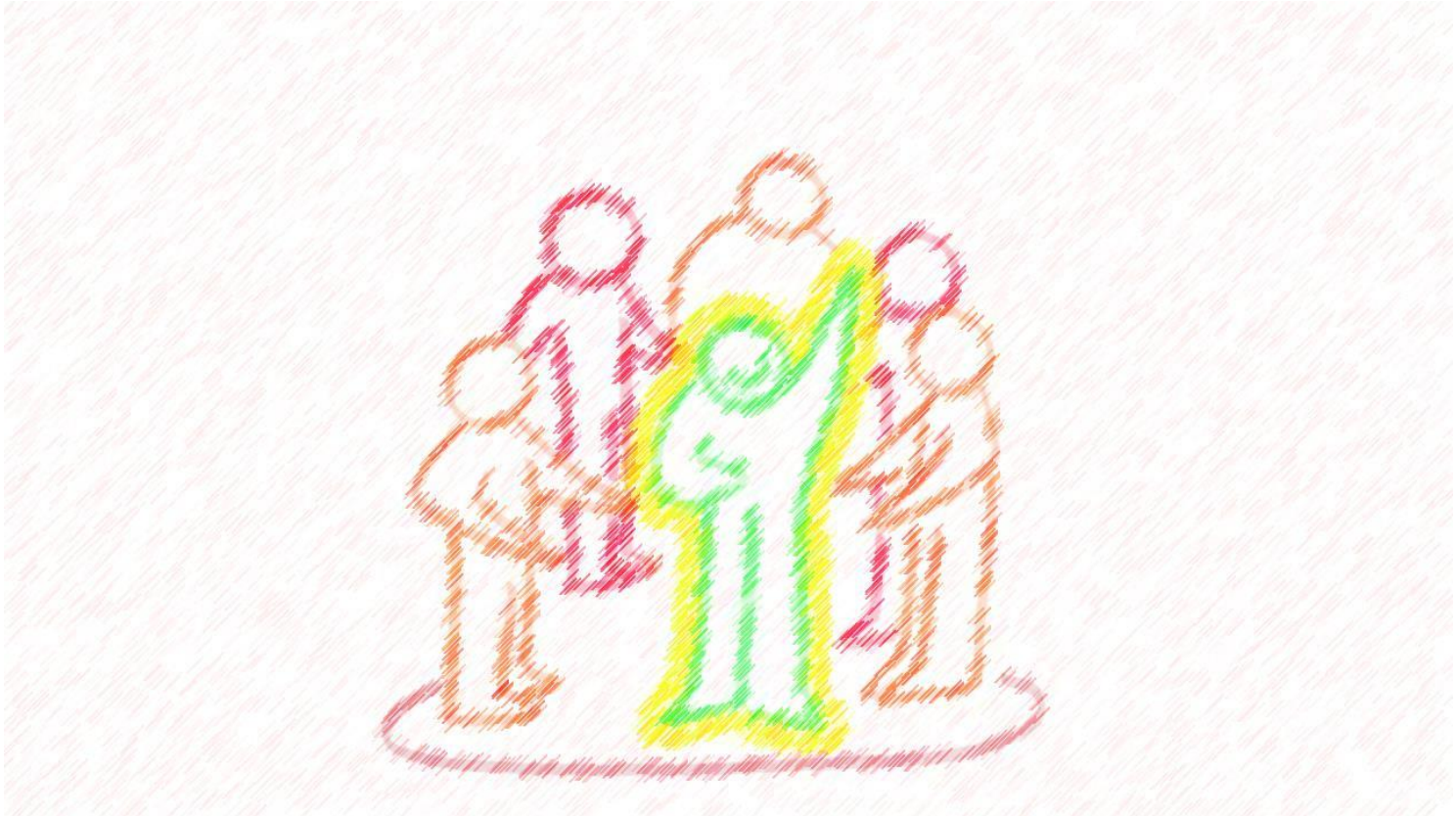




## **Aberdeen City Strategy for Carers (2018 – 2021)**



## **A Life Along-side Caring**



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## 1. Introduction

On 1<sup>st</sup> April 2018 the Carers (Scotland) Act 2016 comes into effect. The Act extends and enhances the rights of carers in Scotland. This is to help improve their health and wellbeing so that they can continue to care, if they so wish, and support their ability to have a life alongside caring.

The Act places a duty on local authorities and health boards to prepare a local Carers Strategy covering both adults and young carers. Aberdeen's strategy consequently encompasses all ages and relates equally to young carers as it does to adult carers. The strategy sets out how the Aberdeen City Health and Social Care Partnership (ACH&SCP) and the Integrated Children's Services Partnership (ICSP) intends to deliver the requirements of the Act particularly in relation to: -

- identifying both adult and young carers,
- understanding the care that they provide and their support needs, and
- providing comprehensive and easily accessible information on the type of support available as well as how and where to get it.

The role of unpaid carers is highly valued. One of the priorities of ACH&SCP's Strategic Plan is to: -

***“Value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired.”***

The AH&SCP is committed to delivering on the nine National Health and Wellbeing Outcomes. Outcome six is: -

***“People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.”***

ACH&SCP's commitment is that the significant role of unpaid carers will be recognised, that their views will be included, that their health and wellbeing will be nurtured and the impact of their caring role on their everyday lives reduced.

The ICSP are committed to ensuring that young carers are seen as children and young people first and foremost and that any caring responsibilities that they undertake are appropriate and have regard to their age and maturity.

The development of this strategy was co-ordinated by a Steering Group with representatives from the AH&SCP, the ICSP, third and independent sectors, and



carer representatives. It was informed by the output from various workshops, a Carers Conversation programme, and the work of various sub groups of the Steering Group looking at the different requirements of the legislation. Following consultation with relevant stakeholders, the strategy was approved by the Integration Joint Board (IJB) on XX, XXXX, XXXX, the Integrated Children's Services Board (ICSB) on XX, XXXX, XXXX, and Aberdeen City Council on XX, XXXX, XXXX. It will be published on the AH&SCP's and the ICSP's websites and will be reviewed and refreshed in three years' time.

