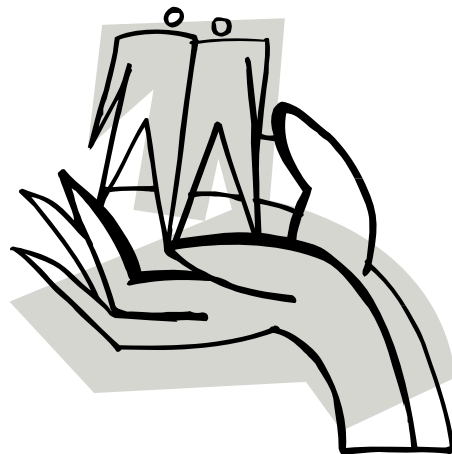


Highland Carers Strategy 2008 – 2011
(February 2010 Update)

SUPPORTING HIGHLAND'S CARERS



RECOGNISED AND VALUED
INFORMED AND INVOLVED
SUPPORTED AND HEALTHY

Foreword

This is an update to the Highland Carers Strategy for 2008 – 2011.

The value of carers who provide help and support to a relative, partner, friend or neighbour, who due to illness, frailty or disability would not otherwise be able to live in their own home or play a part in their community, is incalculable.

Forged through bonds of love, friendship and empathy the relationships carers form with those who need their help are some of the most admirable examples of people sharing the challenges, joy and burden of life.

However we know that sharing that burden can often have a detrimental effect on the lives of carers; their health and life opportunities can suffer in the act of helping others.

Our vision is to ensure that carers in the Highlands are:

- **recognised and valued;**
- **informed and involved;**
- **supported and healthy**

The Highland Council and NHS Highland seek to promote the care and support of all adults in need in Highland in ways that allows them to live at home whenever feasible and sensible.

In aiming to do so there has been a growing realisation of the critical importance of the role that unpaid care plays in allowing people to remain living at home and in their communities: we wish to see unpaid carers as partners in providing community care; and we wish to ensure that we can do all that is practicably possible to assess and support them in their caring role.

Our key priorities for action will be to:

- improve availability of information about support and services;
- identify carers earlier;
- ensure effective carer assessments, taking account of carers' age and ethnic background;
- provide accessible training for staff and carers; and
- develop a robust process for monitoring outcomes for carers

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This document is set out in 3 sections:

- the first section describes **where we are now** in terms of policy, practice and the range of services available to adult carers in Highland
- the second section looks to **where we are going**: it highlights a number of the issues that are seen to be important to carers, and it lists a number of outcomes that adult carers themselves want services to work towards;
- the final section outlines **how we will get there**: it reiterates the need for a multi-agency approach to action planning – with carers and carers organisations seen as partners; it restates the outcome objectives carers want services to work to; and it both outlines the actions seen as necessary to deliver the outcomes carers want and sets out the range of indicative measures which should allow for progress to be monitored and evaluated

Section One: Where we are now

1.1 Definition and Statutory Context of Carers

A carer is a person of any age who provides unpaid help and support to a relative, partner, friend or neighbour, who due to illness, frailty, disability or addiction would not otherwise be able to live independently¹.

For the purposes of this strategy document when we talk about carers we will be referring to adult carers – Highland has its own distinct strategy for young carers.

The definition of a carer is encapsulated within a range of National Policy and Legislation and the identification of a person as a carer places a number of specific responsibilities upon the NHS and the Council as summarised below:

1.1.1 Legislation:

Sections 8 – 12 of the Community Care and Health (Scotland) Act 2002² extend the existing statutory obligations on local authorities and health boards to support carers. Changes introduced by the 2002 Act are:

- “substantial and regular” adult carers are entitled to an assessment of their ability to care (“carer’s assessment”), independent of any assessment of the person they care for;
- local authorities are to ensure carers are made aware of this right;
- local authorities are required to take account of the contribution of carers and the views of the person in need and their carer, before deciding on services to provide to a cared for person;
- NHS Boards have been required by Scottish Ministers to develop carer information strategies to inform carers of their entitlement to assessment.

1.1.2 Information for Carers:

NHS Boards are required to develop and publish carer information strategies. Highlands’ first Carer Information Strategy, covers actions planned for 2007 – 2010. The Strategy states the principles adopted by NHS Highland and The Council when working to support carers.

