

ARGYLL AND BUTE



STRATEGY FOR CARERS

2005 - 2008

Who is a Carer?

“A carer is someone who, without payment, provides help and support to a relative, friend or neighbour, who could not manage without their help due to age, sickness, addiction or disability.”

(The Princess Royal Trust for Carers)

Carers in Argyll and Bute

My own attitude to carers is best summed up in these words.....

Carers are selfless, conscientious, exhausted, frustrated. (Social Worker)

They are essential, dedicated, selfless, expert, irreplaceable.
(Hospital Social Worker)

She's the lioness protecting and defending her own - because she's been doing it on her own for so long. (Care Worker)

Carers are dedicated exhausted people who look after a loved one.
(Community Staff Nurse)

Often they do not have the support they need, they do not have a choice, they often have lost their own life particularly with 24/7 care. (Day Care Officer)

They're doing the best they can. I take my hat off to their 24 hour 7 day care and for all their hard work. (Care Worker)

Carers are valued member of health support network, supportive and caring.
(District Nurse)

They are isolated, unappreciated, overprotective, guilt ridden, not listened to, expert, hard working. (Resource Centre Manager)

Care should be a team business. (Community OT)

Their whole world is often engulfed by their family member's needs.
(Care Worker)

Carers are people who care for people who are unable to care for themselves – carers are well-motivated and have a sensitive disposition – carers are dedicated to the people they look after.
(Social Work Community Team Leader)

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Argyll and Bute Strategy For Carers

Executive Summary

1. Introduction

Figures from the 2001 National Census indicate that there are 8,509 carers in Argyll and Bute. The Carers' Strategy seeks to examine their needs, to consider the issues which carers have identified as important to the care and support they provide, and to determine how services should be improved to better support them.

2. Policy Context

National Strategy and Legislation

In 1999, the Scottish Executive published the Strategy for Carers in Scotland, which set out what the Scottish Executive would do to meet the needs of Scottish carers. These priorities were given some legal support through the Community Care and Health Act (Scotland) 2002.

3. Carers' Needs

Young Carers

It is estimated that there are over 85 young carers providing significant amounts of care in Argyll and Bute. We want to ensure that all young carers with substantial and regular caring responsibilities are identified and offered assessment and support.

Older Carers

Prolonged caring can have an adverse effect on the health of older carers who are often reluctant to see themselves as carers. We want older carers to be aware of their rights, and staff to be able to listen and respond to their needs.

Minority Ethnic Carers/ Travelling Carers

The needs of carers from minority ethnic communities and travelling communities are currently met on a case by case basis. We want to take account of any special needs of these groups of carers, to put plans in place and audit services to ensure we meet those needs in future.

Hidden Carers

As with young and older carers it is difficult to identify carers of all ages. Many people do not see themselves as 'carers' when supporting relatives or close friends. We want to ensure that awareness of carers' issues is raised, and that service information is readily available.

4. Key Issues

Information, and Communication

Within the Council information about services to support carers is available from Argyll and Bute's Community Services, NHS sources Local Carers' Services and Carers' Centres. We want to be in a position where carers are clear about services and their eligibility for them.

Public Awareness and Professional Attitudes

Carers and staff feel that the public is very unaware of the circumstances and needs of carers. Carers have varied experiences of professional attitudes. We want the general public to understand the pressures carers experience and staff should listen to and respect carers' views.

Advocacy

Advocacy services involve supporting a person or a group, to help them to express their views. There are various advocacy services currently available. We want to get to a position where all carers who regularly provide a substantial amount of care to have advocacy support as needed.

Assessment and Care Management

Carers are now entitled to a Carer's Assessment in their own right. Local carers have designed their own Assessment Form. Parents and other carers' views should also be fully taken into account in Co-ordinated Support Plans. We want to ensure easy access to Carers' Assessments.

Health

There are no direct services provided by NHS specifically for carers, except for some respite places. We want all carers to be identified through the assessment and care planning process. We want a more structured approach to staff training on carer needs and NHS responsibilities.

Health Promotion and Self Care

Considerable work is undertaken through one to one health promotion and self care awareness training delivered by many healthcare professionals. We want carers to know how and where to access the advice and support they may need in meeting their own health needs.

Primary Health Care

Research shows that for 4 out of 5 carers, their first point of contact with any statutory agency is with a community-based health service. We want to be able to highlight carers through medical records, to have flexible appointment times, and to improve training for carers.

Hospital Services

Hospitals provide information on patient progress and on conditions and involve carers in discharge planning processes. We want carers to feel involved in all aspects of assessment and care planning while people are in hospital.

Counselling and Support

In addition to counselling and support offered by statutory agencies, a number of voluntary organisations and the Carers' Centres provide counselling and support services. We want to develop counselling service for carers including young carers across Argyll and Bute.

Care Services

The Council provides a range of services to assist carers, for example respite and home care. Other services, such as day services or equipment and adaptations, are also of direct benefit to carers. We need to be more confident that the services provided meet the needs of carers.

Respite and Short Breaks

Between Argyll and Bute Council and Better Neighbourhood Services (BNS) respite budgets totalling £708,000 can be identified. We want to be in a position where carers who need a break from caring for whatever reason have easy access to respite support.

Service Standards

Care and support services are regulated by the Care Commission against national standards. The NHS also has a range of clinical standards and governance mechanisms. We want to ensure carers are aware of standards, and their rights to inspection reports and to complain.

Housing

The Argyll and Bute Housing Strategy emphasises supporting people with particular needs to live within the community. We aim to be in a position where carers and the people they care for have equality of access to good quality, affordable accommodation, which meets needs.

Employment

NHS Argyll and Clyde has a well developed policy and procedure for carer leave. We want the Council, the NHS and other employers to develop working conditions and retention measures, which consider the work/life balance, and recognise the demands on carers.

Welfare Benefits

A range of specialist resources offering benefits advice is provided by the Council, BNS and Carers' Centres. We want relevant Social Work, NHS and other staff to be knowledgeable and up-to-date in changes to benefits rules and to be able to be confident in dealing with enquiries.

Transport

Across Argyll and Bute there is a wide range of transport services. We want integrated transport, clear updated information, a review of patient transport arrangements, and a guide to services for those and their carers not able to use existing public transport.

Training

A joint training plan has been developed between the Council and NHS. Training is also provided by the Carers' Centres. We want carers to have access to basic care and health training. We want staff, who are trained in carers issues.

Funding

The distribution of most of the budget for social work services within Argyll and Bute's Community Services and of a large part of the NHS budget has implications for carers either directly or indirectly. Argyll and Bute Council receives Carers' Strategy Funding from the Scottish Executive. This funding has been given to carers for approved services within Argyll and Bute through the Carers Networking Board, which was set up to represent carers' needs. Just over £1 million can be identified as funding specifically for carers' services. We need additional funding for a range of proposals and actions identified in this strategy.

5. Strategy Implementation

The Strategy is based on issues identified as important by carers. Whilst they have major concerns about care and health matters they also have concerns about other issues, including education, housing, employment, transport and leisure.

The Strategy proposes a number of developments, which require additional resources, over a period in which funding may become tighter for statutory agencies. This will have an effect on the pace and extent of some of the developments proposed. The Strategy is designed as a three year programme of work.

The Strategy recognises the crucial part that carers play in families and communities throughout Argyll and Bute. It is important that communities support them. It is important that we care for the carers.

Argyll and Bute Strategy For Carers

1. Introduction

The Strategy for Carers in Scotland (1999) said, *“The Scottish Executive acknowledges the vital contribution made to society by the many unpaid carers in Scotland who look after relatives or friends who are frail, sick, disabled or vulnerable. That is why we are committed to supporting carers. We aim to ensure that all carers have access to flexible, quality services at a local level. This includes those people living in rural and remote communities who face added difficulties.”*

This Strategy acknowledges the essential contribution made by carers in Argyll and Bute. It seeks to examine their needs, to consider the issues which carers have identified as important to the care and support they provide, and to determine how services should be improved to better support carers.

2. Policy Context

2.1. National Strategy and Legislation

With the development of the community care reforms, the continuing closure of long stay NHS beds and the increasing emphasis on care for people in their own homes, came a growing awareness of the crucial part played by carers in supporting people in the community and a realisation of the pressures this created and a need for carer involvement and support.

Section 8 of the Disabled Persons (Services, Consultation and Representation) Act 1996 gave local authorities a duty to take into account the abilities of carers in deciding whether to provide certain services to disabled people.

In 1999, the Scottish Executive published the Strategy for Carers in Scotland, which set out what the Scottish Executive would do to meet the needs of Scottish carers, and said the Strategies priorities would be met by:

- Promoting the development of services for carers;
- Setting standards for carers and respite services;
- Scottish Executive monitoring of the Strategy;
- Providing better information for carers;
- Carers' legislation.

These priorities were given some legal support through the Community Care and Health Act (Scotland) 2002, which said that, when carers provide a substantial amount of care on a regular basis, their views should be taken into account in the community care assessment of the person they are caring for. These carers can also request a local authority to carry out a “carer's assessment” of their ability to provide or to continue to provide care for that person. Local authorities have a duty to carry out carers’ assessments, when these are requested, and this right to an independent assessment is extended to young carers, aged under 16. Local authorities also have to tell these carers that they have a right to a carer’s assessment.

Section 12 of the Community Care and Health (Scotland) Act 2002 enabled Scottish Ministers to require that all NHS Boards prepare and submit to them for their approval a “Carer Information Strategy” and to prescribe the format and content of such Strategies, which are intended to ensure:

- Routine identification of carers as part of mainstream NHS activity;
- The provision of targeted information to identified carers;
- Referrals of carers by NHS staff to sources of support/advice;
- Improved carer awareness amongst health practitioners;
- Better partnership working with carers in relation to care management/discharge;
- Mainstreaming of support for carers into the day-to-day functions of the NHS.

National policy work is now being taken further forward by the Scottish Executive through Care 21, which is undertaking a 'Futures Exercise' looking into the future needs of informal carers, and how services might need to change over the next 10 years. This project involves working with carers themselves, as well as with voluntary and statutory organisations, which provide services for service users and carers. The work involved a national household survey of carers, to hear their views, and learn about their experiences and how far their needs are being met by existing services, followed up by in depth discussions with carers. The aim of this project is to create new and innovative solutions to the issues faced by informal carers. The project will produce a review of good practice, with examples of support that work particularly well.

2.2. Argyll and Bute Carers' Networking Board

Following the publication, in February 1999, of the National Strategy for Carers and the allocation of some additional expenditure for carers' services to local authorities, consultation groups were established in each of the 4 areas of Argyll & Bute involving carer representatives, carers' organisations and the Council's Housing and Social Work Departments.¹ This resulted in the development of Crossroads Dalriada & the Isles, Crossroads North Argyll and the Helensburgh & Lomond Carers' Project, and enabled Crossroads Cowal & Bute to expand its service.

Argyll & Bute Carers Networking Board was established in May 2001. The Board's objectives are:

- To advance the education and understanding of the needs and services requirements of those in the community who care for others.
- To work with, support and consult with carers and to inform them of services and provision that may affect them and those for whom they care.
- To consult with relevant statutory and voluntary agencies on issues that affect carers and in so doing, raise awareness of these issues.

The Board consists of 12 elected members representing carers and carers' organisations throughout Argyll & Bute, although Board meetings are also open to advisors and representatives from Argyll & Bute Council and NHS Argyll & Clyde. The AGM/Conference is held in May/June each year. In 2003, the Carers' Networking Board made the decision to use some additional funding to employ a development worker, and this post was established in January 2004 (See Appendix 1 for contact details).

2.3. Carers' Centres

The North Argyll Carers' Centre in Oban, funded by the Council's Community Services, provides a confidential service offering help, support and information. The Helensburgh Carers' Centre is run by the Helensburgh and Lomond Carers' Project, is part of the network of Princess Royal Trust for Carers centres across the country and provides a range of services and supports. The aims of the Princess Royal Trust Helensburgh and Lomond Carers Project are:

¹ Now part of Argyll and Bute Council's Community Services Department

- To provide quality information and support services to carers in this area;
- To uphold and promote the rights of carers in accessing assessments and other services in the community;
- To work with other agencies in providing person centred short breaks for carers and identify any gaps in services.

2.4. Crossroads

Crossroads Caring for Carers has schemes in Dalriada and the Isles, Cowal and Bute and North Argyll which all provide respite services and do other work for carers. The objectives of the Crossroads schemes are:

- To relieve stress on persons or families caring for the elderly or people with physical, mental or sensory impairment who are living alone.
- To care, in appropriate circumstances, for the elderly or people with physical, mental or sensory impairment.

Crossroads is an extension of family support. It is designed to complement services provided by the statutory services.

