



Aberdeenshire
Health & Social Care
Partnership

Aberdeenshire Adult Carer Strategy

Caring for our carers

2018 to 2022



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This strategy contains a number of links to websites where you can find more information. Any link is highlighted with the following symbol 

If you need this document in another format, or if you need more information or would like to make comment on any part of this strategy please contact:

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1. Foreword

This is the first Adult Carer Strategy required under the Carers (Scotland) Act 2016. The new statutory responsibilities for local authorities as part of the Health and Social Care Partnership (AHSCP) will start on 1st April 2018. We welcome this opportunity to set out in this strategy how we will respond to the requirements in the Act and make sure carers continue to be supported through a range of services.

We are aware there are many thousands of people in Aberdeenshire who do not regard themselves formally as carers – they support close family members, relatives and neighbours as part of their ongoing relationship with those people. For many carers, they are very satisfied with the care and support offered to the people they care for and so their caring role is manageable and enjoyable.

Caring for someone over a number of years or in crisis situations can have an impact on people. It is essential that information, advice and support is available at an early stage to allow carers to make sure they are able to look after themselves and continue in their caring role.

We are aware carers build up good relationships with our community nurses, home carers, occupational therapists and care managers and that through the support offered to the cared for person, carers also feel supported in this informal way. Many carers also benefit from respite care or short breaks and day services being available for the person they care for and indirectly, carers feel this gives them some time for themselves.

The Carers (Scotland) Act 2016 represents a bold vision through extending and enhancing the rights of carers. Implementation of the Act sits well with integration of health and social care, development of locality planning as well as the wider context of improving choice and control, transforming primary care and tackling inequalities.

Key provisions in the Act include a move away from carer's assessment to a duty on local authorities to prepare an adult support plan for anyone they identify as a carer, or for any carer who requests one. Local eligibility criteria for carer support needs to be set and carers will have the opportunity to give their views on this prior to approval. For carers who meet the eligibility criteria, there is a duty on local authorities to provide support. Information and advice services need to be in place and there is also a duty on local authorities to consider options of breaks from caring when planning support with carers.

This strategy gives us an opportunity to build on the work that has been done especially the more innovative developments we have progressed through funding from the NHS Carers Information Strategy. It allows us an opportunity for GP practices, community staff, local groups and carers support organisations to work together to make sure carers are supported over the lifetime of this strategy.

Adam Coldwells
Chief Officer

Councillor Anne Stirling
Chair of Integration Joint Board

2. Strategy on a Page

CARER HEALTH AND WELLBEING

- Work together with GP Surgeries to replicate good practice in supporting carers
- Review carer support available from Carer Support Service

CARER IDENTIFICATION

- Work with groups to identify hard to reach carers
- Promotion of Carer Information Leaflets and Carer Awareness Training
- Promote Carer Positive award to other local businesses

BREAKS FROM CARING

- Publication of a Short Breaks Services Statement
- Develop a Respite project in central Aberdeenshire
- Developing a Befriending Service for carers

INFORMATION AND ADVICE

- Review Aberdeenshire GP website carer content
- Annual Carer Information Pack revision
- Develop app for Carer Information
- Continuation of commissioned Carer Advocacy Service

CARER TRAINING AND EDUCATION

- Continuation of Carer SVQ Project
- Development of an overview of available training for carers

CARER RECOGNITION

- Have conversations with carers about how we can recognise and give them support
- Active involvement in Carers Week and Carers Rights Day
- Hold Carer Events in April 2018

CARER SUPPORT

- Implement process to document carer involvement in hospital discharge for cared for
- Support use of Enable Emergency Planning Toolkit
- Make sure carers are involved in Anticipatory Care Plans
- Develop process to make sure there is seamless transition for young carers from Children's Services to Adult Services
- Develop a local Carer ID Card

CARERS (SCOTLAND) ACT

- Publish local eligibility criteria for carers
- Implement process to collect carer information needed by Scottish Government
- Develop a Carer Pathway
- Develop a process and produce guidance regarding waiving of charges for carers

3. Introduction

The Carers (Scotland) 2016 Act defines a carer as an ‘individual who provides or intends to provide care for another individual (the “cared-for person”).’

This does not include caring for someone under the age of 18 because of their age (e.g. what is associated with a typical parenting role) and also doesn’t include caring in a paid or voluntary capacity.

This strategy is for all unpaid carers over the age of 18 living in Aberdeenshire, even if the person they care for lives out with the Aberdeenshire area. There is a separate strategy for young carers under the age of 18 as we recognise that the issues faced by young carers differ greatly from those for adult carers.

The purpose of this strategy is to set out a plan for how we will support carers over the next four years. We have linked the timescale for this strategy to tie in with the remaining time of our current Health and Social Care Partnership Strategic Plan and the new Plan that will be produced for 2019 to 2022. This is to recognise that many of the priorities in the strategic plan will have an impact on carers and also to make sure there are close links between our locality plans, strategic plans and this strategy. Our aim is to support carers locally in a flexible, person-centred way and before they reach crisis point.

Carers play an essential role in the provision of health and care in Aberdeenshire. Their contribution towards promoting and maintaining the wellbeing of our local community is enormous. So we need to support our carers more consistently so they can continue to care, if they want to, in good health and to have a life alongside caring.

 In the [2011 Census](#) there were 18,932 adult carers living in Aberdeenshire. Equating to 7.7% of the adult population. The [‘Scotland’s Carers’](#) report published by Scottish Government in March  2015 estimated there were 759,000 carers aged 16+ in Scotland. Equating to 17% of the adult population. In Aberdeenshire this would give us an estimated 36,228 adult carers. The total number of carers could be higher, as many people do not identify themselves as carers. Sometimes people can be referred to as ‘hidden carers’ and this strategy looks at ways of identifying those who wish to be supported.

