MORAY CARERS' STRATEGY 2007 – 2010

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CONTENTS

FOREWORD

Welcome to the Moray Carers' Strategy 2007 - 2010. The purpose of writing a Carers' Strategy is to improve the quality of life of carers living in Moray and to support them in their vital caring role. In this document we will set out both our vision for carers' support and services over the next 3 years and the action we will take to achieve that vision.

The aim of this strategy is to improve the life of all carers living in Moray. However, it is acknowledged that carers are not a single group of people. As a result you will find the needs of carers being addressed in a number of other strategies and plans dealing with specific issues, for example, Physical and Sensory Disability Strategy, Older Peoples' Strategy.

This document will provide an overall framework for the work we will do **with** and **for** carers. It will be reviewed every 3 years, involving carers, carers' organisations, and other stakeholders.

Addressing the needs of carers has become a key issue for both The Moray Council and NHS Grampian. This is partly due to the requirements of legislation but also due to the increasing recognition of the role carers have. We are committed to providing responsive and appropriate services that support carers in their caring role. Through this strategy we aim to show how this will be achieved.

Who was involved in writing this strategy?

We tried to involve as many stakeholders as possible in this process; however, we felt that the most productive way forward would be through the creation of small, time limited groups each with a remit and specific tasks.

In order to be able to identify the requirement for a revised strategy for Moray, the Moray Carers' Strategy Group (Appendix 1) agreed this work would be developed through four sub-groups. An additional group for young carers would be progressed through the Moray Childcare Partnership.

1	Respite Care Services	Provisional Chair:	Maureen McLeod
2	Carer's Assessment	Provisional Chair:	Charles McKerron
3	Information for Carers	Provisional Chair:	Sue Mitchell
4	Health Care Needs of Carers	Provisional Chair:	Issie Graham

5 The Needs of Young Carers. Responsibility for taking forward planning for young carers will rest with the Moray Childcare Partnership.

The Final Draft Strategy was used as the basis of a consultation with all registered carers in Moray. Questionnaires based on the final draft and links to the main document were sent to all 1164 registered carers and their responses (21%) have been used to produce this final document and the associated action plans.

SECTION 1 – INTRODUCTION

The Moray Picture

Moray has a remote and mainly rural population of 85,210 and covers an area of 1,000 square miles. It is a generally prosperous area with rural and urban pockets of exclusion and deprivation.

A national constituency profile of Moray in 2004[(1)] stated that. "A rounded view of this constituency would suggest that it has an average population structure, a lower than average education attainment amongst school leavers, and levels of unemployment and household income that are close to the Scottish average.

Moray constituency health and well-being statistics in 2004[(2)] indicate that life expectancy is 78.4 years, 1.9 years less than the highest in Grampian and 10.8 years higher than the worst in Scotland.

Taking social class as an indicator of health, the profiles show that 64% of the Moray constituency are in middle social grades and 19% in the lower social grades (third highest proportion in Grampian, though 17% less than average for Scotland).

However, average gross household income is the lowest in Grampian and over 2% lower than Scottish average. Levels of unemployment are the second highest in Grampian, though 40% lower than Scotland. There are more part-time employees than the average for Scotland, and this trend has increased over time.

Within the national context Moray's health status would seem positive. It is important however, to bear in mind Scotland's health in a wider international context to highlight the broader overall position of Moray[(3).]

Who is a Carer?

Carers are adults and children who take care of adults or disabled children. They may be in receipt of an attendant allowance or unpaid. The caring role is stressful, constant and can be isolating. Carers provide care to people who are vulnerable, ill, frail or living with a disability and who cannot manage without them. Carers look after partners, spouses, family members, friends or neighbours.

Caring can involve assistance with any or all of the following:

- Personal care – washing, dressing or feeding
- Assistance with medication and/or other medical care
- Collecting benefits, pensions and dealing with finances
- Emotional and/or social support
- Acting as an advocate or guardian
- Practical assistance with daily activities – preparing meals, shopping, housework
- Physical assistance – support to mobilise or transfer.

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(1) Office for Public Health in Scotland for the Public Health Institute of Scotland Moray Constituency Report 2001.
(2) NHS Health Scotland, Health 7 Well Being Constituency Profiles 2004.
(3) The Moray Food & Health Project Report (2004).

Some carers provide care for a few hours a week whilst others provide care round-the-clock. Some carers give up work whilst others juggle caring with work. Although many people do not recognise themselves as carers, it is also known that most people want to care. However, caring can cause stress and have an impact financially, practically, physically, socially and emotionally.

Local Authorities have recognised for some time the major part that carers play in providing community care services. They represent a massive community care resource without which public services would be placed under severe pressure. Their caring role has often led them to compromise their own health and well being by not recognising their own needs. Statutory services therefore need to be proactive in enabling carers to feel more supported.

The National Picture

According to the national organisation 'CARERS Scotland' there are 660,000 unpaid carers in Scotland and every week another 600 people take on a caring role. They also estimate that there will be around 1,000,000 carers in Scotland by 2037.

How many Carers are there in Moray?

By translating this into a local picture for Moray we can estimate that there may be over 10,000 unpaid carers in Moray rising to 15,000 by 2037 (as per Carers' Scotland Website). There could also be as many as 2,000 young carers living in Moray at present based on the same source.

The purpose of this strategy?

This strategy/action plan looks at the outcomes we want to achieve, how we intend to achieve them, the time-scales in which the work will be done and the resources available. In this way we can ensure that all informal carers that want to be are recognised for the major impact they have on in the provision of care in the community. In February 1999 the UK Government published "Caring about Carers" a National Strategy for Carers. Later in November of that year the Scottish Parliament produced a 'Strategy for Carers in Scotland'. This mirrored the UK document but focused specifically on delivery in a Scottish context. In 2002 The Moray Council produced its first Carers Strategy which underwent its first review in 2005.

