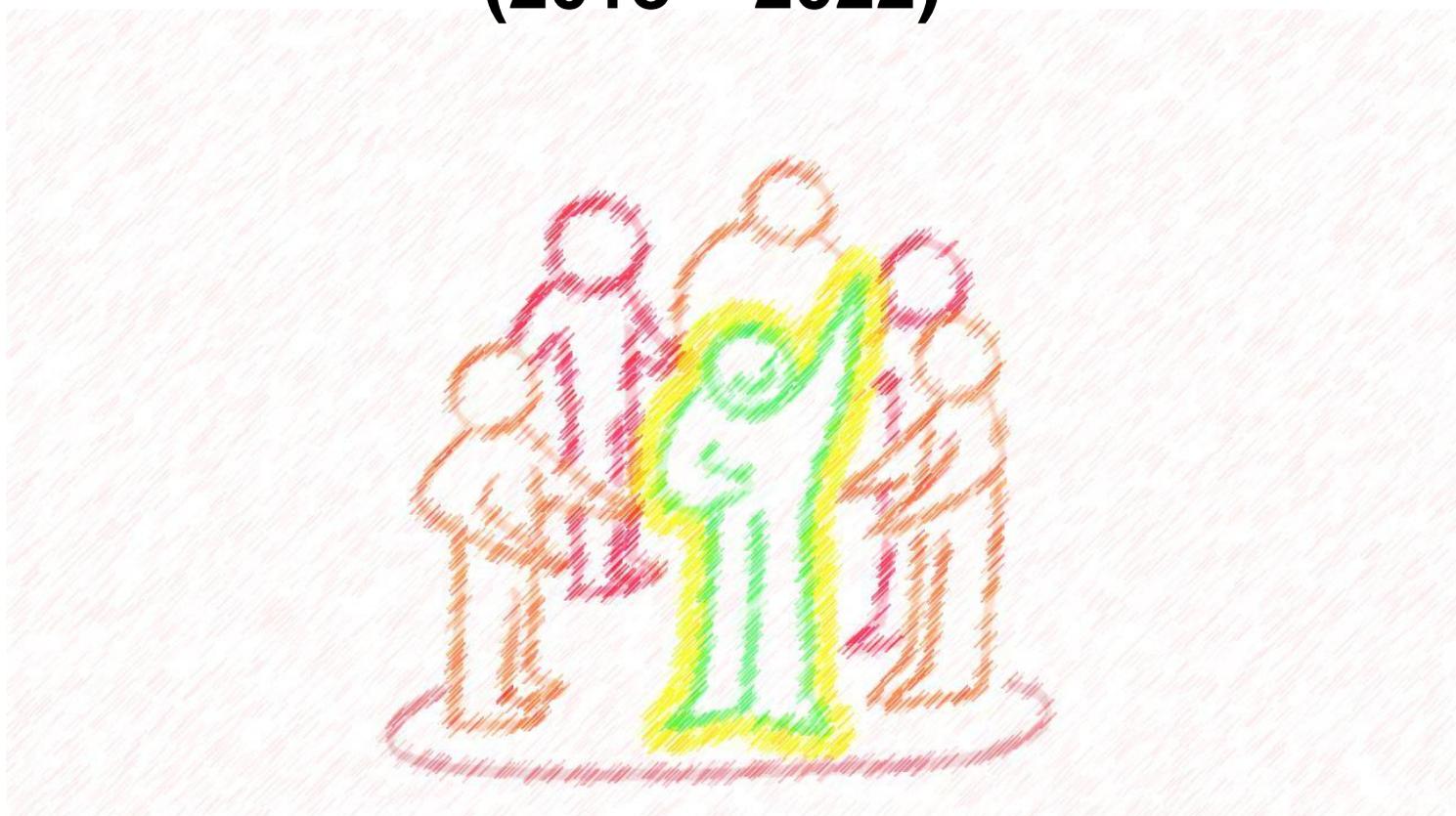


Aberdeen City Carers Strategy

(2018 – 2022)



A Life Alongside Caring



Aberdeen City Health & Social Care Partnership
A caring partnership



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Foreword

We welcome the publication of the Aberdeen City Carer's Strategy. The strategy recognises the significant contribution that unpaid carers make to the health and wellbeing of the citizens of Aberdeen and the value that we as Aberdeen City Health and Social Care Partnership and Integrated Children's Services Partnership place on the role that unpaid carers have.

