

Title/Subject: Carers Act: Implementation Report

Meeting: Integration Joint Board

Date: 6 April 2018

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Action: For Decision

1. INTRODUCTION

- 1.1 The Integration Joint Board has received regular progress reports on the Carers Act advising that:
- The Carers (Scotland) Act is due to commence on 1 April 2018
 - The Carers Act National Steering Group had been established to oversee and direct planning, guidance and implementation of the Act. This Group has produced an outline timeline, progressed a series of work streams and identified key areas to be taken forward
 - Locally, we have established a Carers Act Implementation Team to plan for and implement the requirements of the Act across the Falkirk area.
- 1.2 This report advises of progress to date at a national and local level and identifies a number of key issues which require decision by the Integration Joint Board.

2. RECOMMENDATIONS

The Integration Joint Board is asked to:

- 2.1 Note the statutory guidance and regulations issued in relation to the Carers Act
- 2.2 Note the production of the Carers Strategic Needs Assessment
- 2.3 Approve the Falkirk Health and Social Care Partnership (HSCP) Framework for Local Eligibility Criteria for Unpaid Carers for implementation from 1 April 2018
- 2.4 Note the priorities identified from the national programme and stakeholder engagement process for implementation during 2018/19 and inclusion in the Falkirk Carers Strategy 2019 - 2023 development process.

3. BACKGROUND

- 3.1 A multiagency Falkirk Carers Act Implementation Group was established to oversee the preparation required for the commencement of the Carers Act by 1 April 2018.
- 3.2 The main direction of the Carers (Scotland) Act is consistent with the Falkirk HSCP Integrated Strategic Plan 2016-19, which has prioritised carers support as a key issue and recognises the need to increasingly support carers in a range of ways against a backdrop of the projected increase in the older population and people with complex needs.
- 3.3 This Act places new duties in relation to carers including:
- Setting Local Eligibility Criteria to determine which Carers are eligible for support (and support must be given to meet their eligible needs)
 - Supporting Carers to develop Adult Carer Support Plans (replacing Carers' assessments) or Young Carers' Statements
 - Maintaining an 'information and advice service' for Carers that provides information and advice about Carers' rights, income maximisation, education and training, advocacy for Carers, health and wellbeing, bereavement support, and emergency planning and future care planning
 - Making information available about a wide range of short breaks
 - Involving Carers in the planning and development of Carers' services and in the planning of care services for the person they care for
 - Involving Carers in hospital discharge planning for the person they care for
 - The preparation and publication of a "Carers' Charter". This is a responsibility under Section 36 of the act falling to Scottish Ministers (31 March 2019).
 - Preparing a new local Carers' Strategy (April 2019).

4. CARERS ACT IMPLEMENTATION

Implementation Summary

- 4.1 National guidance and regulations have been, or are due to be, published before commencement of the Act from 1 April 2018. A summary of the status of the regulations and guidance is attached at Appendix 1 for information.

4.2 Key elements of the local implementation process have been completed, and are reported below in more detail. This includes the following:

- Production of a Carers Strategic Needs Assessment
- Development of Falkirk HSCP Framework for Local Eligibility Criteria for Unpaid Carers. This includes the Adult Carers Support Plan and Review documents and the Adult Carers Pathway
- Young Carers Statement (subject to a separate process through Children's Services and Falkirk Council Committee)
- Identification of Priorities for implementation during 2018/19 and inclusion in the Carers Strategy development process.

Unpaid Carers Needs Assessment

4.3 NHS Scotland, Information Services Division was commissioned to undertake an unpaid carers needs assessment for the Partnership area. This underpinned the subsequent work taken forward by the Implementation Team and identification of priorities for further development. A summary of the key issues is provided below:

- The Scotland's Carers 2015 report considers 17% of the adult population (16+) and 4% of children aged 4-15 as the best estimate of the number of carers in Scotland (Scottish Health Survey 2012/13). If the situation is similar in Falkirk there may be over 22,000 (22,274) adult (16+) and 864 young carers (aged 4-15) in Falkirk which would mean there could be over 8,000 'hidden' carers.
- As at February 2017 there were 3,572 carers entitled to Carers Allowance in Falkirk.
- The number of children who said they provided care rose with age and their self reported health status deteriorated as the level of care they provided increased.
- Carers are more likely to have health conditions and perceive their health as poorer than non-carers.
- Many factors will impact on demand and indications are the cared for population in Falkirk is likely to grow. Falkirk's older age population is expected to increase considerably and people are living for longer.

The Board are asked to note the completion of the needs assessment attached at Appendix 2.

Framework for Local Eligibility Criteria for Unpaid Carers

4.4 Section 21 of the Act places a duty on each local authority to set eligibility criteria which is to apply in its area. It also places a duty on the local authority to consult with representatives of carers and where appropriate to involve carers in setting eligibility criteria.

4.5 The 2016 Act also places a duty on the local authority to produce an Adult Carer Support Plan (ACSP) and to offer to complete an ACSP for any carer identified by the local authority or any carer that requests an ACSP. Separate arrangements are to be made for the production of Young Carer Statements (YCS). The Act defines the outcomes to be included in the ACSP and this has been designed with carers, led by the Falkirk Carers Centre staff.

- 4.6 In December 2016 the Scottish National Carer Organisations (NCOs) published a best practice framework for eligibility criteria, outlining a risk based approach to support for carers in line with the outcomes which must be included in ACSPs. Since this publication is included in the draft Statutory Guidance (and will be included in the final Guidance) as a good practice example, the Implementation Team for the Falkirk HSCP agreed this would be used as a template for local eligibility criteria.
- 4.7 Partnership working with Falkirk Carers Centre has been integral to the preparations for the implementation of the Act. To fulfil the duty within the Act to consult with and, where appropriate, involve carers it was agreed that carers would be asked to give their views on the NCO Framework and that this would then be adapted for Falkirk area.
- 4.8 Consultation took place through public events, an online survey and a postal survey hosted by partnership and Carer Centre staff. The outcome of the events and survey were then collated and amendments made to the NCO Framework creating Local Eligibility Criteria for the Falkirk HSCP area.
- 4.9 The IJB is asked to approve the Framework for Local Eligibility Criteria for Unpaid Carers, including the Adult Carers Support Plan and Review documents and the Adult Carers Pathway, for implementation from 1 April 2018. This is attached at Appendix 3.

