



# **Joint Carers Strategy 2008 -2011**

## **Strategy Update April 2009**

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The Strategy is a working document and is developed throughout its 3-year life. Feedback is sought on a continuous basis.

## **Is the Strategy available in other formats?**

There is a shorter summary Strategy. It is available in Braille, large print, audio and in some community languages, upon request. Please use the contact details below for further information or copies.

## **How can you have your say on the Strategy?**

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# 1. Introduction

## 1.1 Introduction

This strategy has been developed jointly by Perth and Kinross Council and Perth and Kinross Community Health Partnership in consultation with all our partners, including, in particular, carers and local voluntary organisations that support carers. It has taken into account national priorities highlighted through the Scottish Government commissioned 'Care 21' consultation and report, as well as local issues raised by carers.

The Joint Carers Strategy:

- Provides the strategic framework for the future development of services for carers, through which carers and service providers can operate, so that needs and demands can be met more effectively with available resources.
- Establishes a shared understanding of the issues and priorities where some form of intervention is required.
- Sets out an Action Plan on how these issues and priorities will be addressed by the Council, the Community Health Partnership and its partners.
- Sets objectives, and shows how progress will be monitored, and impact evaluated.
- Identifies how the Strategy contributes to the achievement of the Scottish Government's national priorities and the wider objectives as identified in the Single Outcome Agreement and Community Plan.

## 1.2 What Are Our Principles?

The principles that underpin this Strategy are that we:

- Listen to carers and involve them, in the planning, development and provision of services.
- Recognise that the type of support carers need may vary, depending on the needs of those being cared for, and, to that end, this strategy dovetails with the other local care group strategies, in order to respond to carers on a more individual basis.
- Recognise that we need to care for our unpaid carers, if we are to enable them to be well enough, to continue to care as they wish.
- Work with carers to provide services and support for them, which will help them to maintain their own health and wellbeing.

### **1.3 What Are Our Aims?**

Our overall aims are to:

- Increase the range of respite options available in terms of both volume and quality.
- Develop a range of methods of supporting carers
- Ensure the appropriate availability of relevant information and advice to assist carers.
- Offer a support needs assessment to all identified carers across Perth and Kinross.
- Develop a range of training options for carers.
- Enable access to services carers from equalities groups.

### **1.4 Carers Definition**

“Carers are people who look after a partner, husband or wife, son or daughter, relative or friend with a disability or illness. Many carers live with the person they care for, but many look after someone who lives independently, in supported accommodation, in hospital, or in a care home”.

Carers are family members or friends who look after someone without pay or financial reward. They are sometimes known as 'informal' carers or more frequently as 'unpaid' carers. It should be noted that 'pay' does not include benefits such as the Carers Allowance.

Carers can be of any age and live in all our communities. The person being cared for could have community care needs such as ageing and frail and/or have dementia. They may have a chronic illness, learning or a physical disability, mental health problem or have substance misuse use problems.

Anyone looking after a person with an illness or disability, whatever their situation, is considered a carer. All carers have the right to help, support, information and services and it is on that basis that this strategy has been developed.

### **1.5 Monitoring and Reviewing the Strategy**

A multidisciplinary Carers Strategy Implementation Board with carer representatives will ensure the effective roll-out of this strategy and will monitor the Strategy's progress on an ongoing basis. This Group will meet on at least quarterly basis. This group will in turn report progress to Perth and Kinross Council's Housing and Health committee, Perth and Kinross Community Health Partnership Board and subsequently through the community planning structure to the Perth and Kinross Strategic Health Partnership.

The monitoring and reviewing of the Strategy will be linked to the ongoing evaluation of existing and planning of new services. A detailed monitoring framework is linked to our Action Plan. Further consideration will be given to the ongoing involvement of key stakeholders in the monitoring and review of the Strategy.

## **1.6 Equalities**

In recent years a range of legislation and policy developments have required public bodies to ensure that they deliver their services in a non-discriminatory manner and promote equality. All public bodies have been required to produce equality schemes. The planning and delivery of good quality appropriate information, advice, care and support services in Perth and Kinross embraces the principle of equal opportunities.