The approach adopted throughout developing this strategy is that carers, and the organisations who support them, should be at the centre of the process. We made sure carers and carer support organisations were involved through a variety of ways.

December 2016 - Jan 2017: A ‘Health & Social Care Carer Survey 2017’ was distributed widely to carers via internal staff and carer support organisations.

April 2017: An event was held for third sector organisations in Aberdeenshire to contribute to the development of the strategy and network of contacts extended.

May - June 2017: A follow up survey was sent to carers inviting them to respond to specific questions on topics and issues which had been identified in the 2016 survey. The priorities and actions for this strategy were identified from the results.

December 2017: The draft strategy has been completed for comment and feedback from carers and the organisations who support carers.

The main themes identified by carers and organisations who support them included isolation, negative impact on carer health because of their caring role, need for regular breaks from their caring role and need for easily accessible information.

Development of this strategy and all support for adult carers is reinforced by AHSCP's Strategic Plan 2016 to 2019 with Strategic Priority 5: *"Improving the way unpaid carers are recognised and supported."*

The case for supporting carers and the potential impact of caring is recognised in Scottish Government National Health and Well-being Outcome 6: *"People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing."*



4. Carers (Scotland) Act 2016

This new legislation places a number of new duties on all local authorities and health and social care partnerships to support unpaid adult and young carers in a different way.

An overview of provisions included in the Act are shown below, but for more information please follow the link above to view the full Act document.

Definition of a carer

'an individual who provides or intends to provide care for another individual'

Carers Assessments will be replaced by new assessments called **Adult Carer Support Plans** and **Young Carers Statements**.

Health boards will have a duty to inform and **involve carers in the hospital discharge planning** of the person they care for, or intend to provide care for.

Local Eligibility Criteria for Carers

- Carers whose identified needs meet local eligibility criteria will have a right to support.
- Carers whose identified needs do not meet local eligibility criteria should still have access to other forms of support and information and advice and local authorities will still have a power to provide support.
- The development of local eligibility criteria must involve consultation and involvement of carers and carer organisations.

An information and advice service for carers

Carers and carers' organisations must be involved in planning, shaping and review of services for carers and young carers in their area.

Carers cannot be charged for any support they receive.

The Scottish Government must produce a **national Carer's Charter**.

Publish a **Short Breaks Services Statement**

Carers must be involved and have their views and caring role considering **when determining the need for support and services to be provided to the cared-for person** (with their consent).

5. Identification of carers

We will continue to develop new ways to identify carers. We are aware that increasingly people use social media to connect with each other and we need to make sure information is available through a range of traditional and more innovative ways. We know that only a small number of carers seek support from carers' organisations and statutory services so we have to make information available through a wide variety of networks if we want to make sure carers can feel informed when they first take on this role.

We acknowledge not all carers will need or want to access support services but, by making sure information is available through different ways, we can try to reach as many carers as possible.

We pledge to:

Make sure information is available to people who might not initially view themselves as carers

This includes, but is not limited to, Gypsy Travellers, Black and Minority Ethnic Carers including Syrian New Scots and specific organisations such as Young Farmers, Men's Shed and the Scottish Women's Institutes. Networks that our Community Planning Officers have access to will be utilised and we will make sure information can be accessed in various formats or languages to make this more easily accessible. We have made links with a local University to make sure they have the information they need to support carers living in Aberdeenshire. We will continue to provide carer information and promote availability of support.

Promote Carer Awareness – Level 1 Training and 'Support for Carers' leaflet to home care providers on the AHSCP framework

We are aware that our frontline health and social care staff are in a good position to identify carers. AHSCP encourages promotion of Carer Awareness – Level 1 training to all home carers working for Aberdeenshire Council, as well as publication of a small 'Support for Carers' leaflet which home carers and other staff can give to carers through day to day contact. Issue of these will be promoted with care providers on the care at home framework and appropriate health staff.

Implement process to collect carer information required by Scottish Government

The Scottish Government is developing a new set of mandatory statistics on carers. AHSCP will make sure we are collecting the information needed to better identify carers in our local areas and how this compares nationally.

Promote Carer Positive award to local businesses

The Carer Positive award is presented to employers in Scotland who have a working environment where carers are valued and supported. Carer Positive employers recognise the importance of retaining experienced members of staff, reducing absence, and cutting down on avoidable recruitment costs. Aberdeenshire Council has achieved level 1 – Engaged and level 2 – Established awards. We will promote this with other statutory services, local businesses and organisations we come into contact with. This will improve support for carers locally through their employer and their awareness of the support available for carers.

Work with GPs and Practice Managers to increase identification of carers

70% of carers who completed our surveys highlighted that their GP is aware of their caring role. So we feel GP's and the staff that work with them are in a very good position to identify carers. But carer's comments were a mix of positive and negatives, so this is an area that can be improved:

My GP is supportive of my caring role, he is also my husband's GP and is aware of his diagnosis. My GP has arranged for my knee operation to be brought forward to increase the likelihood of being able to keep my husband at home for end of life care

Difficulty getting appointment to attend and someone to care for child with ASN. Cannot get appointments when required

My GP is anxious to keep me in good health so that I can continue as my husband's carer

We will also be reviewing GP practice websites to make sure they display consistent and up to date information about carers.

6. Assessment of demand for support

Aberdeenshire has a population of around 262,000. Compared with most areas in Scotland, Aberdeenshire has a better health profile, with lower levels of unemployment and deprivation.

There are two main sources of information that we can use to try to work out the demand there might be for support from carers.

