

Angus Carers Strategy

2003

FOREWORD

Angus Council Social Work and its planning partners are committed to the development of quality services for service users and carers. We value our communities and our tradition of involvement and mutual support. We recognise that successful services are dependent on agencies working together to help people live good quality lives in their own communities. This Angus Carers Strategy produced in 2003 has been developed by Angus Council in collaboration with NHS Tayside, the voluntary sector and carers in Angus.

The strategy aims to set the agenda for the development of services for carers across all service user groups. It is a strategic framework within which joint planning groups will identify developments for inclusion within the Joint Community Care Plan and in respect of services for young carers in the Children's Services Plan. These plans, reviewed annually, will report on how support for carers is achieved and what plans are in place for the development of services for carers. To that end these plans will comment on how the Strategy for Carers in Angus is being met.

We also propose to review the strategy annually to ensure that the broad aims remain consistent with developing national policy, local priorities and the views of local carers. We are grateful to carers for the contribution they have already made through participation in planning groups, forums, carers conferences and other consultation exercises. We want service users and carers to become even more active partners with us in the future.

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1. PLANNING FRAMEWORK

- 1.1 The introduction of the NHS and Community Care Act in 1990 provided the statutory framework for the implementation of community care plans and established support for carers as a national objective.
- 1.2 The Carers (Recognition and Services) Act 1995, implemented in 1996, was another major step forward for carers, giving them important new rights and a firm legal status. This legislation gives carers who provide 'a substantial amount of care on a regular basis' the right to an assessment of their ability to care when the person they are looking after is being assessed for community care services.
- 1.3 Young carers under 16 are not covered by this Carers legislation, but the Children (Scotland) Act 1995 re-enforced this new right of carers to an individual assessment of their own particular caring needs. This act addresses the needs of parents and carers of children and young people with disabilities, and allows for children and young people, as family members 'affected by disability' to have an assessment of their needs.

1.4 The Community Care and Health (Scotland) Act 2002

The Scottish Executive has draw up legislation to enable carers, including young carers, to have their needs directly assessed, and to extend the Carers Act provisions to young carers. These proposals were included in the Community Care and Health (Scotland) Act 2002.

The key changes the 2002 Act makes for carers are summarised below:

- substantial and regular adult carers are entitled to an assessment of their ability to care ('carer's assessment'), independent of any assessment of the person they care for;
- for the first time, young carers under 16 now have the same right to an assessment;
- local authorities have a duty to inform eligible carers of their right to an assessment;
- local authorities have a duty to take account of the care provided by a carer, and the views of the person in need and their carer before deciding what services to provide;
- Scottish Executive Ministers now have the power to require NHS Boards to draw up carer information strategies for informing carers of their rights under the new legislation.

In April 2003, the Scottish Executive published guidance on the implementing of these new statutory rights for carers (circular number CCD 2/2003).

Providing Better Information for Carers

- The proposals identified by the Scottish Executive focus on national initiatives, including leaflet and radio campaigns, on extending the NHS helpline provisions, and on looking at potential ways of identifying hidden carers.
- The 2001 census included, for the first time, a question on carers, seeking information on the time people spend on unpaid caring.

1.5 The Strategy for Carers in Scotland

In February 1999 the Prime Minister launched 'Caring About Carers', the national strategy for carers. In November 1999 the Scottish Executive published the Strategy for Carers in Scotland, which identified a number of key priorities for action:

Promoting the Development of Services for Carers

- Additional new money was allocated to each local authority over a three-year period from 2000/01. The allocation for Angus was £116,500. In the first year rising to £194,000.
- Local authorities were to consult with carers organisations and health boards on spending plans for the new resources. Particular emphasis was placed on taking into account the needs of carers from ethnic minorities, carers in rural areas, young carers and those caring for people with learning disabilities.
- In Angus it was agreed these resources would be used to fund additional respite services for older people, adults with learning disabilities and children with disabilities. Resources were also used to improve carer support services through Angus Carers Centre, National Schizophrenia Fellowship Tayside and Parent to Parent. Further an annual Carers conference would be organised, this could be directed towards all carers or used to target the carers of a particular service user group.