Perth and Kinross Council Housing and Community Care Services and Perth and Kinross Community Health Partnership have Equalities Action Plans which aim to ensure that all services, including this Strategy and related actions take positive steps towards the equalities agenda. This means that the Council and Community Health Partnership will strive to encourage equal opportunities and diversity, responding to the different needs and service requirements of people regardless of sex, race, colour, disability, age, nationality, marital status, ethnic origin, religion or belief, sexual orientation or gender re-assignment.

## **1.7 What is Our Vision?**

**“It is our vision that carers, as partners in the planning and delivery of services, in Perth and Kinross, will have access to a range of relevant information, advice, support and care services. This will enable them and those that they care for, to live independently and participate in their communities”.**

## 2. The Strategic Planning Framework

### 2.1 Legislative Context

There are several statutory Acts and which influence the development of local carer services. While some relate specifically to carers, there are many which affect the delivery of more generic services that carers can use and include:

- Carers (Recognition and Services) Act 1995.
- Community Care and Health (Scotland) Act 2002.
- Social Work (Scotland) Act 1968.
- National Health Service and Community Care Act 1990.
- Community Care (Direct Payments) Act 1996.
- Regulation of Care Act 2001.
- Housing (Scotland) Act 2001.
- Community Care and Health (Scotland) Act 2002.
- Adult Support and Protection (Scotland) Act 2007.
- Work and Families Act 2006.

Between them, these Acts mean that carers have the right to have their need for help to continue caring, taken into account, even if the people they are caring for refuse community care services. They also have the right to be treated without discrimination in the workplace if they need time off to fulfil caring responsibilities. The Community Care and Health (Scotland) Act 2002 recognised carers as 'key partners in the provision of care' and introduced the following rights for carers:

- Substantial and regular adult carers, including parent and guardian carers of disabled children, are entitled to an assessment of their own support needs ('carer assessment'), independent of any assessment of the person they care for.
- Young carers under 18 have the same right to an assessment.
- Local authorities have a duty to inform eligible carers of their right to an assessment.
- Local authorities have a duty to take account of the care provided by a carer, and the views of the person in need and their carer before deciding what services to provide.

In particular, as a result of the Community Care and Health (Scotland) Act 2002 Perth and Kinross Council must report to the Scottish Government on the steps they are taking to support carers. The Council reports annually on the number of carers assessments that have been completed the amount of respite or short breaks being provided. In addition the NHS must produce an Information Strategy for Carers.

A Strategy has been prepared by NHS Tayside in partnership with carers, the Council representatives, staff from Princess Royal Trust for Carers and representatives from NSF Scotland.

The Strategy aims to ensure that carers involved with health services are treated as key partners in the provision of care and are provided with appropriate information about their rights as carers as well as receiving information, training and support to assist them in their caring role. Copies of the shortened version are available from the Princess Royal Trust or from any Perth and Kinross Council Locality Team.

## **2.2 National Policy Context**

The national strategy for carers was published in 1999. Since then, greater recognition has been given to the contribution provided by unpaid carers. The value of this care if provided by statutory providers is estimated as £7.6 billion in Scotland alone. A number of demographic changes, in particular the fact that people are now living longer means that the number of people providing unpaid care will increase substantially in the future. The 'Changing Lives – 21st. Century Social Work Review' has set out a vision for the future development of social work services by emphasising the need to deliver more personalised services. A five year plan was put in place in 2006.

The Care 21 report: The Future of Unpaid Care in Scotland, commissioned by the Scottish Government, is a valuable tool for guiding the approach to supporting Scotland's carers and includes 21 recommendations. These above-mentioned reports explored the implications of caring based on research into the work undertaken by carers and the disadvantages from which they can experience because of their caring duties. The Scottish government's response to 'Care 21' was that the national priorities were respite, carers' health, training for carers and young carers. The most relevant recommendations for local agencies are shown below.