Scotland's Census is the official estimate of every person and household. The census is done every 10 years so the most recent information we have is from 2011.

In 2011, the population of Aberdeenshire was 252,973. Of this, the percentage of population who provided unpaid care was 7.7%. This was the second lowest percentage in Scotland with the Scottish average being 9.3%.

Aberdeenshire did have one of the highest percentage of population with general health "very good" or "good, 86.95% compared to the Scottish average of 82%.

Provision of unpaid care by age (16+) was as follows:

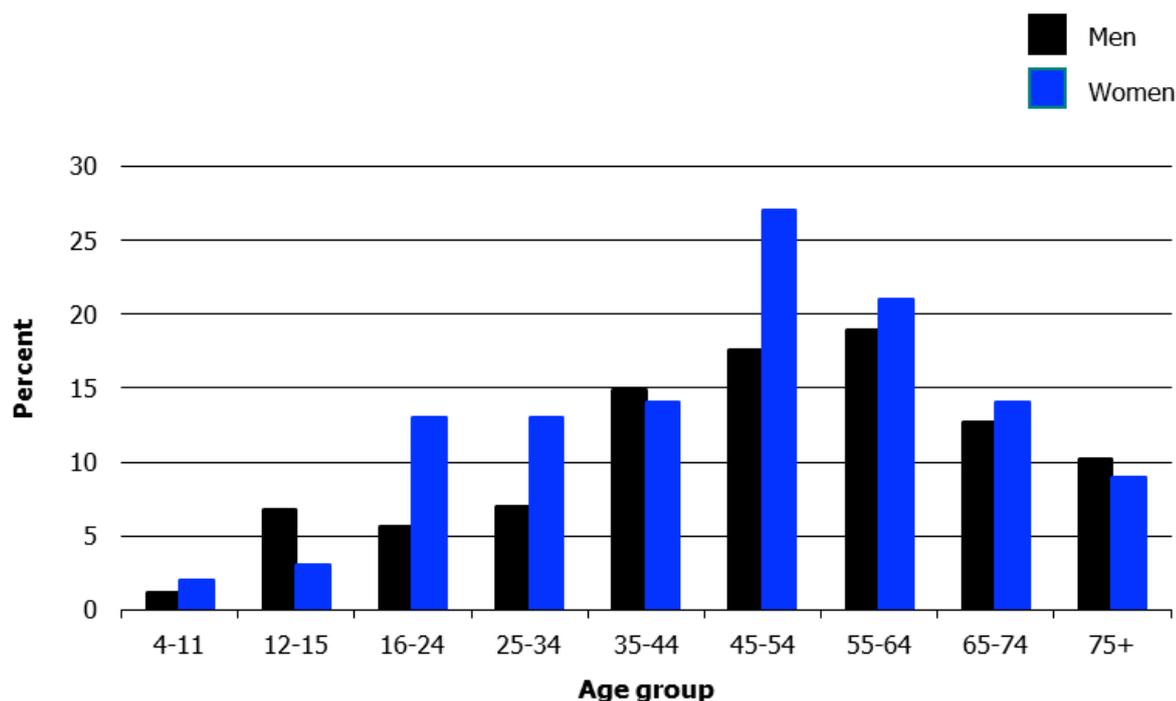
Provision of unpaid care	All people	Provides no unpaid care	Provides 1-19 hours of unpaid care per week	Provides 20-34 hours of unpaid care a week	Provides 35-49 hours of unpaid care a week	Provides 50 or more hours of unpaid care a week
All people	205,584	186,654	11,615	1,593	1,371	4,351
16-24	25,350	24,487	528	100	138	97
25-34	27,758	26,460	749	109	156	284
35-49	58,146	52,727	3,327	446	475	1,171
50-64	53,667	46,025	5,309	615	382	1,336
65 and over	40,663	36,955	1,702	323	220	1,463

The Scottish Health Survey 2016

The Scottish Health Survey was done with 4,323 adults and 1,561 children in Scotland. The provision of unpaid care is measured by asking participants if they look after, or give any regular help or support to, family members, friends, neighbours or others because of a long-term physical condition, mental ill-health or disability; or problems related to old age.

Over one in seven (15%) adults aged 16 and over were providing regular, unpaid care to a family member, friend or someone else in 2016.

Women were more likely than men to be providing unpaid care for someone (17% and 13% respectively). The gap between men and women was most notable in the 45 to 54 year age group (27% of women, compared with 18% of men providing care).



We can also look at potential demand from the statistics collated by our main commissioned carers support service over the last 18 months:

Reporting period	New carers registered per reporting period	New carers assessed per reporting period
Q1 April – June 2016	189	82
Q2 July – Sept 2016	102	109
Q3 Oct –Dec 2016	51	54
Q4 Jan – March 2017	76	100
Q1 April – June 2017	83	151
Q2 July – Sept 2017	82	76
Total to date	583	572

At this early stage, it is difficult to work out what the demand for services will be through implementation of the new legislation. We recognise that over the next 20 years, the number of over 85 year olds in Aberdeenshire is predicted to rise by 266%, from 6,098 in 2017 to 22,320 in 2037. There are also a greater number of people with complex health conditions being supported to live at home. Care at home and intensive care at home for the over 65's has increased in the last five years and there has been a decrease in the proportion of older people moving into residential care. We predict that there will be a greater number of people taking on a caring role for family members and who will be eligible for a carers support plan and support services through the Act.

But we are also confident that some of the new developments and services put in place through health and social care integration will also help to identify and support carers both at an early stage and in crisis situations. Introduction of the Virtual Community Ward model in GP practices means that treatment and care can be provided to people with complex and urgent health care needs more quickly so alleviating some of the stress for family carers. Co-location of health and social care teams means staff are better able to share information about family situation they become aware of where carers would benefit from support.

