

Glasgow City Joint Carers Strategy

2002 - 2005



	page
Introduction	3
Carers in Glasgow	5
Messages from Consultation	7
Identifying Carers and Assessing their Needs	11
Offering Short Breaks from Caring	15
Creating Financial Security and Employment Opportunities	17
Developing the Carer Centres and Projects	21
Promoting Choice and Control for Carers	23
Implementing the Strategy: Monitoring and Evaluation	27
Financial Framework	29
Appendix: Resources/Contacts	31
Action Schedule	33

There are around half a million carers in Scotland of whom 5,000 are estimated to be young carers under the age of 18. Their caring role assists thousands of vulnerable people to live good quality lives in their own homes and communities. They represent a massive community care resource without which public services would be placed under severe pressure: In consequence they save the public purse millions of pounds each year. Their role, most often shouldered willingly, has led many to compromise their own health and well being due to lack of sufficient support.

From being relatively marginalised, carers have emerged over the last 10 years as a large and significant group. It is now recognised that they are major care contributors and that they themselves have significant unmet needs. This change in status has been won by the many voluntary groups and committed individuals who have actively campaigned for change. But whilst the contribution of carers might now be receiving proper acknowledgement, resources in support of their work is still seriously limited.

Planning Context

This strategy arises out of the policy and legislative framework that has been developed to encourage support for carers. The most significant and recent strategic guidance for Scotland was issued by the Executive in 1999: The Strategy for Carers in Scotland. It set out 5 main aims:

- To improve the information on help and support to carers
- To add to and improve the local services that help carers to cope
- To introduce new laws that will help carers
- To make sure that there are consistent national standards for the kind of short breaks that carers need
- To check that carers are getting the type of help they need

Another potential source of change and progress comes from the report produced by the independent Carers Legislation Working Group in April 2001. This group was established by the Scottish Executive to consider the key issues for carers and to make recommendations for new legislation. Its most fundamental observation was the need for agencies to recognise carers as key partners in the provision of care: Carers should have equal status with other providers of care.

The recommendations of the Working Group have been widely consulted on and the Executive is now considering what action to take including the introduction of new legislation. The Community Care and Health (Scotland) Act became law in March 2002 and contains a number of provisions with positive implications for carers including:

- Carers now have an independent right to request an assessment irrespective of whether the authority is assessing the needs of the cared for person.
- Where it appears to a local authority that a person is a carer, they must notify that person they have a right to a carers assessment.
- Once a local authority has undertaken an assessment of a cared-for person they must take into account the needs of the carer.
- Health Boards will be expected to produce 'carer information strategies' advising carers of their rights

Purpose and Objectives

The purpose of the Glasgow Carers Strategy is to improve the well being of carers and assist them in their caring role: It has 5 key objectives:

- To acknowledge and recognise carers as key partners in the provision of care

Introduction

- To improve the general range and quality of support for carers and ensure consistency across the City
- To develop a greater range, diversity and volume of short term breaks/respite services
- To achieve greater co-ordination between health and social work particularly in identifying and supporting “hidden carers”
- To balance the needs of services users and carers

This strategy provides a framework and overall direction for supporting carers. It is crucial however that all Planning and Implementation Groups recognise and address the needs of carers as they most fully understand the needs and circumstances of carers associated with their particular client group. The majority of services and support will therefore be delivered through individual care group strategies (e.g. for older people, learning disability etc). An expectation has been placed on each client group strategy that it will, in explicit terms, refer to the needs of carers and identify the resources and service developments planned to address these needs.

The Planning Process

Carers require support from a number of agencies and organisations. In recognition of this fact the strategy was prepared on a joint basis by a range of groups with an active interest in carers. The Carers Planning & Implementation Group has representation from Social Work Services, Greater Glasgow NHS Board, Greater Glasgow Primary Care NHS Trust, Housing Services, West of Scotland Carers Forum and the Princess Royal Trust for Carers. The Group acknowledges the contribution made by a range of wider interests including;

- Chairs of the Planning & Implementation Groups (all client groups)
- Project Leaders of Carer Centres and Projects
- Glasgow Carers Network
- Carers Scotland
- Coalition of Carers (Scotland)

In addition, the results of a major consultation exercise reviewed in Section 3 were used in preparing the final strategy.

Definition

This strategy has adopted the following as a working definition of a carer:

“A person who looks after a partner, relative or friend who cannot manage without help because of an illness (including mental illness), addiction, frailty or disability. They may or may not live together.”

Caring Roles

The nature and extent of the care carried out by carers is largely determined by the condition of the cared-for person but tasks may include:

- housework
- shopping
- help with moving around
- giving medication and providing informal nursing care
- offering emotional support
- providing intimate personal care such as feeding, bathing and dressing

Caring for a family member can be a positive and rewarding experience. Where however the level of caring becomes too heavy or the nature of the tasks inappropriate a carer's quality of life can be seriously compromised. In such circumstances the carer can suffer physically, emotionally and financially.

Numbers

The number of carers in Glasgow is not known with any degree of accuracy. A working estimate has been obtained by applying national prevalence rates to the Glasgow population. The 1995 General Household Survey estimated that 10% of the Scottish population were carers and 13% of households contained a carer. There is no reason to suspect that this rate has changed: It may in fact have increased due to the increased emphasis in caring for vulnerable people in their own homes and communities. Using these prevalence rates an estimate of approximately 62,000 carers in Glasgow is obtained. Of this population Government figures and local studies suggest that:

- 18% are likely to care for more than one person
- 50% are likely to care for an individual over 75 years
- 25% are likely to have cared for more than 10 years
- 15% are likely to provide more than 50 hours of care each week
- 42% of carers are male

The Carers Strategy for Scotland identifies the need to develop much better information on carers' circumstances and therefore the Census in 2001 included for the first time a question on carers, seeking information on the time people spend on unpaid caring. This information whilst potentially useful is likely to be limited in quality and accuracy. There is little point however in chasing after absolute numbers of carers through surveys. A more accurate picture of needs and numbers is likely to emerge through effective implementation of the identification and assessment procedures.

In order to obtain comments and views from carers and other interested parties on the development of services over the next 3-5 years a draft strategy was prepared and distributed. The strategy was made available in a number of formats to maximise accessibility and backed up by a series of local meetings. The consultation exercise was successful in engaging with a wide range of interests and resulted in over 150 written responses with a satisfyingly large number being from individual carers. A full report analysing the consultation responses is available on request but the key points are noted below:

General

The overall response to the consultation was to endorse the general aims and direction of the strategy. There was however a sense of caution that the strategy would be judged on how it improved the lives of individual carers within set time scales. The majority of carers live under serious and ongoing stress which undermines their physical and mental well being. Most report a constant sense of fatigue. Carers are aware that their quality of life and those of their families is being unfairly compromised.