Delivery of the strategy will be driven by a Carer's Strategy Implementation Group (CSIG) which will have a similar membership as the Steering Group in that it will again include representatives from the AH&SCP, the ICSP, third and independent sectors, and carer representatives. The IJB, ICSB and Aberdeen City Council will oversee the delivery via annual reports on progress.

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## 2. Legislative Changes

There are four key legislative 'drivers' which significantly change the way in which we work with carers:

- a) Social Care (Self-directed Support) (Scotland) Act 2013
- b) Public Bodies (Joint Working) (Scotland) Act 2014
- c) Children and Young People (Scotland) Act 2014
- d) Carers (Scotland) Act 2016

### a) Social Care (Self-directed Support) (Scotland) Act 2013

The Social Care (Self-directed Support) (Scotland) Act 2013 (SDS), gives people a range of options for how their social care is delivered, and empowers them to decide how much on-going control and responsibility they want over their own support arrangements. The Act places a duty to offer people four choices as to how they receive their social care support. The choices are:

- **Option 1** - Direct Payments (i.e. money is paid directly to the individual and they arrange their own support by employing care staff or buying services from one or more organisations).
- **Option 2** - Individual Service Fund (i.e. the individual selects the support they require and either the local authority or a third party arranges it. Payment is arranged by the local authority).
- **Option 3** – Local authority arranged care (i.e. the individual asks the local authority to choose and arrange the support that they require).
- **Option 4** - A mix of options 1, 2 and 3.

The Act contains some other duties and powers. For example, a power to support carers and a duty to provide support and information to help individuals make an informed choice.

Carers may be asked to get involved with helping the cared-for person decide what kind of support they want and what option they choose. They may also be asked to ensure that the support they get works for both the carer and the cared-for person and that it complements the care provided by the care. If an Adult Carer's Support Plan (ACSP) or Young Carer's Statement (YCS) indicates that support for the carer





is required, they should also be offered the four options under SDS for the provision of that support.

## **b) Public Bodies (Joint Working) (Scotland) Act 2014**

The Public Bodies (Joint Working) (Scotland) Act 2014 provided the framework for integrating health and social care services.

ACH&SCP was established on 1 April 2016. The main purpose of this integration is to improve the well-being and outcomes of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. One of the high priorities of the ACH&SCP's Strategic Plan, is to improve outcomes for, and the lives of, carers. Following an open and transparent process there are two carers who are now members of the Integrated Joint Board (IJB), demonstrating the partnership's commitment to carers. Aberdeen was one of the first partnerships to make such appointments in Scotland.

Our challenge is that for both the carer and the cared-for person, we are able to evidence how our integrated services will provide them with an improved quality of experience. This is likely to have to be achieved at a time of severe pressure on resources.

## **c) Children and Young People (Scotland) Act 2014**

The Children & Young People (Scotland) Act 2014 became law on 27 March 2014 and contained several changes to how children and young people in Scotland are cared for. The Act strengthens the rights of children and young people in Scotland in line with the United Nations Convention on the Rights of the Child (UNCRC) and encourages Scottish Ministers and Public Bodies to think about these rights and how they relate to their work. It has also created new systems to support children and young people and to help identify any problems at an early stage, rather than waiting until a child or young person reaches crisis point. The Act also enshrined the principles of Getting It Right For Every Child (GIRFEC) into legislation. The central aim of GIRFEC is to make Scotland the best place in the world for children and young people to grow up in. GIRFEC also introduced the Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (SHANARRI) indicators by which all children's outcomes should be assessed. The Act also: -

- ensured that Health Boards and Local Authorities make a Named Person available to every child and young person.
- increases the powers of Scotland's Commissioner for Children and Young People



- made changes to early learning and childcare.
- provided extra help for looked after children and care experienced young people.
- provided free school dinners for children in Primary 1-3.

## d) Carers (Scotland) Act 2016

This Act will come into effect from April 2018 and aims to give carers and young carers new rights, whilst bringing together all the rights carers currently have, under one piece of legislation.

Importantly, the Act brings changes to how carers can access support through 'Adult Carer Support Plans' and 'Young Carers Statements'. Under previous legislation, a carer had to provide 'regular and substantial' care in order to access a support plan. This has been removed and all carers will be entitled to one, if they want one. Additionally, the new Act requires a focus on assessing the needs of the carer separately from the needs of the cared-for individual.

The Act also brings a range of new duties and powers:

<b>Adult Carer Support Plans &amp; Young Carers Statements</b>	These plans will replace carers' assessments and consider a range of areas that impact on a carer. Young Carer statements must also be produced.
<b>Eligibility Criteria</b>	Eligibility criteria for access to social care services for carers must be published. However, not all support offered to carers will be subject to the criteria.
<b>Carer Involvement</b>	Carers must be involved in both the development of carers services and in the hospital discharge processes for the people they care for.
<b>Local Carers Strategies</b>	Local Carers' strategies, such as this one, must be produced and reviewed within a set period.
<b>Information and Advice</b>	An information and advice service must be provided for relevant carers, with information and advice about rights, advocacy, health and wellbeing (amongst others)
<b>Short Breaks Statements</b>	To prepare and publish a statement on short breaks available in Scotland for carers and cared for persons.



### **3. Consultation and Engagement**

In order to inform the development of the Strategy and its Action Plan, we have sought the views of carers across Aberdeen. The Carers Strategy Steering Group included representatives from ACH&SCP, the ICSP, the third sector, the independent sector and carers.

In addition, we have spoken to many carers throughout the city through a programme of 'Carers Conversations'. This programme had a number of parts including:

- a large-scale event for Carer Organisations
- a large-scale public 'drop-in' event for carers
- survey consultation including the City Voice survey and a 'Carers Conversation' questionnaire developed by the group
- formal and informal carer's conversations – attending carers meetings; 1:1 conversations and group conversations.

It is estimated that approximately 1000 carers were able to provide their views on what is important to them in this way. These consultation and engagement activities were valuable sources of information and it is intended that similar events will be repeated throughout the lifespan of this strategy to test how we are doing with its implementation as well as providing an opportunity to revise if necessary.

