

# TOWARDS 2012

## Carers Strategic Action Plan for Edinburgh 2007-2012

邁向 2012 年  
2007—2012 年愛丁堡照護者策略行動計劃

2012ء کی جانب پیش رفت  
ایڈنبرا کیلئے دیکھ بھال کرنے والوں کی حکمت عملی سے متعلق کارروائی کا منصوبہ

2012 -এর অভিমুখে  
2007 -2012 সালে এডিনবরার জন্য সেবায়ত্নকারীদের স্ট্রাটেজিক কার্য পরিকল্পনা

نحو عام 2012  
خطة العمل الاستراتيجية لمقدمي الرعاية في أدنبرة 2007 – 2012



# **Towards 2012**

**Carers Strategic Action Plan for  
Edinburgh  
2007-2012**

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## **Preface**

### **Our Vision**

The vision for unpaid carers in Edinburgh is that by 2012, all carers are seen as key partners in the provision of care. Carers across the city will be supported to access services and personalised support which meets their needs and enables them to manage their caring role with confidence. All agencies involved in the provision of carer support will work in partnership for the benefit of carers and the people they care for.

### **Planning Context**

Towards 2012 is the third strategic action plan for carer support in Edinburgh. The need for a revision to the previous action plans arose out of the changing demographic projections which predict greater demand for unpaid care in the future as well as the changing policy and legislative framework for health and social care services.

Support for carers can be resource intensive and budgets must be in place to provide these services. The growing demand for unpaid care will increase the demand for carer support and place greater pressure on public resources and the related health and social care budgets. In order to translate the vision of this new strategic action plan into reality will require additional resources. Some objectives will be achieved through service redesign, whilst others will require greater financial resources than currently available.

The planning partners for Towards 2012 will work together to maximise the outcomes from existing funds and seek opportunities for new resources. In turn, they will jointly prioritise the implementation of the strategic objectives within available resources.

## Section 1: Introduction

### National Policy Context

As demographic and social trends in Scotland project increasingly greater future demand for caring for another person, more recognition and value is placed on the growing contribution and number of unpaid carers. They provide essential quality and skilled care that if costed out to the statutory sector would be a staggering £7.6 billion per year in Scotland. For Edinburgh, the value of care provided by unpaid carers is estimated at £555 million. This is more than twice the amount spent by the local authority each year on social care services for adults and children.<sup>1</sup>

As the population increases and ages over the next decade, unpaid care is likely to increase in line with increased longevity. Carers are a significant force in supporting the efforts of the National Health Service as they reduce emergency admissions and enable hospital discharges back into the community. They then continue to provide care to people making recovery from a hospital setting and aid the management of care and medication.

Legislation has proved an essential springboard for improvements to carer services nationally. A key recent piece of legislation is the Community Care and Health Act (Scotland) 2002. Sections 8-12 are specific to carers and their right to a carer's assessment and separate guidance was issued by the Scottish Executive in 2003.<sup>2</sup> This built upon the previous work, "Strategy for Carers in Scotland" in November 1999. Other important national policies which have influenced this strategic action plan include Changing Lives<sup>3</sup>, which recommends building capacity for personalised services, workforces' capacity and building capacity for sustainable change.

The Care 21 Report, "The Future of Unpaid Care in Scotland" (2005) and the Scottish Executive's response<sup>4</sup> (2006) provide the most extensive and authoritative research to date into the future needs of carers in Scotland. The report outlined 22 recommendations. The Scottish Executive's formal response to this document highlighted four immediate priorities from the 22 recommendations. These priorities were Carers' Health, Carer Training, and Respite/Short Breaks from Caring & Young Carers.

The report also highlighted the need for effective planning to meet the needs of carers with specific issues or cultural requirements including black and minority ethnic carers, older carers or carers of people with mental health problems.

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<sup>1</sup> Valuing Carers- calculating the value of unpaid care. Dr L Buckner and Prof S Yeandle, University of Leeds. Published by Carers UK. [www.carersuk.org](http://www.carersuk.org)

<sup>2</sup> Scottish Executive guidance CCD2/2003-  
[www.sehd.scot.nhs.uk/publications/CC2003\\_02full.pdf](http://www.sehd.scot.nhs.uk/publications/CC2003_02full.pdf)

<sup>3</sup> Changing Lives, 21<sup>st</sup> Century Social Work Review

<sup>4</sup> Scottish Executive's response to The Care 21 Report-  
<http://www.scotland.gov.uk/Publications/2006/04/20103316/0>

Race equality legislation such as the Race Relations (Amendment) Act 2000 provides a legislative backdrop for many of the issues that black and minority ethnic carers face. More specifically, stringent guidance in relation to meeting the needs of Black and Minority Ethnic carers is contained in the Community Care and Health (Scotland) Act 2002. Increasingly services are striving to achieve 'cultural competence' as an indication of how well they are meeting the needs of Black and Minority Ethnic carers.

### **Definition of a Carer**

A carer is generally defined as a person of any age who provides unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the carers help due to frailty, illness, disability or addiction.

### **Population**

The demographics of our country are changing. Scotland's population will age significantly in the period 2004 - 2024 in virtually all geographical areas. The current population will rise from approximately 5.1 million over the next fifteen years, yet overall the national population is projected to age markedly.<sup>5</sup> The population of children (0-15) is projected to decrease in numbers except in Edinburgh (+3%) and in West Lothian (+5%).

It is important to note that in contrast with the white majority population the demographics for Scotland's Black and Minority Ethnic communities are markedly different. The 2001 census records a significantly smaller older years' population and in contrast, over 50% of the communities are under 30 years of age. However, as older age is perceived to start earlier in Minority Ethnic communities, data taken from the 2001 Census indicates that there is a significant middle years population which will enter into older age within the next ten to fifteen years. It is therefore vitally important that a proactive approach is taken to meet emerging and emergent needs.

From the last census in 2001, Edinburgh city had 38,876 Carers (8.6% of the population of the City) of which nearly 8,000 provided 50 hours+ unpaid caring hours per week. 61% of these carers were female. Of this higher caring group, there were nearly 300 carers over 85 years old.

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<sup>5</sup> Registrar General for Scotland-Population projections Scotland (2004-based)

<b>From Census 2001</b>	<b>Scotland</b>	<b>Edinburgh</b>
Population	5,062,011	448,624
Number of carers	481,579	38,876
No. Carers who provide 1-19 hours a week	63.46%	69.45%
No. Carers who provide 20-49 hours a week	12.52%	10.23%
Carers who care for more than 50 hours + per week	24.02%	20.32%
Older Carers (65+)	71,144	6,406
BME Carers	6,815	1,125
Young Carers	11,219	775

Table 1: Demographics of Unpaid Carers in Scotland and Edinburgh

In relation to population numbers, most Council areas close or adjacent to City of Edinburgh are projected to increase in size by 2024. The relative increase for Edinburgh city is +10%. Within the NHS Lothian health authority area a population increase of +11% is expected.

Edinburgh's demographics also show an increase of 9,000 older people over 65 in the city by 2018 of whom 2,500 are projected to be 85 or over. This in turn is the age group with the highest service needs among older people.

## **Planning**

The main local drivers and planning context are the Joint Working Agenda taken from Joint Futures framework, Integrated Children's Services as well as Joint Capacity Plan, A City for all Ages (City plan for older People), and the Community Care Plan. There is also a need to make reference to the previous carers' action plan, Towards 2005 and the respite & short breaks strategy, Breaking New Ground<sup>6</sup>.

In relation to planning, future carer services and resources in Edinburgh will be delivered through a clear and well planned strategic action plan. Through the Carers' Strategy Development Group, a carer strategy project planning team formed and through regular monthly meetings developed this new strategic action plan for Edinburgh for the next five years.

<sup>6</sup> Breaking New Ground: A strategy and action plan to develop short breaks and breaks from caring in Edinburgh 2003-2008.

The need for developing a new carers' strategy in Edinburgh is that since the previous one, Towards 2005 there have been many changes to structures both in Health and the Council. The former Social Work department no longer exists as such and has evolved to become the Department of Health & Social Care to reflect the continuing joint working between Health and Social Work professionals.

The Children & Families services of the former department are now with the new Department of Children & Families which incorporates Education. The development of a new Community Health Partnership for the city along with the five Local Health Partnerships have also changed the way in which services are provided that impact on the lives of carers and the people they care for.

Unpaid carers are often perceived as the sole responsibility of health and social care agencies. In reality to help improve the quality of life for carers, input is often required from several other sectors including housing, education (especially for young carers), transport and leisure. To achieve the best outcomes for carers, community planning structures should acknowledge this much broader approach.

## **Caring in Edinburgh**

Modern day pressures of balancing paid employment with domestic and family commitments are well documented and trends in health and well-being demonstrate that for many people this can be challenging and lead to stress, anxiety, ill health and poverty.

For carers, particularly those with long-term and intensive caring commitments, the situation is often compounded by additional pressures arising from the impact of the caring role. For many, the caring role can be a sudden overnight development which requires major adjustments to the carer's life. For most carers, the caring role evolves over the months and often years and may not be recognised until at a very advanced stage of caring.

The range of caring tasks that are provided by carers can range from emotional and practical support in the home, to personal care and informal nursing care in the later stages of illness or old age. For young carers this may involve caring for siblings if family members have drug and/or alcohol issues.

Over the next five years, Edinburgh will see a significant increase in demand for unpaid care, and an increase in the number of carers across the city, including older carers as the population increases and ages. The Edinburgh Joint Capacity Plan and Commissioning Strategy for Older People<sup>7</sup> has identified that by shifting the balance of care from institutional environments such as hospitals and care homes to community settings and people's homes,

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<sup>7</sup> Edinburgh's Joint Capacity Plan and Commissioning Strategy (2008-2018)-Live Well in Later Life

support for unpaid carers in the community will need to increase to help sustain their contribution.

The level of funding has been announced to implement the NHS Carer Information Strategies nationally. The funding has been outlined as £9 million over three years. NHS Lothian is expected to receive for Edinburgh about £100K in year one, £300K in year two and approximately £500K for year three.

As we move towards 2012 and beyond, service provision will need to continue to change and take account of the changes of demographics in order to provide appropriate care solutions which will also seek to support carers to achieve best outcomes for people with support needs and their families.

## **Section 2: Consultation Process**

### **Background**

There is an implicit requirement to involve carers and service users in the planning of social care services and this extends to all strategic developments as well. Consultation is a key element in the community planning process and underpins the delivery of best value, democratic renewal, social inclusion, sustainable development and other key strategies.

In order to achieve this local and city wide consultation events were carried out to inform this strategy. It was vital that carers, former carers and service users were involved in the development of a strategy as it benefits all to be open, consistent and to take account of all responses from consultation. Every response was looked at and recorded. The results of the consultation were reported back to the City of Edinburgh Council and NHS Lothian. The responses were considered before a final decision was reached on the strategic action plan.

### **Consultation Process**

There was a limited hard copy distribution of the draft carers' strategy to carers, interested parties, stakeholders and carer partnerships and carer forums.

This was carefully prepared and distributed. All of this work was reported on at each stage to the carers' strategy development group. The consultation period was for three months from October to December 2007.

Various formats of the document were available on request to maximise accessibility. The valued responses and meetings held, helped to inform the project planning team to make adjustments to the final strategic document. The use of The City of Edinburgh Council internet site and NHS Lothian website facilitated downloads of the document to be consulted on and encouraged responses by e-mail or letter.

### **Outcomes from Consultation**

There were various consultation events in the city for the period of consultation.

Some were held locally through either carer partnerships or forums or by carer organisations as central consultation events. There was also a key main consultation event held on 30<sup>th</sup> November 2007 in Lothian Chambers where carers, statutory providers and voluntary sector colleagues came together for a series of workshops.

The workshops were focused on seven key issues from Towards2012. These included Carers' assessments, Older carers, Respite and Short breaks, Young carers, Emotional support, Personalisation and Carer training.

The draft carers' strategic action plan was distributed to all main carer organisations and carer projects in the city as well as lead disability agencies, key statutory sector staff and managers. Over 250 copies were distributed in this manner.

From the City of Edinburgh Council internet site which had dedicated web pages for Towards 2012, the number of site visits were 325 with 231 page views.

The number of unique visitors to the dedicated pages were 203 with 80% visiting more than once.

*Some of the individual responses were:*

**From carer A:** "For once I felt I existed and that everyone within the group did more than listen-they cared. I came away uplifted"

**From carer B:** " What quality of life ? - I have significant health problems of my own and woken up at 3am at least four nights out of seven and not knowing which nights these will be", "Keeps me on the edge at all times-it is just impossible to have any sort of quality of life"

**From carer C:**" Lay down precise measurable actions which are capable of being objectively measured with precise dates for achievement"

*Some of the organisational responses were:*

**VOCAL-**"The final version of Towards 2012 should retain the character of a carefully balanced framework of aspirational intent and objective action"

**Lothian Centre for Integrated Living-**" Given that Self-Directed Support is now accepted by all of the major political parties as the best way forward for disabled people to have choice and control over how they live their lives, we would strongly recommend that the carers' strategy also supports this".

**Alzheimer Scotland (Early Onset Dementia Service)-** "This is an excellent document and those responsible for putting it together should be commended for their input ."

**Marie Curie Hospice Edinburgh-**" On carer support-as more people are choosing to die at home and services are being designed to support choice in the future, there will be scope to develop networks of neighbourhood support/capacity in order to help families achieve this"

**South East Edinburgh Carers Partnership-** “ It was felt that confidence and self-esteem training would be useful as this was a big issue. Carers often suffer in silence and worry about the future when they are no longer around and who will care for the person they currently care for ”

**Care for Carers-** In relation to carer support- “carers clearly state repeatedly in every consultation that they want local, accessible services” and ” Carer support is a foundation and whole of journey service, provided by every carer organisation locally and citywide”.

**MECOPP-** “It is known that people from BME background suffer long term conditions such as heart diseases and diabetes at an earlier age. Therefore, consideration should be given when defining” older”. Older BME carers might have more complex health needs when comparing to white counterparts”

## Section 3: Personalisation of Care Services- Promoting Choice & Control

### Background

“Social care in Scotland should be organised around the idea of personalisation: people as active participants in shaping, creating and delivering their care, in conjunction with their paid and unpaid carers.”<sup>8</sup>

In *Changing Lives*, the report of the 21<sup>st</sup> Century Social Work Review<sup>9</sup>, the Scottish Government has set out new directions for the personalisation of care. The report states that *“Increasing personalisation of services is both an unavoidable and desirable direction of travel. Unavoidable in the sense that both the population and policy expect it; desirable in the extent to which it builds upon the capacity of individuals and communities to find their own solutions and to self care, rather than creating dependence on services.”*

Personalisation is not a new approach within social work and already much work has been achieved through the use of person-centred approaches to enable people to move from institutional care towards more independence.

Personalisation of care requires a significant cultural shift in the way agencies, including the voluntary and independent sectors, support people and their unpaid carers. Person-centered planning and service ‘brokerage’, underpinned by self-directed support and wider financial planning, are increasingly the norm of support for people with disabilities and long term conditions.

This approach is often equally applicable to supporting unpaid carers, particularly those with long term and intensive caring commitments. Their ability to care depends on balancing increasing caring responsibilities with paid employment, wider family commitments, breaks from caring, and often with their own health needs.

Carers are key partners in care and self-care management. The extent and the quality of their contribution to the care of a person with support needs depends increasingly on personalised training and support to address the emotional and physical impact of caring, and to combine the caring role with other aspects and demands of the carers life.

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<sup>8</sup> Charles Leadbeater & Hannah Lownsborough-Personalisation and Participation

<sup>9</sup> Changing Lives-21<sup>st</sup> Century Social Work Review

## Current Position

To date, personalisation of services still focuses largely on users of services, seeking to reduce dependency and to increase personal control over independent living and care options. In Edinburgh, a growing number of carers of people with learning disabilities or complex needs benefit indirectly from personalised services for the service user, particularly through the development of self-directed support. Yet systematic 'personalisation' of carer support has yet to develop.

Existing carer support, from carer assessment to information and advice services, financial planning and respite provision, is still often provided in traditional ways, informing carers of "what is available" rather than exploring with the carer "what can be created" around their specific needs and goals. This is a process where all potential resources and opportunities are identified, maximised, and put to use to create person-centred solutions.

While there is a great commitment among carer support agencies to provide personalised support, most agencies lack the capacity to develop this systematically.

As public services, NHS and Health and Social care agencies increasingly focus on prevention of hospital admission, and demand for care by family carers' increases, more personalised support to carers will become essential for self care management.

*"However, the personalisation of services must be balanced against the need to maintain core public sector service provision to protect access and quality of service for those for whom personalised services are not an option . Furthermore, implications for workforce recruitment and training must be assessed to protect and improve existing standards of service delivery.*

*"Rising public expectation presents a major challenge to public service provision, and personalisation is a process which will still be restricted by the availability of public funds in similar constraints as current service provision. However, where the personalisation of services can open up opportunities to supplement statutory support with third party support real opportunities for enhanced provision exist."<sup>10</sup>*

As we gradually engage in the personalisation of carer support, we also need to take account of possible risks such as those identified in Transforming Public Services report, "Greater personalisation was considered by some too big a risk of favouring those with better communication skills. Equality of access must remain a guiding principle."<sup>11</sup>

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<sup>10</sup> Changing Lives- 21<sup>st</sup> Century Social Work Review

<sup>11</sup> Transforming Public Services-Next phase of reform-Scottish Executive, March 2007

Strategic Objectives	Actions
<p>1. Carers are recognised as key partners in the provision of care. Carer assessment procedures and service planning tools reflect the ethos of partnership and self-care support, and promote choice and control of care solutions</p>	<p>1.1 Develop protocols for statutory carer assessments which produce outcome agreements from the assessment process.</p> <p>1.2 Develop person-centred planning to support carers in identifying personal and care solutions which meet their needs and work-life balance.</p>
<p>2. Carers have access to comprehensive financial advice to maximise income and long-term financial planning</p>	<p>2.1 Audit existing benefits advice and financial advice services, and explore new models for holistic and integrated financial advice and planning</p> <p>2.2 Promote information and training on self-directed support and personalised budgets to carers</p>
<p>3. Carer support agencies and staff have the skills and capacity to support carers to 'broker' services to meet individual and specific needs and aspirations</p>	<p>3.1 Identify good practice in 'service brokerage' and promote existing models</p> <p>3.2 Develop staff and agency training to develop service brokerage skills and standards</p>
<p>4. To ensure statutory work force are equipped with skills to shift more towards personalisation of services</p>	<p>4.1 Liaise with workforce planning in both NHS Lothian and Health &amp; Social Care to provide appropriate training and access to educational programmes which support the increased shift of balance to user and carer choice.</p>

## **Section 4: Equalities**

### **Background**

On 1st October 2007 the single equalities body, the Equalities and Human Rights Commission (EHRC) came into being. It replaces the three commissions previously tasked with promoting and protecting equality of opportunity with regard to gender (Equal Opportunities Commission), disability (Disability Rights Commission) and race (Commission for Racial Equality).