Carers resent the fact that their goodwill is exploited as a substitute for adequate levels of care provision to the person they care for. Whilst most want to maintain a caring input they would prefer to be in a position to choose the level and nature of involvement. There is therefore a need for agencies not to rely on carers but to guarantee basic service provision and work in partnership to agree the carer input.

Information

Carers reported difficulties in accessing appropriate, accurate up to date information. There is clearly great scope for improving the quality and accessibility of information that is crucial to carers in taking decisions and accessing support. The commonly required areas of information include:

- What are a carers rights and entitlements
- What help is available and what are the costs if any
- How to go about accessing that help
- How to maximise income/welfare rights
- Information about the condition of the cared for person
- Local groups and organisations who can offer general information, support advice

Identifying Carers and Assessing their Needs

A carer's assessment could be a very positive experience giving recognition to the carer and acknowledgement that they need support. It was clear from the responses however that many carers did not know about assessments, implying the need for heightened publicity and pro-active staff approaches. Agencies should not wait for carers to approach them but should automatically offer an assessment to any carer they identify whilst working with vulnerable people.

There was a plea to make the assessment as joint as possible (including housing) in order to avoid duplication of information gathering and cover all issues and services. The assessment should be in private, not in the presence of the cared for person; if necessary a respite session should be allocated to offer the necessary time and privacy. There was a suggestion that a carer assessment should be conducted by a different worker to the one responsible for doing the Community Care Assessment for the cared for person.

There was a need to ensure that social work staffing levels were in a position to cope with an upsurge in carer assessments. Carers would only participate in assessments if they felt it would result in a

Messages from Consultation

service response. There were very definite views that there would be no point in going through the trouble of an assessment if there is no service response.

Short Breaks

Short breaks are a crucial lifeline for many carers. There were some carers however who did not know about respite or how to access it. Carer views on improving respite services included:

- Clearer information as to what is available, how it is accessed and detail of the formal entitlement
- There should be a consistency in service provision across Glasgow.
- Need to substantially increase the volume of service
- Emergency (e.g. to cover carer illness) respite or short notice respite was required as the current situation was largely based on long term bookings.
- Allow more control devolved to carers where requested to make own respite arrangements (e.g. pay a family friend to care for someone). A proportion of carers however whilst wanting to exercise choice and influence did not want the added responsibility of negotiating arrangements.
- Encourage more flexibility/innovation in forms of respite care (e.g. day care needs to have longer hours and operate 7 not 5 days a week).
- A range of options is required; in the home and residential (joint holidays were suggested but with a guarantee the carer would be released from caring responsibilities)
- Services need to be culturally sensitive to ethnic needs and take account of a person's sexuality.
- Ensure continuity of care, for example, by way of a 'key' worker which would give carers essential peace of mind.

Many people recognised that whilst carers need a break, the service must be meaningful and appropriate for the cared for person. Where appropriate, short term breaks/respite should engage the person in an environment and activities that are stimulating, interesting and encourages personal growth.

Carer Centres and Projects

There was clear support for the proposed network of 9 Centres and Projects and the core services they will provide. Existing users are very enthusiastic about their value and called for assurances that their funding be guaranteed and also that there be equitable allocations between Centres. Greater flexibility in opening hours would be appreciated i.e. evenings and weekends.

Many carers however did not know that the Centres existed. This reflects a need to advertise the Centres but also to recognise that many carers will be unwilling or unable to attend Centres. Such carers must not suffer any disadvantage and there is a need to develop outreach work, home visits and telephone links. Concerns were also raised about their accessibility and the need to arrange transport where private/public transport is not a reasonable option.

Black & Ethnic Minority Carers

There was a view that black & ethnic minority communities, service users and carers have been repeatedly consulted over the years and that the emphasis should now be on the further development of services. Access to information, effective language support to staff generally and bi-lingual workers specifically were seen as key to this, together with the development of services which are sensitive to people's religious and cultural needs.

In general, responses re-emphasised the need for accessible and appropriate information, assessment and service responses which takes full account of cultural and religious background. There were mixed views about the need for separate provision. Some people clearly felt that this was the only solution e.g. the employment of a Chinese worker who would work specifically with the Chinese community. Other respondents felt that mainstream services were acceptable provided they were sensitive to cultural and religious needs. Some respondents gave examples of withdrawing from services which were not suitable.

Existing carers forums were not considered representative of Black & ethnic minority carers and although there was support for the development of Carers Centres/Projects in meeting needs, general awareness of them amongst people consulted appeared to be low. There were suggestions that there should be a representative on planning/implementation groups who would ensure attention is paid to EM issues. It was also suggested that we monitor the uptake of services by EM service users.

Financial Security and Employment

It was clear from the responses that the financial status of carers tended to worsen on taking on a caring role. For carers in work, many had found it impossible to continue to combine caring and employment and had to choose one or other. There was a need to ensure carers received early and accurate advice on entitlements/income maximisation. Carers report that they found welfare rights a confusing maze. Perhaps welfare rights officers could run sessions at Carer Centres/Projects.

In order to allow carers the possibility of working, short break services need to be more substantial and flexible i.e. early mornings/evenings/shifts. Children with a disability should have access to after school play schemes. Training/retraining was often required to compensate for the loss in work experience a carer may have had or to allow the carer to seek a new job that better suits caring responsibilities. It was noted that sometimes returning to work could result in a loss in overall income although many carers regarded the opportunity to work as a form of respite.

Employers have a major role to play in making it possible for carers to fulfil work and care responsibilities. More flexible working times, reduced hours, unpaid leave would all be of assistance. Some employers had adopted a Supporting Carers at Work Statement which embodied a commitment in principle and practice to recognise and support carers. There was a view that the planning partners should give a lead in developing a strong employer response to staff who are carers. A focus group of 6 carers who were also council employees met to identify ways in which the council could adopt more sympathetic measures. The results of the meeting will be discussed with the Personnel Department to consider whether the Council could usefully develop and adopt a Statement of Support.

Carer Involvement

The time given by carers to consultation exercises is particularly precious given other demands on their life. It is therefore extremely important that views are treated seriously and acted on and that consultation is not simply a paper exercise. It is important through action and feed back that evidence is given that agencies are genuinely listening and being influenced. Many people commented that carer's views should carry more formal authority.

There were mixed views from carers and organisations working with carers about carer involvement in service planning and delivery. Although there was a fair degree of interest, given the right supports, some respondents felt that carers' priorities were focussed on accessing services and that many would not have the time or inclination to get involved in other ways. Carer Centres/Projects were noted as an important element in both encouraging and facilitating carer involvement in the planning of services.

Messages from Consultation

Financial Framework

There is an overall concern that there is grossly insufficient money in the system. There is also concern that existing funding is insecure and services could in fact contract over time. There is a need to develop a long term funding strategy which would secure core services such as Carer Centres/ Projects. There was also a recognition that funding would always be limited and that it was important to prioritise effectively and to be innovative.

