

ABERDEEN CITY COUNCIL

- Name of Committee** : Policy and Strategy
- Date of Meeting** : 10 June 2008
- Title of Report** : Transformation Strategy – Update of Carers Strategy
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- Consultation undertaken with** : Councillor Kate Dean Council Leader and Convenor of Policy and Strategy Committee
Councillor Kevin Stewart ‘Shadow’ Councillor Policy and Strategy Committee
Councillor’s Gordon Leslie and James Kiddie Lead Councillors in Health and Care
Members of the Carers Strategy Working Group, Councillors Boulton, Leslie and Stuart, Elizabeth McDade, Carers Centre and Ken Simpson, Chief Executive of VSA
Abigail Tierney, Corporate Director of Strategic Leadership
Pete Leonard Corporate Director of Neighbourhood Services Central
John Tomlinson Corporate Director of Neighbourhood Services South
Gordon McIntosh Corporate Director of Neighbourhood Services North
Susan Cooper, City Chamberlain
Jane MacEachran, City Solicitor

Summary of Report

At the meeting of the Council held on the 1st October 2007 members approved a report entitled 'A Strategy for Transforming Adults Services – Health and Care for 2007 to 2010' to improve services to adults over the next 3 - 5 years. Fundamental to implementing the "changing lives agenda" is the development and support of unpaid carers. The following report outlines the main principles proposed by carers in the development of an interim Carers strategy and action plan for one year to ensure we are in the position to respond to and implement emerging policies in order to support Carers through this period.

The interim strategy which is appended to this report follows relevant guidance and policy directives to ensure the City Council addresses the priority issues identified for the support of Carers.

Recommendations

1. It is recommended that Committee members approve the interim strategy and action plan for 2008-09.
2. Committee members are also requested to note that work continues on the development of a 2009-2012 strategy and action plan and this will be reported to a future meeting.

Links to the Community Plan and to Vibrant, Dynamic & Forward Looking

This report relates to the City Challenges, 1 Social Inclusion, 2 Integrated Service Planning and Delivery, 3 Health and 4 Social Care. The report relates to Vibrant, Dynamic & Forward Looking in terms of the Health and Care section and in particular the following:


1. Improving joint working with the NHS
2. Providing appropriate respite and rehabilitation services
3. Adopt and implement strategies to support independent living for people with special needs.

Implementation

The primary responsibility for implementing the strategy and action plan will rest with the Council. However, given the nature of caring there is an expectation that there will be a multi-agency approach to meeting the needs of carers'.

Resource Implications

- | | | |
|---------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| People | : | Further development of carer support is likely to require additional staff but this has yet to be identified. |
| Finance | : | In order for Carers to be fully supported there will be financial implications. These require to be determined and costed and thereafter be included in future budgetary decision making considerations for 2009/10 and beyond. All recommendations within this report will be within existing resources within this financial year, 2008/9. |
| Systems & Technology | : | It is anticipated that there will be systems and technology implications associated with the provision of a respite bureau. These have still to be identified. |
| Property | : | There would be property implications in providing a respite bureau and the provision of additional respite places should they be considered necessary. This has still to be identified. |

- Other Equipment** : None identified at this time.
- Other** : None.
- Other Implications**
- Health & Safety** : Improved support to carers' should improve health and safety for both the carer and the cared for person.
- Risk Management** : Risk management assessments will be completed in respect of individual assessments of need and the provision of support packages. Risk assessment will also form part of any service development proposals
- Human Rights/
Equalities/Diversity** : The updated Carers' Strategy and Action Plan will be subject to an ongoing Equality Impact Assessment.
- Equalities Impact
Assessment** : As Above
- Sustainability** : Increased support to carers' will help ensure that people can continue to be supported to reside and be in their own homes for as long as possible thus avoiding the need for institutional care.
- Environmental** : The proposals contained within this report should have a positive effect on the environment given that the core aim is to support individuals and families maintain a normal a life as possible within the community of their choice.
- Social** : The social circumstances of both the cared for person and the carer should be improved as a result of this strategy and action plan being implemented.
- Economic** : The economic benefits to be derived from ensuring carers can continue to care are considerable. In addition many carers can balance their caring role with paid employment if the right level of support is provided.
- Construction** : No implications for construction have been identified at this time.
- Signature** : 

Main Considerations

At the meeting of the Council held on the 1st October 2007, elected members approved a report entitled 'A Strategy for Transforming Adults Services – Health and Care for 2007 to 2010'.