### **4. Equality, Diversity and Human Rights**

The principles of equality, diversity and human rights are the underpinning rights for all carers. Carers reflect the diversity of Scotland's population. We will work to ensure that carers are aware of their rights under this legislation and that no carer is disadvantaged due to age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity, race; religion or belief; or sex or sexual orientation, in line with the Equality Act 2010.

All children and young people have an established set of rights and principles based on the United Nations Convention on the Rights of the Child. These say that nobody should treat a child or young person unfairly and that when adults make a decision about a child or young person it is what's best for the child or young person that should be the most important thing to consider. The child or young person must have their say too.





As an adult or young carer, being aware of their rights and those of the person they care for can help both get fair access to things that most people take for granted.

## 5. Vision, Principles and Values

We recognise that our services across health, social care, education, third and independent sectors need to better support children, young people and adults in a caring role including, in some areas, improving practices and culture. Without carers' vital contribution the health and social care 'system' could not survive.

The focus of Aberdeen City Health and Social Care Partnership is on support in localities, rather than institutional care; increased personalisation of services and choices; and working to improve the outcomes for carers.

The Integrated Children's Services Partnership focuses its work through outcome groups based on the SHANARRI indicators. Each of these looks to ensure that services are developed to meet the needs of all children and young people including young carers.

### Vision

***Caring is recognised for its vital contribution. Organisations communities and citizens work together to ensure that carers in Aberdeen are fully valued, respected and supported.***

### Principles

Under-pinning the vision and values stated throughout this strategy, are the 'Equal Partners in Care' (EPIC) Principles:

- Carers are identified.
- Carers are supported and empowered to manage their caring role.
- Carers are enabled to have a life outside of caring.
- Carers are fully engaged in the planning and shaping of services.
- Carers are free from disadvantage or discrimination relating to their role.
- Carers are recognised and valued as equal partners in care.



<b>V A L U E S</b>	<ul style="list-style-type: none"> <li>• Equality of Access</li> <li>• High Quality</li> <li>• Collaboration</li> <li>• Integration</li> <li>• Localisation</li> </ul>
<b>S T R A T E G Y</b>	<ul style="list-style-type: none"> <li>• Identify all those with a caring role in Aberdeen City (even those who may not see themselves as carers). (EPIC 1)</li> <li>• Meaningfully engage on an ongoing basis with carers. (EPIC 2)</li> <li>• Support carers to maintain their health and wellbeing. (EPIC 3 &amp; 5)</li> <li>• Increase the profile of carers and the recognition of their unique contribution. (EPIC 4)</li> <li>• Further develop our staff to increase carer support. (EPIC 2)</li> <li>• Ensure Aberdeen becomes the most 'Carer Positive' City in Scotland.</li> </ul>

## **We want Carers in Aberdeen City to be able to say:**

"I was supported to identify as a carer and was able to access the information I needed"

"I am respected, listened to and involved in planning the services and support the person I care for receives"

"I am fully supported, as a carer, to manage my caring role"

"I am supported to have a life alongside caring, if I choose to do so"





## 6. Who is a carer?

The Carers (Scotland) Act 2016 defines a carer as: -

***“an individual who provides or intends to provide care for another individual (the “cared-for person”)”***

***A “Young Carer” is someone who is under the age of 18, or over 18 but still at school.***

***An “Adult Carer” is someone who is 18 years old or over and not a Young Carer.***

A carer can come from all walks of life; be any age, including young children; employed, in education or neither; and they can have other responsibilities in terms of family to look after.

A carer can provide care for a few hours a week or 24/7. The care they provide can be light touch or intensive. Some carers have to care for more than one person, which presents unique challenges. They may have had a caring role their whole life or it may be for only a short time.

The “cared-for person” can often be a family member, friend or neighbour. They can also be young or old and have a range of care needs from support within the home, to help with getting out and about, to end of life care. Some cared-for people may have multiple care needs.

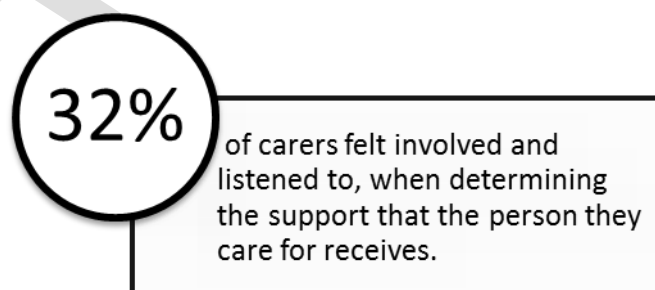
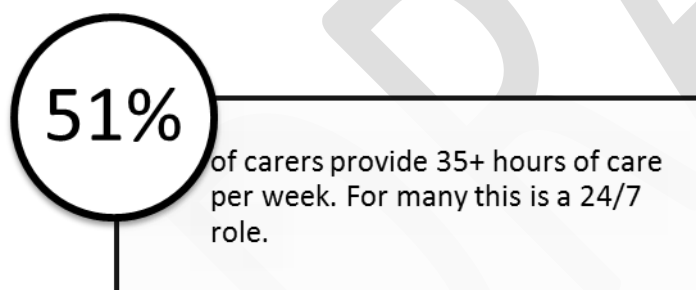
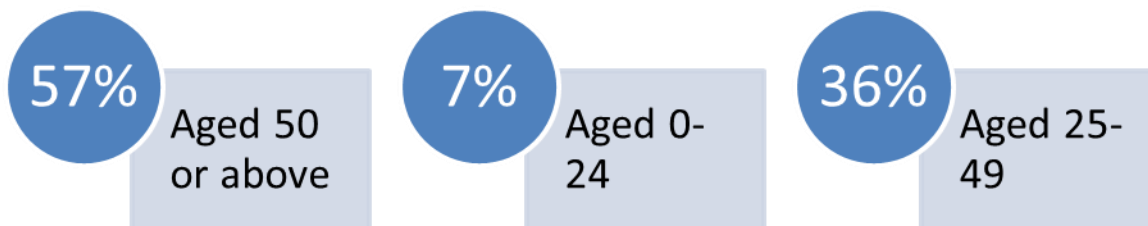
Many people providing care do not see themselves as a ‘carer’. They are first and foremost a husband, wife, son, daughter, or friend, who is undertaking acts of kindness, perhaps sometimes seen as duty, for their loved one.

