Contents (Cont.)

Action Plan 1 ................................................................. 14
Action Plan 2 ................................................................. 15
Action Plan 3 ................................................................. 16
Action Plan 4 ................................................................. 17
Action Plan 5 ................................................................. 18
Action Plan 6 ................................................................. 19
Action Plan 7 ................................................................. 20
Action Plan 8 ................................................................. 21
Action Plan 9 ................................................................. 22
Publications ................................................................. 23
Foreword

This is the third strategic action plan for carer support in Fife. The Plan has been updated in recognition of the changing demographic projections which predict greater demand for unpaid care in the future as well as the changing policy and legislative framework for health and social care.

This strategy is written in recognition of the important contribution unpaid carers make in Fife. There is a large number of people, both young and old, who support or care for family members or friends. Many are unpaid and give freely of their time and energy, some committing more than 50 hours of care per week. Their dedication is enormously valuable. Their support helps a large number of people to live in their own homes in the community and makes limited community care resources go further.

The growing demand for unpaid care will increase the demand for carer support and place greater pressure on public resources and the related health and social care budgets.

Carers have been working together with Fife Council, NHS Fife and Voluntary Sector agencies to develop a range of actions that take us towards the good outcomes that carers want and deserve.

This strategy looks at the outcomes we want to achieve, how we intend to achieve them, the time-scales in which the work will be done and the resources available. In this way we can make sure all carers that want to be are recognised for the major contribution they make in the provision of care in the community.

Ronnie Hinds
Chief Executive, Fife Council

George Brechin
Chief Executive, NHS Fife
Introduction

Most carers accept their responsibilities as they wish to assist and support their family and friends to remain in their own homes. However, social isolation and financial hardship remain major issues for many carers. Becoming a carer can mean the end of employment and a reduction in the household income. Caring can exclude people from social activities and everyday life choices. The impact can be both immediate and long lasting and often affects the health of carers resulting in high levels of stress, depression and exhaustion.

Many parents, husbands, wives, children, friends and relatives who care because of a relationship do not always recognise themselves as carers. Many carers care for more than one relative or friend and it is important to understand who is a carer. Without recognition carers’ contributions will not be valued and they will not get the support they need and are entitled to.

We also recognise that Young Carers, i.e. carers under the age of 18, should be identified as a distinct group with specific needs. There is in place a Young Carers Support Organisation in Fife which is committed to the development of services for young carers. Young carers have specific needs affecting their ability to participate in education, leisure and social activities. In recognition of this the Fife Carers Strategy Group in conjunction with Getting It Right For Children In Fife Working Group will develop a specific Fife Young Carers Strategy.

Identification

There are no typical carers. They come from all ages and backgrounds. A range of terms is used to describe a person who cares for another including: “unpaid carer, “carer”, family carer”, and “informal carer”. The National Carers Strategy 2010 describes a carer as a person “who provides care to family members, other relatives, partners, friends and neighbours of any age affected by physical or mental illness (often long term), disability, frailty or substance misuse.” The cared for person may have more than one condition. Some carers care intensively or are life-long carers while others care for shorter periods.

The term “carer” is increasingly used to describe both family carers and professional carers. Although we recognise the valuable contribution that professionals make there is an important distinction. Family carers are caring primarily because of the love or emotional bond that they have for the cared for person. The cared for person has love or feelings for the carer, just as the carer has for them. This means that the wellbeing of the family carer is emotionally important to the cared for person. If the family carer shows signs of becoming physically or emotionally unable to sustain the level of care, the cared for person can feel responsible and upset.

It follows that the family carer and the cared for person must be treated as a family unit in decisions about changes in the provision of services and that the wellbeing of the family carer is a vital factor in the wellbeing of the cared for person.
The support a carer provides may include moving and handling, help with feeding, personal hygiene and administering medication, as well as providing emotional support, acting as an advocate or guardian and enabling the person with support needs to access leisure and recreation.

**National Policy**

Carers play a crucial role in the delivery of Health and Social Care provision in Scotland. The identified 656,300 carers in Scotland - 1 in 8 of the population - are an essential part of the workforce, in its broadest sense, contributing to savings in health and social care in Scotland of an estimated £10.3 billion every year.

As the importance of the role of unpaid carers has increased in line with population and social trends, more recognition and value is being placed on the contribution they make. In addition to the value they add to the cared for person's quality of life on a daily basis, they contribute towards national outcome targets by helping us to keep emergency hospital admissions down and enabling timely discharge back from hospital into the community. Carers are recognised in a number of statutes and policy papers.

