



Renfrewshire Carers Strategy 2009–2012

Supporting carers in Renfrewshire – a partnership approach



我們可提供本文檔的繁體中文拷貝。若需此拷貝，請致電 0141 840 3281 與首席執行官辦公室的 Graeme McLatchie 聯繫。

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W celu uzyskania takowego, proszę skontaktować się Graeme McLatchie w Wydziale Prezesa Rady Miasta (Chief Executive's Department) pod numerem 0141 840 3281.

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We are pleased to have developed this Renfrewshire Carers Strategy for the period 2009 to 2012. This strategy includes a vision statement, specific recommendations to further develop services for unpaid carers to bring the vision closer to reality, and an evaluation framework.

Based on the 2001 census there are about 22,000 unpaid carers in Renfrewshire, or about 1 in 8 of the population. About 63% of carers are women and 3300 carers in Renfrewshire provide intensive support of more than 50 hours a week of unpaid care. There will be a highly significant increase of 40% in the older population aged 85+, by 2020, just one decade from now. There will be a compensating population reduction in all age groups below 50, including a reduction of 1400 children (5%) under 15 in the same period.

One in five people over 80 years of age has a form of dementia as has one in 20 people over 65 years.

The urgency to plan for these changes, in terms of managing resource allocation to better reflect population changes, can not be overstated. 50% of all carers are caring for someone over the age of 75.

The Renfrewshire Single Outcome Agreement describes targets agreed with the Scottish Government, including HEAT targets (Health Improvement, Efficiency, Access and Treatment), which aim to:

- Increase the number of carer assessments from 65 to 244 by 2010
- Reduce emergency inpatient bed days for people aged 65+ by 10% compared to 2004
- Reduce the number of people aged 65+ who are admitted 2 or more times in a year by 20% compared to 2004
- Maintain at zero the number of patients delayed from discharge in hospital for over 6 weeks
- Reduce hospital admissions due to falls by 5%.

This Carers Strategy thus recognises that investing in services to support carers is a key plank of health and social work development plans so that these important targets can be achieved.

Carers are high on the Scottish Government agenda with a commitment to deliver an additional 10,000 weeks of respite across Scotland. Local Authorities are now funded to provide additional respite services as part of the 'Concordat' agreement between Councils and the Scottish Government, and national guidance from the Scottish Government on providing respite services has recently been issued. Renfrewshire Council are receiving funding to provide an additional 2310 respite nights or 17325 respite hours per annum by 2011, over and above the level of respite services provided in 2007/8.

Since April 2008 NHS Boards are funded to make improvements both to the information available to carers and to provide carers with training in the skills of caring, training that has typically only previously been available to employed staff.

Both the above funding streams support new services for carers, including additional respite services, an information worker post, and a new training worker post in 2009.

Within the Social Work development plans there is a commitment to increase respite services delivered per annum, at home and outwith the home, across all client groups. The number of nights of respite to older people is planned to increase from 8000 nights in 2007 to 8500 nights by 2010. The number of respite nights to adults is planned to increase from 6700 nights in 2007 to 7600 nights by 2010. Daytime respite for older people is planned to increase from 16549 hours in 2007 to 17500 hours by 2010. Daytime respite for adults is planned to increase from 40700 hours in 2007 to 50000 hours by 2010.

Within Renfrewshire, the Carers Joint Planning, Performance and Implementation Group (Carers JPPIG) is the key strategic vehicle for planning service improvements to carers, and therefore includes carers in its membership. The current workplan of the Carers JPPIG is attached as Appendix 1.

Carers enable people to stay in their own homes, remain independent for as long as possible, and sustain the quality of life of the person they care for. Caring is both demanding and rewarding, but there can be enormous stresses and strains. It is vitally important that we recognise and value carers in Renfrewshire, provide information, and support them.

Carers will typically be identified because of the needs of the person they care for. The new Renfrewshire Carers Self Assessment booklet launched in 2008 helps to identify 'hidden' carers and makes it easy for carers to self assess and refer for support services, with over a 100 carers, as at February 2009, using this self assessment approach. It is crucial that when a patient or client's needs are being assessed, that full account is taken of the needs of the carer, in terms of their employment, education, training, health, information, family, benefits, social time, as well as their caring role. When a carer is identified, we always offer the carer an assessment of their own needs. If carers say that they do not require an assessment of their own needs, we try to include carers' needs during the assessment of the person they care for, and we intend to improve how we do and record this.

This strategy has been developed in partnership with carers. It describes in general terms the role of carers, and identifies a number of issues that will need to be addressed if we are to better support carers. Much of the detailed work in relation to meeting carers' needs is undertaken within client specific planning forums, such as the JPPIGs for older people, people with addictions or learning disabilities, or with mental health or palliative care needs.

This strategy thus outlines the overarching themes and issues for carers, makes recommendations, and leaves much of the detail of developing services for carers to the client specific planning forums. Appendix 2 provides a check list for use in client specific planning forums to ensure that carers' interests have been robustly considered.

Appendix 3 describes the proposals from a recent and significant consultation exercise with 58 carers regarding carers training needs that both informs this strategy and the remit of a new training post to support carers.

Appendix 4 lists in full the survey questions used to seek carers' views on key services that support carers, so that carers' views could fundamentally inform this Renfrewshire Carers Strategy.

Any future strategy for carers in Renfrewshire needs a clear vision. We hope that the following vision statement reflects our future aspirations to support carers and that this Renfrewshire Carers Strategy 2009 - 2012 will take us a step closer to this vision becoming a reality.

- Carers will have access to the personalised services they need to support them in their caring role.
- Carers will be supported to have a life of their own alongside their caring role.
- Carers will be supported so that they do not experience financial hardship or social exclusion through a caring role.
- Carers will be supported to stay as mentally and physically well as possible.
- Young carers will be supported, protected from inappropriate levels of caring, and have the supports they need to learn, develop and enjoy a positive childhood.
- Carers will be respected and supported through training and information to fulfil more confidently their caring roles.
- Carers will be engaged, involved and consulted with as partners in developing policies, strategies, in service reviews and service developments.



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The following recommendations have been identified for implementation during the life of this carers strategy 2009 to 2012 by Renfrewshire Council, Renfrewshire Community Health Partnership and the Renfrewshire Carers Centre. Further details relating to these recommendations are detailed in pages 25 to 31. The recommendations are intended to reflect the Carers National Organisations campaigning manifesto.

Progress will be monitored by Renfrewshire Council Social Work and the Community Health Partnership through the Carers Joint Planning, Performance and Implementation Group (CJPPIG).

Recommendation 1 – Respite

Respite services are reviewed considering projected capacity, resource implications, choice of models of respite care with reference to home based, overnight, and needs of minority ethnic groups, and respite resulting from befriending support services. Respite service outputs to increase by 2310 nights or 17325 hours per annum by 2010/2011 compared to the level of respite service delivered in 2007/8. Renfrewshire Respite Bureau is extended to enable all carers, after their needs have been assessed and agreed, to book respite direct with the Bureau.

Detailed easy to read information is published in leaflet form, by client group, on the availability of respite services, and how these can be accessed. Specialist day centre services for older people with dementia are reviewed to plan for adequate respite capacity to support carers.

Recommendation 2 – Employment

Carer assessments and service responses are evaluated to ensure they address the wishes of carers to return to work, pursue education or training, or sustain existing employment. A consultation exercise

is undertaken with carers to see how services can better support carers back to, or in, employment. Community Health Partnership and Local Authority employment policies are evaluated for being carer friendly.

Recommendation 3 – Health

Services to support carer health are reviewed and developed to address and reduce the prevalence of carer stress, depression and sleep disturbance. Carers are offered an annual health check due to the increased likelihood of poor health experienced because of, or due to, their caring role.

Recommendation 4 – Assessments

Target numbers for carer assessments completed are set by the population size within each social work area team to sustain an annual increase in the number of carers' assessments completed. Carers' needs identified in the carer self assessment are reviewed annually and reported to the chairs of each JPPIG. Through the assessment and care management process carers' wishes as to the future accommodation and care arrangements for loved ones, including partners and children, are recorded.

Recommendation 5 – Information

Develop a Renfrewshire Carers Information Strategy and increase the range of published information available to support carers on training opportunities, enabling legislation, health conditions, and services provided. Improved information is provided to carers on how telecare initiatives (such as detectors that alert to falls, flood, enuresis, epilepsy, movement) can support carers during the day or with disturbed sleep at night.

Recommendation 6 – Partnership working

Carers are included as members of each of the 6 Joint Planning, Performance and Implementation Groups for Mental Health, Learning Disabilities, Older People, Palliative care, Carers, and Addictions. All JPPIGs report annually on how they have addressed the needs of carers. Carers are involved fully as partners in service reviews, service developments, and policy developments.

Recommendation 7 – Review and evaluation

Chairs of each of the Joint Planning, Performance and Implementation Groups complete a report in November each year detailing how carers' needs have been addressed in the previous year's work plan and plans for the year ahead.

Recommendation 8 – Equality

Sample areas of the Carers JPPIG work plan (respite services, consultation and providing of information in 2009) are equality tested annually.

Recommendation 9 – Training

Increased training opportunities for carers are developed and implemented from 2009/2010, and ongoing. Establish joint awareness training for health and social work staff on carers' needs and issues.

Recommendation 10 – Charging policy

Home based respite charges are reviewed within the context of overall charging policies, and charging for other services with a respite component, with the aim of minimising the risk of carers declining respite services due to charge levels.

Recommendation 11 – Housing

Housing allocation policies and priorities are tested for equality and fairness in meeting the needs arising from the particular circumstances of carers.

Recommendation 12 – Financial inclusion

Carers are specifically targeted with a take up campaign to increase opportunities to receive a benefits check.

Recommendation 13 – Advocacy

The Renfrewshire Carers Centre evaluates the adequacy of advocacy services to support carers.

Recommendation 14 – Direct payments

Direct payments that indirectly support carers, promote flexibility and empower carers, increase over the life of this strategy in number and average value.

Recommendation 15 – Emergency care

The 'message in a (fridge) bottle' scheme, that enables carers to identify the key needs of the cared for person, for use in any urgent or emergency situation, is implemented across Renfrewshire.