Within the body of the Transformation Strategy are a list of Challenges and Objectives which underpin the intended approach and upon which the recommendations were formed. In terms of the recommendation to update the carers strategy the Challenge and Objectives are as follows:

Challenges

- Changing demographics (ageing population and increasing number of single person households) is creating a gap in voluntary unpaid care:
- Unpaid Carers play a very significant role in providing the care that allows people to remain in their own homes. If this informal and unpaid support is to be sustained and developed to respond to the demographic challenges, there is a need to ensure that carers are properly supported.

Objectives

- Adopt and implement strategies to involve and support unpaid carers in developing appropriate service provision (Vibrant, Dynamic & Forward Looking [VD&FL])
- Support income maximisation measures to help carers claim all the benefits to which they are entitled (VD&FL)
- Provide greater support for carers through the development of a Respite Bureau that will provide one point of contact for carers and hold all respite vacancies electronically and enable a Respite Broker to develop innovative approaches based on individual needs.
- Support carers to be as effective as they can by introducing training and support, and involve carers in training for professional staff on carers' issues.
- Set an example as an employer, and become an employer for choice, by introducing non-financial incentives - such as monthly flexi-day for carers who work for Aberdeen City Council.
- Increase payments for free personal and nursing care in line with inflation.

Following approval of the Transformation Strategy by Council on 1 October, recommendation 13, which refers to the update of the carers' strategy, was referred on to the Joint Future Carers Task Group for consideration and action. In an attempt to ensure a significant degree of carer involvement, two 'Have Your Say' events were held, one on 5 December 2007 and the other on 5 March 2008. While the report from the second event has still to be completed the key issues and possible actions identified are reflected in the following undernoted summary.

Given the significance of the role of Carers in the delivery of the "Changing Lives" vision of a modernised Community Care Service and the challenges this brings regarding implementation, the Carers have requested that the Council at this time only progresses with the attached (see

Appendix 1) interim strategy (annual) and action plan with a further action plan to follow for 2009/10. This is necessary to allow for the response required to issues arising from the Transformation Strategy and the need for the development of a Joint Carers Strategy with NHS Grampian.

The interim Carers Strategy Update and Action Plan summarised and identified the following issues:

- The interim strategy should cover all carers, including young carers.
- That a young carer strategy 2009 - 2012 be developed by the most appropriate officers.
- The term 'carer' should only be used when referring to unpaid carers. The Council should adopt this principle and ensure that the term 'carer' is not used when referring to paid care workers.
- The vital role provided by carers, needs to be fully acknowledged and reflected in the quality, range and volume of support services provided.
- Carers' assessments, which are a statutory responsibility, need to be promoted by the Council and completed assessments, should become a performance target. Consultation with carers have indicated that carers themselves do not like the term "assessment" as this term could indicate that their ability or role as a carer is being assessed. The Council should look to re-launch the assessments under the new name of "Carers' Support Plan."
- Respite is considered by many carers as a core support service. It is recommended that a service specification should be completed for a respite bureau and that consideration should be given to establishing entitlement to respite based on assessed need.
- Information needs to be accessible to all carers.
- More needs to be done to identify carers and to ensure they receive the support they require, especially male and black and minority ethnic carers.
- There is a need for more joined up thinking, not just between health and social care services but all services and providers, both voluntary and statutory, in meeting the needs of carers. Professionals need to be more aware of carers' needs and to work as equal partners.
- Carers are concerned about elements of the Transformation Strategy and the budget setting process, in that they may increase the responsibilities placed on carers.
- There is a widely held view among carers that you have to fight for everything you get and that those who are unable/unwilling to fight lose out. The issues associated with the availability of information and of ensuring equity need to be addressed.
- Carers' are concerned about the 'In Control' initiative and the potential for increasing the level of responsibility on carers'.
- Carers' need support to remain or return to employment if they want to.

ABERDEEN CITY INTERIM CARERS' STRATEGY

2008-09

This strategy has been produced by the Joint Future
Carers Task Group

May 2008

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Foreword by Councillor Gordon Leslie

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FOREWORD

I am very pleased to introduce our draft Carers Strategy and Action Plan for 2008-2009.