This Strategy document has been developed to support carers, and its aim is to provide a framework to ensure that services and support are in place in order to achieve this. For this to be successful we recognises we must work in partnership with carers to improve current services and identify priorities and objectives for developing services in the future.

The development of this Strategy document has been undertaken by a series of working groups involving carers, staff from The Moray Community Health and Social Care Partnership, and Voluntary Sector Agencies. When considering the strategy, all groups referred to and considered the following policy documents in order to meet the requirements of legislation on national and local policy.

- The Moray Carers Strategy 2002-4
- The Community Care and Health (Scotland) Act 2002: Carers-Guidance Sec 8-12
- The NHS Carers Information Strategy HDL(2006)22
- HDL (2006)12 Delivering for Health: Guidance on Implementation
- The Future of Unpaid Care in Scotland Care 21 Report Sept 2005
- The Scottish Executive Response to the Care 21 Report 2006 and Appendices

SECTION 2 – LEGISLATIVE FRAMEWORK

What does the legislation say?

There are a number of Acts that are or could be relevant to carers. In this section we will concentrate on the Community Care and Health (Scotland) Act 2002. A fuller list of relevant legalisation can be found in Appendix 2.

The **Community Care and Health (Scotland) Act 2002** significantly reinforced and expanded the rights of carers to request an **independent assessment** and strengthened the role of carers in the assessment process.

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** and recognise the unique knowledge and experience they have of the people they care for

The Act also:

- Places a duty on Local Authority and Health staff to **inform** carers of their right to an assessment where it appears that the person is a carer.

- States that all carers, including young carers, have the **right to request** an independent assessment irrespective of whether the authority is involved in assessing the needs of the cared-for person.

- 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 Services to develop an **Information Strategy** for carers advising them of their rights as a carer.

The Act does not provide for services to carers but focuses on the carers' need for resources to carry out their caring role. Resources may be in the form of care services to help support the cared-for person, or support and advice provided directly to the carer. Whilst the 2002 Act concentrates on Carers' Assessment it is noted that the Scottish Executive's policy on supporting carers addresses wider issues about achieving good outcomes for carers.

Positive outcomes include:

- A carer being able to cope better with their caring role
- A carer getting a regular break from caring
- A carer being better informed
- A carer feeling valued, supported and listened to.

The Moray Council will strive to achieve the same good outcomes. The following areas and the action plan set out how these good outcomes will be targeted.

SECTION 3 – ASSESSMENT OF CARERS' NEEDS

Introduction

An assessment is a process that defines each individual's needs, deciding on the help that they require and determining their eligibility for services. All carers have the right to ask for an assessment of their own needs and to have their needs and views taken into account in decisions about which services should be provided for the person who is being looked after. When having an assessment the carer has the right to expect privacy and the assessment approached in a sensitive and compassionate manner.

This process should offer the carer the opportunity to:-

- ask any questions about their role,
- express any worries they may have,
- discuss what support and services they may be able to get and how they may help.

We recognise that carers play a unique part in sharing the responsibilities when providing care and all authorities/groups/organisations need to acknowledge this role.

The Carers Assessment Process

In Moray we have a Moray Community Health and Social Care Partnership (MCHSCP) and in the interest of joint working we have considered how staff from all agencies including the NHS could support this process. Since May 2006, The Moray Council has agreed a new Carers' Assessment Policy and Procedure. Our aspiration is to make Carers' Assessments more accessible, widely available and simpler from the point of view of carers and those they care for.

We recognise The Moray Council and NHS Grampian have a duty to inform carers that they are entitled to an assessment and if required, it is the duty of The Moray Council to carry them out. The function of the Carers' Assessment is to:

- Acknowledge the caring role
- Help carers consider the care they provide and the needs of the person they care for
- Provide an opportunity for discussion about services that are available to them as carers.

When undertaking an assessment it is important that consideration is given to the support needed for all the tasks that a carer has to perform when looking after the person they are caring for. The person who is carrying out the assessment will also consider if the caring role is affecting the health and well-being of the carer and ask if they are still able and willing to continue providing care. For this to happen, the assessment will become part of a holistic approach to care. Communication will be improved so that the process involves carers and the cared-for in any future service review. By undertaking these tasks and addressing the needs of carers it will serve to empower and to assist them to be full partners in the provision of care.

Admission and discharge from Hospital

The admission and discharge pathway is to be rolled out across hospital wards, which prompts the staff to offer carers' assessment. Pre-assessment services will then consider

the carers' assessment. When a carer is admitted to hospital as an emergency, 23-hour beds should become available to support the person via an assessment if required. This is only offered on a short-term basis. However, planned admissions can be supported with respite at home or within a care setting following an assessment and all carers should have a management plan in order to support planned future admissions or any emergency situation.

When a person is discharged from hospital into the care of an unpaid carer there are a number of things that should be taken into account, not least of which is 'Do they have appropriate information relevant to their situation to enable them to continue their caring role?' Also has an assessment of needs been completed and what needs have been identified? If needs have been identified, there must be a master care plan that sets out how those needs will be met and by whom.

It may be that prior to any hospital stay the person did not need any care but due to onset of illness or medical condition this may have changed. It could also be that the care that was needed before is no longer sufficient and that the care needs of the patient have now changed. Regardless of the individual circumstances, if an unpaid carer is to be involved it is important that they understand how the discharge process works and that they are included in this process. The carer also needs to be informed of their right to a Carer's Assessment. It is also a requirement of the Single Shared Assessment, which should be completed prior to discharge, that there is a discharge plan that sets out their individual support needs and how they will be met. The patient must be given a copy of any assessment and care plan and these should be provided in a yellow folder to be kept in the person's home. Carers, with the agreement of the patient, may be provided with a copy.

A Family & Carers Information Pack has been produced following considerable consultation with carers, NHS staff and local authority staff. This was distributed to all relevant wards and awareness training was offered to ward staff. It is recognised that for various reasons this was not fully put into action. We will, as a priority, re engage the process to ensure the full discharge activity is adopted.

