAKS FROM CARING SUMMARY

The FM is based on a total of 839,000 adult carers and 30,000 young carers in Scotland from the 2020 Scottish Health Survey. We accept these figures with two caveats<sup>1</sup>. Scotland's unpaid carers provide an estimated **18.2 million care hours per week**, an average of 21 hours per carer. For comparison, home care purchased or provided by local authorities amounts to 733,500 care hours per week, an average of 12 hours per client. **So, for every hour of home care arranged by local authorities, another 25 hours of unpaid care** are provided mainly by family, and sometimes neighbours or friends. There are nearly 60,000 home care clients in any week, but 869,000 people helped by unpaid carers<sup>2</sup>. The Feeley report rightly recognised the foundational role of unpaid care in the health and care systems.

The NCS Bill seeks to implement a **right for carers to have a break from caring** by amending the Carers (Scotland) Act 2016 to remove eligibility criteria from the existing duty of local authorities to meet assessed unmet need for a break from caring. Thereafter, these and other social work and care duties and powers would be transferred to NCS care boards<sup>3</sup>. In addition, Ministers will use existing powers to maintain and increase direct funding to the Short Breaks schemes currently provided by third sector national carer organisations, mostly via local carers centres, in order to provide "Easy Access Breaks", as an alternative for carers with less needs for support.

**Total net costs** are estimated in the FM at **£143 million** for the central estimate [£116m low to £170m high] at 2022-23 prices, after a long build-up to a 'steady state' position not reached until 2034-35. The FM shows this is divided between NCS costs of **£107.5m** [£82m-£133m] for personalised breaks and replacement care, and Scottish Administration costs of **£35.5m** [£34m-£37m] for Easy Access Breaks (which reaches 'steady state' earlier in 2029-30). Figures in bold are the central estimates; figures in square brackets are the ranges from lower to upper estimates also given in the FM, but no explanation is given of their basis, apart from their reflecting "considerable uncertainty inherent in these estimates" (page 21).

These FM estimates are derived from a complex NCS Carers Right to Breaks Funding Model which clearly sets out all the variables involved in the calculations, together with the data, assumptions and judgements used to set their numerical values. A fundamental assumption is that the need for support generally increases with the intensity of caring, as measured by the banded hours of care available from populations surveys: under 20 hours per week (combining under 4 and 5-19 hours), 20-34 hours, 35-49 hours, and 50+ hours per week. We believe this assumption is correct, is supported empirically<sup>4</sup>, and represents an improvement on the previous methodology to cost the Carers Bill in 2015. It is no fault of the Model, which is an impressive piece of work, that so many variables cannot have their values set by actual data; the scarcity of which is in inverse proportion to the scale of unpaid care in Scotland, and requires urgent review.

All the Funding Model calculations are gross of current public funding which then has to be subtracted at the end of the arithmetic. Current funding to local authorities has been estimated at

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<sup>1</sup> Caveats: (a) That the Scottish Consolidated Care Questions data (which combines the Scottish Health Survey with carers data from with that from two other Population Surveys) is considered for updating these estimates when next available post-Covid. (b) That the reasons are investigated for the apparent fall in the numbers of young carers from 44,000 in 2012-13, used on the 2015 FM for funding the Carers (Scotland) Act, to 30,000 in 2020.

<sup>2</sup> Assuming a one-to-one relation between unpaid carers and persons cared (people cared for by more than one carer are offset by carers who care for more than more person).

<sup>3</sup> It is not yet clear what powers, and possibly duties, relating to social work and care would be retained by local authorities, and whether this would be restricted to their service provider role.

<sup>4</sup> It is supported by data on carers' receipt of help or support collected by the Scottish Health Survey, and more recently (following changes proposed by SWS and the National Carer Organisations) by similar data in the Health and Care Experience Survey.

**£149 million.** We believe that figure is too high, for reasons summarised later. The table below summarises the key Funding Model outputs, before rounding down for the FM:

**NCS Carers Rights to Breaks: Summary of Steady State funding - central estimate**

	Funding costs at 2022-23 prices			Numbers of carers		
	Adult Carers	Young Carers	Total	Adult Carers	Young Carers	Total
	£M	£M	£M	No.	No.	No.
TOTAL NUMBERS OF CARERS				839,000	30,000	<b>869,000</b>
<b>Local Authorities/ Care Boards</b>						
Total assessed (ACSPs, YCSs)	£0.000	£0.000	<b>£0.000</b>	285,260	19,200	<b>304,460</b>
<i>As percentage of all carers</i>				34%	64%	<b>35%</b>
Personalised short breaks	£78.617	£6.912	<b>£85.529</b>	86,318	19,200	<b>105,518</b>
<i>As percentage of assessed carers</i>				30%	100%	<b>35%</b>
Personalised replacement care	£169.285	£0.000	<b>£169.285</b>	63,194	0	<b>63,194</b>
Young Carers Support workers	£0.000	£2.203	<b>£2.203</b>	0	19,200	<b>19,200</b>
<b>LA/ CB Sub-total (gross)</b>	<b>£247.902</b>	<b>£9.115</b>	<b>£257.017</b>	86,318	19,200	<b>105,518</b>
Minus Assumed current funding			<b>- £149.124</b>			<b>NA</b>
<b>LA/ CB Sub-total (Net)</b>	<b>£104.07</b>	<b>£3.83</b>	<b>£107.893</b>	86,318	19,200	<b>105,518</b>
	<i>pro rate</i>					
<b>Scottish Administration</b>						
Easy Access Breaks	£35.376	£0.375	<b>£35.752</b>	117,921	1,251	<b>119,172</b>
<b>Total FM funding for new Carers Rights</b>	<b>£139.443</b>	<b>£4.202</b>	<b>£143.644</b>	<b>204,239</b>	<b>20,451</b>	<b>224,690</b>
Rounding down in FM	£139.000	£4.000	<b>£143.000</b>			
<b>Per head of all carers</b>	<b>£165.67</b>	<b>£133.33</b>	<b>£164.56</b>	24%	68%	<b>26%</b>
<i>Of which</i>						
<b>Personalised + Easy Access Breaks, excluding replacement care &amp; YC Support Workers</b>	<b>£113.993</b>	<b>£7.287</b>	<b>£121.281</b>	<b>204,239</b>	<b>20,451</b>	<b>224,690</b>
% of which Easy Access Breaks	31.0%	5.2%	<b>29.5%</b>	57.7%	6.1%	<b>53.0%</b>
<b>All breaks as a % of all carers</b>				24.3%	68.2%	<b>25.9%</b>

The table immediately shows some important issues:

- The overall aspiration to increase the proportion of carers having a break from caring from 3% (Scottish Health Survey) to 26%.
- The crucial role in the calculation of the estimated current funding.
- That there is no funding to meet increased demand for carers assessments.
- That there is no funding for replacement care for to enable young carers to take personalised breaks, or to enable any easy access breaks.

These and other concerns are discussed further in our much longer, more detailed paper on Carers rights to breaks<sup>5</sup>:

**1. The NCS Bill and FM doesn't cover all Feeley recommendations concerning carers**

The National Care Service (Scotland) Bill seeks to implement one of Feeley's recommendations about improving support to unpaid carers, that they should "have a right to respite with an

<sup>5</sup> Available on the Social Work Scotland website.

amendment to the Carers Act as required” (*part*<sup>6</sup> of Rec. 11). Other Feeley recommendations to better support carers are not discussed in the NCS Bill papers, especially:

- the need for investment in a wider range and volume of different types of breaks and respite care (other part of Rec 11);
- the cessation of charges for respite care<sup>7</sup>.

It is unclear if other Feeley recommendations<sup>8</sup> concerning carers are planned to be addressed in subsequent Regulations after the Bill’s enactment.

## **2. Carers are also affected by the general failure of the FM to address the financial stability of the NCS and Feeley’s recommendation on demography**

Paragraph 1 (b) of the NCS Bill states: “for them to be such an investment [in society], the services provided by the National Care Service must be financially stable in order to give people long-term security”. Financial stability requires that **inflation** is fully recognised in annual funding changes which also factor in the fiscal impact of **demographic change**. It also requires that **savings** taken are genuine and not service volume or quality reductions masquerading as ‘transformational change’.

Increasing population needs were covered by **Feeley’s Recommendation 53**: “Robustly factoring in demographic change in future planning for adult social care”. This recommendation did not appear in the Scottish Government NCS consultation last year, and is not in any of the Bill papers. There is no point in simply updating the Health and Social Care Medium Term Financial Framework (2018) which estimated annual demography changes at 3.5%, also adding to 0.5% above standard inflation, *without a commitment to also implement such plans*<sup>9</sup>. Carers’ rights to breaks are costed in the FM at 2022-23 prices without mentioning the need to uprate them subsequently for inflation, despite the proposed funding being slowly phased up to 2034-35.

## **3. Service recovery from the impacts of the coronavirus pandemic**

Probably the most pressing issue currently facing carers who need a break from caring is the slow recovery from Covid-19 of services for carers and the people they care for. Funding is needed to restore services for all people with assessed care needs, including day care which appears among the hardest hit. While this will help unpaid carers, there are also specific short breaks and respite services, for both adults, disabled children, and young carers that have not restarted.

## **4. Investing in support infrastructure for carers**

The Feeley report recognised that carers need “regular access to quality respite provision” and that required developing “a range of options for respite and short breaks”. Simply adding to the funding for Short Breaks Funds also does not itself address the need to invest in the support

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<sup>6</sup> **Feeley Recommendation 11**: “Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed”.

<sup>7</sup> **Feeley Recommendation: 12** “A new National Care Service should prioritise improved information and advice for carers, and an improved complaints process [...]”; **Rec 13**: “Local assessment of carers’ needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support”; **Rec 14**: “Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service”.

<sup>8</sup> “*Although charges to carers are waived under the Carer’s Act, some Local Authorities allocate charges to the supported person for respite. Removing such charges should be considered alongside other investment priorities* (Feeley, page 93)”. This is partly covered by cessation of non-residential charges under “Scottish Government commitments” excluded under FM paragraph 13, but it remains unclear if residential respite charges are waived in full, or whether ‘hotel costs’ remain for residential respite in proposals to expand FPNC that are also excluded from the FM.

<sup>9</sup> See Social Work Scotland’s analysis of the 2018 Framework in its 2020 submission to the Feeley Review: <https://socialworkscotland.org/wp-content/uploads/2020/11/SWS-Supp-Sub-1-DEMOGRAPHIC-CHANGE-AND-ADULT-SOCIAL-CARE-EXPENDITURE-IN-SCOTLAND.pdf>

infrastructure. A programme of work is needed to establish which areas need investment in additional carers centres in towns currently without them, and in more staffing to meet the expected additional demand. It is also needed to implement the first part of Feeley's Recommendation<sup>12</sup>, that "a new National Care Service should prioritise improved information and advice for carers".

#### **5. Rights to breaks are limited to assessed personalised breaks, because Easy Access Breaks are non-statutory**

In the 'steady state', when phasing is over, 24% of adult carers and 68% of young carers should have supported annual breaks - that compares with only around 3% in the latest available surveys for adults (the figure for young carers is not published). The FM calculations result in nearly 225,000 carers taking breaks, of whom 53% will be accessing "Easy Access Breaks" funded directly by the Scottish Government Short Breaks Fund and delivered via the Third Sector and carers centres. Unlike assessed personalised breaks under the Carers Act as amended by the NCS Bill, Easy Access Breaks are non-statutory. This means that if any carer requested assistance from the Short Breaks Fund, but was refused, their only recourse would be to request an assessment from their local authority or care board.

