

Submission to the Independent Review on Adult Social Care in Scotland, October 2020.

Background to this submission

About Dementia is a five-year project, funded in 2019 by Life Changes Trust and hosted by Age Scotland. We bring together people affected by dementia with professionals in the public and third sectors to influence change around policy and practice in Scotland. We do this through the mechanism of thematic sub-groups. In our first year our sub-groups focused on Housing, Transport & Mobility, Human Rights of Unpaid Carers and Prevention & Living Well. We are adding Technology, Sport & Physical Activity, Human Rights of People with Dementia, and Befriending & Peer Support to these in our second year. This response draws on evidence collected through participative conversations with over 150 people affected by dementia and professionals over the first 18 months of our project. We also draw on policy and research work undertaken by the project during that same period. This response also presents evidence from engagement work conducted with our members in direct response to the review.

Introduction

Scotland faces substantial challenges in creating a human rights based social care system that delivers on the promise of dignity, empowerment, independence, choice and control for all citizens who use it. These challenges precede the current Coronavirus pandemic by a substantial period, but nevertheless this crisis has served to bring them to the fore. While social care has long been undervalued as the poorer cousin of health care, the events of recent months have demonstrated just how vital social care is to enabling the realisation of fundamental human rights. We therefore welcome the review, the focus on human rights as an underpinning framework of values, and the approach already taken to engaging widely both on topics of interest and with a broad range of stakeholders.

We share the concerns of many others in civil society, however, at the short timeframe for publication of recommendations by the review. Social care is a hugely complex and interrelated policy area, subject to well established path dependencies. Users of social care are in no way homogeneous in their needs or experiences of the services they depend upon. Though Scotland benefits from, and is enriched by, a civil society that centres lived experiences of service users, we are very aware that many of those who use social care are often highly marginalised. The restrictions imposed by the current pandemic have only compounded existing causes of social exclusion. Many social care users and unpaid carers are simply too

consumed with the day to day task of survival at present, to be able to engage meaningfully with such an important process. Many more are not accessing, or have never accessed, services through which they might come to hear of the review. Nevertheless, the decisions made by this review will have a substantial impact on their lives for many years to come. The UN PANEL principles are a vital mechanism for making human rights a reality for all citizens. Not least of these is the principle of ‘Participation’, from which the Disabled People’s Movement’s mantra “nothing about us without us” is drawn. We are therefore concerned that the short timeframe for a review of such an important and complex issue will inevitably leave too many voices unheard.

We would further like to seek clarification from the review as to the relationship between this process, and the ongoing Scottish Government Reform agenda in social care. This process has likewise involved a wide range of stakeholders, and those with lived experience, and has resulted in a number of pilot projects to explore and enable innovation that could prove useful evidence to this review. It is therefore unfortunate that this review will be unable to benefit from the findings of these projects and may therefore inadvertently undermine the success of that process.

Access to social care for people affected by dementia

A consistent theme in conversations with our members at sub-group meetings over the course of the past 18 months has been challenges in getting access to social care when it is most needed. This included carers not knowing how to initiate the process of a care assessment, delays in allocation of a social worker, delays with the assessment process itself, and then again between assessment and a package of care commencing.

Conversations at both Housing and Human Rights of Unpaid Carers sub-groups over the past 18 months have regularly explored when is the best time to receive information around social care. Some individuals have felt that this needs to be provided as a matter of course through post-diagnostic support. However, others felt that they struggled to take much in at this stage and were unable to then retrieve the information when it was needed. This latter concern was also shared by a carer who responded to our recent engagement activity:

I was given two very well presented books, which I found difficult to take on board. One early stage, the other mid and later stage, at my age found it hard to retain any real immediate information. (Carer, Response to engagement)

Confusion and local variation over entitlement and assessment criteria has also seen people affected by dementia struggle to obtain a package of support in the

community following an assessment. A third sector professional at our Human Rights of Unpaid Carers' meeting in May 2020 commented that 'people with dementia don't get social care until much later' implying that social care for people with dementia tends only to be approved in the later stages of the disease. Often this results in a move from home into a residential care facility and, even then, often long after the carer has reached a crisis point. Carers have routinely spoken to us of the battles they have faced trying to get access to social care, and the lengths they have had to go to obtain an assessment.