1	Carer Definition	
	1.1	From the 2001 census it is estimated that there are about 22,000 carers in Renfrewshire. Carers who provide 'regular and substantial' care have a legal right to have their needs assessed. Carers frequently offer a full range of support including assistance with personal care, household tasks, finances, emotional support, and leisure pursuits.
	1.2	A carer is a person of any age who looks after a partner, relative, neighbour, or friend, who, due to illness, frailty or disability could not manage without some help. This care is unpaid.
2	Carer Prevalence and Carer Health	
	2.1	Renfrewshire has a population of 170,000 people, of whom 18% are children, 66% are young and middle aged adults and 16% are older people. The proportion of the population from a minority ethnic community (1.2%) is approximately half the national average (Glasgow Centre for Population Health, 2008).
	2.2	<p>The number of carers in Renfrewshire has been obtained from census data and by applying national prevalence rates to the Renfrewshire population. The Scottish Executive response to Care 21 Report estimated that 1 in 8 of the Scottish population are carers. Government figures and local studies suggest that:</p> <ul style="list-style-type: none"> • 18% of carers care for more than one person • 50% of carers care for an individual over 75 years • 25% of carers have cared for more than 10 years • 63% of carers are female • 80% of carers advise that caring has made their health worse • 10% of older carers cut back on food to make ends meet • 80% of carers aged 50 – 60 had given up work to care. <p>Applying overall prevalence rates to Renfrewshire suggests that:</p> <ul style="list-style-type: none"> • 20,000 carers in Renfrewshire will experience stress • 13,000 carers in Renfrewshire will experience depression • 8,000 carers in Renfrewshire will juggle work with caring • 4,800 carers in Renfrewshire will have given up work to care • 3,300 carers in Renfrewshire will provide more than 50 hours of care each week • 2,900 carers in Renfrewshire providing substantial care will have financial concerns that affect their health (Recommendation 12).

2	Carer Prevalence and Carer Health (continued)	
	2.3	<p>The scale of these figures demonstrates the contribution made by carers and the impact supporting carers could have on the reduction of inpatient bed days and emergency hospital admissions, as well as delaying or avoiding the need for institutional forms of care. There are approximately 22,000 carers in the Renfrewshire area with 7,000 caring for more than 20 hours per week. Approximately 1,000 are young carers who are twice as likely as their peers to experience mental health issues. Carers are a third more likely to suffer ill health than non carers and statistically more than 2000 carers in Renfrewshire are in poor health (Recommendation 3). Many carers report disturbed sleep at night, often but not only, through caring for a partner with dementia. Respite at home fits well with strategies for managing long term health conditions at home, and with meeting palliative care needs as stated in Living and Dying Well, Scottish Government 2008. Carers caring for loved ones with serious, progressive illnesses require choice in their preferred place of care (Recommendation 1 and 5).</p> <p>A number of carers have reduced or declined accepting home based respite services due to the assessed charges for receiving such services (Recommendation 10). If a caring relationship is insufficiently supported, it can result in admission of the cared for person to hospital or to a care home.</p>
	2.4	<p>One in five carers give up work to care. By 2037, it is estimated that there will be an additional 4400 carers in Renfrewshire, an increase of 20% to give a total of about 26,400. Unpaid care will grow in importance as people live longer and receive more care at home. As carers themselves become older they wish to plan for the future accommodation and care needs of loved ones, receive reassurance that their wishes will be respected and plan for emergency situations that might arise. (Recommendation 4 and 15).</p>
	2.5	<p>Carers Scotland has produced a booklet called "Finding the Balance: Promoting Positive Health - A Carer's Resource to Health and Wellbeing" (2007), and is available on the 'Carers Scotland' website. This booklet is designed to illustrate some of the ways in which carers can find a balance between caring and looking after their own health needs. It suggests practical ways in which carers can improve their own health and wellbeing through healthy eating and sleeping well, caring for their backs, keeping good emotional health, and information on practical help and financial support (Recommendation 3).</p>

3	National and Local Policy Context	
	3.1	<p>The significant role of unpaid carers in supporting the NHS was highlighted in the report, Building an NHS Fit for the Future (2005.) A framework was recommended for the way the NHS needs to adapt to respond to changing demography. Five recommendations were proposed in order to increase support and services for carers, including full implementation of an NHS Carers Information Strategy and these are cross referenced below to the recommendations in this strategy document:</p> <ul style="list-style-type: none"> • Make carers health a public health issue (Recommendation 3) • Implementation of a NHS Carers Information Strategy (Recommendation 5) • Encourage carer participation and partnership involvement in planning (Recommendation 6) • Development and provision of carers training (Recommendation 9) • Build carer awareness into professional training (Appendix 1).
	3.2	<p>Care 21 - Future of Unpaid Carers in Scotland 2005</p> <p>This report reflected the views of over 5,000 carers. Twenty-two recommendations were suggested in order to provide a strong framework of rights for carers. Four early priorities were selected for progression via national and local initiatives:</p> <ul style="list-style-type: none"> • Young carers: To be mainstreamed with improved integration and quality of services for young people • Carers Training: To be supported by development of a national "expert carers" training framework • Carers' Health: To be progressed via a range of initiatives e.g. free flu vaccine, review of nursing in the community, GP practice carers registers and a carers information strategy • Respite: A task force was set up in June 2006 to assess respite provision and models in Scotland and develop national guidance to underpin local planning and local implementation targets. The 'Guidance on Short Breaks (Respite)' was issued by the Scottish Government in 2008 to Local Authority and NHS Board Chief Executives.
	3.3	<p>NHS Carers Information Strategy 2006</p> <p>Detailed guidance on developing an NHS Carers Information Strategy was published by Scottish Executive Health Department (S.E.H.D) in April 2006. It recommended the strategy be implemented in partnership with carers, carer organisations, local authorities and other stakeholders. The strategy stresses the importance for carers to have appropriate information about the services available for the person they are caring for as well as information on their rights and the services available for themselves as carers. If carers cannot make informed choices they cannot have control over their own lives. A sub group of Glasgow Carers Planning and Implementation Group was established to lead development of a Carers Information Strategy which was developed in partnership with local authority, carers and other relevant stakeholders (Recommendation 5).</p>

3 National and Local Policy Context (continued)	
3.4	Renfrewshire CHP Development Plan, published in April 2007, was developed with staff, planning partners, voluntary sector and other agencies and shaped by NHSGG&C. Seven corporate themes and nine transformational themes provide the local framework for improving health services, health improvement, access to services and reducing inequalities.
3.5	Changing Lives, the report of the 21st Century Review of Social Work Services, highlights the need for the personalisation of services as the foundation of social care practice over the coming years.
3.6	<p>The Renfrewshire Carers Strategy has been designed to reflect the priorities of national organisations for carers as stated in their 2007 manifesto outlined below. This manifesto was produced by Carers Scotland, the Princess Royal Trust for Carers, Crossroads, Caring Scotland, Shared Care Scotland, the Scottish Young Carers Alliance and the Coalition of Carers in Scotland.</p> <ul style="list-style-type: none"> • Every carer has the right to good health. • Every carer must be able to access regular and appropriate breaks from caring. National and local Short Break Strategies must be developed and delivered against clearly defined improvement targets. The emphasis of the targets should be to improve the quality, range, flexibility and accessibility of services, and to give carers and service users greater choice and control. • Every carer must have access to appropriate support. • Every carer must have access to carer training to support them in their caring role. All carers must have access to appropriate training, delivered free of charge, tailored to meet their caring situation. Health Boards and Local Authorities must promote training opportunities for carers and will invest in the development and local delivery of Expert Carer training. • Every child and young person with caring responsibilities deserves the right to be a child first. • Every carer must have the right to live free of poverty with opportunities to work and take part in lifelong learning and leisure. • Issue guidance to ensure that carers will not be charged for services to support them in their caring role, including breaks from caring. Extend concessionary travel to carers to support their access to leisure and education. Issue guidance on carers assessments, to take account of carers' desire to work and take part in education and leisure. Carers must have access to flexible learning opportunities.

4	Carer Consultation	
	4.1	<p>This Renfrewshire Carers Strategy is overarching and describes in general terms the role and needs of unpaid carers, and identifies a forward plan for the next 4 years. This plan is based on extensive recent consultation exercises with carers living in Renfrewshire and an analysis of carers' needs from self assessments that carers have completed in 2008 and 2009. The outcome of these consultations is explained more fully in this section of the strategy.</p>
	4.2	<p>Detailed planning in relation to meeting carers' needs is undertaken within client specific planning forums, particularly the Joint Planning, Performance and Implementation Groups (JPPIG). These are the specialist JPPIGs focusing on the needs of specific groups of patients/clients and their carers. There are JPPIGs for older people, with a sub group for people with a physical disability, people with learning disabilities, people with addictions, people with mental health needs and people with palliative care needs. The Joint Management Group, consisting of CHP and Social Work directors and senior managers, oversees the work of all the Joint Planning, Performance and Implementation Groups to ensure their effectiveness in meeting the needs of carers. There is a JPPIG for Carers that has a more overarching strategic, analytical and developmental role.</p>
	4.3	<p>This strategy identifies generic issues and the general direction of travel for supporting carers, including for example issues relating to information, training, respite, carer needs assessments and carer self assessments, income maximisation, health, employment, and representation in the partnership agency structures that plan and deliver services. The strategy recognises the important role carers carry out in maintaining loved ones at home and that developing support services for carers can shift the balance of care from hospital and institutional living back to the community, prevent admission and re-admission to hospital, and facilitate speedier discharge from hospital.</p>
	4.4	<p>Within the last 12 months additional home based respite services have been secured by increased funding to Alzheimer Scotland and the Renfrewshire Carers Centre of £71,000 which equates to an additional 100 respite hours per week. A new post (part time) of Carers Assessment Worker has been created in social work to undertake carer assessments.</p> <p>Care home respite for older people has been modernised and realigned. A respite unit with 12 bedrooms and additional staffing has been set up in a new build Council managed care home for older people, and current resources have been reallocated to establish 5 block booked nursing home bedrooms in the private sector, to ensure planned respite for carers of older people is available. The new carers self assessment was launched in 2008 and this easy to complete booklet has at April 2009 already enabled over 120 carers to self identify the services that they wish to receive. The self assessment format has facilitated easier contact for carers with Renfrewshire social work. This self assessment format is also available to complete online on the Renfrewshire Council website. To date 11% of returned carer self assessments have led to a full carers assessment and service responses to the issues identified in the carers self assessments are being monitored.</p>

4	Carer Consultation (continued)
4.5	<p>A major survey of carers training needs was undertaken in 2008. The report, 'Unpaid Carers living in Renfrewshire provide a self assessment of their training needs', is attached as Appendix 3 and forms the basis for Recommendation 9. This report informs a 2 stage implementation of training courses for carers covering issues such as:</p> <ul style="list-style-type: none"> • managing stress (including therapies and self management) • benefits/welfare rights • information on services • carers' rights (assessments, respite, employment, consent, Guardianship/Power of attorney, etc) • dementia care (including managing aggressive behaviour) • assertiveness training/dealing with agencies • managing aggressive behaviour • nail/foot care • first aid and basic resuscitation • hygiene, skin care, bathing and hair care • oral hygiene • continence and catheter care • information on mental health disorders (excluding dementia) • moving and handling • nutrition and feeding.
4.6	<p>Carers were consulted with in developing this carers strategy and a range of issues were raised:</p> <ul style="list-style-type: none"> • the need to increase the availability of direct payments • helping carers to plan for their children to have a smooth transition from home to independent living • reassuring carers who are becoming older, and with little or no family, with help in planning for the future • booking respite direct with the respite centre is advantageous • strong support for the recommendations in the strategy relating to respite and addressing carers' health issues • national carers allowance benefit is far too low • carers experiencing sleep disturbance • the need to increase respite during the day • the emotional strain of caring affecting family life • carers experiencing stress and depression • the need for respite where people have terminal illnesses • the need for flexible home care services.

