

'Caring Together in Moray'

2011 - 2015

A Strategy for Unpaid Carers in Moray



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Foreword

This Strategy and the associated Action Plan is a shared vision for the future support of unpaid carers in Moray.

Caring Together in Moray, A strategy for unpaid carers was co-produced by local unpaid carers and Moray Community Health & Social Care Partnership.

It brings together the identified needs of unpaid carers in Moray and the ideas that were shared as part of this process for how we, the Moray Council, NHS Grampian, the Voluntary Sector and Unpaid Carers themselves, can consistently deliver appropriate support to those people who provide an unpaid caring role.

Implementation of this plan will be overseen by the Moray Carers Forum, a group of unpaid carers some of which have been involved in the production of this strategy from the beginning. The Forum is open to any local person with an unpaid caring role who feels that they have the drive and determination to be part of an active working group and a desire to see the developments in service delivery come to fruition.

I would like to extend my thanks to all who participated for giving their time and sharing their views and ideas, and my particular thanks to the members of the Carers Forum for their consistent support and contribution. This invaluable involvement has guided the Strategy and Action Plan.

With the continued active involvement and engagement of the unpaid carers in Moray and those people who are responsible for the services to support them I look forward to the future and the achievement of our aims.



Councillor L Bell
Chair of Moray Health and Social Care Services Committee

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CHAPTER ONE - Setting the Scene

Introduction

Caring Together in Moray is the third strategy for unpaid carers in Moray. This document aims to build on the progress of its predecessors and to be useful for the development of current support services for carers. It will also help us to build a better picture of needs and demands that will allow future developments the same opportunities for success.

The demographic picture of Scotland is changing. There is an increasing number of older people and a decreasing number of working age adults. This impacts upon the caring situation in two ways; firstly ageing in itself leads to increased need for care through frailty and increased prevalence of long term conditions and multiple complex health needs. Secondly our population of carers are also increasing in age and with that are also experiencing a higher prevalence of their own long term conditions and complex health needs. The combination of these two factors is giving rise to an increasing amount of co-dependency and people who are both carer and cared for.

With the above in mind and the need for 'Shifting the Balance of Care' within Health & Social Care Services to better meet the increasing demand for future services, it is of paramount importance that unpaid carers are seen as 'key partners in care' and are appropriately supported within that caring partnership.

National and Local Policy Context

There is a vast amount of relevant legislation and policy documents that have been considered during the writing of this Strategy and have set the context for its development and delivery. Below are some of key legislative and policy frameworks; however this list is far from exhaustive.

- Caring Together – The Carers Strategy for Scotland 2010-2015

- Getting it Right for Young Carers – The Young Carers Strategy for Scotland 2010-2015.
- The Care 21 Report – The Future of Unpaid Care in Scotland.
- UN Convention on the Rights of the Child
- Work and Families Act 2006
- Changing Lives: 21st Century Social Work Review (2006)
- Delivering for Health (2005)
- Community Care and Health (Scotland) Act 2002
- Carers (Recognition and Services) Act 1995
- Carers and Disabled Children Act 2000
- Children (Scotland) Act 1995
- Equality Act 2010

The Strategy also links with the following local plans and strategies within Moray Community Health and Social Care Partnership (MCHSCP)

- “Living Longer Living Better” an Older Peoples Strategy for Moray 2009-2014
- Moray Community Planning Partnership Social Inclusion Strategy 2008-2011
- Moray Joint Health Improvement Plan
- Moray Learning Disabilities Strategy 2007-2010
- Moray Integrated Children’s Plan
- Getting it Right for Every Child (GIRFEC)
- Moray Telehealthcare Strategy 2010-2013
- Moray Physical and Sensory Disability Strategy 2010-2013

Scope

This strategy will focus on the needs of unpaid carers who provide care to people of all ages. It aims to recognise that caring can be both a positive and a challenging experience at the same time. Caring, for most people, is not a static experience but

a journey. It is fluid and changing, presenting times of difficulty in addition to times of great personal satisfaction and reward.

For the purposes of this strategy we will define a carer as ***‘someone who helps or looks after another person who cannot manage their daily life due to illness, disability, frailty or substance misuse’***

Methodology

The appointment of a Carers Strategy & Development Officer, a lead for unpaid carer services in Moray, was an achievement from the last Moray Carers Strategy. The officer is the lead for the production of this strategy and responsible to undertake all appropriate engagement during that process.

The Process

All known unpaid carers were invited to take part in this project and were offered a number of ways to be involved. This included being part of a Carers Forum/Consultation Group or taking part in postal surveys.

A total of 77 responses were returned, 70 of which expressed interest in being involved. This represents almost 5% of the known carer population in Moray.

The 70 unpaid carers were then sent a simple questionnaire to help us create a name, a vision and some priorities for the strategy. A copy of the questionnaire can be found in Appendix 1. A total of 43 responses were returned and the results were as follows:

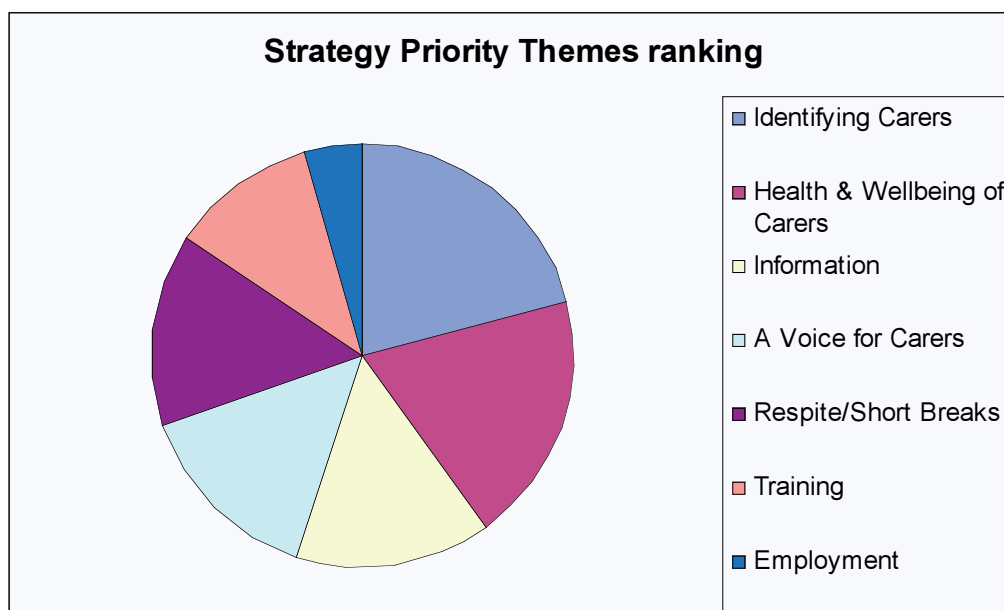
The strategy name ‘Caring Together’ was chosen with almost 50% of the carers choosing this option. This has subsequently been changed to ‘Caring Together in Moray’ as a result of the National Carers Strategy being published with the same name.

The strategy vision statement was agreed with 100% support.

Suggestions for overarching themes were proposed and the carers ranked these along with their own suggestions. The results were weighted and scored to produce the following, in order of priority:

1. Identifying Carers
2. Health and Wellbeing of Carers
3. Information
4. A Voice for Carers
5. Respite/Short Breaks
6. Training
7. Employment

This chart shows the breakdown by the level of priority for each theme (The higher the priority the larger the section below).



A Carers Forum/Consultation Group was established with scheduled meetings to discuss and agree the content of the key areas within the strategy, for example the strategic aims and the principles and values.

Involvement of unpaid carers has been consistent throughout the process of producing this strategy and their involvement will continue onwards, through to the delivery of the actions and outcomes within the finished document.

Our Vision, Strategic Aims and Principles

Unpaid carers should have the same opportunities as any other member of society to be an active participant in their local communities. Their caring role should not disadvantage them unnecessarily from doing so. At the same time it should not cause them to be segregated into silos that actually remove them even further from their peers, neighbours and the communities that they live in.

Vision

“We want to promote a positive culture for carers, enabling them to care for themselves along with the people they care for. Affording them choice and control by providing appropriate support at the right time.”

Strategic Aims

To realise our vision we have identified some strategic aims that we aim to achieve:

- **That unpaid carers are supported and enabled to identify themselves as a carer.**
- **That unpaid carers are supported to be aware of and to look after their own health and wellbeing.**
- **That there is consistent and effective delivery of relevant and appropriate information to unpaid carers.**

- **That unpaid carers have meaningful opportunities to be involved and listened to at a strategic level. Allowing effective input to service design, development and delivery.**
- **That unpaid carers have access to appropriate respite services that meet the needs for them and the people they care for.**
- **That unpaid carers are equipped with the skills and knowledge needed to be confident in their caring role and to enable them to use their expertise in other areas of their everyday life.**
- **That unpaid carers are supported to seek or maintain employment.**

Principles and Values

Following consultation two overarching principles were agreed as necessary to underpin these identified outcomes for unpaid carers:

- **Carer Focussed:** Carers' should be at the heart of this Strategy, fully involved and engaged with. They should be enabled and supported to have their views heard at all levels.
- **Equality:** All people who have a caring role should have equal access to appropriate support, irrespective of who they are, where they live, or any other socio-economic factors.

Taking into consideration the context of these principles, the following values are seen as fundamental for the delivery of this strategy:

- **Choice –** People with a caring role should be aware of any support/services available so that they can make informed decisions about them. They can

choose what, if any, services they wish to be involved in or even if they wish to make it known that they are a carer.