Carers Registration Form

- 4.10 A carers registration form (Appendix 4) has been developed locally that mirrors the information described in the national Carers Census Data Specification which will be rolled out across Scotland during 2018. The intention is to pilot this approach locally along with the Local Eligibility Criteria and Adult Carer Support Plan and report back at regular intervals to the IJB.

Hospital Discharge

- 4.11 The Partnership has well developed arrangements for hospital discharge processes which report separately to the IJB. The Implementation Group will engage with the Delayed Discharge groups to discuss incorporating this action into their work plan for 2018/19.

Communications

- 4.12 The initial launch of the Carers Act is being co-ordinated nationally. This will be complemented by a series of local briefings and distribution of messages through social media outlets. A number of targeted sessions for staff are in the process of being developed and will be rolled out from April.

Action on Young Carers Statements

- 4.13 This has been subject to a separate report, through Falkirk Council Committee arrangements for Children's Services, and subject to Council approval, on the approaches to be adopted in developing a local Young Carers Statement and proposals on the roll out of these across Falkirk.

Future Work Programme

- 4.14 The implementation programme to date has delivered on each of the priorities required for the 1 April 2018 as set out at 4.1 above. However a number of further priorities have been defined nationally and through local stakeholder engagement. These areas are summarised in Appendix 5. These will form the basis of the Carers Commissioning Review and development of the Falkirk Carers Strategy which is expected to be published by April 2019. This work will be taken forward alongside the review of Falkirk's Strategic Plan.

5. CONCLUSIONS

- 5.1 The successful implementation of the Carers Act is a significant challenge to partners taking into account the late issue of regulations and guidance. These will be considered by the Implementation Team, who will also monitor implementation and advise the Board on any further actions required. However the importance of carers to the health and social care system, and their importance as equal partners in care is recognised and welcomed. The completion of this first phase will allow the necessary steps to be implemented from April 2018.

Resource Implications

To date funding for carer services has been delivered through core funding, the Integrated Care Fund and Carers Information Strategy funding. In addition, pre-implementation monies were received in 2017/18 which was used to fund three development posts. This combined investment has provided a strong platform from which the HSCP can effectively respond to the new duties and responsibilities under the Carers (Scotland) Act 2016.

The 2018/19 budget settlement for local authorities included new funding of £66m nationally, of which £19m was allocated for Carers. This translates to c£0.544m for Falkirk. The allocation to Falkirk includes an element for the NHS and Childrens Services as well as Adult Social Care.

There will be a further five years of additional funding to be made available in line with the Financial Memorandum associated with the Carers (Scotland) Act 2016.

Effective monitoring of the impact of the Act on increased demand for Adult Carers Support Plans and Young Carers Statements and subsequently the cost of responding to identified eligible need will be crucial in the months / years ahead. Onward investment will be directed by this increase in demand but also by the outcome from the Carers Services Strategic Commissioning Review.

Impact on IJB Outcomes and Priorities

Carers have been identified as one of the priorities within the Falkirk Integration Joint Board Health and Social Care Strategic Plan 2016-2019 and this is aligned to the National Health and well-being outcome relating to carers.

Legal & Risk Implications

This process should allow the IJB to discharge its duties as delegated by Falkirk Council and NHS Forth Valley.

Consultation

The programme of consultation carried out to date in the preparation for the Act's implementation has been extensive. This will be built upon in the coming months through engagement with staff across the HSCP and with staff in Children's Services in terms of briefings around the implications of the Act. This will involve the third and independent sectors, carers and the Carers Centre as we review and learn from the experience of implementation of the Act.

Equalities Assessment

An EPIA has been completed and is available in Appendix 6.

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Date: 26/03/18

List of Background Papers

Carers Act

Financial Memorandum on Carers- Scottish Government

Appendix 1 Carers Act Regulations and Guidance Status March 2018

Regulations

The following summary table provides an update on the status of the secondary legislation being prepared for Carers Act implementation.

Those statutory instruments yet to be made will be scheduled in time to take effect on 1 April 2018. The only exception to this is the regulations setting timescales for adult carer support plans and young carer statements for carers of terminally ill persons. A study is currently underway to inform the development of these regulations later in 2018.

Scottish Statutory Instrument	Purpose	Status
The Carers (Scotland) Act 2016 (Commencement No.1) Regulations 2017	Brings into effect consequential amendments to update legal references in the Public Bodies (Joint Working) (Scotland) Act 2014.	Passed
The Carers (Scotland) Act 2016 (Commencement No. 2 and Savings Provision) Regulations 2017	Brings into effect remaining provisions of the Carers Act in time for local eligibility criteria to be set from 1 October 2017; and for guidance and regulations to be made before the main provisions of the Act to come into effect on 1 April 2018.	Passed
The Carers (Scotland) Act 2016 (Agreements of a Specified Kind) Regulations 2017	Ensures that a kinship carer agreement with a local authority does not exclude someone from being seen as a carer under the Act (as long as they meet the other requirements of the definition).	Passed
The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017	Adds the responsibility for setting local eligibility criteria to the list of functions that must be delegated to Integrated Joint Boards.	Passed
The Carers (Scotland) Act 2016 (Prescribed Days) Regulations 2017	Sets 1 October 2017 as the start of the 6 month period for setting local eligibility criteria and sets the period for their first review at three years after publication.	Passed
The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No.2) Regulations 2017	Lists the remaining Local Authority functions under the Act that must be delegated to Integrated Joint Boards	Passed
The Public Bodies (Joint Working) (Prescribed Health	Lists further Health Board functions under the Act that may be delegated to Integrated	Before