The duty to have NHS Carer Information Strategies is now adding to the drive to have appropriate information available for carers to ensure that they are aware of what should happen leading up to and following discharge and who they can speak to about queries or issues.

Developing new Support Services

A Telecare service is being piloted in Moray, which it is hoped will provide a valuable new tool to support Carers.

Telecare is the remote and continual monitoring of a person's safety and wellbeing, using unobtrusive wireless sensors which detect situations such as falls, wandering from the home, smoke and heat extremes.

When the sensors are triggered, they send a message to the person's carer, either directly to an alarm unit within the home, or via the Community Alarm if the carer lives elsewhere. In the latter case, the carer can receive a message directly on their phone, or via the 24-hour call-centre, which can hold a list of contacts to try if the usual carer is not available.

In this way, a person's safety can be monitored without their privacy being invaded unnecessarily, and carers can carry on with their own daily activities, knowing that they will be alerted if a problem arises. This reduces the sort of continual checking that has often been the only option for carers until now.

Situations that can be monitored include the following: smoke, bath/sink overflow, extreme heat or cold; falls, inactivity, person out of bed or chair; person leaving the house during set hours and night seizures. The community alarm system can also be used to provide automatic reminders to take medications.

'Lifestyle Reassurance', which uses the same type of wireless sensors, can also allow a carer to check the pattern of the vulnerable person's daily routine using their computer. This will confirm that the person has managed to get up at their usual time, use the kitchen regularly, and received their home-care visits, for example. Again, alert calls can be made to the carer if something untoward occurs.

In Moray we have been successful in our application for a portion of the Scottish Telecare Development Programme Grant. This will be used to train community and hospital staff in how to provide Telecare for their clients, and in providing sensors for people's homes. A pilot response service will also be carried out in the Keith/Speyside area, for people who have no carers or family living in the area. This new Telecare service will be reviewed in September 2007, and if successful will be rolled out across Moray.

SECTION 4 – INFORMATION FOR CARERS

Introduction

As a result of the National Care 21 Agenda, local authorities have been tasked to implement the Carers' Strategy Document, taking account of the needs and wishes of local community carers. In order to facilitate this process, the Moray Carers' Strategy Group identified Information as being a priority. The process identified that the provision of accurate and accessible information about services available to carers is crucial in supporting them in their caring role. It appears to be a continual problem that carers do not know where to go for up-to-date information and what questions to ask when they receive it.

Identifying Carers

From 2002 until 2005 all Community Pharmacies were involved in an annual initiative to identify unpaid carers in their areas. Each pharmacy was provided with the materials (an A5 explanatory letter and a Freepost Card) to put into each prescription bag for a one-month period. This was highly successful and identified several hundred unpaid carers.

We will build on this principal to ensure carers are aware of the services available to them and encourage them to come forward for registration and assessment.

Delivery of Information

If information is to be of value it has to be a 'two part process'. Carers need good quality reliable information and groups/organisations need to provide it. This has to be available at the right time and responsive to each person's needs. Without this information it is difficult for carers to make informed choices and thus have more control of their own lives.

Carers also need the ability to ask questions about the information. This two way process turns information into communication and builds the rapport and trust required to support carers in their caring role.

Types of Information

Carers also need information about the people they care for's condition and this is especially true on discharge from hospital and we will involve carers in the development of the discharge support package. Linked to this would be aspects of any legal responsibility, Advanced Statements, Named Person's etc that may affect them as carers.

There has recently been a pilot scheme involving pharmacies and local authority paid carers where the pharmacist gave the carers training in medication administration. This has yet to be rolled out to all localities within Moray. Unpaid carers often feel concerned about dispensing medication to the cared-for on discharge from hospital. They are not always aware of what has been prescribed and why.

We will initiate action to provide training in medication administration, building on the pilot scheme, to provide this as a service to all carers that require it.

However, for some people the opportunity to make decisions and choices about their lives is at best limited and at most denied altogether. People can become disempowered and devalued and can lose control over their own lives, particularly if they are at a vulnerable point in their lives and if they have no friends or family to support them. This is where advocacy can help.

Advocacy is an important way of enabling vulnerable people to make informed choices about issues in their lives. It helps people access the information they need, to understand the options open to them, to make their views and wishes known and to make decisions they are comfortable with. An independent advocate is an independent representative who is there to support the individual in making their wishes, needs and concerns known and to enable them to become more involved when decisions affecting the quality of their lives are made.

At present the independent advocacy service in Moray is provided by Advocacy North East (ANE), in line with the service they tendered for with Moray Council. Advocacy is available to people aged 16 years and over who have mental health issues, learning disabilities, physical disabilities and/or sensory impairment and who are using, or wish to access, health and social work services.

The Moray Council are committed to supporting Carers and will work with ANE and Carers to develop an advocacy service that will enable them to take a full and active part in the choices that they need to make.

Informing the Public

Related to this The Moray Council sees its obligation to reduce the stigma attached to various forms of disability and has progressed this a long way by integrating people in care into community situations. It will continue to publicise and promote this policy in an attempt to change attitudes and increase community acceptance of the differences of people.

Other sources of information

In Moray, there are many specialist organisations, not primarily aimed at carers, who provide indirect support to the carer by offering support or services to the person they are caring for. A list of many of these specialist organisations can be found in the Access Guides. However, information needs to be continually updated for it to be useful and this will be a key action in delivering this Strategy.

SECTION 5 – RESPITE/SHORT BREAKS

Introduction

Respite Care/Short Breaks is a collective name given to the range of services that offer short periods of care to children and adults with care needs. At the same time it provides a break for the carer from their caring responsibilities. Respite means different things to different people. There are particularly wide differences in what respite means to adult carers and what respite means to young carers. For adult carers most respite provision involves services being provided for the cared-for person so that the carer can take a break. For example, a short stay for the person being cared-for in a care home; day centre provision; sitter or outing services. Therefore respite can range in duration from a couple of hours to a number of weeks. It can also be arranged on a planned basis or in response to emergencies. For young carers as well as some of the adult facilities they will also need a way for them to take breaks for themselves and would need their own support in doing so. A much clearer respite requirement for young people will come from the Young Carers Strategy.