- **Enabling** – People with a caring role are assisted and supported to minimise the negative impact of their caring role while maximising their confidence to cope with their caring role and thrive within that and other areas of their daily life.
- **Empowerment** – This is a means of taking over elements of control where there is a shift in the balance of decision making and authority from professionals to the people who use services.
- **Dignity** – Each person with a caring role is unique and this should be recognised and respected regardless of their circumstances.
- **Inclusion** – People with a caring role are valued and included as equal partners in planning and developing carer support services.
- **Scrutiny** – People with a caring role should be asked for feedback about how they experience and perceive services. This information should be considered and, where appropriate, acted on and used to rectify mistakes and improve service provision and design. Any outcomes of such feedback should, in turn, be fed back to those people.

CHAPTER TWO – Carers in Moray: Facts and Figures

Moray Profile

Moray stretches from the Moray Firth central coast at its northern edge to the Cairngorm mountain area in the south covering approximately 860 Square miles of predominantly rural landscape. It has a population of approximately 89,421 (CHI/UIP database April 2010), of which around 13% are unpaid carers¹, with most people living in the main towns of Elgin, Lossiemouth, Buckie, Forres and Keith.

Other smaller communities are also scattered throughout Moray (e.g. Aberlour, Dufftown, Fochabers, Cullen and Tomintoul) in remote and rural locations. Moray has a fully integrated Community Health and Social Care Partnership led by a joint Management Team. It has a common set of objectives, a shared understanding of its challenges and a cohesive approach to identifying solutions.

The Elgin / Lossiemouth community hosts Dr Grays Hospital; a 200 bedded District General Hospital which provides acute services to the greatest density of the Moray population. It also hosts Moray Resource Centre a day service and resource centre for adults with a physical or sensory disability (age 16-64).

Five community Hospitals exist in Moray in the towns of Forres, Buckie, Aberlour, Dufftown and Keith providing 95 in patient beds in total delivering a range of acute and intermediate care services for local areas.

Primary and community care services are built around the Community Hospitals with Community based health and social care teams co-located where possible. This can be referred to as a Community Resource Hub. Health and social care teams in Elgin are aligned to GP practices and co-located where possible. The new Linkwood and Lossiemouth practices have co-located health and social care teams, along with similar multi-disciplinary team working in the local Alcohol and Drug Partnership.

¹ Scottish Household Survey, 2007-08

Demographics and Trends

Major demographic change is underway in Scotland and the population is projected to rise over the next 25 years before declining slowly. Some of the significant changes are summarised below:

- **Scotland's population is ageing:** between 2004 and 2031 the number of people aged 50+ is projected to rise by 28 per cent and the number aged 75 and over is projected to increase by 75 per cent.
- **Fewer children aged 0-15 and people aged 16-64:** the numbers are projected to decrease by 15 per cent and 11 per cent respectively by 2031.
- **People living longer:** life expectancy at birth is projected to increase from 74.3 years for males and 79.4 years for females for those born around 2004 to 79.2 and 83.7 years respectively by 2031.

All Our Futures 2007²

- **Scotland's carer population is increasing:** Scotland has an estimated 660,000 unpaid carers but this is expected to increase by more than 50% by 2037. (Carers Scotland 2009³)

Moray's Carer Population

The 2001 Census in Scotland found that there were 6,835 people in Moray providing unpaid care. A potentially conservative figure when comparing to the national estimate provided by Carers Scotland that approximately 1 in 8 people are providing care of some sort. However, the Scottish Household Survey 2007-08 found that there were 11,628 unpaid carers in Moray. This represents a significant rise and

² Scottish Executive (2007) All our Futures planning for a Scotland with an ageing population. Edinburgh: Scottish Executive

³ Carers Scotland (2009) Ten facts about caring in Scotland
[http://www.carersscotland.org/Aboutus/AboutCarersScotland/Tenfactsaboutcaringin Scotland](http://www.carersscotland.org/Aboutus/AboutCarersScotland/TenfactsaboutcaringinScotland)

projected national figures given by Carers Scotland indicate a potential increase up to approximately 15,000 unpaid carers in Moray by 2037.

Progress since the last strategy

Unpaid carer support and the services that help to deliver that have undergone significant change since our last strategy, Moray Carers Strategy 2007-10. Carers are routinely involved in the design and development of services that affect both themselves and the people that they care for. Carers have been given a stronger voice across health & social care services.

The table below shows the strategic aims of the last strategy and highlights some of the achievements made within them.

| Strategic Priorities for 2007-10 | Achievements |
|---|---|
| Develop a structure and organisation which recognises the important role of carers and provides an assessment process which meets current and future needs. | <ul style="list-style-type: none"> • Carers Strategy & Development post created. • Formal Carers Assessment Form created, meeting the national minimum carer information standards, and supported by full policy and procedure. • New Carers Support Service specified that supports the delivery of increased number of Carers Assessments. |
| Ensuring carers are informed of the services and support available to them in a freely and widely accessible way. | <ul style="list-style-type: none"> • Access to carer support and assessment information available online. • Carer support information routinely available at a wide array of community facilities. • Carers Service Provider Network |

| | |
|--|---|
| | (Moray) Map produced in 2010 |
| Creating a structure of respite that supports carers to maintain their caring role while assisting them to remain healthy both physically and physiologically. | <ul style="list-style-type: none"> • New non-means tested Respite Service introduced in 2009. |
| Maintaining the health and well being of carers. | <ul style="list-style-type: none"> • Training available to all carers for core caring skills and how to look after themselves |
| Ensuring young carers are recognised and supported in their caring role | <ul style="list-style-type: none"> • Young people disadvantaged by their caring role are assessed using the Integrated Assessment Framework. • Young carers have access to the non-means tested respite service. • Young carers are able to access specialist support in schools. • Young carers are supported through specific group projects and can achieve nationally recognised awards for their caring roles. |

Challenges Ahead – Supporting carers while shifting the balance of care

Shifting the balance of care is a key theme within Health and Community Care Policy which is intended to improve service delivery and health outcomes and to allow current Health & Social Care Services to meet the increasing demand that is a result of our aging population. It is a term used to describe change at a number of levels, for example:

- Shifting the focus of care towards health promotion, prevention, a proactive and anticipatory approach and management of long term conditions.

- Shifting the location of care towards more community-based facilities.
- Shifting the roles and responsibilities of patients and professionals.

The role of unpaid carers as partners in care provision is critical to the success of shifting the balance of care and the aims and vision within this strategy seeks to ensure that they are well supported and not disadvantaged by their caring roles. Rather they are recognised, valued and feel a sense of reward and satisfaction for the integral part they play in the shaping of our future Health and Social Care Service delivery.

CHAPTER THREE – Support to Continue to Care

Introduction

It is widely recognised that unpaid carers are the single biggest provider of care in the community. Any loss of that care provision would have a significant impact on Health and Social Care Services and on wider society as a whole. In order for people to be able to continue to provide this level of unpaid care it is important that they are appropriately supported and equipped with the knowledge, confidence and skills that they need to be comfortable within their caring role.

Unpaid carers are integral to all areas of Community Care Services and this is recognised in the majority of the strategies and documents mentioned earlier. Some key areas that are being focussed on locally that will, without doubt, have an impact on unpaid carers and should be considered for that reason as a direct link with this document, are:

- Living Longer Living Better – An Older Peoples Strategy for Moray 2009-2014. A key document in the local delivery of the ‘Shifting the Balance of Care’ Agenda.
- Moray Telehealthcare Strategy 2010-2013 – Using technology to help maintain people’s independence and well-being safely. A three year Partnership document that sets out how assistive technology will be embedded into local service delivery to help keep people independent and safe at home for longer; and to support their carers and family members.
- Scotland’s National Dementia Strategy – June 2010. This document contains a Charter of Rights for people with dementia and their families and carers. Locally it is being incorporated into the Mental Health Services implementation Plan. A significantly growing demographic of people with dementia places this document and the work to go with it at the heart of some of the future challenges to be faced for support to unpaid carers.

This chapter will focus on the support that may be needed by some unpaid carers to give them the capacity to continue in their caring role. From the point of recognition

that a person is an unpaid carer through to the information, advice, emotional and practical support that can make the difference between a person thriving and feeling satisfaction in their caring role and a person feeling isolation, ill-equipped and resentment because of their caring role.

Identification of Carers

In order for us to be able to offer appropriate support to unpaid carers we first have to know who they are, and more importantly, they have to know that they are a carer.

It can be difficult for people to recognise that they have a caring role as often they have another role or relationship with the person that they are caring for. Many people are providing care for a spouse, parent, child or another relative or friend that they have an existing relationship with. However, these roles or relationships can be combined, run parallel and in conjunction with each other, for example you can be a parent and a carer or a spouse and a carer. The primary difference is that as a carer, in some way, you will need to provide support or practical assistance that is in addition to the existing relationship you share with this person.

Strategic Aim

That unpaid carers are supported and enabled to identify themselves as a carer.

Whilst it is known that there is a significant number of 'hidden carers', (unpaid carers who are not known to any services), within Moray, it is also accepted that many of these carers are unknown by choice. There are many people with a caring role who feel well supported by their family, friends and the communities they live in. Our strategic aim to enable carers to identify themselves as such, recognises that people do not have to make themselves known to services if they do not wish, or need to. The important thing is that they realise that they are in a caring role and how and where they can get support if they need to.