Background

Carers have been relatively hidden for a long period of time. Their contribution, often made at a high personal cost, has been taken for granted. They are only now beginning to emerge as a group who need acknowledgement and support. In order to be recognised as a partner by service providers and to receive support, carers must first be identified as such and offered an assessment. Agencies therefore need to develop mechanisms and procedures that assist in the identification of carers and allow their needs to be assessed.

Carers have a right to an assessment. In practice however most carers are unaware of this entitlement and very low numbers of assessments are actually carried out. Carers also report that where assessments are conducted they are unsatisfactory and do not meet their needs.

Guidance from the Department of Health underlines the importance of a shift in practice towards:

- Greater recognition of carers, paying attention to and taking account of what they say
- An assessment of the 'caring system' which considers the range of support available to service user and carers
- An integrated family-based approach which does not see either the service user or carer in isolation
- An opportunity for a private conversation without an elaborate procedure and where carers are not having to repeatedly provide the same information

The Scottish Executive as part of the Carers Strategy implementation programme established a Carers Legislation Working Group to take forward the commitment to introduce new laws to help carers. The Group produced a consultation document in 2001 which contained a number of significant observations and recommendations in relation to identification and assessment issues.

- Frontline health staff are the key to finding carers due to their contact with vulnerable cared-for people. They are in the best position to identify carers, provide them with initial information and signpost them on to further support.
- The right to, and availability of, an assessment is the most important and powerful means of ensuring that carers can access the support they may need to enable them to carry on caring.
- Carers should have an independent right to an assessment whether or not the cared for person agrees to have their own needs assessed. In addition local authorities should be under an obligation to actively offer an assessment to a carer they have identified.
- The purpose of an assessment should primarily be to allow the carer and support agencies to agree a package of care that allows the carer to continue in a comfortable caring role. This agreement should cover the nature and levels of contribution each party will make to ensuring the well being of the cared for person.
- Assessments need to become more holistic by taking account of the total support needs of the situation rather than distinguishing artificially between the needs of the cared for person and the carer. A move away from the traditional structured interview to self assessment models was suggested. Assessment procedures also need to become more culturally sensitive to the particular needs of minority ethnic communities. In addition, assessments should include a consideration of the needs of carers to continue or re-enter work.

Identifying Carers and Assessing their Needs

The Community Care and Health (Scotland) Act 2002 significantly reinforced carers' rights to an assessment and their role within the assessment process:

- Carers now have an independent right to request an assessment irrespective of whether the authority is assessing the needs of the cared for person.
- Where it appears to a local authority that a person is a carer, they must notify that person they have a right to a carers assessment.
- Once a local authority has undertaken an assessment of a cared-for person they must take into account the needs of the carer.
- Health Boards now have a duty to inform carers on their right to an assessment.

Current Position

The Greater Glasgow Primary Care NHS Trust has recognised that their staff are in a key position to identify and direct carers to appropriate areas of support. The Trust has identified a number of community health staff based in Local Health Care Co-operatives to act as Link Workers. They work with a range of health professionals to foster a greater awareness of carers and create links with carer supports such as the Carer Centres/ Projects. Trust staff have also developed and delivered carer education sessions on issues such as schizophrenia and dementia.

In mental health, written information is available to carers on specific mental illnesses including schizophrenia, bipolar disorder, and dementia to help the carer understand the illness better and to offer appropriate support. In some admission wards, workshops are available to carers on anxiety management, stress management and coping with aggression. These programmes have been well received and are based on the types of support carers have said they need. In some areas, the Community Psychiatric Nurses have established good links with carers groups and work together with other partners to support carers.

The Princess Royal Trust for Carers in partnership with the Primary Care Trust is promoting a GP initiative in a number of areas of the City. The purpose of this initiative is to work with and support GP surgeries to identify hidden carers and direct them to support. To date over 2,600 hidden carers have been identified in Glasgow with over 6,000 in Scotland as a whole. The PRTC has also forged a strategic alliance with the Royal Pharmaceutical Society (Scotland) and is currently testing methodologies for reaching hidden carers through community pharmacies.

Within Social Work Services, carer assessments and reviews are now part of practice in Glasgow. In common with national levels there is currently a low number of carer assessments carried out in Glasgow although this is expected to rise. The main mechanism however for carers accessing support is through consideration of their needs as part of the assessment process for the cared for person.

The purpose of the carers assessment should be:

- To agree with the carer a reasonable apportioning of care responsibilities
- Target support to those in greatest need
- Where appropriate, direct carers to other sources of support and services
- Provide carers with a contact point in Social Work Services to allow for their circumstances to be monitored and reviewed, as well as in the event of an emergency

Introduction of an assessment will not necessarily lead to services and/or extension of services. The demand for and impact of carer's assessments both on carers and people cared for will be closely monitored.

Objectives and Actions

Objective 1

Ensure effective identification of carers

Actions

- Conduct a comprehensive carer awareness training programme for staff likely to come into contact with carers
- Review the Link Worker scheme
- Consider extending the Focus on Carers Initiative to all carer Centres/Projects
- Consider developing a Community Pharmaceutical Initiative in Glasgow to complement work already being facilitated by West of Scotland Carers Forum.
- Generate publicity that will allow carers to identify themselves and request support
- Health services to identify and implement mechanisms for advising carers of their right to an assessment

Objective 2

Ensure effective assessment procedures

Actions

- Actively publicise and promote the right to a carer assessment
- Monitor and report on the uptake and outcome of carer assessments
- Continue to implement the carer assessment procedures throughout Glasgow
- Ensure that advice on the use of the carer assessment documentation is included in the training referred to above
- Consider ways in which unmet need can be identified and recorded as part of the assessment process
- Ensure that carers needs are taken account of when conducting an assessment for the cared for person

Background

Short breaks (traditionally termed 'respite care') are of crucial importance to both carer and the cared-for person. For the carer they provide a break from caring responsibilities and an opportunity to catch up on other tasks or simply to recharge. For the cared-for person they are also a positive experience and an opportunity to enjoy a different environment or activity.

The most appropriate type and length of break varies according to the particular needs of both carer and cared-for person but will include:

- Regular sitting services during the day
- Day opportunities for the cared-for person
- Overnight sitting to give carers a night's sleep
- Live-in care arrangements
- Residential provision whilst the carer has a holiday
- Holidays taken together by the carer and cared-for person

Whilst carers do not have a statutory right to short breaks there is an expectation in the Scottish Strategy for Carers that respite should be a priority in terms of new investment. In addition the Carers Legislative Working Group recommended that the Executive should consider the case for a statutory right or entitlement to short breaks to ensure carers can continue to care. This would address the confusion and inequity (across client group and locality) that carers experience in relation to accessing short breaks. The Group was however concerned that authorities should not be hindered in developing innovative alternatives to short breaks.