4	Carer Consultation (continued)	
	4.7	<p data-bbox="292 443 762 477">Analysis of 100 carer self assessments</p> <p data-bbox="292 517 1361 589">From an analysis of 100 carer self assessments the four most frequently raised needs/issues identified by unpaid carers were:</p> <ul data-bbox="292 629 1023 775" style="list-style-type: none"> • Respite reported by 52% of carers • Stress reported by 46% of carers • Lack of sleep/sleep disturbance reported by 40% of carers • Welfare benefits reported by 28% of carers <p data-bbox="292 815 1461 920">There was a correlation between a lack of respite and stress levels. The needs of the cared for person during the night was the main cause of sleep disturbance to 4 out of every 10 respondents. Carers identified a diverse range of needs:</p> <ul data-bbox="292 965 783 1406" style="list-style-type: none"> • Someone to talk to 23% • Training 22% • Information on illnesses 21% • Gardening/maintenance 21% • Equipment 18% • Day centre 15% • Assistance with household tasks 14% • Back problems 14% • Low mood/depression 12% • Accommodation 11% • Meals 9% • Assistance with personal care 5%

4 Carer Consultation (continued)			
4.8	Survey Questionnaire		
	<p>A questionnaire sought the views of unpaid carers in order to ensure this strategy was carer-led. The questionnaire used is attached in full as Appendix 4. There were more than 40 respondents of whom 90% were unpaid carers.</p> <p>Carers' highest priority was to request additional respite in a variety of forms to reflect the diverse needs within and between different client groups. There are a number of areas of service that carers wish to see improved, as summarised below. These reflect many of the issues raised by carers nationally, and in the consultation process, and these have in turn informed the recommendations contained in the strategy.</p>		
	Issue	% agree	% disagree
1	Easy to get information about services	59	41
2	Easy to get information on charges	42	58
3	I receive enough information on benefits	55	45
4	I receive enough training on care skills	16	84
5	I receive enough information about illnesses	21	79
6	I receive enough support with stress or depression	37	63
7	I receive a copy of my assessment	43	57
8	Encouraged by sw staff to receive a carers assessment	38	62
9	Encouraged by health staff to receive a carers assessment	21	79
10	Consulted about developments of new services	47	53
11	Have a good knowledge of telecare services	15	85
12	I receive enough days at a day centre	54	46
13	I have enough nights of away from home respite	19	81
14	I would like an at home respite service	38	62
15	I receive enough hours of respite by day	50	50
16	I receive enough hours of home care	42	58
17	Charges for home based respite reduce my use of the service	67	33
18	Charges for home care reduce my use of the service	46	54
19	I find it easy to get my home adapted	41	59
20	I find it easy to get an advocate	56	44

4	Carer Consultation (continued)	
	4.9	<p>Overall carers showed a mixed response to current services with more positive responses to information available on services and benefits, the availability of advocacy, and day care provision. Carers emphasised the need for improving the availability of training opportunities on caring skills, information about health conditions and illnesses, information about telecare services, nights of respite services received, charges for home based respite services, being encouraged to accept a carer's assessment and support with stress/depression. These views reflect the national concerns raised by carers and carer organisations, the growing recognition of carers' issues politically, the Scottish Government progression of a new national carers strategy, and the recent Scottish Government provision of relatively small funding streams to start to progress issues raised by the challenging agenda raised in the Care 21 report referenced earlier. Plans are therefore outlined within this Renfrewshire Carers Strategy to begin to address the needs and issues that carers have themselves identified.</p>
5	Partnership Working	
	5.1	<p>No one organisation meets the needs of carers adequately, and no one organisation can identify all carers. Therefore, it is crucial to produce a 'joint' carer's strategy; that is a strategy which includes the services provided by a range of organisations including Health, Housing, Social Work, Education, Employers, Private and Voluntary Sectors and Carers.</p>
	5.2	<p>Since the establishment of the Renfrewshire CHP in 2006, a range of joint planning structures have been developed to progress partnership working between Health & Local Authority services. The underlying concept underpinning recent legislation and national and local policy for carers, is that Local Authorities, Health and other organisations must recognise carers as key partners and ensure their involvement in the planning, development and monitoring of services. (Recommendation 4 and 6).</p>

5	Partnership Working (continued)
5.3	<p>The Joint Planning Structure includes:</p> <p>Carers Joint Planning, Performance and Implementation Group. This group has responsibility for planning, implementing and monitoring services for carers. A workplan identifies carers' needs, gaps in service provision and prioritises areas for action. The group consists of carers and carers' representatives, CHP and Local Authority staff, and voluntary organisations.</p> <p>RCHP Committee – The Renfrewshire Community Health Partnership Committee takes a strategic overview of partnership activities, priorities and objectives. The committee sets the terms for planning, resource allocation, service management and delivery, and performance management in relation to NHS responsibilities relating to carers.</p> <p>Public Partnership Forum (PPF) – The PPF ensures that patients, carers and voluntary sector partners influence the development of services. The PPF is required to provide an informed, representative, independent and accountable voice in the decision making processes of the CHP.</p> <p>Joint Management Group – Populated by CHP and Social Work directors and senior managers. The remit of the group includes overseeing and monitoring the work of all the Joint Planning, Performance and Implementation Groups (JPPIGs) to ensure their effectiveness. There are 6 specialist JPPIGs focusing on the needs of specific groups of patients/clients and their carers. These include groups for people with learning disabilities, older people, people with mental health needs, addictions, carers and people with palliative care needs.</p> <p>Each JPPIG provides strategic direction and leadership to the development of services to meet the special needs of these client groups and their carers. The Carers JPPIG provides an overarching framework for carers and offers direction to these specialist JPPIGs to develop appropriate services and information for carers.</p>
5.4	<p>Considering it is estimated that carers in Scotland save the NHS an estimated £7.7 billion every year (Shared Care Scotland) it seems only fitting that there is a commitment to provide services and support including appropriate access to healthcare, and to encourage carers to take care of their own health.</p>

6	Joint Strategy	
	6.1	The Renfrewshire Carers Joint Planning, Performance and Implementation Group (Carers JPPIG) was established in January 2007 to lead on the development, implementation and evaluation of services to support carers.
	6.2	Four carers with different caring roles and responsibilities joined the group in August 2007 to represent carers and carer organisations, provide a voice for carers and to report relevant matters/ issues to the PPF.
	6.3	<p>Priorities identified for 2008/2012 in the Carers JPPIG work plan include:</p> <ul style="list-style-type: none"> • Development of a framework for joint working with the other JPPIGs to ensure carers' needs and priorities are integral to service developments/redesign plans, including access to information and respite (Recommendation 7). • Increased respite for carers – review of respite services and consider proposals for home based overnight respite services, particularly for carers of older people with dementia (Recommendation 1). • Implementation of carer self-assessment – carers self-assessment tool available across Renfrewshire in all Health and Social Care settings (Recommendation 4). • Provision of information and advice to carers – increased range of information leaflets and booklets available for carers across all Health & Social Care settings (Recommendation 1 and 5). • Training for carers in caring skills; training for staff in awareness of carers' issues – development and implementation of joint training programmes (Recommendation 6 and 9) • Consultation and involvement – ensure carers are represented and consulted with regarding service provision and service developments (Recommendation 4 and 6). • Young carers – needs of young carers are identified and progressed through the Integrated Children's Framework. • Undertake an Equalities Impact Assessment to identify inequalities and make plans to address these (Recommendation 8).

7	Equality	
	7.1	Equality and diversity issues are defined in Schedule 5 of the Scotland Act 1998 as 'the prevention, elimination or regulation of discrimination between persons on the grounds of sex or marital status, on racial grounds, or on grounds of disability, age, sexual orientation, language or social origin or of other personal attributes, including beliefs or opinions, such as religious beliefs or political beliefs'. Simply, equality is about creating a fairer society where everyone has the opportunity to fulfil their potential.
	7.2	There is much diversity among the caring population. A carer can be an older person, a child, a lone parent, a person with disabilities or from a diverse range of ethnic backgrounds (including Travellers). Legislation single-handedly does not bring about the changes in values, attitudes, and behaviour which are essential to achieve genuine equality for all. However, Renfrewshire CHP and Renfrewshire Council are constantly working towards the elimination of inequitable barriers and prejudices to ensure that the outcome of delivering services is fair and just for all.
	7.3	Renfrewshire CHP and Renfrewshire Council recognise that in order to overcome any existing inequalities carers must be key partners in the decision making processes that deliver health and social care services. A number of areas of the carer's workplan have been identified to be equality tested (Recommendation 2, 8 and 11).
8	Legislation	
	8.1	There are a number of Acts that are relevant to carers. The Community Care and Health (Scotland) Act 2002 significantly reinforced and expanded the rights of carers to an assessment, independent of the cared for person, and strengthened the role of carers in the assessment process.
	8.2	The fundamental principle underlying the provisions of the Act is that Local Authorities, the NHS and other support agencies should recognise and treat carers as key partners in providing care. In so doing staff need to recognize and draw on the knowledge and expertise carers have about the person they care for.
	8.3	<p>The Community Care and Health (Scotland) Act 2002:</p> <ul style="list-style-type: none"> • Places a duty on staff to inform carers of their right to an assessment where a carer offers 'regular' and 'substantial' care • States that carers have the right to request and receive an assessment irrespective of whether the authority is assessing the needs of the cared-for person. This right to request an independent assessment includes young carers under the age of 16 and parent carers who are caring for children with a disability • States that when the Local Authority is undertaking an assessment of a cared-for person they must take into account the needs of the carer • Instructs Health Boards to develop an Information Strategy for Carers advising them of their rights as a carer.