In addition to bringing these three equality strands together a further three additional strands have been added: age; LGBT (lesbian, gay, bi-sexual and transgender); and faith.

In parallel with the new single equalities body, the Scottish Government is currently in the process of reviewing existing equalities legislation with a view to harmonising their respective powers. The 'Equalities Review' is expected to report in the near future.

Existing equalities legislation such as the Race Relations (Amendment) Act 2000 and the Disability Discrimination Act (2005) introduced the concept of a 'positive equality duty' which placed new and additional responsibilities on a wide range of public bodies/authorities. It is obligatory under both of these Acts for public bodies covered by the Acts to produce a race and disability equality scheme. These schemes corporately examine all the functions of the organisation to identify actual/potential service inequalities and then establish an ongoing monitored action plan to address them.

The Gender Equality Duty which came into force on 6 April 2007 places similar legal requirements on public authorities with regard to gender. For example, public authorities are now also required to produce a gender equality scheme.

A key feature of the schemes is the requirement to 'impact assess' all new policies, strategies and action plans.

### **Current Position**

There has been an increased recognition in recent years that legislation on its own has not always been effective with many workplaces and working practices still not reflecting the balance of equalities groups in the communities that they provide services to. Mainstreaming equalities issues has been developed as a strategy for tackling this gap between law and practice.

In keeping with the move towards a single equalities body and the wider mainstreaming agenda, the City of Edinburgh Council's Health and Social Care Department Equalities Working Group has produced a 'Mainstreaming

Equalities Action Plan' covering the period 2006 – 2009. The seven themes within the Action Plan are: delivering training and awareness raising; improving community consultation, involvement and capacity building; improving access to and the quality of information and services; tackling hate incidents and harassment; gathering and utilising information, monitoring and evaluating performance; community planning and inter-agency work; and, promoting positive attitudes and positive action.

Shared equalities legislative requirements and developments such as the introduction of shared assessment processes, joint consultation, involvement and planning structures and joint management systems also require the Health and Social Care Department to work closely with NHS Lothian.

<b>Strategic Objectives</b>	<b>Actions</b>
<p>1.</p> <p>To ensure that the Carers Action Plan recognises the full diversity of the carer population in Edinburgh and responds accordingly.</p>	<p>1.1</p> <p>Regularly monitor and review the Carers Action Plan to measure its performance against its stated equality objectives.</p>
<p>2.</p> <p>To ensure that information on the uptake and use of services using key equality indicators (race, gender, age, sexuality, disability and faith) is routinely gathered, monitored, analysed and used to inform service design and delivery.</p>	<p>2.1</p> <p>Strengthen existing data monitoring systems to capture equalities data through staff training, departmental guidance and regular reporting.</p>
<p>3.</p> <p>To ensure that carer organisations funded by NHS Lothian Health Board and City of Edinburgh Council are aware of their responsibilities with regard to equalities and are supported to achieve more equitable and accessible services.</p>	<p>3.1</p> <p>Include specific equalities targets within departmental grants, service level agreements and contracts to assist funded organisations in working towards more equal and accessible services.</p>

## Section 5: Carer Identification

### Background

The need to identify carers as early as possible in their caring role/situation is crucial in order to provide them with timely and appropriate support services and information has been well documented. Evidence is clear about the social and health impact on carers' own lives as a direct result of their caring role and the Scottish Executive 2006<sup>12</sup> found that over 60% of all carers experience depression, sleep disturbance, anxiety and general feelings of stress as a direct result of their caring responsibilities. Carers continue to go to their GP as their first point of contact when the caring situation becomes complex and their feelings of stress increase. It is often at this point that the carer's own health starts to suffer or deteriorate.

Early identification of carers translates into early intervention to support their lives and the lives of the person they care for. Carers who are identified early may be more likely to seek support in advance of a crisis, thus having a significant impact on unscheduled care, hospital admissions and emergency contact. Carers can also be identified through assessment work carried out by social workers, occupational therapists, housing officers and other allied health professionals. Carers can also self-identify now and request a carer's self-assessment.

The Scottish Enhanced Services Programme for Primary and Community Care<sup>13</sup> has now announced that the four priorities recommended for funding are

- Chronic Obstructive Pulmonary Disease (COPD) Rehabilitation/Anticipatory Care service,
- Services for Adults with Learning Disabilities,
- Cancer and Urgent Referral Services,
- Child Health and wellbeing services.

Unfortunately one of the options that did not receive a recommendation for additional enhanced services funding was services for carers. However, this does not imply that this is not an important area and there may be further action in this area through the recent developments in long term conditions care management.

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<sup>12</sup> Office of Public Management Scottish Executive 2006, The Future of Unpaid Care in Scotland, Report for the Care 21 Unit

<sup>13</sup> Consultation on the Scottish Enhanced Services Programme for Primary and Community Care ( Scottish Executive, July 2007)

## Current Position

A standard and equitable approach to carer identification across the city needs to be achieved. This would involve looking at several models and tools of carer identification which include;

- (1) Use of Carer Coordinators within LHP's
- (2) Use of Scottish Patients at Risk of Readmission and Admission (SPARRA) data
- (3) Single Shared Assessment (SSA)
- (4) Carers' registers along with a lead, allied health professional for carers within GP practices.
- (5) Hospital Discharge planning

Edinburgh has a wealth of experience in piloting and rolling out innovative initiatives targeting GP Practices specifically to identify carers at point of contact with their GP or PHCT (Primary Health Care Team). A number of carer organisations have worked extensively with local GP Practices across the city yet no single organisation has been able to engage with all the GP Practices across the LHP they are working in.

Within North East Edinburgh, there is the Carer Co-ordinator model. The Carer Coordinator is employed by Health within a single LHP (Local Health Partnership) with a key remit to identify and support carers across all the GP Practices within that locality. This creates a single point of referral that is internal and recognisable to all members of the PHCT and is engaged with in a proactive fashion by all GP Practices.

The use of the single shared assessment in Edinburgh is one of the very important systematic toolkits for professional assessors to use. It is called "e-assess" and aids the identification of carers through the embedded carer assessments. When a full assessment of the cared for person is carried out, a carer can also at that time have their needs assessed.

SPARRA data provides information on patients and hence carers of these patients that are in the most complex situations and likely to be at most need of support whether this be in the form of emotional support, respite, counselling or advocacy. Key to this model would be anticipatory care nursing staff to support carers of these patients and make use of a "rapid response" for carer support and casework which still needs to be scoped out. The NHS authorities will be able to negotiate carer support regionally and in turn locally with service providers.

The previous DES (Directed Enhanced Services) model provided a carer register which could be maintained with GP Practices. In addition, the medical notes included a flag that the person is a carer. This made use of the Quality Outcomes Framework (QOF). There should also be effective liaison with relevant outside local carer agencies and social work services. This should be by an allied health professional and a clear referral process should exist for referring carers to local carer agencies and social work services in

order for carers to receive appropriate information and support. Unfortunately, this is not part of the new GMS contract for GP's and hence the carer registers may not be maintained effectively across the city.

Hospital discharge planning gives an opportunity for systematic identification of carers with use of the Hospital Discharge Team being pro-active in carer identification. The Hospital Discharge Team provide a service for people, for four weeks on discharge from hospital and aids a quicker and better planned discharge from hospital. The team will then constantly review packages of care throughout this period to ensure the correct level of support has been provided.

People who use the service are encouraged to remain as independent as possible with all Social Care staff working with a person-centred approach. An occupational therapist attached to the team will review equipment needs and work closely with the person and their carer to ensure safe, ongoing rehabilitation. The Community Rehabilitation Service will carry out rehabilitation in the person's own home for up to four weeks.

One of the strategic objectives would be to evaluate outcomes from these models and build on the knowledge and experience gained so far.

Identification of young carers presents additional difficulties. Work is progressing within the Council to publish a joint protocol for the Health and Social Care Department and the Children & Families Department to follow whenever a young carer comes to the attention of either department.

Similarly, identification of many Black and Minority Ethnic carers presents additional challenges. Whilst the same difficulties that can inhibit carer self identification in the White majority population are present for BME carers, this is compounded by the lack of a linguistic and cultural framework which enables them to readily understand and identify with the term 'informal carer'. For example, in many community languages there is no direct literal translation of the word 'carer' which means that a new word or term may have to be developed before progress can be made.

While identification is vital, we must be aware of the support needs that these identified new carers will need. (See Chapter 8 on Carer Support for more details)

<b>Strategic Objectives</b>	<b>Actions</b>
<p>1. To ensure systematic and effective Identification and referral of carers in all GP Practices, Local Health Partnerships by NHS Lothian and associated health teams.</p>	<p>1.1 Embed carer identification and referral into Anticipatory Care models, Long Term Conditions and within the current Community Nursing Review pilots.</p> <p>1.2 Implementation of NHS Lothian-Carer Information Strategy.</p> <p>1.3 Develop a new citywide strategic post that leads on the implementation of NHS Lothian carer information strategy.</p> <p>1.4 Identify additional resources to extend carer co-ordinator posts to both North and South of the city</p>
<p>2. To ensure systematic and effective carer identification and referral by assessors within local authority in key departments such as Health &amp; Social Care, Children &amp; Families and Services for Communities (Housing).</p>	<p>2.1 Continue to make carer assessments a priority and seek to increase quantity and quality.</p> <p>2.2 Make improvements in recording of outcomes and unmet needs.</p> <p>2.3 Mandatory training for all staff that are first line contact with carers offered a comprehensive carer awareness module delivered in conjunction with carers.</p> <p>2.4 Ensure front line staff make use of systems to identify and record the specific needs of young carers and BME carers.</p>

<p>3. To ensure systematic and effective carer identification and referral by voluntary and private sector agencies.</p>	<p>3.1 Develop new and effective approaches to carer identification and referral to aid carer service provision.</p> <p>3.2 Work with key employers to help with promotion of identifying carers among their workforce.</p> <p>3.3 Raise the profile of carer self assessments within workforce.</p>
<p>4. To ensure that outcomes from all the different models of carer identification and referral are monitored and evaluated to review their effectiveness.</p>	<p>4.1 Monitor and measure outcomes from all various models of carer identification and referral in the city.</p> <p>4.2 Evaluate the outcomes of all models of carer identification and referral across the city.</p> <p>4.3 Implement any necessary changes to models or develop new models to address effectiveness of carer identification and referral.</p>

## **Section 6: Carers Assessments**

### **Background**

There is a requirement that the Local Authority and Health Boards should be identifying carers, especially at first point of contact. The Community Care and Health (Scotland) Act 2002 considerably reinforced carers' rights to an assessment and their role within the assessment process.

There is a statutory requirement for carers to have a carer's assessment in their own right if they are providing regular and substantial care to the cared for person. This right for carers applies even if the cared for person refuses an assessment or service provision from the Local Authority. The purpose of the carer's assessment should be to ascertain the level of care the carer is willing and able to provide and if this level of care is sustainable. The assessment process should also look into the available resources to meet the carer's needs and best support them in their caring role and then agree how these resources are to be provided.

Specific provision is made within the guidance for the Community Care and Health Act (2002) that all assessments carried out with Black and Minority Ethnic carers and service users should be 'culturally competent' and compliant with the requirements of the Race Relations (Amendment) Act (2000).

However a carer's assessment cannot guarantee the provision of community care services to the carer, but could determine the services put in place for the cared for person. Any services that might have a direct impact on the cared for person can only be provided with the cared for person's or guardian's consent.

### **Current Position**

In Edinburgh, there are three types of carers assessment. There is a newly introduced carer's self-assessment, along with the Joint assessment and a separate carer's assessment. The carer's self-assessment is an opportunity for carers to inform the local authority of their needs as a carer and how the local authority may be able to help them in their caring role. This could range from services that help with the support the carer currently provides, breaks from caring, information on equipment or adaptations through to carers organisations and support groups in their local area. For the joint assessment or full carer's assessment, a social worker or occupational therapist from their locality will arrange to visit.

The first contact point for all adult inquiries to Health & Social Care is Social Care Direct. Carers can request a carer's self-assessment to be sent out or can download one online. In order that carers' assessments are offered when

a carer is identified as well as a quality approach to carers' assessments, regular monitoring and review systems need to be adopted. Carers' views on their assessment and the subsequent outcomes are paramount and a system needs to be put in place in order to monitor performance.

In light of the developments on the National Outcomes Framework <sup>14</sup>, carers' assessments will become not only measured by the numbers completed but also focus on the quality of the assessment. The National Outcomes Framework was introduced to show how joint working between local authorities and their NHS partners is making improvements in community care services. This will provide people who receive care services and their carers with a clear picture that these services are responsive, timely and of high quality from Health, Social Work and Housing. Currently the National Outcomes Framework includes four national outcomes and sixteen performance measures. National targets are also being developed as part of the Framework.

The four national outcomes are:

- Improved Health
- Improved Wellbeing
- Improved Social Inclusion
- Improved Independence and Responsibility

For carers who are providing regular and substantial caring, they have a right to and must be offered the opportunity of an assessment, to deliver better outcomes for them. However, some are reluctant to be assessed and do not always see themselves as carers. This can be especially prevalent with older carers and carers from black and minority ethnic groups. The assessors have to be especially good at explaining the benefits and outcomes of assessment in order to ensure the carers active involvement and engagement in the process. There must also be extra attention required to young carers because evidence suggests that they are more likely to refuse an assessment.

The needs of Black and Minority Ethnic carers to be able to effectively and actively participate in their own assessment of need must also be recognised and acted upon.

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<sup>14</sup> [www.scotland.gov.uk/Topics/Health/care/JointFuture/NationalOutcomes](http://www.scotland.gov.uk/Topics/Health/care/JointFuture/NationalOutcomes)

Strategic Objectives	Actions
<p>1. To provide quality carers assessments in order to best meet the needs of carers and to provide support to them in their caring role which has a positive impact on their health and wellbeing and quality of life.</p>	<p>1.1 Regular monitoring and reviewing of all carer assessment tools involving stakeholders and carers.</p> <p>1.2 Continue with system improvements to give key strategic information e.g. unmet needs gained through carers assessments as a planning tool to better inform future planning decisions.</p> <p>1.3 Contribute to developing detailed standards for carers' assessments and the subsequent implementation of these new standards.</p> <p>1.4 Financial welfare benefits assessment should be standard within the carer's assessment and offered each time.</p>
<p>2. To continue to recognise and value the contribution made by carers and ensure they are seen as partners in care provision to enable them to continue to provide care by offering the best available supports.</p>	<p>2.1 Develop and implement a carers' satisfaction tool to monitor responses with the carers assessment process and resulting outcomes.</p> <p>2.2 As part of quality assurance, publish the results online with a view to seek continual improvement.</p> <p>2.3 Promote benefits of assessments for carers to improve uptake.</p>

## Section 7: Breaks from Caring and Respite

### Background

Breaks from caring and respite services for carers are vital to enable carers to cope with caring for longer, get a break, recharge their batteries and maintain relationships and activities that are part of their own identity as an individual. The physical and emotional demands of their caring responsibilities can take a toll on the carers health and wellbeing if they are not able to be provided with a break from caring.

The Care 21 Report<sup>15</sup> highlighted short breaks provision and the need to develop a national strategic framework with service providers as a key recommendation and the response from the Scottish Executive identified it as one of the four priorities. The recommendation included that the national framework should enable access to flexible, person-centred short break arrangements.

The term respite is usually defined as where the benefit is to give the carer a break from their caring role and the cared for person a positive experience away from their carer and as part of an agreed care plan<sup>16</sup>. However, this definition is now under review and new guidance is being developed by the Respite Task Group of the Scottish Government<sup>17</sup>.

The new guidance emphasises new policy and evidence on the value of working with carers as partners in the provision of care. It also acknowledges shifting the balance of care towards more preventative support and promoting self care in the community. There is recognition for personalisation of services in improving outcomes not only for the cared for person but also the carer.

Carers need to feel assured that the quality of the service will mean that the outcome should improve their quality of life and help to support their caring relationship. Carers would prefer short breaks to be person-centred and suit the needs of the service users and the carer. This could be provided in the home or in a residential setting and could be from a few hours of service to a few weeks.

Carers currently do not have a statutory right to short breaks, but within Local Authorities, there should be at least an expectation that respite is a priority in terms of any additional new funding. Carers and service users should always be involved in planning and developing new services, particularly where there are gaps in the provision of short breaks from for example, minority ethnic communities.

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<sup>15</sup> Care 21 Report-The Future of Unpaid Care in Scotland (2005)

<sup>16</sup> Scottish Office Circular SWSG 10/96

<sup>17</sup> New draft Respite Care Guidance-

<http://www.scottishexecutive.gov.uk/Publications/2007/10/05104252/0>

## Current Position

In order to move forward, acknowledgement has to be given to the extensive consultation work previously carried out for the Edinburgh respite strategy, "Breaking New Ground".<sup>18</sup> This involved sending out over a thousand consultation packs to all stakeholders including carers and service users. There was a multi-agency group that developed the local strategy for short breaks and breaks from caring for all of the community care groups in the city of Edinburgh.

At the time, it provided information about current provision and laid down many important milestones for future developments. Many of these milestones have been met or partially met whilst others are unmet due to the resource limitations of this strategic action plan.

In Edinburgh currently, there are a range of Respite and Short Breaks services. This can be in the type of service such as traditional, residential respite e.g. care homes, respite only units through to non-residential respite, respite in the home, e.g. sitters' service, befriending services, residential respite short breaks and brokerage schemes using self-directed support. However more capacity is required as residential respite care in 2005/06 was only 135 bed nights per 1000 population of older people 65+ and is among the lowest levels of provision in Scotland.<sup>19</sup>

Short breaks and breaks from caring are provided by a mixture of both statutory providers as well as the voluntary sector. There is a local carer organisation which provides a unique residential programme which allows carers to get out of the city for a weekend and away from their caring duties. Flexible, person centred options can be provided on a small scale through an innovative holiday scheme. This allows carers to get a break while the cared for person is experiencing a supported holiday of their own choice.