Highland Community Care Forum (HCCF)³ has been involved with statutory partners in identifying areas for service development, and these include:

- the development and appropriate dissemination of comprehensive information packs for carers;
- training for carers and staff within agencies;

¹ Carers Scotland

² Carers: Community Care and Health (Scotland) Act 2002 Guidance on Sections 812; Scottish Executive Circular CCD2/2003

³ HCCF is a voluntary organisation providing consultation, involvement, support and advocacy for Users of community care services and Carers across Highland

- involvement of GPs and primary care teams in the early identification and signposting of carers to sources of information and support.

The Strategy prioritises the need for early identification of carers. Senior operational managers within NHS Highland have been given responsibility for progressing actions within their area of work for carer identification and the promotion of information to carers, particularly information about their right to an assessment of their needs as a carer.

1.1.3 Policy

The Scottish Government published their “Strategy for Carers in Scotland” in November 1999.⁴ The strategy set out a number of priorities for action at a national level including:

- the introduction of national standards for services for carers;
- monitoring by the Scottish Government of the performance of health and social services in supporting carers;
- the introduction of carers’ legislation to allow carers’ needs to be met more directly; and
- the provision of better and more targeted information for carers at a national level.

1.1.4 The Highland Context

Since 1999, carers, local carer organisations, the Highland Council and NHS Highland have worked together to achieve positive changes in the lives of the many carers in Highland who provide unpaid support and help to relatives, partners, friends and neighbours.

These changes were initially driven by the Carers Strategy Working Group, which produced the first Highland Carers Strategy in 1999. This group had representation from individual carers, carers’ organisations and statutory agencies.

In Highland a number of organisations and groups provide information and direct support to carers throughout the area. Funding provided by The Scottish Government, the Social Work Service and NHS Highland enables provision of many of the required resources to make these and other developments possible.

However the importance of our services being able to provide more home and community based support, as opposed to institutional care, is being brought into sharper relief in the face of demographic change, the increase in the incidence of long-term conditions and the desire of service users and carers to have more personalised care solutions.

Within the Single Outcome Agreement, Health’s HEAT targets and the Council’s Corporate Plan a range of indicators now exist to measure our ability to shift the balance of care to closer to home. Much of the success of this effort is based upon the continuation of the caring role by many Highland carers; it is important therefore that we continue to deliver opportunities for respite and short breaks; that our services deliver the evening, weekend and augmented home care which support the caring role; and that carers efforts to support and manage the long-term health conditions of those they care for are routinely assessed and supported.

⁴ Strategy for Carers in Scotland” Scottish Executive 24 November 1999

This strategy seeks to complement the strategic direction laid out in Community Planning Processes and represents a commitment on behalf of the Highland Council and NHS Highland to provide better support to carers, to value their contribution; to recognise the importance of their role and help them to continue to care.

Through HCCF's consultation in June 2008 carers welcomed the strategic themes; that carers should be:

- **Recognised and valued;**
- **Informed and involved;**
- **Supported and healthy.**

These themes, it was thought, are positive and provide a framework for understanding the outcomes that carers seek. However carers want strategy to make clear the actual outcomes that they seek at a detailed and practical level. Under each of the themes carers are clear about the positive outcomes they want to be delivered, for example: that they are well-listened to by professionals; that their knowledge and input is respected and valued during assessment; that they receive regular contact from professionals and are kept up-to-date; that their needs are assessed; and resources are identified to meet need. Carers want respite that is planned and reliable and the opportunity to access training relevant to their role. The input of carers has greatly informed this updated document.

1.2 Prevalence of Carers in Highland

Highland figures from 2001 suggest there are over 6,200 carers in Highland each of whom provides, on average, more than 20 hours of unpaid care per week. In 2008 around 1800 carers in Highland were receiving the Carers Allowance benefit⁵. This represents a huge input of care and support to those in the Highland population who are most in need.

1.3 Services and Help available to carers

As noted above, local authorities are required to take account of the contribution of carers and the views of the person in need *and* their carer, before deciding on services to provide to a cared for person. With this in mind we can see that many of the services provided as part of the care plan for the cared-for person form the support that is in response to the needs the carer(s). The profile, timing and frequency of the support provided should, as far as possible, also serve to provide positive outcomes for the carer(s) and sustain them in their caring role.

One of the most common and most valued services provided and commissioned by statutory partners is respite – in the year 2007/08 almost 33,000 hours of daytime respite were provided to support caring relationships; over the same period there were well over 5,000 overnight respite nights provided.

These services are provided by Highland's statutory agencies in association with its partners in the independent and voluntary sectors: Crossroads Care Attendant Schemes, North West Sutherland Care Alliance and Dachaidh Respite Care Scheme are among the significant voluntary sector partners who provide respite along with a host of providers in the private sector. Increasingly people are also using a Direct Payment from the local authority to organise their own short-breaks and respite.