The publication of this strategy is our response to the implementation of the Carers (Scotland) Act 2016 on 1st April 2018. The Act extends and enhances the rights of unpaid carers. Our strategy seeks to take into account those areas of a carers life that may be impacted by their caring role and identify the provision of a variety of support in order that they can continue in that role should they wish to do so. Our aim is that they are enabled to have a life alongside caring.

It is our ambition that the role of unpaid carers is recognised, that their views are heard and used in designing and delivering services, not only for themselves but for those that they care for. We know that undertaking a caring role can often be a demanding and complex task and we hope that this strategy offers opportunities to lighten the load.

We acknowledge the demographic and financial challenges that we face and we recognise that unpaid carers are key to the sustainability of the health and social care system. Whilst funding is limited we will ensure we target what funding we have the areas that need it most.

We 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.

Chair,
Aberdeen City Health and Social Care Partnership Integration Joint Board

Chair,
Aberdeen City Integrated Children's Services Partnership

Carers Strategy at a glance

What we want carers in Aberdeen City to be able to say as a result of this strategy and what we plan to do:

I am supported to identify as a carer and am able to access the information I need

- Provide Dedicated Resource
- Commission Services
- Communicate and Engage
- Provide Access to Improved Information
- Raise Public Awareness
- Train Staff
- Identify

- Eligibility Criteria
- Adult Carer Support Plans
- Young Carers Statements
- Transition Planning
- Support Provision
- Short Breaks
- Self-Directed Support
- Telecare

I am supported as a carer to manage my caring role



I am respected, listened to and involved in planning the services and support which both I and the person I care for receive

- Engagement Protocol
- Hospital Discharge Protocol
- Carers Database
- Train Staff
- Repeat Carers Conversations
- Involve in Commissioning
- Improve access to IJB

- Monitor Implementation of Strategy
- Review Strategy
- Consult
- Promote the Carer Positive Award Scheme

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

How can this strategy help carers?

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

Background

On 1st April 2018 the Carers (Scotland) Act 2016 comes into effect. The Act aims to give adult and young carers new rights, whilst bringing together all the rights carers currently have, under one piece of legislation. The Act places a duty on local authorities and health boards to prepare a local Carers Strategy. Aberdeen's strategy 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) intend 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
- providing comprehensive and easily accessible information on the type of support available as well as how and where to get it.

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:

Adult Carer Support Plans & Young Carers Statements	Adult Carer Support Plans will replace carers' assessments and consider a range of areas that impact on a carer. Young Carer statements must also be produced.
Eligibility Criteria	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.
Carer Involvement	Carers must be involved in both the development of carers services and in the hospital discharge processes for the people they care for.
Local Carers Strategies	Local Carers' strategies, such as this one, must be produced and reviewed within a set period.
Information and Advice	An information and advice service must be provided for relevant carers, with information and advice about rights, advocacy, health and wellbeing (amongst others)
Short Breaks Statements	To prepare and publish a statement on short breaks available in Scotland for carers and cared for persons.

Governance

One of the commitments under the Resilience Aim of ACH&SCP's Strategic Plan is to: ***“Value and Support Unpaid Carers.”***

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 is 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.

Development

The development of this strategy was co-ordinated by a Steering Group with representatives from ACH&SCP, the ICSP, third and independent sectors, and the two IJB carer representatives. It was informed by the output from various workshops, a Carers Conversation programme, a dedicated consultation with children and young people in schools and the work of various sub groups of the Steering Group including a Young Carer's Development Group looking at the different requirements of the legislation.

Approval and Delivery

Following consultation with relevant stakeholders, the strategy was initially approved by the Integration Joint Board (IJB) on 27th March 2018, the Integrated Children's Services Board (ICSB) on 24th April 2018, and Aberdeen City Council on 22nd May 2018. It was published on the AH&SCP and the ICSP websites and will be reviewed and refreshed in line with the Strategic Plan in March 2022. An Action Plan was developed in 2018 which details what we will do to deliver on the strategy. An updated Action Plan which contains the outstanding actions as of March 2021 can be found at the end of this document. The delivery of the strategy is being driven and monitored by a Carer's Strategy Implementation Group (CSIG) which has a similar membership to the Steering Group mentioned previously in that it will again include representatives from the AH&SCP, the ICSP, third and independent sectors, and the two IJB carer representatives. The IJB, ICSB and Aberdeen City Council will oversee the delivery via annual progress reports provided by CSIG.

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. In addition, the partnership is seeking to tackle health inequality and developing a stronger preventative emphasis to its activities and interventions.

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

Our vision is that organisations communities and citizens work together to ensure that carers in Aberdeen are fully valued, respected and supported and that their vital contribution is recognised.