2.5. Purpose and Aims for Argyll and Bute Carers' Strategy

The health and well being of carers is of prime importance both to Argyll and Bute Council and NHS Argyll and Clyde. Argyll and Bute Council receives Carers Strategy Funding from the Scottish Executive. This funding has been given to carers within the Council through the Carers Networking Board, which was set up to represent carers needs. Carers Projects have been set up in each Service Area of Argyll and Bute Council (i.e. Bute and Cowal; Helensburgh and Lomond; Oban, Lorn and The Islands; Mid Argyll, Kintyre and Islay). Carers Projects differ in each area and include Crossroads and Princess Royal Trust for Carers projects, which offer varying services including respite care, information and advice on health and care services, and on welfare benefits, and leisure activities; and relevant support groups.

Whilst these services have been designed in line with the national strategy and the Council's assessment process has been developed in accordance with legal duties, there has to date been no local strategy with an overall framework and clear sense of direction for carers' services in Argyll and Bute. This Strategy is intended to provide that framework and direction.

2.6. Consultation and Involvement in the Strategy

In June/July 2004 the views of individual carers and carer groups and organisations within Argyll and Bute were sought through a survey form on which they gave information on their issues and what would make a difference and improve the situation for them. This Strategy considers the issues raised in that survey, alongside further issues identified by the Dalriada and the Isles Survey of Carers, and additional matters suggested by the National Strategy for Carers. The Strategy includes comments made both in the recent and the Dalriada and the Isles surveys.

In addition to Carers' Networking Board representation on the Strategy Working Group, alongside social work and health representation, this Consultation Report is designed to provide an opportunity for comment on draft material, so that the final Strategy can take full account of the views of carers and others.

3. Carers' Needs

3.1. Characteristics of Argyll and Bute

Argyll and Bute is the third most sparsely populated council area in Scotland. There are 198 settlements in Argyll and Bute, accounting for 80% of the total population, but one in five residents do not live in a settlement. 2.5% of the settlements have a population in excess of 5,000 people and account for 45% of the total population, whilst settlements of less than 100 people account for 70% of all settlements and are home to approximately 5% of the total population. If this pattern is also true for carers, then nearly half of the carers in Argyll and Bute live in towns or large settlements, about 30% live in small settlements, and around 20% live outside or away from settlements.

Healthy life expectancy in Argyll and Bute is well above the Scottish average, standing at 60.9 years as opposed to the national average of 56.9 years. Although access to medical services is worse than the Scottish average, the quality of access varies across Argyll and Bute. More people require to travel further to see a GP, a dentist or to go to hospital. According to the 2001 Census, about one in five people (19.9%) in Argyll and Bute are living with a long-term illness. This is consistent with the Scottish average. Many of these people will have support from carers and may be carers themselves.

As with Scotland as a whole there are higher levels of deprivation in urban areas compared to rural areas. Whilst there are higher levels of income, employment, health and education deprivation in urban areas, access and housing deprivation are more prominent in the rural parts of the local authority. People who live in the commuter belt see their area as more prosperous and accessible than those living on the Islands. Islanders and rural mainlanders are more likely to describe their area as caring and remote. All of these factors will have an effect on the lives of carers; many will find that their caring responsibilities adversely affect their incomes and reduce their educational, employment and social opportunities.

3.2. Populations and Demographic Change

The profile of the Argyll and Bute population is slightly different than the Scottish population broken down by age groupings with a smaller proportion of younger people and a greater proportion of older people in Argyll and Bute compared with Scotland.

Population projections (2000 base)												
	2003				2008				2016			
	0-19	20-64	65+	85+	0-19	20-64	65+	85+	0-19	20-64	65+	85+
Argyll & Bute	18592	51562	16647	2090	16534	50449	17446	2208	13945	46368	20185	2390
Change % from 2003					-11.1%	-2%	5%	6%	-25%	-10%	21%	14%
Scotland	1221225	3075135	799334	81074	1149724	3092380	823247	92086	1039321	3043522	930988	107803
Change % from 2003					-6%	1%	3%	14%	-15%	-1%	16%	33%

Source GRO Populations - Projections from 2000 Mid Year Estimates

The population projections raise issues for carers' services. Lower children's populations may reduce the need for support services, or may allow the quality and level of resources in individual cases, including support to child carers, to be improved. The increase in older people and the number of very old people will demand significantly increased resources, and will mean greatly increased pressure on carers if increased resources are not available. At the same time the projected reduction in the population of adults of working age may mean that the number of carers for the increasing older population will reduce, putting even further pressure on the remaining carers.

3.3. Carers

Family carers play a crucial role in supporting the needs of their relatives with a wide range of care, support and health needs. Neighbours too can provide valuable support, perhaps especially when people with disabilities are living independently. Whoever they are, carers require to be properly supported. Research evidence indicates that caring is associated with lower incomes and poorer health.

Families may be torn between loyalties toward other family members and their own health/life styles, and find that, as carers, they often have to be with younger disabled or older relatives for the biggest part of the day. A significant number of younger people are also dependent on people for their care, including, for example, younger people with multiple sclerosis or cerebral ataxia. A priority for community care services is to support people at home, but they may have difficulties dealing with the increasing numbers of people, particularly older people, who require large and complex care in their own homes.

Problems in supplying personal care and night care by community care services can mean that tasks may be left to relatives, and this can be inappropriate, for example where teenagers are giving personal care to a parent. Funding may be available for resources but problems with recruitment may mean that services cannot be provided, especially in outlying areas, and family carers may be the only source of help.

Provision of Unpaid Care					
	Total Population	Provide care	Provides 1 - 19 hours care a week	Provides 20 - 49 hours care a week	Provides 50 or more hours care a week
Argyll and Bute	91,306	8,509	5,610 6.1%	950 1.0%	1,949 2.1%
Scotland	5,062,011	481,579	305,600 6.0%	60,305 1.2%	115,674 2.3%
Source: GROS 2001 Census UV21 Provision of unpaid care					

Figures from the most recent 2001 National Census indicate that, within Argyll and Bute, 950 carers support people for between 20 and 50 hours per week, 1949 carers support people for more than 50 hours every week and that of the total of 8,509 carers in Argyll and Bute there are 2048 carers over pension age.

3.4. Young Carers

The Strategy for Carers in Scotland (1999) said, *“We have many young carers looking after parents who are vulnerable, ill or disabled. Young carers can be particularly disadvantaged through their caring responsibilities. They may face problems at school with attendance and completing course work. They may feel isolated from other children because they do not have time to spend with their friends. Young carers have special needs and we hope that many of them will benefit from our proposals.”*

It is thought that there are at least 5,000 young people providing care for relative across Scotland. This suggests that there are over 85 young carers providing significant amounts of care in Argyll and Bute.

Identifying Young Carers

The Community Care & Health (Scotland) Act 2002 introduced new rights to assessment for carers, including young carers. It is difficult to establish an accurate number of young carers as people do not consider themselves as 'carers' when supporting a relative or close friend. Young carers and the people they look after may also be concerned about the consequences of agencies identifying child protection problems, particularly in families where there are mental health or drug/alcohol problems.

What Are We Doing For Young Carers Now?

Services for Young Carers are still developing across Argyll. Young carers are being offered individual support within family situations across the Council area. The Princess Royal Trust for Carers in Oban operates a Young Carers Project. Dalriada and the Isles Crossroads in Caring for Carers is also involved in setting up a service.

Crossroads Caring for Carers Dalriada contacted people who were interested in the issue of young carers and supported the formation of Mid Argyll Young Carers Support Group. From its limited resources, Crossroads has provided the secretarial input into this group and has assisted in the application for funding to charitable bodies. Crossroads has now been funded for 10 hours per week to establish a local service for young carers.

The North Argyll Carers Centre has a part-time project with 2 members of staff working 19 hours a week providing fortnightly sessions for two groups "The Young Carers" and "The Senior Young Carers". The project identifies and supports the young people, raises awareness of young carers' issues with local agencies, and helps maintain family stability. The project aims to reduce isolation, whilst building self-confidence and esteem, allowing the young carers to be children and young people as well as carers. Within the groups individuals have been identified as needing some help outwith the usual group activities. It has been arranged that they can meet with a support worker on a one to one basis.

The Council's approach to supporting young carers has been mainly through the Fusions initiative, focusing on preventive and family support services. Young carers can be difficult to identify and can feel stigmatised so the intention is to pick up their needs without singling them out. The downside of this approach is a number of young carers, who could be helped, are missed. The Fusions initiative offers a potential route for future funding. The initiative has already committed a significant amount on residential respite and on community support, and further funding for respite provision has been approved. In addition the £248,000 funding for respite from BNS (Better Neighbourhood Services) is also significant.

Where do we want to be?

We require to work towards a position which will ensure that:

- All young carers with substantial and regular caring responsibilities are identified and offered assessment and support;
- Substantial and regular caring responsibilities do not have a negative impact on the education, leisure and social activities of young carers;
- Services ensure the 'cared for person' receives sufficient support to prevent young carers being overburdened by caring responsibilities;
- Appropriately trained staff carry out assessments;
- Specialist support services are provided e.g. Young Carers projects, with long term funding;
- Young carers have easy access to advocacy services.

How will we get there?

Objectives	Action Plan	Who?	When ?	Outcomes
Begin the process of raising awareness at an early age amongst children and young people through the education system.	Complete an Education and Training Pack on Carers to be used in Personal and Social Education and lesson notes for staff. Work with Education to get approval for the programme and resources	A&B Carers Networking Board and Education Services	2006-07	Children and young people will be more aware of the life of carers and their issues and needs.
Identify young carers in our communities through carer organisations, statutory agencies (particularly Education) and voluntary organisations	Carry out a 3 yearly survey through education, health, social work, youth services to identify young carers and provide statistical information about them and their needs	A&B Planning, SWD & Education, NHS A&C, Carers Networking Board and other partners	2005-06	Young Carers with substantial and regular caring responsibilities take up assessment and get support
Provide specialist support services, e.g Young Carers projects, across the whole of A&B		A&B Carers Networking Board	2006-07	Young carers have easier access to specialist support services in every area of A&B
Provide a school contact for young carers to access counselling and support	Identify a named person in every school who will be available as the contact for young carers	A&B Education	2005-08	Young carers have ready access to a contact for help and support
Develop a specific support service through alternating weekly social sessions at Crossroads Caring for Carers Dalriada for primary and secondary school age carers	As and when funding sources are identified, employ and train youth workers through Community Education, arrange transport, and start weekly social sessions at Lochgilphead Youth Centre. Provide residential weekends for both age groups.	Crossroads Caring for Carers Dalriada	2005-08	Young carers in mid Argyll benefit from special social and leisure activities and support

3.5.Older Carers

The physical and emotional demands on an older carer are often enormous. Prolonged caring can have an adverse effect on the health of older carers who are often reluctant to see themselves as 'carers' particularly where the 'cared for person' is a spouse or partner. Caring is seen as a natural part of marriage or long-standing relationship and many are reluctant to accept support. To accept support can be seen as failing to cope. This can lead to older carers remaining 'hidden' and struggling until the situation breaks down and a crisis arises. Carers may also find it extremely difficult to adapt to the intrusion of strangers in the home. It is essential to approach these issues and concerns sensitively.

What Are We Doing For Older Carers Now?

As with all carers, Argyll and Bute Council and its partners try to ensure older carers are aware of their right to an assessment where they provide 'substantial' and 'regular' caring,

take account of the contribution of carers and the views of the cared for person and their carer before deciding on services, and work in partnership with older carers.

Where do we want to be?

We want older carers to be aware of their rights, and to be enabled to express their needs.

We want staff to be able to listen and respond to those needs with appropriate respite opportunities available.

How will we get there?

Action plans in all of the later sections of the Strategy should bring benefits to older carers.

Objectives	Action Plan	Who?	When?	Outcomes
Greater awareness of the needs of older carers in all staff groups to ensure staff identify carers who may be at risk to minimise situations breaking down.	Reference to the needs of older carers to be made in single shared assessment training	A&B Council Community Services, NHS A&C	2005-08	The needs of older carers get an improved response

3.6. Minority Ethnic Carers/ Travelling Carers

The Scottish Executive's Carers Strategy placed an expectation on local authorities to consider the needs of minority ethnic carers in the development of services, in accordance with statutory obligations under the Race Relations Act 1976. The passing of the Community Care and Health (Scotland) Act 2002, and its associated Guidance CCD2/2003, added considerable weight to this agenda. The Guidance required local authorities to consider the different cultural backgrounds of carers, the provision of information in appropriate formats, the need for language and communication support and culturally-competent assessments. It also referred to the need to provide accessible services, to promote race equality and to monitor policies and services in line with the Race Relations (Amendment) Act 2000. "Fair for All" (Scottish Executive 2002) required that NHS Boards develop support for minority ethnic carers.

What Are We Doing For Carers Now?

The needs of carers from minority ethnic communities and travelling communities are currently met on a case by case basis.

Where do we want to be?