In July 2010 the Scottish Government in partnership with the Convention of Scottish Local Authorities launched “Caring Together”, a five year National Strategy outlining a shared vision for the future of carer recognition and support in Scotland. The Strategy identifies ten headline actions to which the Scottish Government and COSLA have given their commitment.

These are to:

- Develop a Carers Rights Charter consolidating existing legal rights
- Assist professionals in the health and social care workforce to identify carers
- Improve the uptake and quality of carers assessments
- Improve the provision of information and advice to carers
- Make sure carer representation on Community Health Partnerships
- Improve the health and well being of carers.
- Promote carer training
- Provide short breaks and respite
- Promote carer friendly employment practices
- Improve strategic planning and collaborative working between health and social care services to make sure coordinated services and supports are co-ordinated.

In July 2010 the Scottish Government also published “Getting it Right for Young Carers”, a 5 year National Strategy for young carers with the following key actions:

- Continue to engage with young carers to identify their needs and priorities and to inform the development of policy.
- Put measures in place to help professionals in education, health and social care to identify young carers.
- Introduce a classification of “young carers” in the 2011 school census.
• Produce a practice guide on young carers for teachers and schools.
• Improve the provision of information and advice to young carers.
• Enhance the understanding of the impact of caring on young carers through the commissioning of research into the characteristics of young carers
• Work with partners to promote the further development of flexible, personalised short breaks.
• Skills Development Scotland will design and develop suitable materials and training opportunities to support young carers’ services contact with adult carers.
• Encourage young adult carers to plan to achieve their career aspirations.

**Partnership Working**

It is a fundamental principle that local authorities, NHS and other support agencies recognise carers as equal partners in providing care. We have heard from carers in Fife that good communication and working relationships with professionals and support staff alleviates stress and provides reassurance. However, feedback from carers also suggest that we have some way to go before all carers feel included, listened to and feel as equal partners in the provision of care.

We acknowledge this and will strive to make sure that carers are fully respected as equal partners. In doing so we understand that the outcomes we need to secure for our young carers is different. For them we must make sure that they are allowed to be children and young people first and carers second.

We have involved carers in developing discharge planning protocols, eligibility criteria, the testing of the User Defined Service Evaluation Tool (Talking Points) and in developing Carer Assessments. They continue to be involved as members of the Carer Information Strategy Monitoring Group, the Carers Strategy Group and Carers’ Assessment Re-Development Group and in specially arranged events.

**Demographic Changes**

The demographics of our country are changing. Scotland’s population will age significantly in the period 2010 – 2024 in virtually all geographical areas.

- The 65+ population will rise by 21% by 2016 and by 62% by 2031.
- The 85+ population will rise by 38% by 2016 and by 144% by 2031.
- The population of children is projected to decrease markedly in numbers.

By 2031 there will be larger numbers of very old people and a proportionately smaller, younger working and tax paying population. There will be more people living alone and more living in rural areas.

Society as a whole will become even more dependent on the carer’s vital contribution to health and social care delivery.

There will be implications for carers as a result of shifting the balance of care from residential and institutional settings to care at home.
More people will be cared for at home for longer periods. Carers will play an increasingly important role in the support, care and treatment of people with long-term and multiple conditions, disabilities and illnesses including dementia, alcohol and drug dependency.

**Carers in Fife**

At the time of the Census in 2001, in Fife 33,808 people identified themselves as carers. This is higher in the last Census. It is also likely to be even higher in reality because many people do not think of themselves as carers. When we use population projections for Fife issued in December 2005 by the General Register Office for Scotland (GROS) and the estimate that 13% of the population are carers, the numbers rise to 47,253. By 2012 it will have risen again to 47,831 as shown in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Pop 2009</th>
<th>Carers 13%</th>
<th>Pop 2012</th>
<th>Carers 13%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>363,487</td>
<td>47,253</td>
<td>367,930</td>
<td>47,831</td>
</tr>
</tbody>
</table>

The balance of population is also changing, with the number of older people increasing most. It has been estimated that the highest increase is in those over 90 years of age. Many of the people who care for the very oldest population will themselves have reached retirement age.

Using the same population projections as above and an estimate that as many as 10% of young people may have a caring role we get much higher figures as shown in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Pop 2009</th>
<th>Carers 10%</th>
<th>Pop 2012</th>
<th>Young Carers 10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 5-18</td>
<td>58,736</td>
<td>5,873</td>
<td>57,156</td>
<td>5,715</td>
</tr>
</tbody>
</table>

Although a slight decrease in the number of young people over the period of this plan is predicted, there remain a large number of young carers that have not been identified and do not at present receive the support they need and should have.