The Edinburgh Joint Capacity Plan for Older People recognises short breaks provision as a key aspect for carers and the need for additional respite accommodation. With an associated shift in the balance of care from long term residential to living in the community planned to increase over the next ten years, carer services will need to expand to accommodate the support required to achieve this.

From the guidance issued on the Community Care and Health Act (Scotland) 2002, it states that "Good outcomes for carers occur when the carer gets a regular break from caring".<sup>20</sup>

As numbers of carers and the people they care for will increase in the future, there requires to be more short breaks and respite opportunities in the city

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<sup>18</sup> Breaking New Ground- A strategy and action plan to develop short breaks and breaks from caring in Edinburgh 2003-2008

<sup>19</sup> Edinburgh Joint Capacity Plan for Older People(Live Well in Later Life)(2008-2018)

<sup>20</sup> Community Care and Health Act (Scotland) 2002,sections 8-12  
Guidance,CCD2/2003,Subsection 3.3

that are well coordinated and provided quality outcomes both for the carer and the cared for person.

Strategic Objectives	Actions
<p>1. To provide more flexible, innovative person centred short breaks.</p>	<p>1.1 Identify new additional money for increased provision of short breaks from caring and respite.</p> <p>1.2 Develop local existing provision through service redesign in line with the principles of new national guidance on respite care.</p>
<p>2. To increase choice and control for carers.</p>	<p>2.1 Through implementation of new respite care guidance, increase personalisation of short breaks and respite service provision.</p> <p>2.2 Promote uptake of self-directed support and individualised budgets.</p>
<p>3. To achieve a more co-ordinated city wide approach to respite and short breaks.</p>	<p>3.1 Identify additional new finance to appoint a Short Breaks Implementation Officer.</p> <p>3.2 Produce excellent online and offline information on Short Breaks &amp; Respite for carers.</p> <p>3.3 Identify new finance to develop a central short breaks and respite service which aids a single point of access to service.</p>

## **Section 8: Carer Support**

### **(A) Carer Health and Wellbeing**

#### **Background**

Support for unpaid carers has emerged as one of the key policy and development areas nationally. As people continue to live longer and receive more care at home and in the community, the demand for unpaid care increases and level of support for unpaid carers needs to match this trend along with the resulting shift of the responsibility of caring. This shift of the caring responsibility if not adequately supported can have an adverse impact on the health and wellbeing of the carer.

National Policies such as: Care 21 Report<sup>21</sup>, Changing Lives<sup>22</sup>, Delivering for Health<sup>23</sup>, Building a Health Service Fit for the Future<sup>24</sup> and Better Health, Better Care: Action Plan<sup>25</sup> have all set out the direction required in order to provide increased quality support to carers. This is underpinned by key legislation such as Community Care and Health (Scotland) Act 2002, Adults with Incapacity Act (Scotland) Act 2000 and Mental Health (Care and Treatment)(Scotland) Act 2003 and a range of governmental guidance.

This section concentrates on support provided directly to carers which is not covered in other sections of Towards 2012. This section focuses on carer information and advice, emotional support and counselling as well as carer advocacy.

#### **Information and advice**

High quality information and advice on every aspect of care are two of the main priority needs of carers. Reliable information and advice enable carers to identify the help that they need to support their caring role or to have their own support needs addressed. Statutory providers and carer organisations all have a vital role in working collaboratively to ensure that high quality information is widely available to carers.

NHS Carer Information Strategies are a conduit to ensure targeted information provision and systematic referral to support agencies. With increasing numbers of carers experiencing reduced incomes or financial hardship, information and advice on financial and benefits issues also remain a high priority for carers. The issue of financial and benefits support is covered in Section 9 of this strategic action plan.

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<sup>21</sup> Care 21 Report-The Future of Unpaid Care in Scotland (2005)

<sup>22</sup> Changing Lives- The 21<sup>st</sup> Century Social Work Review

<sup>23</sup> Delivering for Health (Scottish Executive) Report 2005

<sup>24</sup> Building a Health service Fit for the Future ( Kerr Report)

<sup>25</sup> Better Health, Better Care: Action Plan (2007)

## **Emotional Support and Counselling**

The emotional impact of caring on individuals and families, the importance of emotional well-being and the need for appropriate emotional support are now widely recognised. Disability and illness not only impact on family roles, but also change relationships. As the caring role intensifies, many carers report how previous marital or parental relationships change into patient-nurse relationships. Many carers feel unable to cope with changing relationships, experience loss of confidence, social contact or strong feelings of guilt associated with their family and caring role.

Providing a safe, listening environment or peer support through carer support groups is valuable help for many carers. But as trends of more intensive and long-lasting caring situations have increased, carer demand for professional support and counselling services has also increased and must be met to avoid caring relationships from breaking down and carers themselves becoming patients.

## **Carer Advocacy**

Since 2000, the Scottish Executive and Scottish Independent Advocacy Alliance (SIAA) have led the development of independent advocacy in Scotland. Local joint planning partners must produce three-year Independent Advocacy Plans for their local areas.

Carer advocacy is recognised to provide an important service to help carers to communicate their views clearly, be assertive, and to support them on issues which may be complex and complicated and where solutions may require persistence over a long period of time.

## **Current Position**

### **Information and advice**

The new, NHS Lothian Carer Information Strategy will be implemented from April 2008 and closely performance managed to ensure that results are delivered by all parties involved. NHS Lothian Health Board, Edinburgh Community Health Partnership, the Acute Sector and the Local Authority will lead the implementation. Voluntary organisations will be key partners in delivery of this strategy.

The City of Edinburgh Council already supports the Advice Shop which gives advice on tax and pension credit, disability and care benefits. It can also advise on housing benefit and Council tax benefit along with money and debt problems. Carers' organisations also are able to provide local carers with welfare advice and accessing benefits often in partnership with specialist agencies such as Department of Work and Pensions.

Edinburgh also has a wider infrastructure of carer organisations and carer projects across the city in all of the five Local Health Partnerships. Some are city wide organisations and provide carer support in all parts of the city whilst other are more firmly rooted in local carer support. This is mainly provided by the voluntary sector whose dedicated staff provide information and advice to carers on a daily basis.

### **Emotional Support and Counselling**

Many health and social care practitioners use their listening skills and provide emotional support to carers as part of their professional role. Carer support organisations across the city often provide extensive listening support and support a range of carer peer support groups to enable carers to share their caring experiences and concerns with others in similar situations.

A directory of carer support groups in Edinburgh covers over 100 groups, many focused on local communities, or targeted to carers of people with specific conditions. Many are provided by local branches of national long term condition organisations such as Alzheimer's Scotland, Parkinson's Disease Society, MS Society, etc.

Since 2002, a dedicated carer counselling service has been developed by one of Edinburgh's larger carer organisations. Ten professional, volunteer counsellors currently offer over 1,000 hours of carer counselling per year. The service operates within national counselling guidelines. In 2007, the service gained recognition by COSCA, Scotland's professional counselling standards agency. This service is in constant demand and operates a waiting list.

With the increasing numbers of carers having to provide progressively more intensive and long-term care, strengthening of funding for carer peer support groups as well as for individual counselling and groupwork support is a high priority for the city as more and more demands fall upon carers.

Some carers are able to make use of local counselling services through local health agencies. These carers can also access the local carers group and therapeutic activities. This allows for a more personalised service which takes account of their whole needs and a more holistic approach.

However, for many BME carers there is still a need for further developments with professional counselling services which meets their needs both linguistically and culturally. Some carers would only prefer to share their problems with the professional and wouldn't like a third person (interpreter) to know their feelings and problems.

## **Carer Advocacy**

In Edinburgh, the voluntary sector has the lead role in providing collective and individual carer advocacy. Several carer organisations play a collective advocacy role for carers. Within the definitions of the independent advocacy framework, two city-wide carer organisations are recognised in the Lothian Independent Advocacy Plan as providing individual carer advocacy. One operates a generic volunteer advocacy service for carers; the other supports specifically carers of people using mental health services.

Generic carer advocacy is funded exclusively by NHS Lothian, mental health carer advocacy by government funding streams which are allocated by the local authority. The funding type is called MHSG (Mental Health Specific Grant) and is made up of 70% funding from Scottish Government and 30% from the local authority.

Carer advocacy organisations report many positive outcomes for carers on a wide range of issues from one-off intervention in multi-disciplinary hearings to five year campaigns for re-housing or housing extensions to accommodate people with complex disabilities. Many of the beneficiaries are themselves disabled, elderly, or suffer from mental health problems or learning disabilities.

Carer advocacy services remain under-resourced and report waiting lists.

<b>Strategic Objectives</b>	<b>Actions</b>
<p>1. Ensure carers receive relevant and accessible information and advice on all aspects of care and support, early in their caring journey.</p>	<p>1.1 Full and systematic implementation of the NHS Lothian Carer Information Strategy by all partner agencies.</p> <p>1.2 Systematic referral of carers to local carer organisations following identification and assessment.</p> <p>1.3 Achieve a more corporate approach to carer information by the city's public service agencies.</p>
<p>2. To recognise the emotional impact of caring and ensure carers have access to emotional support, peer support groups and specialist counselling services.</p>	<p>2.1 Identify additional funding to support and expand existing services which provide emotional support, including those providing professional counselling for carers.</p> <p>2.2 Identify additional funding to expand therapeutic groupwork programmes for carers.</p>
<p>3. To expand appropriately the level of independent advocacy services available to carers throughout the city.</p>	<p>3.1 Identify additional funding to provide independent carer advocacy to at least 200 carers per annum.</p> <p>3.2 Prioritise the development of crisis advocacy service for carers.</p>

## **(B) Community care and Mainstream services**

### **Background**

Carer support covers a wide range of services and resources. Some are provided directly to carers whilst others are provided to the person with support needs and benefit carers by reducing the hours of care they provide or relieving the impact.

Support provided directly to carers includes information and advice, financial and benefits advice, carer training and learning opportunities, emotional support and counselling and carer advocacy. Some local support services also offer breaks from caring, small scale practical schemes and leisure access directly to carers.

Most other support services which benefit unpaid carers are provided to the person assessed as needing support, such as home care services, aids and adaptations, day care services, short breaks (respite), financial benefits, housing, education, leisure and transport.

The statutory sector has a lead role in providing practical support to people with support needs through home care services from which carers also benefit.

These services can only be provided after an assessment of needs of the cared for person. It might include helping with personal care, such as washing and dressing or helping individuals to keep warm and safe at home.

A future challenge for all agencies is to include carers more closely as key partners in care, provide them with appropriate support and the choice to define their contribution to care, and to provide more joined-up, seamless and complementary support to maximise outcomes for people with support needs and their unpaid carers.

### **Home Care Services**

Home care and support is one of a range of services providing care in the community to assist carers and the person they regularly care for. Social work staff will normally visit at home and be able to help assess the person being cared for and the needs of the carer. They can provide further information about the home care services.

## **Respite Services and Breaks from Caring**

The need for respite and breaks from caring cannot be overstated. It is not only on physical demands being a carer but also on their well being. For that reason respite is seen as a national priority for carers and can be provided in various different ways. (See Section 7 for more information)

## **Day Care Services**

The need to provide adequate day care services still remains but the way in which these services are delivered is changing. For example, traditional day care centres for adults with learning disabilities are now moving to a more community non-buildings based approach. Day centres for older people are also changing as the needs of older people have changed. Day services for older people can be seen as one of the cornerstones of an integrated social care and health model. This structure supports the shift in balance from residential settings to more community based day care services.

## **Housing**

Housing is a key area within carer support as there is a major shift in community care planning to provide support in the home environment and away from institutional care such as care homes. Many homes may be unsuitable to the needs of people with physical disabilities and need adapted to allow for care to be provided adequately and safely within the home. The Community Alarm System can provide a 24 hour emergency contact with professional staff who will respond where appropriate to an emergency call. This system can be linked to “Telecare”, which is a range of equipment and smart technology that can detect if there is difficulty within the home such as a flooded bathroom and automatically sets off the alarm.

## **Education services**

Educational opportunities are available for carers and can be delivered in a range of settings and formats. This could range from adult education programmes that operate during the day and evenings to more advanced education courses offered from local further education colleges or universities. Carer training is another key priority identified from the Care 21 report and is embedded with national policies such as the Kerr Report<sup>26</sup>. (See Section 11 for more detail)

For young carers who are still at school, there can be immense pressures placed upon trying to cope with the curriculum, home work and their regular caring role at home. They may have a parent who has a long term condition or disability that they support or it could be that there are dependencies issues of the parent with substance misuse.

Being a young carer brings an entitlement to be considered by the school for additional support to assist learning. However, difficulties about identification of young carers can mean that this need may go unrecognised.

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<sup>26</sup> Building a Health Service Fit for the Future (The Kerr Report)-NHS Scotland

## **Leisure services**

Caring for someone can be very demanding and physically tiring. When there are opportunities for carers to unwind, this can involve a range of leisure activities in their community. A focus on the carer's health and wellbeing is one of the four key priorities from the Scottish Executive's response to the Care 21 Report .

## **Transport**

The issue of transport for carers depends upon where the carer lives and the differences inherent with rural carers and carers that live within bustling cities such as Glasgow and Edinburgh. Carers often cite poor transport links as a reason for their social isolation or the costs of having to use taxis, maintain a car in order for them to carry out their caring role. For older adults at retirement age there is the national card which gives free bus and rail travel within Scotland.

## **Volunteering**

People who volunteer their skills and time have a key role to provide in the valued and ongoing support they provide alongside many services that are provided within the city that benefits the carer through informal support offered to the cared for person. This could be in the form of befriending or in helping with the provision of day care services.

About 25% of the people who volunteer in Scotland are involved with a public body, for example the local council or National Health Service. Volunteers also provide a very valuable role within the voluntary sector and can be found as providing support directly to carers as professional counsellors or trained advocates. Even in helping with running the carer centres helps provide key services. Former carers can sometimes go on to become volunteers and bring many rewards to the people they help and themselves.

## **Current Position**

Within Edinburgh, there is currently a wide range of community care and mainstream services for people who require services.

Services to people with support needs are still predominantly provided by the statutory agencies including the Local Authority and NHS Lothian, but increasingly also commissioned through independent providers, such as voluntary sector and private providers.

Local Policies such as Towards 2005<sup>27</sup> and A City for all Ages<sup>28</sup> have both contributed to taking forward the national agenda into local strategic plans and implementation of these plans in the city.

## **Home Care Services**

This service may be provided by staff from the Council's Home Care Service or alternatively it may be provided by an agency that the Council has contracted to do this work. It can also be provided via the use of self-directed support to allow for more choice and control. For people who are about to leave hospital, a discharge plan will include this assessment. Once the assessment has been completed, a home care service will be arranged to meet the needs of the person.

Staff providing the service will usually be home helps or social care workers. Home care staff can help with most things that a caring relative might do, but will not take over these tasks if there are already satisfactory arrangements. Home care staff's duties can involve working alongside family carers to help with support, preparing meals or snacks, helping with personal care, such as washing and dressing or helping the cared for person to keep warm and safe at home.

## **Aids and Adaptations**

Home adaptations are carried out, normally after an assessment by an occupational therapist and can allow for increased access and mobility for individuals in their own home. This lessens some of the physical strain placed on carers with moving and handling the people they care for. The joint equipment store is now able to offer self assessments for certain types of equipment. There is also scope for continued improved working between the departments of Services for Communities and Health and Social Care. The use of the new ECCO (Edinburgh Common Client Outcomes) system in the Council's Department of Services for Communities can provide data on service provision and housing gaps such as adaptations to property.

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<sup>27</sup> Towards 2005- Carers Action Plan for Edinburgh 2000-2005

<sup>28</sup> A City for All Ages (ACFAA) (2000-2010)

## **Day Care Services**

The Health and Social Care Department has two centres, which offer a daytime service for people with physical disability and are purpose built and accessible for people in wheelchairs. Each offers a range of activities and support services.

There is also provision of a range of day services for people with a learning disability. These services are supported from staff teams in five local authority day centre bases across the city. The aim of the service is to support people to achieve a good life through their day service and individuals are supported to access opportunities from community services to employment services and training in local further education colleges. Day services are also provided by voluntary organisations.

Day services for older people in Edinburgh have been reviewed in 2007 in the report, "Review of Day Services for Older People".<sup>29</sup> This report found that whilst current day centre services in Edinburgh provided essential social and peer group support, stimulation and respite, there was a need to further develop the activities on offer and for wider community involvement.

The voluntary sector play a vital role in older peoples day services with their lunch clubs and befriending opportunities which supplement provision from more traditional day centres. For carers, the report highlighted that future day services will provide carers with respite, support and information and will involve users and carers in the planning of these services.

## **Housing**

Within the Service for Communities department of the Council, The Assessment & Advice Service is responsible for carrying out person-centred assessments of need for all customers requesting City of Edinburgh Council housing, housing support services, community alarm services, assistive technology or adaptations to their homes.

The Assessment & Advice Service team members include Social Work professionals, Health Care workers and Housing professionals. This ensures that needs are fully taken into account when they carry out an assessment and make recommendations in response to individual housing needs.

During the assessment they will look at the person's ability to manage within their own home and give advice on possible solutions to help people remain in their own home or to find a more suitable home. This will include discussing housing support services, adaptations to the home, the installation of a community alarm system, sheltered housing and/or alternative housing options.

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<sup>29</sup> Review of Day Services for Older People-City of Edinburgh Council (Jan 2007)

After carrying out an assessment, the assessment officer will discuss possible solutions and with the person's approval will discuss their housing support needs with appropriate support providers or make a referral to the Council's Accessible Homes Service. They might also give priority to the application for Council housing or amend a person's registration for housing to include other registered social landlords providing housing in Edinburgh.

## **Education Services**

Edinburgh is recognised as a leading centre for education, knowledge and research. The City of Edinburgh Council provides learning opportunities of the highest quality to assist children, young people and adults in reaching their full potential. Community Learning & Development in Edinburgh offers a variety of adult education courses all year round throughout the city. Courses range from aerobics to writing, languages and upholstery. Edinburgh's community centres provide high quality educational, social, leisure, formal and informal opportunities in partnership with local people.

The Health and Social Care department in partnership with Edinburgh's Telford College have a programme of supported courses, "Pathways" for adults with learning disabilities and additional support needs.

Community Learning and Development within the Council's Neighbourhood Services brings people together to become more active in their communities, building the networks and relationships that increase social capital therefore creating stronger and more supportive communities.

Working with colleagues from early years and childcare, schools and social work / working together, contributes to the development of integrated services designed to improve the outcomes for children, adults and the wider community.