Principles

Equal Partners in Care (EPiC) is a joint project between NHS Education Scotland (NES) and the Scottish Social Services Council (SSSC) aimed at achieving better outcomes for all involved in the caring relationship. The project has a set of core principles which were developed in consultation with a wide range of stakeholders and are based on key outcomes. These are very relevant to this strategy and as such we have adopted these as the best practice we will work to.

The 'Equal Partners in Care' (EPIC) Principles are:

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

Values

Values are a set of accepted standards. Our values for this strategy are noted below. These underpin everything we do from communicating with carers, to designing services, to planning for and providing support.

V A L U E S	<ul style="list-style-type: none"> • Equality of Access • High Quality • Collaboration • Integration • Localisation
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S T R A T E G Y	<ul style="list-style-type: none"> • Identify all those with a caring role in Aberdeen City (even those who may not see themselves as carers). (EPiC 1 & 6) • Meaningfully engage on an ongoing basis with carers. (EPiC 2) • Support carers to maintain their health and wellbeing. (EPiC 3 & 5) • Increase the profile of carers and the recognition of their unique contribution. (EPiC 4 & 6) • Further develop our staff to increase carer support. (EPiC 2)
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Equality, Diversity and Human Rights

The principles of equality, diversity and human rights are the basic 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.

Consultation and Engagement

In line with the National Standards for Community Engagement that were put in place following the implementation of the Community Empowerment (Scotland) Act 2015 we sought the views of carer and other relevant stakeholders across Aberdeen to inform the development of the Carers Strategy and the Action Plan.

The Carers Strategy Steering Group included representatives from ACH&SCP, the ICSP, the third sector, the independent sector and the two carer representatives who are appointed to the Integration Joint Board.

In addition, we spoke 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 achieved through attending carers meetings, one to one conversations and group conversations.
- consultation sessions with children and young people in both primary and secondary schools.

It is estimated that approximately 1000 carers, young carers and other interested parties were able to provide their views. 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 the content of the strategy if necessary.

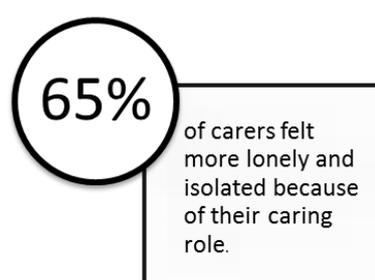
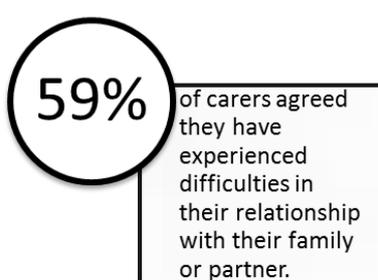
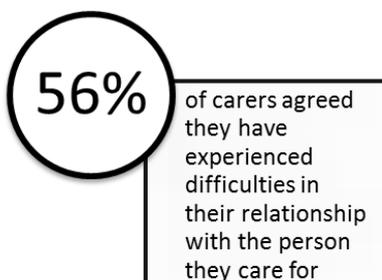
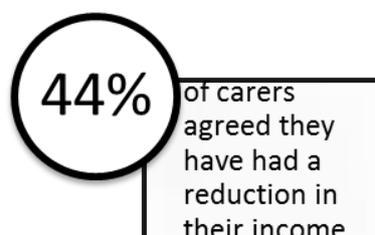
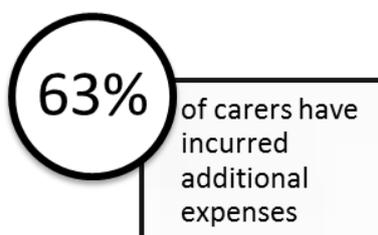
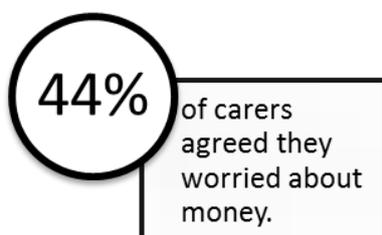
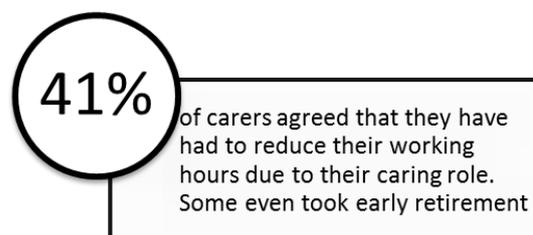
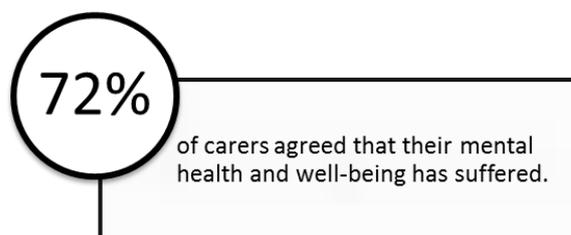
What the consultation told us in relation to adult carers:

In general, adult carers 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.