**Equalities**

Existing equalities legislation such as the Race Relations (Amendment) Act 2000 and the Disability Discrimination Act (2005) introduced the concept of “a positive equality duty” which placed new and additional responsibilities on a wide range of public bodies and authorities. It is obligatory under both Acts to produce a race and disability equality scheme.

The Gender Equality Duty which came into force on 6 April 2007 places similar legal requirements on public authorities with regard to gender. Public bodies now have to positively demonstrate that they are taking these issues on board under a requirement to produce an “Impact Assessment” on all new policies, strategies and action plans.
The Equality Act 2010 is intended to protect the rights of individuals and advance equality of opportunity for all; to update, simplify and strengthen the previous legislation and to deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Fife Carers Strategy will reinforce the importance of the equalities dimension in identifying and supporting carers from black and ethnic minority groups.

Providing support to carers in rural communities can also be problematic as they do not have access to the support that other carers who live in towns and urban areas have. It is also recognized that availability of transport can be a major issue with some carers having to travel long distances.

Equality Impact Assessments can provide an important mechanism for increasing awareness of carer’s needs and rights in the public sector. The public sector is required to make sure that equality duties on race, disability, age and gender are integrated in to all policies.

The Strategy Group recommends that sample areas of the Carers Strategy such as respite services and provision information are tested annually to meet equality requirements.

Employment

Caring is an issue which affects all of us and with the changes in demographics it leads to three out of five people becoming a carer at some point in their lives. The peak age for caring is between 45 and 64 and therefore many carers who work will risk losing skills and experience unless they are adequately supported. This in turn can have a significant impact on their employer.

For carers in employment, part-time workers are the most likely to be carers. Of those who undertake over 20 hours of care per week, part time workers and unemployed people are the predominant carer groups (Census 2001).

There is a growing trend that acknowledges the benefits of more flexible working patterns for employees. This has been embodied in legislation in the “Work and Families Act 2006”. It gives carers the right to request flexible working and enables them to remain in paid employment whilst enabling them to continue to provide care.

The change in demographics will mean that more carers who are working will come under pressure both to continue to work and to carry on with their caring responsibilities. Flexibility within work patterns and choice of home based working will all have to be increasingly considered by employers.

Support will also be required to enable carers who have been out of the work place in their caring role to train and return to part or full time employment.
Information

Carers need easy access to good quality information at the right time that will help them in their caring role. Information needs to be produced in a range of formats in ethnic languages as required and either in print or audio-tape for people with a sensory impairment.

Carers should be supported and encouraged to comment and ask questions about the validity and quality of information available. Their feedback should in turn help to improve the quality and range of information available.

Assessment

There is a requirement that the Local Authority and Health Boards should be identifying carers, especially at first point of contact. There is a statutory requirement for carers to have a carer’s assessment made available to them in their own right if they are providing regular and substantial care to the cared for person. This right for carers applies even if the cared for person refuses an assessment or service provision from the local authority. The assessment process should look in to the available resources to meet the carer’s needs both physical and emotional and best support them in their caring role. The purpose of the carer’s assessment should be to ascertain the level of care the carer is willing and able to provide and if this level of care is sustainable. A review should be offered after six months.

In the interest of joint working The Health and Social Care Partnership has considered how staff from all agencies including the NHS could support this process. Its aspiration is to make Carers Assessments more accessible, widely available and simpler to complete from the point of view of carers and those they care for.

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

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

When undertaking an assessment it is important that consideration is given to the support needed for all the tasks that a carer has to perform when looking after the person they are caring for. The person who is carrying out the assessment will also consider if the caring role is affecting the health and well being of the carer and ask if they are still able and willing to continue providing care.
Personalisation

In “Changing Lives”, the report of the 21st Century Social Work Review, the Scottish Government has set out new directions for the personalisation of care. The report states that “Increasing personalisation of services is both an unavoidable and desirable direction of travel.”

Personalisation is not a new approach within social work and already much has been achieved through the use of person centred approaches to enable people to move from institutional care towards independence in their own homes.

Personalisation requires a significant cultural shift in the way agencies support people and their unpaid careers. Person centred planning and service “brokerage”, underpinned by self directed support and wider financial planning are increasingly the norm of support for people with disabilities and long term conditions.