Development of services through our Third Sector partners such as Alzheimer Link Workers and Befriending at Hospital have also helped to identify situations where carers are needing support.

7. Support available to carers

Carer Support Service

 Quarriers have provided the carer support service in Aberdeenshire since April 2016. They also provide the carer support service to young carers which allows a holistic family support service for carers to be delivered.

The services they provide includes the following:



- Identification of carers
- A listening ear for carers
- Carer's Assessments
- Information and advice for carers (local services or resources, benefit entitlement, regular newsletter etc)
- Making links with other carers (through various groups and other methods)
- Helping carers to develop confidence and skills (training and advice available)

Health and Social Care Teams

Many carers are supported either directly or indirectly by staff from the health and social care teams. Through the carers' survey done in early 2017, 49% of the 146 carers who received support reported that this came from care management, followed by 42% from the carers support service.

Overall, a majority of respondents agreed that they have a say in the services that are provided for the person they care for (65%) and are satisfied with the level of involvement in the design of the care package for the person that they care for (59%). But fewer respondents agreed that they are satisfied with the quality of services provided for the person that they care for (47%) and feel well informed about the services provided to the person they care for (46%).

Paul's Story

Paul (41) lives with his partner Mary (44) in rural Aberdeenshire.

Mary has a long history of substance misuse (alcohol) as well as having mild learning disability. She receives support from the local Community Substance Misuse Team. Paul was referred to Quarriers carer support service by Mary's care manager as she felt that he would benefit from some support.

The support service contacted Paul and arranged to meet with him out with his home. A carer's assessment was done and an agreed support plan developed. To meet his outcomes as a carer, Paul was offered one to one support to be able to offload and discuss his caring role.

Paul has also been referred to the Scottish Association for Mental Health (SAMH) for resilience coaching and is going to Scottish Mental Health First Aid Training that will help him to understand and support Mary better when she is in crisis.

Short Breaks Bureau

The Short Breaks Bureau supports carers and the people they care for to access personalised short breaks (also known as innovative respite). The service offers practical support and advice to people planning a short break. Short breaks can be provided in different ways, through organisations specialising in providing breaks for people with additional support needs, in adapted accommodation or in ordinary hotels, guest houses or self-catering cottages. Short breaks can be taken by the carer and the person they care for together, separately or as part of a larger group.

Creative Breaks

Quarriers carers support service offers Creative Breaks funding up to £250 per year to carers to support them to have a break from their caring role. Examples of how this has been used include holiday breaks, relaxation therapies, days out or the purchase of equipment e.g. bicycle, camera, walking or gardening equipment allowing carers to try new activities and give them time and space from their caring responsibilities.

Other organisations funded through AHSCP to provide support to carers:

Carer Advocacy Service

[Advocacy North East](#) has provided an independent advocacy service for carers since 2012. Independent advocacy involves supporting carers to understand and make decisions and to have their say in matters affecting them.

Demand on the service has been constant and an independent review in 2014 found that independent advocacy for carers was effective and cost beneficial.

This service has provided information and support to 140 carers over the five year period.

Local need for independent advocacy for carers continues to grow with 32 carers being supported during 2016/17.



Signposting Project

The [Aberdeenshire Signposting Project](#) assists people to access services, groups and organisations. They help people to address issues in their lives which are contributing to or exacerbating their isolation or loneliness. Between April 2016 and March 2017, the project received 688 referrals with isolation, loneliness and isolation being the most frequent issues presented. Although we do not know how many of the referrals were from carers, we know from the carers' survey that isolation and loneliness was identified as a significant issue.



[Dementia Cafés through Alzheimer Scotland](#)

Alzheimer Scotland run a number of groups called Dementia Cafés across Aberdeenshire for people who have a diagnosis of dementia and their carers. These groups give support to both the carer and the person they care for with specialist advice, peer support, reminiscence and guest speakers.



They also run a number of other groups both specifically for the cared for and some welcome carers and families also.

Kincardine and Deeside Befriending

K & D Befriending is a local registered charity which aims to reduce social isolation and loneliness in older people throughout the Kincardine and Deeside area by matching them on a one to one basis with a volunteer befriender.



Forget-Me-Not Club

Forget-Me-Not Club provides invaluable support to those living with and caring for people with dementia. Staffed almost entirely by enthusiastic volunteers, it runs a host of activities in Banchory and upper Deeside. Just as importantly as providing activities for people with dementia, Forget-Me-Not also advises and educates carers on the complexities of the illness. Providing information and knowledge of things that can be done to help, from coping strategies to financial and other resources available, allowing people to stay in their own homes for longer.

FORGET ME NOT CLUB
Dementia Support.

Active Aberdeenshire concession for carers

The Active Aberdeenshire scheme makes it easier and cheaper for you to use Council sports and leisure facilities. Concessions are available through this scheme for carers who are in receipt of Carer's Allowance.



SVQ Level 2 for Carers

There is now a well-established programme for adult and young carers who wish to complete an SVQ level 2 – Social Services and Healthcare. Between 2014 and Sept 2017, 57 carers have registered for the qualification and to date 22 have successfully completed this. There is a steady rate of new enquiries about the programme.

Feedback from some carers who have completed their SVQ:

"I have thoroughly enjoyed doing the SVQ. It has uplifted me in many ways. I would definitely recommend other carers to do this."

"I have enjoyed doing my SVQ. It's helped my self-confidence and I did not realise how much I had already learned and how much I had stored in the back of my mind for use at a later date."