*The greatest challenge for me as an unpaid Carer was the Assessment process, which was lengthy [and] complex ... Dealing with services caused me more stress than my actual caring experience, where I was in control of our situation.
(Unpaid Carer, Response to engagement)*

A care worker at an engagement event hosted by The Alliance and Age Scotland on 29th October 2020, observed to us that many families struggle with the idea of requesting help, viewing this as a symbol of defeat or a sign that they are not coping. Institutional barriers and delays therefore mean that many carers will simply give up, with significant risks to their mental health. This in turn makes it more likely that when help eventually materialises this will involve a move to an institutional setting following carer burnout.

Continuity of access and information sharing between agencies involved in the provision of care are also common themes in our discussions. Carers have commented at having to go back to the beginning of a referral process each time their needs change, with no continuity, no regular review process, and no emergency contact should their circumstances change or worsen. This often makes crisis situations harder to manage because there is no access to help when it is needed most. Preventative approaches to care are critically important and must take account of the carers needs as well as the person with dementia, as this carer highlighted:

The issue for carers is that the critical/crisis refers in most cases to the person with dementia and not the carer when in actual fact the likelihood is that the carer will reach that pinnacle of critical or crisis far quicker than the person with dementia (Carer, Human Rights of Unpaid Carers sub-group Meeting, 21st November 2019)

Community based providers have also commented to us that information sharing is often poor between social services and other agencies (including community mental health teams) meaning that referral information into services are often partial or incomplete. They have likewise commented at the lack of parity given to their views and opinions on the needs of clients they support when making referrals back into social care. Whatever stage people require access to social care,

all carers and people living with dementia should be able to easily get access to appropriate social care and within a reasonable timeframe.

Self-Directed Support, Choice, Control and Independent Living

Scotland broke ground in embedding human rights in the legislation introducing Self-Directed Support and we believe that this still represents an important mechanism for ensuring access to personalised, outcome-focused social care that enables independent living. However, we have consistently heard of challenges to making these aspirations a reality. As we have outlined above, people affected by dementia struggle to get access to social care early on enough in their journey to be able to make the sort of difference they seek.

Independent living requires an early assessment, to enable a disabled person [to] get Self Directed Support at an early stage of their illness, not when they become more disabled. (Carer, response to engagement)

This therefore limits the potential to use their care packages in creative and innovative ways to meet their individual needs. Carers of people living with dementia have also reported on barriers they've faced in accessing the full range of SDS options, and that often service users over the age of 65 are not encouraged to explore the opportunity to meet outcomes not related to personal care:

Care management [were] resistant to share all care options [with us]. Care manager just said care home or personal care, none which was appropriate for mum. I did all personal care to give mum her dignity. (Carer, response to engagement)

The delay in accessing care also means that the potential inherent in SDS to promote a preventative approach to social care is yet to be fully realised. The sharp rise in loneliness and isolation among older people, even prior to the pandemic is testament to the importance of remaining independent, physically active, and socially connected in later life. SDS packages could be used to employ a dog walker to enable a much-loved household pet to remain with their owner for company, or to support a befriender to support trips to libraries, museums or the cinema. Likewise, it should be recognised that individual needs may necessitate specialist care packages such as support from Cognitive Stimulation Therapy, or specialist dementia community care provision. Where carers identify and advocate for such services themselves, they are often rejected through the Resource Allocations Process or other procurement measures because they come with a higher unit cost. As a carer at our Human Rights of Unpaid Carers workshop on 3rd November commented: 'It's not about getting any care, it needs to be the right care.'