The Needs of Young Carers

- The strategy recognises that young carers are a particularly disadvantaged group, and that their specific needs should be addressed.
- In addition to the proposal that young carers should be able to have their needs directly assessed further proposals will be developed for research on support available to young carers and for guidance for health education and social work professionals.

Setting Standards for Carers and Respite Services

- National standards for residential care, day and home care services have been developed, involving carers in working groups and focus groups. These standards are to be applied by the Care Commission who are responsible for the regulation of care services.

Scottish Executive Monitoring

- Local authorities are required to report on the use of resources, through Community Care Plans and Children's Services Plans.
- Statutory performance indicator information, collected from local authorities, will include information on carers assessments and respite care.
- Scottish Executive Ministers now have the power to require NHS Boards to draw up carer information Strategies for informing carers of their rights under the new legislation

1.6 Local Strategies Plans and Responsibilities

The Strategy for Carers in Scotland focuses much needed attention on taking more positive action to support carers and address their needs. It is important though, in this Angus strategy, to emphasise that a number of local strategies and plans recognise the contribution of carers, and that as these other plans are developed they will improve services for carers directly or indirectly. In the local context these key strategies and plans include:

The Angus Community Plan

The overarching strategic vision for the development of all services in Angus is set within the Community Plan. The Community Plan sets out the structure of planning arrangement for all service development. The focus of the Community Plan is on people and places. Its aim is to

meet the everyday needs in Angus communities which contribute to the quality of life of individuals.

The Angus Joint Community Care Plan

The task of developing and reviewing the plans for community care services is undertaken by planning groups in which carers and carers organisations are full partners. The needs of carers are highlighted, with specific objectives for action, within the full plan and annual reviews.

The Community Care Plan covers arrangements for planning service development and the allocation of resources across all adult service user groups.

The structure of planning arrangements are subject to continual review and development. The detail of the planning structure is included in the Community Care Plan.

As well as the Angus Carers Strategy there are also specific strategies for Mental Health, Older People and Learning Disability Services and for drug and alcohol services which are all reported on in the Community Care Plan.

Angus Mental Health Strategy

This strategy has specific objectives aimed at developing and improving services for carers, and making services more easily accessible for service users and carers.

A Tayside-wide involvement group is currently looking at how carers can be more actively involved and supported in developing mental health services across Tayside.

Tayside Older People's Strategy

The local strategic planning group will have representation from both service users and carers. A representative from carers organisations will also sit on the Tayside-wide strategic planning group.

Angus Learning Disabilities Strategy

In response to the national review of learning disability services local authorities and health boards have to produce Partnership in Practice agreements which set out how services are going to develop in response to the national policy priorities. The Angus agreement has been developed with significant carer involvement, and includes a specific objective in relation to expanding short break services to support carers, with identified funding.

NHS Tayside Health Plan 2003 - 2008

This outlines a five-year programme to improve the overall health of residents across Tayside, and makes specific reference to involving carers in planning health services.

The Angus Children's Services Plan

This outlines the plans for the development of services for children in need and the plans for the development of childcare and early education. The needs of parent carers and young carers are highlighted in the plan with the Planning and Review Group for Children with Special Needs having responsibility for planning and development in this area. Parent Carers are represented on the group. The structure of planning arrangements are subject to continual

review and development. The detail of the planning structure is included in the Children's Services Plan.

Tayside Child Health Strategy

The Scottish Executive has produced a child health template which NHS Tayside has used for the development of a comprehensive Tayside Child Health Strategy. The strategy is reflected in the Children's Services Plan. It aims to identify the health needs of children and young people in Angus and begin to identify the way forward for health services. Carers are represented on the group.

1.7 Future Planning

Whilst the responsibility for carers issues will continue to lie with each planning group, a Carers Planning Group have been established. This group will aim to bring together the Carer representatives from each planning group. It will support planning group carer representatives to ensure that they represent a wide range of carer views and support individual carers in their planning involvement. The Carers Planning Group will undertake tasks at the request of planning groups. The Carers Forum, supported by the Carers Planning Group, will act as a consultation forum, raising issues to be fed back to planning groups and offering their views on service development.