There are, however, some communities of carers we know very little about, most notably: refugees, asylum seekers, gypsy travellers and carers who themselves have disabilities, including learning disabilities.

For the purposes of the legislation and this strategy though, all of these people are defined as “carers”.



## Carer Profile Aberdeen City





## Carer's Stories

"I was at school when my father had his first heart attack. I remember being very unsure as to what was really happening. Going to school and not knowing how to express how I felt and how to handle the instability of the future. It was equally difficult as my mum was upset. I had never witnessed my mum upset before. In many ways I felt I had to lie to my mum and play down what was happening so she wouldn't worry so much. This led her to believing that I wasn't as concerned about my father as I should be.

As an adult I am better equipped to deal with these emotions and circumstances.

My daily routine consists of going to work full time. During my break at work I will call my father and see how he is. I tend to see my father about 4 times a week. I am extremely active in my community and attend various meetings. I have learned to juggle my time to fit caring for my father, working and attending meetings. There's always a constant worry if you hear the telephone ring and it's late at night or an unknown number as your first thought is that something is wrong with dad. I have very little time to attend social activities with friends as dad comes first. If I do attend anything I try and bring him along too.

I like him enjoying an evening even if it's only for an hour or so. Positively it's enabled me to be more understanding of the struggles that people go through and it's made me a more caring and non-judgmental person. Even though I have had to juggle time and put my caring role first there are many positive sides to caring. It can provide you with a whole host of knowledge and in fairness I've never met a better chess player than my dad! Caring is not an easy job. You will be tired, stressed, worried, unsure, and anxious at times too but there is help at hand. If you feel this way you need to tell someone so support can be provided."





My husband was diagnosed with Alzheimer's and vascular dementia over 18 months ago following over a year of noticing changes.

He thinks he is still capable of most things but can no longer work the microwave which he has been using for years. The intruder alarm is now also a problem and other everyday things. It seems that number order is a problem along with his memory for names and places.

For me it is extremely difficult to leave him because of these things and the fact that he wants to be with me all the time. Also, recently we have entered the realms of delusion and I fear for what might happen if he was alone or out. These experiences really frighten me.

When this came into our lives I was already extremely exhausted with caring for my elderly mother and family with health problems. On top of these I am now feeling grief as bits of my husband – of 53 years – character which made me love him are fading as he changes. I love him deeply and the changes hurt. I am depressed and frightened for the future as I do not know how I will cope without help. He can do many things including driving and does not believe he has any problem whereas I am losing such a lot of my life. And not just the luxuries! I stopped having coffees with a couple of friends as he didn't want me to go. I have forgotten what it is like to look around a shop. Now, I badly need new underwear!! I REALLY need quiet time and I cannot get it.

We have a small group of friends and as he doesn't feel there is anything wrong I can hardly ask them to amuse him. He would wonder what was going on. It all sounds and feels so bad, but when the moments come when he lets me help with tasks like tablets or injections or trusts my word on his doubts or delusions it is wonderful."



Cara's mum has a long history of poor mental health. Cara (14) is increasingly taking the role of a young carer due to mum's poor health both physically and emotionally. She can present as mature but it can be a pseudo-maturity as she will often revert to being "young" when mum's mental health is good. She has had several house and school moves and has fallen behind with education due to this.

Cara is socially isolated and is increasingly using social media. Mum has a lack of awareness of internet safety and there is concerns regarding inappropriate TV programmes on Netflix.

This is what Cara says: -

'Being a young carer is like role reversal – parenting a parent. I have to remind my mum to take her medication or to eat breakfast. It is a stressful complicated life. I want to go out with my friends but I can't because I am too worried about something happening at home.

One day my French teacher was very cross at me after I had been up all night with my mum and I found it hard to concentrate in class. I usually love French but all I wanted to do was go home and check up on my mum. It was the longest day. All I did was worry about my mum. I stopped going to French class after that.'

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## 7. How many people are carers?

It's difficult to estimate the numbers of carers for a number of reasons including:

Caring activities can often be seen as just a part of the relationship and the term 'carer' can seem alien to people.

Caring often starts at a low intensity so can go unnoticed.

Accepting the identity of carer means acknowledging the other person needs care, which can be difficult.

There may be a general lack of awareness of the role of a carer

Accurately identifying the number of young carers is even more challenging. Many young people will not identify themselves as a young carer for a number of reasons.

- They do not realise that they are a carer or that their life is different to their peers.
- They don't want to be any different from their peers.
- They believe that the school will show no interest in their family circumstances.
- They want to keep their identity at school separate from their caring role.
- It's not the sort of thing they feel can be discussed with friends.
- There has been no opportunity to share their story.
- They are worried about bullying.
- They worry that the family will be split up and taken into care.
- They want to keep it a secret and/or are embarrassed.
- They see no reason or positive outcome as a result of telling their story.

It is our responsibility to educate not only professionals to assist in the identification but also to inform young carers and people who support them of their right to identify themselves if they so wish and what this would mean for them.



The Scottish Health Survey (SHeS) estimates that there are 759,000 adult carers and 29,000 young carers (under the age of 16) in Scotland.