The preventative, early intervention nature of the work provides opportunities for people including adult carers and young carers to become engaged in a wide range of community based activity, which in turn builds resilience and provides a network of informal support.

Bringing people together to tackle issues and to examine the roots of disadvantage contributes to strengthening communities which in turn leads to better outcomes for people and their communities. Encouraging and supporting community engagement increases social capital. Communities with high levels of social capital and civic engagement provide a better range of outcomes across a number of health and wellbeing, educational and community safety indicators.

## **Leisure Services**

Leisure time and the ability to access leisure facilities are important to carers as it allows them an opportunity to engage with an activity for themselves. The Local authority has a range of facilities in Edinburgh from arts, entertainment, libraries, museums, theatres, sports centres and galleries. Discounts are available to carers who are in receipt of carers allowance for many leisure facilities such as sports or swim centres. The development of programmes and partnerships between the Culture and Leisure Department and carer organisations should allow for new opportunities for carers to get a break and maintain their health and well being.

## **Transport**

An effective integrated transport system is essential to continuing development of economic activity across Edinburgh. Within the Local Transport Strategy 2007-2012, the Council have stated that it will ensure that visitors, people with mobility problems and carers will have more convenient access to parking in the controlled parking zones than at present. Transport in Edinburgh has improved in recent years but this can still be a barrier for carers, especially older carers.

<b>Strategic Objectives</b>	<b>Actions</b>
<p>1. To continue to provide home care support and increase capacity, intensity and flexibility of services to meet expectations.</p>	<p>1.1 Through modernisation programme, structure home care services to deliver range of services required.</p> <p>1.2 Increase the number of people receiving 10+ hours per week services.</p> <p>1.3 Increase the capacity of the out of hours support service for people with severe and enduring mental health problems.</p>
<p>2. Ensure that housing options and home adaptations are promoted widely to all carers.</p>	<p>2.1 Active promotion of housing and home adaptations carried out on a rolling programme by Services For Communities.</p>
<p>3. Ensure that the Council's Leisure &amp; Transport policies that into account the lives of carers in order to make as many positive adjustments as possible to reduce barriers to access services.</p>	<p>3.1 Work more in collaboration between the local authority's Culture and Leisure Department and carer organisations to develop opportunities for carers' health and well being.</p> <p>3.2 Establish firm links with the Council's Transport Department to continue to make improvements for carers in the city.</p>

## Section 9: Financial Support

### Background

Many carers are financially disadvantaged as a consequence of caring. Carers income is lower than that of people without caring responsibilities. Financial inequalities arise when carers are forced to reduce or give up paid work; as a result of reduced confidence and opportunity to take up paid employment; and because unpaid caring often results in higher living costs and utility bills for people with disabilities and their carers. Women in particular are disadvantaged as they continue to provide over 60% of unpaid care in Scotland.

Research from CARERS UK<sup>30</sup> revealed..

- 58% of carers with significant caring responsibilities have left work to care
- Eight in ten carers feel it would be difficult to return to work
- 87% of working age carers looking after their partner have no-one in the household in paid work
- On average, carers retire eight years early losing out on several years of income and pensions contributions
- One in three carers are or have been in debt
- One in three carers have difficulty paying utility bills
- One in five carers cut back on food
- One in four carers find charges for services too high

The financial impact of caring is well documented. *Paying the Price*<sup>31</sup> and *Caring on the Breadline*<sup>32</sup> are two of the most comprehensive studies to date drawing together research and statistical evidence to examine the poverty and social exclusion that affects carers.

In 2005, the importance carers attach to financial support was highlighted in the Care 21 survey of carers in Scotland. Asked 'what needs to be changed to improve the lives of carers in Scotland?' carers put financial support and resources at the top of a list of 20 issues they raised.

The Care 21 report also warns of growing economic inequalities and a future where the likelihood of becoming a carer is sharply influenced by socio-economic circumstances. The report sets out a future scenario where the beneficiaries of economic prosperity are increasingly able to buy their way out of caring responsibilities, while those living in more deprived circumstances, or on lower wages, find themselves having to provide more unpaid family care as a result of limited levels of care provided through the public sector.

Based on 2001 Census figures, UK wide as much as £740 million is lost to carers in unclaimed carers benefits every year because carers do not realise they are entitled to additional support or feel the system is too confusing. This

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<sup>30</sup> CARERS UK- Real Change, not short change (time to deliver for carers) Report

<sup>31</sup> Paying the Price: Carers, poverty and social exclusion(Marilyn Howard,CPAG 2001)

<sup>32</sup> Caring on the Breadline-the financial implications of caring (Carers National Association 2001)

suggests up to £7 million of carers benefits goes unclaimed in Edinburgh every year.

As the largest group of carers are aged between 50 and 59, the impact of reduced employment is often compounded later in life by reduced pension income, leading to financial disadvantage not just during the years of caring, but far beyond into old age.

Demographic changes – a growing population of older people and reducing number of people in paid employment – make it important for national and local government to increase the ‘attractiveness’ of the unpaid caring role by helping to reduce the financial impact on carers.

The Care 21 report, ‘The Future of Unpaid care in Scotland’ reports that at an individual level, carers want to see a more simplified financial welfare system. Carers also increasingly expect traditional ‘benefits advice’ to be broadened into ‘financial planning’ to allow them to make sound financial decisions and plan for the financial impact of care.

Long term financial planning is increasingly important for a growing number of carers who are capital rich, but income poor; for a growing number of carers who require debt management advice; and for those who manage multiple income streams for themselves and the person they care for.

At local level, carers express a continuing commitment to public service provision. But this is matched by growing demand for a shift of resources to follow more closely the carer and cared for person within the overall framework of public service provision.

Carers increasingly demand the extension of self-directed support which includes direct payments and personalised budgets, and demand greater accountability of local authority and NHS spending on care and respite services, with a shift of control to the user of services.

## **Current Position**

Benefits advice and the maximisation of income for carers is a key aspect in the work of many individual agencies in Edinburgh, including the Department of Work and Pensions, statutory health, social care, housing agencies and many voluntary organisations. Benefit checks form part of the work of many practitioners, yet the level of unclaimed benefit remains unacceptably high as agencies and benefit campaigns often do not reach those most in need.

For many service users and their carers, Self-Directed support is becoming more popular, as are new models of service provision in the form of personalised budgets, such as the ‘In Control’ model<sup>33</sup>. It must not be assumed that disabled people, their carers and their communities are incapable of managing their own support. While carers in Scotland have not yet achieved the right to receive direct payments from local authorities, this is now under discussion.

A growing issue for many carers, particularly carers of children and adult dependents, is the problem of long term financial planning to achieve financial

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<sup>33</sup> “In Control” Model- see website: [www.in-control.org.uk](http://www.in-control.org.uk)

security for the person they care for when they themselves are no longer able to support them. As people with long term conditions live longer with better medical care, the financial cost to statutory providers and families increases proportionately.

Sustainable means of financing future care needs remain one of the most pressing and unresolved issues for government. For the purpose of this joint strategic action plan for Edinburgh, the focus of recommendations for local planning and service partners is placed on systematic ways of maximising carer income and on prioritising a change from traditional benefits advice to broader financial planning services to maximise income and influence long term outcomes for carers and the people they support.

<b>Strategic Objectives</b>	<b>Actions</b>
<p>1. Ensure unpaid carers are systematically informed and supported to maximise their income and the income of the person they care for.</p>	<p>1.1 Develop a group of key partners, including statutory benefit and financial advice agencies, carer organisations and social care partners, to set out and coordinate an annual income maximisation campaign for carers in Edinburgh.</p>
<p>2. Broaden financial advice from traditional benefits advice to ensure carers have access to comprehensive financial planning services.</p>	<p>2.1 Identify Budgets from any new money for carers and provide training and support to benefits advice and carer support organisations to develop comprehensive financial planning services for carers.</p> <p>2.2 Links should be clear to Benefits and Income Maximisation advice on CEC website and NHS Lothian website.</p> <p>2.3 Explore new avenues of provision of financial planning services.</p>

## Section 10: Carers and Employment

### Background

Caring is an issue which affects all of us and with changes in demographics, it leads to three out of five people becoming a carer at some point in their lives. The peak age for caring is 45-64 and therefore many carers who work will risk losing skills and experience unless they are adequately supported. This in turn will have significant impact to their employer especially in some sectors such as healthcare.

From a recent study<sup>34</sup> as many as 2.2 million people in the UK have given up full time employment to care for children or other dependants in the past three years. Research discovered that as many as 15% of adults reported that they changed their working hours or employment since 2004 to enable them to become carers. Around a third of those in the study who became a carer gave up a full time job. The report also found that twice as many women than men go on to become carers. Around half a million people are believed to have cut hours of full time work while another 763,000 are now working from home which suits their caring situation.

In the future of the modern workplace, work patterns will have to change. This will reflect in that more people will have to work smarter and more flexibly.

There is a growing trend that acknowledges the benefits of more flexible working patterns for employees. Employees who are given the option of being able to work flexible hours are likely to be more committed to their employer and are less likely to take time of work due to sickness or stress. This is now not only acknowledged by employers but has become legislation as well. The new legislation which came into force on 6<sup>th</sup> April 2007 is entitled "The Work and Families Act 2006". It gives carers the right to request flexible working and thus enable them to remain in paid employment whilst still being able to provide care.

From population projections<sup>35</sup>, the demographics for Edinburgh will change significantly in relation to those adults of working age. During the period 2004 - 2024, Edinburgh will experience a 12% increase in working age population, which is adults between 16-64. This coincides with an 8% increase with adults over the age of 60/65+.

The impact therefore will mean that carers who are working will become under extreme pressure to both continue to work and carrying on with their caring role. Flexibility with working patterns and choice of home based working will all have to be considered by all future employers whether in statutory sector, private sector or voluntary sector.

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<sup>34</sup> The Scotsman 21 May 07- "More quit full time work to become carers"

<sup>35</sup> Population Projections Scotland (2004-based), Register General for Scotland

## **Current Position**

The larger employers such as the Local Authority and Health Board have taken forward this new approach to flexible working.

The City of Edinburgh Council has a Special Leave policy which entitles employees to use for the following reasons such as:

- Support at ante-natal appointments,
- Leave for planned healthcare of a young child,
- Special leave for illness of a dependant or
- Special leave for breakdown of normal care arrangements.

The local authority has a new service, "Working for Families" which is a pilot project, funded by the Scottish Executive and running until March 2008 to provide practical support for families and carers in Edinburgh. The service provides support to carers and parents who are working, wanting to work or who may wish to access training, work placements, volunteering or other relevant opportunities. It is also there specifically to help carers in low income households whether employed or unemployed and to support carers who are under stress and difficulties which are a barrier to obtaining the training they need. Eligible parents can access childcare, transition and training funds to support their transition to work or training.

NHS Lothian has a specific Carer Leave Policy as part of its wider Employment Policies and Procedures. NHS Lothian recognises that 'work and home life can cause conflicting pressures'. Many employees are responsible for caring for an elderly relative, or one with a disability, or a child. The principle behind carer leave is to encourage flexible working practice so that employees can balance their home and work commitments.

The purpose of the policy is to allow for a sympathetic and helpful response to the sudden and immediate need to provide care such as a breakdown of normal carer arrangements owing to unforeseen circumstances. This could be for a sick child, husband, wife, partner, close relative or other dependant. Employees will be entitled to up to one working week of paid leave in each circumstance.

The profile of support for carers within and returning to work needs raised nationally and locally. There are ways in which large employers can take steps to having a supportive framework and policies in place to ensure that employees who are either carers or becoming carers feel valued and not disadvantaged by their choices.

It must be recognised however that not all individuals work within large to medium scale enterprises which can perhaps accommodate flexible working practices more easily than smaller scale businesses. For certain sections of the population, for example, Black and Minority Ethnic communities, self employment in areas such as small scale retail and catering is a significant factor which presents many and different challenges to ensure carers in these work situations receive adequate and appropriate support.

The voluntary sector organisation, Action for Carers and Employment (ACE) has a remit to bring to national attention the issue of employment barriers for carers and seek solutions. Evidence from the first ACE National project<sup>36</sup> revealed that even if the carer is able to work and has confidence and skills in place, it will not be enough if the services to the person being cared for do not adequately meet the carers expectations.

Therefore there is still much needed to be done to further enhance quality of life balance of working and being able to care for dependants, without fear of constantly worrying about being a carer.

Strategic Objectives	Actions
<p>1. To continue to provide support to for the diversity of carers who wish to return to work or training for work.</p>	<p>1.1 Actively promote the new local authority service, “Working for Families” along with stakeholders and ensure a continued uptake of service.</p> <p>1.2 If new funding sources become available, provide local support for carers on low incomes who wish to return to work.</p>
<p>2. To promote positive life choice of being a carer.</p>	<p>2.1 Carry out an audit of those employees who are carers also within Local Authority and Health Board to check adequate levels of support.</p> <p>2.2 Collate through new PRD system for local authority that employees have work/life balance if also a carer.</p> <p>2.3 Identify a budget to enable a regular carer awareness raising day within Local Authority and NHS Lothian for staff.</p>
<p>3. Ensure policies and procedures within NHS Lothian and Local Authority allow for carers to work and able to balance with caring role.</p>	<p>3.1 Carry out a review of Policies and Procedures within NHS Lothian that could be disadvantageous to carers ability to work and care.</p>

<sup>36</sup> [www.carerscotland.org/Employersforcarers/WhatisEmployersforCarers/ACENational](http://www.carerscotland.org/Employersforcarers/WhatisEmployersforCarers/ACENational)

	<p>3.2 Carry out a review of Policies and Procedures within The City of Edinburgh Council that could be disadvantageous to carers ability to work and care.</p>
<p>4. To provide a systematic outreach to businesses and employers in the private sector to raise awareness of caring, the needs of carers in employment and encourage employers to apply flexible working practices and carer support.</p>	<p>4.1 Carer organisations through series of seminars and workshops engage with local business and employers to raise awareness of carers needs in employment</p>

## **Section 11: Carer Training**

### **Background**

The perception of unpaid carers as the passive recipients of services has changed. Carers are now recognised as key partners in the provision of care who require support and training to equip them for their caring role. In the largest carer study undertaken in Scotland<sup>37</sup> nearly 70% of carers (3,000 of 4,267 surveyed) reported that their caring role includes personal and medical care. Other studies show that at least two thirds of carers who provide medical care have not received any training or guidance on medication, dressings or injections. Scotland's health care workforce are trained in moving and lifting patients safely, yet only 3% of carers have received the same training.

Barriers to access training for carers can range from language and cultural barriers through to locality of delivery and respite provision required for the cared for person. Consideration must also be given to the time of delivery of training and the approach.

Carer training falls into four main areas:

- (1) 'Expert carer' training – related to the medical condition, practical tasks and emotional impact of the caring role.
- (2) Health promotion – health focussed carer training particularly in relation to stress management, anxiety, emotional and practical health related issues.
- (3) Learning opportunities – to balance the caring role, often as break from caring routines (life-long learning; adult education).
- (4) Skills training – to take up volunteering opportunities or enter (or re-enter) paid employment after a period of caring, or to balance paid employment with the caring role.

### **Current Position**

#### **'Expert carer' training**

'Expert carer' training underpins self-care management initiatives and results in a better quality of life for the carer and the person they care for. Benefits for carers include increased knowledge and confidence, improved health and wellbeing and fewer injuries relating to their caring role.

There is also increasing evidence of significant economic savings from reduced NHS and social care interventions, fewer hospital admissions and a lower incidence of the caring role breaking down.

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<sup>37</sup> *The Care 21Report: The Future of Unpaid Care in Scotland*

In Edinburgh, 'expert carer' training programmes support 300-400 carers per annum with 7-8 week training courses. Carers benefit from professional and peer learning with additional support provided where required.

The programme is in large part funded by the Big Lottery Fund and co-ordinated by the voluntary sector with input from a wide range of health and social care partners.

### **Health promotion carer training**

In Edinburgh, a number of carer organisations provide a range of initiatives for carers to address their emotional and practical health needs. The need for specific health promotion initiatives to address health, stress and anxiety related issues for carers is evidenced by a high number of carers being identified with stress related health issues. This is also highlighted in the Care21 Report, stating that 76% of carers put their emotional vulnerability as one of the hardest things they have to cope with as a carer.

Although the shape and delivery of health focussed carer training differs across the city, a key feature is always to support carers to maintain their own mental and physical strength and the ability to cope for longer with their caring situation. Through training carers are supported to identify coping strategies and to implement them on a daily basis, tackling situations and emotions before a crisis point arrives.

### **Learning opportunities**

Learning opportunities can help carers to balance the demands of the caring role with time to focus on their own well-being, leisure and learning.

In Edinburgh, learning opportunities for carers are predominantly provided by voluntary sector and education agencies. Local colleges have also increasingly offered learning opportunities for carers, providing a supportive setting for carers who often find it difficult to leave caring responsibilities behind.

There is growing recognition that flexible, learning opportunities need to be provided which recognise that traditional time-tabled learning may not always be appropriate.

### **Skills training**

UK government legislation has modernised work-life balance rights and legislation for parents and people with caring responsibilities. As a result of the Work and Families Act (2006), carers can increasingly request time off and revised working arrangements to balance paid employment with unpaid care.

However, for many carers, particularly women, the pressures of caring responsibilities still force them to reduce or give up paid employment. For many, a return to paid work at a later date requires support to regain skills and confidence.

In Edinburgh, a 30-week 'up-skilling' programme for carers in the North West of the city has provided 30 carers with qualifications since 2004 with an additional 12 for completion of their studies in 2007. The programme is co-ordinated by the voluntary sector with support from Telford College and funded by the European Social Fund.