The value of respite/short breaks

Adult carers place respite care as their **top priority** for service development and current respite services are often highly valued. Respite is an important part of being able to cope as a carer. A break from caring is invaluable in reducing the psychological and emotional stress faced by many carers. Access to support services and breaks can also help carers to continue providing support. For example, Crossroads (Moray) provides a domiciliary respite service that is flexible and quick to respond to the needs of carers and provided in their own home.

Carers have the right to be recognised and acknowledged for their contribution to society and the economic impact their caring role has on the community nationally and locally[(1)]. Carers should have the opportunity to fulfil their potential as a citizen.

- "Local authorities will be required to recognise the care that a carer is providing and listen to the views of the carer in deciding what additional care services to provide, not to take the carer's contribution for granted"[(2).]

- The Carers' (Equal Opportunities) Act 2004 has these three key principles enshrined in the new Act[(3)].

    - Ensuring the opportunity for work; life-long learning and leisure are considered when a carer is assessed.
    - Giving local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support for carers.
    - Ensuring that carers are informed of their rights.

Unpaid carers have cited the actions that would improve their quality of life. Included in these actions is that carers should have the opportunity for regular breaks from caring and the provision of more and good quality respite options. A recent survey carried out by

(1) The Carers (Recognition and Services) Act 1995
(2) Community Care and Health Act 2002. http://www.scotland.gov.uk/news/releases/2002/08/21512
(3) http://www.publications.parliament.uk/pa/cm200304/cmstand/c/st040310/am/40310s01.htm

Voice of Carers identified that 63% of 4,260 carers responding to the survey spent over 50 hours per week caring. This is supported by the Moray Councils Consultation on this strategy that showed that nearly 75% of those responding spent over 50 hours a week caring.

Choice is essential and varied options are vital to provide an overall quality provision of respite/short breaks in Moray. Existing services throughout Moray will be developed in an imaginative way taking into consideration the carers' views. Respite/short breaks are vital to relieve both physical and emotional stress, thus having a preventative role by maintaining the carers' own health and social well being.

Residential Respite Care

Providing a person-centred services that both the carer and cared for are satisfied with.

Domiciliary Respite Care

Short breaks providing respite within the home situation, accessible and person-centred.

Day Care/Resource Centre Facilities

This is seen very much as a service for the cared for but it also allows the carer time in their home. Carers see this option as welcome respite in many situations enabling them to carry out daily tasks many take for granted.

Unplanned Respite

This addresses the concerns of the carers and the cared for regarding accessing respite at short notice when a situation arises. Therefore a quality service offering a quick response for carers is essential.

Joint Holiday Respite

Providing breaks for the Carer with the Cared for person.

As per the Care 21 Report 2005 the ability for carers and the person they care for to have respite time together.

It needs to be recognised that there could be a charge implication for any respite provision or services.

Carers felt that the provision of respite for some specific conditions was less than ideal. The Moray Council recognises that it has developed facilities for the majority of carer situations but that work needs to be done to develop respite services in these minority areas.

Examples of respite facilities to be developed are people with:

- Physically disabled of all ages
- Autistic clients of all ages
- Multiple Sclerosis (MS).
- Head injuries
- Alzheimer's or dementia

SECTION 6 – HEALTHCARE NEEDS OF CARERS

Research has shown that caring does have an impact on the health and well-being of the carer. We use the term 'health and well-being' deliberately to emphasise that health is not just about the absence of illness but is also about an overall sense of personal, physical, psychological and emotional comfort which enables a person to cope with daily life. Many carers tend to neglect their own needs, because they focus on the needs of the person they are caring for.

Carers who provide high levels of unpaid care for sick or disabled relatives and friends are more than twice as likely to suffer from poor health compared to people without caring responsibilities.(1) This means that one in five carers is likely to be in poor health.

Census figures also show that carers are twice as likely to become permanently sick or disabled, with common problems including back problems, depression and exhaustion. Therefore it appears that caring itself can lead to long term health problems, because of lack of breaks, being on call 24 hours, social isolation, low income and lack of appropriate training for their caring role, etc.

In Scotland, more than 12% of all carers suffer from ill health, with more than 15% of carers providing substantial care, feeling they are in poor health. Overall, carers are more likely to suffer ill health, compared to non-carers, particularly if they are providing over 50 hours of care per week. There are several costs associated with carers' ill health. The first is the direct cost in treating the carers' own health problems and the second is the potential cost that would result if the carer is less able to provide care because of ill health. The above reinforces the relevance and need to fully implement self-care.

Self Care

Self care includes the actions people take for themselves, their children and their families to:

- stay fit and maintain good physical and mental health;
- meet social and psychological needs;
- prevent illness or accidents;
- care for minor ailments and long term conditions and
- maintain health and well being after an acute illness or discharge from hospital (2).

The current model of Health Care has been geared towards secondary care service provision, which is reactive rather than anticipatory care with the patient being the passive recipient. However, the model is evolving and recognising self-care and the management of long term conditions.

Appropriate support will be developed to enable primary care services and communities so that carers are acknowledged and supported as partners.

(1) Census 2001, Office of National Statistics.

SECTION 7 – YOUNG CARERS

Introduction

The term young carer means different things to different people. For some it may be construed only as referring to young people caring for a parent with a disability. For others it may have a wider more inclusive definition and encompass those young people assuming some caring responsibilities for parents or other family members with needs arising from mental ill health, drug or alcohol problems. For some young people themselves, the term may be just another label they do not wish to identify with. One thing we are all agreed on, young people in Moray who take on caring responsibilities for whatever reason, do not receive the level of support they need or deserve to enable them to make the best of their lives.