Current Position

An audit of short break services encountered difficulties in quantifying the level of activity. It did however highlight a number of overarching issues, in particular, the need to:

- Achieve a better balance between residential and non-residential respite options as most respite is limited to short in-patient (NHS) and residential (social care) stays
- Develop services which fit within a network of locality services
- Improve the quality, range, flexibility and reliability of services
- The need to maximise occupancy, in particular, residential respite

However, more work is needed: (a) to get a better picture of the levels of need in order to determine investment priorities; and (b) to ascertain the scope for re-configuration of existing services.

Development Framework

A short-term break is an arrangement whereby carers and the children and adults who are normally dependent on them for at least some aspects of their personal care and support are provided with a break from their normal routine for a short period. The overall aim of a short-term break is to assist both the carer and the cared-for person by:

- Providing a positive experience
- Providing a break from the main caring tasks
- Addressing personal and social care needs
- Enhancing health and well-being
- Assessing for longer term planning and care needs

Offering Short Breaks from Caring

The capacity to “fit into an ordinary life” is fundamental to the concept of a short-term break. The nature of the short-term break(s) is therefore likely to vary from person to person, dependent on individual needs and circumstances. Service users and their carers should therefore be offered choice – ranging from breaks which offer a complete change of environment, to overnight or afternoon breaks at home – and flexibility so that they have access to services which meets their particular needs.

The aim is for short-term breaks to be available:

- 7 days a week
- At home during the day, evening, or overnight
- Away from home: on a residential, day, evening or weekend basis
- On a planned basis with a clearly specified end date, for example, by way of a one-off break or regular breaks throughout the year
- On an emergency basis, subject to review after 7 days e.g. illness of the carer, or to prevent the breakdown of normal caring arrangements

Each client group Planning & Implementation Group will be expected to develop their own short term breaks strategy within the framework outlined above. Groups will be required to:

- To examine the current pattern of service across the city, including cost, occupancy, quality, property, demand/need
- To determine future requirements for short breaks, including a variety of different forms including residential options
- To examine how the needs of specific groups of carers who face additional barriers in accessing services, such as Black & ethnic minority carers, can best be addressed
- To examine present budgets and identify how these can be re-configured in order to meet future requirements
- To maintain a locality focus in the provision of short breaks
- To consult with service users and carers on their views of how future services should be provided
- To recommend service models with a budget and time plan

Objectives and Actions

Objective 1

Increase the volume and range of short break services

Actions

- All client Planning and Implementation Groups to identify funding and develop explicit short break strategies
- Carer Centres and Projects to offer short breaks allowing carers to attend meetings and events

Objective 2

Improve effective access to short breaks

Actions

- Prepare and distribute information offering clear guidance on short breaks and how they are accessed
- Short breaks to be accessed via community care assessments and carer assessments
- Consider implementation of a direct payments scheme for carers

Background

Carers often find themselves at a financial disadvantage due to commitments associated with their caring role. They may feel obliged to move to part time working or give up work entirely in order to focus on the needs of the cared-for person. When their caring role comes to an end carers often find it difficult to re-enter the job market. In addition carers are often unaware of their rights to benefit support. Financial difficulties can represent another source of stress for carers already under pressure.

There are a significant number of carers juggling work and care responsibilities; up to 1 in 8 people in the work force. In recognition of their difficulties the government has introduced a number of policies:

- The State Second Pension compensates carers for the loss of pension opportunities as a result of caring
- The Employment Relations Act 1999 recognises the need of people with caring responsibilities for emergency time off
- The New Deal 50+ offers incentives for former carers to return to work
- Changes to the Invalid Care Allowance help support carers in balancing paid work with care responsibilities
- “Family-friendly” policies, such as unpaid leave for issues including care responsibilities for periods up to 3 months

The Carers Legislation Working Group highlighted the need to balance work and care responsibilities and recommended that carer assessments should take full account of that need.

Current Position

Benefit Advice

All Carers Centres and Projects offer an income maximisation service (to pre tribunal stage) to some degree, with trained staff undertaking work directly or through referring people on. Advice is also provided through area service teams and money advice Projects city wide.

Supporting Carers at Work

Whilst the Council does not have a specific policy in relation to carers, staff may apply for unpaid leave of absence for reasons which can include the care of a relative. There is a facility to take a number of days paid leave to arrange long term care or to make arrangements for the care of a sick child. Employees also have the opportunity of negotiating a job-share arrangement.

The consultation exercise on the draft carer’s strategy produced a number of responses from carers who were also council employees across a range of Departments. A small focus group was drawn from those employees to consider the adequacy of current policies and practice and to identify ways of improving support to carers in work. A number of observations and suggestions were made:

- The most damaging factor experienced by carers was inadequate support to the cared-for person thus compromising the carer’s capacity to work
- There is a general lack of awareness and understanding within the council as to the circumstances and needs of carers
- The support carers received from management was inconsistent and depended on whether the local manager took a sympathetic approach
- Carers would find it useful to have a designated Carer Support Officer to refer to for advice and support (along the lines of the Disability Liaison Officers)

Creating Financial Security and Employment Opportunities

- Greater flexibility in work times and arrangements including the possibility of home working would be of value

Initial discussions have taken place with Council Personnel to address these issues but further work is required to make tangible changes.

Greater Glasgow Health Board's special leave policy gives some recognition to the position of carers. Under its policy, employees are entitled to 3 days paid year each year, which may be extended to 5 in exceptional circumstances. Specific examples where carer leave may be considered appropriate are:

- The illness of a child, partner, or close relative
- The unforeseen breakdown of normal carer arrangements
- Making arrangements to cope with a longer term care problem

As major employers overtly concerned with the well being of carers, both the Council and NHS Board Greater Glasgow have a duty and responsibility to set a clear example on supporting carers at work. Policy and practice needs to be reviewed in partnership with carers to ensure effective supports that benefits both employees and employers. This will allow carers to fulfil their caring role and contribute more productively to their work. These model policies should then be promoted amongst major employers within Glasgow.

Assisting Carers/ ex Carers into Employment

For those carers wishing to and able to work paid employment has a number of benefits including:

- Financial independence
- Covering the costs of caring
- Giving an external focus and source of satisfaction
- Maintaining social networks and friendships
- Self esteem.

A range of mechanisms is in place to support carers wishing to enter the job market as reviewed below.

All Carers Centres and Projects offer access to a variety of training courses for carers some of which will be focused on employment skills. These range from courses which assist carers to manage stress, to courses which are delivered by staff from local colleges e.g. 20 week courses in new technology (at three different levels) which are Scotvec certificated. Social Work Services will consider those with substantial experience of caring for an older person for placement on the temporary employment register.