Strategic Objectives	Actions
<p>1. Develop a city wide 'Carer Training Partnership' with health, social care and community learning and development partners to give strategic direction to future carer training developments in Edinburgh.</p> <p>Contribute to the development of a Lothian wide 'Carer Training Partnership' to inform strategic training developments across the health authority.</p>	<p>1.1 Establish remit of group to identify carer training need and priority commitments from all strategic action plans (Long Term Conditions; Learning Disability Review; Physical &amp; Complex Disability Strategy; Live Well in Later Life; NHS Lothian Carer Information Strategy; BME communities, etc)</p> <p>1.2 Co-ordinate and strengthen joint planning and delivery links between training partners.</p>
<p>2. Provide carers with opportunities to gain skills and knowledge connected with their caring role and promotes their own health and wellbeing.</p>	<p>2.1 Align expert carer training to strategic priorities emerging from long term condition action plans.</p> <p>2.2 Secure equitable access to 'expert carer' training for at least 400 carers in Edinburgh delivered both locally and centrally.</p> <p>2.3 Identify initially £40,000 additional funding from carer and long-term condition budgets to consolidate and expand training programmes.</p>
<p>3. Develop health promotion training initiatives across the city, tailored to meet their immediate and long term health and coping needs.</p>	<p>3.1 Scope current provision and gaps in services in each of the city's Local Health Partnership areas, and set out priorities for development.</p> <p>3.2 Secure local access for 100 carers in each LHP locality to receive stress management, stress reduction training.</p>

<p>4. Enable carers to fully engage with the development of learning programmes that meet their individual needs.</p>	<p>4.1 Work in partnership with local colleges and training agencies to expand range and choice of course provision available for carers.</p> <p>4.2 Ensure access to learning opportunities for 500 carers in Edinburgh per annum through new funding streams if they become available to both consolidate and further develop core programmes.</p>
<p>5. To continue to work in partnership with local education providers and community learning and development partners to offer a range of courses that assist the increase of skills that benefit a return to the workplace.</p>	<p>5.1 Identify new funding to provide skills training courses for 200 carers.</p> <p>5.2 Work with learning support departments in colleges to fully recognise the needs of carers whilst studying.</p>

## **Section 12 : Black and Minority Ethnic Carers**

### **Background**

The most comprehensive source of data on Scotland's Black and Minority Ethnic (BME) population remains the 2001 Census<sup>38</sup>. The total Black and Minority Ethnic population in Scotland was recorded at 101,677 or 2.01% of the total population. The City of Edinburgh at that point had a total Black and Minority Ethnic population of 18,259 or 4.07% of the total population.

The 2001 Census also provides a baseline of information on Black and Minority Ethnic carers in Scotland with 6,815 BME individuals or 6.7% of the population identifying themselves as such. This figure is considerably lower than the one in ten calculations utilised by the General Household Survey to approximate the number of carers in the population at any one time. The Census revealed that Edinburgh has 1125 BME carers.

The lower number of carers in BME populations may be explained to one or more of the following factors:

- A significantly lower age structure with 56.05% of the total BME population under 30 years of age compared to 36.2% of the White majority population; and,
- A failure to self-identify as a carer due to a lack of understanding about the language and concept of 'informal caring'.

There have also been changes in the immigrant population to Edinburgh due to the impact of A8 European country immigrants. It is estimated that this has led to 8,000 immigrants to Edinburgh. This has created pressures on services which are already targeted at indigenous Black and Minority Ethnic communities. In particular there are pressures on the Interpretation and Translation service, English as an additional language service for school children, English as a second language service and Houses in Multiple Occupation (HMO) services.<sup>39</sup>

### **Current Position**

There is widespread recognition that the impact of caring on Black and Minority Ethnic carers is exacerbated by a lack of appropriate and accessible support services. The overwhelming majority of mainstream carer services continue to prove inaccessible to Black and Minority Ethnic carers. Problems of language and communication, a lack of cultural knowledge and awareness and a lack of confidence are commonly cited factors by both service providers and BME carers themselves. However, experience has demonstrated that Minority Ethnic carers will use services when their specific needs can be met.

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<sup>38</sup> Census 2001: <http://www.scrol.gov.uk/scrol/common/home.jsp>

<sup>39</sup> Council Management Team paper- 'Impact on the Council as a result of A8 EU migration' January 2007.

There are currently few specialist support services for Minority Ethnic carers in Edinburgh.

Both national and local strategic documents support and underpin work with Black and Minority Ethnic carers. Nationally, the Community Care and Health Act (Scotland) 2002 and its subsequent guidance<sup>40</sup> added considerable weight to more general declarations of intent included in the National Strategy for Carers in Scotland (2000).

In addition to ensuring that local authorities consider the different cultural backgrounds of carers, the provision of information in appropriate formats, the need for language and communication support and culturally appropriate assessments, the guidance required that:

“Statutory agencies must ensure that in providing services to support carers and the people they care for they take full account of their obligations under the Race Relations (Amendment) Act 2000, which gives public bodies a statutory duty to promote race equality.”

A statutory requirement of the Race Relations (Amendment) Act is the publication of a Race Equality Scheme setting out what functions and policies have been identified as having relevance to race equality and their arrangements for consultation, monitoring, prioritising action and publishing information. Within Edinburgh, the pre-existing Race Equality Scheme has now been superseded by a Multi Equality Scheme with specific actions for the Department of Health and Social Care included as part of the Mainstreaming Equalities Action Plan 2006 – 2009.

Departmental performance management figures show that approximately 0.9% of new referrals for community care services were from BME communities and of these 40.3% subsequently received services compared with 36.3% of all referrals.

More concrete actions aimed at improving support for Black and Minority Ethnic carers of older people are contained within the “Today and Tomorrow” action plan as part of the strategy, A City for All Ages<sup>41</sup>. The need to plan more effectively for the needs of carers with specific needs or cultural requirements is also recognised within the Scottish Executive’s Care 21 Report, “The Future of Unpaid Care in Scotland”.

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<sup>40</sup> Scottish Executive Circular (CCD 2/2003)

<sup>41</sup> “A City for all Ages” -the City of Edinburgh’s Strategic Action Plan for Older People

<b>Strategic Objectives</b>	<b>Actions</b>
<p>1.</p> <p>To ensure that services for carers are accessible and equitable for Black and Minority Ethnic carers.</p>	<p>1.1</p> <p>Prioritise areas for action identified from the Towards 2012 mapping exercise and develop implementation plan.</p> <p>1.2</p> <p>Monitor uptake of services by BME carers and utilise data to inform future planning and commissioning of services.</p>
<p>2.</p> <p>To ensure all assessments undertaken by the Department of Health and Social Care are culturally competent.</p>	<p>2.1</p> <p>Provide mandatory training for all staff on conducting a culturally competent assessment.</p> <p>2.2</p> <p>Staff Induction to include training on working with Minority Ethnic carers.</p> <p>2.3</p> <p>Devise customer satisfaction tool to monitor experience of BME carers undergoing assessment and feed results into training programme.</p>

## Section 13: Older Carers

### Background

In Scotland, over 63% of carers provide over 50 hours of care per week. High intensity carers tend to be older people with half of the people caring for at least 50 hours a week being over the age of 60. They are also most likely to care for a partner or spouse, potentially having two people in one household caring for each other.

Significantly, older people are also more likely to experience poor health as a result of their caring responsibilities (88% reported feeling tired with over two thirds feeling stressed).<sup>42</sup>

Scotland's population is changing. Lower birth rates will give rise to lower numbers of younger people whilst numbers of older people will increase. A change in age structure of the population across Scotland is not uniform and this in turn has implications for service planning at a local level<sup>43</sup>. Ageing is a gender issue, and as age increases so does the relative proportion of women in each age band. Increases in people with dementia and age related disabilities such as hearing loss or musculoskeletal conditions puts an already pressured group of older carers with more to contend with in the near future.

The 2001 Census also highlighted the number of older carers in Scotland at over 11,000 and provided a picture of the number of older carers in Edinburgh. The total number of older carers in Edinburgh, aged 65+ was 6406. Of this number were nearly 300 carers who were 85 and over.

Enabling people to stay at home is a key policy of the Scottish Government. Older people in general wish to stay at home and with the increasing number of older people in Edinburgh rising over the next 10 years by 9000, it is clear that the demands on this key group of carers will be increasing significantly.<sup>44</sup>

### Current Position:

A City for All Ages (ACFAA) is Edinburgh's Joint Plan for Older People. It aims to improve opportunities and services for older people, removing discrimination and overcoming barriers.<sup>45</sup> The plan is part of the city's community planning programme through the established links with The Edinburgh Partnership and the Community Health Partnership. One of the 21 strategic aims of the plan was to increase short breaks, reduce the number of carers who do not get a break and provide more breaks at home. There is still more work which can be done here.

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<sup>42</sup> The Future of Unpaid Care in Scotland, Scottish Executive 2006.

<sup>43</sup> Scottish Executive Report: All our Futures-Planning for a Scotland with an Ageing population (March 2007)

<sup>44</sup> Edinburgh Joint Capacity Plan for Older People, Live Well in Later Life (2008-2018)

<sup>45</sup> ACFAA- A City for All Ages (2000-2010) published by City of Edinburgh Council

Older carers have been clearly identified as a group requiring specific and appropriate support services but up to now have not been prioritised strategically. However, with the clear evidence of their increased caring responsibilities, perhaps at a time in their lives that they feel least able to cope with a new and challenging life change, we have an opportunity to identify this group as one of the key priorities within the new strategy.

For older carers of people with learning disabilities, autistic spectrum disorder and Asperger Syndrome, a key concern is the anxiety around their caring role coming to an abrupt end. Such carers require support in planning to help the family make a good transition to being supported by others before they are forced by ill-health to cease their caring role.

It is well recognised now that people from BME backgrounds suffer from long term conditions such as heart disease and diabetes at an earlier age. Therefore, consideration should also be given when defining "older". Older BME carers might have more complex health needs when comparing to other older carer counterparts.

The needs of older carers sit within the Edinburgh Joint Capacity Plan for Older People as well as the Primary Care Modernisation Strategy<sup>46</sup> both of which drive forward a shift in the balance of care from hospital or unit based care to community services in the home.

During the early implementation stages of the PCMS, concentrated efforts will be on long term conditions and their management which is intended to bring significant benefits to patients and the shift in focus to community base services. To achieve this, the Community Health Partnership will need to engage effectively with patients and carers, colleagues in the acute division, social care and the voluntary sector.

The Edinburgh Joint Capacity Plan for Older People aims to increase the support of older people with high needs at home by 40% by 2012. This will lead to an increased responsibility on carers in the support of those older people with the highest level of care needs in the community. In order for this to be achieved carers will need to be supported effectively, engaged fully with Care Planning and recognised as key partners in maintaining older people in their own homes for longer.

Evidence shows that it is not just the complexity or severity of the cared for person's condition that determines their ability to stay at home but also the attitudes and well-being of the carer. A study by Williams and Fitton (1991) found that carer problems contributed to 62% of older patients' unplanned readmissions to hospital. Twenty one percent of carers felt that a hospital admission could have been avoided if they had received more support.<sup>47</sup>

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<sup>46</sup> NHS Lothian- Primary Care Modernisation Strategy (PCMS) 2007-2012

<sup>47</sup> The Future of Unpaid Care in Scotland, Scottish Executive 2006

In terms of resourcing of services for older people, Edinburgh currently ranks 22<sup>nd</sup> out of 32 councils in terms of actual spend per head.<sup>48</sup> This strategy highlights the need for extra resourcing to support carers who look after an older person but also to support older carers in their own right.

Strategic Objectives	Actions
<p>1. Ensure effective support of carers who look after an older person and older carers in their own right.</p>	<p>1.1 Link this strategy to the Edinburgh Joint Capacity Plan for Older People.</p> <p>1.2 Identify the number of Older Carers supported by Carer Organisations across the city and their range of needs.</p>
<p>2. To develop a range of flexible services tailored to meet the needs of individual older carers.</p>	<p>2.1 If new additional funding sources become available, then increase flexible, person centred support for older carers.</p> <p>2.2 Increase levels of one to one support to older carers who care for an older person with high level needs.</p> <p>2.3 Seek solutions for further improvements to services that meet the needs of older carers from black and minority ethnic groups.</p>
<p>3. To ensure the health needs of older carers are regularly reviewed along with their ability to continue caring by GP Practices and community health staff.</p>	<p>3.1 LHP staff set up review systems for priority older carers, 75+ to screen health and ability to continue to care.</p> <p>3.2 Older Carers are supported to manage long term conditions within their Local Health Partnership.</p>

<sup>48</sup> Edinburgh Joint Capacity Plan for Older People, Live Well in Later Life (2008-2018)

## Section 14: Young Carers

### Background

Better support for young carers has been a widely-shared concern, the subject of much media interest and of detailed Parliamentary debate. The Scottish Government agrees with the need for a strategic focus on young carers, and the need to integrate and mainstream young carers within current policy and service priorities for children and young people. The Scottish Government and the City of Edinburgh Council, supports the principle that young carers are children and young people first.

The Government set out a number of measures to achieve this through actions flowing from the Additional Support for Learning Act, from integrated children's services planning, and from the implementation of proposals in *Getting it Right for Every Child*.<sup>49</sup> At the same time, joint inspections by the Social Work Inspection Agency, Her Majesty's Inspectorate of Education and the Care Commission of Child Protection services are now being rolled out, and a new cross-agency assessment tool for young carer services has been developed.

To assess and improve service capacity for young carer support, the Government established a task group to provide advice and information when guidance is being updated or new information is being produced. This is expected to ensure a systematic approach to local young carer support.

The task group's report will assess existing capacity of local agencies and projects whose primary or major focus is young carer support; make recommendations on minimum requirements for sustainable local services; and assess the potential role and implications of a national young carer forum.

The Scottish Government also committed to a further review in 2008 at which point it will review the need for a separate national young carers strategy.

A national festival for young carers across Scotland is planned to take place after a £400,000 funding package was announced last year by The Scottish Government. The festival will give young carers a break from their responsibilities and an opportunity to come together and air their views and concerns. The festival should provide young carers with the opportunity to meet with decision-makers, including MSPs, to have their say on the issues that affect them.

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<sup>49</sup> *Getting it Right for Every Child: Guidance on the Child's or Young Person's Plan* (Scottish Executive Jan 2007)

## Current Position

In response to the Scottish Executive's report, 'The Future of Unpaid Care in Scotland', the City of Edinburgh's Children and Families Department is committed to the development of a strategic approach to young carer support, and this was the subject of discussions with a wide range of service partners and stakeholders in February 2007. A short-life working group will determine actions to include the needs of young carers in all strategic work within the Children and Families Department.

Young carer support in Edinburgh is currently provided by a small number of local agencies. A local project has supported young carers city wide since 1996, mainly through individual one-to-one support; peer group activities; residential holiday breaks; and through a forum which supports young carers to develop confidence and collective advocacy through public awareness-raising initiatives, drama and acting workshops, and media and video work. Up to 200 young carers benefit from school-term and holiday activities every year.

In the Oxbgangs area of the city, a support group specifically for young carers offers activities, fun and friendship, including one to one support, in a group of up to 10 young people. In the south west of Edinburgh, a young carers support group is provided which offers fun and educational support at fortnightly meetings as well as issue-based sessions and trips out. It supports seventeen young people aged 7 to 11 years, and ten aged 12 to 16.

Strategic Objectives	Actions
<p>1. By 2012 processes are in place to ensure systematic identification, referral and support of young carers, through appropriate services.</p>	<p>1.1 To respond to national policy developments and recommendations, by developing a strategic approach to the identification and support of young carers through schools and social care services in Edinburgh.</p> <p>1.2 Develop and implement a protocol between the Health and Social Care and Children and Families Departments for the assessment, referral and support of young carers.</p> <p>1.3 To work with adult service providers to avoid an inappropriate caring role being taken on by children and young people.</p>

	<p>1.4</p> <p>To actively support young carer services to secure appropriate funding to meet the identified needs of young carers.</p>
<p>2.</p> <p>In our work to support young carers steps will be taken to identify their physical and mental health needs.</p>	<p>2.1</p> <p>Work with partners to identify and publicise health-focussed initiatives for young carers.</p>
<p>3.</p> <p>To ensure systematic implementation of NHS Lothian's responsibilities for young carer support, in line with Government guidance on Carer Information Strategies</p>	<p>3.1</p> <p>Raise awareness with NHS practitioners of the needs of young carers in Edinburgh and of local support agencies who work with young carers.</p> <p>3.2</p> <p>Develop and implement protocols for systematic identification and referral of young carers by health practitioners.</p> <p>3.3</p> <p>Seek additional resources from new NHS Lothian Carer Information Strategy budgets to directly support young carers in Edinburgh.</p>

## Section 15: Commissioning Framework

### Background

The City of Edinburgh Council's, Health & Social Care Department is the Council's second largest department with a gross budget of £195 million (2007-08). The Department provides and purchases service within a mixed economy of care. The planning, commissioning and purchasing of care services from the voluntary sector and private sector amounts to over £103 million.

NHS Lothian provides funding of £17 million to the voluntary sector in general. Within this framework, services to carers are provided.

For a strategic action plan to be truly feasible, it is imperative to have a robust understanding of the current level of resources that are invested in carer services. If possible, there should also be a strong indication if there are to be changes to the level of resources over the life of the strategy, how this will achieve maximum effect through allocation of these resources.

This allows for a transparent approach to accountability, which carers and carer organisations can expect. The need for additional resources has been identified through this strategic plan, and the Scottish Government's spending review in relation to the Care 21 Report recommendations will have great influence in realising those strategic objectives.

In 2000, the City of Edinburgh Council received additional funding (£496K) from the Scottish Government in order to increase the availability of resources and information for carers. In Scotland this represented new money totaling £5 million for Carer services. This is commonly referred to as the "Carer Strategy Funding". The application process and the allocation of funding was agreed in line with the strategic aims of the Community Care Plan 1997-2000 and Carers (Recognition and Services) Act 1995.

The term commissioning is an all encompassing approach to understanding the needs and ensuring the provision of services within local priorities that deliver improving outcomes for all individuals within the community.

New European Legislation combined with the Scottish Government's expectations for efficiency savings<sup>50</sup> has contributed to changes in the way that the Local Authority will tender for new contracts in the future. Within this EU Procurement Directive<sup>51</sup>, Part B services such as those for social care services will have to be advertised appropriately, tender if there is competition for this service and ensure fair selection based on quality and price. The

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<sup>50</sup> <http://www.scotland.gov.uk/Topics/Government/Procurement/PublicProcurement>

<sup>51</sup> [http://ec.europa.eu/internal\\_market/publicprocurement](http://ec.europa.eu/internal_market/publicprocurement)

award outcome will also have to be published. This will affect services where the total contract value is greater than £144,371 (200,000 Euros).

**Current Position**

Like most local authorities, being able to separate out carer service budgets in isolation is not straightforward. This is because the majority of support is embedded within other client groups’ budgetary spend. There needs to be a more identifiable mechanism for a separate budget and markers on other client groups’ budgets, the component level of services which benefit carers.

In Edinburgh, there is a mix of larger citywide carer organisations and many other more local and smaller carer organisations and projects. They work effectively across the city providing a range of resources to carers such as advocacy, counselling, emotional support, training courses, learning opportunities, benefits advice, befriending and information.

The majority are partially grant funded through Section 10 funding by the Local Authority, usually in partnership with NHS Lothian. They also gain funding streams from trusts and bursaries. Some of the larger organisations are contracted through service level agreements, which give rise to funding stability. There will be an incremental move to help more of the smaller organisations establish a service level agreement.