Scottish Statutory Instrument	Purpose	Status
Board Functions etc.) (Scotland) Amendment Regulations 2017	Joint Boards.	Parliament
The Carers (Scotland) Act 2016 (Review of Adult Carer Support Plans and Young Carer Statements) Regulations 2018	To set out those circumstances which must always lead to a review of Adult Carer Support Plans and Young Carer Statements.	All before Parliament Committee scrutiny due on 13 March Publication expected by 31 March 2018
<i>The Carers (Scotland) Act 2016 (Short Breaks Services Statements) Regulations 2018</i>	To require certain information to be included in short breaks services statements, and to set out when and how the statements are to be published and reviewed.	
<i>The Carers (Scotland) Act 2016 (Transitional Provisions) Regulations 2018</i>	To set out how the duties under the Carers Act should apply to carers already assessed and receiving support.	
<i>The Carers (Waiving of Charges for Support) (Scotland) Amendment Regulations 2018</i>	Technical - To update the legal references in the Carers (Waiving of charges for support) (Scotland) Regulations 2014 to take account of the Carers Act.	
<i>The Self-directed Support (Direct Payments (Scotland) Amendment Regulations 2018</i>	Technical - To update the legal references in the Self-directed Support (Direct Payments) (Scotland) Regulations 2014 to take account of the Carers Act.	
<i>Carers of terminally ill persons regulations.</i>	To set timescales for the preparation of adult carer support plans and young carer statements for carers of terminally ill persons.	To be developed. Late 2018.

Guidance

The Statutory Guidance was published on 23 March 2018 and summary of the content and link to the full document is provided below:

<http://www.gov.scot/Resource/0053/00533009.pdf>

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Falkirk Health and Social Care Partnership

Unpaid Carers Needs Assessment

March 2018



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Summary

This report aims to look at what is currently known about carers in Falkirk as well as service provision while considering factors which will impact on demand and will support in the development of the Carers Strategy. Main points:

- The Scotland's Carers 2015 report considers 17% of the adult population (16+) and 4% of children aged 4-15 as the best estimate of the number of carers in Scotland (Scottish Health Survey 2012/13). If the situation is similar in Falkirk there may be over 22,000 (22,274) adult (16+) and 864 young carers (aged 4-15) in Falkirk which would mean there could be over 8,000 'hidden' carers. While these estimates are based on 2016 mid year population estimates using 2013 estimates yield similar results (21,905 carers 16+ and 843 aged 4-15).
- In 2016/17 there were 2,047 adult carers across Falkirk known to the Falkirk and Clackmannanshire Carers Centre. The Young Carers Project is currently in contact with 171 young carers. The Carers Centre completed 273 Adult Carer Support Plans for Falkirk Carers and there were 1,624 Carer Assessments carried out in Falkirk Council (includes carers assessments completed and/or carer's needs incorporated into client's assessment).
- As at February 2017 there were 3,572 carers entitled to Carers Allowance in Falkirk.
- The 2011 Census showed that women were more likely to report being carers than men and over a third of carers provided 35 hours of care a week or more, equivalent to working full time. Over half of adult carers were employed or self employed and a quarter retired. It also showed that a greater proportion of carers in the most deprived areas in Falkirk reported more substantial caring and the highest number of carers and proportion of the population providing unpaid care was in the East locality.
- The number of children who said they provided care rose with age and their self reported health status deteriorated as the level of care they provided increased.
- Carers are more likely to have health conditions and perceive their health as poorer than non-carers.
- There is room for improvement in the quality of carers' experiences with health and care services. While three quarters of carers were positive about their caring/life balance a third said it had a negative impact on their health and wellbeing and less than half felt support to continue caring and that the services for the person they cared for were well coordinated. A high proportion were satisfied with their involvement in care package design.
- An increasing number of carers in Falkirk are accessing information and/or support from the Carers Centre and the number claiming carers allowance has been increasing. While it has been decreasing recently a large number of Carer Assessments are carried out by Falkirk Council. It is likely that an increase in the number of carers will have an impact on both preventative and statutory support which, in general, is already increasing.
- Many factors will impact on demand and indications are the cared for population in Falkirk is likely to grow. Falkirk's older age population is expected to increase considerably and people are living for longer. Long term conditions including dementia, diabetes and stroke as well as those with multiple long term conditions are all projected to increase. The majority of people with a physical disability are also older. The potential for the number of people providing unpaid care in turn is likely to increase as will the number who may require help and support.

1 Introduction

A carer is 'a person of any age who provides unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the carer's help due to frailty, illness, disability or addiction' (Scottish Government, 2016).

Anybody can become a carer at any time in their life and sometimes for more than one person at a time. They can be any age, from young children to the elderly. Some carers provide an intensive amount of support over a long period of time whilst for others it may be providing help for a short period of time and they do not need to be living with the person they care for to be considered a carer. Carers are not paid workers although some can receive payment for part of their time caring (e.g. through Carer's Allowance).

Unpaid Carers are the largest group of care providers in Scotland, providing more than the NHS and Councils combined. The Valuing Carers 2015¹ report estimates the economic value of the contribution made by carers in Falkirk as £337 million per year. Research from Carers UK suggests that three in five people will be carers at some point in their lives² and it is important to consider the intensity of the caring role as well as the impact of caring on health and wellbeing among other factors. Caring can be a rewarding experience but can have an impact on a person's own health and wellbeing. Supporting Carers has been identified as one of the priorities within the [Falkirk Integrated Strategic Plan 2016-2019](#).