Information Pack for Carers

The Aberdeenshire Unpaid Carers Information Pack 

was launched during 'Carers Week' in June 2017 after carers had expressed that they found it difficult to access information that was useful to them.

Included in the resource is information on carer support services, helpful hints for carers and community services that promote carer involvement.



This pack was widely distributed and will be updated and re-distributed annually. We will also develop a mobile phone app which will contain all of this information.

Workforce Education: Equal Partners in Care (EPiC)

Equal Partners in Care (EPiC) is a joint project between NHS Education in Scotland (NES) and the Scottish Social Services Council (SSSC) to implement the workforce education and learning elements of the Carers Strategy 2010 to 2015.



In October 2014, Aberdeenshire Council and NHS Grampian updated their staff carer awareness e-learning systems to include the EPiC core principles, producing a 'Carer Awareness' course for all staff. These were updated in December 2016 to include video clips from Aberdeenshire's adult and young carers.

As well as this course which was aimed to raise awareness with all staff, a second e-learning course was made available in October 2017 for managers within Aberdeenshire Council. This course 'Caring Counts in the Workplace' is designed to help managers support any staff who have a caring role out with their paid employment. The course also tells managers about the skills an unpaid carer can bring to the workplace, and gives them an understanding of the challenges and barriers unpaid carers may face when looking for a job and returning to work.

Carer Positive

Carer Positive is a national initiative aiming to encourage employers to create a supportive working environment for carers in the workplace.



Aberdeenshire Council has achieved level 1 – Engaged in April 2015 and has recently achieved level 2 – Established awards.

PAMIS: Digital Passport Project

The Digital Passport Project offers families of those with profound and multiple learning disabilities in the Grampian area support in developing the PAMIS digital passport. The PAMIS digital passport serves as an easily accessible tool to support carers towards positive health outcomes, minimise risk to the individual and carer, and has the benefit of providing a holistic non-medical view of the individual being cared for. 30 families in Aberdeenshire have benefited from this project since it started in April 2016.



David's Story

David is a teenage boy with complex physical disabilities, a learning disability and very weak muscle tone. He needs to be artificially ventilated 24 hours a day. He cannot move without help and needs help with all aspects of his life. He is limited to communicating only by blinking his eyes. The Digital Passport created with him and his family has helped David to show the staff who look after him at home how to care for him safely and effectively. The passport helps David's communication and several videos support carers' training on how to do the complex procedures David needs as part of his day to day health care. The passport lets David's parents express their views about his care as well as encouraging respect for their family life.

David has been able to use the passport with new members of staff at school and it has allowed him to assert his character more as he grows and develops.

NHS Grampian Person Centred Care and Visiting

In April 2017, NHS Grampian launched a radical change to their visiting policy across all hospitals in the Grampian area following a successful pilot of this in Aberdeen Royal Infirmary.



New visiting arrangements welcome families, carers and friends to:

- visit the ward as much as their family member or friend would like
- take part in the planning and delivery of care
- share experience

8. Unmet demand

To help us find out what is important to the people that receive a social care service and their carers, AHSCP commissioned support from IBP (market research company) to carry out a survey of carers and of service users in early 2017. The carers' survey was done as a hard-copy postal survey. The survey was sent to unpaid carers identified by carer support organisations in Aberdeenshire and to carers who were known to the care management teams. A total of 131 postal responses were received. The survey was also promoted by the AHSCP via an online survey which gave a further 91 responses, giving a total of 222 submissions. 80% of respondents were female and 20% male.

The main themes highlighted because of this survey, not detailed thoroughly in other parts of the strategy, are shown below.

Isolation

- 49% of respondents stated that they feel isolated because of their caring role
- Females were notably more likely than males to feel isolated because of their caring role (55% compared to 28%)
- Those aged under 45 were most likely to feel isolated (74% compared to 49% overall)
- Those aged 75+ are least likely to state that they feel isolated because of their caring role (29% compared to 49% overall)

Training

20% of respondents stated that they have been offered training in their role as a carer

Sleep

- 51% of respondents disagreed that they usually get a full night's sleep

Work, Study or ability to participate in training

- 53% of respondents stated that their caring role affects their ability to work, study or participate in training.
- Females were notably more likely than males to say that their caring role affects their ability to work, study or take part in training (60% compared to 26%)

Time for hobbies, relaxation or social contact

- 50% disagreed that they have time for hobbies, relaxation or social contact with friends or family

9. Reduce impact of caring on health and wellbeing

What carers told us:

74% of carers reported that their caring role has had a negative impact on their health and wellbeing

The responses highlighted both impacts on carers' physical and mental health with a high number of carers reporting stress, anxiety, depression, exhaustion, headaches, high blood pressure as well as self-neglect.

The caring role can be very emotional – your health always takes second place

I want to lose weight but no energy – catch 22

Stressed, never been able to shut off, even when sleeping never fully relaxed

There are a number of ways in which we plan to support carers to try to reduce the impact their caring role has on their health and wellbeing to make sure they are well enough to continue caring, should they wish to.

We pledge to:

Work together with GP practices to replicate good practice in supporting carers

We will be looking at good practice in GP practices including their use of Carer Registers and carer events to replicate these across Aberdeenshire. This includes working collaboratively with all practice staff to make sure they recognise needs of carers and are giving them the correct information to allow them to access support.

So we can target carers who may be experiencing poor health, we will promote information on available support to carers through medication prescriptions.

Review carer support available from Carer Support Service

Our commissioned carer support service is reviewing their carer support arrangements based on feedback from carers on how they wish to access support. This includes various forms of support including peer support groups, intensive courses of support, one-to-one support and the use of social media. The review will be completed with input from AHSCP and will take into account locality plans for each of the six localities in Aberdeenshire.