Evidence from the Age Scotland Helpline also supports concerns that the full range of options available under SDS are rarely presented to those over the age of 65. This concern is again echoed by research undertaken by Community Catalysts and Life Changes Trust (2018). Care users who do access SDS often do so through support from external networks including from third sector organisations and providers. As one of our respondents commented:

As someone who thought it would be straightforward to get things in place for us I quickly realised that I would require sound advice to deal with the many issues that people with dementia and unpaid carers have to deal with each day. (Carer, response to engagement)

The PANEL principles recognise that living a life free of discrimination is an important prerequisite to the realisation and enjoyment of their Human Rights. In order for the potential of SDS to be fully realised, we believe that the opportunity to exercise choice and control must therefore be applied equally to all social care users regardless of age or type of impairment.

Carers have also reported on the challenges of managing the reporting requirements put in place to monitor the use of Option 1 Direct Payments. A carer at our Human Rights of Unpaid Carers Workshop on 3rd November 2020 described the new roles she had to take on to manage her mother's budget, including accountant, administrator, care manager. She received no training or support from her local authority to adapt to these new roles and was left personally out of pocket and unable to claim for the expenses she incurred as a result.

All service users and unpaid carers should be given access to independent advocacy and advice to enable them to assess what form of SDS is best to meet their needs. They should also be given access to training and support to empower them to manage budgets well. Likewise, local authorities should adopt simpler monitoring mechanisms for direct payments packages, recognising that these are private individuals rather than companies involved in competitive procurement processes. Safeguards must of course be put in place to protect the use of public funds and prevent fraud, but a better balance must be struck to enable real choice and control for service users.

We remain committed to Self-Directed Support as a mechanism for enabling choice, control, independent living and empowering social care users to realise their human rights. The challenges outlined above are not a failure of policy, but rather of implementation (See Pearson et al 2017). Self-Directed Support required substantial cultural changes to be embedded in a period of policy overload, without substantial additional resources and at a time of acute fiscal austerity. As we face this review going into a similar period of constraint and reform we urge the review to preserve the system of Self-Directed Support, and commit to working towards the transformational change that was the original promise of that legislation.

Support for unpaid carers

As with the embedding of Human Rights in Self-Directed Support legislation, the Scottish Government broke new ground in the Carers Act (Scotland) 2018. This important legislation enshrined the right for carers needs to be assessed in their own right. A consistent trend throughout our engagement with unpaid carers over the past 18 months, however, has been frustration at the lack of progress in implementing this important law. Too often carers have been unaware of their entitlements under the Act, have been overlooked and ignored in social care assessments, or subject to long and bureaucratic delays.

We're not talking about [meeting medical needs], but often about a dire need to get time to pay bills and order food and put things into the washing machine. What is the point of a 'care plan for carers' when even respite for an hour can be impossible, especially due to COVID-19 restrictions? Such care plans have to be meaningful and not as bureaucratic lip service (Ex-Carer, response to engagement)

Many of those undertaking unpaid care, do not identify as carers viewing themselves as simply doing their duty as a spouse or child. However, this may mean that they lose out on access to support that may be available.

Even prior to the pandemic, carers routinely reported feeling burned out and unable to access support until they reached a crisis. One carer who provided a case study for our recent Covid-19 Impacts and Survey Findings Report (About Dementia 2020) described her anger and frustration at having reached that crisis point:

[Margaret] said she felt that she had never been asked if she wanted to take on the role of a carer. She was also frustrated by the social care system that had left them without any support [during lockdown] ... [she] said that the experience had left her feeling sidelined and ignored. (Extract from Case study in 'Locked Down but Not Forgotten, About Dementia 2020)

As this quote from Margaret also indicates, unpaid carers have also reported how ill equipped and unsupported they often feel in taking on the task of caring for a loved one. A carer attending our Human Rights of Unpaid Carers sub-group meeting in November 2019 spoke of her frustration at having been refused moving and handling training by her local authority, something that would be routine for any paid carer worker. This issue was also raised at our meeting in Prestwick in February 2020:

All of the discussion groups felt that access to training was a key issue for carers. The most common areas of training that carers felt they would benefit from were personal care, moving and handling, nutrition and hydration, medication and mood, depression and behaviour (Report of Human Rights of Unpaid Carers Sub-group meeting, Prestwick, 26th February 2020)

An Age Scotland and Tide webinar on Dementia Carers and the Law held in August 2020 received over 100 registrations in just over two weeks, demonstrating the extent of demand for information and training.