We want to take account of any special needs of these groups of carers and put plans in place to meet those needs in future.

We want to have a system, which monitors and audits whether our services are meeting the needs of carers from minority ethnic communities and travelling communities

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Establish means to enable the needs of carers from minority ethnic communities and travelling communities and the services they receive to be monitored and inform future planning for services	Carers' assessments, Carer Assessment Forms and Single Shared Assessment Forms to be revised to capture information about Carers' backgrounds	A&B Corporate Services and Community Services and NHS A&C	2005-08	Carers from minority ethnic communities and travelling communities to have their special needs recognised and met
Include awareness raising of the needs of these two groups of carers in staff training and make carers' support groups aware of the differing needs of these groups	Adjust training programmes as necessary to ensure awareness raising of the needs of these two groups	A&B Community Services and NHS A&C	2005-08	Carers from minority ethnic communities and travelling communities to have their special needs recognised and met
Make information available in other languages and ensure services are flexible and adaptable	Accessible information to be made available	A&B Community Services and NHS A&C	2006-07	Carers from minority ethnic communities to be aware of rights and services
Ensure carers from travelling communities are informed about carers' rights and services	Accessible information to be made available at travellers' sites	A&B Community Services and NHS A&C	2006-07	Carers from travelling communities to be aware of rights and services

3.7.Hidden Carers

The Strategy for Carers in Scotland (1999) said, "*Carers need to feel valued and to feel that they are not isolated. There are many hidden carers in our communities who do not think of themselves as carers and may not be aware that help and support are available. We need to identify these carers and the measures outlined in this paper will help achieve this.*"

As with young and older carers it is difficult to identify carers of all ages. Many people do not see themselves as 'carers' when supporting relatives or close friends and therefore are not aware of the rights of carers or assistance that would be made available to them. Carers will often struggle to cope because they are reluctant to seek assistance, believing they should be able to carry out these tasks unaided. Carers can feel they have failed if they have to be assisted.

For example, some people with a learning disability live with older, frail parents. As the parents' needs increase, the person with learning disability takes on a more caring role with increased responsibilities. They undertake both practical and direct caring tasks. This can be gradual and is often not acknowledged, but is often indicated by the person decreasing normal activities, and being less available evening and weekends.

What Are We Doing For 'Hidden' Carers Now?

Awareness raising information has been distributed to households in the Argyll and Bute area by the Carers' Networking Board to reach people who may be in caring situations and are unaware of their entitlements and available assistance.

In November 2002 the Princess Royal Trust Helensburgh and Lomond Carers Project joined the network of Princess Royal Trust for Carers centres across the country and PRTC funded

a part time Support Worker post specifically to work on a G.P. Initiative, encouraging GPs to identify and refer carers on to the organisation. In addition, a temporary twelve month post of G.P. Worker started at the beginning of November 2004 to enable the North Argyll Carers Centre to identify hidden carers, continue building on the good working practices already established with health workers and raise awareness of carers' issues.

Where do we want to be?

We want to reach as many carers as possible to offer them the assistance they may require so they can make informed choices in partnership with the cared for person and other agencies.

It is vital that awareness of carers' issues is raised, as a means of getting information to hidden carers, and that information about relevant assistance is readily available.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Identify hidden carers so that they can be given information, offered assessment and provided support services as necessary	Other Carers Groups to give consideration to carrying out similar surveys to the one carried out by Dalriada and the Isles Crossroads, Caring for Carers.	Networking Board/Carers Groups/A&B Community Services and NHS A&C	2006-08	Hidden carers to be aware of rights and services

4. Key Issues

4.1. Information, and Communication

Questionnaire and Survey Comments by Carers
Lack of information on benefits, services, progress updates re arranging services, and staff changes.
Information would be improved by: a Benefits and Services Directory, including how to claim benefits, respite, equipment and adaptations, approved registered services, diet and care packages, information following particular diagnoses about the condition and how it will develop.
Need one stop shop/drop in centres for information.
Information should be easy-read and jargon free.
Need Carers Newsletter, Open Days, Telephone Advice-line.
There should be improved communication and information sharing between professionals and carers.
Carers need involvement in planning, regular contact with Carers' Association, expenses, care cover.

What Are We Doing For Carers Now?

Within the Council information about services to support carers is available from Argyll and Bute's Community Services through leaflets and specialist staff, such as the Information Worker.

Argyll and Bute's Community Services' Community Care and Children and Family Services Reports concerning Social Work services are published and on the Council website.

As indicated above the Community Care and Health (Scotland) Act 2002 referred to Carer Information Strategies to be completed by NHS Boards, so that all carers who come into contact with NHS services are identified and provided with such information to create a more consistent and strengthened approach to informing and empowering carers.

Crossroads Caring for Carers Dalriada and the Isles publishes a newsletter, which has local contact names and addresses of local services, and news of new projects and services that will be of interest to carers.

Better Neighbourhood Services (BNS) Community Support Network provides an information drop in service for South Kintyre for carers of older people and disabled children.

Crossroads Cowal and Bute has produced a booklet of information for carers called "*Nobody Told Me*" which is available from the local library, where there are also many other books on caring, carers' rights and disabling conditions.

The Helensburgh and Lomond Carers' Project provides information and advice from the Helensburgh Carers' Centre. Information and advice is given on medical conditions, welfare rights, advocacy, and with sign posting to agencies, who can offer help. The Project produces a bi-monthly newsletter with information about services and events.

The North Argyll Carers Centre is a drop in service for carers offering information advice on any issue affecting carers, including benefits (plus support to complete forms) respite, grants, and holidays. A regular newsletter is distributed to all carers registered with the North Argyll Carers Centre, and access to a comprehensive library is available for carers and professionals. The North Argyll Carers Centre believes that communication between relevant professions is continuously improving especially in relation to information and services to carers.

Where do we want to be?

We want to be in a position where carers are clear about the services available and their eligibility for them.

We need to develop relevant information in clear language and suitable formats for individuals and carers to enable them to understand and access appropriate services.

As an example of locally based development, Crossroads Caring for Carers Dalriada would like to go further to reach isolated cares by establishing a website giving carers information and providing them with links to the service.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Provide information to young carers as part of the school curriculum	Complete an Education and Training Pack on Carers to be used in Personal and Social Education and a booklet for staff. Work with Education to get approval for the programme and resources	A&B Carers Networking Board and Education Services	2006-07	Children and young people will be more aware of the life of carers and their issues and needs. Young carers will be better informed about how to seek help
Provide good accessible information in different formats to raise public awareness and inform present and future carers about their rights and services	Replicate material like the Dunoon & Cowal Carers' Directory ' <i>Nobody Told Me</i> ' and the Kintyre Information Pack in all four areas of the Council	A&B Carers Networking Board	2005-08	Carers will be better informed about their rights, about services which might help them, and how to access these services
Provide good accessible	Provide information at	A&B	2004-05	Carers will be better

information through single or regular information events for members of the public about local care services in both the statutory and private and voluntary sectors	the annual 'Services Coming Together' event in Helensburgh, and the Information Day in Oban, and promote the need for similar events elsewhere	Community Services, NHS A&C, and A&B Carers Networking Board		informed about their rights, services and access to support
Provide good accessible information to inform parents caring for a disabled child about their rights and services	Organise information and awareness sessions for parents caring for a disabled child and develop a Parents' Information Pack	Kintyre Network Centre (BNS Community Support Network)	2005-06	Parents caring for a disabled child will be better informed about their rights, services and access to support

4.2. Public Awareness and Professional Attitudes

What do carers and staff say?

A small number of carers, social work and health staff from a variety of services were asked about the attitudes and awareness of the general public to the needs of carers and the problems they face. Their experience of public attitudes was very varied from positive to negative:

The public are not particularly concerned, as it does not affect their own lives.

Carer

The public are supportive once they are aware.

Carer

The public are sympathetic that carers have a lot to cope with.

Social Work Community Team Leader

Even having a lack of understanding the members of public say they "could not do carers' jobs".

Care Worker

The attitude of the public is that they don't think about it.

District Nurse

The public are at worst unsympathetic at best sympathetic but patronising to carers.

Resource Centre Manager

Whatever their views were on attitudes there was a consensus amongst the carers and staff that the public is very unaware of the circumstances and needs of carers:

People have little personal experience and, in my area, no desire to assist.

Carer

The public does not have any full understanding of the situation.

Carer

The public are sympathetic but unable to project much further, i.e. people hoping it won't happen to them!

Carer

The public are not aware of the problems and the isolation carers experience and

face.

Day Care Officer

The public are unaware of the needs of carers unless they are directly involved.

District Nurse

The public find it difficult to see the fact that carers are just like them with needs and wants, good days and bad, and that carers just hide it better.

Hospital Social Worker

Carers, who were asked for views on professional attitudes, had varied experiences and opinions were mixed. There were different views about the attitudes of social work staff:

- ❑ *Staff are variable - some people are much more helpful than others;*
- ❑ *Staff attitudes are excellent;*
- ❑ *Staff are not always ready to listen;*
- ❑ *Home helps are especially good - office staff less so;*
- ❑ *Staff are unhelpful – too many admin staff but too few, or no, staff at the sharp end;*
- ❑ *Staff are affected by how they are approached – but usually excellent.*

There were also different views about the attitudes of NHS health staff:

- ❑ *Staff are professional;*
- ❑ *The attitudes of staff are very good;*
- ❑ *Staff are variable- some people much more helpful than others;*
- ❑ *Staff attitudes are good;*
- ❑ *I am ignored;*
- ❑ *Staff attitudes are wonderful;*
- ❑ *Staff are extremely good at the local District General Hospital and my local surgery.*

What are we doing for carers now?

Awareness raising exercises have been arranged on a local basis. For example, North Argyll Carers Centre distributes promotional materials to the hospitals, GP surgeries, Chemists, Library, and local shops in its area. The Centre has been involved in organising public awareness raising exercises including coffee mornings, an information day, carers' week, a charities day and talks to local organisations. Articles in local newspaper and radio broadcasts have also assisted in the process of raising local awareness.

Where do we want to be?

We want the general public to understand the pressures carers experience and to respond to the needs they have.

Professional people should be aware of anti-discriminatory attitudes and practice as these affect carers.

Staff should listen to and respect carers' views.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Begin the process of raising awareness at an early age amongst children and young people through the education system.	Complete an Education and Training Pack on Carers to be used in Personal and Social Education and lesson notes for staff. Work with Education to get approval for the programme and resources	A&B Carers Networking Board and Education Services	2006-07	Children and young people will be more aware of the life of carers and their issues and needs.
Raise public awareness of the needs and rights of carers through producing information	Promotional material available from sources such as the North Argyll Carers Centre should be reviewed, updated and distributed regularly	A&B Community Services, NHS A&C, and A&B Carers Networking Board	2005-08	The general public better understands the pressures carers experience and responds to the needs they have
Raise staff awareness of the needs and rights of carers through briefings and training	Establish staff training material and deliver in single events or as part of other training	A&B Community Services, NHS A&C	2005-08	Staff are enabled to listen and respond to the needs of carers

4.3. Advocacy

Advocacy services involve supporting a person or a group, to help them to express their views. There are three main types of advocacy service. These are:

- Independent Professional Advocacy - uses paid professional staff and volunteers;
- Citizen Advocacy - the advocate is an ordinary unpaid citizen;
- Self Advocacy - where a group of people in similar situations, or with a common issue, meet together to put forward their shared views as one voice.

What Are We Doing For Carers Now?

Lomond & Argyll Advocacy Service has grown rapidly since it was commissioned in September 2000 by a partnership of health and social work services. The Service operates throughout Argyll & Bute and provides volunteer and professional independent advocacy. The Service employs a range of full time, part time and sessional advocates. The Service has local offices in Dunoon and Campbelltown, and operates a project based at the Argyll & Bute Hospital, Lochgilphead, and the Vale of Leven Hospital. . Over 100 volunteers from Argyll and Bute have completed the Service's "Basic Advocacy Skills Training Course". However LAAS recognises there is potential conflict if they advocate for carers where they may also be advocating for the 'cared for' person too, therefore LAAS feels Carers Centres offer a more appropriate service.

North Argyll Carers' Centre in Oban and the Carers' Centre in Helensburgh both offer advocacy and arbitration services to help carers liaise with other agencies.

The Mental Health (Care and Treatment) (Scotland) Act 2003 includes requirements in relation to independent advocacy services. To meet the Act's requirements a part time post has been funded by NHS Argyll and Clyde with the worker employed by Lomond & Argyll Advocacy Service, and with plans to employ sessional advocates with specific mental health skills in the near future. Consideration is being given to ways in which advocacy services can be extended to carers.

Where do we want to be?

We want to get to a position where all carers who provide a substantial amount of care on a regular basis have advocacy support if they need this.

How will we get there?