- Recommendation 5 - That all front line staff with direct responsibilities for supporting carers in 'first contact' services are properly equipped to advise unpaid carers about their rights, entitlements and available service
- Recommendation 6 - The NHS Carer Information Strategies should be implemented as soon as possible and a similar requirement to develop such strategies placed on Local Authorities.
- Recommendation 7 - That the professional training for all health and social care staff should include a substantial component which relates to unpaid carers as partners in care, carers needs and the diversity of the unpaid caring experience
- Recommendation 8 - There should be a greater role for carer representative organisations in the joint planning and development of carer and other services (especially housing, leisure and transport) at a national and local level.
- Recommendation 10 - That service providers ensure they meet the needs of the whole caring community, taking account of carers with special needs and the specific cultural and language needs of minority ethnic groups

- Recommendation 13 - That Local Authorities should work with unpaid carers to develop person-centred life plans alongside the established carers' assessment process
- Recommendation 16 - That the Scottish Government, local authorities and the NHS should focus strongly on the health and wellbeing of carers. Carers should have increased access to counselling and emotional support services and occupational health provision that matches paid care staff. Best practice should be rolled out to form national standards and action to address carers' health needs should be prioritised in national and local public health strategies
- Recommendation 17 - It is recommended that issues facing unpaid carers are given proper consideration when new technology is applied to caring situations
- Recommendation 18 - That Scotland's existing network of carer support organisations is strengthened

These recommendations are complemented by the objectives and actions contained within this Strategy. Other recommendations were primarily aimed at the Scottish and UK governments. Because this Strategy only addresses the way in which services for adult carers are provided there is limited scope for responding within it to the needs of young carers. However there is one particular and specific way in which community care services can assist, and that is to ensure that alternative care is available for the adult at a time when it suits the needs of the young carer, whether for school work, holidays arranged through the Young Carers Worker etc. This means more effective communication and liaison between Housing and Community Care Services and Education and Children Services must be developed to ensure the necessary support is provided.

## **2.3 Local Policy Context**

This Strategy complements, and is consistent with, other Perth and Kinross plans and strategies such as the:

- Community Plan.
- Perth and Kinross Council Corporate Plan.
- Perth and Kinross Council Housing and Community Care Services Equalities Action Plan.
- Perth and Kinross Community Health Partnership Equalities Action Plan.
- Perth and Kinross Council Corporate Equalities Plan.
- Perth and Kinross Council Housing and Community Care Services Business Management Information Plan.
- NHS Carers' Policy.
- Development of joint care group strategies by Perth and Kinross Council, Perth and Kinross Community Health Partnership and NHS Tayside for:
  - Older people.
  - Dementia.
  - Learning disabilities.
  - Mental health.

- Physical disabilities.
- Substance misuse.
- Palliative care.

The 'Concordat' sets out a new relationship between local authorities and the Scottish Government and includes the requirement to progress towards an additional 10,000 weeks of respite care nationally per annum in care homes or at home, provision of support and respite for an additional 1,000 young carers and additional resources for carers centres. The concordat also contains several targets. Developing effective support to carers will assist local authorities and NHS boards to achieve these targets, which are:

- A reduction in the proportion of people aged 65 or over admitted as emergency inpatients two or more times in a single year.
- An increase in the percentage of people over 65 with high levels of care needs who are cared for at home.
- A reduction in the proportion of individuals living in poverty.

In particular this Strategy contributes to the Single Outcome Agreement national outcome numbers 6 and 15 which are 'We live longer, healthier lives' and 'our public services are high quality, continually improving, efficient and responsive to local people's needs' respectively. Additionally our proposals contribute to Perth and Kinross Council local outcomes numbers 10 and 12 such as 'our people will have improved health and well being' and 'our communities will have access to the services that they need' respectively also.

# 3. Needs and Resources

## 3.1 Introduction

Unpaid carers provide a very large part of the care and support needed by many of those who use our services. Carers need the right information, advice and support to help them continue to care without detriment to their own health and wellbeing.

There is evidence that there is a social and health impact on carers as a result of their caring role. 'The Future of Unpaid Care in Scotland' (2006 - Care 21 Report) advised that over 60% of carers experience depression, anxiety, sleep disturbance or stress as a result of providing care. Carers will often seek help only when their caring situation has become difficult or complex. Carers who are identified early, are more likely to access support when required, thus avoiding a crisis situation arising and the possible need for emergency provision or unscheduled care. In addition, any detrimental impact on their health and well being is likely to be lessened.

The population of Scotland is aging and, in Perth and Kinross the number of older people is likely to rise from around 28,600 presently to over 40,000 by 2024 – the highest level of increase in Scotland. At the same time the working population (people aged 16 – 64) is projected to fall. It is therefore very likely that there will be less local people, of working age, able to provide paid support and care.