Allowing a move towards more security of funding will aid carer organisations and projects operate at ground level where carers need them and also at a strategic level where they can influence the shape of carer services in the future.

<b>Strategic Objectives</b>	<b>Actions</b>
<p>1. Establish an accurate picture of current expenditure on carers in Edinburgh.</p>	<p>1.1 Carry out an audit of expenditure within each client group, to produce a report on level of funding to support carers.</p> <p>1.2. Extend this audit to other departments who provide support services to carers such as Services for Communities and Children &amp; Families.</p> <p>1.3. NHS Lothian to establish a clear picture of level of funding to carer organisations/projects.</p>

<p>2.</p> <p>Increase funding security and increase expenditure on carers support services.</p>	<p>2.1.</p> <p>On an incremental basis, aid carer organisations and projects move towards Service Level Agreements.</p> <p>2.2</p> <p>Work with carer organisations and carer projects to broaden their funding streams from other sources to invest in their non core services.</p> <p>2.3</p> <p>Work with carer organisations and carer projects to consolidate resources where appropriate when working in same locality delivering similar service to carers.</p>
<p>3.</p> <p>Build a strong portfolio of quality carer services both local and city wide.</p>	<p>3.1</p> <p>Ensure that local city planners of all client groups' in their strategic plans, prioritise and identify funding for continual expansion of carers services/resources in the city to meet the increasing volume of unpaid carers and their needs.</p>

## **Section 16: Future provision of carer support**

### **Background**

Many carers find the route to information, advice and emotional support through local voluntary sector carer organisations easier and more accessible than direct approaches to statutory agencies. In 2005, Scotland's largest carer survey revealed "universally high praise for the voluntary sector in its role as a major provider of services to carers".

The subsequent Care 21 report, 'The Future of Unpaid Care in Scotland' reported that carers "were able to point to the high quality of support offered by voluntary sector agencies through caring support groups, information provision, advice on legal matters and rights, emotional and practical support in daily life, advocacy and befriending schemes."<sup>52</sup>

The Executive acknowledged "the important role of voluntary sector carer centres in delivering effective local carer support, and in supporting health and social care services to deliver national objectives", and promised to review its capacity to deliver a range of local support including carer training and peer support; emotional support and counselling; breaks from caring; and carer advocacy.

The Executive also acknowledged that the management and leadership capacity of the sector should be strengthened with inclusion of relevant staff on national leadership and management programmes.

### **Current Position**

In Edinburgh the voluntary sector has played a lead role in the provision of a range of services to carers via local and citywide Carer Organisations. Edinburgh has a diverse infra-structure of carer support agencies. Many of these provide city-wide carer support and specialise in generic carer support with specialist services, including specific services for minority ethnic carers, young carers, carers of mental health service users and carers seeking learning opportunities.

The other carer support projects include several community care agencies that provide locality based carer support.

The ability of the voluntary sector to match statutory funding with significant additional resources raised from trust funds and other donors is well recognised and has provided added value and outcomes for many years. Secure statutory funding, however, remains unstable and short-term for many local charities and compromises the sector's ability for long-term planning, quality delivery and recruitment of highly qualified staff.

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<sup>52</sup> Care 21 Report: The Future of Unpaid Care in Scotland (Scottish Executive 2006)

It is recognised that carer support is not evenly spread or equitably accessible to carers across the city as a result of historic community and partnership developments. There is a commitment across all planning partners to rectify this.

The Strategy Development Group for Carers, although tasked to address the strategic development of carer support across the city, has in recent years focused more on the co-ordination of carer support. A more strategic approach, based on reliable evidence of existing carer support and service outcomes and emerging projections of future demographic and health developments, is supported by all service and planning partners.

There is a need to again look at current planning structures within the city and from the review, make changes to the planning framework. This will involve a review of the Carers Strategic Development Group and the structures which underpin it, the carer partnerships and carer forums.

Strategic Objectives	Actions
<p>1. Establish future need and service priorities.</p>	<p>1.1 Identify key priorities for the provision of local carer support and specialist carer services, to ensure equitable access and support across the city.</p> <p>1.2 Strengthen working relationships between carer organisations, centres and projects.</p>
<p>2. Ensure investment in local and specialist provision, in line with national and local priorities, and establish a stable funding framework for carer support organisations.</p>	<p>2.1 Review of funding sources and statutory funding to ensure a stable base of service locally and citywide.</p> <p>2.2 Through identification of new funding for carer support, invest in appropriate service developments and carer support organisations to meet local and future needs of carers.</p>
<p>3. To ensure robust planning frameworks are in place for carer planning throughout the city</p>	<p>3.1 Review of the Carers SDG carried out and implement the recommendations.</p> <p>3.2 Review of the carer partnerships and carer forums structures in the city and implement recommendations.</p>

## Section 17: Implementation, Monitoring & Evaluation

### Background

In order for a strategy to be successful and achieve its strategic objectives that it sets out, then it must be implemented well and reported on at key stages. Thus, it is vitally important that the community planners that have worked through the strategy in consultation with carers and stakeholders deliver the commitments that they agreed to within the strategic action plan. The actions and outcomes of each strategic objective will have to be measured and reported on. Within statutory providers, there is now much more accountability required to service users and carers.

The monitoring of an action plan is the process of keeping a log of events as they occur. In relation for example to carers training, we may wish to measure how many carer training courses were offered in the first year of implementation and also record associated outcomes (the benefits to the carer by engaging with the training).

There are currently very important national developments with a new Framework of Outcomes for Community Care<sup>53</sup>. This will have four national outcomes and sixteen performance measures in line with currently four targets that will drive joint performance. The four national outcomes are;

- Improved health;
- Improved wellbeing;
- Improved social inclusion;
- Improved independence and responsibility.

It covers areas such as carers' well being, user satisfaction and waiting times for assessments. The aim will be to achieve consistency of understanding of the outcomes agenda and identify the information needed to performance manage this agenda both locally and nationally.

The evaluation of the strategy is when considered judgments are made as to how successful an objective or project has been measured against its original aims and baselines.

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<sup>53</sup> National Outcomes Framework, Joint Future Unit website:

<http://www.scotland.gov.uk/Topics/Health/care/JointFuture/NationalOutcomes>

## **Current Position**

As we are about to embark on this new carer strategy with a five year implementation action plan based on strategic objectives, the current position will be reflected in the baselines that are established in the action plan schedule which will be in the final document.

In order to best gain a structured overview of how the plan will be implemented, the Appendix entitled, "Action Plan Schedule", will clearly define what needs to be done and how we are going to achieve this and what we need to measure to know we have achieved these outcomes.

It also clearly should identify lead officers or lead organisations that will take responsibility for delivery of these strategic objectives. There should also be if possible an indication of where the funding will be sought to implement the specific strategic objective.

In order to implement an action plan it is imperative to recognise where we are now for each of the objectives. This will be the baseline and often is a number, for example, 50 additional short breaks available or a task that has to be carried out, e.g. deliver a new training programme for older male carers.

There is a need to recognise now that individual client group strategies that are either being developed, reviewed or about to be implemented that they are the main conduit for development of specific supports that benefit carers in relation to that client group. Therefore developments in relation to for example respite/short breaks to carers who care for someone with a learning disability should feature high on priorities in that particular strategy, such as the Joint Lothian Learning Disability Strategy Review.<sup>54</sup>

There needs to be further consideration of how to improve the mechanisms required to link work of the city's strategy development groups with each other in relation to carers. At present, the client specific strategy development groups feed up into the Community Care Partnership Steering Group (CCPSG) and will help shape the direction of all community care services citywide.

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<sup>54</sup> Joint Lothian Learning Disability Strategy Review 2007:  
[www.lothianlearningdisabilityreview.info](http://www.lothianlearningdisabilityreview.info)

<b>Strategic Objectives</b>	<b>Actions</b>
<p>1.</p> <p>To regularly measure the outcomes from the implementation of the strategic action plan.</p>	<p>1.1</p> <p>Prepare regular bi-yearly update reports to the Carers Strategy Development Group(SDG)</p> <p>1.2</p> <p>Conduct and produce a formal annual review of progress to date.</p>
<p>2.</p> <p>To ensure that all Client Strategy Development Groups (SDGs) clearly identify carer needs and seek to provide adequate support.</p>	<p>2.1</p> <p>Regularly audit action taken in support of carers or unmet needs across all client strategy development groups and report this to Carers SDG annually.</p> <p>2.2</p> <p>Continue to make improvements to recording systems both in the Local Authority and Health Board for recording information on carers and support offered.</p> <p>2.3</p> <p>Carer organisations and projects to produce on a regular basis, levels of service provision along with unmet needs.</p>
<p>3.</p> <p>To evaluate the strategic action plan on a regular basis.</p>	<p>3.1</p> <p>On an annual basis, consult with carers and carer organisations on the effectiveness of the strategy.</p> <p>3.2</p> <p>Develop a more interactive Council website which can allow for regular comments to be made by carers in regards to the strategy over its lifetime.</p>

## Appendix A:

### Some of the carer organisations and support for carers in Edinburgh

<b>Name of Agency</b>	<b>Main Services</b>	<b>Telephone Number</b>
VOCAL-Voice of Carers across Lothian	Carers Centre for information, training, counselling, advocacy and advice	0131-622-6666
Edinburgh Young Carers project	Services of support for young carers	0131 475 2322
Edinburgh Carers Council	Mental Health issues, Collective advocacy	0131-554-5153
MECOPP	Support for minority ethnic carers; short breaks service, support groups, information & advice	0131-467-2994
Care for Carers	Emotional Support, carer training, Residential Short breaks for carers	0131-661-2077
Edinburgh Headway Group	Befriending project for acquired brain injured persons	0131-537-9116
Crossroads	City wide- Sitter service	0131-346-1596
Edinburgh Carers Support Project	Carers of a person with serious mental health difficulties	0131-557-9162
North West Carers Centre	Short Breaks sitter service, Advice & Information, Carer training	0131-315-3130
Wester Hailes Carers Project	Carers in South West Edinburgh-Support group	0131-458-3080
Oxgangs and Pentlands Carers project	Befriending, Sitter Service and Educational opportunities	0131-441-5099

<b>Name of Agency</b>	<b>Main Services</b>	<b>Telephone Number</b>
The Caire Project	Educational Opportunities for carers	0131-446-3321
Queensferry Care-Carers Support project	Support, information and learning opportunities in South Queensferry	0131-331-5570

## Appendix B: Action Plan Schedule

Year 1: April 2008-March 2009, Year 2: April 2009- March 2010, Year 3: April 2010- March 2011, Year 4: April 2011- March 2012, Year 5: April 2012-Dec 2012

**WEB**= Within Existing Budgets, **AFR** =Additional Funding required

Section 3	Personalisation of care services- Promoting choice and control								
Strategic Objectives	Actions	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators/ Progress Measures	Time-scales	Resources required	Care 21 Reference(s)	Risk(s)
<b>3.1</b>	<b>3.1.1</b>								
Carers are recognised as key partners in the provision of care. Carer assessment procedures and service planning tools reflect the ethos of partnership and self-care support, and promote choice and control of care solutions	Develop protocols for statutory carer assessments which produce outcome agreements from the assessment process	H&SC/ G. DODDS	0	Protocols are developed for statutory carer assessments which produce outcome agreements		Year 1	WEB	3	Outcome agreements are not developed.
	<b>3.1.2</b>								
	Develop person-centred planning to support carers in identifying personal and care solutions which meet their needs and work-life balance.	Carer Organisations	0	Person-centred planning is developed to support carers		Year 1	AFR	3,13	Funding to achieve this does not occur.
<b>3.2</b>	<b>3.2.1</b>								
Carers have access to comprehensive financial advice to maximise income and long-term financial planning	Audit existing benefits advice and financial advice services, and explore new models for holistic and integrated financial advice and planning	H&SC	0	Benefits advice and financial advice services are audited. New models for holistic and integrated financial advice and planning are explored		Year 2	WEB	3	Audit not carried out

	<b>3.2.2</b>								
	Promote information and training on self-directed support and personalised budgets to carers	H&SC	0	Information and training on self-directed support and personalised budgets to carers is promoted		Year 2	AFR	3	Funding for Information and training is not found
<b>3.3</b>	<b>3.3.1</b>								
Carer support agencies and staff have the skills and capacity to support carers to 'broker' services to meet individual and specific needs and aspirations	Identify good practice in 'service brokerage' and promote existing models	H&SC	0	Good practice in "service brokerage" is identified and promoted		Year 2	WEB	3,13	Good practice is not identified or promoted
	<b>3.3.2</b>								
	Develop staff and agency training to develop service brokerage skills and standards	Carer Organisations	0	Staff and agency training developed for service brokerage skills and standards		Year 3	AFR	3,13	Staff and agency training not developed for service brokerage skills
<b>3.4</b>	<b>3.4.1</b>								
To ensure statutory work force are equipped with skills to shift more towards personalisation of services	Liaise with workforce planning in both NHS Lothian and Health & Social Care to provide appropriate training and access to educational programmes which support the increased shift of balance to user and carer choice.	NHS Lothian, H&SC	0	Appropriate provision of training and access to educational programmes which support the increased shift of balance to user and carer choice.		Year 4	AFR	3,5	Training and access to educational programmes not achieved

SECTION 4	EQUALITIES	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators/ Progress Measures	Time-scales	Resources required	Care 21 Reference(s)	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>4.1</b>	<b>4.1.1</b>								
To ensure that the Carers Action Plan recognises the full diversity of the carer population in Edinburgh and responds accordingly.	Regularly monitor and review the Carers Action Plan to measure its performance against its stated equality objectives.	H&SC, NHS Lothian	0	The Carers Action Plan is regularly monitored and reviewed to measure its performance against its stated equality objectives.		On-going	WEB	10	The action plan is not monitored and reviewed regularly.
<b>4.2</b>	<b>4.2.1</b>								
To ensure that information on the uptake and use of services using key equality indicators (race, gender, age, sexuality, disability and faith) is routinely gathered, monitored, analysed and used to inform service design and delivery.	Strengthen existing data monitoring systems to capture equalities data through staff training, departmental guidance and regular reporting.	CEC, NHS Lothian	0	Existing data monitoring systems that capture equalities data are strengthened		On-going	WEB	10	Data systems are not improved
<b>4.3</b>	<b>4.3.1</b>								
To ensure that carer organisations funded by NHS Lothian Health Board and City of Edinburgh Council are aware of their responsibilities with regard to equalities and are supported to achieve more equitable and accessible services.	Include specific equalities targets within departmental grants, service level agreements and contracts to assist funded organisations in working towards more equal and accessible services.	NHS Lothian, CEC		Equalities targets are included within departmental grants, service level agreements and contracts to assist funded organisations in working towards more equal and accessible services.		On-going	WEB	10	Equalities targets are not achieved with SLA's.

SECTION 5	CARER IDENTIFICATION	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators/Progress Measures	Time-scales	Resources required	Care 21 References	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>5.1</b>	<b>5.1.1</b>								
To ensure systematic and effective Identification and referral of carers in all GP Practices, Local Health Partnerships by NHS Lothian and associated health teams.	Embed carer identification & referral into Anticipatory Care Models, Long Term Conditions and within the current Community Nursing Review pilots.	Edinburgh CHP/ A.LINDSAY	0	Carer identification and referral is embedded into Anticipatory care models, Long term conditions and within Community Nursing review pilots.		Year 1	AFR	16	Carer identification is not embedded into anticipatory care models, LTC's and community nursing pilots.
	<b>5.1.2</b>								
	Implementation of NHS Lothian Carer Information Strategy.	NHS Lothian/ G.GRAY	0	Lothian NHS Carer information strategy is implemented		Year 1	WEB	16	NHS-Carer Information Strategy is not implemented
	<b>5.1.3</b>								
	Develop a new city wide strategic post that leads on the NHS Lothian – CIS	NHS Lothian /G.GRAY	0	A new city wide strategic post for lead on NHS-CIS.		Year 1	WEB	16	The post is not filled
	<b>5.1.4</b>								
	Identify additional resources to extend carer co-ordinator posts to both North and South of the city.	Edinburgh CHP/ A.LINDSAY	0	Additional resources are identified to extend the carer co-ordinator posts to both North and South of the city.		Year 1	AFR	16	Additional resources are not found.