Unpaid carers are within every section of our community and within every Community Care Service area. We need to ensure that in addition to key

professional groups, the community as a whole has the knowledge and awareness of unpaid carers so that they are equipped and able to help carers to recognise themselves, enabling unpaid carers to access the support available within their own communities.

You told us...

*“Support from friends and neighbours”
had a positive impact on your caring role.*

Health and Well Being

As an unpaid carer it can be all too easy to become over focussed on the health and well being of the person that you care for, and sometimes this can be at the cost of your own health and well being. A situation like this, if left to continue can have a negative impact on both the unpaid carer and the person they care for. The unpaid carer may become physically, mentally or emotionally unwell and as a result are no longer able to provide the level or consistency of care that they wish to provide. This in turn leaves the person being cared for with their care needs unmet and requiring care from another person or an external agency.

According to Carers Scotland approx 75% of all unpaid carers say that their health is getting worse because of their caring responsibilities⁴.

Strategic Aim

That unpaid carers are supported to be aware of and look after their own health and wellbeing.

There are many ways in which an unpaid carer's health and wellbeing may suffer as a result of their caring role. However, it is widely accepted that the two main reasons are through physical injury due to lack of training for physically demanding caring tasks or through stress related illness due to lack of emotional/mental support for their caring situation. We need to continue to give those carers who need it access

⁴ Carers Scotland – Carers in Crisis, A survey of carers' finances in 2008

to appropriate training and awareness opportunities so that they can be equipped with the skills necessary to prevent caring related illness or injury.

We need to work with all Health & Social Care Services to ensure unpaid carers are supported to manage and be aware of their own health through models such as the 'Self Care' model successfully used within the Dufftown Well North Project. We will work closely with NHS Grampian Health Promotions staff and the NHS Grampian Public Health Lead to promote preventative care measures and support unpaid carers to make use of them.

You told us...

Services should not just focus on health but on getting carers to recognise their own health and wellbeing needs.

Information and Advice

Often the key thing that can make the difference to a person in a caring role is knowing the right information and advice at the right time and having it available in the right format. This may be how to find out about the condition of the person they are caring for, or about benefit entitlement, or how to get a Carers Assessment, amongst other things.

Because unpaid carers cut across all areas of our communities we recognise that much of the information and advice they may need will already be available through other sources, organisations and even specialist services. It is not needed for us to duplicate this information but we need to ensure that unpaid carers know how and where to access it.

There is a vast array of information and advice sources available both locally and nationally:

| | |
|--|--|
| The Citizens Advice Bureau www.citizensadvice.org.uk | The Department for Work & Pensions www.dwp.gov.uk |
| Carers Scotland www.carerscotland.org | The Princess Royal Trust for Carers www.carers.org |
| National Government Sources www.direct.gov.uk | Local Library www.moray.gov.uk/moray_standard/page_1472.html |
| Moray Council Access Points www.moray.gov.uk/moray_section/section_2154.html | NHS www.nhsinform.co.uk |
| Care Information Scotland (CIS) www.careinfoscotland.co.uk | NHS Grampian www.nhsgrampian.org |

The table above is just an example of some of the places that useful and relevant information is readily available. But it does highlight the need for signposting to the information and advice that is out there rather than using resources to duplicate it.

Strategic Aim

That there is consistent and effective delivery of relevant and appropriate information to unpaid carers.

We need to ensure that Health & Social Care staff, support services staff and also unpaid carers themselves know how to find or signpost to the information or advice needed. Where the information or advice sought is specifically about local services, policies or priorities we need to ensure that the information is both available and accessible.

You told us...

*That having “information – Accessible and easy to understand”
had a positive impact on your caring role.*

We need to make sure that information is available in places that people routinely go to. It is easy to forget that people who have a caring role also go to the same places as people who do not have a caring role. Unpaid carers are people, individuals first and foremost and having relevant information available in places not specifically linked to their caring role may make it more accessible and encourage more unpaid carers to identify themselves.

We will work closely with organisations that have a remit to provide advice both to unpaid carers but also to people in general to ensure that caring specific advice and general advice is available to those who need it.

Advocacy

Advocacy is a type of support that is given to people who wish to pursue a particular course of action but do not have the confidence or capacity to do so alone. It is important that advocacy is not confused with other forms of support or representation. An advocate will assist you to follow your chosen course of action regardless of their professional or personal opinion, whereas a support worker or other representative may offer advice for or against your chosen course of action depending on if they feel that it is in your interest or will achieve the end outcome that you seek.

There are professional advocacy organisations and there are also volunteer services and self advocacy groups in various places in the North East of Scotland.

We will examine the demand for advocacy services for unpaid carers in Moray and based on the evidence gathered we will explore the options open to us for the delivery of advocacy in a sustainable manner.

Respite and Short Breaks

Respite, sometimes referred to as short breaks, is the term we use for a range of services that are provided for the main reason of giving the unpaid carer the opportunity to have a break from their caring role. Respite can be for a few hours, a few days or even longer.

Strategic Aim

That unpaid carers have access to appropriate respite services that meet the needs for them and the people they care for.

Although there are many services that provide respite, they can be divided into two main categories:

- **Accommodated Respite** – Any respite service that involves the cared for person being taken out of their home and into another place or facility.
- **Non-Accommodated Respite** – Any respite service that is delivered in the home of the cared for person.

Traditionally, accommodated respite services have been provided primarily in care homes and institutional style places. This is still a highly valued method of respite delivery, however there is an increased need for greater flexibility within respite services and one way in which this may be achieved is by the delivery of accommodated respite within the homes of Care Commission approved individual respite providers. Shared Lives is a service that will begin in 2011 to explore the delivery of respite in this way.

Likewise, traditional methods for the delivery of non-accommodated respite services has involved a paid care worker coming into the home of the cared for person to take over the role of the unpaid carer. Again it is recognised that this is still a potentially effective way for the delivery of some respite, however in the times of increasing technological advances we have to pay heed to the role that assistive technology, or Telecare, can play in providing unpaid carers the opportunity to have a break. The use of Telecare to support unpaid carers will be further considered in the Telecare chapter of this strategy.

You told us...

“Making access to respite services easier”
would have a positive impact on your caring role.

Whilst it is recognised that the existing range of respite services provided are highly respected and valued, it is also recognised that they do not meet the needs of all unpaid carers or the people that they care for.

There may be many reasons for this, none of which are a reflection of the quality of the services provided.

You agreed with us...

“More of the same won’t work...it needs to be done differently”

It is not simply a case of increasing the existing provision of respite as some of the issues you have told us about would not be addressed by that measure. We need to look at what is provided and how, and then assess where we can incorporate new methods for delivery, for example the Shared Lives Project mentioned earlier in this chapter.

Training

Training is the means by which we can ensure that unpaid carers have the skills to be able to continue in their caring role. However, it can take many guises and be delivered in many ways. It can range from simple awareness raising courses to more in depth and specialist training for caring for a person with complex needs.

It is also important to take account of the role that training has to equip unpaid carers to take a more pro-active role in fulfilling other aims and aspirations in their wider life.

Strategic Aim

That unpaid carers are equipped with the skills and knowledge needed to be confident in their caring role and to enable them to use their expertise in other areas of their everyday life.

Training should be delivered to unpaid carers who will benefit from it and some training opportunities currently available have very clear positive outcomes:

| Training Delivered | Outcome for the Unpaid Carer |
|-----------------------------|--|
| First Aid | Greater general confidence that they will be able to cope if there is a medical crisis with the cared for person. |
| Stress Awareness/Management | Allows the carer to have more awareness of their own stress levels and triggers and gives them strategies for how to manage them to minimise the negative impact on their health and wellbeing |
| Safer Moving and Handling | Gives the carer the knowledge of how to safely move or assist the person they care for with moving. Reducing the incidence of physical injury to both the carer and cared for. |
| Benefits Awareness | Ensures that carers are aware of the potential benefits that either they or the person they are caring for may be eligible for. |

However, not all training has such defined outcomes or has outcomes that relate directly to the caring role. Unpaid carers often feel that they lose their skills if they have to stop paid employment or change their career path to take up a caring role. To re-skill them or to show them how transferable the caring skills they have gained actually are in reality can have significant benefit to the carer. It can build confidence and capacity and allow them to look objectively at their life and what they want to achieve.

You told us...
"Assistance in finding affordable training courses in order to find work when my caring role ends"
 would have a positive impact on your caring role.

We need to look at training in the broader sense and not just as a tool to build direct caring skills, but also as an opportunity to fulfil aspirations and goals for the unpaid carer, to allow them to contribute to their community in ways that give them satisfaction and a sense of personal validation.

Telecare

This strategy links with the Moray Telehealthcare Strategy 2010-13 which has within it key outcomes that specifically apply to unpaid carers:

- Reduced pressure and increased personal freedom for carers and family members of service users, which will allow them to continue in their caring role and increase the potential for them to play a greater economical and social role in communities.
- To improve or maintain the quality of life for a range of service users, across all client groups and their carers.

Assistive technology, often called Telecare or Telehealthcare, is the name by which we call the use of gadgets and devices to assist in the care for people in their own homes allowing greater independence for the cared for person and greater freedom and peace of mind for the unpaid carer.

Research carried out by Carers Scotland in 2009 found that carers reported less stress as a result of using Telecare as a support and identified that carers can get great benefits from using Telecare services⁵.

From something as simple as the Community Alarm system through to falls sensors and motion sensors, there is a vast array of equipment that can play a part in a caring situation. This is an area that is growing at a significant rate and will play an ever increasing role within the care in our communities.