The aims of each planning group in relation to carers is detailed in each section of this strategy in 'Action for Planning Groups'. Each planning group is responsible for taking these actions forward in relation to the service area for which the planning group holds responsibility. Some actions require to be addressed across all planning groups and will therefore be taken forward by the Carers Planning Group.

2. INFORMATION

2.1 Information about Carers

The 1995 General Household Survey estimated that 10% of the Scottish population were carers, and that 13% of households contained a carer. There is no reason for the number of carers in Angus to be less than elsewhere, and we can therefore assume that there may be around 11,000 people in Angus looking after a partner, child, relative or friend who requires help or support because of illness, frailty or disability.

For many carers the task of caring is a 24 hours a day, 7 days a week commitment, and carers should be recognised as the major providers of care and support to people in the community. Significant numbers of people can be caring for more than one person, or can have cared for more than ten years, or can be providing more than 50 hours care a week. The 2001 census asked people to identify themselves as carers and to provide information on the time the spent caring each week. The recently published Angus Council area statistics show that 8.7% (9,492 people) of Angus population identify themselves as carers, of those:

- 67.3% (6393) spend 1-19 hours a week caring;
- 11.3% (1073) spend 20-49 hours a week caring;
- 21.33% (2022) spend more than 50 hours a week caring.

Current Position

- Information about carers needs is collected by social work during assessments of service users needs and is also collected by health staff and voluntary sector organisations.
- There is no common consistent approach to collecting this information, to allow it to be aggregated.

Action for Planning Groups

- Ensure that the various statutory and voluntary organisations have a consistent approach to collecting information about carers and their needs.
- Ensure that as single shared assessment processes are developed carers needs are identified.
- Use the 2001 census data as available to inform decisions about developing services for carers in Angus.
- Ensure that all carers providing substantial and regular care (including young carers) are offered an assessment of their ability to care independent of the assessment of need for the person they care for.

2.2 Information for Carers

Providing good information and advice at the right time is a key challenge, as without good information carers cannot make informed choices, and cannot have control over their own lives.

Carers require information about the services to be provided for the person for whom they are caring, and general information about services available for carers and their rights.

National initiatives are being developed with social care information being provided on the internet, with the NHS helpline being extended to provide information on support for carers, and with leaflet and radio campaigns.

Locally the availability of information for carers is patchy. There was a directory of services for carers which has now been incorporated into the Amaze directory. A co-ordinated approach to the development and provision of information amongst agencies however is not in place. There is a clear need to make sure that information is kept up-to-date and relevant, and that targeted information is readily available to signpost carers effectively to the most appropriate source of help, and to provide information at particular times, such as the time when a cared for person is being discharged from hospital.

Current Position

- A range of public information leaflets is produced by social work about services and how to access them.
- A specific information booklet about welfare benefits for carers has been produced and updated.
- Information leaflets for carers are available in public information stands in social work offices, all health centres and libraries.
- Alzheimer Scotland-Action on Dementia holds a wide range of information and leaflets relevant to carers of people with dementia in its office base and delivers information through outreach surgeries and newsletters.
- Angus Carers Centre holds a wide variety of leaflets relevant to all carers in its office base, and delivers information through outreach work, carer education courses, local services directory and a newsletter.
- Amaze, a directory of services in Angus, includes information about organisations supporting carers. Services offering breaks for carers are listed separately in the directory.
- The Angus Council Access line provides information on the range of services available and directs calls appropriately to provide assistance to the caller.

Action for Planning Groups

- Develop information strategies which:
 - promotes the sharing of information between agencies about services and support options;
 - ensures that carers have access to relevant information about services, how to access them, and their rights;
 - targets information for carers at the time of discharge from hospital;
 - disseminates information which allows carers to be involved in the planning and development of services;
- Ensure that carers understand their entitlement to an assessment of their ability to care independent of an assessment of need for the person they care for.
- Deliver carer awareness training for health and social work staff, involving carers.
- Progress the information pack currently being developed by the Carers Centres across Tayside and NHS Tayside.