Margaret's Story

Margaret is 70 and cares for her husband James. James struggles with his mental health; early onset dementia and a right sided weakness from a stroke. The carer support service was contacted by the Epilepsy Field Worker who supports their adult son. Margaret had fallen and broken her arm which meant she was struggling to support with James' care needs. They live in a very rural area and with Margaret not being able to drive for the foreseeable future, the situation was getting very difficult for her.

A carer's assessment identified that Margaret was very isolated, that she would benefit from peer support, confidence in caring and various training needs as outcomes.

Through her support plan, Margaret has gone to a summer outing and a peer support group. Talking with her Family Wellbeing Worker and other carers gave her the confidence to tell her friends that she felt isolated and they now invite her to social activities.

Margaret was concerned as to what would happen in an emergency if she could not care for James. She was given the number for the Council's Out of Hours Service which she hasn't had to use but felt much better knowing there was a service that may be able. Margaret is going to the Scottish Mental Health First Aid training and also hopes to use the creative breaks funding in the future. She also plans to go to the local carer group for ongoing support.

10. Carer involvement in hospital discharge of cared-for

The Carers (Scotland) Act 2016 requires all Scottish local authorities and health and social care partnerships to involve carers before discharging the person they care for from hospital. We will be working together with NHS Grampian to make sure we have the necessary processes in place to meet this provision, particularly for documenting carer involvement in hospital discharge of the person they care for.

11. Preventative Support

As well as the support services mentioned in section 8, there are examples of good practice going on locally to demonstrate preventative or proactive support to carers. This support comes at a time when carers are not in crisis and can be supported to self-manage their situation to address any difficulties before they become a crisis.

Quarriers Health and Wellbeing Worker

Quarriers Carer Support Service have recently appointed a specialist Health and Wellbeing Worker to support with carers who have identified needs about their health and wellbeing in their carer's assessments. This worker has recently completed a six week course in mindfulness. Mindfulness is the psychological process of bringing one's attention to experiences occurring in the present moment, which can be developed through the practice of meditation and other training. This practice is commonly used to help people to relax at times of stress and carers who have taken part in this course had the following feedback:

I find it easier to recognise when I'm feeling stressed and need some time out

I now realise the importance of taking a break and making time for myself

I'm getting better at not feeling selfish for taking time for me as I know this benefits us both

Two medical practices in Aberdeenshire have shown great examples of partnership working with carers to enhance support they provide to carers locally:

Banchory Group Practice

After a request for information was raised at the practice's Patient Participation Group from a carer looking for a carers support group, the Practice Manager offered to set up a group in the practice. Carers were contacted via the carer's register they held and around 15 carers go to regular evening meetings. At the time of being contacted, the majority of carers were unaware of a carers support service so the practice were able to direct them to Quarriers Carer Support Service. Carer meetings include peer support as well as guest speakers arranged by the Practice Manager in partnership with the local AVA CHiP (Community Health in Partnership) Officer, Quarriers and other community-based organisations. Speakers are selected based on requests from carers and information that is found to be helpful to carers and the people they care for.

Insch Medical Practice

Insch Medical Practice recently took part in a community event in partnership with the Friends of Insch Hospital and Community and the local AVA CHiP (Community Health in Partnership) Officer. The event was mainly to benefit retired patients of the Practice but was open to all in the area. Over 15 local community groups and voluntary organisations, whose activities or services cover the Insch area, took part in the afternoon. Some of the information available was of particular interest to people who look after someone in an unpaid caring role. Staff from Quarriers carer support service were on hand to answer many of the queries and local GPs and the Practice Manager were keen to promote the new Anticipatory Care Plan now available at the practice. Carers can also find out more about the support and services available through a dedicated noticeboard in the practice waiting room.

12. Transition of young carers to adult carers

As well as coping with their transition from school into a positive destination, young carers are also often trying to cope with the transition to becoming an adult carer. This will be a particular consideration for those with significant caring roles. Young people make this transition at the age of 18 when they move on to Adult Services. This is something that should be considered with the GIRFEC review and action planning meetings for the young person, and consideration should be given to involving Adult Services in these meetings as they are approaching 18. Where the Aberdeenshire Young Carers Support Service is already involved with a young person, they will already be making these links with Adult Services. But if a young person is new to a caring role, or their caring role is likely to increase because of their age and maturity level, then contact should be made with both the Aberdeenshire Young Carers Support Service and the Adult Carers Support Service for information and advice.

Where a young carer has a Young Carers Statement this will remain in place until an Adult Carers Support Plan is developed.

13. Breaks from caring

Many carers need regular breaks from their caring role to help them rest, relax and feel able to continue to care.

Respite or a short break for a carer may be something that is included in the assessment and support plan for the person they care for, if they are eligible for a social work service. We also have a Short Breaks Bureau which provides support to arrange more innovative and creative breaks.

A break can be replacement care for the person cared for to let the carer to have a break. This can be in a setting such as a care home, supported accommodation or very sheltered housing suitable to meet their needs. This is what we call traditional respite.

Alternatively the break could take place in a suitable B&B, hotel or rented accommodation and the carer themselves, paid carers or a mix of both could be there to support the cared for during the break. This is what we call innovative respite.

Throughout the last year (December 2016 to December 2017), 318 people were supported to have traditional respite breaks with a total of 5,168 days of respite being used. The average length of respite break was eight nights and 44% of people had two or more breaks during that period.

In the same period, the Short Breaks Bureau supported 25 families to get 131 nights of innovative respite. They also supported a number of carers and the people they care for to source suitable breaks and services, giving them the confidence to arrange these for themselves.