8	Legislation (continued)
8.4	<p>The Act also introduced Free Personal and Nursing Care for Older People.</p> <p>The definition of personal care takes account of the needs arising from cognitive impairment and behavioural problems as well as physical frailty. The definition is important because it is used as a basis for community care assessments and describes the range of tasks that might be undertaken by home carers employed by social work departments with no charge. It is often an accurate reflection of the support offered by informal, unpaid family carers. This policy is effective in supporting carers to continue providing care for longer and to free up carers to have more quality time with their loved ones.</p>
8.5	<p>Self directed care – also known as direct payments – offers people using care services a cash payment to purchase care services. This enables the cared for person with their carer to more flexibly arrange the support needed and to be in control of these arrangements (Recommendation 14). These can be used in a number of ways including:</p> <ul style="list-style-type: none"> • To employ staff directly • To purchase services through an agency or voluntary organisation or through a local authority • To purchase equipment • A direct payment can be used for one, some or all of the services the person has been assessed as requiring.
8.6	<p>Adults with Incapacity Act 2000</p> <p>The Adults with Incapacity (Scotland) Act 2000 (AWIA) sets out the system for protecting the welfare of adults who are unable to take decisions for themselves.</p> <p>The AWIA includes provision that can allow other people, in most cases the client's carer, to make decisions on behalf of these adults about things like arranging services, managing finances and property and medical treatment.</p> <p>People who are most likely to use the AWIA include those with a learning disability, dementia, mental ill health or head injury.</p> <p>The system includes safeguards and principles to ensure that any decision made on behalf of the adult takes account of the views of other such as the primary carer.</p> <p>The main ways other people can make decisions on behalf of an adult with impaired capacity are:</p> <ul style="list-style-type: none"> • Power of attorney • Access to adults' funds • Intervention and Guardianship Orders • Medical treatment <p>Carers are able to use the provisions of this Act to ensure that the cared for receives services, appropriate health care, and has their finances managed (Recommendation 5).</p>

9		Carers' Rights and Employment
9.1	Carers have the same right as everyone else to have their needs assessed, a fair level of income, access to support to maintain their health and well being, access to employment, leisure and education, and access to information and training.	
9.2	<p>Currently: 20% of carers have had to give up work and many experience poverty in retirement. A third of carers have never worked. 63% of carers are women who often find it impossible to find work that they can balance with their caring role. 84% of mothers of disabled children are out of work; successive surveys cite the lack of affordable childcare. Longer working lives, and the increasing incidence of disability as we age, means more disability in the workplace. Current estimates of under employment of older people costs the economy between £19 billion and £31 billion every year. Source: (CARERS UK – 2008).</p>	
9.3	It is essential that carers have genuine choices in relation to caring, paid employment and learning, or a combination of these. Carers are entitled to equality in access to employment, in career progression, in working conditions and in access to work life balance provisions. Flexibility and security is fundamental. Lifelong learning is important for the continued enhancement of skills and abilities and for the individual's own general development, employment and career prospects. Educational and training opportunities must be resourced and tailored for carers and offered at flexible times (Recommendation 2).	
9.4	Research by Carers UK has established that two out of ten carers have to give up their employment and many more reduce their hours of work. It is estimated that 8000 carers in Renfrewshire combine work with caring. It is important to ensure the valuable skills of working carers are not lost to the workplace. The benefits of employment include financial and social inclusion, as well as maintaining health and wellbeing (Recommendation 1 and 2).	
10		Carers and Advocacy
10.1	Many carers, as a result of the impact and intensity of their caring responsibilities, feel isolated, vulnerable and excluded and advocacy provides crucial support to ensure their views and needs are heard and addressed.	
10.2	Carers chose advocacy as the third most important priority to improve the lives of carers in the Care 21 research. This level of importance attributed to advocacy was directly correlated to growing intensity and length of caring and the need for advocacy support (Recommendation 13).	

11	Financial Framework			
11.1	The details below provide the financial information of existing budgets that fund services which support carers such as grants to voluntary organisations, day centre and respite services.			
	Carers Budget 2008/09			
	Expenditure Type	Gross Budget 2008/09		
	CHILD CARE			
	Respite:			
	Purchased Respite Capability (Vol orgs)		£203,676	
	Purchased Respite		£806,144	
			£50,000	
			£1,059,820	
	Homecare:			
	Flexibility	£251,988	£12,599	5% applied
	Direct Payments	£24,108	£1,205	5% applied
	Homecare (salaries only)	£130,225	£6,511	5% applied
	Total	£406,321	£20,316	
	Overall Total		£1,080,136	
	OLDER PEOPLE			
	Respite:			
	Hunterhill Care Home (12 beds)		£388,322	
	Carers Centre (All client groups - core)		£209,118	
	Purchased Respite		£392,910	
	Carers Centre (Respite)		£30,004	
	Total		£1,020,354	
	Day centres (LA & purchased):			
	Day centres Misc Erskine	£378,416	£94,604	25% applied
	Ralston	£459,866	£114,967	25% applied
	Linwood	£306,989	£76,747	25% applied
	Johnstone	£352,302	£88,076	25% applied
	Falcon	£795,629	£198,907	25% applied

Stewart	£242,405	£60,601	25% applied
Alzheimer's Day Care	£201,535	£50,384	25% applied
Montrose	£417,339	£104,335	25% applied
Total	£3,154,481	£788,620	
Homecare:			
LA Homecare (all client groups)	£8,983,865	£449,193	5% applied
OACMHT (IDSS)	£806,825	£201,706	25% applied
Alzheimer's Home Support	£209,002	£104,501	50% applied
Flexibility	£464,557	£23,228	5% applied
Direct Payments	£230,200	£11,510	5% applied
Total	£10,694,449	£790,138	
Carers Post – SWA 21.5 hrs		£14,198	
Overall Total		£2,613,311	
LEARNING DISABILITIES			
Respite:			
Purchased		£362,209	
Weavers Linn (LA)		£642,867	
Total		£1,005,076	
Day centres (LA & Purchased)			
Miscellaneous	£244,904	£30,613	12.5% applied
Greensyde	£820,162	£102,520	12.5% applied
Maxwellton	£924,216	£115,527	12.5% applied
Capability Scotland	£325,021	£40,628	12.5% applied
Anchor	£1,144,972	£143,122	12.5% applied
Challenging Behaviour	£120,189	£15,024	12.5% applied
Total	£3,579,464	£447,434	
Homecare:			
Flexibility	£413,921	£20,696	5% applied
Total	£551,763	£27,588	5% applied
Overall Total		£1,480,097	
PHYSICAL DISABILITIES			
Purchased Respite		£105,810	

Day centres:			
Purchased	£5,332	£1,333	25% applied
DRC	£640,729	£160,182	25% applied
Flexible Support Unit	£134,802	£33,701	25% applied
Total	£780,863	£195,216	
Homecare:			
Flexibility	£816,333	£40,817	5% applied
Direct Payments	£304,773	£15,239	5% applied
ILF	£238,422	£11,921	5% applied
Total	£1,359,528	£67,976	
Overall Total	£2,140,391	£369,002	
MENTAL HEALTH			
Purchased Respite:		£50,000	
Homecare:			
Flexibility	£148,724	£7,436	5% applied
Overall Total		£57,436	
Respite Bureau:			
Respite co-ordinators x 1.5		£31,892	
SRO (15%)	£33,456	£5,018	
Total		£36,910	
Occupational Therapy:			
Salaries	£1,015,661	£101,566	10% applied
Aids	£323,705	£32,371	10% applied
Adaptations	£457,871	£45,787	10% applied
Total	£1,797,237	£179,724	
Carers Centre Advocacy		£9,336	
Carers Centre Young Carers		£10,216	
Carers Centre FSF Groups		£55,953	
Carers information worker (CIS funded)		£20,000	
Overall Total		£5,902,121	

12	Closing Comments	
	12.1	This Renfrewshire Carers Strategy will be refined by quantifying specific targets and calculating the level of health and social work resources required to deliver the recommendations in full. It is acknowledged that many of the recommendations can be implemented from within existing resources, but that increased respite resources, for example, will require additional funding.
	12.2	Carers have requested that where resources are limited that statutory agencies do not become defensive. Carers wish to have their needs acknowledged, for statutory agencies to acknowledge financial shortfalls, where shortfalls in meeting some needs exist due to other funding priorities.
	12.3	Work will continue during 2009 and this strategy updated by April 2010. The recommendations in this strategy highlight the key issues for carers such as respite, charges for services, employment, carer health, information, direct payments, advocacy, carer training, carer financial incomes, and future planning for loved ones. The Renfrewshire Carers Strategy will be fully evaluated by 2012 in terms of how these issues have been addressed.
	12.4	The Scottish Government have now agreed to commence work on a new Carers Strategy for Scotland in the second half of 2009. When this is available, this Renfrewshire Carers Strategy will be updated to reflect the national strategy.

The following tables reflect the recommendations in this strategy for carers and detail the aims, outcomes and outputs necessary to deliver on these recommendations.