3. PRACTICAL SUPPORT FOR CARERS

The focus of this section is on the range of direct services which can be provided to service users to enable their carers to undertake their caring tasks. This section recognises that opportunities for a break from caring, and for flexible emotional and practical supports to be available when carers need them rate amongst carers' highest priorities.

Carers undertake a range of tasks and lack of appropriate support may mean that carers are not able to continue, or are isolated in their caring. It is clear that carers value very highly the opportunity for time away from caring tasks. It is also clear that information about opportunities and support needs to be more readily available for carers, and that there should be greater flexibility in provision to suit carers' needs.

Current Position

Within Angus there is a range of organisations which provide services which directly support carers, and which are funded either wholly or substantially by Angus Council and/or by NHS Tayside. These include:

- Alzheimer Scotland Action on Dementia;
- Princess Royal Trust Angus Carers Centre;
- Crossroads Angus;
- National Schizophrenia Fellowship Tayside, Carers Support Project;
- Angus Special Playscheme;
- Parent to Parent.

In addition NHS Tayside provides some hospital based respite, and a range of Angus Council Social Work services may be provided to support carers, including:

- Home Care;
- Day Care;
- Residential Respite Care;
- Family Based Respite.

Action for Planning Groups

- Improve the quality, range, flexibility and reliability of services providing a break for carers.
- Have a specific allocation of resources within each social work service area for respite services.
- Conduct a local needs assessment, mapping services currently providing respite, to give a clearer picture of the levels of need and to identify priority areas for service development.
- Continue to support carers organisations in Angus.
- Ensure that carers incomes are maximised.
- Provide additional training and awareness opportunities for carers.
- Consider opportunities for support for carers other than through respite.
- Agree a definition of the term 'substantial and regular' to ensure that assessment and resources to support carers are targeted at those most in need

4. RECOGNISING AND IDENTIFYING CARERS AND ASSESSING THEIR NEEDS

The focus of this section is on the need to give greater recognition to the role and contribution of carers, enabling carers to identify themselves.

It is acknowledged that there is great potential for carers to be isolated through their care giving role and responsibilities, and to feel that they should have sole responsibility for care in all circumstances.

Their right to an assessment and the importance of a co-ordinated approach by health and social work, are highlighted.

Current Position

- Carers are often unaware of their legal right to an assessment.
- While carers needs are taken into account in all assessments of service users needs, separate carers assessments and reviews are not undertaken in every case as they are frequently declined by carers.
- The role of the carer is taken into account in the development of a care plan for a service user, and detailed in the written care plan.
- A separate carers assessment exists in social work, but needs to be developed further.

Action for Planning Groups

- Ensure carers are provided with information about their right to an assessment.
- Ensure that carers' assessments become a more integral part of social work and health practice, with the offer of a separate assessment being promoted to eligible carers.
- Ensure that a joint approach to carers assessment is developed.
- Ensure that the role of the carer is detailed in care plans.
- Ensure that information about carer services is provided in all health and social work premises.
- Ensure that all staff training, and in particular multi-disciplinary training of health and social work staff, includes an appropriate focus on the needs of carers.
- Develop strategies for identifying hidden carers.

5. CO-ORDINATION

As mentioned earlier in this strategy there is a range of services currently available which can benefit carers. These services can only impact on carers if information is available to describe what carers can expect and what practical support can be provided. In all areas of service provision, and in service planning, it is essential that the main agencies are working jointly together to make sure that carers are receiving the support they need at the required time, and that planning for the future is co-ordinated. Good joint working is particularly necessary at critical times for carers - for example on discharge from hospital, or when the cared for person is terminally ill and has palliative care needs, or when there is an emergency and a carer can no longer cope.

The Scottish Executive has put joint working between social work and health at the heart of community care. In each area of Scotland social work and health have to agree joint arrangements to take forward the national Joint Future agenda, and to integrate a range of services provided to support people at home, and to support carers.

We are currently working in Angus on this Joint Future agenda. It is clear that as plans are prepared to outline how community care services are to be integrated carers issues must be addressed, and carers must be involved in planning processes.

