

IN CONTROL SCOTLAND PRESENTS

# NHS HIGHLAND: SUPPORTING UNPAID CARERS

A SELF-DIRECTED SUPPORT CASE STUDY

2024



## Introduction

Self-directed support (SDS) has been Scotland's national policy for social care since 2014, giving people with support needs the choice, control, freedom, and flexibility to co-create supports that work for them. After the introduction of the Carers Scotland Act in 2016, SDS has also been the mechanism for support to unpaid carers, allowing them to utilise individual budgets in a way that helps them continue in their caring role.

The pandemic saw many authorities creating greater flexibility of spend for carers budgets, because the traditional ways of delivering support were simply not available. Since services began re-opening we have seen a return to the use of traditional and building-based services, and a tightening of process and control, which is counterproductive in the current environment of social care and scarcity of services. There remains a lack of clarity across some authorities about the ways carers budgets can be used, which can result in supported people and carers being limited in their ability to truly maximise the potential of SDS. As part of our national work to improve self-directed support, we agreed with Scottish Government that we would spend time working with local authorities to support the flexible use of carers budgets through self-directed support, by exploring how this has worked in practice, and how it could be improved.

As part of the suite of practice evidence we have been gathering in this area, we interviewed Jennifer Campbell, Carer Services Development Officer at NHS Highland. She started her role in November 2019, is a qualified Social Worker and has previously managed the Self-Directed Support Team for NHS Highland between 2011-2017.

## **Starting with understanding**

We spoke with Jennifer about her role as Carer Services Development Officer, and particularly the innovative use of the flexible use of carers budget. Jennifer began by explaining the traditional set up of respite and carers provision when she started her role. NHS highland had 16 block funded beds within Care Homes with around 80% capacity, also with the home-based respite, sitting service and one-off payment. Jennifer's plan was to complete a road show around the Highlands in spring and summer of 2020 to hear from carers face to face.

*“I wanted to hear from carers and look at a better use of the resources we had”*

She went on to explain that having a personal experience of respite, with her dad (who has dementia) going into a care home and her mum *“pined the whole time he was in the care home”*. Jennifer felt she had to be more creative with traditional services, and spoke about *“a couple who have been married for sixty years, let's try and keep them together”* and so Jennifer started to have conversations with people who would listen starting with her own line manager.

## Demystifying and challenging perceptions

Jennifer said a good example of challenging the traditional respite route, was when a carer contacted her and said she was exhausted by her caring role. She didn't want respite as she didn't want to be away from her husband but said she just wanted some help with the cleaning each week. When she spoke, told this story to her director she was told that *"we don't pay for cleaners Jennifer"* then after a discussion, her director told her that if she did not have her own cleaner coming into her house each week then she *"wouldn't manage"*. She went on to say that her director recognised that *"I hadn't anticipated the power of that for somebody who has all these caring responsibilities"*. Jennifer reflected, *"that, to me, that one was a real nugget of just changing hearts and minds."*

Just before Jennifer completed her short breaks policy, in March 2020 the pandemic started. NHS Highland had received some money for carers to support them through the pandemic, so Jennifer had conversations with her line manager and her colleagues in Social Work departments. She also explained that she had conversations with her Social Work Managers, and she realised that there was a sense that people would *"complicate things"* by asking *"is it for the cared for person or the carer?"* and that from these conversations she had to strip things back and get people to think differently.

This led onto a discussion around the use of language and how this needs to continually evolve. Jennifer said they are looking to rebrand short breaks as a Carers Wellbeing Fund, as feedback from carers said that *"we understand respite, but short breaks is confusing."* We went on to also discuss the use of the term carers and Jennifer noted that part of the reason carers often don't come forward for support or help is that they don't see themselves as carers. She explained that often carers were seen as people who are paid to go into people's homes and

support them, and so she has started to use the terms 'care worker' and 'carers' to distinguish between the two. Within this discussion it was very evident, from Jennifer, that challenging the usual way of thinking was difficult and a battle at times embracing a new way of working.

## Eligibility

When speaking about eligibility criteria, red tape, and overcoming systems and processes Jennifer said that she was never somebody to *"follow the rules"*, so when they received some funding from Scottish Government, she worked closely with Ian Thomson, her line manager, to work out a plan on how to support carers in the most effective way. Together, they decided to *"undo the processes"* and the only criteria they asked people to meet was *"if you were a carer in the Highlands and needed support."*

*"I think the simplicity of having the criteria being that you're caring for your family member, a friend, or a neighbour, then that's all that we're seeing and that was sufficient."*

Jennifer and her team designed a two-page assessment, but she said 'it wasn't easy' with colleagues declaring that 'you can't do anything without criteria' but they persevered and - alongside a short assessment process - it worked. This straightforward approach, not tied up in systems and processes, was helping carers at their most difficult time.

## Stories

We asked Jennifer about the examples innovative use of carers using their budget, Jennifer spoke of one example that had strongly resonated. She explained that the parents of an Autistic boy approached her and asked for a summerhouse for their garden, to enable them to have a space for their son, *"the whole family were clearly struggling."* The father

wanted to build the summerhouse with their son and so, using their budget, over the next few weeks father and son built the summerhouse together. Jennifer spoke of the additional impact of this on the family and the joy of *“the young man himself, being actively involved in creating something with his dad.”*

Another story, Jennifer told was of a dad whose daughter wanted to learn skateboarding and instead of the normal route of funding a course for the girl to attend, dad asked if he could attend a course to teach skateboarding in London. So, the father trained as a skateboard instructor and didn't just teach his daughter but invited young people from his community to get involved too, and from this his daughter built up friendships that otherwise she may not have.

## **The ripple effect**

We then went on to discuss the power of 'the ripple effect', as seen in the story of the dad who taught his daughter and the community to skateboard. Jennifer felt the importance was to really listen to people and what they need. Jennifer stressed the impact of listening to carers in the Highlands, saying *“they couldn't see the wood for the trees because nobody has actually given them that opportunity by actually listening to what they're saying.”* So eventually Jennifer was able to organise a road show, with nine events between September to October, where they met with and brought together carers across the Highlands, to listen and hear that support they needed but also to present what could be available to carers. More than 140 carers attended the road shows, which Jennifer said represented *“the length and breadth of the Highlands... some of the meetings it was only a couple of people, some were up to 30 people.”*

Feedback was positive:

“I think it's just because it's been so simple, you know it's the simplicity of it and the very fact that you know carers have been listened to.”

Jennifer was pragmatic about her achievements in making things better for carers, and is hopeful that there is more to come, stating, *“I think we've broken the shell, so to speak, of some bits of it, but there's still a lot that needs to change.”*

Thank you to Jennifer for sharing her experiences with us.

### To find out more:

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About NHS Highland Carers Support:

<https://www.nhshighland.scot.nhs.uk/your-services/all-services-a-z/adult-social-care/carers/>

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