Objectives and Actions

Objective 1

Ensure that the income of carers is maximised

Actions

- Carers financial position to be maximised when conducting an assessment for the cared for person
- Carer Centres/Projects to offer advice on income maximisation

Creating Financial Security and Employment Opportunities

Objective 2

Support carers in employment to balance care and work responsibilities

Actions

- In partnership with carers, review current Council and Board policy with a view to recommending changes which will strengthen support to carers in employment
- Use the reviewed and revised Council/Board practices as a good model to encourage

Objective 3

Assist carers/ex carers to enter/re-enter the job market

Actions

- In partnership with other agencies develop and implement a strategy to assist carers gain employment

Background

Specialist support services for carers are being developed within all community care client group strategies (e.g. older people, physical disability). There is however a need to have an open door generic service that can be accessed by carers on a local basis. This need is most often met by establishing carer Centres/Projects which provide a first point of contact for carers seeking information and advice. As well as offering practical support to carers, Centres/Projects can act as a local focus of expertise, promote good practice and help facilitate a multi-agency working.

Current Position

There are currently 9 Carers Centres and Projects operating across the city having a combined budget of approximately £1 million. They represent an important local focus and source of support to carers in Glasgow. They also provide a potential setting for multi-agency (health, social care, housing and education) engagement at a local level. Centres and Projects provide a range of services for carers including income maximisation, information and advice, short breaks, emotional support, training and promoting carer views. They operate under a variety of management arrangements being funded primarily by Glasgow City Council with enhancement from other sources such as Social Inclusion Partnerships.

Whilst the Centres/Projects are highly valued by carers who use their services a review of their operation identified a number of key issues:

- The funding for the Centres/Projects has developed in a haphazard and opportunistic way resulting in a number of undesirable features including:
 - Significantly different levels of funding between Centres
 - A large element of budgets based on short term sources (e.g. SIP money) with predicted shortfalls from 2001/2
- Large areas of the city not covered by a carers support project
- Significant variation in the volume and range of services

Following on from this review a number of actions have taken place. In particular a service specification has been prepared which will provide the basis of a contractual agreement between the Centres/Projects and funding agencies. The core services funded by Glasgow City Council will allow each centre/project to provide for all carers:

- The provision of income maximisation and household cost reduction including assistance with completing forms
- General information and advice to be provided by trained/experienced workers in styles and formats that maximise its value and accessibility
- Short term breaks to allow carers to attend activities organised by the Centres/Projects
- Emotional support and counselling on a one to one and/or group basis
- Representation and promotion of carer views
- Training for carers to enable them to continue in their caring role, maintain their health and well being and promote other opportunities eg computer skills training

Developing the Carer Centres and Projects

Objectives and Actions

Objective 1

Provide a stable funding framework for the Centres/Projects

Actions

- Allocate budgets on an equitable basis
- Review funding sources and rationalise to ensure a stable base
- Centres/Projects to seek additional sources of funding to enhance core budget

Objective 2

Ensure equity and consistency of provision across Glasgow

Actions

- Monitor the performance of Carer Centres/Projects to ensure implementation of service specification
- Strengthen working links between social work area services, local health services other providers and the Centres/Projects

Background

Many carers find themselves in circumstances not of their own choosing and over which they feel they have little control. A heavy care responsibility can to some carers seem inevitable even though it may be undermining their health and well being. It is essential that carers develop a level of confidence to assert their needs and make positive choices. It is also essential that provider agencies have in place a range of adequate resources and procedures that allow carer choice and control. A number of actions are required to make this possible:

Information is critical to choice and control. The provision of the right information in the right place, at the right time and in the right format is a key challenge. Carers need good quality, appropriate and accessible information about the services and support available, and how they are accessed. Information in relation to the condition and needs of the cared-for person is also of value.

Carers often do not recognise themselves as such and accept their circumstances without serious question. Assisting a carer to recognise their role as a carer and their right to support is a fundamental first step in re-asserting control. Workers should be trained to be 'carer aware' and pro actively offer carers an assessment in their own right or direct them as appropriate. Public awareness and general information initiatives also have a role to play.

Carers should be involved, where appropriate, and with the consent of the service user in the assessment process. The nature and level of the carers support should be regarded as a matter of choice by the carer. A suitable balance of care responsibilities between the provider agencies the service user and the carer should be achieved through negotiation. Carers should be offered a carers assessment to facilitate this process.

Carers need to be involved in the evaluation and development of services. This is a message made clearly in the Modernising Community Care programme and in the Strategy for Carers in Scotland. Ways have to be found that allow carers to make their voices heard and to participate in key decisions.

The Community Care and Health (Scotland) Act 2002 encourages the development of direct payment schemes as a means of promoting choice and control. Such schemes are of potential value to carers particularly in relation to short breaks/respite care.

Current Position

Information

Whilst there are examples of good practice in relation to producing appropriate and accessible information the overall position leaves much room for improvement. A review of the current position identified the need to improve performance on a number of points:

- Better co-ordination between agencies in the design, production and distribution of information
- Providing information to carers at the point of acute hospital discharge
- Improve the knowledge of workers as to what services are available for carers and how to refer
- Information for carers as to what help is available and how it can be accessed
- Dissemination and targeting of information for carers at key locations including GP surgeries, hospitals, social work offices, community services

In response to this situation a multi agency Information Group has been established with a remit to develop and deliver an effective strategy.

Promoting Choice and Control for Carers

A Carers Telephone Support Line, managed by the West of Scotland Carers Forum, is being piloted as a means of providing general and specialist information as well as providing a sympathetic listener. It is staffed by paid workers who support volunteers (some of whom are carers and ex carers) to deliver the service. It will undergo evaluation after a year of operation and a decision taken as to its future.

Enhanced Role in Assessments

Earlier sections have discussed the need to recognise carers as key partners in providing support to vulnerable people. Carers must be able to make choices as to the level and nature of their caring role and not to feel obligated due to a deficit in agency support. Workers must therefore fully engage carers in the assessment of the cared-for person to agree a reasonable apportioning of care responsibilities. Carers must also be offered an assessment in their own right and encouraged and supported to play a full role. It should also be noted that existing multi-agency adult protection procedures and the Adults with Incapacity Act offer a framework within which the balance of needs between carer and cared for person can be addressed.

Involvement in Planning

The Glasgow Carers Network is comprised of carers representing groups and organisations throughout the city and is facilitated by the West of Scotland Carers Forum. It meets on a regular basis with a working group progressing issues between meetings. Ongoing dialogue with senior Social Work Service officers, and more recently, Health, Housing, and other agencies, ensures that members are able to voice their concerns, compare experiences and exchange information. The group intends to strengthen its representation from minority ethnic groups.

Glasgow's joint planning partners are committed to devolving decision making to a more local level. Pilot Locality Panels were established in Castlemilk, Drumchapel, Greater Easterhouse and Greater Govan as mechanisms for engaging with service users and carers at a local level. The results of an evaluation are currently being considered in order to agree the most effective way forward. Whatever structures and processes emerge there will be an explicit role for carers in the review and development of local services.

In addition, Best Value which requires local authorities to systematically review all services which they provide directly or purchase underlines the importance of ensuring that service users and carers are integral to the review process. This provides a key opportunity for carers to express their views about an existing service and how it could be improved in the future. All Council departments have established 5-year service review programmes.