Over the years there have been many definitions describing "young carers". We will adopt an amalgam of various definitions to define a young carer:

A young carer is a child or young person, (under 18), who provides or intends to provide a significant level of care for someone who is physically ill, experiencing mental distress, affected by substance misuse, has a disability or experiences any combination of these problems. The person being cared-for is usually a parent, sibling or other close family member and the level of care the young person administers will restrict their life chances in some way. (Becker, Loughborough University).

What do we know about young carers?

What we do know about young carers is that many of them will be considerably younger than the above definition allows for. The national average age of a young carer is about 12 (Young Carers' Research Group, Loughborough University, 1998). Some young carers, especially those who are 'secondary carers' and who help someone else to discharge the caring role, may still be in their first years of primary education. The same study found that 86% of young carers were of compulsory school age, (5-15 years old).

Eighty eight percent (88%) of the 250 young carers registered in Moray are of compulsory school age with an average age of 12. There are some children, as young as six (6) undertaking some element of a caring role.

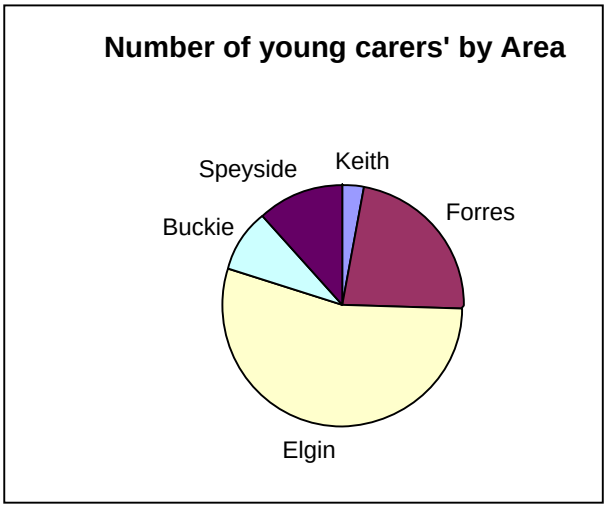
With so much conflicting data available, it is difficult to pinpoint the true number of young carers in Moray. Using figures provided by the 2001 Census that states that there are 17,500 people aged between 0-15 living in Moray. Research by the Princess Royal Trust for Carers estimates the total of young carers in Scotland as 115,000 we have conservatively estimated, therefore, that there could be as many as 2,000 young carers in Moray.

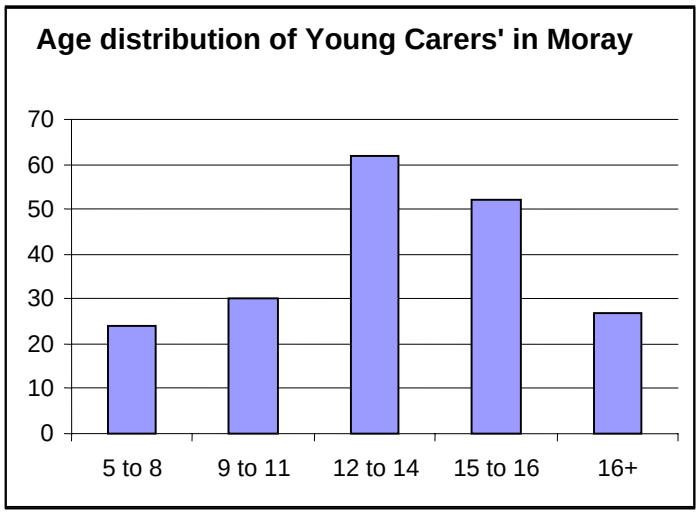
To date, Moray Young Carers has 250 young carers on their register, representing just over 12%[(1)] of the potential true number of young carers in Moray. Young carers who are unknown to them may be receiving support from other agencies or groups, but there will be a large proportion of children who are completely unsupported in their role as a carer.

[(1)] Scottish Executive 2005

Demographic Information

These tables illustrate the distribution of young carers in Moray by Area and Age:





As is apparent by the figures provided, over half of the young carers supported live in the Elgin area. This is partly due to the Elgin area covering larger outlying villages, Lossiemouth, Fochabers and Mosstodloch. Moray Carers' Project has made very good links with Social Work Departments and other agencies and groups who actively refer young carers to their service.

Why do young carers take on their caring role?

There are many reasons why young carers take on their role; however the main reasons would appear to be:

- Poor uptake or lack of adequate support services for their ill/disabled relatives.
- The nature of the illness/condition – its intensity, stage, duration and change.
- Poverty and social exclusion result in families having no other choice.
- An expectation that by living with the cared-for person, the caring responsibilities fall to the young person as family member who is nearest at hand.
- The stigma associated with some conditions i.e. drugs, alcohol and blood borne viruses, may prevent the cared-for person seeking official help, becoming more dependent on help from other family members including young people.

Young carers say we need to acknowledge and better understand that they may have their own reasons why they assume caring responsibilities. The professionals who work with them need to be equipped to support them, so that any negative impact arising from these responsibilities is minimised. Young carers also need to know that they have the choice not to be a carer and that appropriate services are available to help the people being cared-for and that these services are accessible and attractive.

Effects on young people providing care

The authority on young carers in the UK, Professor Saul Becker, Director of the Young Carers' Research Group at Loughborough University, has identified five areas where caring impacts adversely on the lives of children and young people with caring responsibilities. These areas are:

- **Education** – failure to do homework, lateness or absenteeism affects future educational prospects.
- **Health** – where young carers attempt to provide physical care which is beyond their current capabilities.
- **Social** – young carers do not generally have an 'ordinary' lifestyle and may be dealing with issues arising from mental health problems, substance dependency, etc, which are socially stigmatised. Because of this they may be singled out as different by their peers and experience isolation and lack social interaction.
- **Emotional** – young carers may experience feelings of being trapped, leading to anger, frustration, guilt and confusion.
- **Financial** – many young carers live in families with a reduced income, leading to limited access to outside activity and further isolation from their peers.