⁵ A Weight off My Mind – Exploring the Impact and Potential Benefits of Telecare for Unpaid Carers in Scotland, December 2009

We will work alongside our Telehealthcare colleagues to support the work that they do that benefits unpaid carers.

Carers Assessments

Health and Social Care Services have a duty to inform all unpaid carers that they encounter of their potential right to receive a formal Carers Assessment. This is something that we all need to be clear about as often there is a misconception that all unpaid carers should actually have the assessment. This is not the case, not all unpaid carers want or need a formal Carers Assessment and for some it would bring no benefit to their caring situation or their life at all. The right to an assessment begins when a carer is providing or intending to provide a substantial amount of care on a regular basis.

The majority of known unpaid carers are being well supported and this bears no correlation to whether they have or have not had an assessment.

However, it is still an important facet to the support system for unpaid carers and it is a vital method for the gathering of evidence to tell us what works, what does not work so well and any significant areas of unmet need.

A well conducted Carers Assessment will bring about benefit to an unpaid carer regardless of whether it leads to provision of a service to them or a review of the services provided to the person they care for. The process followed by a Carers Assessment gives opportunity for the unpaid carer to be listened to in their own right. To have their views and concerns heard and to explore what they want from their life for both their caring situation and for the wider context of their lives.

A Carers Assessment also gives the chance for the unpaid carer to 'take stock' of their caring role and the amount and type of care that they are providing. Often, when a person has been in a caring role for some time they stop seeing the care they provide as it is absorbed into their everyday life and routines. By talking their way through the assessment the unpaid carer can realise the value of the role they

play in its truest detail. This can bring about a significant sense of satisfaction and reward.

We will continue to promote the formal Carers Assessment and will monitor the outcomes and look for any improvements needed to make the process more effective.

CHAPTER FOUR – A Life of Your Own

Introduction

It is important for us to recognise that people are not just unpaid carers but that they are people, individuals in their own right. They may have a caring role as part of their life, but that should not be the only way in which their life is defined or categorised. They may also be a mother or a child, a man or a woman, a manager or an employee. They will have their own likes and dislikes and preferences. All of these things contribute to who the person is and all should have the opportunity to be a part of their life alongside their caring role.

Lifelong Learning and Education

Unpaid carers who wish to pursue learning and education should have the opportunity to do so. It may be that they wish to learn some new skills that will either aid them into the workplace or perhaps to add more variation to their life by learning something that they will use for benefit or pleasure, for example cookery or creative writing.

With the increasing use of distance learning as a method for education and studying there are more opportunities for unpaid carers to access learning and education. This does however rely on people having access to a computer and being computer literate to some degree but the Office for National Statistics found that in 2010 nearly 75% of all households had an internet connection⁶, so this is a good option for an increasing number of people.

There are also opportunities for shared learning experiences within the communities in Moray for both formal and non formal courses. These may be run by local groups, the Moray College or other voluntary organisations.

There may be other reasons that make pursuit of learning and education problematic, for example financial difficulties or lack of respite care. For unpaid

⁶ Office for National Statistics 2010
<http://www.statistics.gov.uk/cci/nugget.asp?id=8>

carers on low incomes or on benefits there may be financial assistance available for the support to study and it would be worth while speaking to a representative from the Moray College about ILA's (Individual Learning Accounts) or grants and bursaries.

We will work closely with the community as a whole to support the opportunities for learning and education and to explore new ways in which we can promote and provide wider access to unpaid carers.

Employment

Taking on a caring role can mean that you are faced with the possibility of having to combine that responsibility with that of your paid employment or your chosen career.

Over 250,000 people in Scotland combine a caring role with holding down a job⁷, that is almost 40% of all carers in Scotland. If people find that they have to give up their employment, reduce the hours they work or take a lower skilled, lower paid job, then they may find themselves in financial hardship as a result of loss of earnings⁸.

Strategic Aim

That unpaid carers are supported to seek or maintain employment.

There have been changes over the last few years to help people combine caring responsibilities with employment. The Work and Families Act 2006 gives people with a caring role the right to request flexible working hours from their employers. It does not guarantee the outcome of this request but for an employer to refuse the onus is on them to demonstrate good reasons for that refusal.

⁷ Carers UK – Carers, Employment and Services in Scotland: focus on East Ayrshire, Falkirk and Highland – December 2007

⁸ Out of Pocket, Carers UK, 2007

There are many employers and organisations across Scotland that have introduced or developed carer-friendly policies and practices that enable carers to stay in employment or return to work if they are not yet employed⁹.

You told us...
"Helping people stay in employment where possible gives them a life outside of caring"
...and this would better support you in your caring role.

We will work with local employers to support them to develop carer-friendly policies. In addition to this we will explore other avenues for the promotion of successful ways for carers to combine their caring role with employment.

Social Interaction

One of the recurring issues raised by unpaid carers is the social isolation that they can often feel as a result of their caring role.

It is important for unpaid carers to have opportunities to interact with other carers but also with their family, friends and their communities that they are part of.

Previously we have tried to create social opportunities for unpaid carers, by manufactured social interaction. This did have some success, but it was limited and for many unpaid carers they were just one off times and did not lead to any lasting social contacts or interaction. We want unpaid carers to have lasting opportunities to build their own social networks that will give lasting connections and give the kind of support that is only achieved in this way.

Peer support is a model that is now being used to help foster the beginning of such social support networks and interactions. Through this we are able to help unpaid carers find others with similar interests within their own localities and then support them to make use of the social opportunities, the groups and clubs in their own communities. This method allows the unpaid carer to build some social confidence

⁹ National Framework for Carers and Employment, Carers Scotland (2007)

in a partially supported environment prior to branching out into their wider social opportunities.

Caring Together, the Strategy for Carers in Scotland identifies that unpaid carers becoming socially isolated can play a contributing role in negatively affecting their health and wellbeing¹⁰.

For some, social interaction does not necessarily mean time away from the person they care for. There are many times where the unpaid carer wants to have a 'social life' with the person they are caring for.

This strategy sets out to overcome some of the potential barriers to improve social interaction for unpaid carers. Through raising awareness, ensuring that people know what is available, and how to access it, looking at current respite provision and how we may best improve it. These are some of the measures that will, when combined, re-shape the opportunities and how unpaid carers perceive them.

Community Spirit

This is a phrase that we are all familiar with. Often spoken about when reminiscing about times past when communities were known for the way that they rallied round to support each other during times of need. It is fair to say that life and times have moved on since then and whilst community spirit still exists, it is in pockets across our area.

There are many reasons for this change, however at times of crisis or tragedy it is evident that there is still that sense of community spirit within us. We have seen how we will go the extra mile to support people in our community that are facing extreme struggle due to tragedy. That spirit could be used to improve our communities on a daily basis.

¹⁰ Caring Together, The Carers Strategy for Scotland 2010-2015

More and more the unpaid carers in our communities will be playing a vital role in keeping vulnerable people, those with illness, disability and frailty, safe and cared for. With some personal social responsibility we can make that easier, more achievable and at the same time build stronger communities that can begin to better support themselves.

A simple offer to get some shopping or collect a child from school can make all the difference to a person who has an additional caring role and actions such as these can pay dividends to all of us in our communities. They can be recognised as *'paying it forward'*. To *'pay it forward'* means that when a good deed is done for us we then do a good deed for another person rather than paying it back to the person who helped us initially. The idea is easy to convey and teaches all of us greater levels of social awareness.

The Moray Community Planning Partnership Single Outcome Agreement 2009-2010 has, as one of its 12 priority outcomes:

Outcome 11 - We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

Public sector staff and our voluntary sector partners all have a responsibility to support the communities that we work within to be better able to support themselves. We need to be key players in changing the way communities see themselves and give them methods by which they can begin to take community spirit into the future.

CHAPTER FIVE – Making the Change

Introduction

We are all aware that we are facing times of change. This can bring about uncertainty and anxiety, but it can also bring about positive changes and exciting ventures. It is often only when we are faced with challenges that we have little or no choice about that we come up with our best and most creative solutions, and these, in turn are often the ones that give the most benefit.

This chapter will focus on some of the ways in which we will make these changes in relation to unpaid carers. How we will ensure their involvement in taking them with us on the journey that we have to make into the future with new models of service delivery.

Having a Voice and Being Heard

In order for us to be successful in supporting unpaid carers we need to give them meaningful opportunities to be involved. We can no longer work in ways in which the basis is to do 'for' people; we need to support people to 'do for' themselves. If we are going to achieve that then we need to ensure that we know what they want and need to be able to make this happen.

Strategic Aim

That unpaid carers have meaningful opportunities to be involved and listened to at a strategic level. Allowing effective input to service design, development and delivery.

As key partners in care, unpaid carers need to sit alongside us, their expertise and knowledge being respected and valued, when we are making decisions about the services that affect them and the people that they care for. We need to hear what carers tell us even if there are reasons why we cannot act upon what they say. If that is the case then we need to be clear, transparent and open about what we can and cannot do. While carers may not like that we cannot act upon what they tell us

they will respect and understand our decisions if they have had a meaningful role throughout the process that led to that decision.

You told us...
*"Listening by managers to carers requests and problems
and acting on them"*
is something that we can do better to support you in your caring role.

Our partnership with unpaid carers relies not upon our being able to deliver their every request, but on an honest and open relationship. A joint understanding of what we want to achieve with a collaborative approach to the best ways of succeeding.