This Strategy identifies the many ways in which support services for Carers could and should be developed. We will continue to work with our partner agencies with the aim of identifying all the carers in the city and aspire to provide them with the appropriate support and care so that they can maintain their own health and personal well being.

Within the Council we will strive to ensure that services to Carers;

- actively promote choice
- treat carers with dignity, respecting individual cultures and lifestyles
- are fair and consistent
- are accessible to all carers
- capable of changing to reflect changing needs
- meet the needs of young carers

We continue to recognise the valuable contribution that carers make in enabling people to remain in their own homes. It is vitally important that this strategy is responsive and takes account of the most important role that Carers have and will have with regard to the Transformation Strategy. The Transformation Strategy provides the direction that Aberdeen City Council has proposed to adjust the way we have been delivering services to ensure that we deliver high performing, integrated, and citizen focussed services through a culture of continuous improvement.

Councillor Gordon Leslie
(Chair of the Carers Strategy Working Group)

SECTION 1 : AN OVERVIEW

1.1. INTRODUCTION

Carers provide the majority of care in the community, some of whom are supported by a range of services provided by the statutory, voluntary and independent sectors.

People caring for their sick, disabled or frail relatives, friends and partners save the state £57 billion a year – the equivalent of a second NHS.¹ The statutory, voluntary and independent sectors work in partnership with carers to enable them to continue providing their vital services

The Aberdeen City Carers Strategy aims to bring about a better understanding of the role and needs of carers amongst professionals and the wider community of Aberdeen. The strategy underpins planning work to deliver services that are responsive to the needs and wishes of carers.

Joint Future Carers Task Group

The Joint Future Carers' Task Group has the main responsibility for the distribution of the carers' strategies monies and enables the participation of users and carers in the decision making process. This group brings together carers and voluntary sector agencies alongside statutory workers from both Health and Social Care. The decisions made are fed through the Aberdeen City Council Carers Strategy Working Group and the Aberdeen City Council Policy and Strategy Committee.

Consultation via Carers Days and Carers Forums.

The input of carers is gathered regularly via a regular pattern of carers' days and events where an exchange of views and ideas of carers, and information concerning services is made.

Carers' views are incorporated into the development of services in a number of ways, through Carers Forums, regular contact with Carers Support Groups and the regular meetings of the Joint Future Carers Task Group.

Carers are also involved in a number of the Joint Future Planning Groups and have representation on the Joint Future Strategic Management Team.

A new means of involving carers is the Forum of Carers Voices. This will take the form of a series of events at which carers can gather, share their views and influence local health and social care services. There are also plans to form a stronger network of local Carers Groups and a 'ring-round network' that will give people the chance to give their views more flexibly via phone, email and text. Both these initiatives will happen under the umbrella of the Forum of Carers Voices (FoCV) for better co-ordination. The FoCV will link

¹ A study based on 1991 Census data and the 1985 General Household Survey, calculated that carers save the state £34 billion a year. Carers UK research updates this study using the 1993 study as its model. The total figure carers save the state is estimated at £57.4 billion.

directly to the Joint Future Carers Task Group and then onto the Joint Future Strategic Management Team.

Preparation of strategy.

This strategy has been constructed jointly by the voluntary and statutory sectors and has been consulted upon widely via the Joint Future Carers Task Group as well as two Have Your Say Events. The input of carers and all sectors of service providers has been drawn together to create this strategy and shape our action to support carers in the future.

1.2. BACKGROUND (Key Drivers)

LEGISLATION

Carers (Recognition and Services) Act 1995

The first formal recognition of the term “Carer” for people who looked after friends or relatives who needed help and support because they were ill, frail or disabled without payment. It also introduced the right to assessment for carers

Community Care and Health (Scotland) Act 2002

Introduced new provisions to enhance existing legislative duties in areas of information, recognition and assessment. It also defined carers as ‘Key Partners in Care’ and ‘service providers’ who required services to resource their caring role. The same legislation introduced free personal care to those over 65 in Scotland.