This approach is often equally applicable to supporting carers, particularly those with long term and intensive caring commitments. Their ability to care depends on balancing increasing caring responsibilities with paid employment, wider family commitments, breaks from caring and often with their own health needs.

As public services increasingly focus on prevention of hospital admission and demand for care by family carers increases, more personalised support to carers and those they care for will become essential.

Respite/Short Breaks

Respite care/short breaks is the name given to the range of services that offer short periods of care to children and adults with care needs and at the same time it provides a break for the carer from their caring responsibilities.

For adult carers most respite provision involves services being provided for the cared for person so that the carer can take a break. For example, a short stay for the cared for person in a care home or day centre or the use of sitter services. The respite period can range from a couple of hours to a number of weeks. It can also be arranged on a planned basis or in response to an emergency. Young Carers have their own particular needs which will be addressed in the Young Carers Strategy.

Advocacy

Advocacy is a way of enabling vulnerable people to make informed choices about issues in their lives. It helps people access the information they need to understand the options open to them to make their views and wishes known and to make decisions they are comfortable with.

An independent formal advocate is an independent representative who is there only to support the individual in making their wishes, needs and concerns known and to enable them to become more involved when decisions affecting the quality of their lives are made. Fife has an infrastructure of carer organisations and carer projects that provide information to an independent advocacy for carers on a daily basis.
Housing

It is generally accepted that everyone needs a decent place to live and at a price that is affordable to them. Some carers may have moved to be closer to the person they care for. They may need housing provision in a suitable location with aids to daily living and support services that have been tailored to meet their own individual needs.

It is important that housing providers aim to make sure that everyone has the option of staying within their own home and community by providing housing tailored to people’s needs. It is also important to recognise that the carer and the cared for person must be involved in deciding which housing option is appropriate for them to be able to continue with their caring role.

Housing providers should take account of and prioritise the housing needs of carers. They should make sure that adaptations and equipment are readily available particularly if there is a moving and handling issue. They should also make sure all application forms are easy to complete and offer help if needed.

Help with suitable housing provision is available from the Disabled Persons Housing Service (Fife) who can provide information advice and support on all appropriate housing options including private sector assistance, agency referrals and help with applications for social housing.

Leisure Services

Caring for someone can be very demanding and physically tiring. When there are opportunities for carers to unwind, the Local Authority has a range of facilities from arts, entertainment, libraries, museums, theatres and sports centres.

The development of programmes and partnerships between these services should allow new opportunities for carers to get a break and maintain their health and well being.

Education Services

Educational opportunities are available for carers and can be delivered in a range of settings and formats. This could range from adult education programmes that operate during the day and evenings to more advanced education courses offered from local further education colleges or universities. Carer training is another key priority and is now embedded in national policies.

For young carers who are still at school, there can be immense pressures placed upon trying to cope with the curriculum, home work and their regular caring role at home. They may have a parent who has a long term condition or disability that they support or it could be that there are dependencies of the parent with substance misuse.
Being a young carer brings an entitlement to be considered by the school for additional support to assist learning. However, difficulties about identification of young carers can mean this need can go unrecognised.

Volunteering

Many people volunteer their skills and time and play a key role in the support and help they give to others in the form of befriending or in helping with the provision of day care services. Carers often provide mutual informal support to each other and appreciate the support of someone experiencing similar caring experiences.

Financial Support

Many carers are financially disadvantaged as a consequence of caring. Carer income is usually lower than that of people without caring responsibilities. Carers can be forced to give up paid work and unpaid caring often results in higher living costs and utility bills for people with disabilities and their carers. Women in particular are disadvantaged as they continue to provide over 60% of unpaid care in Scotland (research from Carers UK).

As the largest group of carers is aged between 45 and 64, the impact of reduced employment is often compounded later in life by reduced pension income, leading to financial disadvantage not just during the years of caring but into old age.

Benefits advice and maximisation of income for carers is a key aspect of the work of many individual agencies in Fife. These include the Department of Works and Pensions, statutory health, social care, housing agencies and many voluntary organisations. Income maximisation forms part of the work of many practitioners, yet the level of unclaimed benefit remains high.

The focus of recommendations for local planning and service partners is placed on systematic ways of maximising carer income and on prioritising a change from traditional benefits advice to broader financial planning services to maximise income and influence long term outcomes for carers and people they support.

Training

Carers express that they want support and training to equip them for their caring role.

In the largest study ever undertaken in Scotland (The Care 21 Report) nearly 70% of carers reported that their caring role includes personal and medical care. Other studies show that at least two thirds of carers who provide medical care have not received any training or guidance on medication, dressings or injections.