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

The strongest theme that emerged when adult 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 adult carers said would have the most impact upon their caring role were the provision of regular and appropriate respite, and the cared-for person themselves receiving adequate services in their own right. They also said they wanted recognition for the work that they do; peer support from other carers; support to maintain employment and help to access benefits and help with heating and travel costs.



Adult Carer's Stories

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.”

“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.”

What the consultation told us in relation to young carers:

Children and young people reported that conflicting emotions were linked to the caring role. As well as the feelings of worry and loneliness that might be expected there were also feelings of happiness and pride at being able to support a loved one.

Children and Young people identified concerns about bullying and a lack of understanding from both their peers and their teachers as barriers to young carers seeking support. There were also concerns around knowing where and who to seek support from and concerns that they may be taken away from their parents or that their parents may be placed in residential care.

The consultation identified that some of the support that would be most valued by young carers included:

- ❖ better communication between guidance and teaching staff
- ❖ support for doing their homework or extra support for their studies
- ❖ having a quiet space within the school environment
- ❖ having someone to talk to or a befriender
- ❖ having a holiday with the family
- ❖ having a plan for some time off from the caring role
- ❖ pet therapy

Young Carer's Story

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.'

What the consultation with other relevant stakeholders told us:

We also spoke to staff and a number of partner organisations and providers of care who come into contact with carers on a regular basis and were able to give us their views on the caring situation. Some of the key things they told us were:

- ❖ The strategy will allow providers to look where we can align and build in resource and support for carers.
- ❖ Carers need support when their loved one is transitioning to residential care and this should be put in place as early as possible.
- ❖ Carers need help to understand the care that is on offer in a residential setting and be supported to positively negotiate any role they wish to play in that.
- ❖ We're dealing with the same people in Housing and Community Learning and Development. By working together we can complement the support each other provides.
- ❖ Could "Making Every Opportunity Count" be used to help carers identify with the caring role?
- ❖ Hospital admission and discharge needs to be planned with carers in mind.
- ❖ Employers need to be educated in relation to carers and the impact of the caring role.
- ❖ Could support networks for employed carers be established in workplaces?
- ❖ Carers need support to plan and prepare for the end of life of the cared-for person.

So what does this all mean?

The outcome of the consultation and engagement with carer and other relevant stakeholders informed and influenced the development of this strategy. It helped design our vision and values and confirmed that the EPiC principles were valid and relevant. It shaped the 4 statements of achievement that we want carers in Aberdeen City to be able to say as a result of this strategy:

- 1. I am supported to identify as a carer and am able to access the information I need**
- 2. I am supported as a carer to manage my caring role**
- 3. I am respected, listened to and involved in planning the services and support which both I and the person I care for receives**
- 4. I am supported to have a life alongside caring if I choose to do so**

The information we gathered during the consultation and engagement was used to identify the commitments we needed to make in this strategy and the actions we needed to take to deliver on these. Our commitments and actions are detailed in later chapters.

Carers in Aberdeen City

Definition

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.

Who are carers?

A carer can come from all walks of life; be any age, including young children; employed, in education or neither; and have other responsibilities in terms of family to look after. The lives of children and young people within a family environment who are not the direct care-giver can nonetheless be significantly impacted by the caring situation.

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.