Objectives	Action Plan	Who?	When ?	Outcomes
Ensure that carers who provide a substantial amount of care on a regular basis have access to advocacy services	Advocacy to be extended through Carers' Centres in all areas as finance and resources permit	A&B Community Services, NHS A&C	2005-08	Carers across the whole of Argyll and Bute have access to advocacy services
Extend training to enable other providers to offer advocacy services to carers	Identify agencies in the community which could take on an advocacy role, given appropriate training	A&B Community Services, NHS A&C, Carers' Services	2005-08	Carers across the whole of Argyll and Bute have access to advocacy services

4.4. Assessment and Care Management

Carers are now entitled to a Carer's Assessment in their own right even where the "cared for" person does not wish an assessment. Carers have designed an Assessment Form, which can be completed by the carer, or assistance can be given by Community Services Staff.

Parents and other carers' views should also be fully taken into account in Co-ordinated Support Plans established for children and young people with additional support needs, as directed in the Additional Support for Learning Act, 2005. The aim of this Act is to provide better planning and preparation for post – school, establishing a more person – centred way of including the views of the young person and their family. It will end the Record of Needs system, replacing the Future Needs Assessment with a Co-ordinated Support Plan.

Questionnaire and Survey Comments by Carers
Need better referral process from health – GPs and hospitals.
Concern about waiting lists for assessment.
Need good assessment and care planning process from diagnosis at birth or in infancy.
Need listening to carers.
Need more direct, explicit information and what resources are available and what is not possible.
Need clarity about timescales for care plans.
Need better information sharing by professionals and more joined-up working.
Need long term planning and regular reviews.
Need more Carers' Assessments and Benefits Checks.
Problems at transition when services arranged for schoolchildren - parents/carers need to be involved.
Need training re young carers for education, health and social work staff.

What are we doing for carers now?

Argyll and Bute Council's Community Services carries out Carers' Assessments in line with the legislation, including self assessment. Community Services and NHS Argyll and Clyde are working together to develop a framework for Single Shared Assessment in line with the Scottish Executive's Joint Future Agenda. This is aimed at improving ease of access to assessment, a streamlining of the process and a SMART (Specific, Measurable, Achievable, Realistic, Time Related) and joined up response to need.

There are issues with assessments at present, which require liaison and agreement with Community Services and the NHS. Single Shared Assessments are designed to reduce duplication, to address the accuracy of information and produce the right kind of plan for the client and their carers. They will incorporate a Carer's Assessment where carers want this. Also, all assessors are expected to maximise benefits for the person being assessed and this can include the carer living in the same home, or might involve carers living elsewhere, as part of a Carers' Assessment. Staff guidance sessions are planned on Single Shared Assessments.

Cases allocated to workers, regardless of the level of care, are reviewed after a month then six monthly and yearly thereafter. The Community Care Manager will attend whenever possible the residential and complex care package reviews. Carers are invited to the reviews in consultation with service users. This is to ensure care packages are meeting needs, and being efficiently implemented and to make any necessary changes.

On a more local basis, the Princess Royal Trust Helensburgh and Lomond Carers Project makes referrals to Argyll and Bute's Community Services for community care assessments and carers assessments and the follow up on referrals which is required. North Argyll Carers Centre provides a listening ear service, considered by the Centre to be one of the most valued services it provides. Better Neighbourhood Services Community Support Network services involve parents throughout the assessment process and explain clearly the what, why, when and how of assessments and reviews. Unrealistic promises are avoided but this is balanced by offering something rather than leaving parents/families waiting for some support. Benefits checks are integral to the assessment. The needs of older carers of older people are taken into account during the process of arranging BNS Keeping in Touch service.

Assessment and Care Management – Best and Worst Experiences for Carers and Staff
<i>My best experience of Social Work staff attitudes to carers was.....</i>
<i>.... the good initial response (Carer)</i>
<i>.... I've had no bad experiences (Carers)</i>
<i>My best experience of working for a carer was.....</i>
<i>.....their positive attitude in allowing independence and growth for their child. (Care Worker)</i>
<i>.....working together as a team with a carer and client – honest constructive and taking everybody's opinion into consideration. (Community OT)</i>
<i>My worst experience of Social Work staff attitudes was.....</i>
<i>....not recognising me as carer (Carer)</i>
<i>....promising an awful lot and not delivering (Carer)</i>
<i>the constant 'passing the buck'! Nobody is responsible – constant redirecting (Carer)</i>
<i>My worst experience of working for a carer was.....</i>
<i>.....resistance to change for their child. (Care Worker)</i>
<i>.....the unrelenting demands of an unrealistic aggressive carer. (Community OT)</i>

What do carers and staff say?

The staff, whose views were sought, had mixed views about the practice of social work staff and said:

Social work staff are always professional taking into account the whole family's need but with the client being paramount. Care Worker

Social work staff are close minded – there is a total lack of common practical assistance FAST! Care Worker

Social work staff are knowledgeable but are restricted by the availability and flexibility of services. Social Worker

Where do we want to be?

We want to ensure easy access to Carers' Assessments, and that such assessments are more routinely used.

We want to be in a position where Health and Social Work staff can work interchangeably where appropriate in many respects and that there is equity of service standards.

We want to ensure that parents and other carers' views are fully taken into account in Co-ordinated Support Plans established for children and young people with special educational needs.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Ensure easy access to Carers' Assessments, and that such assessments are more routinely used with carers who provide a substantial amount of care on a regular basis	Public information to include reference to Single Shared Assessments and Carers' Assessments/Self Assessment. Managers and staff to ensure appropriate questions are raised within SSAs	A&B Community Services, NHS A&C	2005-08	Carers, who provide a substantial amount of care on a regular basis, have increased opportunities for a Carer's Assessment
Reduced waiting times for assessments	Cognisance to be taken of the waiting times standard for carers assessment	A&B Community Services, NHS A&C	2005-08	A decrease in waiting times for Carers' Assessments
Identify and consider how to meet unmet need	Record and quantify unmet need in SSAs and Carers' Assessment and consider in future planning	A&B Community Services, NHS A&C	2005-08	Carers' needs are met, which have not previously been met
Ensure that parents and other carers' views are fully taken into account Co-ordinated Support Plans established for children and young people with special educational needs	Staff preparing reports and those drawing together Co-ordinated Support Plans to ensure that carers' views, are sought, represented and taken into account	A&B Education and Community Services, NHS A&C	2005-08	Carers recognise that their views have been properly sought, represented and taken into account in Co-ordinated Support Plans

4.5. Health

What do carers and staff say?

The carers who gave their views were generally positive about the attitudes and work of health staff. They talked of their good experiences and said:

- *Staff are always very caring;*
- *Nurses are very willing to give out phone numbers for 24 hour contact. Hospital staff are so caring;*
- *My best experience was being listened to carefully by my GP and by nursing staff. This helped to de-stress me when my wife was first diagnosed with Parkinson's;*
- *The District nurse has been the most helpful of all our contacts.*

There were also some critical comments by the carers about NHS staff:

- *They are not terribly aware of what the problems of carers are - when they do know, quite helpful;*
- *The problem is not being aware of carers' problems and not giving carers choice of times of appointments which would suit the carer.*

The staff, whose views were sought, had mixed views about the practice of health staff and said:

NHS staff are caring and involved in supporting carers if they are directly involved.
District Nurse

NHS staff can be seen as being interfering, but with shortages of staff, there is not enough time for NHS staff to spend with carers to listen to their views and concerns.
Care Worker

The attitude of NHS staff depends on the individual staff, but increasingly hospital staff are acknowledging the sacrifices made by carers and are more aware of making referrals in order to gain support for them.
Hospital Social Worker

What Are We Doing For Carers Now?

The current service provision for carers identified by health professionals varies across Argyll and Bute. Carers are identified through initial assessment of the patient/client and assessment of their needs is often included within the patient/client care plan, as they are recognised as integral to that.

Counselling and bereavement support can be provided by a range of healthcare professionals.

Programmes for training and education of carers are also delivered by a range of professionals, although primarily by community nurses and allied health professionals. This is usually done on a one to one basis.

There are no direct services provided by NHS specifically for carers, except for respite for patients/clients whose needs cannot be met elsewhere. Respite care beds are available in Community Hospitals in Dunoon, Rothesay and Lochailhead, also in Islay and Mull.

For carers who are looking after people with palliative or terminal care needs the Marie Curie nursing service can be provided to deliver an appropriate level of nursing care in the home and to provide respite for the carer. In exceptional circumstances it may be possible to provide a limited service through the existing nursing teams. This is however rare and very time limited.

Liaison with the other care agencies in Argyll and Bute provides valuable services for carers. Most district nursing and other teams have very close links with Crossroads, Carers Centres and other smaller voluntary services in the localities

The Leaving Hospital Guideline, which is almost complete, recognises the role of carers and stresses the importance throughout of carer involvement in the assessment and care planning process.

Where do we want to be?

We want all carers to be identified through initial assessment process and carers' assessments to be routinely offered to all those identified as carers

We want carers:

- To be involved in all stages of care planning and review;
- To have access to written copies of care plans;
- To be involved in all parts of the hospital discharge planning process;
- To be clear about key professionals involved in care delivery and their contact details;
- To be confident of the professional advice and support available and of how to access it.

We want to see a range of specific developments, including:

- A more structured approach to training for staff on carers needs and NHS responsibilities;
- Carers assessment to be available as an adjunct to Single Shared Assessment;
- Implementation of the Leaving Hospital Guideline;
- Audit and evaluation of current service provision;
- Increased availability of home respite for clients/patients whose needs require input of health professionals.

How will we get there?

Objectives	Action plan	Who?	When?	Outcomes
Standardised information packages, covering all aspects of caring, to be made available to carers	Review information currently available, refine and agree appropriate information package for carers, and disseminate through all appropriate sites	NHS A&C	2006	All carers will receive high quality and easily understood information
Healthcare professionals to receive training on carers' issues	Identify key learning outcomes, develop training programme which can be delivered jointly with other agencies and implement training programme in all localities	NHS A&C	2005-07	Carers benefit from standardised training programme available for all healthcare professionals
Carers to be offered assessments	Guidance to be available on Carers assessments, and carers assessments to be	NHS A&C	2005-06	Carers assessments and all carers will be

routinely as part of any initial assessment process	included within all SSA training programmes			routinely offered an assessment by healthcare professionals
Ensure early detection of health problems of older carers	Health needs of older carers to be considered as the people they are caring for are given health checks	NHS A&C	2005-06	Older carers have their health needs met at an earlier stage

4.6. Health Promotion and Self Care

“Carers have a right to have their own health and social care needs met. It is well established that caring has a direct impact on both the physical and mental health of carers. Many carers cope well with their caring responsibilities and require little or no support. But carers’ needs change, often suddenly and dramatically, and it is vital that carers are identified early on in their caring role and provided with targeted and appropriate information on the sources of advice and help available to them. Early identification, information and support is critical. Too many ‘hidden carers’ are unaware that support is available until they reach crisis point, a point at which their own physical and mental health is already often damaged. Information enables carers to make early and informed choices about seeking practical and financial support.”

(Carers Information Strategy Guidance – Scottish Executive)

Information that carers need includes:

- Information on local and national support services, including short break services/respite, access to support groups, advocacy and counselling;
- Targeted information on the condition/treatment of the cared-for person;
- Information and training in moving and handling, administration of medication, feeding;
- The availability of financial support through the benefits system;
- Health improvement information, including information and training on stress management techniques;
- Local concessionary transport schemes and support to enable them to attend NHS appointments with the cared-for person;

What Are We Doing For Carers Now?

While there are no specific programmes available to carers at present, considerable work is undertaken on a less formal basis, such as one to one health promotion and self care awareness training delivered by many healthcare professionals. This is largely dependent on the level of involvement of healthcare professionals within individual care packages and may not be available to carers who do not have regular contact with NHS services.

Where do we want to be?

We believe that health needs of carers should be recognised as part of the overall assessment process and meeting these needs should be seen as part of the overall care plan.

We want all carers to have access to health promotion and self care awareness raising and advice, delivered either one to one, through group sessions, through written information leaflets or through video/DVD.

We want carers to know how and where to access the advice and support they may need in meeting their own health needs.

We therefore want to produce information leaflets and posters and disseminate them throughout health and social care sites, to develop and implement awareness raising programmes for carers related to healthy lifestyles and caring for oneself, to include such information within any training programme for NHS staff related to carers, and to implement carers' assessments.

How will we get there?

Objectives	Action plan	Who?	When?	Outcomes
Develop awareness raising programme for carers on how to look after themselves	Establish a short life working group to review current information available, and evidence of good practice and to develop a programme for carers which can be delivered by a variety of professionals using different methods of delivery	NHS A&C	2006-07	Carers will be offered access to awareness raising information programme on looking after themselves including information about local services
Provide adequate training for any personal care or health need intervention carers are carrying out	Training to be delivered to carers following assessment of their need	NHS A&C	2006-07	All carers feel confident in carrying out care and health tasks

4.7.Primary Health Care

Questionnaire and Survey Comments by Carers
Carers should be identified in case notes.
Need longer appointment times.
Need regular checkups, monitoring and reassessment.
Need dentistry at Lochgilphead Hospital.
Need reliable availability of Physiotherapists, SLTs, OTs – currently long waiting lists.
Need advice for caring after hospital discharge.