(Loughborough University, 1998)

In addition to these main effects, difficulties presented by young carers in Moray have been:

Transport - Young carers may not be eligible for school transport due to where they live. However their parent may be unable to walk or drive them to school because of illness or disability affecting them or siblings.

Stigma - Some young carers have found a lack of understanding from teachers or staff in whom they have confided their caring role. One example of this is a young carer being told in front of the class "you don't seem to be very caring considering you are a young carer". Another young carer was asked to stand in front of their class and explain their 'caring' role. Many families and young carers have expressed concern about the lack of understanding and support shown by their schools.

Social Isolation - Many young carers in Moray find they are unable to access extra curricular activities due to their parents being unable to provide transport or funds, due to disability and/or reduced income.

Future Goals - Some young carers feel that leaving home to pursue further education or a career is not an option for them as they feel unable to leave the person they care for.

While the above list is fairly exhaustive insofar as the five areas cover a wide range of possibilities, the potential certainly exists for problems associated with being a young carer to manifest themselves in many other ways. We know from other research, that children of problem drug users are more likely to develop their own drug problems and may develop poor coping strategies which can in turn lead to even more difficulties in their lives.

The role of different agencies

A range of agencies have the responsibility for securing the well-being of children and young people.

Local Authority Social Work Departments working with other Local Authority Departments and the NHS as part of the Moray Healthcare Partnership have a duty to safeguard and promote the welfare of children and young people who are in need in the Moray area.

There is also a range of legislation governing the involvement and duties of statutory agencies such as Health, Education and Criminal Youth Justice Services.

The Health and Community Care Act (Scotland) 2002 gives young carers the right to an assessment of their needs as a carer. However, this can only be offered where children and young people are identified in the caring role – either by those who work with them, the people they care for or by the young carers themselves. Thus far in Moray, few adult carers have had their needs fully assessed by Social Services!

Fear of involving professionals creates barriers that may prevent both young people themselves and the people they may be caring for from accessing appropriate support. Young carers have told The Moray Carers' Project they need to have confidence in the professionals they interact with and clear expectations of what services will do for them if they ask for help. The poor uptake of Carer Assessments for young carers demonstrates a lack of confidence in the professionals they interact with.

There are many voluntary agencies that interact with young people and give support to young carers. The Princess Royal Trust, Moray Carers' Project is the only agency who has a register of identified young carers in Moray. The services provided include the following:

- Knowledge and resources specific for young carers.
- Specialised services tailored to the needs of young carers.
- Receiving referrals from Social, Health and other agencies that recognise the expertise within the Carers' Project.
- Collating and maintaining the only register of young carers in Moray.
- Identifying young carers who wish to be included in the planning and development of young people and young carer services.
- Maintaining regular contact with all of the registered young carers and acting as their advocate whilst working in Partnership with other Agencies.
- Young Carers who are part of the Moray Carers' Project are themselves affiliated to the national Princess Royal Trust Carers' programme.

The present situation

Within Social Work the responsibility for formally assessing the needs of carers (including young carers) lies with both Adult and Children's Services. Providing an integrated service to young carers that have identified links to Community Care and Children's Services is a challenge that has not been addressed adequately at the present time.

The link between the Statutory Agencies and Voluntary Agencies, who provide services to carers, and especially young carers, has been disappointing with failures on either side to recognise strengths and resources.

The Moray Council recognises this as a major opportunity to address the needs of carers in general and young carers in particular. The completion of assessments, when agreed, will be a priority for all age groups. In addition the completion of a Young Carers strategy, in consultation with young carers, will develop the services to ensure the needs of all age groups are catered for.

SECTION 8 – HOUSING

Introduction

Housing has been a priority of the Scottish Executive with a major piece of legislation being the Housing (Scotland) Act 2001 which:

- Introduced new rights for homeless people and changes to housing allocations policies
- Reformed the right to buy for new tenants
- Introduced a new single Scottish Secure Tenancy to replace existing tenancy agreements for all tenants
- Introduced a single regulatory framework for local authority and registered social landlords
- Replaced Scottish Homes with a new Executive Agency – Communities Scotland – which is directly responsible to Scottish Ministers
- Gave local authorities an enhanced strategic role and duties
- Required the Executive to publish a strategy for eradicating fuel poverty within 15 years and report on progress every 4 years.

The Homelessness etc (Scotland) Act 2003 requires that Scottish Ministers prepare and publish a statement setting out how the target of all people who are unintentionally homeless will be entitled to a permanent home will be achieved by 2012. This has major implications across the country. In order to meet this target nearly all social housing allocations will need to be made to homeless people, unless there is a massive increase in provision.

The current population of Moray is just under 87,000[(1)] and approximately half of the population is centred around the five towns of Elgin, Forres, Buckie, Lossiemouth and Keith. There are 756 people from minority ethnic communities, representing less than 1% of the population. It had been anticipated that the population of Moray would increase by 4% between 1991 and 2001. Within that increase there would be large increases in the older age groups with an overall increase of 9% of those over the age of 60 years. Moray has the highest proportion of people over 60 years.

The population is also predicted to continue to increase to over 89,000 by the year 2011[(2)]. The largest increase will be in the older age groups especially those over the age of 75 years[(3)]. Currently there are 6,249 people aged 75 years and over in Moray. This compares to 7.1% nationally.

How this affects Carers

It is generally accepted that everyone needs a decent place to live and at a price that is affordable to them. Some carers may have moved in order to be closer to the person they care for. Therefore, they may need housing provision in a suitable location with aids to daily living and support services that have been tailored to meet their own individual needs. It is important that housing providers aim to make sure that everyone has the option of staying within their own home and community by providing suitable housing services. It is

(1) Census 2001
(2) Moray Development Plan Strategic Forecast 1997
(3) Scottish Executive GROS 2000 based population projections)

also important to recognise that the carers and those cared-for must be involved in deciding which housing option is most appropriate for them to be able to continue with their caring role. In order for this to happen the following needs to be available:

Access to housing. Access to social rented housing will be made easier in 2007 by the introduction of a Common Housing Register.