In addition to support of this sort there is also a range of information, advice and support services; HCCF provides essential information and emotional support to carers and helps

⁵ NOMIS/DWP

them speak to service providers about what they need now and in the future; Alzheimers Scotland and NSF are among the providers who also have specific resources to support carers; and the Highland Advocacy Plan means statutory providers also commission some carer specific advocacy input through HCCF⁶.

⁶ For a full range of up-to-date information on the help and support available to carers please contact The Connecting Carers Information Line: 01463 723 561

Section Two: Where we are going

2.1. Valuing Carers

It has been long and well established that carers play a vital role in providing help and support for adults and children who are ill, disabled, vulnerable or frail. Frequently, they will be the primary carer and often the only person providing care.

It is therefore important to recognise that the contribution of carers is critical to the achievement of better outcomes for people in need of care. These outcomes, such as the reduction of time they spend in hospital; the length of time they are able to live in their own homes; and their ability to maintain their capacity will require the support and expansion of the role of unpaid carers. In this strategy we would like statutory and voluntary sector professionals to recognise and understand that carers are our partners in care.

The true value of care and support provided by carers cannot be quantified. However recent research undertaken attests to the massive and increasing economic value of their input to the UK economy⁷. What we know is that early support to help carers can more than repay itself in reducing the burden of care on statutory providers⁸.

The purpose of this Strategy is to provide a clear framework for action and the achievement of the NHS and Council's statutory requirements. The Strategy will inform work at Highland and local area levels, for statutory partners as well as for individual carer representatives and support organisations.

It aims to provide a small number of clear and achievable objectives, which we believe will make a real difference to the lives of carers, and the people they care for over the next 3 years.

On embarking on the development of the strategy it was clear that a number of themes already existed for carers and their representatives:

- Carers are major providers of care and support in the community and, therefore, should be recognised as such and seen as key partners in the provision of care.
- Many carers are 'hidden' in the sense that they are undertaking considerable caring responsibilities but have not yet identified themselves as carers or been recognised by others as carers. Recognition of 'hidden carers' is vital.
- Ensuring that an individual maintains a reasonable quality of life in the community is often dependent upon the willingness of their carer(s) to provide support. Carers, in turn, need proper information and support to enable them to maintain a reasonable quality of life whilst undertaking their caring role.
- Carers need access to high quality health care that is appropriate to their circumstances. Carers are particularly vulnerable to stress-related health problems, or injury, directly linked to their caring responsibilities. Health professionals, in particular, should be aware of the potential impact of caring responsibilities on carers' health and be equipped to provide them with information about support available.

⁷ *Valuing Carers – calculating the value of unpaid care*, Carers UK & Leeds University, September 2007

⁸ University of Sheffield (2005)

- Supporting and informing carers in rural and remote areas presents additional challenges that need to be addressed⁹.
- Black and ethnic minority carers, including carers within our gypsy traveller communities, and our Lesbian, Gay, Bisexual and Transgender communities have needs for information and support that should be explicitly recognised.
- Many carers need access to advocacy services to help them to express their views more effectively.
- Carers should be involved in partnership with professionals, independent organisations and service users to influence policy and service development.
- Carers need appropriate support through, for example, skills training and provision of additional respite opportunities to enable them to be effectively involved in policy and service development.

Building on the themes set out above, HCCF carried out a consultation with Highland carers during 2008 to record the outcome objectives that they sought to be delivered as a result of the implementation of both the Highland Carers Strategy and the Carers Information Strategy: it has been this work that has set the aims for this strategy.

Therefore this updated Strategy aims to ensure that our efforts are targeted to the outcome objectives that carers themselves have said are important:

2.1. *Recognised and Valued*

- Carers are recognised
- Carers are listened to by professionals, and their knowledge about the person they care for is respected.
- Professionals are well-informed about carers' needs and are able to put carers in touch with the help available.

2.2. *Informed and Involved*

- Carers get clear information from professionals about the matters that affect them; and have good levels of contact with professionals.
- Carers get good information about benefits.
- Carers get good information about the help available to them.
- Carers get good medical information for themselves and the person they care for.
- Carers are involved in shaping the policies which affect them.
- Carers are involved in shaping the services we deliver.