Current Position

- Joint Management and Single Management arrangements have been developed for Community Mental Health Services, Early Supported Discharge, Prevention of Admission and Intermediate Care.
- All community care and childcare planning groups aim to be collaborative, with health, social work, voluntary sector and carer involvement.

Action for Planning Groups

- All client-based community care planning groups and children's services planning groups will consider the needs of carers in their work, and evidence progress on addressing carers' needs in the Community Care Plan and Children's Services Plan.
- There will be a more co-ordinated approach to the development of short-break services, with a jointly agreed strategic approach, involving social work, health, the voluntary sector and carers.

6. YOUNG CARERS

A young carer is a child or young person who is carrying out significant caring tasks and assuming a level of responsibility for another person which would usually be undertaken by an adult. The term refers to children or young people under 18 years caring for adults (usually parents) or occasionally siblings. It does not refer to young people under 18 years caring for their own children. Nor does the term refer to those who accept an age-appropriate role in taking an increasing responsibility for household tasks in homes with a disabled, sick or mentally ill parent(s).

In 2001 a short survey in the Arbroath, Carnoustie, Monifieth area of Angus was undertaken to begin to identify the extent and needs of young carers in Angus.

A relatively small number of young carers with significant needs were identified. It was also noted that the majority of professionals in the statutory services were unaware of children or young people carrying out significant caring tasks.

Of those young carers identified from research:

- Two thirds were female and one third male. Most were aged 13-15 years;
- The majority of children and young people identified were missing some school or having difficulties at school;
- The young carers were restricted in leisure and social activities with their peers;
- In some cases parents and young carers prefer to keep silent about the extent of the caring role. Families do not want professionals involved because of fear, guilt, separation and pride.

Young carers need:

- Recognition of their role;
- Support with caring tasks;
- Information and advice;
- Support with educational difficulties;
- Opportunities to access activities with their peers.

Current Provision

- To help develop supports for young carers across Angus Social Work has funded the appointment of a young carers worker with the Princess Royal Trust Angus Carers Centre.
- Training and awareness raising has been provided to staff in the statutory sector.
- Peer support groups have been established in Arbroath and Forfar.

Action for Planning Groups

- The development of training and awareness raising for statutory and voluntary agency workers in Angus;
- Take forward further research on the extent and needs of young carers in Angus;
- Develop services for young carers in conjunction with young carers;
- Review the assessment arrangements for young carers and develop a multi-agency approach to assessment and provision of support.

7. DEVELOPING QUALITY SERVICES

It is important that carers have confidence in the quality of services that are delivered to the people they care for. Equally carers themselves should receive services that are delivered to an agreed quality standard.

Many different answers would be received to the question 'What Makes A Good Service?' There are perhaps four key ingredients:

- User/Carer involvement.
- Clarity about the processes.
- Involving staff and professionals in change.
- Clarity and assistance to staff in developing appropriate behaviour and attitudes.

Further a number of components, together, constitute quality in public services:

- Accessibility;
- Relevance;
- Equity;
- Efficiency;
- Acceptability;
- Effectiveness.

Services should be planned and developed with these ingredients and components in mind.

The involvement of service users and carers generally, is part of the development of quality services. The views of service users and carers allow services to be planned better, help prioritise services to make better use of limited resources and help to set standards relevant to users and carers needs and monitor them.

All organisations involved in providing services have a commitment to the development of quality services.

Current Position

- Social Work have introduced quality standards for all their services.
- National Standards have been introduced for a wide range of services as regulation is expanded beyond residential and nursing care by the Care Commission.
- NHS services are governed by standards set within clinical governance arrangements.
- Consultation is undertaken through a range of mechanisms yet users and carers are unclear about its impact.
- All services have a commitment to staff training in order to promote quality services.
- Comments/feedback on any aspect of social work service provision can be made using the freepost feedback form or tear-off slip on leaflets.

Action for Planning Groups

- Feedback from consultation should be provided to carers, this can be achieved through the Carers Advisory Group and Carers Forum.

- Issues raised through consultation should be addressed in plans.
- Information on service standards and the performance of services should be available.
- Systems should be in place to review and monitor carers services.