What are we doing for carers now?

Research shows that for 4 out of 5 carers, their first point of contact with any statutory agency is with a community-based health service. Research also shows that this first point of contact is generally within a primary care setting, either at a health centre, GP practice or at home. Identifying carers and providing them with information at this first point of contact is central to the aim of an NHS Carer Information Strategy.

There is no agreed mechanism for identifying carers at present, although those who are in regular contact with NHS staff will be known and their needs are often included as part of an overall care plan. Healthcare professionals recognise carers as integral to the care of any individual patient and client and will always endeavour to ensure that their needs are acknowledged and met. Teaching and advice for carers is provided by healthcare professionals, usually on a one to one basis.

The Princess Royal Trust Helensburgh and Lomond Carers Project employs a support worker who was funded by PRTC to work with pharmacies and GPs in the area in supporting the idea of targeting and identifying carers

Where do we want to be?

We want to implement a mechanism for highlighting carers through medical records within primary care, and to develop a method of routine identification of carers through GP systems.

We want carers to have access to flexible appointment times with healthcare professionals and to feel that they have the time to discuss their concerns with healthcare professionals and that their needs are acknowledged.

We want carers to have written information about who is who in their local NHS and how to contact appropriate people. Where there is no care manager we want a key worker, responsible for co-ordinating the carer's assessment, to be identified with contact details readily available to all carers. We want a deputy available when the key worker is not available.

We want accredited training programmes available for carers, with sessions on subjects such as personal hygiene and skin care; continence management; pressure area management; nutrition; mobility and exercise; moving and handling; dementia awareness; mental health issues; coping with stress; and healthy lifestyles.

How will we get there?

Objectives	Action plan	Who?	When?	Outcomes
Develop method for identifying carers routinely through GP systems	Audit what happens currently within GPass and other systems, explore possibilities for identification for carers and produce guidance for all practices as to how they can implement identification method	NHS A&C, IT, Clinical Audit and Practice	2005-06	All carers will be automatically flagged up through GP record systems
Improve access to NHS services	Explore possibilities for flexible appointments for carers	NHS A&C	2006-07	Carers will have better access to health assessment
Ensure that all carers in regular contact with healthcare professionals have named key worker with contact details	Develop and implement guidelines on key worker concept for all healthcare professionals	NHS A&C	2005-06	Carers in regular contact with healthcare professionals will have a named key worker
Ensure carers know how to access the various health services	Review information currently available, Produce template of information needs for each locality, Identify lead to localise information on template for their locality, and disseminate finalised leaflet to all appropriate sites and people within the locality	NHS A&C	2005-06	All carers have access to up to date local information on services available and on how to contact them
Assist carers to develop their skills	Identify what training is currently available both locally and nationally, develop agreed programme for training for carers, and explore the possibility of having it accredited through Argyll College	NHS A&C, and Argyll College	2005-06	Carers will have access to training programmes, which they can undertake in sections or as a whole

4.8.Hospital Services

What Are We Doing For Carers Now?

Nurses and Allied Health Professionals (AHPs) within hospital settings recognise the needs of carers and endeavour to provide regular information on individual patient's conditions and progress. Rooms are available for interviewing and counselling and these sessions are available to all carers. Written information is provided in all ward areas about a number of conditions and services that are available.

Carers are involved in discharge planning processes and can contribute to and influence the assessment and care planning for individual patients and clients. Teaching on how to care for individuals after discharge is delivered within hospital wards by nurses and AHPs.

Some community hospitals in Argyll and Bute currently provide respite beds to allow carers to have a break.

Where do we want to be?

We want carers to feel involved in all aspects of assessment and care planning while people are in hospital. This includes involvement in carers' assessments.

We want the Leaving Hospital Guidelines to be implemented in all hospital sites.

We want carers to feel well equipped and supported to look after those they care for following discharge from hospital. This includes having clear information about the care plan, and the care manager/key worker. We want carers to have met the care manager/key worker prior to discharge and know how to contact them and who to contact in their absence.

How will we get there?

Objectives	Action plan	Who?	When?	Outcomes
Identify current gaps in service provision for carers and develop a plan to address shortfalls in services	Develop an audit tool which will identify gaps in current service provision, carry out the audit in all hospital sites in Argyll and Bute and develop an Action Plan to address deficiencies	NHS A&C (Clinical Audit, Nurses, AHPs)	2005-06	Carers receive an improved service as gaps in service provision are identified and rectified
Involvement of carers in planning care	All named nurses to liaise with main carers when devising care plans	Hospital Nurses	2005/-6	Carers feel they are properly and fully involved in care planning within hospital settings
Implement the Leaving Hospital Guideline	Finalise the current draft document Implement in all hospitals, ensuring all staff are aware of the content and evaluate one year post-implementation	NHS A&C, A&B and Community Services	2005-06	Carers experience better co-ordination and planning of hospital discharge with carer involvement at all steps in the process

4.9.Counselling and Support

Questionnaire and Survey Comments by Carers
Need counselling services for children
Need bereavement counselling.

What are we doing for carers now?

Support groups for Bereavement, Parkinson's, Stroke and Alzheimer's utilise and are supported by the North Argyll Carers Centre. Telephone support is available for those unable to travel to the centre. Home visits for those unable to call in can be arranged. Therapies sessions are provided for relaxation and stress relief on a weekly basis. Within the North Argyll Carers Centre weekly coffee mornings allow carers to talk over issues with other carers in a social environment. The Local Area Coordinator for learning disabilities works from the office of the North Argyll Carers Centre two days a week and meets with parents, service users and organisations. CRUISE and Lorne Counselling Services in Oban offer bereavement counselling services, and a Bereavement Support Worker can be contacted at the Carers' Centre

In addition the North Argyll Carers Support Group, which has been in existence since June 2003, supports carers of people who have had or still have mental ill health and has monthly meetings. People attend the support group from Mid-Argyll, Oban and Mull although it can be difficult for people from Mull to attend on a regular basis due to ferry times. It is recognised by the group that there are a lot of carers getting very little or no support in the Argyll area. The group would like to offer what they can in a way of peer support or information to others. Not everyone wants to come to groups, the carers understand this but they feel they could offer support out side the meetings.

In Cowal a support group for carers of people with mental health problems is organised by the Community Mental Health Team and meets monthly at Dochas Lodge. The purpose of the group is to give support and information to carers. Membership of this group has been stable, but the group is open to new people.

The Support Worker from the Helensburgh Carers' Centre has identified a number of hidden carers who are now receiving better support. The Project's counselling service is available in the early evening every second Tuesday. The Helensburgh and Lomond Project has developed Carers' Cafes as a way of bringing carers together to chat with other carers over a cup of tea or coffee. The Centre has speakers to its regular carer support meetings, an ex-carers group has been established, there are support groups for specific medical conditions, and as an alternative means of supporting carers the Centre also has fortnightly aromatherapy sessions. It also provides signposting to other support groups.

The McMillan Carers Scheme is targeted to meet the needs of the patient and the carer, where trained personnel offer direct care to the patient, and can also offer respite support in the home. This is a free service, and hours depend upon the need. A qualified nurse completes the assessment, and re assessment. The service is available in parts of Helensburgh and Lomond and on Islay. There are 2 G.P. facilitators in Argyll, and a McMillan pharmacist covers Argyll & Clyde, working with community and hospital pharmacists. The McMillan Campaign provides financial assistance to carers and families. Mid-Argyll has a Cancer Support Group which was started with lottery funding. This group offers support both to patients with cancer and their carers. Funding ceases in May but the

group will carry on as a voluntary organisation. Smaller groups have developed from this, whereby patients and carers support each other. Crossroads has received funding to set up a Young Carers Group in the area.

Counselling services for young carers are largely undeveloped. Children 1st now spend some time in Mid-Argyll, but they deal specifically with children who have been sexually abused and their families. Other counselling services are targeted to people with specific mental health issues rather than those generally affected by the stress of caring.

The Arms/Campbell Street Centre in Lochgilphead provides daily services for people with multiple sclerosis and their families, with advice, support and information to carers and their relatives, a Direct Payment payroll service, support for form filling, and a venue for social events and contact. There is a Hyperbaric tank for treatment for people with M.S. and those with need for wound healing.

A support group in Dunoon meets monthly for people in Cowal who have M.S. This group offers support to carers.

Counselling and Support – Best and Worst Experiences for Staff
<i>My best experience of working for a carer was.....</i>
<i>.....when I supported the client with his mother during an operation in the hospital which gave me the opportunity to work very closely with the carer and began to understand her needs. Day Care Officer</i>
<i>.....rewarding because they cope very well with often difficult circumstances and they are grateful for help and advice. Social Work Community Team Leader</i>
<i>My worst experience of working for a carer was.....</i>
<i>.....where a carer had another agenda which was not just about providing support for the client - and where benefits were not being used for the client. Social Worker</i>
<i>.....when the carer's own need to control the situation reached the point when the person being cared for was being placed at risk. Hospital Social Worker</i>

Where do we want to be?

We want to develop counselling service for carers including young carers across Argyll and Bute for bereavement support and other issues relevant to carers.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Develop further services at the Arms Centre in Lochgilphead	Coordinator to make funding applications	Arms Centre	2005-08	Carers benefit directly from service developments and through respite

4.10. Care Services

Questionnaire and Survey Comments by Carers
Need Personal care and night time care.
Need practical help, shopping, prescription collection, equipment/adaptations, assistance with bathing.
Needs resourcing, and training

What are we doing for carers now?

The Council provides a range of services to assist carers, for example respite and home care. Other services, where the primary focus is on the needs of service users, such as day services or equipment and adaptations, are also of direct benefit to carers. Crossroads Caring for Carers Dalriada, for example, provides a Stroke Club 'Fyne Friends'. Although this club's function is primarily to assist the rehabilitation of those recovering from strokes, 15 to 20 hours of respite are effectively also provided to carers during the day of club meetings.

It makes a significant difference for carers to have facilities, which can offer support to those they care for during the day and therefore ease the pressure of caring for that person. Day hospitals, day centres, day activities, lunch clubs and transport are therefore required in all areas primarily to meet the needs of those directly using them, but also in order to support carers and minimise the need for respite care away from home and permanent care home admissions. One example of a project which seeks to address the issues of access to transport, healthcare and shopping in a co-ordinated and integrated way is the Cowal DESERVE Project (Delivering Services in Remote and Rural Areas), which organises access to transport that takes services to the individual, as well as taking individuals to services.

What do carers and staff say?

Staff had a range of opinions about the practice of social work staff and said:

The attitude of social work staff is dependent on the staff member. The majority see carers as advocates and colleagues providing a vital service in the community with little recognition for their efforts. Hospital Social Worker

The attitude of social work staff is at times patronising but generally professional and caring. Resource Centre Manager

Social work staff are supportive within their resources. Community Staff Nurse

Care Services - Best and Worst Experiences for Staff	
<i>My best experience of working for a carer was.....</i>	
<i>.....having worked to gain respect and understanding one another's ways, we worked together to achieve best work practice.</i>	Care Worker
<i>.....being thanked for making their daughter have a lovely day out.</i>	Care Worker
<i>My worst experience of working for a carer was.....</i>	
<i>.....not being trusted to work with a Client, asking for receipts with every purchase and bought i.e. coffees, papers etc.</i>	Care Worker
<i>.....when I have had to battle with the carer on behalf of the person receiving the service. i.e. to ensure that they have a say in their care.</i>	Resource Centre Manager

Where do we want to be?

We need to be in a position where there is improved confidence that the services provided meet the needs of carers.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Take account of the needs of carers in service reviews and the planning and implementation of service developments	Revise plans based on assessed need and existing or new consultations with carers	A&B Community Services, NHS A&C	2005-08	Carers have evidence that Plans take account of their needs
Develop services to families caring for a disabled child, which will maximise the integration of disabled children	Roll out BNS services to families caring for a disabled child across Argyll and Bute	BNS Community Support Network	2005-06	Families caring for a disabled child feel well supported
Carry out research evaluations to establish how certain services are making a difference	Monitor and evaluate projects such as Cowal Deserve Project to inform planning	A&B Community Services	2005-08	Carers are supported by services which make a difference to them

4.11. Respite and Short Breaks

For many carers a respite service for the few hours a week is their only opportunity to do anything outwith their homes. This may be as simple as essential tasks such as shopping and money matters, which cannot be done without relief support. Many carers have little or no time left for themselves and are unable to access services outwith the home which would help them cope with the stress that being a carer entails. Many of these carers are older people and disabled themselves and struggle with their increased caring responsibilities with great difficulties.