Objectives and Actions

Objective 1

Improve the range of information, choice and control in accessing services

Actions

- Consider the development of a Direct Payment Scheme for carers
- Develop and deliver an information strategy advising carers of services available and how they can be accessed
- Evaluate and review the pilot telephone support line
- Establish Glasgow City Council web site for carers
- Ensure that all appropriate staff understand and are able to fulfil their role in providing information to carers

Promoting Choice and Control for Carers

Objective 2

Ensure involvement of the carer in the assessment and review process for the cared for person.

Actions

- Generate greater awareness of the role, needs and rights of carers amongst social work staff conducting assessments. This will be implemented as part of the carer awareness training programme and single shared assessment training
- Enable carers to participate in the assessment process by providing appropriately designed information
- Consider the development of an advocacy service for carers

Objective 3

Ensure carers have a choice in the extent of their caring role by providing adequate levels of support to the cared for person.

Actions

- Consult and involve the carer in the assessment process, the development of a care plan and the review of the care plan
- Ensure that carers are offered an assessment in their own right and that they are enabled to negotiate an appropriate level of caring responsibility

Objective 4

Create opportunities for carers to be involved in the development and evaluation of services.

Actions

- All client group Planning and Implementation Groups to demonstrate mechanisms for involving carers in the planning and development of services
- Strengthen linkages and joint working with the Glasgow Carers Network
- All Carer Centres/ Projects to obtain the views of carers in evaluating and developing their service
- Consider the potential involvement of carers in staff training and awareness raising programmes

Background

A strategy can only hope to achieve its objectives if it is properly implemented. It is therefore essential that the planning partners follow through on the commitments they have undertaken within this strategy. This will mean providing evidence of action. Accountability, particularly to service users is becoming increasingly important. Community Care Plans for example must now be accompanied by a letter representing carer group interests that confirms they have been consulted in the planning process and are satisfied at the proposed use of the new carers money allocated by the Executive.

Current Position

A major accountability mechanism for improving support to carers is through the Glasgow Carers Network (part of the West of Scotland Carers Forum). This is a representative organisation of carer interests which has helped develop the strategy. It also performs a useful checking function and often questions the Planning and Information Group as to progress on particular issues of importance. The West of Scotland Carers Forum and the Princess Royal Trust for Carers are major representative bodies promoting carer interests and have a partnership status in developing and implementing the strategy.

As stated frequently throughout this document the individual client group strategies are seen as the main vehicle for developing specific supports to carers particularly short breaks. The Planning and Implementation Groups responsible for these strategies are currently expected to report to the Carer PIG on progress in acknowledging and supporting carers. These meetings also offer an opportunity to identify difficulties and request support. This form of reporting has been helpful in raising the profile of carers within client groups but there is a need to make the process more formal.

Objectives and Actions

Objective 1

Measure the implementation of strategy actions

Actions

- Conduct and publish a formal annual review of progress
- The contracts and service level agreements in place with the carer Centres/Projects will be monitored to ensure the delivery of agreed services
- SWS to establish or use existing recording mechanisms to monitor the numbers of carers being offered support
- NHSGGB to examine mechanisms for recording contact and work with carers

Objective 2

Ensure individual client group strategies identify carer need and provide appropriate support.

Actions

- PIGs to complete a monitoring form which records action taken in support of carers against a number of headings with a particular focus on short breaks
- PIG Chairs will report to the Carer PIG on an annual basis to report on progress using the above form as a basis for their presentation

Implementing the Strategy: Monitoring and Evaluation

Objective 3

Evaluate the impact of the strategy in meeting strategy aims and objectives.

Actions

- Views will be requested from the Glasgow Carers Network and other service user groups as to whether the strategy has had a positive effect
- Comments made via the carers web site will be summarised and considered as part of the review process

Background

It is crucial to the viability of a plan that it demonstrates an understanding of the level of resources currently being invested in services. There should also be a clear indication of how this resource base will change over the planning period and how it will be allocated to obtain maximum advantage. This transparency is an important element of accountability to carers and other interested parties.

The Executive encourage such transparency and now require Local Authorities to report in detail on the use of the resources allocated to them through Community Care plans and the annual review process. In order to evidence carer involvement Community Care plans now need to be accompanied by a letter of support from local carers' groups. This letter should confirm that they have been consulted in the planning and development of services and that they are satisfied that each authority's share of the additional carers monies has been used appropriately.

Additional money has been allocated by the Executive for carers' services, including respite, through local authority grant-aided expenditure. This represents new money totalling £5m across Scotland, of which Glasgow's allocation is £678,000 in 2000-2001. Local carers' organisations and Health Boards must be consulted on spending plans.

Current Position

Identifying carer service budgets is complicated by the fact that the majority of support is associated with other community care client group strategies. For example there is significant short break service provision for carers of people with a learning disability. All the client group Planning and Implementation Groups are under an expectation to clearly identify the extent of this investment and how that is likely to develop over the next three years. This information will shortly become available and will provide a fuller picture of current and future spend on carer services.

The Carer Centres/Projects are a key element of support to carers and significant progress has been made in stabilising their funding base. The table below shows that their funding will increase from about £0.5 million in 2001/2 to over £1.2 million in 2003/4 representing £127,000/centre/project.

Carer Centre/Project Budgets

2001/2	2002/3	2003/4
£553,000	£1,121,000	£1,229,000

This funding includes dedicated investments for working with young carers and black and minority ethnic carers.

Objectives and Actions

Objective 1

Establish a clear and accurate picture of current expenditure on carers

Actions

- Client group Planning and Implementation Groups will be required to audit expenditure and report on level of funding to carers

Financial Framework

Objective 2

Stabilise core budgets and expand expenditure on carers

Actions

- Stabilise core budget for Carer Centres/Projects
- Carer Centres/Projects to seek additional funding from other sources (e.g. Social Inclusion Partnerships, Local Health Care Co-operatives) to fund non core services
- Other client group strategies to identify funding for expansion of services to carers

CARER CENTRES/PROJECTS

PROJECT NAME	ADDRESS	CONTACT PERSON	TELEPHONE NO	FAX NO	E.MAIL
Glasgow North West Carers Project	Killearn Resource Centre 29 Shakespeare Street Maryhill Glasgow G20 8TH	Viv Paterson	0141-946-5612	0141-945-4532	viv.paterson@sw.glasgow.gov.uk
Glasgow North East Carers Development Unit	Easterhouse Congregational Church Tronda Place Easterhouse Glasgow G34 9AX	Irene Court	0141-781-0728	0141-781-0123	ecdu@hotmail.com
Glasgow North Carers Support Team	Social Work Services 94 Red Road Springburn Glasgow G21 4PH	Tilly Scullion	0141-558-6296	0141-558-0310	tilly.scullion@sw.glasgow.gov.uk
Princess Royal Trust Glasgow Eastend Community Carers Ltd	1061/1063 Tollcross Road Tollcross Glasgow G32 8UX	Helen Hassett	0141-764-0550	0141-764-0012	centre@eastend.carers.net
Princess Royal Trust West Glasgow Carers Centre	1561 Great Western Road Anniesland Glasgow G13 1HN	Pat Moran	0141-959 -9871	0141-950-1144	wcarerscentre@glasgow39.fsnet.co.uk
Princess Royal Trust Glasgow South Community Carers	656 Cathcart Road Cathcart Glasgow G42	Julie Young	0141-423-0728	0141-423-5361	centre@dixon.carers.net
Glasgow South East Carers Network	Fair Deal for 1 in 100 6 Ardencraig Street Castlemilk Glasgow G45 0ER	Diane Noctor	0141 -533-2013/4	0141- 533 -2013	GSECarers@aol.com

Appendix: Resources/Contacts

CARER CENTRES/PROJECTS (cont).