The Carers (Scotland) Act 2016 takes effect from 1st April 2018 and its intention is to ensure that carers are supported to continue with their caring role, should they wish to do so, and are able to have a life alongside their caring responsibilities. It places a duty on local authorities to provide support to those carers who meet local eligibility criteria and introduces a universal entitlement to assessment for carers, regardless of the level or frequency of care they provide. The Act introduces a range of new provisions to identify, assess and support carers. These include Adult Carer Support Plans (ACSP) or Young Carers Statement (YCS), to provide support for those who meet local eligibility criteria, as well as support and/or information and advice to those who do not, the waiving of all charges for support provided to carers, to establish and maintain or continue to provide an information and advice service for carers, the joint creation of a local carer's strategy by health board and local authorities, a short break statement by local authorities, to include carers in hospital discharge planning and a greater requirement to involve carers in service design and delivery.

Part 5 of the Act covers local carer strategies and sets out the duty of each local authority and relevant health board to prepare a local carer strategy. Section 31(2)b states that the local carer strategy must include an assessment of the demand for support to relevant carers. Assessing current and future demand is not an exact science and many factors will determine demand.

¹ Buckner, L & Yeandle, S (2015). *Valuing Carers 2015, The rising value of carer's support*. University of Leeds.

² Carers UK (2001). *It Could Be You – A report on the chances of becoming a carer*.

This includes the extent to which carers are identified, the changing national demographics with the growth in the older population, more adults with complex and multiple care needs, more children with complex needs surviving into adulthood, local demographics, the impact of local publicity and communications regarding support for carers as well as the extent to which carers are supported by family, friends and neighbours rather than by statutory services.

The Carers Act is likely to result in an increase demand for assessment and support services. Following the act the Scottish Government expects the demand for assessments to increase slowly with the percentage of carers receiving an Adult Carer's Support Plan rising to 16% for 2021/22.

This report aims to look at what is currently known about carers in Falkirk as well as service provision while considering factors which will impact on demand and will support in the development of the Carer Strategy. No one data source currently gives a comprehensive picture of the number of carers and their needs. Instead this report has drawn from both national and local information, including Scotland's Census 2011, the Scottish Health Survey, Scottish Government publications as well as Local Authority and Carer's Centre information. It will review what information is available around identifying carers, characteristics of carers and their health and wellbeing, supports for carers as well as factors which may impact on demand.

More robust information will be available following the Carer's Census 2017 which will collect information to monitor the implementation of the Carers Act as well as information for the year prior to implementation. Included in the Census will be all carers known to partnerships (Health, Social Care, Carers Centres, third sector) and other organisations who provide assessment and/or support for carers on behalf of local authorities. Appendix A provides an overview of what is to be collected in the Carers Census for the baseline year (up to 31 March 2018) and from April 2018 onwards.

2 Identifying Unpaid Carers in Falkirk

The number of unpaid carers in each local authority is difficult to identify exactly. Many carers do not recognise themselves as a carer, rather simply as family or a friend. Identifying yourself as a carer may only come when the intensity of the caring role increases or at key junctures such as giving up employment to care. Furthermore, there may be reluctance among some carers to identify themselves and make their needs known out of fear or anxiety, particularly for young carers and carers of people with, for example, mental health or drug and alcohol problems.

Based on results of the Scottish Health Survey (SHeS) 2012/13 and the 2011 Scotland Census:

- There may be over 22,000 carers aged 16+ providing unpaid care in Falkirk. This is based on Scotland-level estimates from the Scottish Health Survey 2012/13 of 17% of all people aged 16+ having a carer responsibility (22,274 in Falkirk based on 2016 population estimates). This is higher than the 14,752 carers aged 16+ who were counted via the 2011 Census.
- The Scotland's Carers 2015 report considers 17% of the adult population (16+) as the best estimate of the number of carers in Scotland. This would mean that there could be as many as around 7,500 (7,522) 'hidden' adult carers in Falkirk.
- The Scottish Health Survey (SHeS) 2012/13 estimate that 4% of children aged 4-15 are carers. If the situation in Falkirk is similar to that of Scotland there may be around 860 (864) children aged 4-15 who act as a carer for someone. This is higher than the 304 carers aged under 16 who were counted via the 2011 Census. If taken as the best estimate of the number of young carers (children aged 4-15) there could be as many as 560 'hidden' young carers in Falkirk.
- Although based on the latest mid year population estimates using 2013 mid year population estimates yield similar results (21,905 carers 16+ and 843 aged 4-15).

Information from the Carers Centre, local authority and Department of Work and Pensions show that in 2016/17:

- There are currently 2,047 adult carers across Falkirk known to the Carers Centre, in that they have been provided with some form of information and/or support. The number of carers provided with information and/or support has been increasing over the past few years. The Young Carers Project is currently in contact with 171 young carers in Falkirk and 82 young carers were referred to them in 2016/17.
- The Carer's Centre completed 273 Adult Carer Support Plans for Falkirk Carers, which has been increasing annually over the past five years.
- There were 1,624 Carer Assessments carried out in Falkirk Council, which has been decreasing over the past two years (includes carers assessments completed and/or carer's needs incorporated into client's assessment).
- As at February 2017 there were 3,572 carers entitled to Carers Allowance.

There is a considerable difference in the estimated number of carers and those identified through receiving support from the Carers Centre, local authority assessments or claiming carers allowance. Many carers may feel that they do not require help or support, they may even be being supported by family and friends rather than statutory services. Perhaps it is those that have a more intensive caring role that are more likely to seek support.

At present it is not possible to determine this but the Carers Census will ask for information on caring hours and duration and so further analysis on this should be possible.

There is currently no one system that records all information on carers and the services that they access. There are local systems in Carers Centre as well as local authority social work systems. Information is also recorded on carers by other professionals. For example, GP practices in Forth Valley hold and maintain a Carers Register. It has not currently been possible to obtain information on carers held on the register but consideration should be given to this as a means of identifying and engaging with carers. GPs are often people's first contact with the health service and they are in a key position to make contact with carers, particularly hidden carers. There is also a means of recording whether a young person is a carer on SEEMis, the Education Management Information System used in schools. The number recorded on this is likely however to be low as children may be less likely to come forward as a carer, sensitivity around this being recorded as well as variation in recording practices. Schools are a good way to reach young carers to offer help and support if and when required. Information on carers is also recorded on health system by, for example, district nurses.