Breaks from caring do not have to be overnight. They can also be organised traditional day care or through provision of paid support to let the carer leave the cared for person for a few hours. There are many carers who are supported in this way. This can also benefit the person they care for to have increased confidence, skills and independence. Statistics on the number of people benefitting from this type of support are not easy to collect because of the introduction of self-directed support and how this is recorded. This is something we will be improving through implementation of the Carers Act.

Other resources that can be useful to carers and the person they care for are the [Shared Care Scotland website](#) and [Euan's Guide website](#).

These are searchable databases that contain information about services you might be able to use for planning a short break.

What carers told us:

Nearly 70% of carers who took part in our survey said that they do not get time out from their caring role.

It curtails your freedom. Nothing occurs in the spur of the moment anymore. If I want to do anything I have to plan far in advance

Feel I am on call 24/7

I can feel very guilty about taking time for myself

We pledge to:

Develop a process and produce guidance on waiving of charges for carers

Statutory guidance on waiving of charges for carers has not yet been provided by Scottish Government but is expected by the end of 2017. This will outline the legal requirements on charging for services currently provided to the cared for which meet the eligible needs of carers following full assessment. Once received, a local process and guidance will be developed to make sure we are meeting the legal requirements.

Prepare and publish a Short Breaks Services Statement, which is a provision of the Carers (Scotland) Act 2016, by 31st December 2018

The Carers (Scotland) Act 2016 requires all local authorities and partnerships to prepare and publish a Short Breaks Services statement outlining the available breaks both locally and nationally, as well as identifying any gaps in resources and plans to address these.

A representative from AHSCP is part of a working group hosted by Shared Care Scotland who are a national carer organisation. This group are working on a national Short Breaks Services Statement that will be consistent across Scotland but can be adapted locally upon completion.

Develop a Respite pilot project in Central Aberdeenshire

Respite is Respite plus Hospitality which originated in the USA and provides a unique way for Carer Support Services and the hospitality sector to work together to provide short breaks to unpaid carers. The way it works is the hospitality sector gift short breaks. These can be overnight stays, meals, spa days, beauty treatments – whatever gift the business chooses to donate. These breaks are then matched to carers most in need of them.

Develop a befriending service for carers

This would help with both providing carers a break from their caring role as well as reducing isolation. We will work with Quarriers Carer Volunteer Service to support development of this.

Mary's Story

Mary (64), is a carer for her husband, David (71), who suffered a brain injury 14 years ago. Mary has to provide a lot of emotional support to David due to anxiety, management of his challenging behaviour and support get him through all aspects of his daily routines. Routines have to be maintained, otherwise David becomes very anxious. It wasn't until Mary had to give up her work to look after David that she realised she was a carer. Since registering with the carer support service, Mary and her husband have benefitted from Creative Breaks funding. In the summer, the couple had a well-earned break to the Trossachs, where Mary could rest and relax away from home, and they could have some time as husband and wife. Mary recommends that carers should use the Creative Breaks fund to its full potential, and should "swallow their pride and apply."

14. Emergency Planning

What carers told us:

A high number of carers who took part in our surveys reported that they worry about what would happen to the person they care for in an emergency where they were unable to provide care.

We pledge to:

Promote use of Enable's Emergency Planning Toolkit

Our Carer Support Service supports carers to use Enable's Emergency Planning Toolkit to make sure they have a plan in place for who can provide support in an emergency. We will also promote this to wider AHSCP staff and the public through use of training and awareness sessions, our Unpaid Carer Information Pack and social media.



Enable Scotland are a national charity working for an equal society for every person who has a learning disability. Enable have spent a lot of time and resources as well as consultation with carers and the people they care for. The result of this work was a toolkit that can be used nationally to help carers have the peace of mind that their wishes and the wishes of the person they care for be heard and respected where possible in an emergency.

Ron's Story

Ron cares for Wendy who has a diagnosis of vascular dementia. He heard about the carers support service from a friend. From the discussion on how the service could support him, it became clear that Ron was in need of time out from his caring role. Ron also acknowledged that he wanted to make plans for their future. He contacted the local Social Work Department to discuss respite services for Wendy and she is now receiving respite at a local care home. Ron has also discussed the future with his daughter and Power of Attorney for both himself and Wendy are in place. He also started going to the local carer support groups where he was able to discuss his anxieties and get support from other carers. Ron and Wendy were also made aware of the local Alzheimer groups and they have gone for lunch and musical memories, which they both enjoy. Wendy is also now supported by K&D Befriending service so she can visit her favourite charity shops and enjoy female companionship. Ron has formed a friendship with another carer and they now meet regularly with their partners for coffee or lunch and are currently planning a weekend trip together so the two couples can support each other and enjoy each other's company. Ron has said that the support he has received has taken a weight off his shoulders and he is more relaxed and enjoying more time to himself in the knowledge that Wendy is happy and experiencing support from people who understand her needs.

15. Carer Involvement and Consultation

A number of methods are used to consult with carers and organisations who support carers in Aberdeenshire. Although consultation with carers has been something we have been doing for some time in various different forms, the Carers (Scotland) Act 2016 places requirements for us to make sure we consult with carers for very specific parts of the Act.

We have a Carer Representative on our Integration Joint Board (IJB) who will be involved in discussions around various policies and developments within AHSCP. This representative will also meet directly with carer groups and will be a central point for carers to give their views on discussions IJB are having about health and social care priorities.

A number of years ago, a Self-directed Support Reference Group was set up to involve people who use social care services and others who had an interest in promoting the use of Self-directed Support in Aberdeenshire.

The purpose of the group was to provide an opportunity for people who used social care services to influence the development and implementation of Self-directed Support in Aberdeenshire.