Recommendation 1 and 10	
Development	Respite and short break services
Aim	<ul style="list-style-type: none"> To review respite services for adequate capacity and choice. To extend the Renfrewshire Respite Bureau to enable all carers, after their needs have been assessed and agreed, to book respite direct with the Bureau. To produce easy to read information in leaflet form, by client group, on the availability of respite services, and how these can be accessed. To evaluate the need for extending specialist day centre services for older people with dementia to plan adequate respite capacity to support carers. To review charging for home based respite services to minimise the risk of carers declining services.
Outcomes/outputs	<ul style="list-style-type: none"> Review of respite services completed. Respite capacity increased by 2310 nights or 17325 hours per annum by 2010/2011 compared to the level of respite service delivered in 2007/8. Respite Bureau provides a single point of access for carers of older people and learning disability clients. Publish clear information on short breaks and respite services for carers in leaflet form and on websites. Day care services for older people with dementia reviewed to establish the capacity required to support carers, and to ensure the model of care provides quality care for the cared for person. Carers are able to take more regular breaks. Carers from previously under represented groups are able to access culturally specific respite services. Carers are supported in their caring role and enabled to care for longer. Support for carers better sustains carer good health. Carers are able to seek or sustain employment. Year on year increase in respite services. Carer assessments address the need for respite to sustain carer employment and return to work opportunities. Respite models of care that utilise befrienders are recognised and supported. The risk, of charging policies resulting in carers declining services, is reduced. Support and respite to young carers is adequate to ensure a balance that promotes a positive childhood.
Timescale	2009 – 2012
Resource implication	To be confirmed in 2009/10

Recommendation 5 and 13	
Development	Information, advice and advocacy
Aim	<ul style="list-style-type: none"> To develop a Renfrewshire Carers Information Strategy to provide improved information to carers on services, supports and health conditions. To provide information in easy read and accessible formats about services and health conditions. To evaluate the adequacy of advocacy services to support carers.
Outcomes/outputs	<ul style="list-style-type: none"> Renfrewshire Carers Information strategy completed. Carers are more knowledgeable and informed about the services available to support them. Relevant agencies are aware of the procedures for signposting carers to appropriate support and services. Increased knowledge of carers and carers' issues by staff, including staff in hospitals. Carers enabled to play a more effective caring role. Carers are provided with information on health conditions that are relevant to their role as a carer. Carers information worker work plan developed. Recruit carers training officer by 2009. Additional information leaflets for carers about services, health conditions, carer training opportunities and telecare services available in various formats. Relevant websites fully updated by 2010. Renfrewshire Carers Centre is the recognised single point of access for information for carers. Sources of public information on services include increased references to carers. Advocacy services are reviewed by Renfrewshire Carers Centre and recommendations made.
Timescale	2009 – 2012
Resource implication	Carers Information Strategy funding of 144k by 2010.

Recommendation 3 and 15	
Development	Recognition and support for carer's health and wellbeing/emergency care and support
Aim	<ul style="list-style-type: none"> • To develop an optional annual health check for carers offering significant and regular care. • To develop further services to better meet the needs of carers experiencing stress, anxiety, depression and sleep disturbance. • To enable health and social work staff in both community and hospital settings to more effectively recognise, acknowledge and arrange support to meet carer health needs. • To implement a similar scheme to the 'message in a (fridge) bottle' across Renfrewshire to identify the needs of the cared for in any emergency situation.
Outcomes/outputs	<ul style="list-style-type: none"> • The impact of caring on carers' health is better recognised by staff in health and social work. Carers are signposted to appropriate support services, thus improving carer health. • Carers are identified within hospital discharge planning processes and then offered services. • Carers are supported in the event of a crisis / emergency situation occurring. • Health and social work staff embed carer identification, referral and support within daily structures for assessment, care management, discharge and management of long term conditions work. • Emergency support arrangements are identified within care plans when a carer is ill or affected by a crisis. The 'message in a (fridge) bottle' scheme, or similar, is implemented.
Timescale	2009 – 2012
Resource implication	To be evaluated in 2009/10

Recommendation 6 and 7	
Development	Carer consultation and representation in partnership structures
Aim	<ul style="list-style-type: none"> • To include carers as members of each of the 6 Joint Planning, Performance and Implementation Groups. • To support each JPPIG to report annually on how carers' needs have been addressed and their future plans. • To involve carers in service reviews and developments. • To ensure that JPPIGs address the needs of carers in work plans and strategy documents.
Outcomes/outputs	<ul style="list-style-type: none"> • Carers are members of each JPPIG. • Carers report increased satisfaction with service delivery. • Carers feeling supported and listened to. • Carers are involved in the planning, development and monitoring of services • More imaginative ways of involving carers in service planning and delivery are developed. • The involvement of carers in service planning structures ensures both a wide representation from hard to reach groups and regular consultation. • Carer voices are represented within Public Partnership Forums and the PPF is fully utilised for considering reports and proposals from JPPIG's. • JPPIG's report annually on how carers' needs are being addressed. Commissioning strategies for client specific groups reflect carers' needs.
Timescale	2009 – 2012
Resource implication	Within existing resources

Recommendation 2, 8, 12 and 14	
Development	Economic inclusion and Direct Payments/ Equality/ Charging Policy/ Employment and Education
Aim	<ul style="list-style-type: none"> To ensure carers can maximise their income, are supported to remain economically active and have opportunities to access training, education and employment. To review if Community Health Partnership and Local Authority employment policies are carer friendly. To equality check sample areas of the Carers JPPIG work plan. To target carers with a local benefits take up campaign. To increase direct payments that indirectly support carers in value and number.
Outcomes/outputs	<ul style="list-style-type: none"> Carers needs regarding work, leisure, education and training are identified through the assessment process and services offered accordingly. Carers maximise their income through benefits advice. Carers are supported to remain in, or to return to, employment. Carers are supported into employment, education and training via flexible personalised services, and uptake of direct payments increases. Carers accept more of the services they need. Employment policies in Renfrewshire Council and NHSGGC reviewed and recommendations made to better support carers if necessary. Sample areas of the Carers JPPIG work plan equality tested; areas to include respite services and provision of information. Carers offered income maximization services by a targeted campaign. Carers with aspirations for employment are supported. Employees of Renfrewshire and NHSGG&C with caring responsibilities surveyed to ensure that needs arising from their caring responsibilities are understood, employment policies are as flexible as is reasonable, and other council forums are used to engage similarly with other employers. Requests for direct payments that are not agreed due to budgetary constraints confirmed by letter to the cared for and copied to the direct payments team.
Timescale	2009 – 2012
Resource implication	Within existing resources

Recommendation 4	
Development	Carers assessments
Aim	<ul style="list-style-type: none"> To increase the number of carers assessments completed year on year. To evaluate the needs identified in the carer self assessment annually and provide a report to chairs of each JPPIG. To improve management information on carers' needs to support service planning and annual budget setting. Carers' wishes for the future accommodation and care arrangements for loved ones including partners and children, are assessed and recorded.
Outcomes/outputs	<ul style="list-style-type: none"> Carers assessments increase year on year. Report on the evaluation of carers self assessments produced for chairs of JPPIG's to feed annual budget setting process. Carers are offered a more diverse range of services to meet assessed needs. Carers are supported to enjoy a better quality of life. Carer assessments are offered more positively to carers. Targets are considered/set for teams within health/social work for numbers of carer assessments to be completed based on population/work area. Carers' wishes for the cared for person in terms of future accommodation and care are recorded on sw case file.
Timescale	2009 – 2012
Resource implication	Within existing resources

Recommendation 9	
Development	Skills to care/training opportunities
Aim	<ul style="list-style-type: none"> To provide carers with training to support them in their caring role. To provide joint training for health and social work staff on carers' issues.
Outcomes/outputs	<ul style="list-style-type: none"> Carers are more informed about the diagnosis, prognosis and impact of illness and/or disability of the person they care for. Carers have the confidence, skills and knowledge needed for their caring role. Carers are sustained in their caring role. Increase numbers of carers accessing skills development and information on health issues through creation of carer training officer post in 2009. Carer training officer develops a diverse range of training opportunities for carers across care groups. Training opportunities are relevant to BME carers. Health professionals work in partnership with carers to provide and demonstrate how to use equipment and provide written information on illnesses. Carers are made aware of telecare supports, such as movement, door and flood sensors.
Timescale	2009 – 2012
Resource implication	Carers Information Strategy funding of 144k by 2010.

Recommendation 11	
Development	Ensure housing policies and priorities reflect the needs of carers
Aim	To ensure current housing policies address the needs of carers.
Outcomes/outputs	<ul style="list-style-type: none"> Housing allocation policies reflect the specific needs of carers and are fair to carers. Carers' families report feeling better supported.
Timescale	2009 – 2012
Resource implication	Within existing resources.

Please send us your comments on the contents of Renfrewshire Carers Strategy by writing to: Renfrewshire Carers Centre, 16 Silk Street, Paisley PA1 1BR. or by email to: centre@renfrewshire.carers.net.

The Renfrewshire Carers Strategy is available on the Renfrewshire Council's website: www.renfrewshire.gov.uk and on the Renfrewshire CHP website at: www.chps.org.uk/renfrewshire.

You can also pass comments to Renfrewshire Council Social Work by email to: richard.kingston@renfrewshire.gsx.gov.uk

Please include comments on how services can be improved. You may wish to comment on home based respite services, home based overnight respite services, away from home overnight respite services, charging for services, information, carer training, day centre services, support for carers of people with particular diagnoses such as dementia or a learning disability, employment issues, home care services, benefits, carer stress, carer sleep disturbance, carer depression, etc. All comments are welcome, however short or long.

Thank you for your time.

rk0901

Appendix 1: JPPIG Carers – Priorities 2008/9

- Increase respite services for carers.
- Ensure carers' issues are integral to service developments/redesign plans across all JPPIG's.
- Implement Carer Self Assessment tool within and across agencies and review Carer Assessment tool.
- Develop training opportunities for carers and staff.
- Improve information and advice available to carers.
- Ensure carers are regularly consulted about services and service developments.
- Identify needs of young carers.
- Develop a generic carers strategy.