Questionnaire and Survey Comments by Carers
Need after hours activities, clubs, day care, use of Resource Centres in evenings and weekends.
Need emergency respite and short breaks.
Need locally based respite in Campbeltown.
Need support during school holidays.
Need full range of options and choices.
Need day off.

Crossroads Caring for Carers Dalriada has experience of older people, who are carers or cared for, coming under increasing pressure when minor illness presents, and is constantly coming across situations (especially during the winter months) where the normal household coping strategies collapses 'like a house of cards' necessitating hospital admission with the resulting detrimental side effects.

What are we doing for Carers Now?

Argyll and Bute Council – Respite Budget – 2004/2005	
Carers Strategy – Physical Disability	£30,000
Older People	£38,586
Learning Disability	£39,106
Fyne View	140,868
A&B Council Residential Homes	£20,298
A&B Council Purchase from Private Providers	£163,557
Total	£291,546.65
Residential Respite for Children	£205,500
Shared Care for Children	£6,000
Better Neighbourhood Services – Short Breaks	£248,000

Residential Respite, Short Breaks and Shared Care

All Council residential homes offer respite places. The Council funds spot-purchased respite placements for service users (i.e. places purchased on an individual case by case basis), often through the Resource Review Group, which considers requests for funding at a local level. The Council also block purchases in Campbeltown and Cowal (i.e. places purchased for a period and available to be booked for different people).

Fyne View Respite House in Lochgilphead offers a specialised respite service with trained staff in fully adapted accommodation for people from across the whole of Argyll and Bute provided by Care Solutions in partnership with Community Services. Services users are offered flexible dates ranging from a long weekends to two-to-three weeks. Separate annual bookings can be made of up to four weeks, with the option of four more weeks a year depending on availability and assessed need.

Cowal Hospice has two respite beds taking people to give carers a break.

A new housing with support development in Jura will offer a respite place.

In 2004/05 17 children had 781 nights of respite care in residential settings at a cost of £205,500, and 7 children had 142 nights of respite care in shared care services at a cost of £6,000.

Respite for People at Home

The Better Neighbourhood Services Community Support Network supports carers of disabled children, and responds flexibly and imaginatively to expressed need and different circumstances and choices. BNS provides short breaks in the home, and away from the home, supporting integration, and including evenings and weekend support.

The Better Neighbourhood Services (BNS) Stay-Put Project aims to develop services to assist older people to remain in their own homes and communities and live as independently as possible with an improved quality of life. The role of the Outreach Worker is to provide a range of high quality support to individuals and groups, promoting their rights, independence and full participation in activities, which will include community-based activities and home-based support. BNS also provides a respite house in Campbeltown.

From December 2003 the Stay-Put project services have been delivered by 11 Community Outreach Workers on 7 Atlantic Islands. (Tiree, Coll, Islay, Jura, Mull, Iona, Gigha). Services provided include short breaks for carers to allow carers to have a morning, afternoon or evening break. Short Breaks allow carers time out either in or out of their home. Average short breaks are offered of approximately two hours a time on a weekly/fortnightly basis. To date the project has given 169.5 hours of short breaks

Better Neighbourhood Services currently has funding until March 2006. Additional funding will allow BNS to expand to Cowal and Bute and the Isle of Lismore until March 2006.

At the present time Crossroads Caring for Carers Dalriada and the Isles provides 3,900 home respite hours in this financial year. The respite sessions are made up of 2 –6 hour sessions either in the cared for persons home or taking that person on an outing to allow the carer respite time in her or his own home. To do this Crossroads provides home care attendants who have been trained in such areas as Moving and Handling, Food Hygiene, First Aid, Skin Care, Elimination Assistance, Infection Control and other basic core skills. In addition Crossroads provides a service for cared for and carers in Islay effected by cancer, funded by Macmillan Cancer Care. The provision of this service highlights a need in Kintyre and Mid Argyll.

Crossroads Caring for Carers in Cowal and Bute offers the help of a Care Attendant to enable carers to have a few hours break from constant caring and support. The scheme is managed by two coordinators, one in Cowal and the other in Bute, who examine all referrals, assesses their needs and allocate a Care Attendant to provide respite relief within the funds available. Crossroads Care Attendant Scheme (Cowal & Bute) is an extension of family support, which is designed to complement services provided by the statutory services. Since Crossroads (Cowal) was set up about 24 years ago it has developed significantly. The annual number of respite hours provided is now about 5,500 hours. Most of its financial resources come from the Council but annual fundraising brings in about £1,000 and donations amount to about £9,000 or £10,000 annually.

The Princess Royal Trust Helensburgh and Lomond Carers Project makes person centred short breaks available to carers. This service is centred on what activity the carer wants to take part in, and these include, for example, a trip into town for those carers who live in the more rural areas or attending the dentist without the worry of who is going to care for the person they care for. Arranging social activities for carers is a big part of the Project's service, providing carers with a break and to be treated to a theatre visit, meal out or shopping trip.

The Crossroads scheme, based in the North Argyll Carers Centre, provides a respite service to carers within the carer's own homes. This is a free service although additional hours can be purchased depending on staff availability. The staff team are all trained to a high standard and the training programme is ongoing throughout the year. The scheme is registered with the Care Commission and complies with the policies and procedures of Crossroads Scotland.

All Council Day Centres are open Monday to Friday and provide a non-residential service to older people to offer respite to families and carers

Respite and Short Breaks - Best Experiences for Staff

My best experience of working for a carer was.....

....enabling an elderly carer to go and visit family down south by providing respite and some help with travel costs.

Social Worker

....when they themselves reached the stage of acknowledging they too were human and could seek help without feeling guilty.

Hospital Social Worker

Where do we want to be?

We want to be in a position where carers who need a break from caring for whatever reason (domestic, social, recreational, education, employment) have easy access to alternative support by services which carers for people will also benefit from and enjoy, and which will offer whatever type and level of expert assistance they need.

We want robust arrangements for service provision, which are clear, transparent and understood by the purchaser and provider, and by carers and cared for people.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Ensure that carers are well informed about what respite and short break services are available	Produce and distribute a booklet from Community Services defining respite, and explaining options, entitlement and access	A&B Community Services	2006-07	Carers are aware of respite and short break services and how to access them
Support carers of children with disabilities to pursue education and employment	Extend the hours of After School Clubs and include children with additional support needs	A&B Education Services	2005-08	Carers have choices about pursuing educational opportunities and getting paid employment
Extend residential respite services in South Kintyre to carers who care for an older person	Provide short breaks 30 weeks of the year in the the BNS Sleepover House in Campbeltown	BNS Community Support Network	2005-08	Carers will have opportunities for regular, week-long respite breaks
Provide carers in Kintyre with a more flexible response to their needs	Offer relaxation/stress reducing strategies and other activities for carers in the BNS Kintyre Network Centre	BNS Community Support Network	2005-08	Carers will benefit from a greater range of supports
Extend the time period of the Better Neighbourhood Services (BNS) Stay-Put Project and identify sustainability funding beyond March 2006	Seek funding to sustain the BNS Stay-Put Project and consider extending its funding beyond March 2006.	A&B Community Services/ Better Neighbourhood Services (BNS)	2005-06	Achieve long-term future for the BNS Stay-Put Project
Increase number of children with a disability provided with local short breaks	Use the additional resources allocated to develop and expand short break services in Cowal, Bute and Lismore	Better Neighbourhood Services	2005-06	Families with disabled children in Cowal and on Bute and the Isle of Lismore feel better supported at home

4.12. Service Standards

What are we doing for carers now?

Care and support services, including those provided by the Council, have to be registered with Scottish Commission for the Regulation of Care (the Care Commission) and have to demonstrate they meet national standards when they are inspected. If these standards are not maintained, services may be given Improvement Notices and in extreme cases registration may be cancelled and the service provider would require to close. Carers and service users have a right to see inspection reports and can ask service providers or the Care Commission for a copy of the reports. Carers and service users can also make complaints to the Care Commission about the quality of services and the Commission will investigate the complaint.

Argyll & Bute Council follows national standards in developing, purchasing and monitoring services. Normally agreements and/or contracts for the provision of services are put in place when services are commissioned. These agreements are in place with service providers who offer services to carers to ensure the quality of this service provision. This includes services, which are not regulated by the Care Commission but are still required to meet the standards laid down in any formal agreement drawn up by Argyll & Bute Council. The Council and other providers should listen and respond to concerns about their services. The Council also has a formal complaints system for those who want to take up concerns in this way, and requires other providers to have complaints systems.

Where do we want to be?

We want to ensure that carers are aware of national standards, and their rights both to receive copies of inspection reports and to complain about services if they are concerned about poor decisions, work or standards.

4.13. Housing

The Argyll and Bute Housing Strategy states that the increased emphasis on supporting people with particular needs to remain within the community, and transferring those who have historically been housed within an institutional environment to a community setting, places housing organisations in a key position with regard to community care planning and provision. The Joint Community Care Plan for Argyll & Bute highlights that the supply of appropriate accommodation to meet particular needs *'falls short of the current estimated need across the authority as a whole, while in certain local housing market areas, the imbalance between need and supply is very severe'*.

The previous Scottish Household Condition Survey, in 1996, indicated that stock of all ages performs badly with regard to provision of barrier-free housing – 0.4% of pre-1919 dwellings and 3.7% of post-1964 dwellings meet the ambulant disabled standard. Around 1,000 dwellings in total are suitable for use by the ambulant disabled, and only around 5% of households with one or more persons with restricted or impaired mobility occupy a barrier-free home. The Argyll & Bute Housing Needs Assessment Report indicated that, overall, 10% of households have features within their property that cause problems for at least one of the residents and that 3% of households would prefer to move to deal with their housing problems.

From the findings of a range of housing and community care research and needs assessments studies (including the implications of the SCLD/PIP (Scottish Consortium for Learning Disability/Partnership in Practice Agreement) consultation events with carers, in which housing was highlighted as a priority issue for carers), the Local Housing Strategy has developed specific objectives and actions relating to this section of the population. The Argyll and Bute Housing Strategy states that there are particular unmet needs across Argyll and Bute, in terms of alternative accommodation, housing needing adaptations and the need for non-housing support or care. Effective demand for particular needs housing (via the waiting list) is particularly high in Helensburgh & Lomond, Cowal and Bute, although there appear to be significant levels of pressure across all areas. As well as provision of particular needs housing, there is also significant need for aids and adaptations across all areas.

When families are considering re-housing, they often need considerable support through what is often a complex process. Many people with caring responsibilities, or the younger relatives they support, find it difficult to specify their future housing needs, due to an emotional attachment to their present situation, even if this is problematic. Both carers and those they support need support and information to move towards decisions, at their own pace. Carers and others need support with form filling, making choices, understanding the housing allocation process of medical and social points, and help to get an understanding of the considerable time scale that re-housing can take. Information on how to access direct care may also be needed.

What are we doing for carers now?

Over the years a range of housing developments have allowed adults with special support needs to move from their parental homes into independent living and older people to maintain independence by moving into purpose built or adapted properties. This has often lifted the primary support responsibility from carers or relieved them of pressure to take on such responsibilities. Independent sector providers, for example, currently provide support to a significant number of people across Argyll and Bute. Adaptations to properties can also reduce the pressure on carers.

Funding opportunities are very limited, and Supporting People funding will be reducing incrementally from £16.58 million in 2003/2004 to £12.2 million in 2007/2008. This will put pressure on social care services and inhibit the possibilities of new funding being available for carers whose relatives should wish to move to a place of their own. Work is ongoing between the Council, Housing Associations, and Communities Scotland on housing with support developments.

The Council provides approximately 410 homes specifically designed for particular needs, with 3% of its stock being sheltered (201 dwellings), and in addition it reserves 129 ground floor properties for older people in Helensburgh & Lomond. A range of support services, including Care & Repair are targeted at households including older and disabled people, and aids and adaptations, community alarms and other equipment are provided to enable and sustain independent living. On average 200 homes a year receive some form of equipment or adaptation and a similar number have a community alarm installed.

In addition carers can seek advice and assistance for themselves or people they care for through the Council's Home Safety Unit, which seeks to reduce the number of accidents suffered by people in their homes - including basic matters such as slip and trip prevention, through to electrical safety and fire prevention. The free service gives priority to specific groups such as older people, households with children under 5 years and other vulnerable people, and can check appliances and install safety equipment including smoke detectors, carbon monoxide alarms, night lights, socket covers, fire guards, and stair-gates.

The Council and Registered Social Landlords (Housing Associations) continue to review and operate allocation policies and other procedures which deliver the statutory requirements of the Housing (Scotland) Act 2001 which requires that in terms of allocations where applicants require a carer to be housed with them they should apply giving details of the unit to be housed including the carer.