It was, and continues to be, an advisory body for Self-directed Support processes locally and helps to:

- Promote meaningful engagement
- Share information, experience and knowledge
- Make sure the voice of service users is heard by people in the organisation who deliver services and people who make policy decisions.
- Engage in partnership working
- Strengthen service user involvement, engaging with individuals and relevant groups
- Make recommendations on actions

This group is currently being extended to include carers, although some of the current members are carers. Members of the group have agreed to also give feedback on plans to implement the Carers (Scotland) Act 2016.

Consultation with third sector organisations who support carers both directly and indirectly is also very important in the development of carer support in Aberdeenshire. Over time, we have developed a wide network of organisations who we keep in regular contact with and make sure they are up to date with information about carers.

We also make sure we involve AHSCP and NHS Grampian staff in any communication and consultation via regular briefings which are also shared externally to carers and third sector organisations. These briefings give updates on our progress on the implementation of the Carers Act locally as well as directing on any formal consultations taking place.

16. Our Commitment

Our local carer strategy builds on the views of carers about the impact of their caring role on their health, wellbeing and life outside of caring. Having a local strategy is a statutory responsibility from the Carers (Scotland Act) 2016 and while we hope that carers will find our strategy has reflected their views, we are very aware that it will be essential that we show, through the action plan, our ongoing commitment that carers in Aberdeenshire have the information and support they need at the time when they need it. The local carer strategy links well with the current Health and Social Care Partnership Strategic Plan and will contribute to some of the content of the new plan for 2019 to 2022.

The carers' strategic outcome group will have responsibility for making sure the actions in the plan are progressed. This group reports to the IJB through the strategic planning group. The action plan has focused primarily on what we want to achieve in the first one to two years of the strategy. We will build on this through feedback from the consultation on the draft strategy and as we progress the actions over the years.

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17. Action Plan

Theme	Specific Actions	Timescales	Measures	Outcome
Carer Health & Wellbeing	Work together with GP Surgeries to replicate good practice in supporting carers	Year 1/Year 2	Carers report improved health and wellbeing in further carer surveys	Carers have maintained or improved their health and wellbeing
	Review carer support available from Carer Support Service	Year 1/Year 2	<p>Number of carers accessing Health and Wellbeing Services</p> <p>Number of carers who have told GP about their caring role in further carer surveys</p> <p>Increase in number of self-referrals to carer support service from carers getting note on prescription</p>	

Theme	Specific Actions	Timescales	Measures	Outcome
Carer Identification	Continue to work with hard to reach groups to make sure they have all the information or access to services they need	Ongoing	Increase in referrals to carer support service from carers in hard to reach groups	Carers in hard to reach groups feel better informed and more confident in identifying themselves as carers
	Promotion of Carer Information Leaflets and Carer Awareness Training to external Homecare agencies	Year 1	Increase in number of self-referrals to carer support service from carers getting this leaflet	Carers with a homecare service feel better informed about what support is available to them
	Implement process to collect and report on carer information required by Scottish Government on an annual basis.	Annually	Number of carers recorded year on year from implementing new data set	Carers will feel more supported in their employment if their employer becomes part of Carer Kitemark
	Promote Carer Positive Kitemark to other local businesses	Year 2	Number of Carer Positive employers in Aberdeenshire	

Theme	Specific Actions	Timescales	Measures	Outcome
Breaks from Caring	Develop a process and produce guidance on waiving of charges for carers	Year 1	Number of carers accessing short breaks through Respitality	Carers well informed about the availability of short breaks in their local area and further afield
	Publication of a Short Breaks Services Statement	Year 1	Feedback from businesses gifting short breaks through Respitality	
	Develop a Respitality project in central Aberdeenshire	Year 1	Carers report decreased isolation in further carer surveys	Carers able to take more regular breaks from caring when it suits them
	Develop a Befriending Service for carers	Year 2		Carers will feel less isolated

Theme	Specific Actions	Timescales	Measures	Outcome
Information and Advice	Ensure all Aberdeenshire GP websites display consistent and up to date information about carers	Year 1	Number of requests for printed or electronic Carer Information Pack copies	Carers will feel well informed and will know where to go for any information they need
	Annual Carer Information Pack Revision	Annually	Number of app downloads	
	Develop app for Carer Information	Year 1	Number of carers accessing carer advocacy service	
	Continuation of commissioned Carer Advocacy Service	Year 1		

Theme	Specific Actions	Timescales	Measures	Outcome
Carer Support	Implement process to document carer involvement in hospital discharge for cared for	Year 1	Number of Emergency Plans completed	Carers will feel well supported to continue their caring role
	Support completion of Enable Emergency Planning Toolkit for all carers who wish this	Ongoing	Level of uptake and feedback on Carer ID card	Carers are able to access concessions without disclosing personal information
	Make sure carers are involved in Anticipatory Care Plans for the people they care for	Ongoing		Carers have access to a greater range of concessions locally and reduction of financial strain
	Develop process to make sure seamless transition for young carers from Children's Services to Adult Services	Year 1		
	Develop a local Carer ID Card	Year 2		

Theme	Specific Actions	Timescales	Measures	Outcome
Carer Training or Education	Continuation of Carer SVQ Project	Year 1	Number of carers registering for Carer SVQ project	Carers have the skills and confidence to carry out their caring role
	Development of an overview of available training for carers	Year 1	Number of carers going to relevant training	Carers have developed new skills
Carer Recognition	Have conversations with carers about how we can recognise and provide support to them	Ongoing	Feedback and attendance at events	Carers will feel appreciated and their roles recognised by AHSCP
	Active involvement in Carers Week and Carers Rights Day promotion and events	Ongoing		
	Hold Carer Events in April 2018	Year 1		