Community Care (Direct Payments) Act 1996

Gave local authorities the right to make a direct payment in lieu of the community care services the individual is assessed to be requiring. This became mandatory in the Community Care and Health (Scotland) Act 2002

Children (Scotland) Act 1995 (Section 24) *gives young carers a right to an independent assessment at any time.*

Mental Health (Care and Treatment) (Scotland) Act 2003

Includes the provision for more people with a mental health problem to receive treatment at home instead of in hospital. Carers therefore require additional information and support.

Adults with Incapacity (Scotland) Act 2000

This act changed the system for those who were unable to make independent decisions and allowed carers to apply for guardianship.

Disability Discrimination Act (DDA) 1995

Gave disabled people important rights of access to health services and social services, such as doctors' surgeries, dental surgeries and hospitals and included the duty to provide accessible information about healthcare and specific issues of concern for people with disabilities including carers.

“Fair for All” Racial Equality Act

Places a duty to ensure public access to information and services and also covers the dissemination of information.

Freedom of Information (Scotland) Act 2002

Gives any person the legal right to ask for and be given any information which is held by a public authority.

NATIONAL STRATEGIES AND POLICY DIRECTIVES**National Carers Strategy (UK) 1999**

Recommendations included improved information; access to assessment and support for all carers; recognition of the carers role by health and social care staff; identifying and registering carers in medical records in primary care; recognition and services for carers; and legislative review.

Strategy for Carers in Scotland (November 1999)

Mirrored the main UK recommendations including developing local strategies and services for carers and highlighted respite issues in a separate document.

Scottish Legislative Review 2000

A committee including carers, representatives from carer organisations, Scottish Executive personnel, NHS and local authority members, and the minister identified 32 recommendations to enable fuller implementation of the strategy and seven legislative requirements. This led to the carers section in the CC&H(S) Act 2002.

“The Same as You”

Implementation of the Scottish Executive’s review of social care services for people with learning difficulties and their future care and support in the community.

Partnership for Care - Scotland's Health White Paper (2003)

Outlines the proposal to develop a single Scottish Health Council and Community Health Partnerships with a requirement to involve patients and carers at all stages of consultation, implementation and monitoring.

Scottish Executive Joint Futures

Promotion of a seamless service across the sectors with the development of multi disciplinary teams, single shared assessments with specialist reports including carers’ assessment and self assessment documents.

The Local Government in Scotland Act 2003 – Guidance for Community Planning

Involvement of 'Communities of Interest' in identifying needs and planning services.

Social Inclusion Policies

Now include carers as disadvantaged by their circumstances and role.

REPORTS

Care 21

The future of unpaid care in Scotland and its recommendations. The Scottish Executive response identified four Initial priorities for carers – carers' health; training; young carers; and respite.

Changing Lives – the 21st Century Social Work Review

Report of the recommendations made by the independent 21st Century Social Work Review Group for the future of social services in Scotland. The review group examined all aspects of social work to improve its contribution to integrated services. The purpose of the review was to recommend better ways of working for services and social workers, and to find ways of using resources better to benefit users of social work services and family carers.

GRAMPIAN STRATEGIC DOCUMENTS

NHS Grampian Carers Information Strategy 2007-2010

Developed in accordance with HDL (2006) 22 outlining guidance on the provision of Carers Information within Health Board areas (arising from CC&H(S) Act 2002).

'Integrated Healthcare System in Grampian' – August 2004

A consultation paper outlining the introduction of Community Health Partnerships and potential ways forward in public involvement.

'Healthfit' and NHS Grampian Health Plans from 2004/5

'Healthfit' (the new format for NHS Grampian Health Plan) and previous plans provide an overview of national and local priority areas for healthcare services, health inequalities in the region and plans for service provision.

MONITORING AND EVALUATION STRUCTURES

- ♦ *The Scottish Health Council*
- ♦ *The Scottish Social Services Council*
- ♦ *Performance Reporting for Community Care*
- ♦ *The Care Commission Standards*
- ♦ *NHS Performance Assessment Framework*
- ♦ *NHS QIS and the Clinical Negligence and Other Risks Insurance Scheme*

1.3 WHO IS A CARER?

Anyone of any age who helps a relative, friend or neighbour who cannot manage without their support has taken on an unpaid caring role in addition to their existing commitments

Carers are often thought to be female & middle aged. Although this can often be the case, the following groups of people may have specific issues:

Parent Carers: Parent Carers should be recognised as potentially having a lifelong caring responsibility, which has two distinct roles - parenting and providing care for a child with disabilities within the family. The needs of both parent carer and the children involved change over time, particularly at times of transition when complex issues have to be dealt with. This is a very different experience to that experienced by the majority of parents and many parent carers feel isolated and excluded from community life. Marital and family relationships can be affected adversely. It is important for Parent Carers to have access to information and training in a variety of areas including Law, Social Policy, Employment issues and practical training, to enable them to manage and support family life.