<b>5.2</b>	<b>5.2.1</b>								
To ensure systematic and effective carer identification and referral by assessors within local authority in key departments such as Health & Social Care, Children & Families and Services for Communities (Housing).	Continue to make carer assessments a priority and seek to increase quantity and quality.	H&SC/ G.DODDS & M.GREEN	570	Carer assessments are continued to be a priority and quantity and quality increases.		Year 1	WEB	16,17	Carers' Assessments are not seen as a priority
	<b>5.2.2</b>								
	Make improvements in recording of outcomes and unmet needs.	H&SC	0	Improvements in recording of outcomes and unmet needs		Year 1	WEB	10,16,17	No improvements are made
	<b>5.2.3</b>								
	Mandatory Training for all staff who are first line contact with carers offered a comprehensive carer awareness module delivered in conjunction with Carers.	H&SC /M.GREEN	0	All staff who are first line contact with carers are offered a comprehensive carer awareness module		Year 2	AFR	7	Additional funding to deliver training is not available
	<b>5.2.4</b>								
	Ensure that front line staff make use of systems to identify and record the specific needs of young carers and BME carers.	H&SC/C&F/ SFC	0	Front line staff make use of systems to identify and record the specific needs of young carers and BME carers.		Year 1	WEB	10	Systems are not used to record the specific needs of young carers and BME carers

SECTION 5	CARER IDENTIFICATION continued	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators/ Progress Measures	Time-scales	Resources required	Care 21 Reference (s)	Risk(s)
<b>5.3</b>	<b>5.3.1</b>								
To ensure systematic and effective carer identification and referral by voluntary and private sector agencies.	Through new and effective approaches to carer identification and referral, aid carer service provision.	Carer Organisations	0	Use of effective approaches aids new carer identification and referral and service provision.		Year 1	WEB	8	Not achieved
	<b>5.3.2</b>								
	Work with key employers to help with promotion of identifying carers among their workforce.	Carer Organisations	0	By working with key employers, identification of carers is promoted within the workforce.		Year 2	WEB	15	
	<b>5.3.3</b>								
	Raise the profile of carer self assessments within workforce.	Carer Organisations	0	The profile of carer self assessments within the workforce is raised.		Year 2	WEB	15,8	
<b>5.4</b>	<b>5.4.1</b>								
To ensure that outcomes from all the models carer identification and referral are monitored and evaluated to review their effectiveness.	Monitor and measure the outcomes of all models of carer identification and referral across the city.	H&SC,C&F ,NHS Lothian	0	The outcomes from current models of carer identification are monitored and measured.		Year 2	WEB	16	
	<b>5.4.2</b>								
	Evaluate the outcomes of all models of carer identification and referral across the city	H&SC,C&F ,NHS Lothian	0	The outcomes of all models of carer identification and referral across the city are evaluated.		Year2	WEB	16	

	<b>5.4.3</b>								
	Implement any necessary changes to models to address effectiveness of carer identification and referral.	H&SC,C&F ,NHS Lothian	0	Necessary changes to models to address effectiveness of carer identification and referral are implemented.		Year 3	AFR	16	New Additional Funds are not identified
<b>SECTION 6</b>	<b>CARERS ASSESSMENTS</b>	<b>Lead Organisation/ Lead Officer(s)</b>	<b>Baseline</b>	<b>Outcomes</b>	<b>Performance Indicators /Progress Measures</b>	<b>Time-scales</b>	<b>Resources required</b>	<b>Care 21 Reference (s)</b>	<b>Risk(s)</b>
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>6.1</b>	<b>6.1.1</b>								
To provide quality carers assessments in order to best meet the needs of carers and to provide support to them in their caring role which has a positive impact on their health and wellbeing and quality of life.	Regular monitoring and reviewing of all carer assessment tools involving stakeholders and carers.	H&SC/ G.DODDS	0	All carer assessment tools are regularly monitored and reviewed		Year 2	WEB	8,10,13	Carer assessment tools are not regularly reviewed
	<b>6.1.2</b>								
	Continue with system improvements to give key strategic information e.g. unmet needs gained through carers assessments as a planning tool to better inform future planning decisions.	NHS Lothian, H&SC	0	System improvements are continued to give key strategic information.		On-going	AFR	8,10,13	New Additional Funds are not identified

	<b>6.1.3</b>								
	Contribute to developing detailed standards for carers' assessments and the subsequent implementation of these new standards.	H&SC ,NHS Lothian	0	Detailed standards for carers' assessments and the subsequent implementation of these new standards are developed		Year 3	WEB	8,10,13	
	<b>6.1.4</b>								
	Financial welfare benefits assessment should be standard within the carer's assessment and offered each time.	H&SC,NHS Lothian	0	Financial welfare benefits assessment becomes standard within the carer's assessment and offered each time.		Year 3	WEB		
<b>6.2</b>	<b>6.2.1</b>								
To continue to recognise and value the contribution made by carers and ensure they are seen as key partners in care provision to enable them to continue to provide care by offering the best available supports.	Develop and implement a carers' satisfaction tool to monitor responses with the carers assessment process and resulting outcomes.	NHS Lothian, H&SC	0	A Carers' satisfaction tool is developed and implemented to monitor responses with the carer's assessment process and resulting outcomes.		Year 2	WEB	10	
	<b>6.2.2</b>								
	As part of quality assurance, publish the results online with a view to seek continual improvement.	H&SC	0	Publish online the results of carers' satisfaction tool as part of quality assurance with a view to seek continual improvement.		Year 3	WEB		
	<b>6.2.3</b>								
	Promote benefits of assessments for carers to improve uptake.	H&SC, Carer Organisations	570	The benefits of carer assessments are promoted to improve uptake.		On-going	WEB		

SECTION 7	Breaks from Caring and Respite	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators/ Progress Measures	Time-scales	Resources required	Care 21 Reference (s)	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>7.1</b>	<b>7.1.1</b>								
To provide more flexible, innovative person centred short breaks.	Identify new additional money for increased provision of short breaks from caring and respite	H&SC	0	New additional money is identified for increased provision of short breaks and respite.		Year 1	AFR	20,3	Additional funding resources are not identified
	<b>7.1.2</b>								
	Develop local existing provision through service redesign in line with the principles of the new national guidance on respite care.	NHS Lothian, CEC	0	Local existing provision is developed through service redesign in line with the principles of the new national guidance on respite care is developed.		Year 2	AFR	20,3	Additional funding resources are not identified
<b>7.2</b>	<b>7.2.1</b>								
To increase choice and control for carers.	Through implementation of new respite care guidance, increase personalisation of short breaks and respite service provision.	NHS Lothian, CEC	0	Increased personalisation of short breaks and respite service provision.		Year 2	AFR	20,3	Additional funding resources are not identified
	<b>7.2.2</b>								
	Promote uptake of self-directed support and individualised budgets.	H&SC	280	Self-directed support and individualised budgets are promoted		year 3	WEB	20,3	Self -Directed Support & individualised budgets are not promoted

<b>7.3</b>	<b>7.3.1</b>								
To achieve a more co-ordinated city wide approach to respite and short breaks.	Identify additional new finance to appoint a Short Breaks Implementation Officer.	H&SC	0	New money is identified to appoint a Short Breaks Implementation Officer.		Year 1	AFR	20	Short Breaks Implementation Officer is not appointed
	<b>7.3.2</b>								
	Produce excellent online and offline information on Breaks from caring & Respite for carers	H&SC, NHS Lothian	0	Excellent online and offline information on Breaks from caring & Respite for carers is produced.		Year 1	WEB	20	Information is not available
	<b>7.3.3</b>								
	Identify new finance to develop a central short breaks and respite service which aids a single point of access to service.	H&SC, NHS Lothian	0	New finance is identified to develop a central short breaks and respite service which aids a single point of access to service.		Year 3	AFR	20	Funding is not found

<b>SECTION 8</b>	<b>Carer Support (A) Carer Health and Wellbeing</b>	<b>Lead Organisation/ Lead Officer(s)</b>	<b>Baseline</b>	<b>Outcomes</b>	<b>Performance Indicators /Progress Measures</b>	<b>Time-scales</b>	<b>Resources required</b>	<b>Care 21 Reference (s)</b>	<b>Risk(s)</b>
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>8.1</b>	<b>8.1.1</b>								
Ensure carers receive relevant and accessible information and advice on all aspects of care and support, early in their caring journey.	Full and systematic implementation of the NHS Lothian Carer Information Strategy by all partner agencies.	NHS Lothian, CEC and Carer Organisations	0	The NHS Lothian-CIS is fully and systematically implemented by all partner agencies		Year 1	WEB	6	NHS Lothian CIS is not fully implemented
	<b>8.1.2</b>								
	Systematic referral of carers to local carer organisations following identification and assessment.	NHS Lothian, CEC and Carer Organisations	0	Carers are systematically referred to local carer organisations following identification and assessment.		Year 1	WEB		
	<b>8.1.3</b>								
	Achieve a more corporate approach to carer identification by the city's public service agencies.	NHS Lothian, CEC	0	A more corporate approach to carer identification by the city's public service agencies is achieved.		Year 2	WEB		
<b>8.2</b>	<b>8.2.1</b>								
To recognise the emotional impact of caring and ensure carers have access to emotional support, peer support groups and specialist counselling services.	Identify additional funding to support and expand existing services which provide emotional support, including those providing professional counselling to carers.	Carer Organisations	0	Additional resources are identified to support and expand existing services which provide emotional support and individual professional counselling to carers.		Year 1	AFR	16	New Additional Funds are not identified

	<b>8.2.2</b>								
	Identify additional funding to expand therapeutic groupwork programmes for carers.	Carer Organisations	0	Expansion of therapeutic groupwork programmes for carers through identification of additional funding.		Year 1	AFR	16	New Additional Funds are not identified
<b>8.3</b>	<b>8.3.1</b>								
To expand appropriately the level of independent advocacy services available to carers throughout the city.	Identify additional funding to provide independent carer advocacy to at least 200 carers per annum.	Carer Organisations	71	Provision of 200 carer advocacy places through additional funding achieved.		Year 3	AFR		New Additional Funds are not identified
	<b>8.3.2</b>								
	Prioritise the development of crisis advocacy service for carers.	Carer Organisations	0	Crisis advocacy service for carers is developed.		Year 3	AFR		New Additional Funds are not identified
<b>SECTION 8</b>	<b>Carer Support (B) Community Care and Mainstream services</b>	<b>Lead Organisation/ Lead Officer(s)</b>	<b>Baseline</b>	<b>Outcomes</b>	<b>Performance Indicators /Progress Measures</b>	<b>Time-scales</b>	<b>Resources required</b>	<b>Care 21 Reference s</b>	<b>Risk(s)</b>
<b>8.4</b>	<b>8.4.1</b>								
To continue to provide home care support and increase capacity, intensity and flexibility of services to meet expectations.	Through modernisation programme, structure home care services to deliver range of services required.	H&SC	41,572	Home care services are structured to deliver range of services required.		Year 2	WEB	16	Funding does not support the modernisation programme
	<b>8.4.2</b>								
	Increase the number of people receiving 10+ hours per week services.	H&SC		Number of people of people receiving 10+ hours per week services is increased		Year 2	WEB	16	

	<b>8.4.3</b>								
	Increase the capacity of the out of hours support service for people with severe and enduring mental health problems.	H&SC	n/a	The capacity of the out of hours support service for people with severe and enduring mental health problems is increased.		Year 2	WEB	16	
<b>8.5</b>	<b>8.5.1</b>								
Ensure that housing options and home adaptations are promoted widely to all carers.	Active promotion of housing and home adaptations carried out on a rolling programme by Services For Communities.	SFC	0	The rolling programme of housing and home adaptations is actively promoted and carried out.		Year 3	WEB	8	
<b>8.6</b>	<b>8.6.1</b>								
Ensure that the Council's Leisure & Transport policies that into account the lives of carers in order to make as many positive adjustments as possible to reduce barriers to access services.	Work more in collaboration between the local authority's Culture and Leisure Department and carer organisations to develop opportunities for carers' health and well being.	C&L, Carer Organisations	0	Collaborative working between Culture and Leisure Department and Carer organisations is established in order to develop opportunities for carers' health and well being.		Year 4	WEB		
	<b>8.6.2</b>								
	Establish firm links with the Council's Transport Department to continue to make improvements for carers in the city.	CEC, Carer organisations	0	Firm links with the Council's transport department are established in order to make improvements for carers in the city.		Year 5	WEB		

SECTION 9	Financial Support	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators/ Progress Measures	Time-scales	Resources required	Care 21 Reference s	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>9.1</b>	<b>9.1.1</b>								
Ensure unpaid carers are systematically informed and supported to maximise their income and the income of the person they care for.	Develop a group of key partners, including statutory benefit and financial advice agencies, carer organisations and social care partners, to set out and coordinate an annual income maximisation campaign for carers in Edinburgh.	H&SC, Carer Organisations	0	A group of key partners set out and co-ordinate an annual income maximisation campaign for carers in Edinburgh		Year 4	AFR	5,9	Additional funding is not found
<b>9.2</b>	<b>9.2.1</b>								
Broaden financial advice from traditional benefits advice to ensure carers have access to comprehensive financial planning services.	Identify Budgets from any new money for carers and provide training and support to benefits advice and carer support organisations to develop comprehensive financial planning services for carers.	H&SC, Carer Organisations	0	Comprehensive financial planning services for carers are developed through identification of new money.		Year 4	AFR	5,9	Additional funding is not found
	<b>9.2.2</b>								
	Links should be clear to Benefits and Income Maximisation advice on CEC website and NHS Lothian website.	NHS Lothian, H&SC	0	Links are made to Benefits and Income maximisation advice on CEC and NHS Lothian website.		Year 4	WEB	5,9	
	<b>9.2.3</b>								
	Explore new avenues of provision of financial planning services.	Carer organisations	0	New avenues of provision of financial planning services are explored.		year 4	AFR	5,9	New funding to achieve this is not found.

SECTION 10	Carers and Employment	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators /Progress Measures	Time-scales	Resources required	Care 21 Reference (s)	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>10.1</b>	<b>10.1.1</b>								
To continue to provide support to for the diversity of carers who wish to return to work or training for work.	Actively promote the new local authority service, "Working for Families" along with stakeholders and ensure a continued uptake of service.	C&F	0	The new local authority service, "Working for Families" is actively promoted to ensure a continued uptake of service.		Year 1	WEB		
	<b>10.1.2</b>								
	If new funding sources become available, provide local support for carers on low incomes who wish to return to work.	Carer Organisations	0	When funding sources become available, provide local support for carers on low incomes who wish to return to work.		<b>Year 4</b>	AFR		New funding to achieve this is not found.
<b>10.2</b>	<b>10.2.1</b>								
To promote positive life choice of being a carer.	Carry out an audit of those employees who are carers also within Local Authority and Health Board to check adequate levels of support.	CEC,NHS Lothian	0	An audit of those employees who are carers within Local Authority and Health Board is carried out to check adequate levels of support.		Year 4	WEB	16	
	<b>10.2.2</b>								
	Collate through new PRD system for local authority that employees have work/life balance if also a carer.	CEC	0	Through new PRD system for local authority-collate that employees have work/life balance if also a carer.		Year 4	WEB	16	

	<b>10.2.3</b>								
	Identify a budget to enable a regular carer awareness raising day within Local Authority and NHS Lothian for staff.	CEC, NHS Lothian	0	A budget is identified to enable a regular carer awareness raising day for staff within Local Authority and NHS Lothian.		Year 5	AFR	16	Additional funding is not found to achieve
<b>10.3</b>	<b>10.3.1</b>								
Ensure policies and procedures within NHS Lothian and Local Authority allow for carers to work and able to balance with caring role.	Carry out a review of policies and procedures within NHS Lothian that could be disadvantageous to carers ability to work and care.	NHS Lothian	0	A review of policies and procedures within NHS Lothian that could be disadvantageous to carers ability to work and care is carried out.		Year 4	WEB		
	<b>10.3.2</b>								
	Carry out a review of policies and procedures within The City of Edinburgh Council that could be disadvantageous to carers ability to work and care.	CEC	0	A review of policies and procedures within The City of Edinburgh Council that could be disadvantageous to carers ability to work and care is carried out.		Year 4	WEB		
<b>10.4</b>	<b>10.4.1</b>								
To provide a systematic outreach to businesses and employers in the private sector to raise awareness of caring, the needs of carers in employment and encourage employers to apply flexible working practices and carer support	Carer organisations through a series of seminars and workshops engage with local business and employers to raise awareness of carers' needs in employment.	Carer Organisations	0	Through a series of seminars and workshops, carer organisations engage with local business and employers to raise awareness of carers' needs in employment.		Year 3	AFR		New Additional Funds are not identified

SECTION 11	Carers Training	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators /Progress Measures	Time-scales	Resources required	Care 21 Reference s	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>11.1</b>	<b>11.1.1</b>								
Develop a city wide 'Carer Training Partnership' with health, social care and community learning development partners to give strategic direction to future carer training developments in Edinburgh. Contribute to the development of a Lothian wide 'Carer Training Partnership' to inform strategic training developments across the health authority.	Establish remit of group to identify carer training need and priority commitments from all strategic action plans (Long Term Conditions; Learning Disability Review; Physical & Complex Disability Strategy; Live Well in Later Life; NHS Lothian Carer Information Strategy; BME communities, etc)	CEC, NHS Lothian, Carer Organisations	0	Remit is established for City wide Carer training partnership and for a Lothian Wide Carer training partnership		Year1	WEB	4	
	<b>11.1.2</b>								
	Co-ordinate and strengthen joint planning and delivery links between training partners.	H&SC, NHS Lothian & Carer Organisations	0	Joint planning and delivery links is coordinated and strengthened between training partners.		Year 1	WEB	4	
<b>11.2</b>	<b>11.2.1</b>								
Provide carers with opportunities to gain skills and knowledge connected with their caring role and promotes their own health and wellbeing.	Align expert carer training to strategic priorities emerging from long term condition action plans.	H&SC	0	Expert carer training is aligned to strategic priorities emerging from long term condition action plans.		Year 2	AFR	4	New funding to achieve this is not found.

	<b>11.2.2</b>								
	Secure equitable access to 'expert carer' training for at least 400 carers in Edinburgh delivered both locally and centrally.	H&SC,NHS Lothian	300	Equitable access is secured for "Expert Carer" training for at least 400 carers in Edinburgh		Year 2	AFR	4	New funding to achieve this is not found.
	<b>11.2.3</b>								
	Identify initially £40,000 additional funding from carer and long-term condition budgets to consolidate and expand training programmes.	Edinburgh CHP	0	£40,000 additional funding is identified initially from carer and long-term condition budgets to consolidate and expand training programmes.		Year 2	AFR	4	New funding to achieve this is not found.
<b>11.3</b>	<b>11.3.1</b>								
Develop health promotion training initiatives across the city, tailored to meet their immediate and long term health and coping needs.	Scope current provision and gaps in services in each of the city's Local Health Partnership areas, and set out priorities for development.	NHS Lothian, Edinburgh CHP	0	Current provision and gaps in services is scoped in each of the city's Local Health Partnership areas, and set out priorities for development.		Year 2	WEB	4	
	<b>11.3.2</b>								
	Secure local access for 100 carers in each LHP locality to receive stress management, stress reduction training.	Carer organisations	271	Secure local access for 100 carers in each LHP locality to receive stress management, stress reduction training		Year 2	AFR	4	New funding to achieve this is not found.