Carers have also highlighted the lack of integration between policies for carers and people affected by dementia, including frustration at carers exclusion from the 2017-2020 National Dementia Strategy for Scotland. Our meeting in Prestwick in February 2020 overwhelmingly supported the re-inclusion of carers in this vital strategic document when it is renewed (originally scheduled for 2020, but now delayed till 2022). They also argued for the creation of a discrete package of post-diagnostic support for carers to run alongside that available for people diagnosed with dementia.

While the challenges faced by unpaid carers are by no means new ones, the recent pandemic has served to exacerbate existing difficulties in getting access to support. Our recent report 'Locked Down but Not Forgotten' into the experiences of people affected by dementia during the Covid-19 Pandemic (About Dementia 2020) highlighted the immense pressures that carers faced during this period. With local authorities withdrawing care packages, and respite, day care centres and voluntary organisations unable to deliver their normal services, carers experienced an exponential increase in their caring responsibilities more or less overnight. Confusion over what activities were or were not permitted under the lockdown heightened the stress experienced by many of those caring for loved ones who did not live with them (see also About Dementia submission to Scottish Parliament Covid-19 Committee, May 2020). Likewise, services and voluntary organisations adapted and responded with no guidance as to what activities they could or should be providing at a local level, resulting in marked variation in the range of responses available.

A carer at a Human Rights of Unpaid Carers working group meeting in August 2020 also raised concerns about facing decisions during the pandemic that struck a balance between deprivation of liberty and keeping their loved one safe during the pandemic, and how ill equipped she felt to make such a decision. This presents the risk of rights violations for both the cared for individual and the carer in addition to the obvious safeguarding challenges at stake.

Our social care system more than ever depends upon the unrecognised and undervalued unpaid labour of (predominantly female) family carers. More must be done to meet their needs and to recognise, value and support their contributions.

Housing

We welcome the review panel's inclusion of housing as part of the remit of their inquiry and recognise that this is a topic that will be addressed at a later phase of the investigation. Discussions as part of our Housing and Home sub-group have highlighted the extent to which housing and home are inextricably linked to questions around access to and provision of social care. Early discussions as part of our sub-group on Housing influenced our decision to broaden the scope of the group to encompass the home. This has allowed us to take a relational perspective on housing, that looks beyond the bricks and mortar. We have therefore viewed housing through the lens of a person's home, as well as somewhere that is closely connected to their local community and the relationships and amenities therein. In conversations we've facilitated across Scotland, people affected by dementia and professionals have highlighted the importance of housing in enabling people to remain independently in their homes, as well as continuing connections to the community following a move to residential care. We therefore felt it important to include discussion of housing within our submission at this stage of the review.

Discussions at our Housing and Home Sub-Group in Musselburgh in November 2019 raised frustrations at planning decisions that consistently locate new provision of residential and sheltered accommodation on the outskirts of towns and cities, cut off and isolated from the rest of the community. We believe that planning departments should work in partnership with local housing departments and integrated joint boards to examine the location of such facilities and prioritise community connectedness. Discussion at the same meeting also highlighted the withdrawal of support for sheltered and wardened accommodation, sometimes at very short notice, and the impact this had for residents and families. The importance of this has only been heightened following the pandemic which has seen older people and people with dementia imprisoned in their homes and even further isolated from society.

Our Housing and Home sub-group have also highlighted the limitations of integration of the integration of health and social care in Scotland, where there is no statutory requirement to involve either local authority or housing association provision, let alone representatives of the private sector. This has implications at both a strategic and an operational level. Our Housing and Home Sub-Group in Kirkcaldy in February 2020 brought together a large number of local authority housing and social care frontline workers, many of whom shared their frustration at the lack of coordination between services at a strategic level.