Information on housing providers. The Moray Council produces an annually updated Housing Options Guide.

Priority housing for carers provided to enable them to live near or with the person they care for**.**

Carers can be considered as a special case

How will we get there?

In order to deal with housing issues a Local Housing strategy has been produced by the council and is updated annually. Its purpose is to set out how they intend to tackle housing problems within Moray and its overall aim is:

To ensure that good quality, affordable housing is available to meet the needs of people living in or requiring housing in Moray.

The main housing problems in Moray are:

- A lack of affordable housing – longstanding issue which is considered to be the main reason behind Moray's homelessness problems. A new Housing Needs Study due to be finalised in April 2007 indicates that the shortage of affordable housing has increased between 2001 and 2006 despite record investment in new affordable housing.
- High levels of fuel poverty – the joint second highest in mainland Scotland
- High levels of disrepair in the private sector – because of the large proportion of older houses
- A growing elderly population with housing and support needs

Even though carers are not specifically detailed in this list all of the above are relevant to many different people irrespective of particular circumstance. However, when taking into account the needs of carers housing providers should:

- Take account of and prioritise the housing needs of carers.
- Make sure that adaptations and equipment are readily available, particularly if there is a moving and handling issue.
- Ensure that the application forms are easy to fill in and offer help if needed.

It also needs to be recognised that the input of a carer is valued, as they are often the experts on the needs of those that they care for.

APPENDIX 1 – CARERS STRATEGY STEERING GROUP

Moray Anchor Project
Moray Disability Forum
Community First (Moray)
NHS Grampian
The Moray Council
Moray Carers Forum
Crossroads (Moray)
National Childrens Homes
Moray Community Health & Social Care Partnership
The Access Project

APPENDIX 2 - LEGISLATIVE FRAMEWORK

- The **Social Work (Scotland) Act 1968** places a duty on the Local Authority to promote social welfare by making advice and guidance available. Additionally, if it appears to the Local Authority that the carer being assessed would be entitled to community care services then the carer could be assessed under the Social Work (Scotland) Act or NHS and Community Care Act 1990.

- The **Disabled Persons (Services, Consultation and Representation) Act 1986** places duties on the Local Authority to make an assessment where it appears that the carer being assessed is a disabled person.

- The **NHS and Community Care Act 1990** set the framework for the implementation of community care policy and procedures and established support for carers as a national priority.

- The **Carers' (Recognition and Services) Act 1995** entitled some carers to a separate assessment and indicated that carers should be recognised and valued as key partners with other care-providers.

- Under the **Children (Scotland) Act 1995** if it appears to a Local Authority that the young person involved in a caring role has support needs or is at risk of inappropriate caring they should be regarded as a 'child in need' and assessed.

- The **Education (Additional Support for Learning) (Scotland) Act 2004** places duties on Local Authorities to provide learning support for any child/young person who may need this irrespective of cause.

Table 1 - National Websites specifically aimed at carers

Organisation	**Website address**
Carers UK	www.carersuk.org
UK Carers	http://ukcarers.org.uk
YCNet	www.youngcarers.net
Coalition of Carers in Scotland	www.carers.net
Scottish Executive	www.scotland.gov.uk/topics/Health
Shared Care Scotland	www.sharedcarescotland.com
Contact a Family	www.cafamily.org.uk
Carers Scotland	www.carersscotland.org
Princess Royal Trust for Carers	www.carers.org
NHS 24 Information Line	www.nhsdirect.nhs.uk
Crossroads Caring Scotland	www.crossroads.org.uk

Carers Strategy 2007-2010
Strategic Action Plan

	Strategic Priorities		Action	Targets	Who	When
1	Develop a structure and organisation which recognises the important role of carers and provides an **assessment** process which meets current and future needs	1.1	Develop a training plan for all Social Work and Health Care staff to deliver the revised Single Shared Assessment to identify Carers and register Carers.	All Social Work and Health Care staff trained to deliver SSA, identify carers and ensure they are registered on the appropriate system.	Strategy Officer	November 2008
		1.2	Offer assessments to all registered carers that have not had an assessment offer.	All current registered carers to be offered an assessment and schedule an appointment to clear all outstanding carer assessments.	Social Workers	November 2008
		1.3	Assess all carers who require an assessment within 28 days of the request being logged on Care 1st.	An ongoing process is in place to offer an assessment and complete the assessment within 28 days of acceptance of the offer	Social Workers	November 2008
		1.4	Implement a process to offer all carers a re assessment or an initial assessment, if declined when provisionally offered, every second year or unless otherwise agreed with the carer at the previous assessment to reflect the changing circumstances of the carer.	All scheduled reassessments offered on time and any re assessments required completed within 28 days of offer.	Social Workers	June 2009
		1.5	Establish the legal transfer of registered carers held on the Moray Carers Database to the Care 1st system and; Establish the Care 1st System as the primary record of Carers in Moray.	To ensure a single system tracks and manages carers. Establish the migration of the MCP database to Care 1st and establish this as the primary register of carers in Moray.	Strategy Officer	June 2008