This will have two very important implications for carers in the future. The number of older couples looking after each other, as they both age and become frailer, is going to increase substantially. It will therefore be hugely important to reach this group earlier in the process so that advice and support is available to enable them to look after their health and make their own decisions about what support they wish to access.

As more people live longer, so the number of those affected by forms of dementia is expected to increase. Locally, the total number of people living with dementia in Perth and Kinross is expected to increase from around 2,200 at present, to 3,500 by 2014 and to around 3,900 by 2031. This provides many challenges which will require strategic solutions using whole systems approaches.

## 3.2 Carers in Perth and Kinross

According to the 2001 Census, across Perth and Kinross, 12,050 people were recorded as providing some care. Within that group, 3,401 adults recorded that they were providing more than 20 hours of care a week. Local information held by service providers, show that over 400 adult carers have been offered Carers Assessments by Housing and Community Care Services, that the Princess Royal Trust for Carers has contact with 450 carers and that 40 children, aged between 11 and 17 are expected to move into adult services by 2010. Therefore a further 40 families will require to be acknowledged as carers and supported effectively through the process of transition of their children into adult services.

### 3.3 Overview of Current Resources

A wide range of services are available for carers. Assessment and care management services are available from Perth and Kinross Council's Housing and Community Care Services, Perth and Kinross Community Health Partnership and NHS Tayside.

Specific services dedicated to carers take the form of:

- Residential care respite directly provided with dedicated places at Dalweem, Parkdale, Beechgrove care homes for older people and at Birchwood care homes for people with a learning disability.
- Residential care respite commissioned from the independent sector with dedicated places at Ashdene and Home Park Homes care homes for dementia as well as short breaks provision for other care groups purchased as required.
- Community resources for home support such as Crossroads Carer Attendant Scheme and Dementia Care Attendant Scheme, Home support for people with dementia through Health Care Assistants, home support for older people and people with a physical disability from Community Support Workers, Marie Curie Carer Support Worker, NSF Carer Support and Involvement Workers and the WRVS Good Neighbours Scheme.
- Community resources for day care at Rannoch Road, Lewis Place, Dalweem and Parkdale care homes. In addition Blairgowrie Day Hospital Day Care is provided. Pitlochry Tryst (Crossreach) and Princess Royal Trust for Carers provides services in Blairgowrie, Crieff, Perth and Pitlochry
- Additional support services and training are provided by NSF, Headway and the Norwell Clinic.
- Information and advice services are provided by Perth and Kinross Council, Perth and Kinross Community Health Partnership.

### 3.4 What Are We Spending On Services?

There is a mixed economy of services for carers in Perth and Kinross. Carers can use community care and health as well as more generic services, while some services are dedicated specifically to carers. Total expenditure on dedicated carer services both provided directly and commissioned externally is shown below.

Organisation	Amount (£) (2009/10)
Perth and Kinross Council	548,000
NHS Tayside/ Perth and Kinross Community Health Partnership	TBC

## 4. What Do Carers Want?

### 4.1 Consultation Arrangements

A great deal of consultation has now taken place with carers both at a local and national level. While preparing the 'Care 21' report, over 5,000 carers were consulted through surveys, interviews, focus groups and stakeholder group work which helped identify the report's recommendations.

In addition there have been two major consultation exercises for carers locally regarding respite and the NHS Carer Information Strategy. In preparation for this Strategy, carer's groups and practitioners were also asked to identify current issues which they would like to see addressed. Participating groups and practitioners included:

- Mental Health Carers Support Group.
- Parkinson's Nurse specialist.
- Community Psychiatric Nurses in the area of dementia.
- Those responsible for putting together the Best Value Review of Learning Disabilities
- Dementia Awareness Group, facilitated by Alzheimer Scotland.
- A group of carers and professionals associated with older people's services and services for people with a physical disability.
- Workers with young carers
- Carers of young people and children who have a significant disability.
- A group of carers from the gypsy traveller community
- Carers of people who misuse drugs and alcohol.