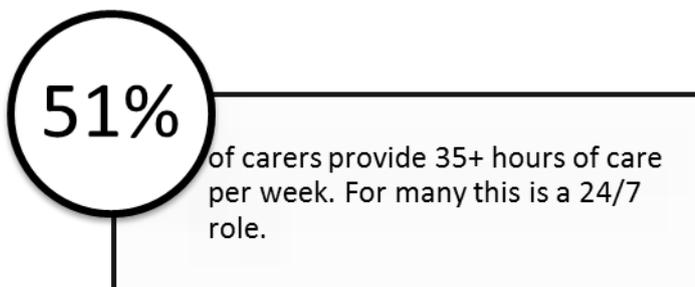
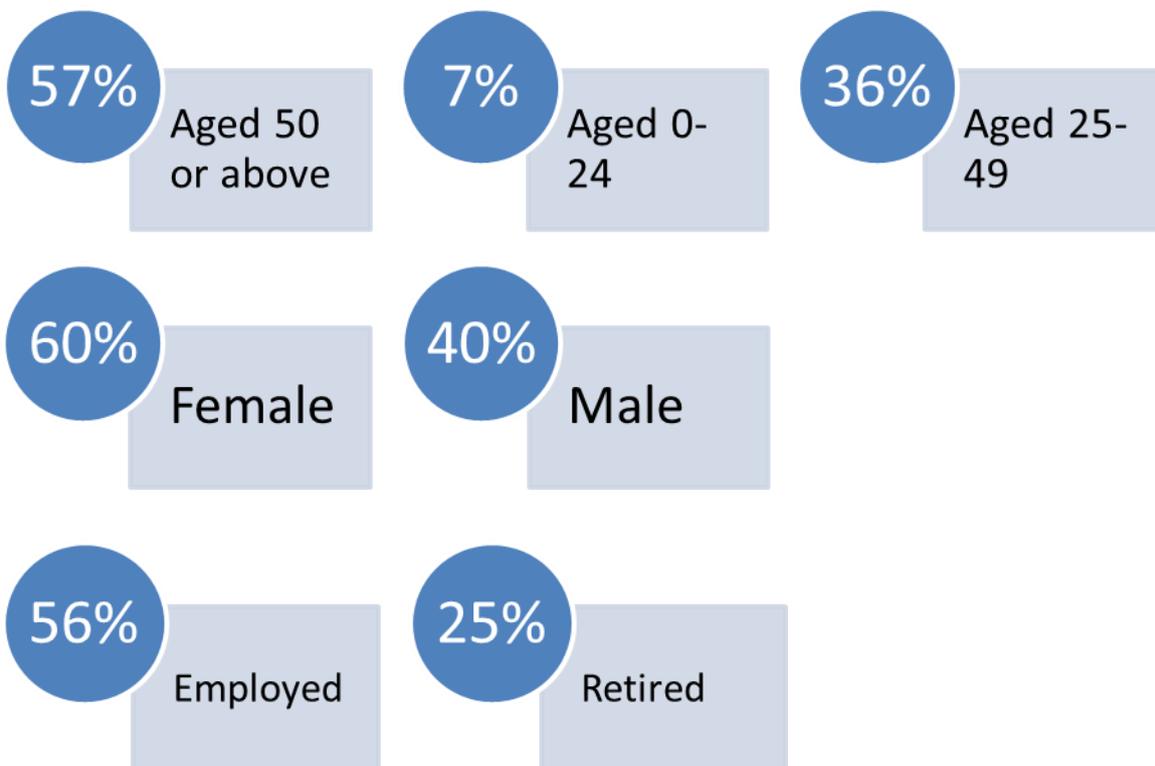
Many people providing care do not see themselves as a ‘carer’. They are first and foremost a husband, wife, son, daughter, or friend, who is undertaking acts of kindness, perhaps sometimes seen as duty, for their loved one.

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”. The term carer used throughout this strategy refers to those in an unpaid caring role.

As the types of carer are varied, the approaches we take to support them must also be diverse and nuanced. A one size fits all is not going to work.

Carer Profile Aberdeen City



The number of carers in Aberdeen

It's difficult to estimate the numbers of adult 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 of adult and young carers but also to inform them and in terms of young carers the people who support them, of their right to identify themselves as a carer 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 budget¹:

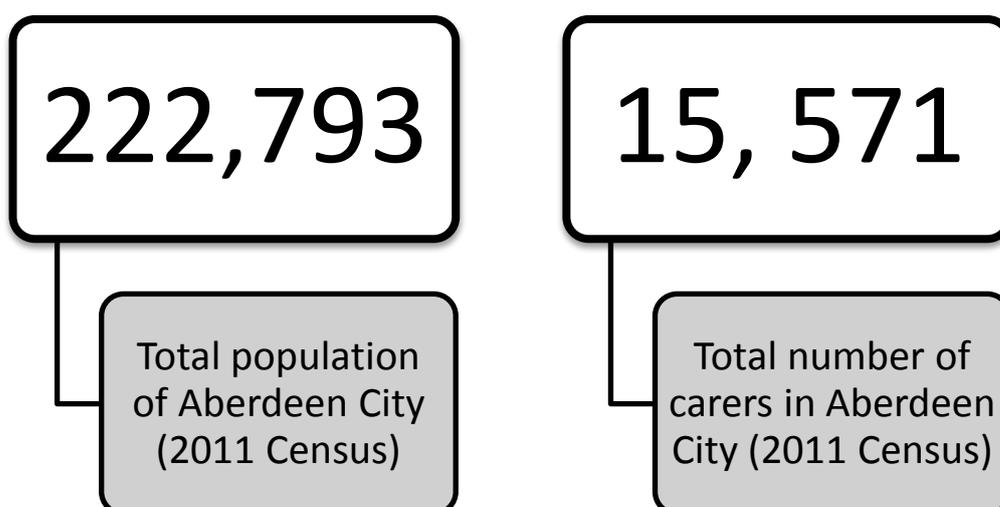
¹ <http://www.audit-scotland.gov.uk/reports/e-hubs/transforming-health-and-social-care-in-scotland>