We will ensure that there is ongoing, meaningful involvement with unpaid carers in Moray. We will also explore new ways in which more unpaid carers can be heard and make sure that we are giving equal opportunity regardless of your caring role, social status or geographical location.

Capacity Building

Capacity building is something that we can do for individuals as well as whole groups or sections of our communities. When we are considering unpaid carers then we need to be thinking about capacity building on both of these levels.

It is important that we build the capacity of individual unpaid carers to be able to be involved at a strategic level. To have the time, energy, confidence and skills to work with us and truly feel that they are our partners. This can be supported and achieved through appropriate training as detailed within the Training section of this strategy.

It is also important that we build the capacity of unpaid carers as a group within Moray. To help them find strength and support within that group and to be able to recognise the ways in which they can effect the outcomes that they want for themselves. In addition to capacity building with unpaid carers as a group in our communities, we need to put some attention into capacity building with these

communities as a whole. This is one of the ways in which we can support the rebuilding of community spirit as mentioned previously.

To achieve capacity building at this level we need to work with all of our Community Planning Partners to bring in all of the necessary skills and expertise to make this happen.

Challenges Ahead

This strategy sets out some ambitious key aims for supporting unpaid carers over the next four years. The actions within the Implementation Plan will help us deliver on these aims and also incorporates our local aims for the delivery of Scotland's National Carers and Young Carers Strategy.

There are many challenges that we are faced with to make this vision into a reality. However, the main challenge is the change of our perception of how things should be and how they should be done. All of us, professionals and unpaid carers alike have to allow for alteration to any preconceived ideas of how needs can be met and how unpaid carers can be supported.

That is not to say that we will not be striving to meet these needs, but it is more about the methods in which they may be met. We need to recognise the economic constraints that we are operating within whilst still being aware of the things that we need to achieve. We need to bring unpaid carers; our professional colleagues and our other partners together and between us further develop creativity. We need to break the mould of how some things are done so that we can make new, more effective ways of doing them. This is a time for innovation, a time for excitement, a time to challenge ourselves to make the change.

CHAPTER SIX – Making the Strategy Work

Introduction

This chapter will give a brief overview of how we plan to make the strategy work. How we will ensure the delivery of its aims and achieving the overall vision. There will be many contributing elements to success, some of which will become apparent over the life of the strategy, however there are some key elements that are integral to its delivery and these are touched upon in this chapter.

Involvement of Carers

Unpaid carers have been involved with this strategy from the beginning, telling us their priorities and the actions and changes that would make a difference to their caring lives.

This is a strategy to deliver support for unpaid carers and it has been produced with unpaid carers.

When it comes to making the strategy work the continued involvement of unpaid carers is crucial. The progress will be regularly reviewed by the Carers Forum/Strategy Group along with all parties involved with its delivery. This will allow unpaid carers to retain their partnership role and their responsibility to be a part of the solution to some of the challenges that we have already acknowledged that we are facing.

The Carers Forum/Strategy Group will, from the point of completion of this strategy (which has been their main focus up to this time), move on to focus on other relevant initiatives and projects including consultation on other work streams that impact on unpaid carers. The group will also have further involvement in the life and delivery of this strategy. The group will have both a real and a virtual presence allowing for the involvement of unpaid carers who, for whatever reason, are not in a position to attend a group in person.

Partnership Working

In times where we face increasing economic challenges it becomes even more important that we fully embrace, support and participate in meaningful partnership working.

We have already mentioned some of our key partners for the successful delivery of this strategy; unpaid carers, local authority staff, health staff, voluntary sector staff, community planning partners.

A particular group of partners have joined together under the facilitation of the Carers Strategy and Development Officer to form the Carers Service Provider Network (Moray). A newly established collaborative group that recognise that in order to deliver better outcomes during these challenging times we need to work together to ensure that we are using all of our resources to the best effect for unpaid carers. This group will be involved in the delivery of this strategy.

Sharing Information

We recognise that at times the sharing of information can be problematic. However, in relation to any learning, trends, barriers and hurdles that we experience through the delivery of this strategy, we will endeavour to share that information with all appropriate stakeholders so that they may benefit from this also and may use that information to shape work within their own service areas.

Implementation

The Action plan attached to this strategy sets out clear actions to help us achieve our vision and our strategic aims. It spans the four year life of the strategy and while we have some things that we feel will be a priority in years two, three and four, we are mindful of the fact that caring needs, community needs, population needs and general priorities are fluid and changeable. With that in mind we have set out the plan to deliver actions as we see them currently but with the knowledge that we may have to change them or alter our course within the life of the strategy.

Monitoring and Evaluation

The progress and achievements of the strategy will be routinely reviewed and monitored. This will be done in partnership between the Carers Forum, Moray Community Health and Social Care Partnership and more specifically by regular reporting to the Moray Council Elected Members.

Caring Together in Moray – Action Plan 2011-2015

| Chapter Three | | | | |
|---|--|---|--------------|--|
| THEME | | - SUPPORT TO CONTINUE TO CARE | | |
| Strategic Aims | Actions | Lead/Involved | Timescale | Keeping Track |
| Aim: That unpaid carers are supported and enabled to identify themselves as a carer. | Work with GP Practices to support unpaid carer identification. | Carers Strategy & Development Officer Clinical Lead for Moray | Ongoing | Number of unpaid carers identified by the GP Practice. Annual Survey of unpaid carers question for those who feel supported by their GP Practice. |
| | Regular awareness raising campaigns utilising media and other available marketing opportunities. | Carers Strategy & Development Officer CSPN | Annually | Evidence of press/media coverage Evidence of specific events/campaigns including evaluation as appropriate |
| | Further develop peer support opportunities in local communities. | Carers Strategy & Development Officer CSPN Community Staff | May 2012 | Increased Peer Support Groups/Activities |
| | Develop training programmes as required to support health & social care staff that may identify unpaid carers. | Carers Strategy & Development Officer SW Training Team NHS Carer Training Staff | October 2011 | Staff survey to evidence any increased awareness. Increased number of appropriate training opportunities. |

| | | | | |
|--|--|--|-------------|--|
| | Undertake a carer diversity mapping exercise to assist in identification of hard to reach unpaid carers and BME unpaid carers to inform future service delivery to meet the needs of these groups. | Carers Strategy & Development Officer CSPN Community Learning & Development Team | August 2012 | Evidence of mapping methodology. Increased awareness of hard to reach & BME unpaid carer groups |
| | Increase awareness of support available for carers known to be in stigmatised groups. | Drug & Alcohol Development Officer Integrated Service Manager for Mental Health CSPN | July 2011 | Evidence of appropriate marketing for the target audience. Increased number of unpaid carers from the target groups accessing support services. |
| | Ensure that carers have easy access to self care and well being information. | CSPN Public Health/Health Improvement Team | June 2011 | CSPN Joint Information Pack |
| | Progress health & lifestyle checks for carers. | Carers Strategy & Development Officer Public Health/Health Improvement Team | June 2011 | Pilot unpaid carer lifestyle checks during 2011 Carers Week. |
| Aim: That unpaid carers are supported to be aware of and look after their own health and wellbeing. | | MCHSCP Strategy Development Officer | April 2011 | Consultation event to inform the development of this strategic work stream. |

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|--|---|---|---------------|--|
| | Carry out a review of the Carer's Assessment tool kit. | Carers Strategy & Development Officer | December 2011 | |
| | Explore specialist unpaid carer assessment for older people with interdependent caring roles. | Older People's Strategy Officer Carers Strategy & Development Officer | January 2012 | Consultation with relevant health & social care staff. |
| | Explore with GP practices the flexibility around health support for carers in line with the 24-7 nature of many caring roles. | Carers Strategy & Development Officer Clinical Lead for Moray | June 2012 | Feedback from Carers |
| | Work with community pharmacies to support their wider use as a resource for carers in their own communities. | Carers Strategy & Development Officer Pharmacy Lead for Moray | October 2012 | Feedback from Carers |
| | Work with housing department and housing organisations to establish recognition of carers and their needs in relation to housing. | Carers Strategy & Development Officer Housing Strategy & Development Manager | February 2013 | |
| | Develop an online carer assessment/self assessment tool. | Carers Strategy & Development Officer Carefirst Team | May 2013 | |

| | | | | |
|---|---|--|-----------|--|
| Aim: That there is consistent and effective delivery of relevant and appropriate information to unpaid carers. | Further develop the Carer Service Providers Network (Moray) (CSPN). | Carers Strategy & Development Officer CSPN | Ongoing | |
| | Create a comprehensive joint register of known unpaid carers through the CSPN to reduce duplication. | Carers Strategy & Development Officer CSPN | July 2011 | |
| | Develop information/awareness events as appropriate for unpaid carers and professionals. | Carers Strategy & Development Officer CSPN | Ongoing | Feedback from Unpaid Carers Feedback from Professionals |
| | Support National Carer Initiatives e.g. Carers Week and Carers Rights Day. | Carers Strategy & Development Officer CSPN | Annually | Evidence of events or initiatives. |
| | Work with NHS Grampian staff to ensure unpaid carer relevant information is included in any local publications. | Carers Strategy & Development Officer NHS Corporate Communications staff. | July 2011 | |
| | Ensure useful information and advice is widely available throughout Moray. Including via non-carer specific services. | Carers Strategy & Development Officer CSPN | Ongoing | Feedback from Unpaid Carers |