The Housing (Scotland) Act 2001 makes provision for succession to a Scottish Secure Tenancy by a qualified person on the death of the tenant. The order of priority for qualified persons are:

- The first priority goes to a tenant's surviving spouse or cohabitee or same sex partner (providing the house has been their sole or principal home for the six months previous to the tenant's death), or a joint tenant;
- The second priority, if no one in the above category qualifies or chooses to succeed, goes to a member of the tenant's family aged 16 or over provided that the home was their only or principal home at the time of the tenant's death; or
- The third priority, if no one in the above category qualifies or chooses to succeed, goes to a carer who is providing, or who has provided, care for the tenant or a member of the tenant's family. The carer must be aged 16 or over, and have given up his or her previous or only principal home, to be qualified to succeed. In all three cases the house of the deceased tenant must have been the only or principal home for the qualifying person.

Where a house has been designed or substantially adapted for the use of persons with special needs the Act specifies that only spouses, cohabitees, same sex partners, joint tenants or persons with special needs can succeed to that tenancy. Other persons who would otherwise be qualified to succeed have a right to alternative suitable accommodation. There will be some implications for carers in the development of stock transfer and role of Argyll Community Housing Association and this will need to be considered.

Where do we want to be?

We aim to be in a position where carers and their households have equality of access to good quality, affordable accommodation which is appropriate to their particular needs and enables sustainable independent living within their own home or local community, where this is their preference.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Enable independent living for vulnerable people and those with particular needs	Promote barrier free/lifetime standards for new developments and the use of Telecare to increase independence	Communities Scotland, RSLs, A&B Community Services, NHS A&C and the voluntary sector	2005-08	Carers and/or those they care for have access to suitable housing
Deliver annual targets for special needs new build via RSL development programme	Provision of at least 900 additional homes for particular needs households via new build	Communities Scotland, RSLs	2005-08	Meet the overall social housing provision of Objective 1
Develop Progressive Care Centre for local communities	Support the development of at least 1 Progressive Care Centre for the islands	Communities Scotland, A&B Community Services, NHS A&C	2007-08	Carers and/or those they care for from an island community have access to Progressive Care Centre
Monitor, review and develop Supporting People Strategy	Review services, reduce budgets and invest any balance in line with the Strategy	A&B Community Services and the voluntary sector	2005-08	Carers needs reflected in the investment in housing support services

Develop the use of Telecare by carers and for those they care for	Provide information more widely about telecare technology and how it can be accessed	A&B Community Services	2005-08	Carers know about the availability and access routes to equipment, adaptations, alarms and SMART technology
Develop strategic planning on the basis of good information and research	Collect data and research housing needs, and the need for housing information, advice, support and equipment/technology at a local settlement level	A&B Community Services and Communities Scotland	2005-08	Update the Argyll and Bute Housing Needs Assessment, 2003, and previous surveys and other research.
Implement the specific objectives and actions relating to people with physical and learning disabilities, mental health problems and their carers within the Local Housing Strategy	Implement the recommendations of the Get A Life report, and develop mechanisms for the participation of, and consultation with service carers groups in the strategic process	A&B Community Services and Communities Scotland	2005-08	People with learning disabilities and their carers feel they are consulted and their housing needs are met

4.14. Employment

Questionnaire and Survey Comments by Carers
Need carer friendly employment, part time employment, job-sharing.
Need attendants to be able to engage in home working.
Need provision of computers to enable home working, and help to get computer skills.

What are we doing for carers now?

Argyll and Bute Council aims to be flexible in supporting staff with caring responsibilities, for example through offering part time work and job share if appropriate.

NHS Argyll and Clyde has a policy and procedure for carer leave (including elder care). The NHS Board believes that work and home life can cause conflicting pressures and recognises that many employees are responsible for caring for a relative or child or other dependent. A dependent is defined as a partner, child or parent of the employee, or someone who lives with the employees as part of their family, for example an elderly aunt or grandparent. The policy indicates that NHS Argyll and Clyde is sympathetic to employees who have responsibilities for taking care of sick, disabled and elderly relatives and dependents, and a number of work-life balance and flexible working policies has been developed to support staff. The policy is open to all employees within the organisation, regardless of grade, length of service and hours worked.

The principle behind the NHS Argyll and Clyde policy is that carer leave is to support flexible working practices so that employees can balance their home and work commitments. A compassionate response is made to the sudden and immediate need to provide care and aims to adopt a sympathetic and helpful response to employees at times of unexpected crisis or urgent domestic distress. Carers' leave is also considered in relation to the illness of a child, close relative or other dependent when normal caring arrangements have broken-down and to allow for arranging longer term strategies for coping with a care problem or for accompanying the recipients of care to hospital or other medical appointments.

It is acknowledged that the needs of staff who care for people may be a very simple

- Knowing they will be able to leave work on time every day to get home;
- Being able to make a telephone call home during the day to check that all is well;
- Reducing their working week for a limited period;
- Time off for emergencies or to attend hospital appointments.

The policy indicates an expectation that carer leave will normally be short term, but allows for other options when longer term solutions require to be found. It is also noted that other carer friendly and carer focussed policies might include flexible working hours, courses in stress management, and access to support counselling services, either internal or external.

Where do we want to be?

We want the Council, the NHS and other employers to develop working conditions and retention measures, which consider the work/life balance, and recognise the demands on carers.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Establish a more consistent approach across NHS Argyll and Clyde to implementing policy and procedures for carer leave	Attention to be given to policy information to staff and managers in areas where implementation is more limited	NHS A&C	2005-08	All employees of NHS A&C who are also carers have equal access to special leave arrangements
Improve flexible arrangements to support carers who are employees of Argyll and Bute Council.	Consultation and negotiation with all parties, procedures drawn up, implemented and monitored	A&B Community Services/ Personnel	2005-08	Clear, transparent and flexible arrangements mirroring those of NHS A&C

4.15. Welfare Benefits

Questionnaire and Survey Comments by Carers

Need extra allowances for carers.

What are we doing for carers now?

Argyll and Bute Council currently employs a team of four Welfare Rights Officers. These officers arrange surgeries within their own geographical jurisdiction where appointments can be made for private consultation. When requested, they are available to attend Open Days, as well as give talks to local groups and voluntary organisations. Social Workers also have a remit to seek income maximisation for service users including referral to welfare rights supports.

The initial assessments by Better Neighbourhood Services offer benefits assessments and this is also offered during the contact/review process if circumstances which have benefit implications have changed. Benefits advice is provided by North Argyll Carers' Centre in Oban, which also works with other agencies on benefits issues. Similarly, the Helensburgh Carers' Centre provides advice on welfare rights and entitlements, as do the Information and Advice Centres elsewhere in Argyll and Bute.

Where do we want to be?

Although a UK government issue and outwith the control of local agencies, it is recognised locally that extra allowances are needed for carers and that accessible information about allowances needs to be more available.

We want relevant Social Work, NHS and other staff to be knowledgeable and up-to-date in changes to benefits rules and to be able to be confident in dealing with enquiries.

We want to be in a position whereby staff, who come into contact with carers are suitably trained to offer advice and guidance.

We would like to see easier access to Department of Works & Pensions (DWP) staff in the areas, which are not within easy reach of the local offices.

How will we get there?

Objectives	Action Plan	Who?	When ?	Outcomes
Improve knowledge of carers' benefits	Design and deliver half-day courses on carers' benefits, to Comm. Services and NHS staff	Welfare Rights Training Service	2005-06	Carers will receive improved advice on welfare benefits
Improve benefits advice to families	Roll out BNS benefits check for families caring for a disabled child across A&B	Better Neighbourhood Services (BNS)	2005-06	Carers with a disabled child will get improved advice on welfare benefits
Improve benefits advice and assessment	Pilot project involving officers from A&B Pensions Service and Community Services	A&B Pensions & Community Services	2005-06	Carers would receive improved info + more efficient service

4.16. Transport

Questionnaire and Survey Comments by Carers
Need better access for people with disabilities on buses and some premises, shops and kerbs.
Need improved transport to services including NHS.

What are we doing for carers now?

Dial-A-Bus Services provide a door-to-door service for older people and those with mobility problems. Users require to register for and book the service with the Public Transport Section at Kilmory. Escorts may travel with the user of the service but, if not in receipt of a Concessionary Travel Card, will be required to pay the stage fare. Two Dial-A-Bus Services currently operate, one on Bute on Tuesday and Saturday, and the other on Cowal on Monday, Thursday and Saturday. In Lorn the main bus operator has low floor, wheelchair accessible buses on most of the local services within Oban. In Islay, a recently formed Community Transport Group has purchased vehicles with a view to operating demand responsive transport for the elderly and disabled and Argyll and Bute Council is assisting them with this project. BNS provide transport on all large (Atlantic) islands.

Through BNS monies for supporting disabled children and their families, BNS has two wheelchair accessible vehicles, based at Kintyre Network Centre in Campbeltown, and used for older people who have difficulty accessing public transport to help them visit friends or family locally or use local services (Keeping in Touch), and to BNS rural groups. The buses are also used to take children with disabilities out and about when on 1:1 short breaks and to transport them to and from activities. BNS Stay-put project also has wheel chair accessible vehicles for older people over 65 elsewhere with two on Islay, one on Jura, one on Gigha, Two on Mull, One on Tiree. BNS now also cover Cowal and Bute as the Community Support Network, with one wheel chair accessible vehicle on Bute for older people. The same criteria apply to the stay-put project as to the Community Support Network at Campbeltown. The transport is for those who can't use public transport due to a physical disability or that there isn't any public transport. The transport can be used to take people to social activities, local services e.g. shops, doctors, and to visit friends or family.

In December 2004 the Council introduced two "Ring and Ride" services, one in Campbeltown and one in Tiree. In January 2005 Ring and Ride service were introduced to the Dalmally area and to Lomond. The buses can be booked for journeys to the station, surgery, lunch clubs and shops or to connect with existing public transport services.

The Cowal DESERVE Project, funded by Supporting People, provides transport for people of all ages in the Cowal area to enable them to attend GP appointments, hospital clinics, local shops, lunch clubs, visit family and friends. Carers are already benefiting from this flexible and accessible transport where public transport and patient transport is limited. This is a pilot project and will be monitored over 3 years to measure the impact of this service.

Currently NHS Argyll and Clyde has arrangements in place in certain areas to provide taxi transport for members of the public who require to be seen at their local hospital outwith normal hours, and who cannot provide or arrange their own transport. Social Work Service Centres can pay for transport for carers when availability or resources may affect their ability to care. The OT service provides equipment and adaptations to improve access.

The Council also employs a Community Transport Officer/Transport Coordinator, funded through a Scottish Executive Sustainable Action Grant, who works to a Steering Group involving NHS Argyll and Clyde, the Scottish Ambulance Service, the Red Cross and the Association of Community Councils. The objectives for the work include improving coordination within and between organisations; supporting communities identifying needs and sharing solutions; changes in accessibility and use of resources e.g. clustering of medical appointments for remote communities; developing a more economical and sustainable transport service provision; improving physical access to public services; and increasing the number of passengers using public transport. A Transport Development Manager employed by the Red Cross is carrying out a similar project.

Where do we want to be?

There needs to be a more pro-active approach to transport and access issues, with:

- Integrated transport for all to use;
- Clear, updated information for all users of the service;
- Consideration given to introducing travel concessions on public transport for carers who receive income support, although this is dependent on National Scheme Conditions;
- Ways of improving carer access to suitable, affordable transport for people who use full length wheelchairs;
- A review of patient transport arrangements to ensure that the carer is able to accompany the person cared for to hospital or an out-patients clinic;
- Training to carers to make best use of existing transport resources e.g. low floor buses;
- A guide to services for those and their carers not able to use existing public transport;
- Work to ensure bus shelters are big enough to allow wheelchair access.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Improved awareness of transport and access issues	Work to support local groups to improve awareness and accessibility to shops, transport, and leisure resources	A&B Corporate Services / Community Services	2005-08	Health and care agencies, private and commercial organisations are aware of carers' transport needs
Closer working arrangements and cooperation between all transport providers	Progress issues through the Community Transport Officer and Red Cross Transport Development Manager	Community Transport Steering Group and the Red Cross	2005-08	Carers benefit for more coordinated approaches to transport
Establish more localised approaches to transport issues	Work on transport difficulties within communities, including transport to health	Community Transport service and transport forums in Bute, Islay and Dalmally	2005-08	Carers benefit from localised approaches to transport issues
Transport providers having a clear commitment to mobility impaired users and their carers	Work to liaise with transport operators about the needs of people with disabilities and carers	Community Transport Steering Group and A&B Community Services	2005-08	Carers have clearer, transparent and flexible transport arrangements
Transport issues to be addressed as NHS services are redesigned	Complete the work, to examine transport for the new hospital and to improve patient journeys	Mid Argyll Hospital Group, Patient Transport, West Coast Motors, A&B Council Transport and Volunteer Drivers	2005-08	Carers and those they care for have better access to NHS community and hospital services

4.17. Funding

What are we doing for carers now?