These individuals are critical to health and social care in Scotland, as the estimated value of the care provided is huge and nearly the equivalent of the entire NHS Scotland budget<sup>1</sup>:

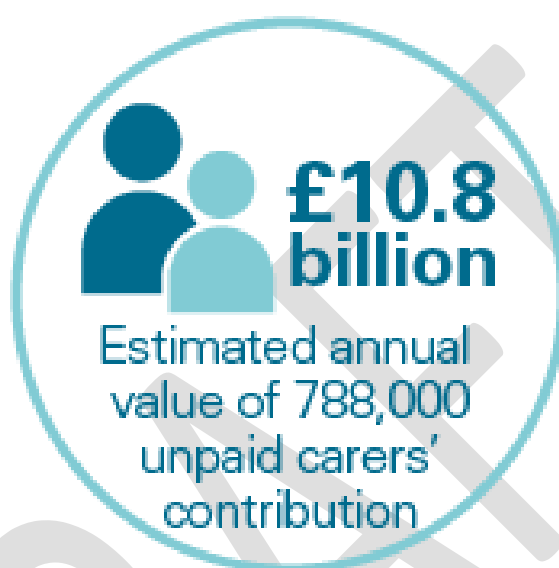


Figure 1

It is difficult to come to an accurate figure for how many carers there are in Aberdeen. We can provide many different answers looking at different sources to estimate how many carers are known:

<b>Adult Carers with a Carers Assessment</b>	<b>542 carers<sup>2</sup></b>
<b>Adult Carers registered with Social Care databases</b>	801 Carers. <sup>3</sup>
<b>Adult Carers known to the commissioned Carers' Support service</b>	1200 Carers <sup>4</sup>

<sup>1</sup> <http://www.audit-scotland.gov.uk/reports/e-hubs/transforming-health-and-social-care-in-scotland>

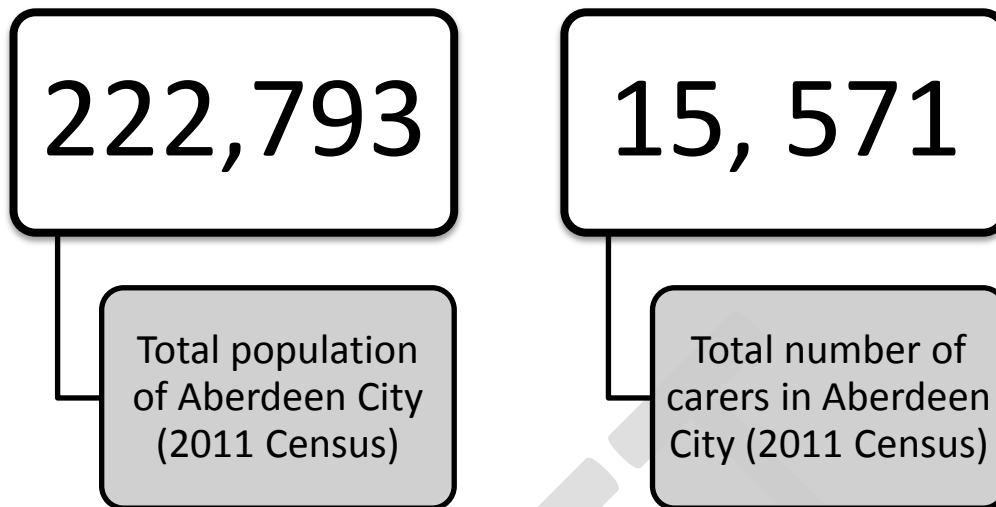
<sup>2</sup> Unpaid carers with a carers assessment recorded on Aberdeen City's CareFirst system as of July 2016.

<sup>3</sup> People recorded on Aberdeen City's Care First system with role of unpaid carer as of July 2016.

<sup>4</sup> Carers on the VSA Carers' Database as of September 2016.



However, if we consider the 2011 census data, we get a much larger answer:



<sup>5</sup> Furthermore, according to the report Scotland's Carers (2015)<sup>6</sup>, the Scotland Census 2011 may be a poor reflection of the number of carers in Scotland.

Whilst the census identified that 10% of Scotland's population are carers, the Scottish Health Survey (SHeS) estimates this figure at 17% of the adult population.

The main difference between the two surveys appears to be those carers who only care a few hours a week. Generally, the SHeS is thought to provide the best estimate.

This means we could have up to **37,874** carers in Aberdeen City, approximately **1,300** of which could be young carers aged between 0 and 14.

<sup>5</sup> Scotland Census Results & Data <http://www.scotlandscensus.gov.uk/census-results>

<sup>6</sup> Scotland's Carers (2015) Report <http://www.gov.scot/Resource/0047/00473691.pdf>





## 8. What impact can caring have?

The National Carer Organisations (NCO) have produced a Best Practice Framework for Local Eligibility Criteria for Unpaid Carers ([link](#)). In it they have identified eight areas of a carer's life which may be impacted by their caring role. Aberdeen City Health and Social Care Partnership are using the framework to help determine their Eligibility Criteria for adult carers as, by considering each of the areas of impact, we can ensure we have a comprehensive assessment of a carers needs and begin to identify appropriate support to help minimise any potential adverse impact of the caring role. Each of the eight areas may not be impacted upon for all carers and not every carer will be impacted upon to the same degree, but the areas are relevant for consideration for all carers both young carers and adult carers and in all circumstances.

At the beginning of 2016, Aberdeen City Health and Social Care Partnership undertook a 'Carers Conversation' programme ([link to summary](#)). What carers told us in that could all be linked to the 7 areas identified by the NCO and some of what they told us is reflected in the narrative against each of the areas below: -

**Health & Wellbeing** – This is perhaps the most obvious area where the impact of the caring role is seen. The impact could be on mental or physical health or well-being and could range from feeling a bit worried about things to depression; from a general feeling of tiredness to serious joint and/or muscle damage; or from perhaps having to assist with lifting and moving the cared-for person.

**Relationships** – Caring for a loved one can often be upsetting particularly if the person is physically deteriorating or their personality is changing. This can affect the carer's emotions and in some cases their experience can be similar to grief or feeling bereaved. Relationships with family and friends can become strained.

**Finance** – The caring role can affect the carer's ability to work which in turn can affect their finances. The act of caring can incur additional expenses with the cost of transport and/or parking whilst attending medical appointments. Having to buy specialist equipment or products, replacing clothing, turning up the heating or doing more laundry all bring added expense. If the cared-for person was the main earner and their condition has meant that they have had to give up work this affects the overall household income. Some carers told us that they had taken out a loan or fallen behind with bill payments as a direct result of their caring responsibilities.