While Scotland's 2011 Census is thought to underestimate the extent of low level caring it does provides a good estimate of people with substantial caring responsibilities and information is also available for small geographies. The Census also allows us to assess changes in the levels of unpaid care provided over a ten year period. The table below shows that while there has been a 7% increase in the population in Falkirk the number of carers self-reporting has increased by only 1%. There has however been a considerable increase in the number reporting substantial caring responsibilities. This suggests that carers are providing more hours of care a week than they were ten years prior.

Table 1: The provision of unpaid care in Falkirk, 2001 and 2011

	Census	All people	Provides Care	Provides 1 to 19 hours care a week	Provides 20 to 49 hours care a week	Provides 50 or more hours care a week
Falkirk	2001	145,191	14,914	9,381	2,014	3,519
	2011	155,990	15,056	8,169	2,796	4,091
	Difference	10,799	142	-1,212	782	572
	% change	7%	1%	-13%	39%	16%
Scotland	2001	5,062,011	481,579	305,600	60,305	115,674
	2011	5,295,403	492,231	273,333	86,816	132,082
	Difference	233,392	10,652	-32,267	26,511	16,408
	% change	5%	2%	-11%	44%	14%

Source: Scotland's Census 2001 and 2011

By 2021 the population in Falkirk is expected to increase slightly although this varies widely by age with the number of older people (65+) projected to increase by 26%. Crude projections have been estimated below by applying population projections to the number of carers in each age group from the 2011 Census. While it is acknowledged that the Census underestimates the number of carers this shows the potential increase in the number of older carers.

Table 2: Estimated future number of carers in Falkirk by 2021

Age Group	2011 population	2021 population projection	Population change from 2011-2021	Number of Carers in 2011	Projected Number of Carers in 2021	Projected Increase in Number of Carers from 2011-2021
0-15	28,377	28,520	0.5%	304	306	2
16-24	16,344	15,564	-4.8%	801	763	-38
25-34	19,103	18,925	-0.9%	1,359	1,346	-13
35-49	36,288	31,623	-12.9%	4,548	3,963	-585
50-64	30,582	35,659	16.6%	5,308	6,189	881
65+	25,296	31,905	26.1%	2,736	3,451	715
Total	155,990	162,196	4.0%	15,056	16,018	962

Source: 2011 Census and National Records of Scotland (NRS) 2014-based population projections

Identifying Unpaid Carers Overview

The Scotland's Carers 2015 report considers 17% of the adult population (aged 16+) and 4% of children aged 4-15 as the best estimate of the number of carers in Scotland. If the situation is similar in Falkirk there may be over 22,000 adult (16+) and around 860 young carers (4-15) in Falkirk which would mean that there could be over 8,000 'hidden' carers. There is a considerable difference in the estimated number of carers and those identified through receiving support from the Carer's Centre, local authority assessments or claiming carers allowance. Many carers may not feel that they require help or support or perhaps they are being supported by family and friends rather than statutory services. It may be that it is those without this network or those with more substantial caring responsibilities that seek support.

3 Characteristics of Carers

While Scotland's 2011 Census is acknowledged to under count the number of people who provide unpaid care it still provides useful information on the characteristics of caring as well as providing a good estimate of people with substantial caring responsibilities.

The following is taken from Scotland's 2011 Census and aims to provide an overview of the characteristics of carers in Falkirk.

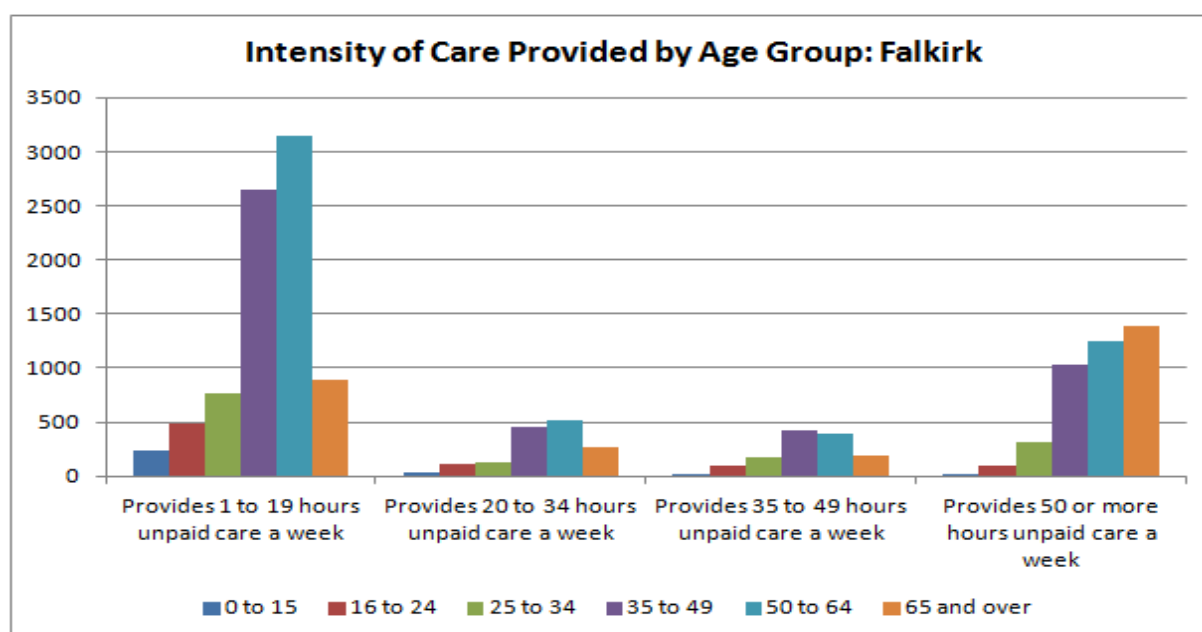
- There were 15,056 carers identified in Falkirk, 9.7% of the population.
- 304 were aged under 16 and 14,752 were aged 16 and over.
- Women were more likely to report being carers than men (59% and 41% respectively). This gender difference remains broadly similar regardless of the number of hours of care a week provided.
- Of those providing care 8,169 provided 1-19 hours a week (5.2% of the population), 1,506 provided 20-34 hours a week (1% of the population) and 5,381 provided 35 hours or more a week (3.4%) of the population.
- 17% of the 50-64 population reported that they provided unpaid care, higher than any other age group.
- Providing 1 to 19 hours per week was the most common level of care provision in all age groups bar the oldest (65 and over) where providing 50 hours a week was the most common. Providing 50 hours a week of care increased with age. Overall, over a quarter of carers in Falkirk provided over 50 hours of unpaid care a week.
- Over half of unpaid carers provided less than 20 hours of care a week with over a third providing in excess of 35 hours a week.
- The majority of carers in Falkirk considered themselves as White Scottish, Other British or Irish. 9.8% of the White Scottish, Other British or Irish population were unpaid carers compared to 5.8% of other ethnicities.
- Over half of adult carers were employed or self-employed (57%) and a quarter retired (24%). For carers caring for more than 35 hours a week over a third (37%) were still employed or self-employed with a greater proportion (35%) being retired.