Appendix 1: JPPIG Carers – Priorities 2008/9

Work Stream Activity	Outputs and outcomes	Timescale for completion	Links to CHP or SW Strategic Objective (refer to key)	Responsible officers (lead and assist roles)	Progress 2008/9	
1 Respite services for carers						
Review and increase respite services in line with Concordat agreed by COSLA and Scottish government	Respite services to increase by equivalent value of 330 weeks of respite by 2010/2011 Target 2008/9 462 nights or 3465 hours Target 2009/10 1386 nights or 10395 nights Target 2010/2011 2310 nights or 17325 hours	2008/2011	SW 1 2 3 5 6 CHP 1 2 3 4 5 6 AP 3.10, 7.15	Richard Kingston Winnie Burke John Paterson	Proposals to extend adult mental health respite services from Mar 09 with respite flat/home based respite	Achieved
Develop and extend respite bureau	Respite bureau extended for OP. Information leaflets developed	2008/10			Respite bureau for LD established and to extend to OP in 2009 New post recruited to for respite bureau Respite bureau steering group operational	Achieved On Target
Commission care home respite units for carers of older people	New respite units commissioned Economic and social inclusion promoted Arrange for respite services to be reviewed by client group for adequate capacity/quality	2008/10			Hunterhill and Priory Park operational as dedicated respite units Increase home based/day opportunities for respite funded through Carers Centre and Alzheimers Scotland as care providers Respite bureau Information leaflet in draft	On Target On Target Achieved
					On course to meet 2008/9 target for increase in respite services	Achieved
					Additional allocation of funding required to meet 2009/10 target and 2010/11 target	On Target

Appendix 1: JPPIG Carers – Priorities 2008/9

Work Stream Activity	Outputs and outcomes	Timescale for completion	Links to CHP or SW Strategic Objective (refer to key)	Responsible officers (lead and assist roles)	Progress 2008/9	
2 Promotion of carers' issues across all JPPIGs						
Develop a proforma for joint working with the other JPPIGs to ensure carers' needs and priorities are integral to service developments/ redesign plans, including access to information and respite.	Proforma developed and adopted by other JPPIGs	August 2008 ongoing	SW 1 2 5 CHP 1 3 7	Marian McGhee Winnie Burke	Pro forma developed and approved by JPPIG carers.	Achieved
	JPPIG work plans reviewed by Carers JPPIG to monitor if carers' needs are properly reflected in all JPPIG work plans and advice offered		AP 5.29, 5.30		Pro forma issued to other JPPIG's and awaiting return of pro forma by February 2009 for monitoring by JPPIG Carers and advice then offered as appropriate.	Achieved
	Equal opportunities in relation to service delivery for carers achieved				To discuss with other JPPIG's the need for a rep from CJPPIG on each group as well as a carer's rep.	Achieved
	Carers are included on all six JPPIGs					
	Renfrewshire Carers Centre evaluates current advocacy services and reports back via JPPIG Carers					

Appendix 1: JPPIG Carers – Priorities 2008/9

Work Stream Activity	Outputs and outcomes	Timescale for completion	Links to CHP or SW Strategic Objective (refer to key)	Responsible officers (lead and assist roles)	Progress 2008/9	
3 Carers Assessment and Self-Assessment						
Devise, implement, monitor and evaluate a self-assessment tool for carers	Carer's self-assessment tool operational across Renfrewshire and information can be available in different formats/ languages.	2008/2010	SW 1 3 5 6 CHP 1 4 6 7 AP 3.9, 3.10, 5.26, 5.28, 6.9, 6.10	Diane Goodman Richard Kingston Marian McGhee Winnie Burke	Self assessment tool devised and implemented in 2008 and 100 returned by Jan 2009.	Achieved
Carer assessment tool reviewed					Notice boards installed in health centres, wards and encouraged in /GP surgeries. Carers centre and Health to monitor at least six monthly.	Achieved
Carer Self Assessment promoted in acute areas, GP surgeries and within BME communities	Increased number of carer assessments completed. SOA target set to increase number of carer assessments to 244 by 2010				Job description for carer assessment worker completed, post advertised, interviewed for and post filled as of January 2009.	Achieved
	Consider targets for numbers of assessments to be completed by area team					
	Carer referral for assessment or information an integral part of hospital admission, nursing plans and discharge procedures.				Number of full carer assessments not increasing. To be discussed at JPPIG carers and at SW SMT to devise action plan. Carer referral for assessment or information now incorporated as an integral part of hospital admission, nursing plans and discharge procedures.	On target
	Carer Assessment tool simplified					
	Carers notice boards installed in wards/ health centres and encouraged in GP surgeries					
	Carers offered annual reassessment of needs					
	Carer assessment worker recruited (p/t)					
	Carer self assessment tool reviewed					

Appendix 1: JPPIG Carers – Priorities 2008/9

Work Stream Activity	Outputs and outcomes	Timescale for completion	Links to CHP or SW Strategic Objective (refer to key)	Responsible officers (lead and assist roles)	Progress 2008/9	
4 Staff Training						
Develop joint training programmes and incorporate into staff induction, pre-qualification professional training, continuous professional development and professional leadership development. Develop an awareness training programme for staff.	Joint training programmes developed and implemented Awareness programmes for staff designed, implemented and evaluated.	2008/2011	SW 4 CHP 1 5 7 AP 6.9, 7.13, 7.16	Morag O'Donaghue/ Gail Gillespie Richard Kingston	Carer's awareness included in health and SW induction programmes and in all other relevant training Joint training programmes implemented	On target Achieved
5 Carer's Information						
Establish the Renfrewshire Carers Centre as the primary source of information and advice for carers	Establish information and advice worker and increase range of information leaflets and booklets available in various formats and languages Standardised information response to unpaid carers agreed on health diagnosis Equal opportunities in relation to service information for carers achieved Develop a local Renfrewshire Carers Information Strategy Establish an emergency care information 'Bottle in a fridge' scheme	2008/2011	SW 12 CHP 1 4 7 AP 5.22	Diane Goodman Richard Kingston	Information worker 2 year contract appointed January 2009. CIS funding to JPPIG carers 'confirmed' as 20k in 2008/9, 84k 09/10 and 144k in 10/11 Non recurring funds therefore short term plans to be developed 2009-2011 Information worker to develop Carers Centre information website; a local information strategy and marketing strategy	Achieved Achieved On target On target

Appendix 1: JPPIG Carers – Priorities 2008/9

Work Stream Activity	Outputs and outcomes	Timescale for completion	Links to CHP or SW Strategic Objective (refer to key)	Responsible officers (lead and assist roles)	Progress 2008/9	
6 Promote financial inclusion for carers						
Identify services, which promote financial inclusion including income maximisation to ensure they are accessible for carers and provide comprehensive service.	<p>Financial advice information booklet devised and launched.</p> <p>Increased access to financial inclusion services</p> <p>Equality economic inclusion objectives achieved</p> <p>Direct payments increase in number and value year on year</p> <p>Carers are targeted with a benefits take up campaign</p>	2008/2009	<p>SW 3 5</p> <p>CHP 3 4</p> <p>AP 5.25</p>	Advice Works Richard Kingston	Booklet devised distributed and available on request Completed	Achieved
7 Joint Financial Frameworks						
Prepare and implement approved joint financial frameworks, which quantify resources and/or identify services available for services that support carers.	<p>Lead finance officers identified and scope of current spend established</p> <p>JFF implemented</p>	2008/2009	<p>SW 2</p> <p>CHP 1 2 7</p> <p>AP 1.7</p>	Jonny Bryden Laura Friel	Budgets and spend being identified	On target

Appendix 1: JPPIG Carers – Priorities 2008/9

Work Stream Activity	Outputs and outcomes	Timescale for completion	Links to CHP or SW Strategic Objective (refer to key)	Responsible officers (lead and assist roles)	Progress 2008/9	
8 Training/education for unpaid carers						
<p>Review present training opportunities for unpaid carers and devise an action plan to address the training needs to support unpaid carers in their caring role</p> <p>To be accessible to all carers, addressing cultural needs of carers from BME communities and carers with communication issues.</p>	Consultation pro forma devised and distributed	2008/9 and ongoing	SW 2 3 5	Diane Goodman Richard Kingston	Consultation with unpaid carers pro forma devised and widely circulated	Achieved
	Costed proposals for unpaid carers training needs produced.		CHP 3 4 7		Response evaluated and report produced identifying carer training priorities and range of needs	Achieved
	Training programme implemented		AP 3.10		Copy of draft evaluation report circulated to all unpaid carers who responded to consultation for comment	Achieved
	CIS funding agreed				Costed training recommendations 2008/2011 agreed	Achieved
	Equality objectives met in relation to cultural specificity				Job description agreed for 2 year training officer post and post to be advertised in May 2009	On target
					Liaison with health and SW managers in 2009 to agree professional staff inputs to training and devising of core training content	On target

Appendix 1: JPPIG Carers – Priorities 2008/9

Work Stream Activity	Outputs and outcomes	Timescale for completion	Links to CHP or SW Strategic Objective (refer to key)	Responsible officers (lead and assist roles)	Progress 2008/9	
9 Carer's strategy						
Devise and support the development of a carer's strategy that ensures the needs of carers are considered across Renfrewshire	Carer's strategy in place, that addresses carer issues of health, employment, respite, and consultation,	March 2009	SW 1 2 3 4 5 6 CHP 1 2 3 4 5 6 7	Richard Kingston	Advanced draft issued for consultation in February 2009	Achieved
	Costed priority proposals developed to deliver the strategy and potential funding streams identified.	2009	AP 1.7, 3.9,5.22, 5.23, 5.24, 5.28, 6.9, 7.15		Strategy to be published by June 2009	On target
Implement an Equality Impact Assessment of JPPIG carers work plan in relation to respite, information and advice to carers and consultation with carers	Consultation with carers on draft strategy	May 2009		Richard Kingston	Meeting taken place with Health Improvement and Equalities Manager to understand process and format	On target
	Carers supported after caring role ends					
	Carers are offered an annual health check to improve carer health					
	EIA outcome recommendations included in Carers Strategy and Carers Work Plan				Initial assessment to be developed by RK by May 2009	On target
	Equality objectives met in strategy in relation to age, gender, disability, ethnicity, religion and belief, sexual orientation, socio-economic status and potential marginalisation					
	CHP and LA employment policies are checked for being carer friendly					
	Housing allocation policies are checked for equality and fairness to carers					

Appendix 1: JPPIG Carers – Priorities 2008/9

Work Stream Activity	Outputs and outcomes	Timescale for completion	Links to CHP or SW Strategic Objective (refer to key)	Responsible officers (lead and assist roles)	Progress 2008/9	
10. Volunteers						
Explore potential of expanding the use of volunteers to provide additional support to carers	Potential roles identified for volunteers that meet carers' needs	2008/2009	SW 3 5	Shena Milroy Stuart Thompson Iain Wilson Patricia Adams Diane Goodman	Small group set up and reported back to JPPIG carers	Achieved
	Plan devised for implementing enhanced role for volunteers		CHP 1 2		Carers centre provided update on use of volunteers	Achieved
	Small group set up to discuss use of volunteers		AP 5.25, 5.23		Agreed Carers centre making substantial use of volunteers and supporting volunteers very well	Achieved
11. Consultation						
Ensure carers are represented and consulted with regarding service provision and service developments	Carers adequately represented within CHP/JPPIG/LA structures	2008/2011 ongoing	SW 4 6	Marian McGhee Diane Goodman Richard Kingston Winnie Burke	Carers represented on JPPIG Carers	Achieved
	Carer consultation arrangements in place and operational, within an equalities framework		CHP 3 7		Agreement that consultation integral to modus operandi	Achieved
			AP 3.9		Carers are part of all working groups considering service developments such as self assessment tool, carer training, etc	Achieved
			Over 60 carers formally consulted with over future training needs		Achieved	
			Carer representation on all JPPIG's discussed in 2009		On target	