#### **6. No statement of carers rights to a minimum frequency or duration**

The Funding Model is based on an average of 2.5 breaks a year for adult carers assessed as having an unmet need for breaks in caring. However, while the Funding Model is more generous for young carers in assuming more require a break from caring, the calculations run on just one break per year, which is also the assumption for "Easy Access Breaks" for adult and young carers. Neither the FM or Funding Model discussion the duration of breaks from caring; apart from replacement care, the costing is *per break*. A statement of carer' rights to a break from caring might be expected to contain a minimum frequency, such as at least annually, and a minimum duration.

#### **7. Replacement care is only included for adult carers assessed under the Carers Act**

The need of replacement care is identified and costed at 73% for assessed adults with unmet needs for personalised breaks. But no replacement care is identified for young carers with personalised assessments under the Carers Act, or for any carers accessing Easy Access Breaks. This is possibly an oversight, but seems implausible, **so should be reviewed**.

#### **8. No additional assessments costs are included in the FM calculations**

One might think that a new right to breaks from caring under the Carers Act would increase demand for the necessary assessments (Adult Carer Support Plans and Young Carer Statements). The Carers Act already provides a right to assessment on request, although not necessarily right away, and the Funding Model simply assumes the same percentages of adult carers (34%) and young carers (64%) having an assessment as had been assumed in the 2015 FM for the Carers Act. Since the final year of Carers Act funding is 2022-23, the Funding Model assumes that councils have already received the steady state funding needing for this level of assessment, and so be able to transfer this to the NCS at inception.

*In the real world*, of course, councils have to set budgets which take into account the lack of funding for inflationary and demographic pressures, which will reduce the monies that can be spent on support to carers and other priorities. But even *in the modelled world*, there is also a problem because the number of adult carers to which the 34% applies has increased, and is not fully offset by a fall in the number of young carers to which the 64% applies. Moreover, the carer satisfaction data (from the Health and Care Experience Survey) on which the 2015 FM based its 34% assumption has fallen by 10 percentage points since then. And this is all before any increase in demand created by a new right to breaks. **Additional funding is needed for assessment.**

#### **9. Some Funding Model assumptions do not recognise increased needs for higher intensity carers**

The fundamental assumption that the need for support generally increases with the intensity of caring is correct, but is not consistently followed in the Funding Model. For example, the proportion of adult carers with an assessed unmet need for a break from caring stays at 50% for

each of the three carer groups, including the 35-49 hours per week full time carers and only rise to 83% for carers providing 50+ hours per week of care. The uptake of Easy Access Breaks with no personalised breaks support is modelled at 10% for the lowest intensity group but thereafter in 40% for all others, including full-time carers. These assumptions lack plausibility and should be reviewed.

## 10. Phasing problems

The NCS funding for personalised carers breaks is phased over 10 years from notional commencement in 2025-26 to a fully implemented steady state in 2034-35. This uses 2020-21 data from the Carers Census to estimate the numbers of carers assessed per year. For adult carers that is estimated to be 27,000 which is then divided into the steady state figures of assessed carers (34% of all adult carers = 285,260) to get the estimated 10-year phasing. The **first problem** is that the Carer Census data is unreliable due to missing records, as the FM later acknowledges<sup>10</sup>, which is why it is badged by the Government Statistical Service as “data under development” and not as “official statistics” or even “experimental statistics”. **Secondly**, there is other data, from the Health and Care Experience Survey collected every two years, which provides higher assessment figures for 2019 (58,000) and 2021 (49,800); the latter may be lower due to Covid and/or changes to the format of the question (see Annex to our fuller paper). These figures suggest a **phasing of 5 years**. Policy considerations also favour a faster phasing – improving support to carers is a key element in **prevention strategies**, as the FM acknowledges in its analysis of “savings due to breaks” on pages 21-22.

## 11. Estimates of current funding of support for carers

All estimated costs for breaks support in the SG NCS Carer Breaks Funding Model are gross total costs, from which an estimate of current local authority funding is netted off. That estimate of **£149 million** is of some importance since it takes off over half (58%) of the gross costs to produce the net central estimates of **£143 million**. It is partly based on relevant 2022-23 Grant Aided Expenditure figures for “carer support and respite services”, plus an additional sum for expenditure. The latter addition does not seem legitimate, since the logic is to subtract current *funding* from the gross funding requirements, to achieve net funding needs. Any expenditure “over GAE” is problematic. It is also not available since expenditure on respite provision was deleted by the Scottish Government from the LFR3 financial returns from councils for 2013-14 onwards, because the data quality was considered too poor to use. In any event, spending over GAE will have wilted over the 10-12 years of austerity. Despite the usual caveats about GAE only being a stepping stone in the Local Government Finance Settlement distributions, it does include the funding provided in the Carers Act and previous legislation. We consider that the 2022-23 GAE figure of **£92 million**, is the most legitimate figure available for current funding:

### GAE items for carer support and respite services

	£000s
Formerly Frozen GAE, historic levels for carer support and respite	24,125
Redetermination, mentioned in Green Book 2020-21 Notes	2,820
Total for Carers Act implementation by local authorities	83,500
Less Carers Act funding for Assessment (ASCPs and YCSs)	-20,390
Less Carers Act funding for Information & Advice	-3,040
Scottish Budget 2022-23 transfer from H&SC to LG for unpaid carers	5,000
<b>Total GAE for carer support and respite services</b>	<b>92,015</b>

<sup>10</sup> “The Carers Census already aims to collect information about breaks provided under the existing Carers Act. However, this information has proven challenging for organisations to return and so the data available is largely incomplete. The Carers Census is currently being reviewed and work is ongoing to support local areas to improve the collection”. [FM page 21]

## **12. Treatment of inflation**

The Funding Model runs on unit costs at 2022-23 prices; given the large within-year inflation these may need to be reviewed at the year end. Inflation will also need to be added when funding based on these figure is provided to the responsible bodies.

**In conclusion**, Social Work Scotland believes that the carer section of the NCS Financial Memorandum requires urgent inter-agency review to address the issues raised in this summary paper, and in more detail in the fuller analysis we have undertaken.



# ANALYSIS OF THE NCS FINANCIAL MEMORANDUM RIGHTS TO BREAKS FROM CARING

## Introduction

The Feeley report recognised the foundational role of unpaid care in the health and care systems. The National Care Service (Scotland) Bill seeks to implement one of Feeley’s recommendations about improving support to unpaid carers, that they should “have a right to respite with an amendment to the Carers Act as required” (*part<sup>11</sup> of Rec. 11*). Rights to breaks from caring are one of only two “reforms connected to delivery [...] of care” in Part 3 of the Bill (the other is “Anne’s Law” about the right of people in care homes to receive visitors).

202. Section 38 of the Bill makes changes to the Carers (Scotland) Act 2016 to deliver a right to personalised short breaks support for carers who need it. Existing powers can be used for Ministers to maintain a national short breaks fund to enable easy-access support for people in less intensive caring roles. [Policy Memorandum, page 38].

The Financial Memorandum (FM) includes costs for the new right to a short break, under the Bill’s proposed amendments to the Carer’s Act, and also for a Scottish Government policy to expand the current non-statutory short breaks fund to provide more easy access breaks. All costing calculations are based on estimates for the number of unpaid carers in Scotland at around 869,000<sup>12</sup>. We discuss those estimates first, and then go through the detail in the FM and the supporting SG NCS Carers Right to Breaks Funding Model, to which Social Work Scotland has been given access<sup>13</sup>.

## 1. THE NUMBER OF UNPAID CARERS IN SCOTLAND AND THEIR NEEDS

### 1.1 The number of carers in Scotland and hours of care

The FM uses the most recent Scottish Health Survey data<sup>14</sup> (2020) for the number of adult carers, estimated at 839,000. Earlier 2016-19 data is used for the number for young carers, estimated at 30,000, because only adults were included in the much shorter, Covid-restricted, 2020 Survey.

**SWS Table C1: Number of carers and proportion expected to have ACSP / YCS in steady state**

	<20 hours a week	20-34 hours a week	35-49 hours a week	50 or more hours	<b>Total</b>	<b>20+</b>	<b>35+</b>
Number of adult carers	624,864	59,280	29,640	125,215	<b>839,000</b>	214,135	154,855
Number of young carers	27,900	900	300	900	<b>30,000</b>	2,100	1,200
<b>Total carers</b>	<b>652,764</b>	<b>60,180</b>	<b>29,940</b>	<b>126,115</b>	<b>869,000</b>	<b>216,235</b>	<b>156,055</b>

Source: FM Table 10, Total line added by SWS

<sup>11</sup> **Feeley Recommendation 11:** “Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed”.

<sup>12</sup> This is smaller than the “over one million” figure used in the SG’s NCS Consultation paper last Autumn and in Social Work Scotland’s and many other responses). That was based on a small YouGov survey that attempted to measure the expansion of unpaid during the Corona virus pandemic when lockdowns reduce d other services and support.

<sup>13</sup> As a member of the Short Life Working Group which helped develop the methodology in 2021-22; the assignment of numerical values to the various variables, much of which had to done on an assumption or judgement basis, owing to lack of data, was the responsibility of the civil servants involved.

<sup>14</sup> <https://www.gov.scot/publications/scotlands-carers-update-release-2/>

Two other Scottish population surveys also cover adult carers – the Scottish Crime and Justice Survey (SCJS) and the Scottish Household Survey (SHS). Scottish Survey Core Questions (SSCG) 2016-19 pool the data from the three surveys, which reduces sampling error<sup>15</sup>. When updated SSCG data is again available, post Covid, they should be considered for future revisions of the Scottish Government’s NCS Carers Funding Model which underpins this part of the Financial Memorandum (FM).

For young carers, the estimate of 30,000 from the Scottish Health Survey is the only source. The estimate of 30,000 is quite a bit lower than the 44,000 used by civil servants in the 2015 FM for the Carer’s Act, using Scottish Health Survey data for 2012 and 2013 combined, particularly as the authors thought then that “the number of young carers is likely to be an underestimate as young carers in particular may not identify themselves as such in a survey”<sup>16</sup>. These issues are worth further exploration. Conversely, the 2022 FM estimate for adult carers at 839,000 is higher than that used in 2015 (745,000).

The table above shows everything we know about the **volumes of care** provided by unpaid carers, apart from split between under 5 hours, and 5-19 hours a week, which are combined in the Funding Model. Nothing else is known about the *distributions* of unpaid care hours per week, not even their grand total, nor the average hours provided in each hours per week band. To estimate the total hours of unpaid care, we have to do arithmetic on the mid-points of the banded categories:

**SWS Table C2: Estimates of total hours of care provided each by Scotland’s unpaid carers**

	<20 hours a week	20-34 hours a week	35-49 hours a week	50 or more hours	Total	20+	35+
Number of adult carers	624,864	59,280	29,640	125,215	<b>839,000</b>	214,135	154,855
Number of young carers	27,900	900	300	900	<b>30,000</b>	2,100	1,200
Estimated category mid points	10	27.5	42.5	70			
Est Adult carer hours	6,248,640	1,630,200	1,259,700	8,765,050	<b>17,903,590</b>	11,654,950	10,024,750
Est Young carer hours	279,000	24,750	12,750	63,000	<b>379,500</b>	100,500	75,750
Total unpaid care hours	6,527,640	1,654,950	1,272,450	8,828,050	<b>18,283,090</b>	11,755,450	10,100,500
<b>Total carers</b>	<b>652,764</b>	<b>60,180</b>	<b>29,940</b>	<b>126,115</b>	<b>869,000</b>	<b>216,235</b>	<b>156,055</b>
<b>Hours per carer</b>	<b>10</b>	<b>27.5</b>	<b>42.5</b>	<b>70</b>	<b>21.0</b>	<b>54.4</b>	<b>64.7</b>
<b>Home care census week, March 2020</b>							
Home care hours					<b>733,505</b>		
Home care clients					<b>59,960</b>		
Average hours per client					12.2		

<sup>15</sup> Scottish Government statisticians seem to have a preference for using only the Scottish Health Survey for updating the adult carers counts on their Scotland Carers web publication (April 2022).