⁹ HCCF and Coalition of Carers in Scotland (2009) *Carers' views on, and experience of, the financial impact of caring in the Rural areas of Highland*

2.3 Supported and Healthy

- Carers' ability to provide care is assessed and supported.
- Carers, and those they care for, can access planned and regular respite (short breaks).
- Carers have the opportunity to learn skills necessary to help the cared for person and to help them carry out their caring role.
- Carers have the opportunity to learn self-help skills.
- Carers have the opportunity to talk to other carers.

Section 3: How we will get there.

3.1 *Partnership Working*

The realisation of the strategy's objectives requires co-ordinated action planning between statutory and voluntary sector partners. In the first instance this has brought together officers from The Highland Council, NHS Highland and Highland Community Care Forum to identify a range of actions to make initial progress against objectives (See Implementation Plan). However it is recognised that this action planning must to be properly inscribed in a more formalised set of governance arrangements which ensure both support and accountability.

3.2 *Developing a framework for implementation*

The implementation of the Highland Carers Strategy and Carers Information Strategy will be overseen in a way that is complementary to the new approach towards governance arrangements currently being progressed by the NHS Highland/Highland Council Community Care Partnership, and allied to the development of a Stakeholder Forum. The outline of the Carers Strategies Implementation Group is given below.

3.2.1 Responsibilities

- To ensure that carers representative organisations work in partnership with statutory agencies to actively shape the future of support for carers in Highland.
- To develop, monitor and evaluate the implementation of the Highland Carers Strategy and Carers Information Strategy for Highland;
- To ensure that funding for carer development is properly identified and used appropriately and to meet outcome objectives for carers in Highland.

3.2.2. Specific outcomes to be achieved

- Ensure that the actions outlined to meet outcome objectives are implemented and achieved.
- Ensure that information and knowledge is shared among key groups, organisations and individuals, who have a stake in issues for carers.
- Ensure existing, funded initiatives continue to work to meet outcome objectives for carers.
- To support a dialogue with policy-makers to underline the importance of supporting the role of Carers (linking to emerging Stakeholder Forum).
- Work with operational partners to communicate regarding how services affect carers.
- Continue to ensure that appropriate engagement with carers allows them a robust role in shaping service provision, design, development, monitoring and evaluation processes.

- Develop the membership of the group to broaden the range of key stakeholders that are involved;
- Promote and develop partnerships with other organisations, council departments and health providers whose activities have an impact on the lives of carers.
- Ensure that group members are resourced effectively to improve partnership working through involvement, training and by providing a range of learning opportunities.
- Ensure that the work of the Group is monitored and evaluated on an ongoing basis.

3.3. The Plan for Improvement

Having a defined set of outcome objectives allows partners to bring clear purpose to their action-planning; this section restates our strategic themes and lists under those the objectives that carers have said are important to them. It then goes on to describe the actions identified to meet those objectives and records the measures we will seek to use as indicators of success.

Of course any process of performance management and continuous improvement is an evolving one; this section describes the shape of action planning [The Integrated Implementation Plan](#) is the working document that is used on a day-to-day basis to implement the actions described.

3.3.1 Recognised and Valued

Outcome Objectives

- Carers are recognised
- Carers are listened to by professionals, and their knowledge about the person they care for is respected.
- Professionals are well-informed about carers' needs and are able to put carers in touch with the help available.

Actions and Planned Actions/

There have been a series of sessions across Highland in 2008 for Social Work, Health and voluntary sector professionals to increase awareness about the issues that face carers and the importance of properly listening to and respecting the perspective of carers. More sessions are currently being planned to target awareness-raising for statutory sector staff.

A targeted, modular course has been developed between partners for Health and Social Work staff to embed the needs of carers in their learning; and be reflected in changes to practice. Training will be targeted to appropriate Health and Council staff and is planned for May 2010.

Carers' issues and services will continue to be publicised, including through events in annual national Carers Week and Carers Rights days.

Input on carers' issues was included in induction processes for newly-formed Community Care Social Work Teams in 2009. Ongoing input into induction processes for appropriate Council and Health staff is currently being targeted; and it is envisaged that this will, wherever possible, be informed by the experiences of carers.

Advocacy services for carers are and continue to be provided to ensure that carers have support to have their voices heard, particularly in interaction with professionals and services. Health and Social Work partners work alongside Carers Advocacy to monitor the impact of this service

Admission and Discharge Protocols within Highland's Hospitals are being revised to include explicit reference to the identification of carers and their right to an assessment of need – it is recognised that this can be a key transition point.

Information regarding the help available to carers is and continues to be promoted and made available to professionals through a variety of media; including the internet.