**Life Balance** – Dedicating time to caring can mean that the carer often cannot find time to socialise or even just have some "me time" to do things that they want to do for themselves. Often they put the needs of the cared-for person first and don't have



the time or the energy to fully consider their own needs leading to these being neglected.

**Future Planning** – In some situations it can be difficult for the carer to make any plans whether they are short, medium or long term. This can be in any area of their life from their career, their education and development, or even their social life. Even a simple invitation to a night out at the weekend may be impossible to accept. For some, future planning may include ensuring care will continue for the cared-for person should the time come when the carer is no longer around to do it themselves.

**Employment and Training** - Caring can affect the carer's ability to work and access to training opportunities. It can also impact on their choice as to what type of employment they do or training they undertake, where they work and how many hours they do. They may be forced to delay starting work or training at all, have to give up work or a course, take early retirement, or reduce their working hours as a result of their caring role. They may not be able to focus on career development, or apply for promoted posts and may be restricted to particular jobs in certain areas that allow them to continue to provide care. Carers told us that not all employers understand the caring role or are flexible enough to accommodate it.

**Living Environment** – In some cases a carer may have to adapt their home to accommodate the needs of the cared-for person. This fundamentally changes their own living experience. Other carers do not live with the person that they care for but their living environment can still be impacted upon. Some carers told us that they are considering moving house to make their caring role easier.

#### Particular Impact on Young Carers

In addition to the principles noted above, the assessment of the impact of caring upon a young person needs to consider the SHANARRI indicators. For example, caring responsibilities may impact negatively upon a young carer's participation in education and their educational attainment, especially if professionals in school are unaware of the situation within which they live.



72%

of carers agreed that their mental health and well-being has suffered.

41%

of carers agreed that they have had to reduce their working hours due to their caring role. Some even took early retirement

44%

of carers agreed they worried about money.

63%

of carers have incurred additional expenses

44%

of carers agreed they have had a reduction in their income

56%

of carers agreed they have experienced difficulties in their relationship with the person they care for

59%

of carers agreed they have experienced difficulties in their relationship with their family or partner.

65%

of carers felt more lonely and isolated because of their caring role.



## 8. Where are we now?

This section of the strategy examines where we are now and what carers told us about how they feel. It also identifies what support carers feel that they are currently able to access and what services are provided across Aberdeen City and whether the demand is being met.

### Services currently available

- Within Aberdeen City Health and Social Care Partnership there is provision within the Care Management Standards and National Eligibility Criteria for a consideration of the risks and priorities relating to carers. As with the criteria for any social care service, risks must be substantial or critical to be eligible for support. Eligibility Criteria for carers will be developed specifically in line with the requirement of the Carer (Scotland) Act 2016. The Carers Assessment and Support documentation and process is being reviewed in consultation with carer representatives and a new form will be designed and made available to support the development of Adult Carer Support Plans.
- Aberdeen City Health and Social Care Partnership commission a third sector provider to provide a Carers Support Service for adult carers over 18. The current contract with them runs until September 2019 although there is likely to be a variation required initially to reflect the new legislation. There are five elements to the service :-
  - Information, advice and signposting;
  - Support and well-being;
  - Awareness and training to support the caring role;
  - Carer consultation;
  - Advocacy, and
  - Co-ordination of provision of a Carer's Support Point at Aberdeen Community and Healthcare Village.
- The Integrated Children's Services Partnership also have guidance on Eligibility Criteria for children and young people. The Eligibility Criteria Matrix for Children in Need in Aberdeen has three levels from children who are vulnerable with low priority needs through to children and families in crisis needing urgent intervention. Young Carers whose caring responsibilities are adversely affecting their development are at Level 2 on this current matrix – "children with moderate priority needs requiring targeted intervention". Again the guidance will be reviewed to meet the needs of the Carers (Scotland) Act 2016 and a process for the identification of young carers and the development of Young Carers Statements devised.



- Aberdeen City Council currently commissions a third sector provider to support young carers who already meet eligibility criteria for children's social work.
- There are many more other informal supports for carers available. These range from third party providers who, although not directly commissioned to deliver carer support will do this at the same time as they are delivering services to the cared-for person. The support carers need can often come in the form of existing services such as the Citizen's Advice Bureau, Housing, Energy, Benefits or Financial Advice teams, Mental and Physical Health Services etc. Friends, family, neighbours and existing social and faith groups can also be a source of valuable support for carers. In many cases the support required for the carer is to put them in touch with these groups, help them make the connection and encourage them to make full use of what is available.

## What carers told us

From the Carer Conversation programme, which principally involved adults, carers told us that, in general, they feel that they do not have access to any formal support. Only 20% identified that they had a Carer's Assessment. Those who had had one had mixed opinions on the impact that it had. Many identified that it had a positive effect saying that it helped to feel that someone had listened to them and that they were seen as an individual in their own right as well as providing information and help for them to access support such as Attendance Allowance. Others felt that it had been a waste of time, a paper exercise that did not improve their situation.

Carers did cite support groups and various activities that they were able to participate in such as a "Knit and Knatter" Group or a fortnightly "Dementia Café".

The strongest theme that emerged when carers were asked to describe any forms of support that they received, was that of support that they received from friends and family, whether this was sharing the caring role; allowing for "me time"; or simply being there to listen to the carer's concerns and frustrations. The majority stated that they got no support whatsoever, and that they felt they were on their own.

The two things that carers said would have the most impact upon their caring role were: -

1. the provision of regular and appropriate respite, and
2. the cared-for person themselves receiving adequate services in their own right.





## Carers told us they would like to see more of: -



We have not had the same level of contact with young carers to date. Similar conversations with young people will be a feature of the implementation of this strategy.



## 9. Where do we want to be?

We will put in place a range of processes and procedures to enable unpaid carers to access support and services which will deliver on the EPIC principles and meet the requirements of the Carers (Scotland) Act 2016. In Aberdeen we also want to ensure that we get it right for all young carers.