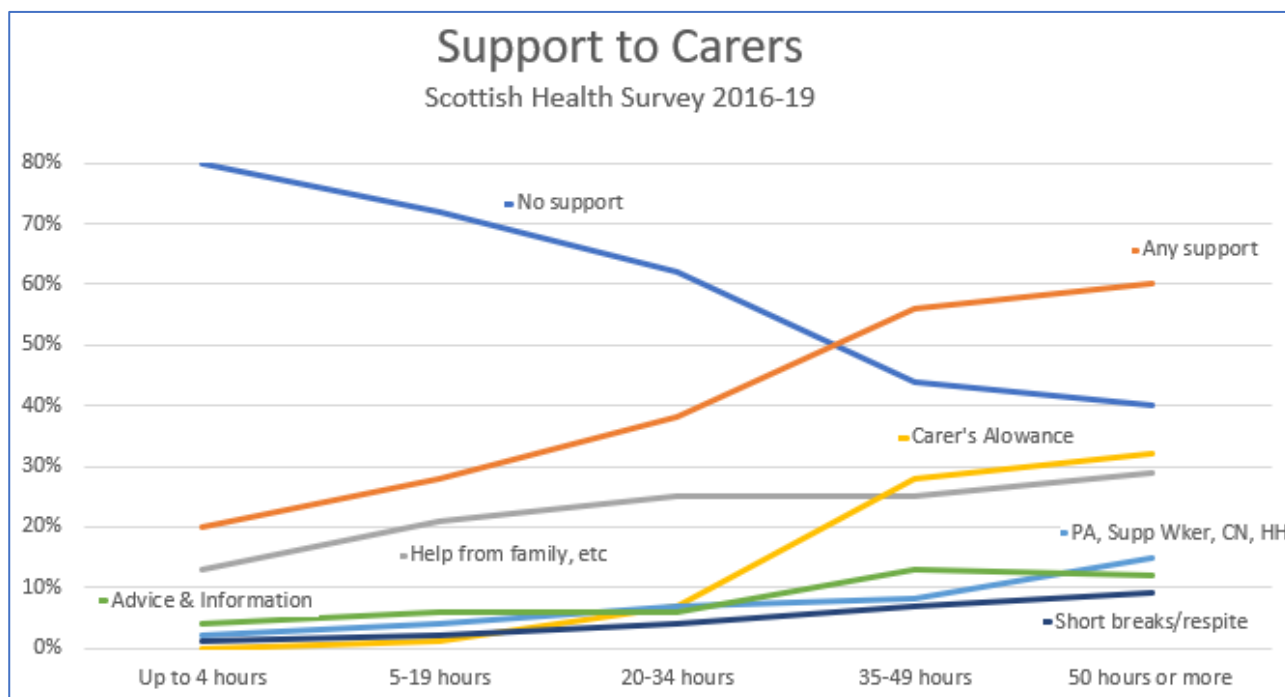
<https://www.gov.scot/publications/scotlands-carers-update-release-2/>. Comparing the three surveys, the authors note that “It is thought that the [Scottish Household Survey] SHS estimate is higher due to this being asked in the context of other questions around volunteering and time spent providing care”. That seems to us a good reason for considering using the pooled SSCQ data from the three survey results, which also have lower sampling errors and may be more stable over time than the Scottish Health Survey alone.

<sup>16</sup> [https://archive2021.parliament.scot/S4\\_Bills/Carers%20\(Scotland\)%20Bill/b61s4-introd-en.pdf](https://archive2021.parliament.scot/S4_Bills/Carers%20(Scotland)%20Bill/b61s4-introd-en.pdf), page 26.

Scotland's unpaid carers provide an estimated **18.2 million care hours per week**, an average of 21 hours per carer. For comparison, home care purchased or provided by local authorities amounts to 733,500 care hours per week, an average of 12 hours per client. **So, for every hour of home care arranged by local authorities, another 25 hours of unpaid care** are provided mainly by family, and sometimes neighbours or friends. There are nearly 60,000 home care clients in any week, but 869,000 people helped by unpaid carers<sup>17</sup>.

## 1.2 Carer population needs and support

A fundamental principle underpinning the Carers Breaks Funding Model (and therefore of this part of the FM) is the proposition that, on average, **the needs of carers for support increase with the intensity of caring**, as measured by the average hours of unpaid care provided each week. Scottish Health Survey data on support received by adult carers<sup>18</sup> clearly supports this proposition:



The percentage of carers receiving **any support** rises with the volume of hours of care provided each week; overall from 20% for carers providing under 5 hours per week, to 60% for carers providing 50 or more hours per week of care. Only in the two 35+ hours per week groups does the number of carers receiving some support exceed those with no support.

In every category, **help from family or friends or neighbours** is the largest type of support (apart from Carer's Allowance for eligible carers providing 35+ hours of unpaid care per week). Only 13% of carers providing 35+ hours per week said they were supported by a **"personal assistant, support worker, community nurse, and home help"**. (The majority of these 13% of carers can be presumed to be supported by these services being provided to the person cared for, particularly if carer and cared-for person are co-resident). **Advice and information** is the next highest type of support received by high volume carers, but still only at 12% for carers providing 35+ hours of care per week.

Even so, 40% of carers providing care for 50 hours or more per week received **no support**; for carers providing 35-49 hours per week, 44% received no support. Only 3% of carers overall say

<sup>17</sup> Assuming a one-to-one relation between unpaid carers and persons cared (people cared for by more than one carer are offset by carers who care for more than one person).

<sup>18</sup> Support data is collected by the Scottish Health Survey but not published by hours of care provided per week, perhaps because the smaller sample sizes, even aggregated for 2016-2019, will mean far more of the differences between types of support will not be statistically significant. The data in the graph is from an SWS ad hoc request in 2021.

they receive a **short break or respite**. This rises to 9% for the 50+ hours group (and is also the percentage for the 35+ hours group as a whole)<sup>19</sup>.

Data on support, of course, is only a proxy for needs. Paradoxically, most of the survey data available about Scotland's 869,000 carers reinforces how much *we do not know* about the needs. Nevertheless, using the carer population segmented by hours of unpaid care provided each week is an important advance on the costing methodology used for the 2015 Carer Act FM.

## **2. THE SCOPE OF IMPROVEMENTS FOR CARERS**

The Bill proposes amendments to the Carers (Scotland) Act 2016 to provide rights for assessed unpaid carers to have a break. The other policy costed in the Financial Memorandum concerns the maintenance and expansion of the current short breaks funds; this is not covered by the new rights in the Bill and is non-statutory.

### **2.1 Rights to breaks for caring**

Section 38 of the Bill amends the Carers (Scotland) Act 2016 to remove local eligibility criteria for support to carers who are assessed as needing a break from caring. Local authorities are then under a duty to provide or arrange support for a break for "carers not otherwise able to access sufficient rest and breaks from caring" (PM, para 209). The Carers Act already places local authorities under a duty to assess carers who request an assessment, among other circumstances; the amendments in the NCS Bill strengthen the requirement that assessments must include the need for breaks from caring, and deletes the eligibility restrictions on the duty to meet unmet needs for breaks. (The Carers Act already includes within support for breaks any replacement care required for the person cared for).

When the Bill is enacted, these duties will apply to local authorities, and thereafter to care boards when these are established under the new powers the Bill gives to Scottish Ministers. Those powers include clarifying in Regulations the meaning of "sufficient breaks from providing care for the cared-for person". That is important to make sure that "sufficiency" does not function as a proxy for eligibility.

One of many issues about the funding of the new right to breaks support is whether there will be sufficient assessment resources available to local authorities and care boards to meet demand and thereby enable unpaid carers to realise their new rights. Those resources will include social work and other assessment staff in councils, and also staff in third sector agencies, such as local Carers' Centres with whom statutory bodies may contract to undertake some of the Adult Carer Support Plans and Young Carers Statements and/or some of the short breaks support. (The legal duties of course remain with the statutory bodies). The resources required also include a wider range of different types of replacement care, both at home and away from home.

The Bill papers **do not include any investment strategy** to ensure there are sufficient resources.

### **2.2 Short breaks fund**

60. The Scottish Government also intends to maintain a national short breaks fund, using existing powers, to enable easy-access support for people in less intensive caring roles. This will build on existing non-statutory voluntary sector short breaks funding. These schemes provide micro grants schemes for unpaid carers to help them take short breaks that meet their needs. Individual grants can be used flexibly, e.g. for a weekend away, entertainment subscription or sporting or hobby equipment. [FM, page 17]

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<sup>19</sup> That is not surprising as 81% of carers in the 35+ hours group provide 50+ hours of care per week.

In the Policy Memorandum this is presented as meeting the NCS consultation responses<sup>20</sup>. That is not quite accurate<sup>21</sup>.

Certainly, an expansion of the Short Breaks Fund is welcome, and the scale of increase is discussed later. However, being non-statutory, this falls short of providing “a smaller, guaranteed minimum flat-rate entitlement” which was a part of the “hybrid option” set out in the consultation. The only legal entitlements are through the Carers Act assessments. This means that if any carer requested assistance from the Short Breaks Fund, but was refused, their only recourse would be to request an assessment from their local authority or care board<sup>22</sup>.

### 2.3 Carers centres

Carers Centres are third sector bodies usually with charitable status, staffed by paid employees and volunteers. In recent years, they have played an increasingly important role in support to unpaid carers, providing information and advice on benefits, respite and support services, advocacy, etc; emotional support, often involving other carers; social and other activities including time out from caring, and breaks; and training on a wide range of health, care, and financial issues<sup>23</sup>.

In some areas, local authorities contract with carers centres to provide the Adult Carer Support Plans and Young Carer Statements under the Carers Act, particularly for carers with lower-level needs. For this reason, the Scottish Government’s Carers Census<sup>24</sup>, set up to monitor the Carers Act, collects information from carers centres as well local authorities, but is currently unable to produce the results separately<sup>25</sup>.

Carers Centres also deliver some of the short breaks funding that the Scottish Government wishes to expand. FM paragraph 60/61<sup>26</sup>, quoted above, continues:

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<sup>20</sup> “The consultation then asked about several options (alternative approaches) for establishing a right to breaks, each of which would deliver a different balance between these elements. The options included:

- standardised entitlements to a flat rate breaks package or graded packages linked to intensity of caring
- rights to personalised support, built into the existing Carers (Scotland) Act 2016 system for carers not otherwise able to access sufficient rest and breaks from caring, or
- a hybrid approach combining the above, enabling easy-access support for carers with low levels of need and the option of personalised breaks support under the Carers (Scotland) Act 2016 for those in more intensive caring roles.

“210. Consultation responses showed clear support both for establishing a right to breaks from caring and for the hybrid approach outlined above. Respondents valued personalised support and the option of easy-access support for those with less significant needs”. [Policy Memorandum, para 209, page 39]

<sup>21</sup> The “hybrid approach” in the consultation paper<sup>21</sup> combined the “personalised approach” via Carers Act assessment with “a smaller, guaranteed minimum flat-rate entitlement [...] which is easier to access for those in less intensive caring roles” (page 33). After brief discussion the consultation text then suggested an “alternative” version of the second element in the hybrid, which was “expanding the existing non-statutory Short Breaks Fund”. The consultation questions did not distinguish between these two versions of the second element in the hybrid, so the majority response favouring the hybrid was ambiguous

<sup>22</sup> Not only are payments from the Short Breaks Fund not entitlements, but they are not flat-rate either. We are not saying they should be, but only they do not meet the first version of “standardised entitlements” in the “hybrid” solution in the NCS consultation paper.