The distribution of most of the budget for social work services within Argyll and Bute's Community Services and of a large part of the NHS budget has implications for carers either directly or indirectly. In many cases carers' needs are bound up with the needs of those they support and care for, who are seen as the main service users, so it is impossible to separate budgets to set out all of the funding spent on carers. Carers have benefited in recent years from additional funding related to Children's Services, Free Personal Care and Supporting People (Appendix 3). Carers will continue to benefit from Direct Payments as the people they care for are able to purchase individualised services, and pay them directly as carers when appropriate.

Whilst it is not possible therefore to identify in fine detail how carers benefit from expenditure on health care and other services such as education and transport in Argyll and Bute, there are certain budgets, which are specifically identified to provide services to support carers.

Argyll and Bute Council receives Carers' Strategy Funding from the Scottish Executive. This funding has been given to carers for approved services within Argyll and Bute through the Carers Networking Board, which was set up to represent Carers' needs. The Carers Strategy Business Group was set up in 2004 with a remit amongst others of considering the allocation of Carers' Strategy monies. The Business Group consists of representatives from the Carers Networking Board, Argyll and Bute Council and NHS Argyll and Clyde.

Area Budgets	Crossroads North Argyll	£28,000
	Nth Argyll Carers' Centre	£15,000
	Helensburgh & Lomond Carers' Centre	£43,000
	Crossroads Dalriada & the Isles	£43,000
	Crossroads Cowal & Bute	£43,000
	Total	£172,000
HQ	Carers Strategy - Physical Disability	£30,000
	Respite House Contribution	£62,000
	Development Officer – Salary & costs	£36,000
	Administration	£4,000
	Total	£132,000
TOTAL		£304,000

In addition to Carers' Strategy Budget, the Council's Community Services finances other resources, which are designed to support carers, such as the North Argyll Carers' Centre in Oban, and respite services (see details in Respite section). BNS spends £248,000 on respite services and a further £180,000 on workshops, counselling, peer support, a paediatric O.T. post. play therapy, and support for children to access activities.

Where do we want to be?

We need to have greater clarity of the reasons for funding requests for the services, which will be provided, and the outcomes for service users based on stated aims.

We need additional funding for a range of proposals and actions identified in this strategy.

We need funding for independent living. Lack of resources inhibits independent living and therefore increases dependence on carers.

How will we get there?

Objectives	Action Plan	Who?	When?	Outcomes
Develop the services identified in this Strategy, which require additional funding, as resources permit	Explore any funding opportunities to meet carers' assessed need, to promote independent living and to fund the developments identified elsewhere in this strategy	A&B Community Services, NHS A&C and Carers Networking Board	2005-08	Carers benefit from service developments and feel better supported

4.18. Training

What are we doing for carers now?

A joint training plan has been developed between Argyll and Bute's Community Services and Health. District nursing staff can advise and guide carers in various situations such as moving and handling. A joint training plan with health and carers will create greater understanding of roles as well as continually striving to improve standards of care.

Training courses provided by the Princess Royal Trust Helensburgh and Lomond Carers Project include neuro-muscular moving and handling techniques, basic I.T. skills, assertiveness skills and first aid. Within the Project's office there is on-line internet access so that carers will have the opportunity to apply for on-line learning.

Where do we want to be?

We want carers to have access to whatever aspects of basic care and health training are relevant to the care and support they do, as agencies would be expected to arrange for their own staff.

We want staff who are trained to be aware of the different circumstances, demands and pressures carers experience, who are trained to listen to carers' knowledge about the people they care for, to prompt carers to speak about their own needs, and to respond creatively and effectively.

How will we get there?

Training has been identified as an issue in a number of the sections and the proposals made there are brought together in the Table below:

Objectives	Action Plan	Who?	When?	Outcomes
Begin the process of raising awareness at an early age amongst children and young people through the education system.	Complete an Education and Training Pack on Carers to be used in Personal and Social Education and lesson notes for staff. Work with Education to get approval for the programme and resources	A&B Carers Networking Board and Education Services	2006-07	Children and young people will be more aware of the life of carers and their issues and needs.
Ensure the Joint Training Strategy takes cognisance of carers needs	Relevant training to take place as part of single shared assessment training	A&B Community Services, NHS A&C	2005-08	Staff are enabled to listen and respond to the needs of carers
Improve knowledge of carers' benefits	Design and deliver half-day courses on carers' benefits, including the Carer's Allowance to Community Services, NHS and voluntary org. staff	Welfare Rights Training Service	2005 - 06	Carers will receive improved advice on welfare benefits
Include awareness raising of the needs of minority ethnic and travelling carers in staff training and make carers' support groups aware of the differing needs of these groups	Adjust training programmes as necessary to ensure awareness raising of the needs of these two groups	A&B Community Services and NHS A&C	2005-08	Carers from minority ethnic communities and travelling communities to have their special needs recognised and met
Greater awareness of the needs of older carers in all staff groups to ensure staff identify carers who may be at risk to minimise situations breaking down.	Reference to the needs of older carers be made in single shared assessment training for staff	A&B Council Community Services, NHS A&C	2005-08	The needs of older carers get an improved response

5. Strategy Implementation

The Strategy is based on issues identified as important by carers. Whilst they have major concerns about care and health matters they also have concerns about other issues, including education, housing, employment, transport and leisure. Attention to all of these matters would help them in their caring role. The breadth of issues means that the Strategy does not just rest between carers, social work and community health services but needs to be owned widely within Argyll and Bute Council, NHS Argyll and Clyde and other bodies such as Communities Scotland, public transport organisations, and private employers as well as by the range of voluntary sector organisations which provide services to carers.

It is proposed that the implementation process should be overseen by the Joint Future Strategy Core Group, involving Argyll and Bute Council and NHS Argyll and Clyde, with a Carers' Subgroup carrying out any detailed further planning and monitoring work, and the Carers' Networking Board continuing to have a key role as the main link with carers and their organisations. All parts of this system would contribute to an annual review to be considered by the Core Group.

The Strategy proposes a number of developments, which require additional resources, over a period in which funding may become tighter for statutory agencies. This will have an effect on the pace and extent of some of the developments proposed. It is not suggested that the Strategy will be implemented overnight – it is designed as a three year programme of work, and as a document which will provide a direction and list of priorities for improvement as awareness develops, attitudes change and resources become available over the period 2005 – 2008.

Objectives	Action Plan	Who?	When?	Outcomes
Manage the implementation of the objectives and action plans set out in the Strategy	Detailed implementation planning, monitoring progress and annual review	Joint Strategy Core Group, Carers Subgroup, & Carers Networking Board	2005-08	Carers feel their work is recognised and they are well supported

The contribution that carers make in families and communities throughout Argyll and Bute is recognised and valued, especially by statutory agencies. Whilst carers do not support and care for family members or other people in their communities for economic reward or to gain public recognition, it is important to recognise what they do. It is important that communities support them. It is important that we care for the carers.

Appendix 1.

Argyll & Bute Carers Networking Board

Development Worker contact details:

Tricia Morrison (Development Worker),
Argyll & Bute Carers Network
Rehoboth
3 Creran Gardens
Oban
Argyll
PA34 4JU

Tel: 01631 562689
Mobile: 0778 850 1426
E-mail: triciamorrison@carers.net

Crossroads Caring For Carers

Crossroads Dalriada and the Isles
Community Health Department
NHS Argyll and Clyde
Blarbuie Road
Lochgilphead
PA31 8LE

Tel: 01546 603082

Crossroads Cowal and Bute
30 George Street
Dunoon
PA23 8BW

Tel Cowal: 01369 707700
Tel. Bute: 01700 504900

Crossroads North Argyll
The Carers' Centre
Albany Street
Oban
PA34 4AL

Tel: 01631 54222
E-mail: northargyllcrossroads@ukonline.co.uk

Carers' Centres

Helensburgh and Lomond Carers Project

Helensburgh Carers' Centre
19a East King Street,
Helensburgh
G84 7QQ

Tel: 01436 673444

North Argyll Carers' Centre

The Carers' Centre
Albany Street
Oban
PA34 4AL

Tel: 01631 564422

E-mail: nargyll@carers.net

Care 21 - Exploring the Future of Informal of Informal Carers in Scotland

OPM

Gordon Duff (Project Manager)

252B Gray's Inn Road

London WC1X 8XG

Tel: 020 7239 7800

Email: Scottishcarers@opm.co.uk

Scottish Executive

Julie Haslett (Policy Manager)

Social Work Services Policy Division

Care 21, Area 1F South, Victoria Quay

Edinburgh EH6 6QQ

Tel: 0131 244 5092

7. Level and Nature of Carer Involvement

	Less than once daily	Once per day	2-3 times daily	4 or more per day
Personal Care (e.g. washing, feeding, dressing, toileting)				
Practical Care (e.g. housework, cooking, laundry, shopping, pay bills)				
Monitoring (e.g. check well being, safety matters)				
Advocacy (e.g. liaison with other agencies, pay bills, representation)				

Please estimate time spent caring per week (*hours*) _____

7. Cont..From the table please estimate time spent on the following caring tasks each week.

Task	Hours
Personal Care...	
Practical Care....	
Monitoring	
Advocacy	

Please provide details of crises that occur (*frequency, type, demand of time*)

Please provide details of tasks which are particularly difficult (*intimate tasks, physically demanding, time consuming, stressful etc*)

Is there the willingness/ability for this level of care to continue? Y/N

8. Impact of Caring

Health: please describe/list the areas where health (mental and physical) is affected as a result of caring and note if medical assistance/opinion has been sought (*e.g. sleep disturbance, fatigue, irritability, depression*).

Personal/Social: please describe/list the areas in which social and personal life are affected as a result of caring, (*e.g. irritability, isolation, reduced social interaction, recreational activity, holidays, hobbies, stress*).

Housing/Accommodation Information:

- a) Please describe current housing situation, (*neighbourhood, availability of transport, availability of current accommodation*).

if current housing situation is not suitable please detail how it could be improved, (e.g. *move/transfer, adaptations, housing alarm*).

- b) Is there a current housing application lodged with any landlord? If so, who and for what reason? **Y/N**

Employment/Education: please give current and/or future employment or education details. (*Please tick as many boxes as relevant*)

<i>Unemployed</i>	<i>Part Time</i>	<i>Full Time</i>	<i>Self Employed</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Student</i>	<i>Retired</i>	<i>Desire to return to work</i>	<i>Desire to return to education</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anyway this situation could be improved? (e.g. *employers flexibility to caring commitment*)

Current Financial Situation: (*Please tick*)

Unemployed		Retired	
P/T Work		Student	
F/T Work		Self Employed	
Benefits		Disability Living Allowance	
Invalid Care Allowance		Income Support	
Carers Premium		Jobseekers Allowance	
Attendance Allowance		State Pension	
Other (please state)			

Would you be interested in a benefits assessment?

Y/N

Summary

Please indicate any areas where assistance is required, highlight stress factors, and describe any future difficulties envisaged in the long-term ability to cope.

Carer' Views

Please provide views regarding support to date and how you envisage future support.

(*Delete as appropriate)

I agree to the enclosed information being held on a database. *YES NO

And for my GP to be notified that I have been registered at the centre *YES NO

Contact consent: By Phone By Post Personal Visit (Please Circle)

Signed:.....

Date:

Record of Identified Carer's Needs

This should be completed by the Carer and Social Worker / Care Manager together. It may not be possible to meet every identified need fully. For some needs the only possibility may be to record the need to allow consideration when planning future services.

Identified Needs	Agreed Action	By Whom	When	Un-met Needs

.....**Review Date**
.....**Carer**
.....**Care Manager/Social Worker**

A copy of the record of identified care needs should be provided to the Carer. Where the views of the Carer and the Care manager / Social Worker differ, this should be clearly indicated and the Carer's opinions recorded.

Guidelines For Community Care

Carer's Assessment Form

This assessment is intended to be a self-assessment of Carers needs which is to be completed by a Carer and returned to Social Work offices (see below).

HQ - Lochgilphead	
Kilmory, Lochgilphead. PA31 8ST	T: 01546 602127 F: 01546 606589

Oban Service Centre	
Soroba Road, Oban. PA34 4JA	T: 01631 563068 F: 01631 566724

Helensburgh Service Centre	
Lomond House, 29 Lomond Street, Helensburgh. G84 7PW	T: 01436 658750 F: 01436 658755

Campbeltown Service Centre	
Old Quay Head, Campbeltown. PA28 6BA	T: 01586 552659 F: 01586 554912

Cowal Service Centre	
Ellis Lodge, Argyll Road, Dunoon. PA23 8ES	T: 01369 707300 F: 01369 705156

If you need help completing this form please contact your local Social Work Health office.