| | | | | |
|--|--|--|---------------|--------------------------------------|
| <p>Aim: That unpaid carers have access to appropriate respite services that meet the needs for them and the people they care for.</p> | Explore opportunities for unpaid carers to be support through the use of self directed support or personalisation. | Carers Strategy & Development Officer Self Directed Support Services Lead for Moray | May 2014 | |
| | Undertake a respite mapping exercise to assess the current picture and the amount of informal support accessed. | Carers Strategy & Development Officer | April 2011 | Evidence of information returned. |
| | Review or re-develop respite service delivery as appropriate. | Carers Strategy & Development Officer | April 2012 | Feedback from Unpaid Carers |
| | Develop a Short Breaks Bureau. | Carers Strategy & Development Officer | May 2011 | Post Created & Advertised |
| | Further develop and promote the Shared Lives Service as a respite option. | Carers Strategy & Development Officer Shared Lives Steering Group | November 2011 | Feedback from Commissioning Officers |
| | Explore opportunities for using Telecare/Assistive Technology as a method to support respite provision. | Telecare Project Manager | June 2013 | |
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|--|---|--|-----------------------|---|
| <p>Aim: That unpaid carers are equipped with the skills and knowledge needed to be confident in their caring role and the enable them to use their expertise in other areas of their everyday life.</p> | <p>Ensure that information is available to unpaid carers about community training/learning opportunities.</p> | <p>Carers Strategy & Development Officer CSPN Community Learning & Development Team Library Services</p> | <p>Ongoing</p> | <p>Feedback from Unpaid Carers</p> |
| | <p>Pilot programme for accredited learning for unpaid carers.</p> | <p>SW Training Team SVQ Assessor Carers Strategy & Development Officer</p> | <p>March 2011</p> | <p>Feedback from the Unpaid Carers involved in the Pilot Feedback from the SVQ Assessor</p> |
| | <p>Review Pilot programme for accredited learning for unpaid carers and progress or develop as appropriate.</p> | <p>SW Training Team SVQ Assessor Carers Strategy & Development Officer SQA</p> | <p>September 2011</p> | |
| | <p>Telecare training/awareness for unpaid carers.</p> | <p>Telecare Project Manager</p> | <p>June 2012</p> | |

| | | | | |
|---|--|--|------------------|-----------------------------|
| | Scoping exercise to measure local need or demand for unpaid carer specific advocacy support. | Carers Strategy & Development Officer CSPN Advocacy North East (Moray) | September 2011 | Feedback from Unpaid Carers |
| Chapter Four THEME - A LIFE OF YOUR OWN | | | | |
| Strategic Aims | Actions | Lead/Involved | Timescale | Keeping Track |
| Aim: That unpaid carers are supported to seek or maintain employment. | Explore opportunities to work with Job Centre Plus to support unpaid carers. | Carers Strategy & Development Officer Job Centre Plus | September 2013 | |
| | Carer Friendly employment policy mapping exercise with local employers. | Carers Strategy & Development Officer | November 2013 | |
| | Work with local employers who wish to undertake a review of their policies to support unpaid carers in their employment. | Carers Strategy & Development Officer | March 2014 | Feedback from Employers |

| Chapter Five THEME - MAKING THE CHANGE | | | | | |
|--|---|--|----------------|--|--|
| Strategic Aims | Actions | Lead/Involved | Timescale | Keeping Track | |
| Aim: That unpaid carers have meaningful opportunities to be involved and listened to at a strategic level. Allowing effective input into service design, development and delivery. | Re-commissioning of unpaid carer support services. | Carers Strategy & Development Officer Carer's Forum CSPN | December 2011 | | |
| | Create a 'Standards for Community Care Support Services for Unpaid Carers' Document. | Carers Strategy & Development Officer Carer's Forum | September 2012 | | |
| | Support and further develop the Carers Forum. | Carers Strategy & Development Officer Public Involvement Officer | Ongoing | Feedback from Carer's Forum Members. | |
| | Ensure robust process for the voice of unpaid carers to be heard at a strategic level within Health & Social Care Services. | Public Involvement Officer | September 2011 | Evidence of Public Involvement Network. | |
| | Ensure consistent work towards the achievement of any local or national targets e.g. those within the Single Outcome Agreement. | Carers Strategy & Development Officer Senior Planning & Performance Officer | Ongoing | Evidence as reported at local and national levels. | |



Caring Together for Young Carers in Moray

Introduction

This document describes a strategy for improving services to young carers in Moray over the next few years. It sets out a shared understanding of –

- young carers and their needs
- how services work, separately and together to meet those needs
- what needs to change or improve
- who can and will do what to bring about those changes

A number of different organisations that provide services to young carers have worked together to consult and involve young carers and to contribute directly to the creation of this strategy.

The strategy is a statement not only of a shared understanding of how things are and what is needed, but a shared statement of intent, from partners committed to achieving good things for and with carers and the communities that support them.

The strategy has been developed in the context of the recently published Scottish national Young Carers Strategy *Getting it Right for Young Carers*, itself shaped by a number of major national policies in relation to children and young people, particularly the Curriculum for Excellence and Getting it Right for Every Child. It also relates to *Caring Together - A Strategy for Unpaid Carers in Moray* and the Moray Single Outcome Agreement with the Scottish Government.

About Young Carers

Young carers “provide..... care, assistance or support to another family member.”¹¹ Families and communities depend on and benefit from the contribution made by young carers. Some children begin to take on a caring role in their families from quite a young age – many whilst still at primary school – and may continue to provide care for a while, or throughout their childhood and youth.

Not all children and young people living in households affected by illness or disability are carers, however. A study by Loughborough University in 2003 found “23% of

¹¹ *Blackwell's Encyclopedia of Social Work*

children aged under 16 live in families with one family member 'hampered in daily activities by any chronic physical or mental health problem, illness or disability.'¹²

Hidden Carers

The Scottish Government recognises that “it is difficult to give a definitive figure for the number of young carers in Scotland, due to the hidden nature of this group in society. Estimates vary significantly from around 16,700 in the 2001 Census to around 100,000 by The Princess Royal Trust for Carers. That would equate to approximately 1 in 12 secondary school-aged children in Scotland”¹³ and anything up to 2000 young carers in Moray.

The number of young people in Moray formally identified by service providers as carers has fluctuated over the last 10 years and never significantly exceeded 300, but this pattern is replicated across Scotland and the UK as a whole. Whilst it is important to recognize that not all young carers need or want additional support from statutory or voluntary organizations, the partners to this strategy acknowledge the likelihood that there are many more young carers in Moray who could benefit from support, but whose needs have not been identified and assessed.

There may be many reasons for young carers not being identified as carers, even when they need additional support.

If young carers “grow into” their caring role, they may see it as entirely normal and something that they should be able to sustain without additional support. They may also see it as a private matter.

This sense of privacy may be accentuated by a perception of stigma associated with the condition of the person for whom they are caring or a fear of how their situation would be perceived by “authorities” – perhaps particularly where mental health or disability or substance misuse are involved.

They may fear the consequences for themselves or the person for whom they are caring, or for younger siblings, if others know what they are living with and they may fear loss of such control as they do have over what happens in their lives.

¹² Aldridge and Becker, 2003

¹³ *Caring in Scotland*: The Scottish Government, 2010

The partners to this strategy recognize the importance of acknowledging these perceptions and fears, whilst seeking to improve their effectiveness in identifying and meeting the needs of young carers.

About caring, as a child or as a young person

Young carers take on a wide range of caring tasks, sometimes as much as many adults, but the effect of the caring role on young people is different. “Young carers are different to adult carers with specific support needs by virtue of being children and young people first and foremost.”¹⁴ As children and young people they have different needs and additional rights.¹⁵

Caring tasks, roles and responsibilities

You told us...

“I help my dad, getting into bed, transferring wheel-chairs, making drinks” “I cheer her up” – 12 year old carer for father and sister

For young carers, as for adult carers, caring can involve assistance with such things as:

- personal care – washing, dressing or feeding
- medication and/or other medical care
- dealing with finances
- emotional and/or social support
- communicating with others
- practical daily activities – preparing meals, shopping, housework
- moving around.

The effect of caring on children and young people

You told us...

“It makes me feel happy, because I’m helping them” – 11 year old carer

There are very positive aspects to being a young carer. “Contributing to the care of a family member or friend with a disability or illness can be a positive experience for a young person. It can be an expression of commitment and affection, which can serve to strengthen the relationship between the young person providing the care and the person receiving the care. By making an important and positive contribution to family

¹⁴ Caring in Scotland: The Scottish Government, 2010

¹⁵ United Nations Convention on the Rights of the Child.

life, the young carer can feel more valued and included. The caring role can give young carers a sense of responsibility and identity, and can build self-confidence and esteem. Providing care can also enable a young person to develop personally and to gain life skills.”¹⁶

You told us...

*“I can have days when I completely fall apart and can’t face the world”
– 13 year old young carer*

*Sometimes it can make you lonely, if you don’t get out to see your
friends, or sad, when you see your father in such a state” - 12 year old
carer*

Being a carer can also have a range of negative consequences for children and young people. The Scottish Government’s Young Carers’ Strategy identifies ways in which being a carer can adversely affect young people’s education, their mental and physical health, their social networks and opportunities, psychological development and material and financial security, as well as their future prospects.¹⁷ It also identifies ways in which being a carer can expose children and young people to the risk of abuse or neglect.

“The demands of caring can lead to children and young people not fulfilling their potential at school, which can limit older young carers’ future opportunities.”¹⁸

“For young adult carers the transition into adulthood can present particular challenges. At a time when their peers are leaving school and making positive plans for employment, training and education, older young carers often have to deal with demands, responsibilities and emotional challenges that influence their choices and limit their future opportunities.”