<sup>23</sup> For a fuller list, see: <https://www.careinfoscotland.scot/topics/support-for-carers/carer-centres/>

<sup>24</sup> <https://www.gov.scot/publications/carers-census-scotland-2019-20-2020-21/pages/6/>

<sup>25</sup> There are other problems with the Carers Census, the second annual publication in December 2021 carries this warning: “The data collection systems and quality assurance processes necessary to collect and process the data are still being developed. The statistics shown here, therefore, are data under development and should not be considered as National or Official Statistics”.

<sup>26</sup> The standard version of the FM has two paragraphs numbered 45; the “accessible version (which is just in larger font rather than ‘easy’ read’) doesn’t have this problem so its paragraph numbers from 46 onwards are one higher than those in the standard FM; hence our double numbering.

**Time To Live grants**<sup>27</sup> are delivered locally, usually by local carer centres. **Take a Break Scotland grants**<sup>28</sup> for carers of disabled children and young people and their families are delivered nationally by the Family Fund. The Scottish Government is committed to increasing this funding to provide easy access to breaks for carers without the need for a support plan or statement. While this fund does not require new legislation, it will have an impact on the costs of providing the personalised support required by the provisions of the Bill, depending on the balance of whether carers access personalised support or easy access breaks. These schemes provide micro grants schemes for unpaid carers to help them take short breaks that meet their needs. Individual grants can be used flexibly, e.g. for a weekend away, entertainment subscription or sporting or hobby equipment.

The FM does not quantify what the increased funding will buy; we discuss the funding increases later in our response.

## **2.4 Investing in support infrastructure for care**

The Bill papers do not address the other parts of Feeley's Recommendation 11, which were to ensure that carers have "regular access to quality respite provision" and to achieve that by developing "a range of options for respite and short breaks". This was in response to evidence from carers that the *forms* of short breaks and replacement care were too limited, in addition to insufficient *volumes* of supply.

Simply adding to the funding for Short Breaks Funds also does not itself address the need to invest in the capacity of carers centres. The most recent available information<sup>29</sup> suggests that carers centres exist in all 32 local authority areas, but over half (19) have only one carers centre, including some rural authorities. It is far from clear that all carers have access to carers centres within reasonable travelling distance, or digitally. There are also fewer carers centres that provide support for young carers support<sup>30</sup>.

A programme of work is needed to establish which areas<sup>31</sup> need investment in additional carers centres in towns without them and in more staffing to meet the expected additional demand. It is also needed to implement the first part of Feeley's Recommendation 12, that "a new National Care Service should prioritise improved information and advice for carers".

## **2.5 Other Feeley recommendations**

Feeley also recommended fully waiving all charges for support to carers, which also applies to both residential and non-residential replacement care for the people cared for. Charging changes are among the "Scottish Government commitments" excluded from the scope of the FM in paragraph 13, how these will apply to carers is not yet clear.

It would be also be helpful if the Scottish Government confirmed that future Regulations will include Feeley's Recommendation 14: "Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service", and also the second part of 13 on "an improved complaints process" for carers.

## **2.6 Other issues not in scope - restoring carer support services**

Probably the most pressing issue facing carers who need a break from caring is the slow recovery from Covid-19 of services for carers and the people they care for. Funding is needed

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<sup>27</sup> Increased to £2.5million in 2022-23 – see

<https://www.sharedcarescotland.org.uk/shortbreaksfund/timetolive/>

<sup>28</sup> <https://takeabreakscotland.org.uk/about-us/> **How much is the 2022-23 funding: ask NCOs?**

<sup>29</sup> See: <https://www.careinfoscotland.scot/topics/support-for-carers/carers-centres/>, last updated on: 8th March 2022

<sup>30</sup> Information provided by National Carers Organisations

<sup>31</sup> We have suggested a methodology using 2011 and then 2022 Census data, when available, on the geographical distribution of carers, and travel distances to carers centres (using established "travel to work" statistical methods).



to restore services for all people with assessed care needs, including day care which appears among the hardest hit. While this will help unpaid carers, there are also specific short breaks and respite services, for both adults and disabled children, that have not restarted.

There is no obvious source of data on the extent of this problem, such as statistical returns from which the service volumes that support carers can be extracted. In April 2022, the Care Inspectorate launched “a national inquiry into adult unpaid carers’ experiences of social work and social care services”, which is due to be published later in August<sup>32</sup>. In May 2022, Scottish Ministers wrote to H&SC Partnerships “to ask for an audit of adult day care and respite services in every local authority, with a view to finding out which services have reopened and which have only partially opened or opened with reduced capacity”<sup>33</sup>. We understand the results are being collated.

### 3. THE CALCULATION OF CARERS FUNDING INCREASES – PART 1

The calculations in this section of the FM are necessarily complicated, with many assumptions and judgements having to be made in the absence of relevant data. Due to the complexity, only some of these are tabulated in the FM. We first present a **summary of the steady state annual funding**; then we discuss the **phasing** proposed in the FM; and finally, we go through the **mechanics of the cost model** to discuss areas which we believe require correction or further work. All figures are for the **central cost estimates**, not the upper and lower variations.

#### 3.1 Summary of steady state annual funding

The underlying calculation model (which we discuss in more detail later) nets off an estimate for relevant current spend by local authorities, including breaks funding in the Carers (Scotland Act), to reach a total of £143.644M, rounded in the FM to £143M:

**SWS Table C3: Steady state annual funding for Carers Rights to Breaks - central estimate**

	Adult Carers	Young Carers	Total	SWS Comments
	£M	£M	£M	
<b>Local Authorities/ Care Boards</b>				
Assessments costs (ACPS & YCSs)	None	None	None	Assumed funded in Carers Act
Personalised short breaks	£78.617	£6.912	<b>£85.529</b>	
Personalised replacement care	£169.285	£0.000	<b>£169.285</b>	None for young carers
Young Carers Support workers	£0.000	£2.203	<b>£2.203</b>	Additional YC support cost not in Carers Act
<b>LA/ CB Sub-total (gross)</b>	<b>£247.902</b>	<b>£9.115</b>	<b>£257.017</b>	
Minus Assumed current LA funding			-149.124	Discussed at end of paper
<b>LA/ CB Sub-total (Net)</b>	<b>£104.07</b>	<b>£3.83</b>	<b>£107.893</b>	Pro rate split: Adult/Young Carers
<b>Scottish Administration</b>				
Easy Access Breaks	<b>£35.376</b>	<b>£0.375</b>	<b>£35.752</b>	Assumes no replacement care required. SG round to £35.5m
<b>Total FM funding for new Carers Rights</b>	<b>£139.443</b>	<b>£4.202</b>	<b>£143.644</b>	SG round to £143m

Source: Scottish Government Carers Breaks FM model v3. Consistent with FM tables 11-13.

The range for the total central estimates of £143m is given on the FM as between £116m to £170m. We understand this is based on illustrative changes to the model parameter values rather than any particular arguments that problematic assumptions or estimates should be higher or lower.

<sup>32</sup> [https://www.careinspectorate.com/images/Carers\\_Inquiry\\_2022\\_-\\_Carers\\_Survey.pdf](https://www.careinspectorate.com/images/Carers_Inquiry_2022_-_Carers_Survey.pdf)

<sup>33</sup> Scottish Parliament, 4 May 2022, Official Report, Col 37:

<https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=13725>

The costs for more Easy Access Breaks are also rounded down (to £35.5m) and are excluded from the summary costs of the NCS Bill in Table 1 of the FM, because Scottish Ministers already have powers to make such payments.

### 3.2 Phasing calculations

The phasing is explained in paragraph 67/68<sup>34</sup>:

67. Based on Carers Census data on the numbers of such plans and statements, the Scottish Government estimates that it will take approximately ten years to reach the steady state number of carers with plans and statements, increasing on average by approximately 27,000 plans and 1,600 statements per year from 2025/26 to 2034/35. This assumes the right to personalised short breaks support under the Carers Act, established by the Bill, is implemented from April 2025, although the implementation date is yet to be decided. [...]. (FM, page 19).

The table below shows the calculations behind the 10-year phasing

**SWS Table C4: Phasing assumptions calculations in the FM**

Steady state	No. of carers	% of total carers	% based on	Assessments per year	Implied No. of years
Adult carers with ACSP	285,260	34%	Carers Act FM	27,000	10.57
Young carers with YCS	19,200	64%	Carers Act FM	1,600	12.00
<b>Total</b>	<b>304,460</b>			<b>28,600</b>	<b>10.65</b>

Sources: first two columns from data in FM table 19; next two from text on page 19; final column SWS calculation.

The FM therefore proposes a 10-year long phasing for the additional breaks funding to local authorities/ care boards, which is not expected to reach steady state until 2034-35. The shorter 6-year phasing for the Scottish Government funded short breaks schemes, start earlier from next year and reach steady state in 2029-30:

**SWS Table C5: Central estimates for phased costs of Carers Act breaks and Easy Access breaks**

	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Carers Act Breaks	0	0	0	10.5	21.5	32.5	43	53.5	64.5	75.5	86	97	107.5
Easy Access Breaks	0	10	15	20	25	30	34.5	35.5	35.5	35.5	35.5	35.5	35.5
<b>Total</b>	<b>0</b>	<b>10</b>	<b>15</b>	<b>30.5</b>	<b>46.5</b>	<b>62.5</b>	<b>77.5</b>	<b>89</b>	<b>100</b>	<b>111</b>	<b>121.5</b>	<b>132.5</b>	<b>143</b>

Sources: FM tables 11, 12 and 13; SWS averages of the upper and lower estimates

We understand that the unit costs used to produce these figures are all **at 2022-23 prices**, which means that there would need to be a commitment from the Scottish Government going forward to **uprate the estimates** for inflation.

### 3.3 Criticisms of the phasing

#### 3.3.1 Arguments from policy

<sup>34</sup> See earlier footnote on the need on the paragraph numbering differences between standard and accessible FM versions.



Scotland's 870,000 unpaid carers provide the majority of care work in Scotland. For around 18%-19% of adult carers that is full time work of 35 or more hours a week, and most of those carers work 50+ hours a week. Support to sustain and enable unpaid carers to continue this labour is at or near the top of prevention priorities for health and social care in Scotland. Indeed, the FM states that "the Scottish Government estimates unpaid care is currently saving Scotland £12.8 billion per year in social care costs, plus £320 million in health care costs – a total saving of £13.1 billion per year<sup>35</sup>"(page 21).

The FM section on "Savings due to rights to breaks" goes on to claim:

Para 72/73. The measures in the Bill are designed to protect carers' health and wellbeing, helping sustain caring relationships. This will reduce costs which would otherwise arise for the NHS, Local Authorities and Integration Authorities, and subsequently the NCS, through unplanned hospital admissions, failed hospital discharge and additional residential care when caring relationships break down. There are around 156,000 people in Scotland providing 35 hours of unpaid care or more per week. If the right to breaks helps prevent 1% of these intensive caring relationships breaking down, that will save £68 million per year in health and social care costs. If the right protects 5% of these intensive caring relationships, the saving will be £318 million per year.

Why then inhibit the continued delivery of these prevention benefits by an over-long phasing of the further investment in breaks and replacement care for carers? If these benefits are achieved with only 3% of carers receiving a break from care what more prevention could be achieved with better support for carers to have breaks?

As regards the Easy Access Breaks funding, direct from the Scottish Government and then via Shared Care Scotland<sup>36</sup> to carers centres, or via the Family Fund<sup>37</sup>, the reasons given for the 6-year phasing are:

[...] this support does not require new legislation and can therefore be implemented immediately.

The model assumes this support builds over time allowing the sector to expand its staffing and provision while growing the numbers of unpaid carers being supported. These figures are predicted to reach a steady state towards the middle of the period as higher numbers of carers are expected to be receiving personalised breaks under the Carers Act. [FM para 68/69, page 20]

We have already argued earlier (in section 2.4) for a programme of investment to create more carers centres and increase their capacity to support carer breaks; such investment could achieve a faster build up.