8. RURAL ISSUES

While most people in Angus live in the main towns there are many scattered communities, and many carers living in rural and more remote areas.

Carers in rural areas in Angus are likely to face particular difficulties, including travel/transport problems, lack of choice of local services, and more limited access to information. It can also be significantly more difficult for carers in remoter areas to become involved effectively in consultation processes.

There is a need to identify and recognise the particular requirements of carers in rural areas when developing services. There is also a need to recognise that rural areas are not all alike, and that there are significant cultural and geographical differences between the various rural communities in Angus. With this in mind innovative ideas should be considered in relation to developing supports for carers in rural areas, as well as examples of good practice elsewhere in Scotland, where specific services have been developed in rural areas.

Current Position

- Any home based social work service is equally accessible throughout Angus, including in rural areas.
- Alzheimer Scotland Action on Dementia provides outreach for carers of people with dementia across Angus.
- Angus Carers Centre provides outreach support for carers across Angus.
- There is a lack of choice of local services offering short breaks, particularly residential respite, in a number of areas in Angus.
- There is no accurate information about the number of carers living in rural communities.
- Opportunities for carers in rural areas without their own transport, to participate in any training or consultation is very limited.

Action for Planning Groups

- Ensure that information for carers is available on the Angus Council web site, and through other ways which will reach carers in rural areas.
- Ensure that consultation processes enable carers in rural areas to be involved.
- Work in partnership with Alzheimer Scotland Action on Dementia and Angus Carers Centre to provide services for carers in rural areas.
- Ensure that carers in rural areas have equal access to training for carers.

9. ETHNIC MINORITIES

Information from the 2001 census identified 854 people from ethnic minority groups living in Angus. If the same population statistics in relation to carers are applied there are around 74 (8.7%) ethnic minority carers living in Angus. Little is known about carers from ethnic minority backgrounds and their needs.

If the situation in Angus is similar to that elsewhere in Scotland, it is very likely that there is low take up generally of services by people from ethnic minorities and there is likely to be a number of carers from ethnic minority communities statutory agencies are unaware of.

Current Position

- All new public information leaflets produced by social work include advice that the leaflet can be provided in translation.
- Angus Council now has a database of employees who can provide interpretation in different languages.

Action for Planning Groups

- Ensure that carers from ethnic minorities are given opportunities to be involved in the development of services.
- Ensure that the fact that translations of public information leaflets can be provided is made known in appropriate languages at points of public contact.
- Promote action to identify carers from ethnic minorities.

10. ENSURING CARERS HAVE A VOICE

People have a right to be involved in decisions affecting their lives. There is great value in involving carers and their organisations, along with the users of services, in service planning and provision. This ensures that services are responsive, effective and continue to reflect changing needs. In addition there is a need to ensure that those groups in society who are 'vulnerable' and unable to speak up for themselves are given a voice to ensure that their needs and wishes are listened to.

While there are well developed carers organisations and many carers groups in Angus, consultation and involvement of carers in planning, developing and monitoring services remains limited. There is poor representation from carers in some community care planning groups. In groups where there is a strong and consistent carers voice it is often difficult to ensure representation from a wide range of carers.

Current Position

- The majority of community care planning groups have carer involvement.
- An Angus carers forum network has been set up, and includes representation from a wide range of carers.
- Consultation with carers takes place in many forums and in different forms. Consultations are organised through individual planning groups. Feedback on services from individuals, from organisations working with carers and from the Carers Forum is used in the planning and development of services.

Action for Planning Groups

- Carers should always be included in decision-making about the future care of the person they care for.
- Involvement of carers as equal partners in joint planning meetings should be a priority with meetings arranged at suitable times for carers including provision of adequate respite care to allow carers to participate.
- The development of proposals for carers advocacy services in consultation with statutory services, independent advocacy services and carers, should be progressed.
- Specific feedback should be provided to advise carers how issues raised through consultation are being dealt with.
- NSF have a Carers Involvement worker to support the involvement of carers in the development of mental health services in Tayside. This is funded by NHS Tayside.