There is a real need for housing and health and social care departments to talk to each other more clearly. Conversations may happen between housing officers and social workers (and these have been improving) but this is not necessarily always the case and there is a real need for this to be joined up better. (Fife Council Housing Official, Housing & Home Sub-Group Meeting, Kirkaldy 26th February 2020)

“Housing officers and social workers do speak to each other at times, however these were often on a case by case basis rather than as a result of being told to do so. Housing staff don’t always know who to go to for support for tenants who have social care needs.” (Fife Council Housing Official, Housing & Home Sub-Group Meeting, Kirkaldy 26th February 2020)

Housing officers are often well placed to identify social care needs and make interventions before a crisis is reached. Formal referral mechanisms and parity of esteem between these important professions and social work would enable early intervention. We are aware of a number of areas where good practice exists, for example Glasgow City Integrated Joint Board who have a housing sub-committee to ensure strategic connections between housing and health and social care. Likewise North Ayrshire have developed close working relationships between housing and social care that have also had benefits at a local level. There is, however, no mechanism to ensure that these relationships are taking place across the board, or to enable such examples of good practice to be shared with professionals in these sectors across the 32 local authorities.

Housing is not routinely on Integrated Joint Board agendas and when it is it is often left to the end or falls off completely. IJBs are driven by budgets and policies often don’t reference each other. (Issue raised at online Housing & Home Sub-Group Meeting 6th May 2020)

There is a significant body of evidence that demonstrates the need for greater integration of housing and social care in Scotland. We urge the review to examine this issue closely and to make firm recommendations to ensure the inclusion of housing at the heart of the integration project. We would also urge, however that the review looks beyond housing in the statutory sector, to address support for older adults living in their own homes. Research has demonstrated that over 50% of older adults live in owner-occupied accommodation (Brown et al 2017). This is an ageing population whose housing needs will be changing rapidly and will increasingly be seeking input from social care, and their needs must be considered and anticipated.

Our housing and home sub-group have also discussed the importance of adapting homes for changing needs throughout the life course. Our members have expressed frustration at the priority given in planning decisions to large executive homes and provision for families. Such properties are often harder to adapt as people age and will therefore require disruptive and often distressing house moves including into residential accommodation possibly sooner than might be desired. As an ex-carer commented:

Such poorly-suited housing reduces the human rights of unpaid carers, by a lack of safety for the person who they cared-for. It also means that people who choose to downsize can't, so Scotland has too many family homes without families and a growing cost in adaptations. (Ex-carer, response to engagement)

A preventative approach to social care must therefore examine the potential to support planning that enables people to adapt their homes as they age.

There is also potential for significant innovation in how we approach adaptations to existing housing stock. The Care and Repair Scotland Dementia Enablement Project (Blake Stevenson 2019), funded by Life Changes Trust, is just one such example of how small changes in existing practice can have a significant impact on improving both housing and health and social care outcomes including independent living. The project supported four regional care and repair services to train and upskill their workforce allowing them to carry out safety checks while also reviewing the needs people living with dementia in their own homes. The project has received a favourable evaluation which emphasised the benefits to individuals in enabling greater confidence and independence, as well as preventing falls. We would urge the panel to explore the Dementia Enablement Project as an example of good practice that could easily be rolled out nationally, but crucially would deliver person-centred support at a local level.

Responding to a proposed 'National Care Service'

We are aware that one of the solutions the review has been charged with considering is the idea of a National Care Service that would put social care on an equal footing with the NHS. While we welcome the aim of parity between health and social care, we share concerns that have already been raised in this process over what a National Care Service might entail. We recognise that there are many elements of the current social care arrangements that do not benefit from localised variation and result in inequalities and postcode lotteries of provision. As one of our partners, responding in a personal capacity, eloquently put it:

Our wellbeing should not be a matter of geography either between the NHS and social care or between local authorities. Older people

*and those with disabilities must know the services to which they are entitled and feel confident in the ability for them to be delivered.
(Maureen O'Neill, personal response to engagement)*

This is especially the case with charging policies, and eligibility for social care. While personal care is ostensibly free of charge across the board, conversations at our Human Rights of Unpaid Carers sub-group have highlighted that many local authorities have yet to implement 'Frank's Law.' This change, though welcome, has also failed to address the inconsistencies in definition between 'personal care' and other forms of care that are still subject to community care charges.