### 3.3.2 Arguments from data

The data from the FM in our Table 4 above -- on 27,000 adult and 1,600 young carer assessments per year -- is drawn from the Scottish Government's Carers Census<sup>38</sup>, which is problematic, with many missing or partly completed records returned by local authorities and carers centres about carers known to them with assessment or support events in the relevant years; hence it is badged with a health warning as "Data under development", as noted earlier. Even so, it is quite hard to recognise these FM figures in the published statistical tables.

The only other source for carers assessment is the Health and Care Experience Survey (HACE) of a large random sample every two years of people aged 17+ registered with Scottish GPs. The question was first asked in 2019, and again but differently worded in 2021.

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<sup>35</sup> Reference 12 in the FM: Scottish government calculation of replacement care and hospital days avoided (April 2022) using results in Weaver et al: Does availability of informal care within the household impact hospitalisation? *Health Econ Policy Law*. 2014 Jan; 9(1):71-93.

<sup>36</sup> <https://www.sharedcarescotland.org.uk/shortbreaksfund/timetolive/>

<sup>37</sup> <https://takeabreakscotland.org.uk/>

<sup>38</sup> <https://www.gov.scot/publications/carers-census-scotland-2019-20-2020-21/>

In October/November 2019, 8.7% of HACE carers answered Yes to Q31 - **'Have you had a carers assessment, now known as an Adult Carers Support Plan or Young Carers Statement?'** Applying that figure to the FM estimate for adult carers yields 58,000 carers with an assessment. Plugging that into the phasing formula yields an estimate of **5 years** build up to the steady state; coincidentally, the same phasing as was used for the Carers Act.

However, for HACE 2021 the question was combined (to save space) with a new question on types of support, modelled largely on Scottish Health Survey questions:

**SWS Table C6:** HACE 2021 Q37 (for people already identifying that they have caring responsibilities):

"Have you received any support to help with your caring role? <i>Please tick all that apply</i> "	% of carers
1 = A written plan about your caring role and support available to you;	3.0
2 = Help from family, friends or neighbours;	27.0
3 = Help from Carer Centre/local organisation;	10.9
4 = Break(s) from caring;	1.8
5 = Services to replace care you usually provide so you can have a break;	2.2
6 = Other support;	7.7
7 = No support or help	60.1
<b>Implied some support</b>	<b>39.88</b>

It seems unlikely that the change in question wording would have so lowered the percentage of carers reporting that they had had an assessment. That leaves (a) the impact of Covid-19 on local authority services, including carers assessments, despite the fact that councils had received further tranches of Carers Act funding in the two years between these surveys, and (b) the fact that asking the question as part of a list risks that some respondents do not tick "all that apply" but rather the most important items. For example, it is unusual to have replacement care for the person you care for if this is not to enable you to have a break, but additional HACE data received following an ad hoc request<sup>39</sup> showed that 75% of carers reporting they had received replacement care hadn't reported that had received a break. The combined percentage of carers who had received a break and/or replacement care was 3.4% which is similar to the 3% reporting receipt of "short breaks /respite care" in the Scottish Health Survey in 2016-19.

Similarly, the ad hoc data shows that 79% of carers receiving breaks or replacement care did not report having had a written support plan – normally that would precede a break or replacement care, if that were organised by a council. Adding these to the 3% with a plan, increases the percentage to 5.9%, or 49,800 with an assessment. Plugging that figure into the phasing formula yields an estimate of just under **6 years** build-up to the steady state.

**We conclude** that the HACE data provides more reliable estimates of the number of carers assessments, unless the missing records which affect the Carers Census data can be reliably imputed. It is reasonable to use the 2019 figure, since this is not affected by Covid-19 services reductions; **this puts the phasing period at no more than 5 years**. This also provides time to address the capacity issues discussed earlier.

## 4 THE CALCULATION OF CARERS FUNDING INCREASES – PART 2

In this section we consider the data, assumptions, and judgements used to produce the steady state cost estimates of £143 million (largely ignoring the variation range of £116m to £170m). In the interests of transparency, we present the full data, estimates, and assumptions from the NCS FM Carers Funding Model – that means quite large tables.

### 4.1 The proportions of carers with an ACSP or YCS

<sup>39</sup> SWS ad hoc request for additional HACE data – see Annex to this submission for further analysis.

The FM assumes a “steady state” of 34% of adult carers and 64% of young carers will have current assessments under the Carers Act (Adult Carers Support Plans, Young Carer Statements) at any time. These assumptions are crucial in the calculations and are borrowed from the 2015 FM for the then Carers (Scotland) Bill.

66/67. Table 10 shows the number of carers by intensity of caring and our estimate for how many will have ACSP/YCS in the steady state. The distributions assume that 80% of carers in the 50+ hours per week band will have plans/statements, with reducing proportions for less intensive bands and with the balance in the <20 hours per week band to give total proportions of 34% and 64%. [Page 19]

**SWS Table C7: Number of carers and proportion expected to have ACSP / YCS in steady state**

	<20 hours a week	20-34 hours a week	35-49 hours a week	50 or more hours	Total
Number of adult carers	624,864	59,280	29,640	125,215	839,000
Number of carers with ACSP	143,592	23,712	17,784	100,172	285,260
Proportion of carers with ACSP	23%	40%	60%	80%	34%
Number of young carers	27,900	900	300	900	30,000
Number of carers with YCS	17,670	585	225	720	19,200
Proportion of carers with YCS	63%	65%	75%	80%	64%

Source: FM Table 10

In the table above the 40%/60%/80% estimates for the proportions of adult carers in the three 20+ hours bands are judgements which generate the respective numbers of carers with ACSPs, these are added up and subtracted from the total given by the 34% assumption – the remainder is then the number of assessed carers in the residual under 20 hours category, with turns out to be 23%.

We have four significant criticisms:

- (1) The adoption of the same key percentages (34% and 64%) for carers with an ACSP or YCS has the effect that **no additional funding is provided for Carers Act assessments**, which councils are assumed to have now received in full with the final instalment of the Carers Act funding made in the 2022-23 Local Government Finance Settlement. But this is not strictly accurate. **Firstly**, the 2015 FM used unit-costs at 2013-14 prices, these were never updated for inflation either for first year funding for 2018-19, or for final funding in 2022-23. So local authorities never had the full amounts. **Secondly** the numbers of adult carers have increased, offset by a lower figure now used for young carers: **the net impact is 23,000 additional un-costed assessments**, costing around **£5m** at the 2015 FM unit costs for assessment, uprated from 2013-14 values by 2% per year.

**SWS Table C8: Comparison between 2015 Carers Act FM and 2022 NCS FM numbers of carers**

	Total number of carers		% assessed	Total numbers of carers with ACSPs or YCSs		
	2015 FM	2022 FM		2015 FM	2022 FM	Difference
Adults	745,000	839,000	34%	253,300	285,260	31,960
Young carers	44,000	30,000	64%	28,160	19,200	-8,960
<b>Total</b>	<b>789,000</b>	<b>869,000</b>		<b>281,460</b>	<b>304,460</b>	<b>23,000</b>

- (2) No allowance has been made for an increase in demand for Carers Act Assessments, which is likely to follow publicity that carers now have “a right to breaks from caring”, assuming the NCS becomes an Act and is enacted. That seems implausible.

- (3) The 2015 FM judgement that 34% of adult carers would want an assessment was based on carer satisfaction data - changes in that data since then have not been taken into account. We discuss this further in section 4.2.
- (4) 1,200 Young carers provide full time care, most of which is for 50 hours a week. It is difficult to understand why the policy objective is not to assess the needs of *all* young carers providing these volumes of care, in which case the FM judgement that 64% of young carers would want an assessment should be revised upwards, rather than retained for consistency with the 2015 Carers Act FM.

#### 4.2 Carer satisfaction and the basis for the % of carers with an assessment

The justification of these 34% and 64% estimates remains that given in paragraphs 56 and 64 of the original 2015 Financial Memorandum<sup>40</sup> to the Carers (Scotland) Act 2016; we consider paragraph 56 first:

56. [...] The estimate is that over time 34 per cent of adult carers will be the highest percentage of carers who will have an ACSP. This is based on a number of factors relating to the evidence including the fact that 44 per cent of carers currently feel supported to continue caring (Scottish Health and Care Experience Survey) but that some who do not feel supported will opt out of the ACSP because they want more support from family and friends: 32 per cent of carers reported that caring had a negative impact on their health and wellbeing (same survey); and 42 per cent of carers<sup>41</sup> who provide 35 hours or more of care do not receive any support (Scottish Health Surveys 2012 and 2013). Moreover, some carers will continue to be assessed through the community care assessment/disabled child's assessment and other assessments and will not want the ACSP. [...] It has to be acknowledged that the percentage of adult carers with an ACSP might be more than 34 per cent over time but it is very difficult to be accurate about this. (2015 FM, Page 39).

This opaque text shows how difficult it is to make judgements about carers' needs in the absence of reliable data. It is not clear how the various quoted HACE survey figures about adult carer satisfaction feeds into a judgement that that 34% of carers will have had an ACSP once the Carers Act is fully implemented, and that this will be the annual steady state thereafter. However, *what is clear* is that carer satisfaction has fallen sharply since then – see graph overleaf.

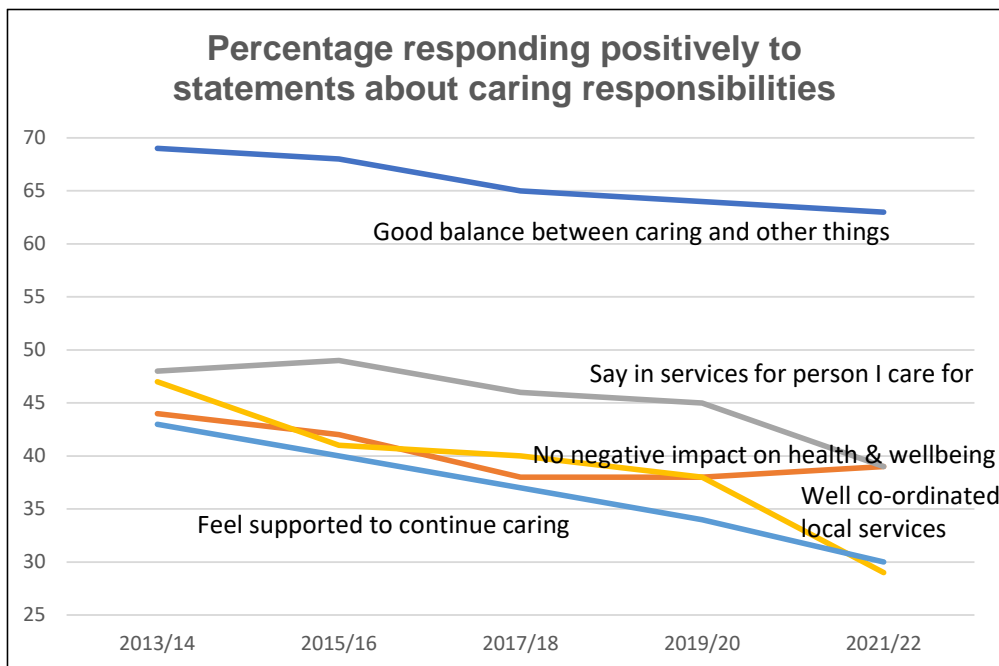
If we take the average of the five satisfaction scores each year, then they decrease by 10 percentage points since the 2013-14 data used in the 2015 FM: from 50.2% satisfied to 40%. So, in the absence of better proxies for need, **there is a prime facie case for increasing the adult carer percentage requiring an ACSP from 34% to 44%**. That would add another 83,900 un-costed ACSP assessments, to be put through the funding model with consequential short breaks and replacement care costs. We have not run those changes through the costing model.