Young Carers: It is recognised that young carers undertake adult roles without an adult's life experience. Their social, emotional, educational and relationship experiences are not the same as that of their peers who do not have a caring role. Their childhood experience is different to others and can lead them to be seen as distant or different to others of the same age. This can lead to isolation and bullying, and a loss of peer experience and friendships. Their experiences can affect future life chances and further education if their caring role has adversely affected their ability to study whilst at school, in some cases seriously affecting literacy & numeracy skills. A Young Carer can be primary or secondary carers or siblings with a caring role. Recognition of this role will allow professionals and the general public insight into the young carers circumstances and enable Young Carers to express their situation which may include emotional distress, anger, guilt, self abuse, fear of death, lack of self esteem, lack of opportunity for early work experience e.g. Saturday jobs.

Gay, Lesbian, Bi-sexual & Transsexual Carers: in a Gay, Lesbian, Bi-sexual or Transsexual relationship face barriers of recognition, ie: Civil rights of the partner to information and involvement with the Cared for. It can be at times of crisis when they are in a position that asking for help can disclose their relationship to others, family etc...which can be a barrier in asking for help if their families are unaware of their relations

Male Carers: Caring can be seen as an unusual role for a man due to societal expectations. Male carers can experience difficulties with home

management and the caring role. They tend not to access services in the same way as female carers, and often receive less support as a result. Caring can limit work/employment opportunities. There are financial issues particularly if they are the main breadwinner in the family, which can lead to challenges of self esteem and masculinity as a result. Male carers often feel isolated from peers, lacking communications, community activities, traditional male hobbies and experiences. Often there is a lack of outside contact with other males and resentment can follow. There can be particular issues when there is a substantial caring role being undertaken by young male carers and very elderly male carers.

Minority Ethnic Carers: Access to services can be more difficult for those for whom English is not the first language. Existing services which do not meet the religious cultural or custom requirements may restrict or bar them from use of these services. Fear of misunderstanding, of causing offence or being unable to offer an appropriate service can be a barrier to contacting such groups proactively. For those who are new to this country the loss of familiarity and homeland customs can effect both motivation and ability to contact services. The systems in place can be unknown to Carers from a minority ethnic group and may become very hard to navigate. Existing public views and unintentional prejudice can also prevent involvement in the community and reduce self esteem of those involved.

Older Carers: When we plan to retire we look to times of freedom. Often elderly people become carers of spouses, family members or neighbours and the dreams of freedom are lost, which can lead to feelings of resentment and frustration. Pride and an unwillingness to ask for help can be a barrier towards getting the help needed as can access to services due to mobility difficulties. Caring is a physically demanding role. With age this becomes much harder and more tiring which can increase the risk of health problems.

SECTION 2: PRIORITIES FOR ACTION AND ACTIVITY

2.1 Support

Health and Social Care services have a critical role in:-

- Identifying unpaid carers and the contribution they make
- Assessing their needs alongside those they care for
- Providing services that are responsive to their particular circumstances
- Promoting the health and well-being of carers
- Promoting awareness of the needs of carers
- Supporting and promoting the voluntary sector and other carers' networks
- Develop joint working to support carers and promote carers issues

Carers need support in many forms: time, money, and peace of mind and someone to talk to. Carers need someone who will listen, in confidence, to their concerns, fears, hopes and experiences; someone who will show empathy, be non judgemental and understand their lives as carers. Young Carers in particular need someone to offer them support on their own terms.

Carers need a broad range of support and services that they find practical, reliable and flexible.

Carers and carers' organisations need to be engaged in service planning at a local level and be involved in partnership working with all local statutory agencies. Carers need support to fully participate in planning.