Carers have identified that among their priorities include the following:

- More and better information and advice which is easily accessible.
- More flexible, home support services which would enable them to rest and follow their own interests, so that by living more fulfilled lives themselves, they would be able to bring more resilience and personal resources to their caring roles.
- Fast and flexible access to residential respite when needed.
- Support to enable them to obtain/remain in employment.
- Support through times of change, transition and bereavement.
- More affordable recreation and leisure opportunities.
- Affordable transport, to and from respite opportunities.
- Services which promote better carers health.
- That GP surgeries are their first point of contact to be, for information and support.

A conference to help this develop this Strategy's Action has been held. The delegates included 39 carers together with representatives from health services, community care services and the voluntary sector. At the conference was that carers asked for more events to:

- Keep them in touch with each other.
- Keep them informed of new services.
- Enable them to be involved in the roll-out of the Strategy.

As a result two Carer's Conferences a year are held. Each conference includes:

- Some 'information' time – where we tell carers about developments and services that may be of interest to them
- Some 'consultation' time – where we consult with carers on any new developments which are being planned.
- Some 'wellbeing' time – where we provide some activities and workshops specifically aimed at getting the carers to enjoy/feel better about themselves

After each conference a feedback booklet is prepared and sent out to all people who were on the invitation list, whether they were able to attend or not. Every carer who is recorded as having had an assessment of their carer support needs receives an invitation. The most recent conference was attended by over eighty carers. This is an area that we hope will continue to extend and develop, over the lifetime of this strategy.

## **5. What Progress Have We Made?**

Significant progress has been made in developing and maintaining services for carers. Some examples are shown below.

### **5.1 New Carer Support Posts**

- A Carer Support Worker post (10 hours per week) has been established within the Addictions services Team.
- A Carer Support Worker (18 hours per week) has been appointed in partnership with Marie Curie to support carers of people who are in the end-of life stages of care and also to support carers after bereavement.
- Funding has been agreed for a full time Mental Health Carer Support Worker through 'level one' funding.

### **5.2 Carer Support Process**

- A new process was launched in June 2007. As a result of which the number of carers support needs assessments has increased (417 in the last four years, of which 269 have been between June 2007 and January 2009).
- All carers identified by Housing and Community Care services are issued with the NHS Carers Information Pack, designed by NHS Tayside in partnership with the three Councils in Tayside.

### **5.3 Community Support Workers**

- Eight Community Support Workers have been appointed and attached to Locality Community Care teams across Perth and Kinross to develop flexible social respite so that:

- Older People and people with a physical disability will be enabled to take part in community activities, or activities at home, of their choice.
- Carers will be enabled to rest or follow their own social interests.

#### **5.4 Carer and Local Authority Staff Training**

- Training for Carers around coping with challenging behaviour has been developed.
- Sixty local authority staff have received dedicated training on the carer's journey.

#### **5.5 Carers Network**

- A Perth and Kinross Carers Network has been established which meets for two conferences per annum.

#### **5.7 Charging Policy for Working Carers**

- Carers, who are in employment, will no longer have their income taken into account when the Council is means-testing for the cost of providing services to the person being cared for.

#### **5.8 Carers Advocacy**

- A Carers Advocate post has been developed in order to enable carers to play a strong role as partners in the provision of services.

#### **5.9 Alternative Therapies and Counselling**

- This service was piloted between September 2006 and January 2008. On evaluating the service it was found to providing positive health and wellbeing benefits and the funding was doubled in response to the overwhelming demands on the service being made by carers. It is currently undergoing further evaluation.

#### **5.10 Life Coaching**

- This service is aimed at enabling carers to focus on what areas of their lives they would like to improve, and then empowering them to make the improvements themselves. It is being piloted between October 2008 and March 2009 and will be evaluated

#### **5.11 Information Provision**

- Princess Royal Trust newsletters, Dementia Action Group newsletters and Carer Information Packs have produced and distributed.

# 6. What Are Our Service Development Priorities?

## 6.1 Introduction

Our Service development priorities are informed and influenced by the Scottish Government's agenda and carers' views and are shown below.

## 6.2 Improve Respite Service Options

We plan to increase respite options and enable easier/faster access to respite. This will include:

- Social respite including community support for the cared for person.
- Care home respite.
- Developing a Short Breaks Bureau, initially for people with learning disabilities but later for all who are interested to enable them to access appropriate facilities.
- Designing ways of assisting with the cost of transport to and from care home respite for those who need it.