The following paragraphs provide a high level overview of our intentions under each principle and the Action Plan in section 11 contains more detail on how and when we will deliver. Successful implementation of the Action Plan will be driven and managed by a Carer's Strategy Implementation Group (CSIG) consisting of senior officers of ACH&SCP and the ICSP, as well as third sector partners and carers representatives, with specific responsibility for the actions. An annual 'statement of progress' will be presented to the IJB, the ICSB, and Aberdeen City Council for scrutiny and subsequent wider publication.

### **I was supported to identify as a carer and was able to access the information I needed.**

ACH&SCP values carers and the support that they provide to cared-for people. As a measure of that value the partnership intend to ensure that appropriate resources are aligned to support carers and meet the requirements of the new legislation. We will provide a dedicated officer with lead responsibility for carers in Aberdeen City.

The current Carer's Support service is commissioned from a third sector provider. The current contract ends in September 2019. Prior to this date we will review the existing contract and enhance the arrangements through a formal variation to meet the requirements of the Carers (Scotland) Act 2016. When the contract is due for renewal the specification will take account of the new requirements, learning from the first 18 months of the Act's implementation.

Recognising that carers come from all areas of our wider population, we will seek to engage with them in a variety of ways that is appropriate to their needs, but is also familiar to them. For example, we will utilise social media such as Facebook and Twitter. All communication and engagement will take account of any particular needs of carers in relation to the nine protected characteristics as described by the Equality Act 2010.

A dedicated Information and Advice sub group will be convened, reporting to the Carers Strategy Implementation Group and it will develop and manage the information available to all carers ensuring that it is continuously updated and improved. The dedicated Information and Advice service for carers which is already commissioned may need review and further development in future. A



Communication and Engagement Plan will be developed by the sub-group. The type of information made available to carers will be: -

- Information on their rights, including those set out in the Carer's Charter ([link](#))
- Income maximisation
- Education and training
- Information on the role of the Named Person in supporting young carers under the age of 18
- Advocacy/Brokerage
- Health and well-being
- Bereavement support
- Emergency care planning
- Future care planning

It is clear that we need to increase the identification of young carers in Aberdeen. It is our responsibility to educate not only professionals to assist in this but also to inform young carers and people who support them of their right to identify themselves if they so wish and what this would mean for them. We will ensure that we sensitively identify young carers within schools via awareness raising, training and continuous professional development building on the principles of GIRFEC.

A series of awareness raising events will be run to help people understand the role of adult and young carers and the challenges that they face and we will maximise every opportunity at other events and in other strategies, policies and guidance to raise the profile of carers and enable people across Aberdeen City to identify as a carer if that is what they wish to do. This will include supporting people to end their caring role if that is what they wish to do.

## **I am supported, as a carer, to manage my caring role.**

Both the ACH&SCP and the ICSP already have Eligibility Criteria for access to social care services which make reference to carers. The ACH&SCP will prepare and publish Eligibility Criteria specifically for carers, including those who don't reach the threshold for social care intervention, so that it is clear who is eligible to be supported and what criteria will be used for determining that eligibility. The Eligibility Criteria will also make it clear what support and advice is available for anyone who does not meet the criteria for formal support. In preparing the Eligibility Criteria we will involve and consult with carers. The criteria will be reviewed every three years in line with the Carer's Strategy.



The ICSP will review the existing eligibility criteria for the level of service that a young carer can access based on their needs. These criteria will be incorporated within the GIRFEC model of tiered intervention and the Eligibility Criteria Matrix for Children in Need in Aberdeen.

All young carers will have a right to access a minimum level of advice and information. We will develop a tiered approach to service delivery ranging from the pro-active and comprehensive availability of information and advice for young carers with low level needs; through support from a commissioned service for those with moderate needs and requiring early help such as support via a short break; to support from a specialist and individualised service to promote the young person's resilience, for those with high level needs.

Similarly, both the ACH&SCP and the ICSP already have an assessment process which identifies outcomes and needs for social care services and also what support will be provided to meet those needs.

ACH&SCP will review the template and the processes used for these assessments in order that they meet the needs of adult carers under the new legislation and are able to inform the Adult Carer Support Plans. In particular we will ensure that emergency arrangements and future planning are areas that are covered. We will give consideration to those caring for the terminally ill ensuring that they plan for their life after caring, including young carers who may be left without a parent or other significant adult in their lives. We will use NHS Grampian's Palliative and Supportive Care Plan template for this purpose. The responsibility for the methodology of care and support planning will remain with ACH&SCP.

We will develop Young Carer's Statements (YCS) to provide a framework for the identification of individual needs and personal outcomes, based on the SHANARRI indicators, for supporting young carers who have been identified either by a professional or by themselves. A YCS is separate from other forms of assessment that a young person may be entitled to, such as a Child's Plan or Co-ordinated Support Plan (CSP). This is to address some of the barriers that have previously been acknowledged that prevent young carers being identified. Careful consideration will however be given as to how a YCS sits alongside these other forms of assessment.

A YCS will include the nature and extent of care provided, or to be provided, as well as the impact of caring upon the young carer's well-being and day-to-day life. It will also include information about whether a young carer has in place arrangements for emergency care planning (sometimes referred to as contingency planning), future care planning, anticipatory care planning and advanced care planning (for when the cared-for person is receiving end of life care). A YCS will also show if support should be provided in the form of a break from caring.



We will ensure that we have clear procedures about who will complete a YCS, how it will be completed and by when. We will look at the role of the Named Person, school nurses and any commissioned services to ensure that the most appropriate person undertakes the assessment.

Young carers will be provided with information about what to expect when they request, or accept the offer of a YCS. All Statements will be reviewed within a given time frame, particularly if the health of the young carer or the cared-for person deteriorates, or if the cared-for person is being discharged from hospital.