PROJECT NAME	ADDRESS	CONTACT PERSON	TELEPHONE NO	FAX NO	E.MAIL
Princess Royal Trust Greater Pollok Carers Centre	130 Langton Road Pollok Glasgow G53 5DP	Claire Cairns	0141-882-4712	0141-882-6876	pollok@carers.net
Glasgow South West Carers Project	Unit 6, 6 Harmony Row Glasgow	Louise McNeill	0141-440-5316		

CARER ORGANISATIONS

PROJECT NAME	ADDRESS	CONTACT PERSON	TELEPHONE NO	FAX NO	E.MAIL
West of Scotland Carers Forum	11 Queens Crescent Glasgow G4 9BL	David Bogie	0141-353 2726	0141-353-2717	wscf@carers.net
Princess Royal Trust for Carers	1st floor 215 West Campbell Street Glasgow G2 4TT	Colin Williams	0141-221-5066	0141-221-4623	infoscotland@carers.org
Carers Scotland	3rd floor 91 Mitchell Street Glasgow G1 3LN	Angela O'Hagan	0141-221-9141	0141-221-9140	info@carerscotland.org

Action Schedule

Action Schedule Contents

	page
Identifying Carers and Assessing their Needs	35
Offering Short Breaks from Caring	36
Creating Financial Security and Employment Opportunities	37
Developing the Carer Centres and Projects	38
Promoting Choice and Control for Carers	39
Implementing the Strategy: Monitoring and Evaluation	41
Financial Framework	42

Action Schedule: Identifying Carers and Assessing their Needs

OBJECTIVES AND ACTIONS	RESPONSIBILITY	TIMESCALES
<p>Objective 1 Ensure effective identification of carers</p> <p>Actions</p> <ul style="list-style-type: none"> • Conduct a comprehensive carer awareness training programme for staff likely to come into contact with carers • Review the Link Worker scheme • Consider extending the Focus on Carers Initiative to all Carer Centres/Projects • Consider developing a Community Pharmaceutical Initiative in Glasgow to complement work already being facilitated by West of Scotland Carers Forum • Generate publicity that will allow carers to identify themselves and request support • Health services to identify and implement mechanisms for advising 	<p>Joint Training Group</p> <p>Primary Care Trust</p> <p>Social Work/PRT</p> <p>Carer Planning and Implementation Group</p> <p>Carers Info Group</p> <p>Greater Glasgow NHS Board</p>	<p>Pilot April 2002</p> <p>Roll out by Dec 2002</p> <p>Sept 2002</p> <p>Dec 2002</p> <p>Sept 2002</p> <p>Dec 2002</p> <p>April 2003</p>
<p>Objective 2 Ensure effective assessment procedures</p> <p>Actions</p> <ul style="list-style-type: none"> • Actively publicise and promote the right to a carer assessment • Monitor and report on the uptake and outcome of carer assessments • Continue to implement the carer assessment procedures throughout Glasgow • Ensure that advice on the use of the carer assessment documentation is • Consider ways in which unmet need is identified and recorded as part of the assessment process • Ensure that carers needs are taken account of when conducting an assessment for the cared for person 	<p>Social Work</p> <p>Social Work</p> <p>Social Work</p> <p>Joint Training Group</p> <p>Social Work</p> <p>Social Work</p>	<p>Ongoing</p> <p>Annual</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Identifying Carers and Assessing their Needs

Offering Short Breaks from Caring

Action Schedule: Offering Short Breaks from Caring

OBJECTIVES AND ACTIONS	RESPONSIBILITY	TIMESCALES
<p>Objective 1 Increase the volume and range of short break services</p> <p>Actions</p> <ul style="list-style-type: none"> All client Planning and Implementation Groups to identify funding and develop explicit short break strategies Carer Centres and Projects to offer short term breaks allowing carers to attend meetings and events 	<p>Planning and Implementation Groups Centres/Projects</p>	<p>Dec 2002 Ongoing</p>
<p>Objective 2 Improve effective access to short breaks</p> <p>Actions</p> <ul style="list-style-type: none"> Prepare and distribute information offering clear guidance on short breaks and how they are accessed Short breaks to be accessed via community care assessments and carer assessments Consider implementation of a direct payments scheme for carers 	<p>Joint Info Group Social Work Carer Planning and Implementation Group</p>	<p>August 2002 Ongoing Sept 2004</p>

Creating Financial Security and Employment Opportunities

Action Schedule: Creating Financial Security and Employment Opportunities

OBJECTIVES AND ACTIONS	RESPONSIBILITY	TIMESCALES
<p>Objective 1 Ensure that the income of carers is maximised</p> <p>Actions</p> <ul style="list-style-type: none"> • Carers financial position to be maximised when conducting an assessment for the cared for person • Carer Centres/Projects to offer advice on income maximisation 	<p>Social Work Centres/Projects</p>	<p>Ongoing Ongoing</p>
<p>Objective 2 Support carers in employment to balance care and work responsibilities</p> <p>Actions</p> <ul style="list-style-type: none"> • In partnership with carers, review current Council and Board policy with a view to recommending changes which will strengthen support to carers in employment • Use the reviewed and revised Council/Board practices as a good model to encourage other major employers within Glasgow to adopt supportive policies 	<p>Glasgow City Council Greater Glasgow NHS Board Carer Planning and Implementation Group</p>	<p>April 2003 Ongoing</p>
<p>Objective 3 Assist carers/ex carers to enter/re-enter the job market</p> <p>Actions</p> <ul style="list-style-type: none"> • In partnership with other agencies develop and implement a strategy to assist carers gain employment 	<p>Carer Planning and Implementation Group</p>	<p>Dec 2002</p>