Appendix 1: JPPIG Carers – Priorities 2008/9

Work Stream Activity	Outputs and outcomes	Timescale for completion	Links to CHP or SW Strategic Objective (refer to key)	Responsible officers (lead and assist roles)	Progress 2008/9	
12. Young carers						
Further identify the needs of young carers	Needs of young carers identified Proposals developed to target priority needs	2008/2009	SW 1 3 4 CHP 3 4 AP 3.10	Peter McLeod Dorothy Hawthorne	Young carers needs to be addressed within the Integrated Children's Framework	On target
Stabilise funding for young carers services	Replace lottery funding at Renfrewshire Carers Centre				Permanent funding of 55k identified and agreed for 2008/9 and ongoing.	Achieved

Key

SW Strategic Objectives		CHP Corporate Themes	
1	Protecting children and vulnerable adults	1	Improve resource utilisation
2	Promoting the independence of service users	2	Shift the balance of care
3	Shifting the balance of care towards care at home or in family settings	3	Focus resources on greatest need
4	Promoting social and financial inclusion	4	Improve access
5	Promoting health improvement	5	Modernise services
6	Supporting individuals to become resilient and participative citizens	6	Improve individual health status
		7	Effective organisation

Appendix 2: Key carer issues checklist for JPPIGs

Renfrewshire Community Health Partnership/Renfrewshire Social Work

Carers Identification and Support Proforma

- The carers Identification and Support proforma attached has been issued by the Carers Joint Planning, Performance and Implementation (CJPPIG) Executive Group to assist client specific JPPIG's i.e. Older People, Learning Disabilities, Addictions, Palliative Care, Mental Health, and Physical Disabilities to develop plans to provide support to those carers.
- The proforma provides a framework with 8 priority areas for carers which the JPPIGs should consider in their client specific work plans. These priorities reflect feedback from carers and the key areas for action by the Carers JPPIG in 2009 onwards.
- JPPIGs should complete the proforma to record actions underway or planned to meet the 8 objectives. This will also enable gaps in services for carers to be identified for inclusion in the annual planning process.
- The proforma should be completed in November each year and returned to the joint chairs of the Carers JPPIG by 30th November annually to inform the development and updating of the Carers Strategy for Renfrewshire. Gaps in services to meet the priorities identified should be reflected in the annual work plans for the carers JPPIG and the client specific JPPIG work plans.
- Thank you for your support in developing services for carers in Renfrewshire.

Appendix 2: Key carer issues checklist for JPPIGs

ANNUAL REPORT

Carers identification and support proforma

Priority – Respite Provision

Objective: Improve range, quality and accessibility of respite break opportunities for carers.

Actions:

Priority – Carer Involvement and Consultation in Service Planning and Developments

Objective: Improve the level and effectiveness of carer involvement and consultation in the planning, development and redesign of services.

Actions:

Appendix 2: Key carer issues checklist for JPPIGs

Priority – Carers Assessment

Objective: Improve carers access to and experience of assessment.

Actions:

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Priority – Carers Training and Employment

Objective: Raise awareness of carer's employment issues and improve carers and former carers' ability to maintain/take up training and employment opportunities.

Actions:

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Appendix 2: Key carer issues checklist for JPPIGs

Priority – Staff Training and Awareness Raising

Objective: Provide training for staff to raise awareness of priorities for carers and promote identification and assessment of carers' needs.

Actions:

Priority – Information for Carers

Objective: Improve access to information for carers.

Actions:

Appendix 2: Key carer issues checklist for JPPIGs

Priority – Young Carers

Objective: Improve awareness of and support for young carers.

Actions:

Priority – Carers Strategy

Objective: Include carers needs and plans to address these in the client specific strategy i.e. Older Peoples, Learning Disabilities, Addictions, Palliative Care, Physical Disabilities, Mental Health.

Actions:



Appendix 3 – Unpaid carers training and information consultation

**Unpaid carers living in
Renfrewshire provide a self
assessment of their training
and information needs**

**Report of consultation
in July and August 2008
and future development plan
for 2008 - 2011**

Appendix 3 – Unpaid carers training and information consultation

1	Purpose
	<p>A survey of unpaid carers regarding their training and information needs was undertaken in order to:</p> <ul style="list-style-type: none"> • Better understand the needs of carers to inform unpaid carer training based on the carer's first hand experience of the caring role. • To plan and provide improved opportunities for carers to receive training and knowledge that is helpful to their caring role. • Ensure that statutory agencies made no assumptions about the current or future training needs of carers. • To provide a better understanding of the needs of carers to inform the content of staff training. • Demonstrate the effectiveness and value to service planning of consultation. • Respond to recent reports such as Care 21 – The Future of Unpaid Care in Scotland, The Kerr Report – Building a Health Service Fit for the Future, and the requirements placed on NHS Boards relating to the development of NHS Carer Information Strategies that have reflected the need for an expert carer training programme. • Ensure a Renfrewshire response to the Scottish Government having identified carer training as an important part of the guidance issued to Health Boards in relation to Carer Information Strategies. • Recognise that unpaid carers have to carry out similar tasks as paid care and deserve the same information and training as paid staff. • Acknowledge research findings that only one in 3 carers have received guidance/training on medication, dressings or injections and only 3% have been shown how to do moving and handling properly.
2	Response
	<p>A total of 58 questionnaire surveys were returned. These were from carers of people with physical disabilities, learning disabilities, older people, dementia, mental health needs, complex disabilities, and autistic spectrum disorders.</p> <p>The information and comment provided was analysed and recommendations made to inform future service planning based solely on the views of unpaid carers.</p> <p>The priorities expressed by carers in the survey questionnaire were very different from the anticipated priorities for carer training prior to conducting the survey.</p> <p>This reinforces the need for extensive consultation with carers, patients and clients across the development, commissioning and specification of any health and social care services; and for all client groups.</p>

Appendix 3 – Unpaid carers training and information consultation

3	Analysis
	<ul style="list-style-type: none"> • At least one carer, from each of the different cared for client groups that were represented, stated that they wished to receive training and information on 4 of the 19 training and information areas. These were the <u>only</u> 4 areas listed by at least one carer from each of the seven cared for client groups: <ul style="list-style-type: none"> ✓ benefits/welfare rights ✓ information on services ✓ reducing and managing stress ✓ carers' rights (to assessments, respite, employment, Guardianship, Power of attorney, etc). <p>The importance of these 4 categories to carers was further reinforced as they all had the highest individual number of responses, with between 30 and 35 positive responses each. This represents 52% to 61% of all carer survey respondents.</p> • 15 to 19 respondents asked for training/information relating to: <ul style="list-style-type: none"> ✓ nail/foot care ✓ information on specific mental health diagnoses ✓ managing aggressive behaviour. • 9 respondents out of 16 (56%) caring for someone with dementia wanted further information/advice on this illness: <ul style="list-style-type: none"> ✓ information about dementia. • 15 respondents wanted further information across a range of specific mental health diagnoses which included depression, bi-polar affective disorder, schizophrenia, agoraphobia, autistic spectrum disorders. <ul style="list-style-type: none"> ✓ depression ✓ bi-polar affective disorders ✓ schizophrenia ✓ agoraphobia ✓ autistic spectrum disorders.

Appendix 3 – Unpaid carers training and information consultation

3	Analysis (continued)
	<p>Between 4 and 10 respondents wanted training or information relating to basic resuscitation, continence and catheter care, oral hygiene, feeding, nutrition, diabetes, and moving and handling.</p> <ul style="list-style-type: none"> ✓ basic resuscitation ✓ continence and catheter care ✓ oral hygiene ✓ feeding ✓ nutrition ✓ diabetes ✓ moving and handling. <p>The following training and information needs were prioritized by individual respondents: benefits/welfare rights, nail/foot care, reducing and managing stress, dementia, aggressive behaviour, carers' rights (assessments, respite, employment, consent, Guardianship/Power of attorney, etc).</p> <p>All of these prioritised training and information needs were identified by a minimum of at least 15 respondents in their individual assessment of their training and information needs.</p> <p>In conclusion although there are a diverse range of carer training and information needs, some particular areas of training and information were singled out more frequently by carers.</p> <p>Other issues</p> <p>A range of other comments were made that included:</p> <ul style="list-style-type: none"> • indications that assertiveness training and/or access to advocacy services would be beneficial in negotiating and communicating with statutory agencies. <ul style="list-style-type: none"> ✓ assertiveness training ✓ access to advocacy services ✓ carers stated that respite would be required to ensure that access to training can take place ✓ easier access to services would be helpful as there is too much red tape ✓ training on how to 'stay positive' would be supportive <p>It is planned by 2009 that many carers of older people or people with learning disabilities will be able to book respite direct through the Respite Bureau thus reducing some of the red tape referred to above, once the carers' needs have been initially assessed.</p>

Appendix 3 – Unpaid carers training and information consultation

4. Conclusion and Recommendations	
	Reducing and managing stress was highlighted by over 60% of carers and was the most frequently stated training/support need. This finding is well supported by national research.
4.1	<p>A first phase training and information plan for unpaid carers is implemented from April 2009 that prioritises the following areas, using the Scottish Government Carer Information Service funding allocation, and existing health and social work resources. This will include consideration of the need for training officer and information worker posts, training materials, use of existing health and social work practitioners/staff/resources, respite services to enable carers to attend training, individualised and group training opportunities, local training opportunities to minimise travelling, speed of response to training requests, and the purchase of places on existing courses for unpaid carers as needs arise.</p> <ul style="list-style-type: none"> ✓ managing stress (including therapies and self management, building on existing services at the Renfrewshire Carers Centre) ✓ benefits/welfare rights ✓ information on services ✓ carers' rights (assessments, respite, employment, consent, Guardianship/Power of attorney, etc) ✓ dementia care (including managing aggressive behaviour) ✓ assertiveness training/dealing with agencies ✓ managing aggressive behaviour ✓ nail/foot care.
4.2	<p>To produce and fund a second phase training and information plan that addresses the following training needs:</p> <ul style="list-style-type: none"> ✓ first aid and basic resuscitation ✓ hygiene, skin care, bathing and hair care, oral hygiene continence and catheter care ✓ information on mental health disorders (excluding dementia) ✓ moving and handling ✓ nutrition and feeding. <p>Some flexibility between first and second phases will be necessary.</p>