We agree that the figure for young carers should be higher than for adults. The steady state estimate that 64% of young carers should have should have a Young Carer Statement did not have a clear basis in the 2015 Carers Act FM. It difficult to assume that just over a third of young carers do not need an assessment of the impact of caring on their childhoods, health and education, because they are already well-supported. Data from the Scottish Health Survey on support to child carers aged 4-15 has not been published. In the higher caring groups (35+ hours per week), should the aim not be 100%?

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<sup>40</sup> [https://archive2021.parliament.scot/S4\\_Bills/Carers%20\(Scotland\)%20Bill/b61s4-introd-en.pdf](https://archive2021.parliament.scot/S4_Bills/Carers%20(Scotland)%20Bill/b61s4-introd-en.pdf)

<sup>41</sup> This hasn't much changed, an SWS ad hoc request for the Scottish Health Survey for 2012-19 (the survey is small so data for four years is aggregated) show the most recent figure is that 41 per cent of carers caring for 35 hours a week have no support from any source. This question was not asked in 2020.



Source: HACE published reports.

### 4.3 Adult carers personalised breaks support

SWS Table C5 shows the key steps in the FM calculations: shaded cells are input variables; the rest are derived statistics and cost outputs.

**SWS Table C9: Adult carers personalised breaks support**

	<20 hours a week	20 - 34 hours a week	35 - 49 hours a week	50 or more hours	Total	20+	35+
Adult carers	624,864	59,280	29,640	125,215	839,000	214,135	154,855
Proportion of adult carers with ACSP	23.0%	40%	60%	80%	<b>34%</b>	66.2%	76.2%
Number of carers with ACSP	143,592	23,712	17,784	100,172	<b>285,260</b>	141,668	117,956
Proportion of carers with ACSP receiving carer breaks	10%	20%	40%	60%	<b>30%</b>	50.8%	57.0%
Number of adult carers receiving carer breaks	14,359	4,742	7,114	60,103	<b>86,318</b>	71,959	67,217
Percentage of all carers with breaks	2.3%	8%	24%	48%	10.3%	33.6%	43.4%
Number of carer breaks per adult carer	1	2	2	3	2.5	2.8	2.9
Cost per break (Carers Act PM £300, uprated to £360 (2022-23))	£360	£360	£360	£360	£360	£360	£360
Cost of carer breaks (£m)	£5.169	£3.415	£5.122	£64.911	<b>£78.617</b>	£73.448	£70.033

Sources: Scottish Government NCS Carers funding model – central estimate

We note that 10.3% of all adult carers would have an average of 2.5 break per year. This compares with Scottish Health Survey data for 2016-19 which has consistently shown only 3% of all adult carers receive a “break/ respite”. Ad hoc data from the same survey shows that only 9% of full-time unpaid carers (caring for 35+ hours per week) received a break: the intention implied by the Funding Model is that this will rise to 43%. Both increases do not include “Easy Access Breaks”, which we discuss later. There is no data on the frequency of breaks.

The number of **carer breaks per adult carer** is problematic. We agree that people who care for longer hours each week will on average need more breaks. We do not agree that the number of

breaks needed will be on average the same (2 per year) for carers providing 35-49 hours a week, as it is for carers providing 20-24 hours per week. Full-time carers need more. (For illustration only, an average of 2.5 breaks per year, instead of 2 for the 35-49 hours group costs about £2m more). The issue would benefit from consideration in tandem with the duration of breaks, discussed after unit costs.

Those average **unit costs** of £360 per break look too low, especially if overnight stay away from home is needed. The figure used in the Funding Model is based on an inflation uplift of the 2015 Carers Act FM costing of £300 per break, itself based on data on “Time to Live” grants to help support carers to take short breaks, in 2012-13 this averaged £304<sup>42</sup>. Councils, and subsequently Care Boards, will need to set personal budgets in relation to assessed needs, rather than set each one at £360 per break.

There is also no consideration of the **duration** of the break. **So, the “right to a break” is not a right to any particular minimum duration, but only whatever breaks is assessed as sufficient to meet unmet needs.** Full-time carers, the vast majority of whom will not have had a holiday for some time – according to the statistics about receipt of breaks – may be assessed as requiring a break of at least a week away from caring: £380 will not cover any of those costs. According to one website<sup>43</sup>, “a vacation [in] the United Kingdom for one week usually costs around £852 for one person”. We do not know how much of such costs could be met from carers’ own resources.

Many carers cannot take a break without replacement care being available for the person they care for – we discuss this for adult carers before considering personalised breaks for young carers.

#### 4.4 Adult carers and replacement care

The costing model is quite complicated here. Again, the key input assumptions are shaded.

**SWS Table C10: Adult carers whose personalised breaks support requires replacement care**

	<20 hours a week	20 - 34 hours a week	35 - 49 hours a week	50 or more hours	<b>Total</b>	20+	35+
Number of carers with ACSP	143,592	23,712	17,784	100,172	<b>285,260</b>	141,668	117,956
Proportion of adult carers with ACSP that receive replacement care	5%	10%	20%	50%	<b>22%</b>	50%	41%
Number of adult carers receiving replacement care	7,180	2,371	3,557	50,086	<b>63,194</b>	56,014	53,643
As percentage of adults receiving carer breaks	50%	50%	50%	83%	<b>73%</b>	78%	80%
As percentage of all adult carers	1%	4%	12%	40%	8%	26%	35%
Of which % residential care	0.0%	10.0%	30.0%	65.0%	<b>53.6%</b>	60.4%	62.7%
Of which % home-based care	100.0%	90.0%	70.0%	35.0%	<b>46.4%</b>	39.6%	37.3%
Number of weeks replacement care per carer (Adult carers)	1	2	3	4			

<sup>42</sup> However, this average was restrained by the fact that these grants had an upper limit of £500 at that time. *Time to Live* is providing direct grants to carers (via a local application process managed by Carers Centres) that they can use to help access leisure, recreation, social activities, mini-breaks and other opportunities that meet their personal outcomes. These grants are administered by Shared Care Scotland.

<sup>43</sup> <https://www.budgetyourtrip.com/united-kingdom>. This is for visitors from abroad to the UK, but excludes travel costs.



	<20 hours a week	20 - 34 hours a week	35 - 49 hours a week	50 or more hours	<b>Total</b>	20+	35+
Number of weeks replacement care	7,180	4,742	10,670	200,344	<b>222,936</b>	215,757	211,014
Adults carers supported by residential replacement care	0	237	1,067	32,556	<b>33,860</b>	33,860	33,623
Care home weeks required for replacement care	0	474	3,201	130,224	<b>133,899</b>	133,899	133,425
Care Home weighted average cost, £ per week	£981	£981	£981	£981	£981	£981	£981
Cost of replacement care in care homes, £M	£0.000	£0.465	£3.140	£127.731	<b>£131.336</b>	£131.336	£130.871
Cost per adult carer supported		£1,962	£2,943	£3,923	<b>£3,879</b>	£3,879	£3,892
Adults carers supported by domiciliary replacement care	7,180	2,134	2,490	17,530	<b>29,334</b>	22,154	20,020
Home care hours required weekly per person	8	10	22	22	17.70	20.84	22.00
Home care hours required for replacement care	57,437	42,682	164,324	1,542,649	<b>1,807,091</b>	1,749,655	1,706,973
Average cost £ per hour	£21	£21	£21	£21	£21	£21	£21
Cost of replacement care £M - home care	£1.206	£0.896	£3.451	£32.396	<b>£37.949</b>	£36.743	£35.846
Cost per adult carer supported	£168	£420	£1,386	£1,848	£1,294	£1,659	£1,791
<b>Total cost of replacement care, £M</b>	<b>£1.206</b>	<b>£1.361</b>	<b>£6.591</b>	<b>£160.126</b>	<b>£169.285</b>	<b>£168.079</b>	<b>£166.717</b>

Sources: Scottish Government NCS Carers funding model – central estimate

The model starts with assumptions about the proportion of adult carers with an ACSP that need replacement care. Of course, it is possible to be assessed as needing a short break but not as needing support for the break, as that might be met by the person's family. A much more typical situation is where the replacement care is necessary for a carers to take a break from caring. For that reasons we have shown replacement care as a subset of short breaks support, in the fourth line of the table, highlighted in yellow. It does not seem probable that only half of adult carers requiring a break from full-time caring for 35-49 hours will need also replacement care, and this figure should be increased. The percentages here are consequences of two earlier assumptions:

**SWS Table C11: Products of two assumptions:**

	<20 hours a week	20 - 34 hours a week	35 - 49 hours a week	50 or more hours	<b>Total</b>	20+	35+
Proportion of adult carers with ACSP receiving carer breaks	10%	20%	40%	60%	<b>30%</b>	50.8%	57.0%
Proportion of adult carers with ACSP that receive replacement care	5%	10%	20%	50%	<b>22%</b>	50%	41%
<b>Therefore:</b> Proportion of adult carers with personalised Breaks support that receive replacement care	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>83%</b>	<b>73%</b>	78%	80%

The final row shows what may well have been an unintended consequence: flat line percentages for the first three hours bands is not consistent with the Funding Model's primary assumption that

the need for support rises with increasing carer hours per week. Some adjustment is therefore needed to the first two rows.

The cost of replacement care is more than twice that for short breaks. The assumptions are equivalent to 73% of carers with personalised short breaks requiring replacement care. That's higher than the latest HACE data show (around 63% - see **Annex 1**), but what we don't know is how many carers cannot take a short break because replacement care is not available: both HACE and the Scottish Health Surveys show only 3% of carers have a break. There is a strong case for the Funding Model to increase the percentages of carers receiving breaks in the full-time caring categories

The other key judgement is about **replacement care durations**: how many weeks of replacement care are needed? We agree with the assumption that, on average, this will increase as the weekly hours of unpaid care increase; the assumption that this increases stepwise by one week as we go up to 50+ hours per week (at 4 weeks per year replacement care) seems as reasonable as any judgement that can be made in the total absence of any data collection on such needs<sup>44</sup>.

The cost estimates are highly sensitive to whether residential respite is required, and the number of weeks of replacement care is required to be supported annually. No data is available to help these judgements.

#### 4.5 Costing Adults residential replacement care

**Residential** replacement care unit costs are £981 per week, based on a weighted sum in the proportions 3:1 of £800.31 (for the national care home contract rate per week for nursing care of £762.20 per week in 2019-20(?) plus 5% inflation uplift to 2022-23), and £1,522.50 (an estimate for respite costs for complex placements, provided by IJB chief finance officers, of £1,450 plus 5% inflation). Certainly, respite beds are more expensive than long-stay beds as the turnover intervals per bed are much higher. The figures were reasonable at the time of calculation; however, the 2022-23 nursing home rate is now £832.10 – updating the model for that change alone adds £3m to the central cost calculations. It is also the case that the national care home contract only applies to local authority purchased places in private and voluntary care homes for *older people*. Prices for adults with learning or physical disabilities are much higher, as are places in local authority care homes. The “complex placement” rate and the weightings may or may not fully capture those costs.

#### 4.6 Costing Adults non-residential replacement care

**Home care** costs are used to stand for all non-residential costs. The funding model uses £21 per hour, based on average respite homecare rate provided by IJB Chief Finance Officers, uprated by inflation to represent 2022/23 costs (no other information is given in the model). This seems reasonable; the problem is rather the assumptions about how **unpaid care hours convert to replacement paid care hours**. This is not on a one for one basis:

**SWS Table C12: Conversion of unpaid hours into paid replacement care hours:**

	<20 hours a week	20 - 34 hours a week	35 - 49 hours a week	50 or more hours	<b>Total</b>
Adults carers supported by domiciliary replacement care	7,180	2,134	2,490	17,530	29,334
Replacement Home Care hours a week in the SG Funding Model	8	10	22	22	17.7
Midpoint hours of unpaid care	10	27.5	42.5	70	
Implied percentage recognised	80%	36%	52%	31%	35.5%

<sup>44</sup> If the relevant aggregated data from local authority carers assessments existed, it would necessarily only show cash-limited judgements of what people need.