Barriers to access training can range from language and cultural barriers through to locality of delivery and respite provision required for the cared for person.
Carer training falls into four main areas.

- Caring With Confidence Training – related to the medical condition, practical tasks including manual handling and the emotional impact of the caring role.
- Health promotion – health focused carer training particularly in relation to stress management, anxiety, emotional and practical health related issues.
- Learning opportunities – to balance the caring role, often as break from caring routines (life long learning: adult education).
- Skills training - to take up volunteering opportunities or enter (or re enter) paid employment after a period of caring, or to balance paid employment with the caring role.

Outcomes

Carers in Fife participated in testing a tool that measures the experience of people who use services and their carers. During the development of this User Defined Service Evaluation Toolkit into the Personal Outcomes Approach carers said that the outcomes they wanted were:

- Quality of life for the cared-for person.
- Quality of life for the carer.
- Quality in managing the caring role.
- Quality of the process.

National Carer Organisations have identified outcomes that local partnerships should aim to achieve:

- Early identification of carers by services and timely access to health care and support as required.
- Timely access to information, training and support.
- Timely access to a choice of flexible short break services which are responsive to carer need and circumstances.
- Opportunities for active participation in the local community.
- Young carers will have timely access to support as required to promote their health, well being and safety and their ability to fulfill their potential.

"Carers Scotland, the voice for carers" has called for change in five areas:

- Rights and recognition.
- Tackling poverty.
- Right to work.
- Healthy lives.
- Carers as partners.

The Fife Carers Strategy Group has considered the various outcomes suggested nationally, drawn from the views gathered from carers at meetings, events and carers lunches and used their local knowledge when deciding on the outcomes that are the priorities for Fife in order to take us towards our vision.
These outcomes are to:

- Be well informed with easy access to good information.
- Have access to simple Carers Assessments.
- Be recognised and valued by public bodies as equal partners in care.
- Be supported and empowered to manage their caring responsibilities with confidence and to have a life outside caring.
- Remain in good health.
- Have the opportunity of short and respite breaks.
- Be trained to look after the cared for person safely.
- Not be disadvantaged or discriminated against.
- Be fully engaged in the planning and development of their own personalised support.

Vision

The Fife Carers Strategy Group is a diverse group, with carers working alongside professionals from Fife Council, NHS Fife, Fife Carers Centre, Fife Young Carers and Crossroads Care. The Group links directly to the Fife Health and Social Care Partnership, the NHS Fife Board and Fife Council Social Work and Health Committee. The Group has an important role in identifying and improving outcomes for carers through its overview of carers’ services and input to the design and planning process.

The Fife Carers Strategy Group links closely with other complementary Fife strategy groups who have the needs of carers embodied in their strategic action plans. These include the NHS Carers information Strategy Monitoring Group and the Fife Dementia Strategy Group.

The Group will continue to champion the outcomes carers want to see and a vision of a Fife where:

- Carers are regarded as equal partners in the care of the people they care for.
- Carers are offered timely, effective and appropriate help both to sustain their caring role and to enjoy life outside it.
- Carers across Fife will be supported to access information, services and personalised support, which meets their needs and enables them to manage their caring role with confidence.
- Carers will not be disadvantaged or discriminated against in relation to gender, age, ethnicity, religious beliefs, location and including financial hardship as a result of caring.
- Carers will be involved in the planning and shaping of the provision of care for the service user and the support for themselves.
- Young carers will be seen as children first and carers second.
**Action Plans**

The Action Plans attached set out the specific actions needed during the next three years to achieve the Vision of better outcomes for carers in Fife.

Each of the 9 Action Plans defines what needs to be done, how we are going to achieve it, and what we need to measure to know we have achieved it.