Carers need to receive a range of support and services that are:

- Flexible
- Good quality
- Reliable
- Easily accessible
- Tailored to their individual needs and circumstances
- Responsive to the needs of the family as a whole

The support that carers need covers a wide range of areas:

- Regular breaks
- Regular respite for the person they care for, including respite at home
- Practical help
- Emotional support
- Emergency Plan
- Help and advice to maintain their own health
- Counselling
- Advice on all aspects of caring
- Advocacy
- Transport schemes if they do not have their own transport
- Direct Payments and Self Directed Support

- Financial/benefits and welfare rights advice
- Legal advice
- Help in a crisis for carer and cared for
- Skilled advice and training on ways of managing the care they provide
- Training and/or practical support to enable them to return to/remain in employment
- Carers Support Groups that are well supported by all agencies
- Regular Forum meetings where carers can be supported to participate and have representation at the Joint Future Carers' Task Group.
- Representation on local groups and boards.

Carers Assessment

This form aims to record the impact of the caring role upon the life of the carer and to engage with the carer in formulating a plan to assist them to sustain their caring role. The process allows the assessment to be completed by a social worker/care manager, or by the carer themselves or alongside a support worker with the resulting action plan being completed by a member of the local authority or health staff. This information is vital in informing and assisting future service planning. Carers feel that the term assessment is not appropriate as it infers capability issues. The information gathered is very important and it is hoped that a re-launch of the Carers Assessment as a Carer Support Plan will increase the completion and effectiveness of this tool.

Direct payments/Self Directed Support.

It is now mandatory for Direct Payments to be offered to certain customer groups and their carers. It is the intention of the council to develop services and budgets that will help sustain the carer's role and to enable flexible ways of delivering these services including direct payments and self directed support.

Voluntary sector partnerships

Many services are provided for carers by voluntary sector agencies. Their presence on the Joint Future Carers Task Group has developed a joint working approach to support carers and to promote carers issues.

2.2 Information

The provision of easily accessible, relevant, factually correct information is of critical importance to carers and their representative organisations.

Carers need to be provided with information that is:

- Clear
- Comprehensive
- User-friendly and jargon free
- Up-to-date

- Accessible
- Age-appropriate
- In the preferred language

Carers need to have easy access to information about:

- Their rights as carers
- How to access services and support from different agencies
- How to get an assessment of their needs
- How Carers Strategies Monies are spent to fund carers services
- Services and support available to carers within Aberdeen City from all statutory and voluntary agencies
- What national carers organisations can offer
- How to access services and support
- How to access services and support in emergency situations
- The illness/disability/condition of the person they care for and how it affects them
- Charges for services
- Eligibility Criteria
- Financial issues
- The roles of different agencies and professionals
- What to do when things go wrong
- How to complain/comment.

2.3 Young Carers

Young carers are an important group of carers with specific needs because of their age.

The impact of caring on a young carer is potentially greater than many other carers simply because of the timing. The time spent caring can involve the young carer missing out on schooling, social life and many aspects of their childhood. Their health can be affected by constant lifting of the person they care for. Yet in some situations, a young carer is the only close person available and their activities are often seen as essential in keeping the family together.

Services for young carers must recognise the amount of effort that the young carer has put into their situation in order to maintain the family structure as well as alleviating the impact of the caring situation on a young life. The focus should be to provide services for the cared for person whilst still involving the young carer in decision making.

Young carers are hesitant to make their situation known as they are fearful of intervention from authorities that could result in the cared for person being taken away from the family home. Our intention is wherever possible to continue to support the family situation that the young carer has been working to maintain. In the light of this hesitancy, we still need to identify many young carers who have not made themselves known.

It is recognised that efforts will need to be made to identify young carers and alleviate any stigma that this group receives by raising the profile of young carers and alleviate bullying and prejudice via education and information. This strategy recognises the contribution made by young carers to the care and maintenance of their family structure. However it also recognises that this contribution is often made by the young carer at the cost of their own wellbeing, education, and childhood.

The council is empowered under several acts, namely;

The Children (Scotland) Act 1995, Carers (Recognition & Services) Act 1995 and Community Care & Health (Scotland) Act 2002, in order to identify and assist young carers, helping them to sustain their caring role but also to remove any detrimental impact on them.