*The inequity of care for people with dementia under 65 is unfair...
[and breaches] their human rights. I paid privately for my husbands care while I waited for assessments, I know the costs personally and financially. If a person [is] taken into care under 65 there is no financial support from social care. (Carer, response to engagement)*

We would therefore urge the review to consider a fundamental revaluation of charging policies across Scotland and the adoption of a model that is free at the point of delivery.

Nevertheless, we also believe that there are many elements of social care, particularly with relation to the delivery of services, that are still best served by localised provision. This is not, however, an endorsement for the status quo. The response of the third sector, in particular, at the start of the lockdown has highlighted the importance of localised approaches to delivering person-centred responses. However, it has also served to highlight the shortcomings of the existing model. The third sector was able to respond with great agility:

It was abundantly apparent the extent to which statutory services are underpinned by those provided by the voluntary sector. Day care, support groups, lunch clubs, health and wellbeing, befriending, home visiting, pastoral care, food distribution, counselling, information, listening services, dementia clubs, mental health support, end of life and more. The impact of the pandemic was the withdrawal of many of these services, financial hardship, and consequent redundancies. (Maureen O'Neill, personal response to engagement)

Third sector has consistently been under funded and undervalued in the wider picture of social care integration (Audit Commission 2018) as well as in their role in provision. We have regularly heard from partners at our sub-group meetings who have struggled to continue providing vital services for the same or less funding year on year. The insecurity of funding makes the contribution of the third sector all the more extraordinary, as does the lengths to which small organisations often

have to go to meet the demands of complicated and burdensome procurement processes.

The lack of parity between social and health care also stems in large part from the differential value placed on the professionalism of the workforce. Engagement with unpaid carers has consistently highlighted how valued social care workers are by social care users, and how conscious they are of the shortcomings in their pay and conditions:

We need to quickly address the issues of valuing our care workforce by paying them a decent wage that reflects the importance of their role in keeping our loved ones alive, cared for and loved, so they can live their last days with dignity, comfort, compassionate, respect and love. (Carer and Health/Social Care professional, Response to engagement)

However, until recently the same value and understanding was not shared by the wider population. From the perspective of equality and human rights, one of our third sector partners commented:

The social care workforce is underpaid, undervalued and under-protected. This is because it is a job that is overwhelmingly done by women. (Lindsey Millen, Close the Gap, About Dementia Partner response to engagement)

Carers have also highlighted to us the challenges of building meaningful relationships when carers rotas change daily and visits are often fleeting. A professional at an engagement event hosted by Age Scotland and The Alliance in October 2020 cited an example of an older person who had to go hungry because the carer was unable to cook the meal provided by the family member because it exceeded their allocated visit time. We urge the review to re-examine the pay, conditions, training and routes to career progression for social care workers to enable their professionalism to be adequately recognised.

Conclusions

Social care is a vital public good that has the potential to enable dignity and independence for people affected by dementia. We believe that these are basic pre-requisites to the realisation of fundamental human rights. The First Minister's Taskforce on Human Rights is examining how best to integrate international Human Rights statutes into Scottish Law. As part of this process we would like to see significant progress on the codification of rights of older people, as well as the creation of a human right to social care. However, as we have seen with both SDS and Integration, it is not enough to enshrine human rights in law. The extent to

which they are realised by the population depends heavily on how they are implemented. What must not be forgotten in this process is the issue of accountability, something many of the people we have engaged with feel is lacking from the current system.