SECTION 11	Carers Training continued	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators /Progress Measures	Time-scales	Resources required	Care 21 Reference s	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>11.4</b>	<b>11.4.1</b>								
Enable carers to fully engage with the development of learning programmes that meet their individual needs.	Work in partnership with local colleges and training agencies to expand range and choice of course provision available for carers.	Carer Organisations	20%	In partnership with local colleges and training agencies, work to expand range and choice of course provision available for carers.		Year 3	AFR	4	New funding to achieve this is not found.
	<b>11.4.2</b>								
	Ensure access to learning opportunities for 500 carers in Edinburgh per annum through new funding streams if they become available to both consolidate and further develop core programmes.	Carer organisations	282	New funding streams become available to develop core programmes of learning opportunities for 500 carers in Edinburgh per annum.		Year 3	AFR	4	New funding to achieve this is not found.
<b>11.5</b>	<b>11.5.1</b>								
To continue to work in partnership with local education providers and community learning and development partners to offer a range of courses that assist the increase of skills that benefit a return to the workplace.	Identify new funding to provide skills training courses for 200 carers.	Carer Organisations	43	New funding is identified to provide skills training course for 200 carers.		Year 3	AFR	4	New funding to achieve this is not found.
	<b>11.5.2</b>								
	Work with learning support departments in colleges to fully recognise the needs of carers whilst studying.	Carer Organisations	0	Partnership work is achieved with learning support departments in colleges to fully recognise the needs of carers whilst studying.		year 3	WEB	4	

SECTION 12	Black and Minority Ethnic Carers	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators/ Progress Measures	Time-scales	Resources required	Care 21 Reference s	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>12.1</b>	<b>12.1.1</b>								
To ensure that services for carers are accessible and equitable for Black and Minority Ethnic carers.	Prioritise areas for action identified from the Towards 2012 mapping exercise and develop implementation plan.	H&SC/ G.DODDS	0	Areas for action are prioritised from Towards 2012 mapping exercise and implementation plan developed.		year 1	WEB	10	
	<b>12.1.2</b>								
	Monitor uptake of services by BME carers and utilise data to inform future planning and commissioning of services.	H&SC	0	The uptake of services by BME carers is monitored and data utilised to inform future planning and commissioning of services.		Year 2	WEB	10	
<b>12.2</b>	<b>12.2.1</b>								
To ensure all assessments undertaken by the Department of Health and Social Care are culturally competent.	Provide mandatory training for all staff on conducting a culturally competent assessment.	H&SC	50%	Mandatory training for all staff on conducting a culturally competent assessment is provided.		Year 2	WEB	10	
	<b>12.2.2</b>								
	Staff Induction to include training on working with Minority Ethnic carers.	H&SC	200	Staff Induction to include training on working with Minority Ethnic carers.		Year 3	WEB	10	

	<b>12.2.3</b>								
	Devise customer satisfaction tool to monitor experience of BME carers undergoing assessment and feed results into training programme.	H&SC/Carer Organisations	0	Devise customer satisfaction tool to monitor experience of BME carers undergoing assessment and feed results into training programme.		Year 3	WEB	10	
<b>SECTION 13</b>	<b>Older Carers</b>	<b>Lead Organisation/ Lead Officer(s)</b>	<b>Baseline</b>	<b>Outcomes</b>	<b>Performance Indicators/ Progress Measures</b>	<b>Time-scales</b>	<b>Resources required</b>	<b>Care 21 Reference s</b>	<b>Risk(s)</b>
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>13.1</b>	<b>13.1.1</b>								
Ensure effective support of carers who look after an older person and older carers in their own right.	Link this strategy to the Edinburgh Joint Capacity Plan for Older People.	H&SC		This strategy is linked to the Edinburgh Joint Capacity for Older People.		Year 1	WEB	9	
	<b>13.1.2</b>								
	Identify the number of Older Carers supported by Carer Organisations across the city and their range of needs.	H&SC/Carer Organisations		The number of Older Carers supported by Carer Organisations across the city is identified along with the range of their needs.		Year2	WEB	9	
<b>13.2</b>	<b>13.2.1</b>								
To develop a range of flexible services tailored to meet the needs of individual older carers.	If new additional funding sources become available, then increase flexible, person centred support for older carers.	H&SC,NHS Lothian	0	Flexible, person centred support for older carers is increased due to new additional funding sources		Year3	AFR	11,16	Additional Funding is not achieved

	<b>13.2.2</b>								
	Increase levels of one to one support to older carers who care for an older person with high level needs.	H&SC	0	Levels of 1:1 Support increased to older carers who care for an older person with high level needs.		Year 4	AFR	11,16	Additional Funding is not achieved
	<b>13.2.3</b>								
	Seek solutions for further improvements to services that meet the needs of older carers from black and minority ethnic groups.	H&SC	0	Solutions for further improvements to services that meet the needs of older carers from black and minority ethnic groups.		Year 4	WEB	10	
<b>13.3</b>	<b>13.3.1</b>								
To ensure the health needs of older carers are regularly reviewed along with their ability to continue caring by GP practices and community health staff.	LHP staff set up review systems for priority older carers, 75+ to screen health and ability to continue to care.	Edinburgh CHP	0	LHP staff set up review systems for priority older carers, 75+ to screen health and ability to continue to care.		Year 2	AFR	16	New Additional Funds are not identified
	<b>13.3.2</b>								
	Older Carers are supported to manage long term conditions within their Local Health Partnership.	Edinburgh CHP/ A.LINDSAY, C.BEVERIDGE	0	Support is provided to Older Carers to manage long term conditions within their LHP.		Year 2	AFR	16	New Additional Funds are not identified

SECTION 14	Young Carers	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators/ Progress Measures	Time-scales	Resources required	Care 21 Reference s	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>14.1</b>	<b>14.1.1</b>								
By 2012 processes are in place to ensure systematic identification, referral and support of young carers, through appropriate services.	To respond to national policy developments and recommendations, by developing a strategic approach to the identification and support of young carers through schools and social care services in Edinburgh.	H&SC,C&F	0	A strategic approach to the identification and support of young carers is established		Year 1	WEB	2	A strategic approach is not identified.
	<b>14.1.2</b>								
	Develop and implement a protocol between the Health and Social Care and Children and Families Departments for the assessment, referral and support of young carers.	C&F, H&SC	0	The new protocol for the assessment, referral and support of young carers is developed and implemented.		Year 1	WEB		
	<b>14.1.3</b>								
	To work with adult service providers to avoid an inappropriate caring role being taken on by children and young people.	H&SC,C&F	0	Inappropriate caring roles taken on by children and young people are avoided		Year 2	WEB	2	
	<b>14.1.4</b>								
	To actively support young carer services to secure appropriate funding to meet the identified needs of young carers.	C&F	0	Appropriate funding is secured to meet the identified needs of young carers through young carer services.		Year 3	AFR	2	Funding is not secured

<b>14.2</b>	<b>14.2.1</b>								
In our work to support young carers steps will be taken to identify their physical and mental health needs.	Work with partners to identify and publicise health-focussed initiatives for young carers.	Edinburgh CHP	0	Identification and publicity for health-focussed initiatives for young carers		Year 4	AFR	2,16	New Additional Funds are not identified
<b>14.3</b>	<b>14.3.1</b>								
To ensure systematic implementation of NHS Lothian's responsibilities fro young carer support, in line with Government guidance on Carer Information Strategies.	Raise awareness with NHS practitioners of the needs of young carers in Edinburgh and of local support agencies who work with young carers.	NHS Lothian/ Edinburgh CHP	0	Awareness is raised with NHS practitioners of the needs of young carers in Edinburgh and of local support agencies who work with young carers.		Year 1	WEB	2	
	<b>14.3.2</b>								
	Develop and implement protocols for systematic identification and referral of young carers by health practitioners	NHS Lothian/ Edinburgh CHP	0	Protocols for systematic identification and referral of young carers by health practitioners are developed and implemented.		Year 2	WEB	2	
	<b>14.3.3</b>								
	Seek Additional resources from new NHS Lothian Carer Information Strategy Budgets to directly support young carers in Edinburgh.	NHS Lothian /Edinburgh CHP	0	Additional resources from new NHS Lothian Carer Information Strategy Budgets are found to directly support young carers in Edinburgh.		Year 1	AFR	2	New Additional Funds are not identified

SECTION 15	Commissioning Framework	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators /Progress Measures	Time-scales	Resources required	Care 21 Reference (s)	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>15.1</b>	<b>15.1.1</b>								
Establish an accurate picture of current expenditure on carers in Edinburgh	Carry out an audit of expenditure within each client group, to produce a report on level of funding to support carers.	CEC, NHS Lothian	0	An audit of expenditure within each client group, to produce a report on level of funding to support carers is carried out.		Year1	WEB	21	
	<b>15.1.2.</b>								
	Extend this audit to other departments who provide support services to carers such as Services for Communities and Children & Families.	SFC,C&F	0	The audit is extended to other departments who provide support services to carers such as Services for Communities and Children & Families.		Year 2	WEB	21	
	<b>15.1.3.</b>								
	NHS Lothian to establish clear picture of level of funding to carer organisations/projects.	NHS Lothian	0	NHS Lothian establishes a clear picture of level of funding to carer organisations/projects		Year 1	WEB	21	
<b>15.2</b>	<b>15.2.1.</b>								
Increase funding security and increase expenditure on carers support services.	On an incremental basis, aid carer organisations and projects move towards Service Level Agreements.	H&SC, NHS Lothian	0	On an incremental basis, carer organisations and projects are aided to move towards Service Level Agreements.		Year 5	WEB		

	<b>15.2.2</b>								
	Work with carer organisations and carer projects to broaden their funding streams from other sources to invest in their non core services.	H&SC,NHS Lothian	0	By working with carer organisations and carer projects their funding streams from other sources are broadened to invest in their non core services.		Year 5	WEB		
	<b>15.2.3</b>								
	Work with carer organisations and carer projects to consolidate resources where appropriate when working in same locality delivering similar service to carers.	H&SC,NHS Lothian	0	Through working with carer organisations and carer projects, resources are consolidated where appropriate when working in same locality delivering similar service to carers.		Year 4	WEB		
<b>15.3</b>	<b>15.3.1</b>								
Build a strong portfolio of quality carer services both local and city wide.	Ensure that local city planners of all client groups' in their strategic plans, prioritise and identify funding for continual expansion of carers services/resources in the city to meet the increasing volume of carers and their needs.	NHS Lothian ,H&SC	0	Local city planners of all client groups' in their strategic plans, prioritise and identify funding for continual expansion of carers services/resources in the city to meet the increasing volume of carers and their needs.		Year 5	AFR		New Additional Funds are not identified

<b>SECTION 16</b>	<b>Future Provision of Carer Support</b>	<b>Lead Organisation/ Lead Officer(s)</b>	<b>Baseline</b>	<b>Outcomes</b>	<b>Performance Indicators/ Progress Measures</b>	<b>Time-scales</b>	<b>Resources required</b>	<b>Care 21 Reference (s)</b>	<b>Risk(s)</b>
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>16.1</b>	<b>16.1.1</b>								
Establish future need and service priorities.	Identify key priorities for the provision of local carer support and specialist carer services, to ensure equitable access and support across the city.	CEC,NHS Lothian	0	Key priorities for the provision of local carer support and specialist carer services are identified to ensure equitable access and support across the city.		Year 3	WEB		
	<b>16.1.2</b>								
	Strengthen working relationships between carer organisations, centres and projects.	Carer organisations	0	Working relationships between carer organisations, centres and projects is strengthened.		Year 2	WEB		Carer organisations and projects do not work in partnership
<b>16.2</b>	<b>16.2.1</b>								
Ensure investment in local and specialist provision, in line with national and local priorities, and establish a stable funding framework for carer support organisations.	Review of funding sources and statutory funding to ensure a stable base of service locally and citywide.	H&SC,NHS Lothian	0	Funding sources and statutory funding is reviewed to ensure a stable base of service locally and citywide.		Year 4	WEB	22	

	<b>16.2.2</b>								
	Through identification of new funding for carer support, invest in appropriate service developments and carer support organisations to meet local and future needs of carers.	NHS Lothian, H&SC	0	Invest in appropriate service developments and carer support organisations to meet local and future needs of carers, through identification of new funding for carer support.		Year 5	AFR		New funding is not found
<b>16.3</b>	<b>16.3.1</b>								
To ensure robust planning frameworks are in place for carer planning throughout the city	Review of the Carers SDG and implement recommendations.	H&SC	0	A review of the Carers SDG carried out and implement recommendations.		Year 1	WEB		
	<b>16.3.2</b>								
	Review of carer partnerships and carer forum structures in the city and implement recommendations.	H&SC	0	A review of the carer partnerships and carer forum structures in the city is carried out and implement recommendations.		Year1	WEB		

SECTION 17	Implementation, Monitoring & Evaluation	Lead Organisation/ Lead Officer(s)	Baseline	Outcomes	Performance Indicators /Progress Measures	Time-scales	Resources required	Care 21 Reference s	Risk(s)
<b>Strategic Objectives</b>	<b>Actions</b>								
<b>17.1</b>	<b>17.1.1</b>								
To regularly measure the outcomes from the implementation of the strategic action plan.	Prepare regular bi-yearly update reports to the Carers Strategy Development Group(SDG)	H&SC	0	Regular bi-yearly reports are produced to the Carers SDG		Year 1	WEB	21	Reports are not produced
	<b>17.1.2</b>								
	Conduct and produce a formal annual review of progress to date.	H&SC	0	A formal annual review of progress to date is carried out.		On-going annually	WEB	21	Annual review not carried out
<b>17.2</b>	<b>17.2.1</b>								
To ensure that all Client Strategy Development Groups (SDGs) clearly identify carer needs and seek to provide adequate support.	Regularly audit action taken in support of carers or unmet needs across all client strategy development groups and report this to Carers SDG annually.	H&SC	0	Reports of actions taken in support of carers or unmet needs across all client SDG's produced and reported to Carers SDG annually.		On-going annually	WEB	21	Reports are not produced
	<b>17.2.2</b>								
	Continue to make improvements to recording systems both in the Local Authority and Health Board for recording information on carers and support offered.	CEC,NHS Lothian	0	Improvements to recording systems are made in both in the Local Authority and Health Board for recording information on carers and support offered.		Year 5	WEB	21,22	Improvements not made

	<b>17.2.3</b>								
	Carer organisations and projects to produce on a regular basis, levels of service provision along with unmet needs.	Carer Organisations /carer projects	0	Carer organisations and projects produce on a regular basis, levels of service provision along with unmet needs.		Year 2	WEB	22	Reports are not produced
<b>17.3</b>	<b>17.3.1</b>								
To evaluate the strategic action plan on a regular basis.	On an annual basis, consult with carers and carer organisations on the effectiveness of the strategy.	H&SC, Carer Organisations	0	On an annual basis, carers and carer organisations are consulted on the effectiveness of the strategy.		On-going annually	WEB	12	No consultation occurs
	<b>17.3.2</b>								
	Develop a more interactive Council website which can allow for regular comments to be made by carers in regards to the strategy over its lifetime.	CEC	0	A more interactive Council website is developed which can allow for regular comments to be made by carers in regards to the strategy over its lifetime.		Year 5	WEB	12	Improved website not achieved

## Appendix C: Care 21 Report- Recommendations

1. We recommend that the Scottish Executive should develop a Carers' Rights Charter in Scotland.
2. We recommend that a national forum representing the views of young carers be established and supported by a separate Young Carers Strategy.
3. We recommend that a range of measures to enable greater control and choice (including shifting the balance of "Purchasing powers" to carers and users) be fully explored by the Scottish Executive.
4. We recommend the development of a national "expert carer" programme. This should include training for people to develop their own caring skills, knowledge and expertise.
5. We recommend that all frontline staff with direct responsibilities for supporting the needs of carers in "first contact" agencies ( local authorities, health & voluntary orgs) are properly equipped to advise carers about their rights, entitlements and available services.
6. We recommend NHS Carer Information Strategies should be implemented as an early priority in all localities and that the requirements are extended to include local authorities.
7. We recommend that professional training for all health and social care staff should include a substantial component which relates to unpaid carers as partners in care, carers' needs and the diversity of the unpaid caring experience.
8. We recommend a greater role for carer representative organisations in the joint planning and development of care and other services (especially housing, leisure and transport) at a national and local level.

<p>9. We recommend that the Scottish Executive and other policy makers integrate the issues facing unpaid carers into their policy development and planning processes.</p>
<p>10. We recommend that service providers ensure that they meet the needs of the whole caring community, taking account of carers with special needs and the specific cultural and language needs of minority ethnic groups.</p>
<p>11. We recommend that the SE continues to update the Carers' Strategy to incorporate the impact of demographic and social change and to plan for resourcing of future need.</p>
<p>12. We recommend that Carers' Organisations should have a greater role in the inspection of local services that support unpaid carers and users.</p>
<p>13. We recommend that LA's should work with unpaid carers to develop person-centred life plans alongside the established carers' assessment process.</p>
<p>14. We recommend that the UK Government complete an early review on carers' benefit entitlements, tax credit and pensions with a particular focus on removing the barriers to work which are inherent in the way current financial arrangements are constructed.</p>
<p>15. We recommend that the UK Government should develop a national awareness campaign to ensure that employers of all sizes are made aware of both their roles and their responsibilities towards carers, and the overall contribution of unpaid carers.</p>
<p>16. We recommend that the SE, LA's and NHS Agencies along with partner agencies, focus strongly on the health and well-being of unpaid carers.</p>

17. We recommend that issues facing unpaid carers are given proper consideration when new technology is applied to caring situations.

18. We recommend that Scotland's existing network of local carer support organisations is strengthened.

19. We recommend that national carer organisations focus on their collective role as the "voice of carers" and coordinate effectively their capacity in the planning, development and monitoring of carer policy and support services.

20. We recommend that as an urgent priority the Scottish Executive develops a national strategic framework with service providers to ensure unpaid carers are given a statutory entitlement to appropriate short breaks and breaks from caring.

21. We recommend that the report's recommendations are incorporated into providers' performance management systems and progress monitored by the SE and where appropriate, relevant regulatory and inspection bodies.

22. We recommend that good policy must continue to be based on good research including reliable statistical evidence with attention to the diverse experiences of unpaid carers.

## Appendix D- Glossary of terms

Term used	Meaning
COPD	Chronic Obstructive Pulmonary Disease
DES	Directed Enhanced Services
PHCT	Primary Health Care Team
LA	Local Authority
PCMS	Primary Care Modernisation Strategy
SPARRA	Scottish Patients at Risk of Readmission and Admission
SE	Scottish Executive
SSA	Single Shared Assessment
NHS-CIS	National Health Service- Carer Information Strategy

## Appendix E- Membership of Towards 2012 Project Planning Team

Gordon Dodds, (Project Leader)	Planning and Commissioning Officer (Carers), Health and Social Care Department, The City Of Edinburgh Council
Gordon Gray	Assistant Programme Manager (Older People), Lothian NHS Board
Sebastian Fischer	Chief Executive, VOCAL ( Voice of Carers Across Lothian)
Dinah Aitken	Accessibility Strategy Manager, Children & Families Department, The City of Edinburgh Council
Ruth MacLennan	Carer Development Support Worker, Care for Carers
Suzanne Munday	Manager, MECOPP
Madeline Martin	Carer Co-ordinator, North East Edinburgh Local Health Partnership
Craig Beveridge	Assistant General Manager, Edinburgh Community Health Partnership
Olive Bain	Acting Housing Support Manager, Services for Communities, The City Of Edinburgh Council
Kenny Raeburn	Finance Manager, Finance Department, The City of Edinburgh Council

欲查詢本文件的中文翻譯，請致電愛丁堡市議會傳譯及翻譯服務部(ITS)，電話 0131 242 8181 並說明檔案編號 08322。

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