Table 3: Number of Falkirk residents identified through the 2011 Scotland Census as providing unpaid care, by gender and age group

<i>Age group*</i>	<i>Number of Males</i>	<i>Number of Females</i>	<i>Both genders combined</i>	<i>Number of carers in this age group as a percentage of all ages</i>	<i>Percentage of population in this age group who provided unpaid care</i>
0 to 15	140	164	304	2.0%	1.1%
16 to 24	335	466	801	5.3%	4.9%
25 to 34	489	870	1359	9.0%	7.1%
35 to 49	1700	2848	4548	30.2%	12.5%
50 to 64	2171	3137	5308	35.3%	17.4%
65 and over	1265	1471	2736	18.2%	10.8%
Totals	6,100	8,956	15,056	100.0%	9.7%

Source: Scotland's Census 2011

Figure 1: Intensity of Care Provided by Age Group, Falkirk



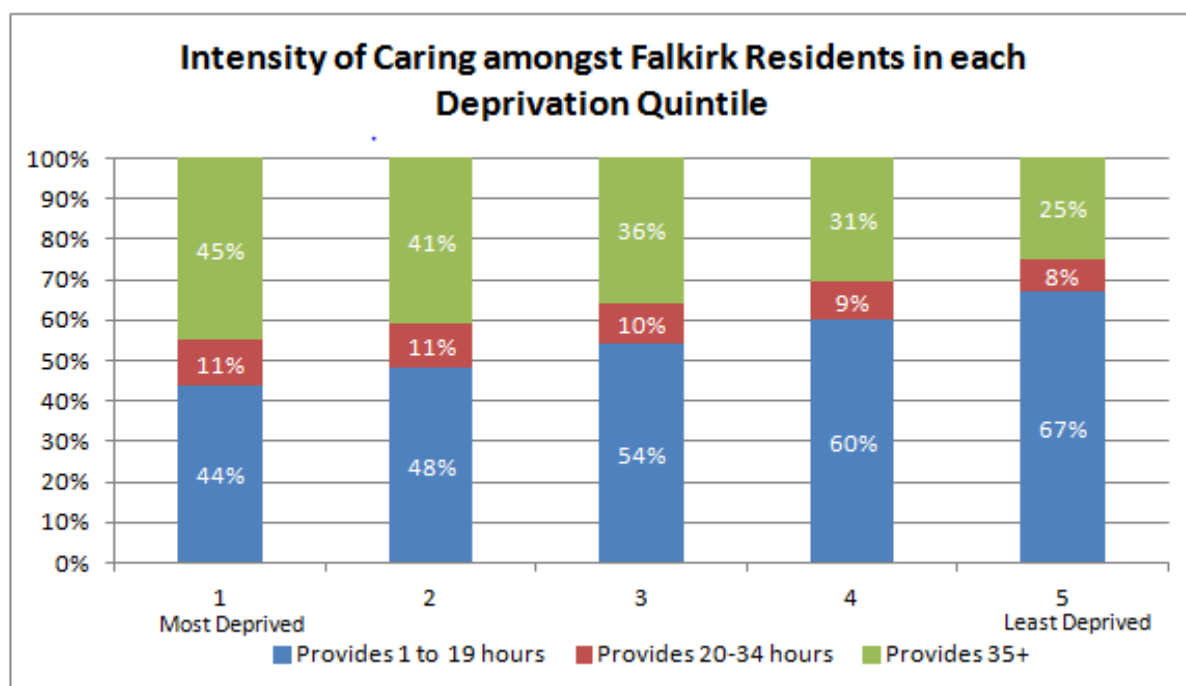
Source: Scotland's Census 2011

The Census also provides information on small geographies and allows us to look at where carers live in terms of deprivation, locality and urban/rural classification.

The Scottish Household Survey showed that almost double the number carers in the most deprived areas care for 35 hours a week or more than those in the least deprived areas (47% and 24% respectively). To determine if there was a similar pattern locally 2011 census information was extracted at datazone level and then aggregated by Information Services Division (ISD) Scottish Index of Multiple Deprivation (SIMD) 2016 Council Area level population-weighted quintiles (this is based on 2014 population estimates).

ISD ranks data zones from the most to least deprived using the Scottish Governments un-weighted SIMD and by using National Records of Scotland population estimates splits this into 5 deprivation quintiles with approximately 20% of the population in each quintile. The figure below shows a similar pattern with a greater proportion of carers in the most deprived areas reporting more substantial caring.