Each Action Plan identifies the organisations that have responsibility and will be involved in the delivery of these objectives.
<table>
<thead>
<tr>
<th>Action Point</th>
<th>Information, Advice and Advocacy</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Good quality timely information to be made available to carers in easily understandable and accessible formats.</td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Carers are informed about the services available to support them.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carers are informed of their right to a Carers Assessment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partnership working is maximised to identify “hidden carers”.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relevant agencies are aware of the procedures for signposting carers to appropriate support and services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased knowledge of carers issues by staff working in all parts of the community.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carers are enabled to play a more effective role in discharge of service users from hospital.</td>
<td></td>
</tr>
<tr>
<td><strong>Partners/Lead</strong></td>
<td>Fife Council /NHS Fife/Fife Carers Centre/Fife Carers Strategy Group/Fife Young Carers</td>
<td></td>
</tr>
<tr>
<td><strong>Planned Actions</strong></td>
<td>Monitor NHS Carers Information Strategy including a monitoring framework</td>
<td>December 2011</td>
</tr>
<tr>
<td></td>
<td>Implement Carers Emergency Card and Response line.</td>
<td>October 2011</td>
</tr>
<tr>
<td></td>
<td>Review and update all sources of published and Web based public information including alternative formats.</td>
<td>December 2011</td>
</tr>
<tr>
<td></td>
<td>Consider advocacy needs of carers and identify gaps in service provision.</td>
<td>December 2011</td>
</tr>
<tr>
<td></td>
<td>Provide information in formats which suit a range of needs.</td>
<td>December 2011</td>
</tr>
<tr>
<td></td>
<td>Arrange local and Fife wide events to identify interest and support carers, linking with events such as National Carers Week.</td>
<td>January 2012</td>
</tr>
<tr>
<td><strong>Timescale</strong></td>
<td>2011 - 2014</td>
<td></td>
</tr>
<tr>
<td><strong>Resource Implication</strong></td>
<td>Within existing resources</td>
<td></td>
</tr>
</tbody>
</table>
## Fife Carers Strategy 2012 – 2015
### Action Plan No 2

<table>
<thead>
<tr>
<th>Action Point</th>
<th>Carers Assessments</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Carers are better supported and enjoy a better quality of life</td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Carers are recognised and supported as partners in care. Carers needs are identified and taken in to account to assist in continuing to care. Carers have easy access to support and services. More Carers have the opportunity of a Carers Assessment.</td>
<td></td>
</tr>
<tr>
<td><strong>Partners/Lead</strong></td>
<td>Fife Council Education and Social Work Services /NHS Fife/Fife Carers Centre.</td>
<td></td>
</tr>
<tr>
<td><strong>Timescale</strong></td>
<td>2011 - 2014</td>
<td></td>
</tr>
<tr>
<td><strong>Resource Implication</strong></td>
<td>Within existing resources</td>
<td></td>
</tr>
</tbody>
</table>
### Fife Carers Strategy 2012 – 2015
#### Action Plan No 3

<table>
<thead>
<tr>
<th>Action Point</th>
<th>Develop Respite and Short Breaks</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>To develop flexible and age appropriate services to provide carers with a break and the cared for person with a positive experience.</td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Carers will be better informed of the options available for planned short breaks and unplanned short breaks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carers are able to take regular breaks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>By being supported, carers are able to care for longer.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carers from under represented groups are able to access culturally specific or specialist services</td>
<td></td>
</tr>
<tr>
<td><strong>Partners/Lead</strong></td>
<td>Fife Council / NHS Fife / Fife Carers Strategy Group</td>
<td></td>
</tr>
<tr>
<td><strong>Planned Actions</strong></td>
<td>Publish clear information on short breaks and respite services.</td>
<td>December 2011</td>
</tr>
<tr>
<td></td>
<td>Review current schemes across all carer groups, identify gaps and consult with carers and partner agencies to develop responsive services.</td>
<td>April 2012</td>
</tr>
<tr>
<td></td>
<td>Review, implement improvements and seek year on year % increase to the total number of breaks to the relative population.</td>
<td>April 2012</td>
</tr>
<tr>
<td></td>
<td>Monitor and evaluate short break and respite service provision.</td>
<td>April 2012</td>
</tr>
<tr>
<td></td>
<td>Raise the awareness of Direct Payments and Self Directed Care.</td>
<td>April</td>
</tr>
</tbody>
</table>