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:

Adult Carers with a Carers Assessment	542 carers²
Adult Carers registered with Social Care databases	801 Carers. ³
Adult Carers known to the commissioned Carers' Support service	1200 Carers ⁴

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



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

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

⁴ Carers on the VSA Carers' Database as of September 2016.

⁵ Furthermore, according to the report Scotland's Carers (2015)⁶, 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.

There is a bit of a gap between the maximum number of carers we know about (1200) and the maximum potential number of carers (37,874). We have a huge challenge on our hands to close that gap. We will attempt to do this by:

- Raising awareness generally about the caring role
- Training staff to recognise carers
- Improving our communication to consider how this reaches carers
- Implementing the "Think Young Carer" approach
- Investigate the creation of a Carers Database
- Maximise the opportunity for identification of and engagement with carers at any and all events the partnership and its partners hold
- Promote the role of the IJB carer representatives and explore ways to improve carer access to them
- Promote the Carer Positive Award Scheme

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

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

The impact of the caring role

The National Carer Organisations (NCO) has produced a Best Practice Framework for Local Eligibility Criteria for Unpaid Carers. In it they have identified seven areas of a carer's life which may be impacted by their caring role. Aberdeen City Health and Social Care Partnership used 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 carer's needs and begin to identify appropriate support to help minimise any potential adverse impact of the caring role. Each of the seven 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. What carers told us in that could all be linked to the seven 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.

Support currently available for carers

This section of the strategy details what support is currently available for carer in Aberdeen.

- 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 was developed specifically in line with the requirement of the Carer (Scotland) Act 2016. The Carers Assessment and Support documentation and process was reviewed in consultation with carer representatives and a new form designed 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. There are two main areas of service delivery. The first is universal support to unpaid carers including information, advice and signposting and the second is more targeted support to those who have a more intense caring role.
- The Integrated Children's Services Partnership also has 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 has been 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.

Our strategic intentions in relation to carers

We have our vision for carers and we have agreed values and principles. We have identified the statements we would wish carers in Aberdeen to be able to make which would demonstrate that we have achieved our vision. We have the feedback from our consultation and engagement with carers, with staff and other relevant stakeholders. We have a profile of the carers in Aberdeen and a sense of the scale of the number of carers we have yet to identify. We have an understanding of the impact that the caring role can have and we know the support that is currently available to carers. All of this information has led us to develop a number of strategic intentions in relation to carers to enable more carers to identify as such; to enhance and improve the support available to carers; to reduce the impact of the caring role; and to involve carers more in the design and delivery of services both for carers and for the people they care for. In Aberdeen we want to ensure that we get it right for all adult and young carers.

The following paragraphs provide a high level overview of our strategic intentions grouped under each of the statements of achievement. The Action Plan in the next section contains more detail on how and when we will deliver. Successful delivery 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 independent and third sector partners and the IJB carers' representatives.

The financial challenges we face are acknowledged and whilst funding is limited we will aim to target what funding we have to those carers and services that need it most. We will maximise opportunities for access to existing support and services available within the partnership, the Council, partner organisations and in the carer's family network and the wider community.

Statement 1: I am supported to identify as a carer and am able to access the information I need

ACH&SCP values carers and the support that they provide to cared-for people. As a measure of that value the partnership provides a **dedicated resource** with lead responsibility for service user and carer involvement in Aberdeen City.

Recognising that carers come from all areas of our wider population, we 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 takes account of any particular needs of

carers in relation to the nine protected characteristics as described by the Equality Act 2010.

We have produced a targeted **information pack** for carers in collaboration with the commissioned Adult Carers Support Service.

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.

Statement 2: 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. Carers are a valued element of the broader health and social care workforce however with limited funding available eligibility criteria needs to be set for access for funded support. The ACH&SCP has published **eligibility criteria specifically for carers**. This clarifies who is eligible to be supported and what criteria will be used for determining that eligibility. The eligibility criteria also make it clear what support and advice is available for anyone who does not meet the criteria for formal, funded support. The criteria will be reviewed in line with the Carer's Strategy.