	<20 hours a week	20 - 34 hours a week	35 - 49 hours a week	50 or more hours	<b>Total</b>
<i>Alternative model</i>					
Replacement HC hours per day	1	2	3	5	
Replacement HC hours per week	7	14	21	35	25.4
% of midpoint	70%	51%	49%	50%	51.0%

We understand that the Funding Model assumptions in the greyed row are based on an analysis of quartile averages for home care hours per client in the March 2020 Home Care Census week. So, the upper quartile average was 22 hours per client and this has been used for the two full-time carer categories, and the lower quartile average of 8 hours per client was used for the under 20 hours a week carer group, with a judgement of 10 hours per client for the 20-34 hours group. One problem with using this data is that some home care clients will be also supported by unpaid care, so the average home care hours per week will understate met needs, as they will for other reasons such as the existence of unmet and partially met needs in a cash-limited care system.

We cannot compare those amounts with the average hours of care provided for each of the four banded hours categories in the model. This is because no survey has asked for the number of hours of unpaid care that was provided yesterday or last week or usually. So, the numbers of carers in these banded hours (with the under 20 hours group split between under 5, and 5-19) are the only data available for the distributions of hours per week of unpaid care. All we can do, therefore, is use the band mid-points as a proxy for medians or means – this is done in the next row, with a judgment that the average for the 50+ hours group is 70 hours. The model's assumed replacement Home Care hours a week are then shown as a percentage of these midpoints to measure the conversion rates from unpaid care to paid replacement care hours – these are in the rows labelled "Implied percentage recognised", which vary with no consistency. This undermines their rationale.

Put another way, we estimate that 1.2 million hours per week of unpaid care at home provided by 29,300 carers is being replaced by 519,200 hours of paid home care on the SG Funding Model, a conversion rate of 36% overall, but varying from 80% for the people with the least unpaid care per week (under 20 hours) group but only 31% for the group with higher intensity needs at 50 or more hours per week. That makes little sense.

A **preferred approach** would be to try to **keep the conversion rate constant**, on the basis that the distribution of unpaid care across the different bands categories for hours per week is indicative of relative needs. We agree that it is reasonable for the conversion rate for the replacement paid care funded by the local authority/care board to be less than 100% of the unpaid care and still be at an acceptable standard; in the real world this would be determined by a personalised needs assessments. For illustrative purposes, we have costed a more generous and consistent alternative which sets the replacement care at 1 hour a day for the least intensive caring group, and for the other groups aims at 50% for each of the mid-point hours, so that two hours of unpaid care is replaced by one hour of paid care as shown in the bottom half of SWS Table C8 above. This would cost an additional £19.1million.

#### **4.7 Young carers and support for breaks**

As we have seen, the SG Funding Model assumes that 64% of all 30,00 young carers receive a personalised assessment (a Young Carers Statement). The model assumes that 100% of assessed young carers receive will require a break from caring, so the percentage of all young carers who have an annual break is also 64% - for adult carers it was 10.3%. But while that smaller number of adults had 2.5 breaks a year on average, for young carers the model assumes only one break a year.

**SWS Table C13: Young carers personalised breaks support**

	<20 hours a week	20 - 34 hours a week	35 - 49 hours a week	50 or more hours	<b>Total</b>	20+	35+
Number of Young carers	27,900	900	300	900	<b>30,000</b>	2,100	1,200
Proportion of Young carers with YCS	63.3%	65.0%	75.0%	80.0%	<b>64.0%</b>	72.9%	78.8%
Number of carers with YCS	17,670	585	225	720	<b>19,200</b>	1,530	945
Proportion of young carers with YCS with activity enabling break	100%	100%	100%	100%	<b>100%</b>	100%	100%
Number of young carers with YCS with activity enabling break	17,670	585	225	720	<b>19,200</b>	1,530	945
Number of carer breaks per Young Carer	1	1	1	1	<b>1</b>	1	1
Cost per break (Carers Act PM £300, uprated to £360 (2022-23))	£360	£360	£360	£360	<b>£360</b>	£360	£360
<b>Cost of carer breaks (£m)</b>	<b>£6.361</b>	<b>£0.211</b>	<b>£0.081</b>	<b>£0.259</b>	<b>£6.912</b>	<b>£0.551</b>	<b>£0.340</b>
Number of FTE YC Support Workers (at 1:388 carers with YCS)	45.54	1.51	0.58	1.86	49.48	3.94	2.44
<b>Cost of Young Carer Support Workers at £44,520 per FTE, in £ million</b>	<b>£2.027</b>	<b>£0.067</b>	<b>£0.026</b>	<b>£0.083</b>	<b>£2.203</b>	<b>£0.176</b>	<b>£0.108</b>
<b>Total cost of Young Carer Breaks support</b>	<b>£8.389</b>	<b>£0.278</b>	<b>£0.107</b>	<b>£0.342</b>	<b>£9.115</b>	<b>£0.726</b>	<b>£0.449</b>

Sources: Scottish Government NCS Carers Funding Model – central estimate

So young carers are being treated differently than adults; how differently? The Model provides 19,200 breaks to be costed. If this was at 2.5 breaks per person, as for adults, but the total breaks to be costed stayed the same, then the proportion of young carers with a break would be 26%, which is more generous than the 10.3% figure for adults. Policy objectives for support to young carers may well justify higher average levels of support than for adults, reflected in the 2012 and 2022 FM assumptions provide for nearly twice as many personalised assessment<sup>45</sup>s for that of young carers than for adult carers, and 100% of those receiving one break a year. Nevertheless, one break a year seems somewhat low for young carers providing 20-34 hours of care per week, and certainly so for the only 4% of young carers estimated to be caring full-time. **This should be reviewed.**

The one break a year is costed at the same £360 rate as for adults. For 19,200 young carers this works out at £6.6 million a year. In addition, local authorities/care boards seem encouraged to employ or commission “**Young Carer Support Workers**”, the costs for which are based on a scheme in one council area, which has one full time worker supporting 388 young carers, or at least there being that many young carers in the catchment, not all of whom need support. Is that because other forms of support are available in that area, such as a carers centre, or schools which are aware of and support the young carer pupils? These workers are presented as part of the support for young carers with YCSs, and so are part of delivering a legal right to a break. At this level of funding, only £2.2 million is available across Scotland for such schemes.

Perhaps the most baffling aspect of the Funding Model for Young carers is **the lack of any replacement care**. Is this because other family members are assumed to step in to enable the young carers to take a break from the care, for example, of disabled siblings, or a single parent with mental health problems? It seems very probable that all the 1,200 full time young carers and

<sup>45</sup> The assumptions already discussed that 64% receiving a Young Carers Statement compared to 34% of adult carers receiving an ACSP. We have already provided grounds for these assumptions to be reviewed.

a significant proportion of the 20-34 hours per week group, will need replacement. **We believe this issue should be reconsidered.**

## 5. EASY ACCESS SUPPORT

As the FM reminds us in paragraph 65/66:

The estimates for personalised support are based on the number of carers with plans and statements, and those for easy access support are based on the balance of carers who do not have plans/statements. [Page 19]

The tables below show the stages in the calculations:

**SWS Table C14: Easy Access Breaks Support for Adult Carers**

	<20 hours a week	20 - 34 hours a week	35 - 49 hours a week	50 or more hours	<b>Total</b>	20+	35+
Percentage of Adult carers with no personalised breaks support	77.0%	60%	40%	20%	<b>66%</b>	33.8%	23.8%
Adult carers with no breaks support	610,505	54,538	22,526	65,112	<b>553,740</b>	72,467	36,899
Uptake by Adult carers with no personalised breaks support	10%	40%	40%	40%	<b>21.3%</b>	78.5%	95.0%
Adult carers with Easy Access support	61,050	21,815	9,011	26,045	<b>117,921</b>	56,870	35,055
Easy Access payment per carer	£300.00	£300.00	£300.00	£300.00	<b>£300.00</b>	£300.00	£300.00
Adult carers Easy Access Breaks costs in £m	£18.315	£6.545	£2.703	£7.813	<b>£35.376</b>	£17.061	£10.517

Sources: Scottish Government NCS Carers Funding Model – central estimate

**SWS Table C15: Easy Access Breaks Support for Young Carers**

<b>Easy Access Breaks Support for Young Carers</b>	<20 hours a week	20 - 34 hours a week	35 - 49 hours a week	50 or more hours	<b>Total</b>	20+	35+
Percentage of Young carers with no YCS/personalised breaks support	36.7%	35.0%	25.0%	20.0%	<b>36.0%</b>	27.1%	21.3%
Young carers with no YCS/personalised breaks support	10,230	315	75	180	<b>10,800</b>	570	255
Uptake by Young carers with breaks support	10%	40%	40%	40%	<b>11.6%</b>	40.0%	40.0%
Young carers with Easy Access support	1,023	126	30	72	<b>1,251</b>	228	102
Easy Access payment per carer	£300.00	£300.00	£300.00	£300.00	<b>£300.00</b>	£300.00	£300.00
Young carers Easy Access Breaks costs in £m	£0.307	£0.038	£0.009	£0.022	<b>£0.375</b>	£0.068	£0.031

Sources: Scottish Government NCS Carers Funding Model – central estimate

Most of the total funding will go on adults (£35.4m) because there are many more without a personalised break. The unit costs used an average of £300 per break, which the FM states is “based on feedback from providers of Time to Live and Take a Break Scotland grants” (footnote 9 on page 18). This is not much lower than the £360 unit cost used for personalised breaks provided under the Carers Act. Uptake percentages are assumed to be the same for adult and young carers: at 10% for the under 20 hours a week group and 40% for the other three groups – so the demand for these breaks is not assumed to increase with intensity of caring, which is perhaps

surprising. Again, this seems a departure from the fundamental assumption that support needs increase with intensity of caring, and **should be reviewed**.

There is **no replacement care** associated with Easy Access Breaks in the FM or underpinning Funding Model, despite over 35,000 recipients being assumed to be full-time carers, so many carers who need replacement care will need to go down the personalised local authority/care boards Carers Act assessment route, rather than Easy Access. Presumably, carers centres or the Family Fund will refer carers who need replacement care to these statutory agencies.