Measures of Success

- Training course evaluation will demonstrate the learning outcomes achieved by participants and evidence changes to practice (through the use of portfolios).
- User satisfaction with Advocacy Services is being introduced into ongoing advocacy monitoring arrangements (including Carers' Advocacy)
- The collection of carers' outcome data (including % of carers satisfied with their involvement in planning the care package) will be progressed through the implementation of the new Carers Support Plan / Personal Plan assessment process.

Outputs

- Carers awareness raising sessions have been delivered
- Training to statutory sector professionals designed and to be delivered
- Carers issues to included within staff induction frameworks
- Revised Hospital Admission and Discharge protocols to be put in place

3.3.2 Informed and Involved

Outcome Objectives

- Carers get clear information from professionals about the matters that affect them; and have good levels of contact with professionals.
- Carers get good information about benefits.
- Carers get good information about the help available to them.
- Carers get good medical information for themselves and the person they care for.
- Carers are involved in shaping the policies which affect them.
- Carers are involved in shaping the services we deliver.

Actions and Planned Actions

Information regarding the help available to carers will be properly promoted and made available to professionals through a variety of media. Appropriate links to existing carer information and support providers have been made available on NHS Highland and The Highland Council websites.

Current access thresholds for community care services will be reviewed in line with the new Scottish Government framework - information on changes impacting on carers will be made accessible to them.

The range and quality of information materials available to carers has been reviewed and continues to be monitored.

Relevant service providers across the statutory and voluntary sectors are being identified and approached with a view to raising the profile and understanding of the role of carers in order that they are better placed to disseminate information regarding the help available to carers; including Health Centres, Primary Care staff, and Community Pharmacists.

Appropriate structures for the engagement, consultation and participation of carers in policy development and operational procedures will be put in place across Highland; this will be linked to the development of the emerging Community Care Stakeholder Forum.

Practices and policies from statutory sector partners will be made available for comment and criticism by carers – this will include involvement in Equality Impact Assessing Practices, Plans and Strategies.

The participation of carers in assessing and improving Social Work Services registered with the Care Commission has been prioritised (this has been linked to the new *'Enabling Service User and Carer Participation – A Good Practice Guide'*).

The need to involve carers fully in care planning and review processes will be included in modular training to staff.

Measures of Success

- The collection of the range of carers' outcome data will be progressed through the implementation of the new Carers Support Plan / Personal Plan 'assessment' process.

Outputs

- Content on carers' needs and the support available to them to be clearly identifiable on Highland Council and NHS Highland websites.
- The range and quality of information materials available to carers will be reviewed and monitored

3.3.3 Supported and Healthy

Outcome Objectives

- Carers' ability to provide care is assessed and supported.
- Carers, and those they care for, can access planned and regular respite (short breaks).
- Carers have the opportunity to learn skills necessary to help the cared for person
- Carers have the opportunity to learn self-help skills.
- Carers have the opportunity to talk to other carers.

Actions and Planned Actions

The Highland Carers Support Plan (CSP) is being revised to ensure that it complies with the requirements of the National Minimum Information Standards for Carers' Assessment and Support. Work is well advanced to produce a new Carers Support Plan as part of the new Personal Plan framework.

The collection and collation of Outcomes measures and monitoring arrangements based upon the broad range of carer-identified outcomes will be integral to the Carers Support Plan / Personal Plan process.

Respite: the Council has redirected significant resources (circa £0.25m) to deliver more residential respite care for service users and carers.

Respite: funds have been directed to contract with a specialist provider for designated respite provision for younger adults with physical disability and high health care needs.

Respite: block purchasing contracts have been used to purchase residential respite care aimed at ensuring that planned, pre-booked respite becomes increasingly available. The success of this approach is to be monitored.

Respite: monies from Scottish Government have been used to create a post of Respite Co-ordinator within the Council (to better utilise existing respite capacity).

Skills development: HCCF have been delivering a programme of skills development for carers – Carers Can. Training includes information on moving & handling, benefits advice, stress management, administering medication dealing with challenging behaviour, etc.

The opportunities for Carers to access training from within existing Health provision is to be explored.

Measures of Success

- Number of carers' assessments completed.
- Percentage of carers' assessments completed to National Standard.
- The collection of carers' outcome data (including % of carers who feel supported and able to continue in their role) will be progressed through the implementation of the new Personal Plan assessment process.
- Numbers of courses available across Highland for carers' specific training plus evaluation of these

Outputs

- An increasing number of statutory consultations where carers views are clearly identifiable
- Levels of Respite provided