Developing the Carer Centres and Projects

Action Schedule: Developing the Carer Centres and Projects

OBJECTIVES AND ACTIONS	RESPONSIBILITY	TIMESCALES
<p>Objective 1 Provide a stable funding framework for the Centres/Projects</p> <p>Actions</p> <ul style="list-style-type: none"> • Allocate budgets on an equitable basis • Review funding sources and rationalise to ensure a stable base • Centres/Projects to seek additional sources of funding to enhance core budget 	<p>Carer Planning and Implementation Group Carer Planning and Implementation Group Centres/Projects</p>	<p>Dec 2002 Dec 2002 Ongoing</p>
<p>Objective 2 Ensure equity and consistency of provision across Glasgow</p> <p>Actions</p> <ul style="list-style-type: none"> • Monitor the performance of Carer Centres/Projects to ensure implementation of service specification • Strengthen working links between Social Work area teams, local health services other providers and the Centres/Projects 	<p>Social Work Centres/Projects Social Work Primary Care Trust</p>	<p>Annual Ongoing</p>

Action Schedule: Promoting Choice and Control for Carers

OBJECTIVES AND ACTIONS	RESPONSIBILITY	TIMESCALES
<p>Objective 1 Improve the range of information, choice and control in accessing services</p> <p>Actions</p> <ul style="list-style-type: none"> • Consider the development of a Direct Payment Scheme for carers • Develop and deliver an information strategy advising carers of services available and how they can be accessed • Evaluate and review the pilot telephone support line • Establish Glasgow City Council web site for carers • Ensure that all appropriate staff understand and are able to fulfil their role in providing information to carers 	<p>Carer Planning and Implementation Group Joint Information Group</p> <p>Carer Planning and Implementation Group Social Work Joint Training Group</p>	<p>Sept 2004</p> <p>Sept 2002</p> <p>June 2002</p> <p>June 2002</p> <p>Ongoing</p>
<p>Objective 2 Ensure involvement of the carer in the assessment and review process for the cared for person</p> <p>Actions</p> <ul style="list-style-type: none"> • Generate greater awareness of the role, needs and rights of carers amongst Social Work staff conducting assessments. This will be implemented as part of the carer awareness training programme and the single shared assessment training • Enable carers to participate in the assessment process by providing appropriately designed information • Consider the development of an advocacy service for carers 	<p>Joint Training Group</p> <p>Social Work</p> <p>Carer Planning and Implementation Group</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Sept 2003</p>

Promoting Choice and Control for Carers

Promoting Choice and Control for Carers (continued)

Action Schedule: Promoting Choice and Control for Carers (continued)

OBJECTIVES AND ACTIONS	RESPONSIBILITY	TIMESCALES
<p>Objective 3 Ensure carers have a choice in the extent of their caring role by providing adequate levels of support to the cared for person</p> <p>Actions</p> <ul style="list-style-type: none"> • Consult and involve the carer in the assessment process, the development of a care plan and the review of the care plan • Ensure that carers are offered an assessment in their own right and that they are enabled to negotiate an appropriate level of caring responsibility 	<p>Social Work</p> <p>Social Work</p>	<p>Ongoing</p> <p>Ongoing</p>
<p>Objective 4 Create opportunities for carers to be involved in the development and evaluation of services</p> <p>Actions</p> <ul style="list-style-type: none"> • All client group Planning and Implementation Groups to demonstrate mechanisms for involving carers in the planning and development of services • Strengthen linkages and joint working with the Glasgow Carers Network • All Carer Centre/ Projects to obtain the views of carers in evaluating and developing their service • Consider the potential involvement of carers in staff training and awareness raising programmes 	<p>Planning and Implementation Groups</p> <p>Carer Planning and Implementation Group Centres/Projects</p> <p>Joint Training Unit</p>	<p>Sept 2002</p> <p>Ongoing</p> <p>Ongoing</p> <p>April 2003</p>

Action Schedule: Implementing the Strategy: Monitoring and Evaluation

OBJECTIVES AND ACTIONS	RESPONSIBILITY	TIMESCALES
<p>Objective 1 Measure the implementation of strategy actions</p> <p>Actions</p> <ul style="list-style-type: none"> • Conduct and publish a formal annual review of progress • The contracts and service level agreements in place with the carer Centres/Projects will be monitored to ensure the delivery of agreed services • Social Work to establish or use existing recording mechanisms to monitor the numbers of carers being offered support • Greater Glasgow NHS Board to examine mechanisms for recording contact and work with carers 	<p>Carer Planning and Implementation Group Social Work</p> <p>Social Work Greater Glasgow NHS Board Greater Glasgow NHS Board</p>	<p>Annual</p> <p>Annual</p> <p>Ongoing</p> <p>July 2002</p>
<p>Objective 2 Ensure individual client group strategies identify carer need and provide appropriate support</p> <p>Actions</p> <ul style="list-style-type: none"> • Planning And Implementation Groups to complete a monitoring form which records action taken in support of carers against a number of headings with a particular focus on short breaks • Planning And Implementation Group Chairs will report to the Carer Planning And Implementation Group on an annual basis to report on progress using the above form as a basis for their presentation 	<p>Planning and Implementation Groups</p> <p>Planning and Implementation Groups</p>	<p>Annual</p> <p>Annual</p>
<p>Objective 3 Evaluate the impact of the strategy in meeting strategy aims and objectives</p> <p>Actions</p> <ul style="list-style-type: none"> • Views will be requested from the Glasgow Carers Network and other service user groups as to whether the strategy has had a positive effect • Comments made via the carers web site will be summarised and considered as part of the review process 	<p>Carer Planning and Implementation Group Social Work</p>	<p>Annual</p> <p>Annual</p>

Implementing the Strategy: Monitoring and Evaluation

Financial Framework

Action Schedule: Financial Framework

OBJECTIVES AND ACTIONS	RESPONSIBILITY	TIMESCALES
<p>Objective 1 Establish a clear and accurate picture of current expenditure on carers</p> <p>Actions</p> <ul style="list-style-type: none"> Client group Planning And Implementation Groups will be required to audit expenditure and report on level of funding to carers 	<p>Planning and Implementation Groups</p>	<p>Annual</p>
<p>Objective 2 Stabilise core budgets and expand expenditure on carers</p> <p>Actions</p> <ul style="list-style-type: none"> Stabilise core budgets for Carer Centres/Projects Carer Centres/Projects to be supported in seeking additional funding from other sources (e.g. Social Inclusion partnerships, Local Health Care Co-operatives) to fund non core services Other client group strategies to identify funding for expansion of services to carers 	<p>Social Work Centres/Projects</p> <p>Planning And Implementation Groups</p>	<p>April 2003 Ongoing</p> <p>Ongoing</p>

Further information and advice can be obtained from:

Dorothy Murray
Senior Officer (Community Care)
Social Work Services
Centenary House
100 Morrison Street
Glasgow G5 8LN
0141 420 5694
e mail: dorothy.murray@sw.glasgow.gov.uk

The Glasgow Carers Web Site: www.glasgow.gov.uk/carers

Carers Support Line: 0141 353 6504

Should you require further copies of this document please contact
Dorothy Murray, Senior Officer (Community Care), Social Work Services.
Telephone: 0141 420 5694 or e-mail: dorothy.murray@sw.glasgow.gov.uk