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

All young carers have a right to access a minimum level of advice and information. We have developed 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 have reviewed 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 (ACSP)**. In particular we have ensured that **emergency** arrangements and **future planning** are areas that are covered in these plans in order that carers can successfully plan for periods of transition or crisis. With the commencement of the Timescales for Adult Carer Support Plans and Young Carer Statements Regulations 2021 on 31st July 2021 we will ensure that ACSPs and YCSs for those caring for the **terminally ill** are prepared timeously. We will also ensure that these carers plan for their life after caring, especially young carers who may be left without a parent or other significant adult in their lives utilising NHS Grampian's Palliative and Supportive Care Plan template as a guide.

We have developed **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 has been given as to how a YCS sits alongside these other forms of assessment.

A YCS includes the nature and extent of care provided, or to be provided, as well as the impact of caring upon the young carer's wellbeing and day-to-day life. It also includes 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 also shows if support should be provided in the form of a break from caring.

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

Young carers are provided with information about what to expect when they request or accept the offer of a YCS. All Statements are 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 is reflected in the YCS. When a young carer transitions to being an adult carer, the YCS is still considered relevant until an Adult Carer Support Plan has been provided. We do not wait until the young carer reaches 18 to start this process.

In response to what carers told us that they wanted, we seek to maximise the opportunities for carers to access support groups and activities. As required by the legislation, we published our '**Short Breaks Services Statement**' in December 2018. The statement covers both traditional and bespoke commissioned respite services and endeavours to provide more innovative and flexible arrangements. A 'Short Break' is defined as a short break away from the caring role. Short Breaks are based on assessed needs and are 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 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 ensure that the use of **Telecare** options is explored to further assist with the caring role.

Statement 3: I am respected, listened to and involved in planning the services and support which both I and the person I care for receive

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 ongoing support to them to ensure that their voice is heard appropriately. The carers' representatives will change over time and we have developed recruitment and selection protocols to inform and support future appointments. We will also develop a reference group of carers with different caring experience to support the two IJB carer representatives and examine ways in which we can improve the accessibility to and communication with them.

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.

Statement 4: I am supported to have a life alongside caring, if I choose to do so

All of our strategic intentions 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 regularly and appropriately to ensure that it is having the desired effect on reducing the impact of caring upon the health and wellbeing of carers.

In addition, we will seek to promote the **Carers Positive Award Scheme** in Aberdeen City to signify the importance that we place on the value of the caring role.

We will **review** the strategy on a regular basis.

Implementation Plan

I am supported to identify as a carer and am able to access the information I need			
1.1 Provide a dedicated resource for carers within wider ACH&SCP			
What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
All actions complete.			
1.2 Increase meaningful engagement with carers across Aberdeen City.			
What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
1.2.1 Engage with all carers using a variety of methods as identified as being specific to various needs.	Ongoing	Improved scores from Carers Survey.	Carers Strategy Implementation Group Commissioned Service
1.2.2 Consider specific activity to engage with minority ethnic carers in collaboration with Minority Ethnic Carers of People Project (MECOPP).	March 2022	Feedback via minority ethnic groups.	Carers Strategy Implementation Group Commissioned Service
1.3 Continuously improve the information provided to Aberdeen citizens relating to carers			
What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
1.3.1 Work with commissioned and internal services and carers themselves to review the information available particularly in relation to accessibility.	March 2022	Improved scores from Carers Survey.	Carers Strategy Implementation Group
1.4 Create opportunities for more people across Aberdeen City to identify as a carer.			
What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
1.4.1 Work with commissioned and internal services to ensure we are encouraging and supporting unpaid carers to identify as such and making every opportunity count in this regard.	Ongoing	Increased numbers of adult and young carers identified.	Carers Strategy Implementation Group