Figure 2: Intensity of caring amongst Falkirk residents in each deprivation quintile



Source: Scotland's Census 2011 and SIMD 2016 Council Area level population-weighted quintile

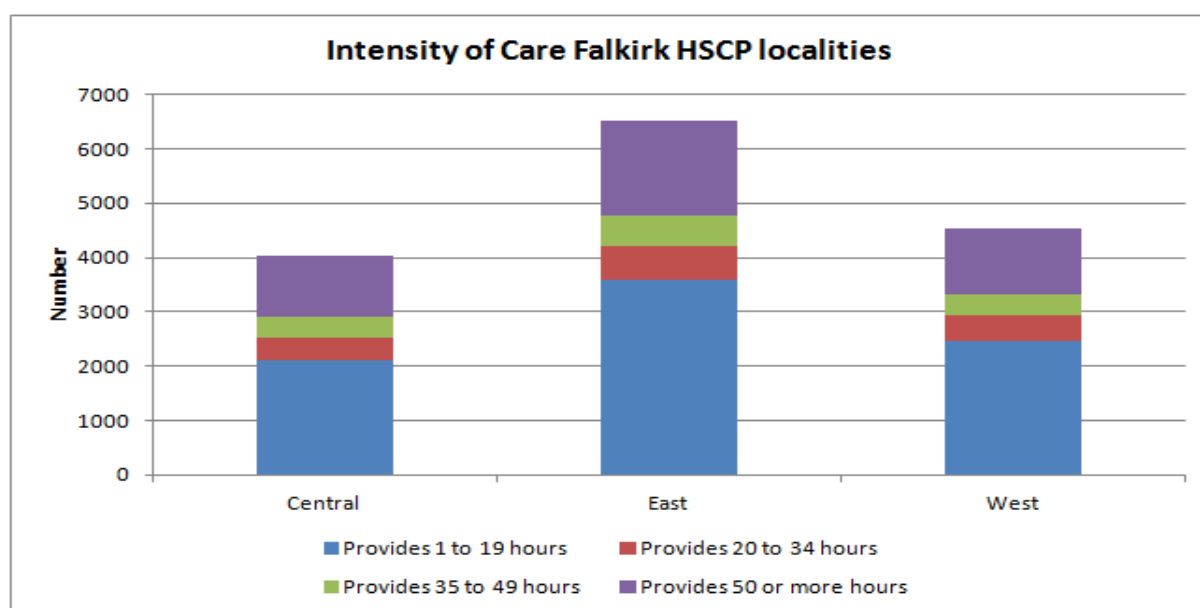
Scotland's Census data can also be used to indicate the number of carers resident in each of the three localities within Falkirk. Again, 2011 census information was extracted at datazone level and built up into the three Falkirk localities. The table below shows that the highest proportion of the population providing unpaid care was in the East Locality with the lowest in Central.

Table 4: Number of Falkirk residents identified in the 2011 Scotland Census as providing unpaid care by locality of residence

Locality	Total population 2011 (all ages)	Number providing unpaid care	% Providing Unpaid Care
Central	44261	4022	9.1%
East	65424	6511	10.0%
West	46305	4523	9.8%
Falkirk Total	155990	15056	9.7%

Source: Scotland's Census 2011. Information was extracted at datazone level and aggregated to localities.

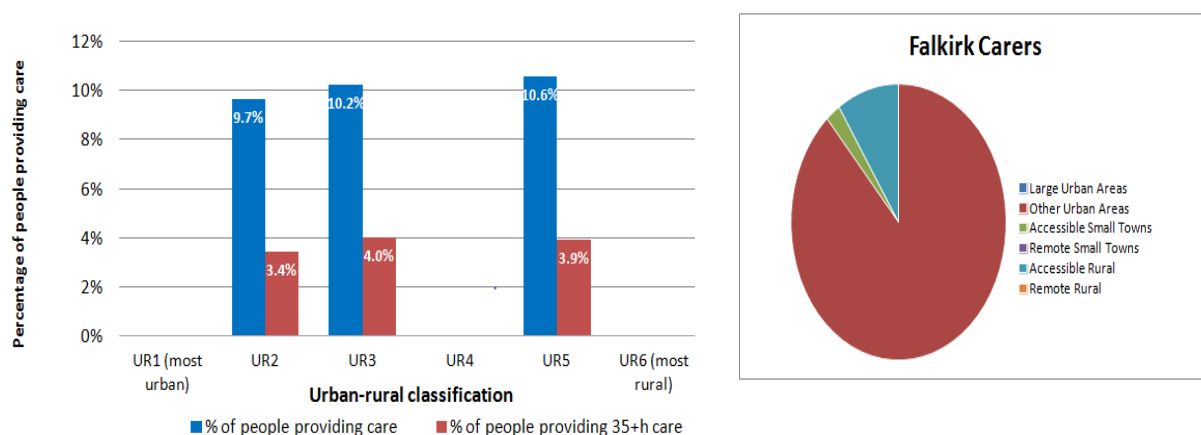
Figure 3: Intensity of care by Falkirk Health and Social Care Partnership (HSCP) localities



Source: Scotland's Census 2011. Information was extracted at datazone level and built up to locality level

In terms of urban/rural classification there are no large urban areas in Falkirk and the vast majority of unpaid carer's live in 'Other Urban Areas'. The urban/rural distribution of carers is similar to that of Falkirk's population. The highest percentage of people providing unpaid care was in the most rural areas and the lowest in the most urban.

Figure 4: Percentage of Unpaid Carer Population by urban/rural type, 2011



1 Large Urban Areas: Settlements of 125,000 or more people; 2 Other Urban Area: Settlements of 10,000 to 124,999 people; 3 Accessible Small Towns: Settlements of 3,000 to 9,999 people and within 30 minutes drive of a settlement of 10,000 or more; 4 Remote Small Towns: Settlements of 3,000 to 9,999 people and with a drive time of over 30 minutes to a settlement of 10,000 or more; 5 Accessible Rural: Areas with a population of less than 3,000 people, and within a 30 minute drive time of a settlement of 10,000 or more; 6 Remote Rural: Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a settlement of 10,000 or more.