This strategy seeks to alleviate the burden of caring from the young carer whilst still involving him or her in the decision making process where possible. This will be done by providing appropriate services for the person the young carer cares for and assisting in maintaining the family cohesion where possible.

- To provide services that will assist the young carer in achieving their potential despite the possible exclusion that they may have experienced because of their caring role.
- To assess the needs of a young carer in a way that involves the young carer in the assessment and focuses on their needs both as a child and a carer.
- To assess the needs of the person the young carer cares for and address their needs in such a way that it helps to alleviate the young carer of the burden of care whilst still recognising the contribution they have made to the family situation.
- To identify young carers through an outreach programme and to continue to raise awareness concerning young carers so that as many young carers as possible can be helped.

2.4 Carers and Employment

‘Many carers will be working when the need to care arises and most will wish to continue work.’

The following acts relating to Carers and Employment are as follows;

Work and Families Act 2006 and the Community Care & Health (Scotland) Act 2002.

These state that Carers should not be expected to cease work in order to take on caring responsibilities and should have the right to flexible working.

Paid work for carers is important for many reasons

- Financial independence
- Increased costs of caring
- Source of satisfaction
- Maintain social networks and friendships
- Self esteem

Statutory agencies should lead by example in developing and implementing carer friendly employment policies in consultation with carers who also work for the agencies.

Awareness needs to be raised among employers as to the impact of caring responsibilities and the way in which they can support carers whilst at the same time maintaining a skilled and loyal workforce.

Employers should be supported to adopt carer friendly personnel policies that may include:

- Special leave in an emergency or crisis
- Flexible working hours
- Access to a telephone
- Working from home if appropriate
- Part-time working
- Support group in the workplace
- Career breaks

Support services need to be designed to appropriately replace the carer's role if they wish to work, which includes hours which are convenient to the working carer.

Information needs to be provided as to the financial implications to carers who are considering giving up work.

Training and support need to be made available to carers wishing to rejoin the employment market.

SECTION 3 : SUMMARY OF PROPOSED ACTIONS

3.1 Support Action Plan

The term Carer should only be used when referring to unpaid carers.

The Council should adopt this principle and ensure that the term 'carer' is not used when referring to paid care workers. This would have to be monitored and regularly reported on to the Aberdeen City Council Carers Strategy Working Group.

Provide equity of support to carers and increase the identification of carers through the assessment process.

Improve the identification, development and take up of services by Carers whilst paying special attention to the carers from Black and Minority ethnic communities, Gay, Lesbian, Bi-sexual, Transexual, Young and Male Carers and to develop services that meet their specific needs.

Improve and promote carer's own health and well being.

Develop strategies with Health colleagues to support carers.

Develop and promote training opportunities for carers with partner agencies, both in terms of carers receiving and providing training.

Re-launch the Carers Assessment as Carer Support Plan and set achievable targets for the completion of these.

Promote Carers Self Assessment and set achievable targets for the completion of these.

Increase the choice and flexibility of breaks from caring responsibilities by developing a respite bureau. Develop a service specification for consideration at a future meeting of Policy & Strategy.

Promote and improve the take up of benefits, direct payments and self-directed support.

Increase staff awareness of carer's issues.

3.2 Information Action Plan

Ensure that carers are informed of initiatives, policies that will or may effect their responsibilities.

Raise awareness of the need to keep carers informed within the Council and with partner agencies.

Learn from carers how we can develop services together.

Develop a group that will ensure information is accessible, relevant and factually correct.

3.3 Young Carers Action Plan

Build upon existing support services to young carers.

Raise awareness of the unique situation and specific needs of young carers.

Increase the access to self assessment and carers assessments for young carers and set achievable targets for the completion of these.

Support the development of a Young Carers Strategy 2009-2012.

3.4 Carers and Employment Action Plan

Support carers who are in work or who wish to return to work.