A key stage for young carers is the point at which they transition from being a young carer to an adult carer. This age group is often characterised by life transitions such as the transition to college, university and work; living away from home; wanting to reduce the caring role; or not wanting to be a carer at all. These may impact upon and change the caring role and/or the need for support. This should be reflected in the YCS. When a young carer transitions to being an adult carer, the YCS will still be considered relevant until an Adult Carer Support Plan has been provided. We will not wait until the young carer reaches 18 to start this process.

In response to what carers told us that they wanted, we will seek to maximise the opportunities for carers to access support groups and activities. As required by the legislation, we will prepare and publish a 'Short Breaks Statement' by 1<sup>st</sup> April 2018. The statement will cover both traditional and bespoke commissioned respite services and endeavour to provide more innovative and flexible arrangements. A 'Short Break' will be further defined as a short break away from the caring role. Short Breaks will be based on assessed needs and will be outcome focused. Our aim is that Short Breaks will be planned, reliable, and positively anticipated by carers and the cared-for person. We also recognise that young carers may need to combine their caring role with other family activities, responsibilities, education and employment.

Recognising the Social Care (Self-directed Support) (Scotland) Act 2013 and the fact that carers are entitled to have choice and control over how their support is delivered we will ensure that, as part of the process to prepare the Adult Carer Support Plans and Young Carer Statements, that the four options are explained and offered to all carers who are eligible. In addition, we will ensure that the use of Telecare options is explored to further assist with the caring role.





## **I am listened to and involved in planning the services and support which the person I care for receives.**

Engaging with service users and carers is vital in ensuring that services and support which are delivered are high quality and appropriate. We will develop a Service User and Carer Engagement protocol that will ensure that service users and carers are involved in planning services and support for both carers and cared-for people. The protocol will include specific sections on hospital discharge and commissioned services.

In terms of hospital discharge we will review patient admission documentation to ensure that it prompts consideration of and engagement with carers at an early stage, building on our person-centred approach. Using funding from the Scottish Government we ran a pilot on hospital discharge using a care assurance tool and the learning from that has informed our future approach.

The Carers (Scotland) Act 2016 brings a number of new and different obligations for staff and we will ensure that they are trained appropriately to understand these responsibilities and also in the use of the Service User and Carer Engagement protocol.

It is essential that we know who our carers are in Aberdeen City. We will develop and maintain a database of all known carers which will be used for communicating and engaging with them. The database will be developed and maintained in full alignment with relevant Data Protection legislation, based entirely on an informed and explicit willingness of carers to be included in this.

The Carers Conversation programme used to develop this strategy was very successful and well-received. We plan to repeat that on a regular basis as a means of monitoring the impact the implementation of the strategy is having and of understanding how carers are feeling and whether anything has changed that we need to take account of.

There are two carer representatives on the IJB and we commit to provide on-going support to them to ensure that their voice is heard appropriately. The carers representatives will change over time and we will develop recruitment and selection protocols to inform and support future appointments.

We aim to involve young carers in every step of the implementation of the new strategy from the development of the YCS to what is needed from a young carers' service. We need to take into consideration young carers' willingness to take part and ensure that any involvement meets their needs as well as ours. As such different approaches will be taken from group activities to one-to-one consultations where appropriate.



## **I am supported to have a life alongside caring, if I choose to do so.**

All of the commitments in this strategy are about ensuring that carers are supported to have a life alongside caring if they choose to do so. We will monitor the implementation of the strategy and report on this to the IJB, the ICSB and Aberdeen City Council on an annual basis to ensure that it is having the desired effect on reducing the impact of caring upon the health and well-being of carers. In addition, we will seek to promote the Carers Positive Award in Aberdeen City to signify the importance that we place on the value of the caring role.

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## 10. How will this strategy reduce the impact of caring on the health and wellbeing of Carers

Area	Issues	What might help?
<b>Health &amp; Wellbeing</b>	<ul style="list-style-type: none"> <li>• Mental health (stress, worry, depression)</li> <li>• Sleep &amp; energy levels</li> <li>• Physical health</li> </ul>	<ul style="list-style-type: none"> <li>• Respite</li> <li>• Additional services for the cared-for person</li> <li>• Support groups and activities for carers</li> <li>• Information and advice</li> </ul>
<b>Relationships</b>	<ul style="list-style-type: none"> <li>• Strained relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Counselling</li> <li>• Respite</li> <li>• Additional services for the cared-for person</li> </ul>
<b>Finance</b>	<ul style="list-style-type: none"> <li>• Reduced income</li> <li>• Additional costs</li> <li>• Debt or money worries</li> </ul>	<ul style="list-style-type: none"> <li>• Support to maintain employment</li> <li>• Access to benefits such as Carers Allowance</li> <li>• Help with heating/travel costs</li> </ul>
<b>Life Balance</b>	<ul style="list-style-type: none"> <li>• Reduced ability to socialise</li> <li>• Feeling too tired/stressed</li> </ul>	<ul style="list-style-type: none"> <li>• Respite</li> <li>• Additional services for the cared-for person</li> </ul>
<b>Future Planning</b>	<ul style="list-style-type: none"> <li>• Careers advice</li> <li>• Training opportunities</li> <li>• Socialisation</li> </ul>	<ul style="list-style-type: none"> <li>• Support groups and activities for carers</li> <li>• Information and advice</li> </ul>
<b>Employment &amp; Training</b>	<ul style="list-style-type: none"> <li>• Unable to work</li> <li>• Reduced hours</li> <li>• Restricted opportunity</li> </ul>	<ul style="list-style-type: none"> <li>• Additional help with care</li> <li>• Support from employers: flexibility and understanding</li> </ul>
<b>Living Environment</b>	<ul style="list-style-type: none"> <li>• Adaptations</li> <li>• Location</li> </ul>	<ul style="list-style-type: none"> <li>• Information and advice</li> <li>• Link to relevant services to support</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Access to education</li> <li>• Restrictions on positive destinations</li> <li>• Ability to engage with education</li> </ul>	<ul style="list-style-type: none"> <li>• Information on opportunities available</li> <li>• Young carers supported in schools, colleges and universities</li> <li>• Additional help with care to enable participation in education</li> </ul>

## **11. Carers Strategy Action Plan**