		1.6	Develop an on line self-assessment form for carers available on the Moray Carers Website.	Self assessments available on line for all carers to complete.	Strategy Officer	November 2008
		1.7	Work with the Housing department to build in to the prioritisation system recognition for carers to be located near or with the person they care for.	Housing Policy and procedures allows for prioritisation of carers to locate near or with the people they care for	Strategy Officer	November 2008
2	Ensuring carers are **informed** of the services and support available to them in a freely and widely accessible way.	2.1	Produce and maintain information leaflets and ensure compliance with Happy to Translate.	All information leaflets reviewed annually or as required by regulatory developments.	Strategy Officer	November 2008
		2.2	Develop information points in Libraries, pharmacies, Community Centres, Schools, Sports Centres, and any other suitable position to maximise exposure to Carers Services	Information points available in libraries. Community Centres, Schools, Sports Centres and pharmacies Public Transport	Strategy Officer	November 2008 June 2009 November 2009
		2.3	Develop existing and new support-groups for carers with specific needs to provide a mechanism for emotional and psychological support.	All major areas of specialist conditions operating support groups that are readily available to carers across Moray either face to face or via other communications mediums.	Strategy Officer	November 2009
		2.4	Develop in conjunction with the Easy Access Project a method for carers to self nominate and be referred for offer of assessment.	Identification of carers not offered assessment based on SSA process and assessed using standard processes.	Strategy Officer	November 2008
		2.5	Develop web site for carer information to be clear and easy to access and use linked to self-assessment form.	On line information provided and updated to maintain accuracy and made available library internet services as well as world wide web.	Strategy Officer	November 2009

		2.6	Develop a publicity campaign to raise the awareness to employers of carers, their role and their needs and how they can support them to carry out their caring role.	A least an annual carer publicity campaign to promote carer's role and importance to the community.	Strategy Officer	June 2008
		2.7	Maintain the carers newsletter	Publication of the carers newsletter using feedback to inform content and structure on a quarterly basis in December, March, June and September	Strategy Officer	December 2008.
		2.8	Establish and hold an annual carer's forum/fair.	Annual carers forum/fare held and supported by a significant number of carers and stakeholders. Feedback to inform structure, availability and content	Strategy Officer	
		2.9	Initiate an annual month of information and targeted activity with local pharmacies and pharmacists to identify new carers.	Information and plan produced and agreed with pharmacies for an annual information campaign. All carers registered and assessment offered	Strategy Officer	June 2008 for the first
		2.10	Revisit the Family & Carers Information Pack in partnership with NHS Grampian to ensure relevancy and accuracy and to re-launch this with the support and backing of the Community Health & Social Care Partnership.	Information pack reviewed and updated and agreed with partnership. Appropriate issuing of this information pack an integral part of the discharge plan in hospitals.	Strategy Officer	June 2009 June 2009
		2.11	Develop with Advocacy Northeast and The Princess Royal Trust for Carers a proposal to offer advocacy services to all carers that require it.	Advocacy service defined and business plan produced based on input from representatives of carers groups.	Strategy Officer	November 2008

3	Creating a structure of **respite** that supports carers to maintain their caring role while assisting them to remain healthy both physically and physiologically.	3.1	Prepare a plan for day care facilities to offer short break respite during evenings and weekends to cover all carers and cared for age groups.	Proposal for day care facilities to cover extended hours of operation assessed for viability and structure and a business case developed to support its implementation	Strategy Officer	June 2009
		3.2	Specify an in own home respite facility to cater for specialised cared for needs.	In home specialised respite service assessed, defined and a business case developed to support its implementation.	Strategy Officer	Strategy Officer
		3.3	Investigate opportunities for supported holidays with cared for and their families.	Proposal with business case developed to provide supported holidays for carers with the people they care for.	Strategy Officer	January 2010
		3.4	Publicise and develop Direct Payments as an option for some carers and cared for people to better manage their own arrangements.	All carers offered information on Direct Payments and support in assessing the benefits to them as part of the assessment process.	Strategy Officer	Strategy Officer
		3.5	Review the Telecare trial and report on the findings.	Develop a plan for implementation of Telecare as a support service to carers based on the finding of the trial.	Strategy Officer	March 2008

4	Maintaining the **Health and well being** of carers.	4.1	Develop health plans for carers to be offered as part of the assessment process for them to monitor their own health and well being.	All assessed carers offered help to develop a health plan for self monitoring and action	Community Health Officer	November 2008
		4.2	Develop services to supply training on lifting, feeding, medication etc for carers to enable them to provide support more effectively and safely.	Training available to carers to support them in their caring role.	Strategy Officer	June 2009
		4.3	Develop services to supply support for carers on prognosis, treatment plans, expectations etc	Support and information available to carers on the medical prognosis of the person they care for via the NHS and Community Health teams	Strategy Officer	June 2009
		4.4	Improve arrangements for carers when accessing local medical services for their own needs.	Heath centres and doctors surgery's recognise the carer role and have flexible arrangements in place to make accessing services for their own needs practical.	Strategy Officer	November 2008
		4.5	Promote physical activity and healthy eating for carers, work with sports centres to facilitate a healthy lifestyle for carers and cared for were appropriate.	Sports centres have programmes and facilities developed which recognise the restrictions on carers and cater for them.	Strategy Officer	November 2009
		4.6	Develop training and support packages to advise carers on Advanced Statements, Named Persons and other legal aspects of managing the affairs of people who are incapable of doing this for themselves.	Information and support available to carers in regards the legal affairs and standing of individuals unable to act for themselves	Strategy Officer	November 2008

5	Ensuring **Young Carers** are recognised and supported in their caring role.	5.1	Develop a Young Carers strategy in consultation with young carers and stakeholders which is linked and integrated into the Moray Carers Strategy to provide a seamless assessment and support services for carers of all ages.	Young carers strategy completed, agreed and the action plan developed.	Strategy Officer	June 2008
		5.2	Develop in school support structures to recognise and record young carers and offer assessments as required	Information and training plan produced and offered to all schools to raise the awareness of young carers to the school staff.	Strategy Officer	June 2009
		5.3	Develop young carer support groups based on carers needs and organisational requirements	Support groups for young carers operating that are accessible for young recognised young carers.	Strategy Officer	November 2009
		5.4	Assess and develop respite needs for young carers working with organisations that can facilitate various services to cater for the varying needs.	Respite proposals developed and implemented for young carers	Strategy Officer	November 2009