“Young carers living in rural and remote areas face particular challenges.”¹⁹ Access to support services and opportunities may be limited and more dependent on private transport. Young carers in rural communities may experience closer social support networks, but may be more anxious about privacy and stigma, particularly if they are

¹⁶ Getting it Right for Young Carers : The Scottish Government, CoSLA, Healthier Scotland 2010

¹⁷ Getting it Right for Young Carers : The Scottish Government, CoSLA, Healthier Scotland 2010

¹⁸ Getting it Right for Young Carers : The Scottish Government, CoSLA, Healthier Scotland 2010

¹⁹ Getting it Right for Young Carers : The Scottish Government, CoSLA, Healthier Scotland 2010

caring for someone with mental illness or disability or with an addiction. Caring can be a socially isolating experience.

You told us...

It makes me feel sad because I get angry” – 13 year old carer

The caring role can be stressful and can be or feel constant or unremitting. An independent report in 2004 found that “many young carers are living in lone parent families; the average age of young carers is 12 years; most are caring for someone with a physical health problem; just over half are caring for their mothers and a third for a sibling; many are providing emotional support, in addition to more practical help and personal care; one in ten are caring for more than one person; half the young carers are caring for 10 hours or less, one third for 11-20 hours and 16% for over 20 hours; caring can be a long-term commitment and can start at an early age.”²⁰

Sometimes the needs or condition of the cared for person can affect their ability to meet the basic needs of the young carer as appropriate to their stage of development and this can have a significant effect on the young carer. “When assessing parents affected by disability, illness or addiction, health and social care practitioners will a/so wish to consider whether these conditions have an impact on their ability to meet child care and parenting demands.”²¹

Sometimes young carers have to be responsible for someone who cannot be fully responsible for their own safety; for young carers there are particular stresses and demands involved in being responsible for someone who in other circumstances would be responsible for them. When young carers carry a sense of responsibility for a parent with a pattern of long term substance misuse, this can have a lifelong impact, affecting relationships, identity and expectations.

Sources of support

Like other children and young people, young carers most often look first to family and friends for support and then to people already delivering services to them – such as teachers or youth workers – or to the person for whom they care – such as health or social care staff. This was clear from consulting young carers at a Young Carers’ Fun Day in Aberdeen this summer.

²⁰ C.Dearden and S.Becker (2004) – “Young Carers in the UK; the 2004 report”

²¹ Getting it Right for Young Carers : The Scottish Government, CoSLA, Healthier Scotland 2010

All of the evidence about “hidden young carers” suggests that young carers rarely seek support from people whom they see as being “in authority” unless they have established a relationship of trust. This increases the responsibility of service providers to demonstrate their reliability, confidentiality and trustworthiness and their ability to listen to and involve young carers in care planning, particularly when addressing risk.

“Feedback from young carers and those who support them consistently highlights the important role that head teachers, teachers, guidance teachers and support staff in schools can play in identifying and supporting young carers. Curriculum for Excellence gives all teachers the responsibility for pupils’ health and wellbeing and promotes a school ethos that should ensure that children and young people feel cared for and valued, feel safe and secure and work in a trusting and respectful environment.”²²

“Young carers at the Scottish Young Carers Festivals highlighted the important role that GPs and other primary care colleagues can have in providing information and advice. The young carers were particularly concerned to obtain information that helps them to understand the condition of the cared-for person, their treatment and their prognosis.”²³

Young carers can and do seek information and support from services specifically for carers, either directly, or online, for example through www.youngcarers.net, run by the Princess Royal Trust for Carers or www.youngscot.org.

Ways in which services can help

Information and advice

Young carers need to know what their rights are as a young person and as a carer, what kinds of additional support are available to them and whom they can approach for help, support or protection. This would include their right to an assessment of their own needs as a carer and, through that assessment, to services to meet those needs²⁴.

²² Getting it Right for Young Carers : The Scottish Government, CoSLA, Healthier Scotland 2010

²³ Getting it Right for Young Carers : The Scottish Government, CoSLA, Healthier Scotland 2010

²⁴ In 2002, the Community Care and Health (Scotland) Act amended the Social Work (Scotland) Act 1968 to give carers the right to request an assessment of their ability to care and extended this provision to young carers under the age of 16 years.

Young carers may also need information about the condition affecting the person for whom they are caring, as well as the plans being made by others to provide support or treatment and what the future may hold in terms of developments of the cared for person's condition. They may need to know whom to contact if something happens that affects the cared for person. They may need to know about contingency plans and what will happen to them and to the cared for person if their situation deteriorates in some way.

In providing this kind of information, practitioners will want to consider the age and understanding of the young carer, the cared for person's right to confidentiality and the difficulties the cared for person might have in explaining things to the young carer themselves.

Active help to access support from other services

There is much evidence, both locally and nationally, that simply "signposting" young carers to other organizations that could help them is often not sufficient to enable them to initiate contact with those organizations. They often need a little more help to take that first step.

Assessment of support needs and coordinated action to meet needs

The Children (Scotland) Act places a duty on local authorities to promote and protect the welfare of all children and to provide service to children in need, specifically including those "affected by the disability of a family member" as being "children in need". Young carers are so affected.

The Education (Additional Support for Learning) (Scotland) Act 2004 (as amended in 2009) places a duty on local authorities to make arrangements to identify children and young people's additional support needs. Young carers share "the entitlement to support to enable them to gain *as much as their peers* from school, as well as skills for learning, skills for life and skills for work and opportunities to move on to positive destinations."²⁵ Not all young carers will need additional support to be able to benefit from these opportunities and they will certainly not all need the same kinds of support, but many will need some support.

²⁵ Getting it Right for Young Carers : The Scottish Government, CoSLA, Healthier Scotland 2010

Getting it Right for Every Child is a broad national initiative to support integrated working where two or more services need to work together, in a co-ordinated way and on the basis of an integrated assessment of a child's or young person's needs. Both GIRFEC and the Additional Support for Learning Act incorporate provision for children and young people and their parents to be directly involved in planning to meet their needs and arrangements to ensure that, even when their needs are complex and the range of services being provided is extensive, each child has one, integrated plan, created through a co-ordinated process and overseen by a single Lead Professional. GIRFEC includes an assessment model designed to help those assessing the needs of children and young people to consider all the major aspects of their lives.

Specific forms of help or support

“The main services provided by young carers’ services across Scotland are - *emotional support and counselling*, provided through one-to-one contact; *group activities*, which provide opportunities for new experiences and outings; and *respite breaks* allowing “time out” of caring, as well as holiday opportunities that the young carers would otherwise not be able to experience.”²⁶ Further services include *training* – for example in specific caring tasks – *advocacy*, to enable young people to get their needs, views and wishes understood by those working with them and *family work*, to mediate in situations in which there may be conflict or misunderstanding between family members.

About services for Young Carers in Moray

Universal services

The key universal services to children and young people in Moray are schools and health services, which come into direct contact with young carers either through visiting their homes, through their role in schools or through health centres or GP surgeries. These services can and do identify young carers in the course of their routine work and meet some of their needs, particularly by providing information and advice, by listening to what young carers have to say, empathically and supportively and by signposting them to other services.

²⁶ Getting it Right for Young Carers : The Scottish Government, CoSLA, Healthier Scotland 2010

Practitioners in these universal services may also be able to provide or directly access further additional support from within their own agencies, to meet the young carer's needs.

Practitioners within these services can help ensure that young carers get the support they need by engaging other services on their behalf and with their consent.

Where they identify a young carer who may be at risk of significant harm, they have a duty to consider whether the risk of harm is sufficiently serious as to warrant seeking help for the young carer even without the young carer's consent, although consent should always be sought unless there is a real risk that to do so would increase the risk to the young carer.

Generally targeted services

Social work and social care services, secondary and tertiary health services, youth work and careers services provide specific kinds of service to a wide range of people who need them, either temporarily or over longer periods. Young carers may or may not be the main concern of a practitioner within these services.

Even where the young carer is not the main concern, the practitioner can help by recognising the role that the young carer is playing, being alert to the possible effects on the young person of caring and to the possibility that the young carer may need or want help either to support them in discharging their caring responsibilities or to reduce the effect of those responsibilities on the young carer.

Practitioners in these services can help young carers directly, by providing or enhancing support to the cared for person, by listening and providing information, advice and support, or indirectly, by helping the young carer to access specific support services, through Moray's Local Integrated Assessment and Planning (LIAP) arrangements.

Specifically targeted services

Two organisations working in Moray provide services specifically to carers, and have dedicated staff working with young carers. Young carers, members of their family or others can contact either of these organisations to seek information, advice or support. There are differences in what each of these organisations can offer.

Quarriers provides one to one support for young people with caring roles, under a contract with The Moray Council, to ensure that their caring responsibilities are minimised and that they have the opportunity to access the full range of opportunities available to young people. This includes, undertaking carers assessments, supporting young carers to participate in existing recreational facilities in their community, offering peer support opportunities which lead to accreditation of various awards, working in multi agency teams to ensure that the young person's caring role is minimised and that they are realise their full potential, both academically and socially, offering age appropriate information, training and advice etc. Quarriers also attend meetings and appointments, where appropriate, with or on behalf of young carers.