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

2.1 Ensure all identified carers have comprehensive Adult Carers Support Plans or Young Carers Statements.

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
<p>2.1.1 Review Eligibility Criteria for Adult Carers after three years.</p> <p>Review the eligibility criteria for Young Carers Integrated Children's Services Operational Guidance 2016.</p>	March 2022	Revised Eligibility Criteria approved, published and utilised	<p>Lead Strategy and Performance Manager (AH&SCP)</p> <p>Young Carers Development Group</p>
<p>2.1.2 Revise templates and procedures for Adult Carer Support Plans, Anticipatory Care Planning and Patient Admission/Discharge. The former to include sections for Emergency Arrangements and Future Planning.</p> <p>Develop Young Carer's Statement template in parallel with Child's Plan to include additional sections for Emergency Arrangements and Future Planning.</p>	March 2022	Templates revised and in use.	<p>Lead Strategy and Performance Manager (AH&SCP)</p> <p>Young Carers Development Group</p>
<p>2.1.3 Review use of Adult Carer Support Plans and Young Carer's Statements.</p>	March 2022	<p>Increase number of completed Adult Carer Support Plans and Young Carer Statements.</p> <p>Annual audit of the value of the completed plans with the individual carers.</p>	<p>Adult Social Care; Integrated Children's Services (ACC)</p> <p>Commissioned Service</p>
<p>2.1.4 Develop a pathway and protocol for transition planning from Young to Adult Carer, including response to and provision for 16 & 17 year old Young Carers.</p>	March 2022	Transitions pathway and protocol developed and utilised	<p>Lead Strategy and Performance Manager (AH&SCP)</p> <p>Multi-agency Group for 16/17 year olds</p>
<p>2.1.5 Develop guidance on support for those carers caring for people with a terminal illness</p>	July 2021	Guidance developed and in use	<p>Lead Strategy and Performance Manager (ACHSCP)</p> <p>Young Carers Development Group</p>

2.2 Maximise the opportunities for relevant support that carers want.

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
2.2.1 Maximise opportunities for carers to access support groups and activities.	Ongoing	Feedback from carers	Carers Strategy Implementation Group
2.2.2 Increase the numbers of carers being offered the 4 options under Self-Directed Support.	Ongoing	SDS Statistical Report.	Lead Social Work Manager (ACH&SCP)
2.2.3 Increased use of Telecare options to support carers (and reduce transport costs).	Ongoing	Increased number of telecare packages in place.	Lead Social Work Manager (ACH&SCP)

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

3.1 Ensure carers are involved in planning the specific services and support the person they care for receives

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
3.1.1 Development of Carer and Service User Engagement protocol for planning services, including awareness and recognition of the role of Young Carers.	March 2022	Protocol developed and in use.	Carers Strategy Implementation Group
3.1.2 Develop specific guidance in relation to carer involvement in the hospital discharge process, including awareness and recognition of the role of Young Carers.	March 2022	Guidance developed and in use.	Carers Strategy Implementation Group
3.1.3 Develop support guidance for Carers when the cared for person is moved to a Care Home.	March 2022	Guidance developed and in use.	Scottish Care

3.2 Ensure carers are listened to and consulted in the availability and design of services for them

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
3.2.1 Develop database of carers in Aberdeen City.	March 2022	Database created.	Adult Carers Support Service
3.2.2 Hold bi-annual 'Carers Conversation' events. Develop Young Carers feedback loops within each ASG.	Ongoing	Events are held and evaluated (including number of attendees and feedback on events) Feedback from Young Carers evaluated and used to develop and review support available to them.	Carers Strategy Implementation Group Young Carers Development Group
3.2.3 Carers to be involved in future commissioning of ACHSCP services and are recognised as a specific consultation group.	Ongoing	Carers identified and engaged in services through commissioning work planning.	Lead Commissioner (ACH&SCP)
3.2.4 Provide on-going support as required to the carer representatives to the IJB in consultation with them as to their specific needs.	Ongoing	Feedback from carers representatives	Lead Strategy and Performance Manager

			(ACHSCP)
3.2.5 Develop a reference group made up of carers with different experiences of caring to support the IJB carer representatives and improve access to and communication with them.	March 2022	Reference group in place Communication arrangements in place	Lead Strategy and Performance Manager (ACHSCP)

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

4.1 Monitor implementation of strategy and the affect it is having on reducing the impact of caring on the health and wellbeing of carers.

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
4.1.1 Monitor the implementation of the Carers Strategy and report regularly on progress.	Ongoing	Monitoring of delivery of action plan through CSIG meeting minutes Annual reports delivered to IJB, Children's Board and ACC	Carer's Strategy Implementation Group
4.1.2 Review strategy	March 2022	Strategy revised, approved, published and implemented	Carer's Strategy Implementation Group
4.1.3 Ensure Carers views are surveyed regularly, and the feedback informs future support planning	Ongoing	Survey results and revised plans	Lead Strategy and Performance Manager (AH&SCP)
4.1.4 Promotion of the Carer Positive Award Scheme within Aberdeen City Health and Social Care Partnership in order that they are seen by carers and staff as 'carer positive' and also promote this across wider businesses and organisations in Aberdeen City.	March 2022	'Number of businesses and organisations participating in the scheme and achieving awards	Lead Strategy and Performance Manager (AH&SCP)