## 6.3 Improve Carers Access to Advocacy

We shall help enable carers to participate in the planning and delivery of services through the employment of additional advocacy workers.

## 6.4 Improve Support Services for Individual Carers

We will develop better individual support for carers through supporting carers to deal with issues of loss and bereavement at key points such as diagnosis, admission to care home and end of life. We plan to improve support services for carers by:

- Completing reviews of alternative therapies provision.
- Piloting and mainstreaming social respite initiatives.
- Establishing a process whereby carers whose cared for person either move into a care home, or dies, can be supported through the loss and change in circumstances.
- Enabling mental health carers to access joint social support time.

## 6.5 Improve Carers Support Process

We will constantly monitor, then review and evaluate the carers support process.

## **6.6 Improve Training for Carers**

Carers are now firmly recognised as key partners in the provision of care and as such require support and training to equip them for their caring role, much of which involves personal and medical care. Carers are vulnerable to stress related illnesses and physical conditions as a result of their caring activities and benefit from training to address these issues. Carers also benefit from other learning opportunities outwith their caring role to help develop new skills or to assist them in returning to work. We will

- Increase the numbers of carers attending current training courses, such as Moving and Handling and CALMs training. We will work with carers to identify and provide other training opportunities which may benefit them, e.g. administration of medication, dementia.
- Provide training for carers to enable them to contribute to professional training.

## **6.7 Improve Carers Health**

We will work together to help improve the health and wellbeing of carers by developing a system of annual health checks.

## **6.8 Improve Information and Advice**

We will make information and advice more effective and more accessible in order to enable more carers to keep control over their lives.

## **6.9 Promoting Employment Opportunities**

Over 750 carers, of working age, are reported as claiming key benefits. We shall assist carers in employment with the NHS and Council to be aware of their rights to request flexible working or leave arrangements.

## **6.10 Promoting Equalities**

We plan to ensure carers from ethnic minorities are provided with information and support in appropriate ways.

## **6.11 Young Carers**

We will ensure young carers have the same access to the range of respite options to release them from their responsibilities so that they can join in activities arranged for them through local young carer services.

# 7. What Are Our Service Development Objectives?

## 7.1 Introduction

Below are set out the main areas on how we will develop and improve our services and measure the positive impact and success of this Strategy.

## 7.2 Improve Respite Service Options

- Increase the numbers of respite hours, nights and carers supported for those who care for people with a learning disability.
- Increase the numbers of flexible night respite care and carers supported through care home provision.
- Increase numbers of respite episodes.
- Increase numbers of carers receiving home care services.

## 7.3 Improve Carers Access to Advocacy

- Increase the numbers of carers gaining access to advocacy.

## 7.4 Improve Support Services for Individual Carers

- Increase numbers of carers receiving alternative therapies.
- Increase numbers of carers receiving social respite.
- Increase numbers of carers receiving support from community support workers.
- Increase numbers of day care opportunities for those cared for by a carer.

## 7.5 Improve Carers Support Process

- Increase numbers of carers receiving a support needs assessment.

## 8. What Is Our Action Plan?

Our detailed action plan to support our strategy is shown below.

No.	Objective	Action/Activity	Timescales			Lead Agency
			2008/09	2009/10	2010/11	
1	Improve respite service options	Establish a Short Breaks Bureau which will enable people with a learning disability to access the types of respite opportunity that would be suitable for them and roll out model into older people and physical disability services		✓	✓	PKC
2	Improve respite service options	Expand access to flexible respite at care homes for carers of older people		✓	✓	PKC
3	Improve respite service options	Enable carers of people misusing substances to access respite in their own right through bed and breakfast accommodation		✓	✓	PKC
4	Improve carers access to advocacy	Appoint carer advocacy worker within the Independent Advocacy Service in Perth and Kinross	✓			PKC
5	Improve support services for carers	Complete review of alternative therapies provision and expand provision	✓	✓		PKC
	Improve support services for carers	Expand provision of Marie Curie 'Delivering Choice' support		✓		PKC
6	Improve support services for carers	Pilot and mainstream social respite initiatives in Strathmore, and North West Perthshire then expand to cover other localities		✓		PKC
7	Improve support services for carers	Establish process whereby carers whose cared for person either move into a care home, or dies, can be supported through the loss and change in circumstances		✓	✓	PKC