Work with partners to adopt carer friendly policies

SECTION 4: ACTION PLAN

| Action | Task | Lead | Completion Date | Outcome |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------|
| 1. Support | | | | |
| 1.1 The term Carer should only be used when referring to unpaid carers | a) To enter into discussions with HR with regard to the change of job titles b) Enter into discussions with NHS, voluntary and private sectors | Head of Planning & Policy for Services to Adults | October 08 | The term carer will only be used when referring to unpaid carers |
| 1.2 Improve the take up of services by carers but especially 'hard to reach' carers | a) Establish base line Information for actual take up of services and set targets to increase uptake | Head of Planning & Policy for Services to Adults | October 08 | Targets set for the uptake of support services, particularly in relation to those in greatest need and hard to reach groups |
| 1.3 Develop strategies with Health colleagues to maintain and/or improve health of carers | a) Raise the issue with the Joint Future Strategic Management Group with a view to establishing a mechanism for taking this forward b) To establish a strategic approach to improving the health of carers | Head of Planning & Policy for Services to Adults | November 08 | To be able to demonstrate health improvement for carers |
| 1.4 Develop and promote training opportunities for carers | a) To refer to the Joint Future Training and Organisational Development Group for action and negotiate a target date for completion | Head of Planning & Policy for Services to Adults | August 08 | Carers feel more supported and able to undertake their caring role |

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| 1.5 Re-launch the Carers Assessment as a Carers Support Plan and set achievable targets | a) Enter into discussions with Neighbourhood service managers and NHS Grampian to identify how best this can be achieved and report progress to the Aberdeen City Council Carers Strategy Working Group. | Head of Planning & Policy for Services to Adults | September 08 | The number of Carer Assessment is increased in line with the agreed target |
| 1.6 Promote Carers Self Assessment and set achievable targets | a) Enter into discussion with Neighbourhood service managers and the Carers Centre to identify how best this can be achieved and report progress to the Aberdeen City Council Carers Strategy Working Group | Head of Planning & Policy for Services to Adults | September 08 | The number of Carers Self Assessments is increased in line with the agreed target |
| 1.7 Develop a respite bureau service specification | a) Refer this remit to the Joint Future Carers Task group who will report to the Aberdeen City Council Carers Strategy Working Group on progress | Head of Planning & Policy for Services to Adults | November 08 | The completion of a service specification for a respite bureau |
| | b) Report to Policy & Strategy and Resources Management Committees on policy and resource issues | Head of Planning & Policy for Services to Adults | December 08 | Report to committee on service specification and resource issues |
| 1.8 Increase staff awareness of carer's issues | a) To refer to the Joint Future Training and Organisational Development Group for action and negotiate a target date for completion | Head of Planning & Policy for Services to Adults | November 08 | Measurable increase of staff awareness of carer issues |

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| 2. Information | | | | |
| 2.1 Raise awareness of carers and their need to be kept well informed | a) Enter into discussions with NHS Grampian with the view of developing a joint carers information strategy | Head of Planning & Policy for Services to Adults | October 08 | Complete discussions and establish an agreed way forward |
| 2.2 Establish an information group to ensure quality of information | a) Establish a group or mechanism that will quality assure the information stated in Health & Social Care leaflets. Refer to Joint Future Carers Task Group for action. | Head of Planning & Policy for Services to Adults | October 08 | Ensure that information is accessible, relevant and factually correct. |
| 3. Young Carers | | | | |
| 3.1 Raise awareness of young carers issues | a) Refer to the Joint Future Carers Task Group with a view to developing the required information and to identify the appropriate channels of communication | Head of Planning & Policy for Services to Adults | September 08 | Measurable increase in young carers issues |
| 3.2 Promote Young Carers Assessment and Self Assessment and set achievable targets | a) Enter into discussions with Neighbourhood service managers/NHS Grampian and the Carers Centre to identify how best this can be achieved and report progress to the Aberdeen City | Head of Planning & Policy for Services to Adults | September 08 | The number of Young Carer Assessments is increased in line with the agreed target |

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| | Council Carers Strategy Working Group. | | | |
| 3.3 Support the development of a Young Carers Strategy 2009-2012 | a) Refer to the Joint Future Carers Task Group for action | Head of Planning & Policy for Services to Adults | December 08 | That there is a Strategy specifically for young carers |
| 4 Carers and Employment | | | | |
| 4.1 Work with partners to adopt carer friendly policies including supporting those in employment or seeking employment | a) Refer to the Joint Future Strategic Management Group for consideration and action | Head of Planning & Policy for Services to Adults | November 08 | Evidence of carer friendly policies across the partner agencies |