**Timescale**: 2011 - 2014

**Resource Implication**: Within existing resources.
Fife Carers Strategy 2012 – 2015  
Action Plan No 4

<table>
<thead>
<tr>
<th>Action Point</th>
<th>Recognition and Support for Carers Health and Well Being</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>NHS and Social Care staff in both community and hospital settings recognise, acknowledge and support the needs of carers.</td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>The emotional and physical impact of caring is recognised and carers are introduced to appropriate support and services. Carers needs and circumstances are fully considered within the hospital discharge planning processes. Carers are supported in the event of a crisis/emergency situation occurring.</td>
<td></td>
</tr>
<tr>
<td><strong>Partners/Lead</strong></td>
<td>Fife Council/NHS Fife/Fife Carers Centre/Fife Carers Strategy Group/Fife Young Carers</td>
<td></td>
</tr>
<tr>
<td><strong>Planned Actions</strong></td>
<td>Embed carer identification and referral pathways within NHS and Social Care Services. Make sure emotional and counselling support is available to carers. Review and evaluate primary care based models for identifying carers. Work with Hospital Discharge Teams to make sure discharge planning recognises the needs of carers. Make sure Single Shared Assessment, Care Planning and Review takes account of carers needs and information systems are developed to record that this has been achieved. Develop a model for contingency planning and emergency cover within Care Plans when a carer is ill or affected by crisis.</td>
<td>December 2011, September 2011, April 2012, September 2011, March 2012, December 2011</td>
</tr>
</tbody>
</table>

**Timescale** 2011 - 2014

**Resource Implication** Within existing resources
<table>
<thead>
<tr>
<th>Action Point</th>
<th>Financial Security and Employment</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>To make sure carers obtain maximum financial advantage to their individual circumstances and are supported to remain economically active. Carers have opportunities for accessing training, education and employment.</td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Carers needs regarding, leisure and educational opportunities are identified through assessment process. Carers are able to maximise their income and life chances through access to work and/or benefits advice. Carers are supported to remain in or return to employment. Carers are supported into employment and training via flexible personalised services including Direct Payments and Self Directed Care.</td>
<td></td>
</tr>
<tr>
<td><strong>Partners/Lead</strong></td>
<td>Fife Council Education and Social Work Services / NHS Fife/Fife Carers Centre/Department of Works and Pensions/Job Centre Plus.</td>
<td></td>
</tr>
</tbody>
</table>
| **Planned Actions** | Young Carers are specifically identified as a vulnerable group within the 16+ Learning Choices Initiative. Make sure all carers are offered income maximisation services. Make sure carers employability status and aspirations are included in assessment, care planning and review processes for all client groups and that these are recorded and monitored. Make sure that all carers who wish to are supported to access employment services. Monitor and evaluate impact of income maximisation and employability success with DWP and Job Centre Plus. Undertake exercise to identify employees of NHS Fife/Fife Council with caring responsibilities to make sure that needs arising from the caring role are met and needs of carers are part of Induction. Review employment policies to make sure carers are supported to balance care and work responsibilities. | October 2011  
November 2011  
October 2011  
October 2011  
Quarterly  
February 2012  
February 2012 |
| **Timescale** | 2011 - 2014 |             |
| **Resource Implication** | Within existing resources |             |
### Fife Carers Strategy 2012 – 2015
### Action Plan No 6

<table>
<thead>
<tr>
<th>Action Point</th>
<th>Skills and Training To Care</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>To provide carers with training and the skills help to support them in the various aspects of their caring role</td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Carers are informed about the diagnosis, prognosis and impact of illness/disability of the person they care for. Carers have the confidence, skills and knowledge needed for their caring role. Carers are sustained in their caring role.</td>
<td></td>
</tr>
<tr>
<td><strong>Partners/Lead</strong></td>
<td>Fife Council Education and Social Work Services /NHS Fife/Fife Carers Centre</td>
<td></td>
</tr>
</tbody>
</table>
| **Planned Actions** | Increase numbers of carers accessing skills development/training opportunities relevant to their caring role. Increase the range and volume of training opportunities for carers to include manual handling advice, back care, coping with dementia etc. Make sure carers needs are considered and addressed within the long term conditions framework and self directed care agenda. Develop “Caring with Confidence” programmes across all care groups. Develop opportunities to involve carers in health and social work training. Make sure Occupational Therapy Service and nursing staff work in partnership with carers to provide equipment and adaptations and give appropriate training. | Quarterly  
  April 2012  
  December 2011  
  December 2011  
  January 2012  
  March 2012 |
| **Timescale** | 2011 - 2014 |             |
| **Resource Implication** | Within existing resources |             |
# Fife Carers Strategy 2012 – 2015
## Action Plan No 7