No.	Objective	Action/Activity	Timescales			Lead Agency
			2008/09	2009/10	2010/11	
8	Improve support services for carers	Appoint additional outreach worker for dementia		✓		PKC
9	Improve support services for carers	Increase rural day support services		✓		PKC
10	Improve support services for carers	Increase provision of support worker for carers of individuals with substance misuse problems		✓		PKC
12	Improve support services for carers	Enable mental health carers to access joint social support time	✓			PKC
13	Improve training for carers	Work with carers and Alzheimer Scotland to develop training for carers of people with dementia		✓		CHP
14	Improve training for carers	We will develop and deliver training support for carers regarding health and medication issues.		✓		CHP
15	Improve carers health	Develop proposals that acknowledge carers' request that GPs be acknowledged as first point of contact for support and information		✓		CHP
16	Improve carers health	Develop regular health checks model for carers		✓		CHP
17	Improve information and advice	Support local conferences for carers of specific groups	✓	✓	✓	PKC
18	Improve information and advice	Enable Information Officer post based at Perth Princess Royal Trust for Carers.	✓			PKC
19	Improve information and advice	Develop appropriate information for carers on Council website including information on leisure and recreational facility carer discounts				PKC
20	Improve carers support process	Monitor and review Carer Support Process	✓	✓	✓	PKC/ CHP

No.	Objective	Action/Activity	Timescales			Lead Agency
			2008/09	2009/10	2010/11	
21	Promoting employment opportunities	Distributing employment questionnaire to all known carers		✓		PKC
22	Promoting equalities	Support MECOPP bid		✓		PKC/ CHP

## 9. Our Monitoring Framework

### 9.1 Introduction

Set out below are the main areas showing how we will measure the positive impact and success of this Strategy. We will monitor service delivery on the following.

### 9.2 Improve Respite Service Options

Increase the numbers of respite hours, nights and carers supported for those who care for people with a learning disability.

#### Learning Disability Short Breaks

- Number of respite hours.
- Number of respite nights.
- Number of carers supported.

Increase the numbers of flexible night respite care and carers supported through care home provision.

#### Ashdene Home

- Number of nights
- Number of carers

#### Hope Park Home

- Number of nights
- Number of carers

#### Parkdale Home

- Number of nights
- Number of carers

#### Dalweem Home

- Number of nights

- Number of carers

#### Beechgrove Home

- Number of nights
- Number of carers

Increase numbers of respite episodes.

- Number of users
- Number of nights

Increase numbers of carers receiving home care services.

### **9.3 Improve Carers Access to Advocacy**

Increase the numbers of carers gaining access to advocacy.

- Number of issues.
- Number of carers.

### **9.4 Improve Support Services for Individual Carers**

Increase numbers of carers receiving alternative therapies.

#### Alternative Therapies Norwell Clinic

- Number of carers (Perth City).
- Number of cares (rural).
- Number of sessions booked.
- Sessions by Care Group.

#### Princess Royal Trust

- Number of carers per session

Increase numbers of carers receiving social respite.

#### Dementia (Friday friends)

- Number of carers
- Number cared for
- Number volunteers
- Number of sessions

#### Dementia (Happy Highlanders)

- Number of carers
- Number cared for

- Number volunteers
- Number of sessions

#### Dementia Café

- Number of carers
- Number cared for
- Mental health
- Number new referrals
- Number of support group meetings
  
- Number of social outings/activities

Increase numbers of carers receiving support from community support workers.

#### Community Support Worker (Delivering Choice)

- Number of new referrals
- Number Carers seen per month
- Number sessions per month
- Number of Carer support assessments
- Number of presentations

#### Community Support Workers

- Number carer support sessions
- Number of hours
- Number of hours travel time

Increase numbers of day care opportunities for those cared for by a carer.

#### Day Care

- Public sector numbers
- Voluntary sector numbers

### **9.5 Improve Carers Support Process**

Increase numbers of carers receiving a support needs assessment.

- Number of assessments.
- Number of carer support plans.