Carers are easy pickings because of the constant level of stress they are under. Carers by default are easily ignored and easily exploited. Unless there is accountability and rigour in the system, then nothing is going to change (Carer, Human Rights of Unpaid Carers Sub-Group Meeting, Stirling, 21st November 2019)

In addition we believe that the current system would benefit from much greater equity between Integrated Joint Boards and providers including within the third sector. We welcome the commitment from Mr Feeley at the Age Scotland and Alliance engagement event on Ageing and Frailty that implementation will be considered as carefully as the recommendations made by the review, and look forward to working towards a social care system through which human rights are realised rather than aspired to.

References

Audit Commission Scotland (2018) Health and Social Care Integration: Update on Progress. Available at: <https://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress>

Blake Stevenson (2019) *Evaluation of the Dementia Enablement Pilot Project*.

Available at:

<https://www.lifechangetrust.org.uk/sites/default/files/publication/files/DEMENTIA%20ENABLEMENT%20PILOT%20PROJECT%20final.pdf>

Brown, M., Tolson, S., Ritchie, L., Sharp, B., Syme, K., James, K., and Tolson, D. (2017) Being Home. Housing and Dementia in Scotland. Lanarkshire, University of the West Scotland. Available at:

<https://www.lifechangetrust.org.uk/sites/default/files/publication/files/Being%20Home%20-%20Full%20Report.pdf>

Community Catalysts (2018) *Self-Directed Support in Scotland: Capturing the experience of people living with dementia*. Available at:

https://www.lifechangetrust.org.uk/sites/default/files/publication/files/Community%20Catalysts%20Report%202018_0.pdf

Pearson, C., Watson, N., and Manji, K. (2017) 'Changing the culture of social care in Scotland: Has a shift to personalization brought about transformative change?'

Social Policy and Administration 52 (3) pp662-676. Open Access available for download at: <https://onlinelibrary.wiley.com/doi/full/10.1111/spol.12352>

Links to About Dementia Reports and Evidence

Human Rights of Unpaid Carers Meeting Reports

- Stirling, 21st November 2019
https://gallery.mailchimp.com/131dd5573d6b0ee4551cef947/files/08ffd298-cf63-4236-828d-32a8377ae8ac/Carers_Meeting_21_Nov_2019_Discussion_Summaries.pdf
- Prestwick, 26th February 2020
https://mcusercontent.com/131dd5573d6b0ee4551cef947/files/fded2c1d-26bd-4614-a0dd-e935cfde97a2/Final_Report_Human_Rights_Unpaid_Carers_26th_Feb_2020.pdf
- Online, 27th May 2020:
https://mcusercontent.com/131dd5573d6b0ee4551cef947/files/75cdfecc-d87a-4097-b2e5-2aaa9d891253/May_Meeting_Report_Human_Rights_of_Unpaid_Carers.pdf
- Online, 27th August 2020
https://mcusercontent.com/131dd5573d6b0ee4551cef947/files/3b08053e-0d49-485a-9704-07e44e6f8cc1/Carers_Working_Group_Report_27_Aug_2020.pdf

Housing & Home Meeting Reports

- Musselburgh, 28th November 2019
https://gallery.mailchimp.com/131dd5573d6b0ee4551cef947/files/50c35e77-413c-4cdf-8e24-e25b199cec69/Housing_28_Nov_2019_Full_Discussion_Summary.pdf
- Kirkcaldy, 19th February 2020
https://mcusercontent.com/131dd5573d6b0ee4551cef947/files/7fd16ecc-44d3-4fb0-bec0-cf5468fb6390/Final_Report_Housing_and_Home_19th_February_2020.pdf

Policy Reports

About Dementia (2020) *Locked Down but not Forgotten: Covid-19 Impacts and Survey Findings*. Available at: <https://www.ageuk.org.uk/globalassets/age-scotland/documents/age-scotland-projects/about-dementia/locked-down-but-not-forgotten-about-dementia-report-sept-19.pdf>

About Dementia (2020) Response to Scottish Parliament COVID-19 Committee Call for Evidence, May 2020

https://www.parliament.scot/General%20Documents/About_Dementia.pdf