The next table shows the combined breaks provision being funded in the Model, excluding the replacement care oncosts and young carer support workers:

**SWS Table C16: Combined Breaks, Excluding replacement care and young carer support workers**

Combined breaks table Excluding replacement care and YC Support Workers	<20 hours a week	20 - 34 hours a week	35 - 49 hours a week	50 or more hours	<b>Total</b>	20+	35+
<b>Total Breaks costs, Gross £M</b>							
Adult carers	£23.484	£9.959	£7.825	£72.725	<b>£113.993</b>	£90.509	£80.550
Young carers	£6.668	£0.248	£0.090	£0.281	<b>£7.287</b>	£0.619	£0.371
<b>Total Gross Breaks Funding</b>	<b>£30.153</b>	<b>£10.207</b>	<b>£7.915</b>	<b>£73.006</b>	<b>£121.281</b>	<b>£91.128</b>	<b>£80.921</b>
Of which Easy Access	£18.622	£6.582	£2.712	£7.835	£35.752	£17.129	£10.547
	62%	64%	34%	11%	29%	19%	13%
Adult replacement care	£1.206	£1.361	£6.591	£160.126	<b>£169.285</b>	£168.079	£166.717
Young carer support workers	£2.027	£0.067	£0.026	£0.083	<b>£2.203</b>	£0.176	£0.108
<b>GROSS GRAND TOTAL FUNDING</b>	<b>£33.386</b>	<b>£11.636</b>	<b>£14.531</b>	<b>£233.215</b>	<b>£292.768</b>	<b>£259.382</b>	<b>£247.746</b>
<b>Estimated current funding</b>					<b>£149.124</b>		
<b>TOTAL NET FUNDING</b>					<b>£143.644</b>		
<b>Total Breaks recipients</b>							
Adult carers	75,410	26,557	16,124	86,148	<b>204,239</b>	128,830	102,272
Young carers	18,693	711	255	792	<b>20,451</b>	1,758	1,047
<b>Total</b>	<b>94,103</b>	<b>27,268</b>	<b>16,379</b>	<b>86,940</b>	<b>224,690</b>	<b>130,588</b>	<b>103,319</b>
Of which Easy Access	62,073	21,941	9,041	26,117	119,172	57,098	35,157
	66%	80%	55%	30%	53%	44%	34%
<b>Breaks recipients as % of all carers</b>							
Adult carers	12%	45%	54%	69%	<b>24%</b>	60%	66%
Young carers	67%	79%	85%	88%	<b>68%</b>	84%	87%
<b>Total</b>	<b>14%</b>	<b>45%</b>	<b>55%</b>	<b>69%</b>	<b>26%</b>	<b>60%</b>	<b>66%</b>

The end result is that 24% of adult carers and 68% of young carers should have supported annual breaks in the “steady state” position. That compares with around 3% in the latest available surveys for adults (the figure for young carers is not published). Total gross costs for breaks are estimates at £121.3 million plus £169.3 million for replacement care and £2.2 million for young carers support workers. This brings the gross total to £292.8m. An estimate of £149m for current local authority funding for support to unpaid carers is then deducted, leaving £143m (rounded down) of which £35.5m per year will be spent by the Scottish Government on easy access short breaks grants schemes with the balance of £107m (rounded down) transfers to NCS Care Board funding.

## 6. ESTIMATE OF CURRENT LOCAL AUTHORITY FUNDING FOR SUPPORT TO CARERS

All estimated costs for breaks support in the SG NCS Carer Breaks Funding Model are gross total costs, from which an estimate of current local authority funding is netted off. That estimate of **£149 million** is of some importance since it takes off over half (58%) of the gross costs to produce the net central estimates of £143 million. The calculations in the Funding Model are somewhat obscure. A major part of the problem is that there has been no data currently collected on local authority expenditure on “respite care” and other support to carers since 2012-13 when the Scottish Government decided to delete these lines from future local authority financial returns on grounds of poor data quality. Similar considerations about data quality led to the deletion of the respite care service activity statistics collected by the Scottish Government from councils, with 2015 being the last year. The replacement Carer Census is still “data under development” and has many missing or incomplete records, so cannot yet provide robust counts of assessments, care breaks, respite care, and also does not include costs<sup>46</sup>.

The Funding Model takes into account “carer support and respite services” figures from the Grant Aided Expenditure (GAE) “Green Book” used to reach each Council’s service expenditure need totals in the formula that determines each local authority’s annual funding grant settlement from the Scottish Government, but mixes these with some estimates of current spend based on the Scottish Health Survey data on the number of breaks (at 3% of the carer population).

There are two problems here: we do not know what councils spend currently on carer support, and in any case the FM is about funding, so if this is calculated on gross costs to meet total need, at the levels largely determined by the assumptions and judgement in the Model, then it should be only *current funding* that is deducted, to establish the net additional funding required.

The GAE category for carer support and respite services is currently also used to distribute certain funding not associated with carers; excluding that, we have the following amounts:

**SWS Table C17: GAE items for carer support and respite services**

	<b>£000s</b>
Formerly Frozen GAE, historic levels for carer support and respite	24,125
Redetermination, mentioned in Green Book 2020-21 Notes	2,820
Total for Carers Act implementation by local authorities	83,500
Less Carers Act funding for Assessment (ASCPs and YCSs)	-20,390
Less Carers Act funding for Information & Advice	-3,040
Scottish Budget 2022-23 transfer from H&SC to LG for unpaid carers	5,000
<b>Total</b>	<b>92,015</b>

The reason the assessment and information & advice elements within the Carers Act funding need to be deducted is because this funding is already presupposed by the NCS Carers Funding Model and being excluded from the total costs in the NCS FM is therefore not available to net off the gross costs of the additional levels of breaks and replacement care. In fact, the Funding Model recognises this in a similar adjustment to the Carers Act funding total. The reason for the difference between the £92m total figure in the table and the £149m figure in the Funding Model is that the latter includes around £57m of assumed additional spending. That estimate is unreliable, and if anything like that was being spent over the GAE levels in the last decade, local government austerity will have brought it down. In any case, the logic of the calculation means it has to be *funding* that is counted here, not actual *expenditure* (which the Scottish Government ceased collecting for support to carers in the local government financial returns ten years ago).

<sup>46</sup> The FM notes that “The Carers Census is currently being reviewed and work is ongoing to support local areas to improve the collection” [page 21].

Of course, the figures in the table do not include and generic funding uplifts that local government received for time to time for social care pressures, some of which could be used fund support to carers. On the other hand, the Carers Act funding shown in the table was calculated at 2013-14 prices and never updated for inflation, but simply put into the local government finance settlements as *cash*, on a phased basis over the five years from 2018-19 to 2022-23. So, the sums in the table will not buy the service volumes assumed when they were calculated.

If £92m was used at the netting off figure against the total Gross NCS and Easy Breaks figure of £293 million, then the Net central steady state funding would be around £200m, not £143 million.

Mike Brown, Treasurer,  
Social Work Scotland,

2 September 2022

## NEW HEALTH & CARE EXPERIENCE SURVEY DATA ON SUPPORT RECEIVED BY CARERS

The Health and Care Experience survey (HACE), undertaken every two years, is based on a large postal questionnaire sent to a random sample of people aged 17 or over who are registered with Scottish GPs. It includes questions about any caring roles, hours of care provided, five satisfaction questions around services, support, and life/care balance, etc, and a new question on types of support received. 537,924 forms were sent out in November, 130,352 were completed (59% online); a response rate of 24.23%<sup>47</sup>. The results for the new question are shown below:

### HACE 2021, New Question 37: Have you received any support to help with your caring role? Please tick all that apply.

	Number of respondents	%	Low CI %	High CI %
<i>Published data</i>				
A written plan about your caring role and support available to you	714	2.99	2.75	3.23
Help from family, friends or neighbours	6,111	27.03	26.39	27.68
Help from Carer Centre/local organisation	2,580	10.86	10.42	11.30
Break(s) from caring	428	1.78	1.59	1.97
Services to replace care you usually provide so you can have a break	498	2.16	1.96	2.37
Other support	1,740	7.73	7.34	8.12
No support or help	13,442	60.12	59.41	60.82
<b>Total carers</b>	<b>22,525</b>			
Of which: some help	9,083	40.32		
<i>SWS Ad hoc request</i>				
Break(s) and replacement care	134	0.58	0.47	0.69
Break(s) but no replacement care	294	1.20	1.05	1.35
Replacement care but no break(s)	364	1.58	1.41	1.76
<b>Total Breaks and/or replacement care</b>	<b>792</b>	<b>3.36</b>		
Written support plan, break(s), and replacement care	53	0.24	0.17	0.31
Written support plan, break(s), but no replacement care	47	0.20	0.13	0.26
Written support plan, replacement care, but no break(s)	68	0.28	0.21	0.35
<b>Total</b>	<b>168</b>	<b>0.72</b>		
<b>Breaks or replacement care but no written support plan</b>	<b>624</b>	<b>2.64</b>		
<i>If not possible without assessment:</i>				
Implied assessments plus written support plans	<b>1,338</b>	5.94%		

Notes: Last two CI columns show the 95% confidence intervals supplied by SG statisticians. For example, 2.99% of carers in the survey sample had a written plan, and there is less than a 5% chance that the true value of this percentage in the total carer population is outside the range 2.75% and 3.23%. Figures in the table calculated by SWS have blanks in these columns

<sup>47</sup> Responses were lower in cities, and lowest in Glasgow (16%); lowest also in the worst deprivation quintile (15%), compared with 32% in the least deprived; and lowest in the 17-24 age group (10%); compared with people 65+ (44%). To deal with these differences, the responses are weighted up to the total population size for each GP practice, and then to reflect the Scottish population age/sex structure. See HACE Technical Report at: <https://www.gov.scot/publications/health-care-experience-survey-2021-22-technical-report/>

SWS has recently raised a query about the percentages with HACE statisticians, which differ slightly for each question from the survey respondent numbers divided by total respondents identifying as carers (N=22,525). For example, the 6,111 respondents who report “Help from family, friends or neighbours” are 27.13% of the totals of 22,525 respondents, rather than the 27.03% published. (Percentages calculated by SWS have to use the number of respondents divided by 22,525 and are those shown in the table with blanks for the confidence limits columns). Until this is explained (probably in terms to do with sample weighting), the figures shown be regarded as provisional.

The other problem with the table data is the probability that some respondents will not have “ticked all that apply”, but only the main or most important sources of support. For example, nearly half of carers (46%) reporting support in the form of replacement care did not also report having “break(s) from caring”. But the wording of the replacement care question refers to “Services to replace care you usually provide so you can have a break”, so by definition having a break was involved. The questions do not distinguish the source of support, but it is possible that the replacement care was counted because it came from an agency such as the local authority, while the break was taken without this support. Conversely, breaks taken without replacement care reported may have had the latter covered by family members and so be counted under “Help from family, friends or neighbours”.

For these reasons we believe that the figure for breaks from caring at 1.8% is under-reported, and is better understood as including replacement care, which would bring it at 3.4% more into line with the 2016-19 figure from the Scottish Health Survey for “Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite” of 3% (not available unrounded). On that basis, 62.9% of carers with breaks reported receiving replacement. We have not yet requested that figure by hours of caring per week, but clearly it will be much higher for full-time carers.

Similar problems face the interpretation of the responses about assessments of carers’ needs: “A written plan about your caring role and support available to you”, which was only reported by 3.0% of carers responding to HACE in 2021. This significantly lower than the previous HACE question, asked for the first and only time in the October/November 2019 survey. Then, 8.7% of carers answered Yes to Q31 - 'Have you had a carers assessment, now known as an Adult Carers Support Plan or Young Carers Statement?'. It does not seem likely that the change in the wording of the question is responsible for this drop in positive responses. (The 2019 use of Carers Act terminology seems less likely to have been understood than “assessments” also mentioned). It seems more likely that combining this question (to save space) with a new question including other types of support, led some assessed respondents to tick only the support. It is also very likely that there was also a real fall in the number of people receiving an assessment during the restricted availability in Covid-19 circumstances during 2020 and 2021.

Again, we cannot assume that *all* breaks and replacement care were arranged following a local authority assessment of needs, although it seems very likely that most of those reported were, especially for replacement care. It is not credible that 79% (N=624/ 792) of carers reporting a break from caring or replacement care have not had an assessment or written plan. Adding these (N=624) to the number reporting a written plan (N=714), produces a revised estimate of 6% of carers having had an assessment (N=1338/ 22525). This is still below the 2019 total (8.7%), probably reflecting Covid-19 impacts.

Questions of interpretation aside, the main indisputable fact from the HACE new question is that the majority of carers (60%) received no help or support at all, slightly lower than the 68% reported by the Scottish Health Survey for 2016-2019 (combined).

Further analysis work is planned on survey data available about carers in Scotland.

Mike Brown, Treasurer, Social Work Scotland