Moray Carers Project is funded independently to work in schools firstly through awareness raising sessions for staff and pupils in schools to help identify issues young carers may face; and secondly through provision of school **drop-ins** throughout Moray which are open to all young people and offer a listening ear. MCP liaises with school staff to ensure young carers have the necessary support to fully participate in school life. Moray Carers Project also offers activities for young carers out with school, offering peer support and a break from their caring role.

Young people who were already known as carers and receiving support, who were consulted about it this summer, indicated that they were broadly happy with the support that was being provided to them.

Where are we trying to get to?

What outcomes do we want to achieve for young carers, their families and communities?

Young carers have aspirations for themselves, for both the present and the future, similar to those held by other young people. But young carers also want the people that they care for to have a good quality of life.

Services should seek to prevent, where possible, the need for children and young people to take on inappropriate or unwanted caring responsibilities and to reduce the impact of caring on young people's wellbeing, development and future prospects. If the right kinds of support are provided in the right way, young carers will have opportunities and a quality of life similar to that enjoyed by other young people and

be able to sustain the caring roles and responsibilities on which their families and communities depend.

Prevention – reducing the burden of caring

The partners to this Moray Strategy share with the National Strategy support for a preventative model²⁷ for supporting young carers. This highlights the need to provide better support to the cared-for person to prevent young people from feeling compelled to be carers or from being overburdened with caring. “Central to the development of the National Strategy for Carers in Scotland is the view that young carers should be protected from taking on inappropriate or unwanted caring responsibilities and be supported to be children and young people first and foremost.”²⁸

Those assessing the support needs of adults with any kind of disability or long term condition, will want to take into account the role that young carers wish to play and can reasonably sustain, whilst still experiencing a good childhood and adolescence, with the same range of challenges and opportunities enjoyed by their peers.

Reducing the impact of the caring role

Even when young carers willingly take on a caring role, it can have a significant impact on other aspects of their life and both targeted and universal services can and should help to reduce that impact.

Those assessing the support needs of young carers will want to ensure that any continuing caring role can be sustained without adversely affecting the young person’s –

- health or development
- social networks
- learning opportunities and attainment
- material wellbeing in the present
- future opportunities and prospects.

²⁷ J. Aldridge and S. Becker “Prevention and Intervention; Young Carers and Their Families.” (April 1997) Loughborough University

²⁸ *Caring in Scotland*: The Scottish Government, 2010

What needs to change?

If services in Moray are to become more effective in preventing young carers from being overburdened, taking on unwanted or inappropriate caring roles and being adversely affected by those roles, there are a few important areas of activity in which we need do better.

1. **Identifying those young carers who need or want support** – people who work with young carers and those they care for need to be more alert to the possibility that they need additional support, knowing how to recognise when they do and able to communicate effectively and reassuringly with young carers, enabling them to make choices about whether they wish to be formally identified as a carer and what kinds of support to use, from which sources.
2. **Ensuring that young carers needing support get the support they need** – people who work with young carers and those they care for need to be more aware of the kinds and sources of support that are available to young carers and how to help them to get what they need.
3. **Providing effective support** – each of the different universal and targeted services will have a different contribution to make in ensuring that potentially adverse affects on young carers are overcome or reduced.
4. **Increasing the effectiveness of the support** - we need to evaluate the services that we provide, learning from young carers themselves and their families what is helpful and improving our effectiveness on that basis.

How will we know if we have got there?

1. More young carers who need additional support will make themselves known.
2. Young carers receiving additional support will tell us that they were supported to identify and choose the support that they needed.
3. Young carers receiving additional support will tell us that the burden of their caring role is sustainable and that any negative impact on their lives is reducing.

4. Shorter and longer term measured outcomes for young carers will continue to improve over time.

Measuring outcomes for young carers

There is a wide range of means of measuring young people's achievements and attainment. There is also a wide range of means of measuring other aspects of how young people think, feel and function – generally in the form of repeatable self-report questionnaires - some of which will be particularly relevant to some young carers. As young people move into adulthood, their progress through further education, training, employment and independent living can also be tracked to demonstrate a successful transition into adulthood.

The Princess Royal Trust for Carers has designed three measurement questionnaires specifically for young carers. The first is designed to assess the nature and extent of their caring role at a point in time and therefore to show changes in its extent over time. The others (shorter and longer, more detailed versions) are designed to assess the nature and extent of the impact of their caring role at a point in time and therefore to show changes in its extent over time. They are based on extensive research and consultation on the various ways in which caring affects young people. Both measures have been through a rigorous testing process to assure their reliability as measures.

What will we do to get there?

The following paragraphs outline an action plan for a period of five years. The organisations involved in this strategy are committed to these actions, but a number of factors will make these next few years a period of uncertainty. The Scottish Government has also committed in its strategy for Young Carers to a series of actions over the next five years, in which local authorities, health boards, Skills Development Scotland and other partners will be involved. There will clearly be developments, as this strategy unfolds, that change future plans. Additionally, it is expected that for at least the next few years there will be real reductions in spending, the full extent of which is not known, for many if not all of the partners committed to this local strategy.

Implementation of this strategy will therefore need to be reviewed by the partners on an annual basis, to take account of what has been done, what has been achieved,

what has changed and what has been learned. The more detailed action plan, set out in a table as **appendix 1** to this plan is therefore likely to acquire more detail and to be adjusted over time.

Outline action plan

Identifying those young carers who need or want support

We need to provide training, information and guidance particularly for staff in schools, youth work and health and social care services to help them to be alert to the possibility that a young person with whom they come into contact may be a young carer who may need or want support and who may be adversely affected by their caring role. This needs to support these staff to engage effectively with the young person and, if appropriate parents, enabling them to talk, to explore possible support and make informed choices.

We also need to develop our information systems, so that young people who wish to be identified as carers can be identified in those information systems and the relevant service can track their progress and use that information to plan and to improve its effectiveness over time.

Ensuring that young carers needing support get the support they need

We need to provide training to staff involved in assessing the support needs of people with a disability or longer term health condition, to help them ensure they are aware of when a child or young person is contributing regularly to their care, that they take into account what care the young person is willing and able to sustain and that they take into account the needs of the young carer.

We need to develop our directories of services for children and young people, to enable young carers, their parents and those working with them to identify the kinds of support that are available to young carers and to help young carers to access that support.

Providing effective support

In line with Moray's implementation of Getting it Right for Every Child and the Additional Support for Learning Act, we need to ensure that Local Integrated Assessment and Planning processes are used, so that each young carer needing support has a single, integrated assessment and plan that includes everything that

will be done to support school attendance and attainment, participation in other community-based forms of learning, social and recreational opportunities and specific support to address any other adverse affects of the caring role.

Increasing the effectiveness of the support

We need to provide training, tools and methods to enable those creating, co-ordinating and reviewing support plans for young carers to track and measure outcomes for young carers and to gather feedback from young carers and their families, in order to enable reliable evaluation of the effectiveness of services to young carers.

We need also to train and support those involved in providing support to young carers to evaluate the quality of their service using the framework in *How good are our services for young carers and their families?*

How you can contribute

This document sets out the ways in which partner organisations working with and for young carers and the people for whom they care will work together. But young carers, their families and communities can contribute to its implementation and development, as well as directly supporting young carers. Young carers have already contributed; by telling us what it is like being a young carer, what difference being a young carer makes to their lives, what helps and does not help and how they would wish support services to work with them.

The partners would welcome feedback on this strategy and on the actions that we take to implement it, as well as on the quality and effectiveness of the services we provide.

Partners would also welcome young carers' involvement in a reference group that could help us evaluate our implementation of this strategy and its development over time.

APPENDIX 1

Moray Young Carers Strategy - Action Plan 2011-2015

| Key Objective | Actions | Partners involved or leading | Timescale |
|--|---|--|------------------------|
| <u>Identifying those young carers who need or want support</u> | 1. Develop and provide information sheets for Children's Services staff to help them identify young carers | Health, Education, Social Work, Police, Voluntary Sector | September 2011 |
| | 2. Develop and provide guidance for Children's Services staff on effective engagement with young carers | | March 2012 |
| | 3. Provide training for Children's Services staff on effective engagement with young carers | | Sept 2011 to Sept 2012 |
| | 4. Develop capacity within Carefirst, SEEMIS and other systems to enable identification of young carers | | March 2012 |
| | 5. Develop and provide training to Health and Community Care staff on taking account of the roles and needs of young carers when assessing the needs of people with a disability or long-term condition | Health and Social Care Partnership, Children's Social Work | March 2012 |
| | 6. Develop and maintain an online directory of services | Moray GIRFEC Group | Sept 2011 |
| <u>Providing effective support</u> | 7. Ensure all relevant staff know how to use Moray procedures for Local Integrated Assessment and Planning | | Ongoing, to March 2013 |
| <u>Increasing the effectiveness of the support</u> | 8. Make available outcome measures appropriate to young carers | Children's Social Work Performance and Strategy Team | June 2011 |
| | 9. Provide training and support in the use of outcome measures | | From June 2011 to 2013 |
| | 10. Collate and analyse outcome information to inform service evaluation | | From December 2011 |
| | 11. Support relevant staff to evaluate young carers services against national quality framework | Health, Education, Social Work, Voluntary Sector | 2013 |
| | 12. Involve young carers in evaluation of services and monitoring the strategy | | From June 2011 |
| | 13. Re-commission services to young carers | The Moray Council Social Work Service | March 2012 |

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Phone: 01343 563319

Email: equalopportunities@moray.gov.uk

Write to: Project Officer (Equal Opportunities), Chief Executive's Office
High Street, Elgin, IV30 1BX