Appendix 3 – Unpaid carers training and information consultation

4.	Conclusion and Recommendations (continued)	
4.3		Scottish Government guidance is that existing budget allocations should be used for providing staff training in carer awareness and working in partnership with carers. This guidance states that staff training should be delivered in partnership with carers centres.
4.4		Existing health and social work budgets have traditionally not prioritised training opportunities for unpaid carers. CIS funding as in section 5 will be fully available from April 2010 as the funding has a phased implementation. Implementation proposals have been developed to meet the above carer self assessed training needs.
4.5		<p>Health and social work staff should be more aware through training and supervision of the need to offer, or arrange for unpaid carers to receive, more individualised and detailed verbal and written information, guidance and training on particular health diagnoses, disease processes, behavioural changes, symptoms, caring skills and strategies. This should be both at the critical time of the diagnosis being made and on an ongoing basis.</p> <p>This recommendation is additionally supported by individual carer experiences of loved ones being formally diagnosed with serious illnesses but with inadequate information offered to support the unpaid carer emotionally or practically at the time of the diagnosis, and no future plan to provide the relevant knowledge, information and skill to undertake the caring role on an ongoing basis.</p>
4.6		<p>The cost effectiveness and best practice of supporting carers, and thus avoiding unnecessary hospital admissions and unnecessary moves to care homes, is well documented.</p> <p>These unpaid carer training proposals support and action the Renfrewshire Single Outcome Agreement and HEAT targets in terms of reducing emergency hospital readmissions and increasing the proportion of people able to sustain an independent quality of life as part of the community.</p> <p>Proposals are congruent with the Scottish Government response to the Care 21 report on unpaid caring, and more specifically the 'expert carer' recommendations.</p>

Appendix 3 – Unpaid carers training and information consultation

5	Implementation Plan			
Provision and Indicative Costs		Total Cost 08/09 20k	Total Cost 09/10 84k	Total Cost 10/11 144k
Information worker post and support costs		15	30	34
To coordinate and help develop a series of patient information leaflets on main illnesses and conditions such as dementia, diabetes, COPD, etc. Leaflets to include information on disease processes, behavioural changes, symptoms, and caring skills/strategies. To develop systems for carers to access the key patient information leaflets at point of diagnosis			6	8
To coordinate development of a range of carers information leaflets including information about different services such as respite, day care, memory clinics, referral routes, self assessment and charges. To be available in different formats and languages.		5	6	8
To provide information on websites, maintain a data base of information for carers, and develop a single point of access for carer's information at the Renfrewshire Carers Centre. To provide information direct to carers as necessary.			3	3
Training officer post and support costs			25	34
Prepare a Phase One training programme for implementation from July 2009. Training programme to prioritise: managing stress, benefits/welfare rights, managing stress (including therapies and self management, building on existing services at the Renfrewshire Carers Centre) information on services, carers' rights (assessments, respite, employment, consent, Guardianship/Power of attorney, etc) dementia care (including managing aggressive behaviour) assertiveness training/ dealing with agencies, managing aggressive behaviour, nail and foot care			8	8
Prepare a Phase Two training programme to include first aid and basic resuscitation, hygiene, skin care, bathing and hair care, oral hygiene continence and catheter care, information on mental health disorders (excluding dementia) moving and handling, nutrition and feeding.				6

Appendix 3 – Unpaid carers training and information consultation

5	Implementation Plan(continued)			
	Provide training materials		3	6
	Contingency			6
	Engage with existing professional staff to provide inputs on the programme of carer training courses		Existing resources	Existing resources
	Purchase of off the shelf training courses as necessary			24
	Ensure adequate training opportunities are available and accessed by carers from minority groups		2	5
	Facilitate access to respite services to enable carers to attend training courses		Existing resources	Existing resources
	Fund reasonable carer expenses to attend training as necessary		1	2
	Engage with existing professional staff to provide improved information and training to individual carers at point of cared for's diagnosis and ongoing		Existing resources	Existing resources
	Ensure staff awareness training on carers' needs are available across health and sw to priority staff		Existing resources	Existing resources

A summary table analysis of the 58 unpaid carer responses to the future training needs survey can be found on the next page:

Appendix 3 – Unpaid carers training and information consultation

Training/ Information Need	PD	LD	Dem	MH	OP	PD/ LD	ASD (child)	N/K	TOTAL	Priority 1 or 2
Number of respondents	13	7	14	7	8	4	2	3	58	22
Benefits / welfare rights	11	3	5	2	3	4	1	1	30	4
Information on services	10	2	7	3	3	3	1	2	31	1
First aid	0	3	2	2	2	1	0	0	10	0
Basic resuscitation, recovery position	0	3	3	0	1	2	0	0	9	2
Hygiene, skin care, bathing, hair care	1	2	4	0	1	2	0	0	10	2
Nail / foot care	4	4	4	0	3	3	0	1	19	3
Continence and Catheter care	2	2	2	1	1	0	0	0	8	1
Oral hygiene	0	2	3	0	0	2	0	0	7	1
Feeding	0	1	2	0	0	1	0	0	4	2
Nutrition	1	2	4	0	0	1	0	1	9	2
Reducing and managing stress	7	5	9	5	2	2	2	3	35	6
Dementia	0	0	9	1	0	0	0	0	10	3
Mental Health	4	1	0	6	0	1	0	3	15	0
Diabetes	0	0	0	2	0	1	0	2	5	1
Information on health conditions	1	0	1	0	1	0	0	1	4	0
Aggressive behaviour	1	2	7	2	0	0	1	2	15	7
Moving & handling	5	0	1	0	1	0	0	0	7	2
Carers' Rights (e.g. assessments, respite, employment, consent, Guardianship/poa)	8	4	5	4	2	4	2	3	32	7

Cared for Code

PD = Physical Disability

LD = Learning Disability

Dem = Dementia

MH = Mental Health

OP = Older Person

PD/LD = Physical disability and Learning Disability

ASD = Autistic Spectrum Disorder

N/K = Not Known

Appendix 3 – Unpaid carers training and information consultation

Sample Survey Form

Renfrewshire Carers Centre Training and Information for Carers Questionnaire

Please tick box for any topic that might help you

✓ box

Benefits / welfare rights	
Information on services	
First aid	
Basic resuscitation, recovery position	
Hygiene, skin care, bathing, hair care	
Nail / foot care	
Continence and catheter care	
Oral hygiene	
Feeding	
Nutrition	
Reducing and managing stress	
Reducing and managing depression	
Dementia	
Mental health (state diagnosis if known.....)	
Diabetes	
Information on other health conditions please state:	
Aggressive behaviour	
Moving & handling, transfers, use of hoists,	
Carers' Rights (e.g. assessments, respite, employment, consent, Guardianship/Power of Attorney, etc.)	
Other training needs/comments – please specify	
Please state below your 2 most important priorities for carers training	
1	
2	
Please tick the box that best describes the needs of the person you care for:	
Older person	
Physical disability	
Learning disability	
Dementia	
Mental health needs	
Other (please state)	

Appendix 3 – Unpaid carers training and information consultation

Training needs of Carers April 2008

The Community Health Partnership, Renfrewshire Council Social Work and the Renfrewshire Carers Centre have arranged this short survey about the training needs of carers. It is hoped that as a result of this survey there will be:

- A better understanding of the needs of carers to inform staff training
- Improved opportunities for carers to receive training and information that is helpful to the caring role.

It would be very helpful if, as a carer, you could complete this survey and pass a copy on to other carers to complete.

Please return this form by 23rd June 2008 to:
Renfrewshire Carers Centre, 16 Silk St, Paisley PA1 1HG or email centre@renfrewshirecarers.co.uk

Name of carer..... Date

If you wish to receive the results of this survey, or be contacted about training and information as it becomes available, please leave your address below:

.....
.....
.....

If you wish to make any comments below about how services to support carers in Renfrewshire could be improved this would be very useful:

Thank you for taking the time to complete this short questionnaire

Members of Working Group

Diane Goodman	Renfrewshire Carers Centre
Alison Hamilton	Alzheimer Scotland
Stewart Thompson	Unpaid carer
Morag O'Donoghue	NHSGGC
Christine Melville	Renfrewshire Carers Centre
Patricia Adam	Unpaid carer
Shena Mulroy	ACUMEN
Richard Kingston	Renfrewshire Council (chair)

Appendix 4: Survey of carers' views on services

Survey for Carers and Service Users on the Renfrewshire Carers Strategy

The Renfrewshire Carers Strategy must take into account the views and priorities of carers and service users. Please help us by completing this short survey of tick box questions.

I am a carer I am a service user

		strongly agree	agree	neither/ nor	disagree	strongly disagree
1	I find it easy to get information about services that are available					
2	I find it easy to get information about how charges for services are calculated					
3	I receive enough information about which benefits to claim					
4	I receive enough training in the caring skills I need					
5	I receive enough information about relevant illnesses and disabilities					
6	I receive enough support to help with stress or depression					
7	I receive a copy of the assessment of my needs					
8	Social work staff have encouraged me to receive a Carer's Assessment					
9	Health staff have encouraged me to receive a Carer's Assessment					
10	I am consulted about services being developed to support carers					
11	I have a good knowledge of the telecare services that are available					
12	I receive enough days a week at a day centre to support me					
13	I receive enough nights a year of 'away from home' respite to support me					
14	I would like to receive an 'at home' overnight respite service					
15	I receive enough hours of respite during the day/evening each week to support me					
16	I receive enough hours of home care each week to support me					
17	Charges for home based respite services reduce my use of the service					
18	Charges for home care services reduce my use of the service					
19	I find it easy to get my home adapted					
20	I find it easy to get someone to advocate for me					

Appendix 4 – Survey of carers' views on services

To improve services my top 3 priorities are:

1

2

3

COMMENTS
Please use the space below for any other comments.
A number of carers report they have disturbed sleep at night and we would be keen to hear about the kind of services that might help with this.

You do not need to leave your name and contact details but if you do not mind being contacted to discuss your views further this would be much appreciated.

Name..... Phone number..... Email.....

BME	Black and Minority Ethnic
CIS	Carers Information Strategy
HEAT	Health Improvement, Efficiency, Access and Treatment
JMG	Joint Management Group
JPIIG	Joint Planning, Performance and Implementation Group
LA	Local Authority
PPF	Public Partnership Forum
NHS	National Health Service
RC	Renfrewshire Council
RCHP	Renfrewshire Community Health Partnership
SG	Scottish Government
SEHD	Scottish Executive Health Department
SOA	Single Outcome Agreement
SW	Social Work