<table>
<thead>
<tr>
<th>Action Point</th>
<th>Service Planning and Delivery</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Involve carers’ in service planning and delivery individually and collectively</td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Carers report increased satisfaction with assessment, care planning and service delivery.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carers feel supported and listened to.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carers are involved in individual Care Plans.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carers are involved in the planning development and monitoring of services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carers needs are considered and addressed within community planning processes.</td>
<td></td>
</tr>
<tr>
<td><strong>Partners/Lead</strong></td>
<td>Fife Council Education and Social Work Services /NHS Fife/Fife Carers Centre/Fife Carers Strategy Group/Fife Young Carers</td>
<td></td>
</tr>
<tr>
<td><strong>Planned Actions</strong></td>
<td>Evaluate carers views to determine satisfaction levels.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Build upon current consultation mechanisms and structures that are in place.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Make sure carers are represented in planning processes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitor the involvement of carers in service planning processes to make sure wide representation from ethnic minority groups.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review the Carers Strategy Group to make sure broad representation from carers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Make sure the Council Contract Monitoring Frameworks for purchased services requires carers to be involved in the review of services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Funding will be targeted on the services that carers require. The quality of the service provision will be evidenced through the monitoring of the Service Level Agreements and reporting arrangements.</td>
<td></td>
</tr>
<tr>
<td><strong>Timescale</strong></td>
<td>2011 - 2014</td>
<td></td>
</tr>
<tr>
<td><strong>Resource Implication</strong></td>
<td>Within existing resources</td>
<td></td>
</tr>
</tbody>
</table>
### Fife Carers Strategy 2012 – 2015
### Action Plan No 8

<table>
<thead>
<tr>
<th>Action Point</th>
<th>Current and Future Needs of Carers</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Better Informed planning processes</td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Carers are informed of how they can become involved in the planning of services. More carers involved in the planning and development of services Better management information to inform service planning More needs led service developments Better information on unmet needs</td>
<td></td>
</tr>
<tr>
<td><strong>Partners/Lead</strong></td>
<td>Fife Council Education and Social Work Services /NHS Fife/Fife Carers Centre/Fife Carers Strategy Group/Fife Young Carers/FRAE Fife</td>
<td></td>
</tr>
</tbody>
</table>
| **Planned Actions** | Make sure that information about individual carers needs and experiences are used to inform operational and strategic service planning and delivery. Implement updated guidance in recording work with carers including National Minimum Information standards. Review and monitor recording processes around carers and Carers Assessments. Review recording requirements for commissioned services. Minority ethnic groups will be involved to make sure that service provision is relevant and effective. Ensure the uptake of services by under represented groups and routinely gather, monitor and analyse information around race, gender, faith, age, sexuality and disability. Establish a Fife Carers Strategy Implementation Group. | Quarterly  
December 2011  
November 2011  
January 2012  
August 2011  
Quarterly  
August 2011 |
<p>| <strong>Timescale</strong> | 2011 - 2014 |             |
| <strong>Resource Implication</strong> | Within existing resources |             |</p>
<table>
<thead>
<tr>
<th>Action Point</th>
<th>Young Carers</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Provide accessible and age-appropriate support to young carers</td>
<td></td>
</tr>
</tbody>
</table>
| **Outcomes** | • Increased numbers of young carers are receiving direct support  
  • Young Carers have increased resilience and confidence  
  • Young Carers have better access to information and advice  
  • Young Carers feel better supported in their caring role.  
  • Young Carers health and wellbeing has improved.  
  • Educational Outcomes for young carers have improved.  
  • Young Carers have increased involvement in the development of services. |     |
| **Partners/Lead** | Fife Council Education and Social Work Services /NHS Fife/Fife Young Carers |     |
| **Planned Actions** | Develop a Young Carers Strategy for Fife in line with Getting It Right For Young Carers The Young Carers Strategy for Scotland 2010-2015. | August 2011 |
| **Timescale** | 2011 – 2014 |     |
| **Resource Implication** | Within existing resources |     |
Publications

“Getting it Right for Young Carers”
The Young Carers Strategy for Scotland 2010-2015
www.scotland.gov.uk

www.scotland.gov.uk

www.scotland.gov.uk

Fife Dementia Strategy
www.socialwork.fife.gov.uk

Carers Information Strategy
www.nhsfife.scot.nhs.uk

Lead Partners

Fife Council
www.fifedirect.org.uk
08451 550000

Fife Council Social Work
www.fifedirect.org.uk/socialcare
01383 441177 (9am – 5pm)
Out of Hours Emergencies: 08451 550099
(5pm – 9am Monday to Friday, weekends and public holidays)

NHS Fife
www.nhsfife.scot.nhs.uk
01592 643355

Fife Carers Centre
www.fifecarerscentre.org.uk
01592 642999

Fife Young Carers
www.fifeyoungcarers.co.uk
01592 223893

Dept of Work and Pensions
www.dwp.gov.uk

Job Centre Plus
www.dwp.gov.uk
08000 556688

FRAE Fife
www.fraefife.co.uk
01592 204005