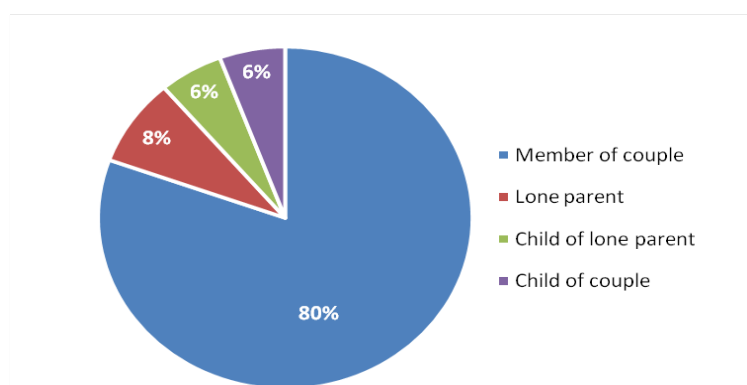
Source: Scotland's Census 2011 (Scotland's Carers 2015)

Who is being cared for?

There is currently very little information available on the relationship between the unpaid carer and the person they care for. The Carers Census requests that from April 2018 onwards information is recorded on the relationship of the cared for person to the carer and so analysis of this should be possible in the future.

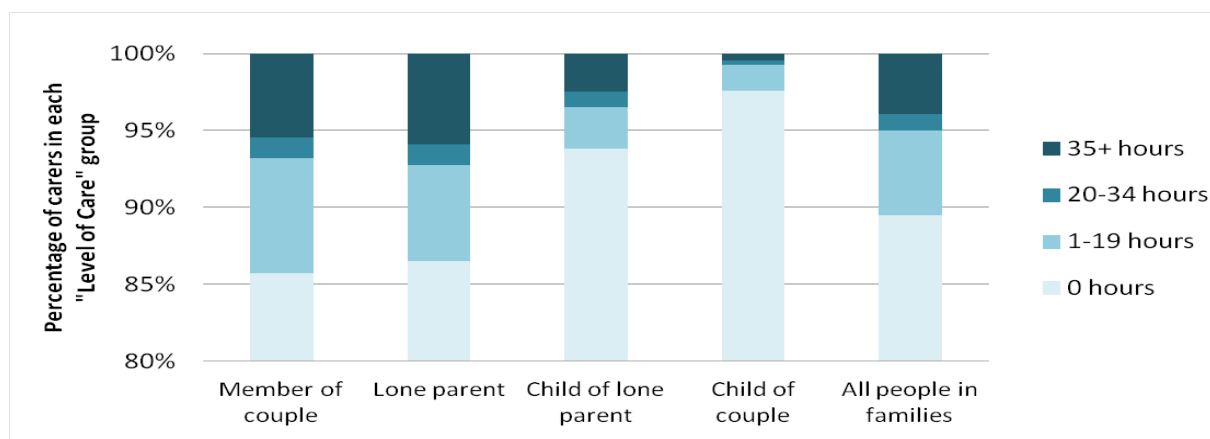
While Scotland's census cannot tell us who each carer cares for it does allow us to identify people in households who may require care. It tells us that the majority of carers in Falkirk were in a couple (80%), 8% were a lone parent, 6% were the child of a lone parent and 6% were the child of a couple. Children who live with a lone parent are much more likely to be a carer (6.2% are carers) than a child who lives with two parents (2.4% are carers). They are also more likely to have substantial caring responsibilities: nearly 2.5% of children living with a lone parent are caring for 35 hours a week or more compared with 0.5% of children living with two parents. It is important to highlight that this does not infer the caring relationship. Being a carer who is a member of a couple does not mean that they are a carer to their partner although it is likely that children of lone parents or couples are a carer to their parent.

Figure 4: Family status of carer (people in families only), Falkirk 2011



Source: Scotland's Census 2011 (Scotland's Carers 2015)

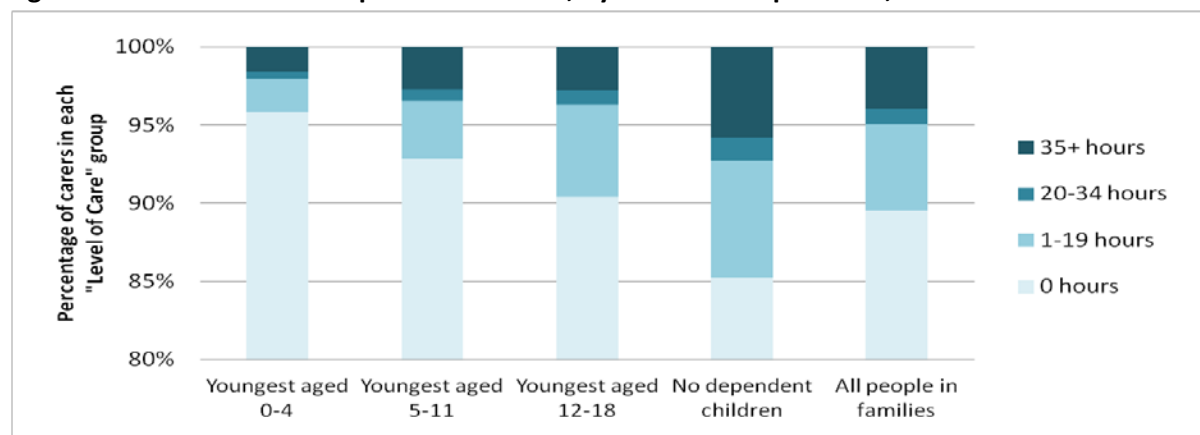
Figure 5: Family status of carer and level of care per week, 2011



Source: Scotland's Census 2011 (Scotland's Carers 2015)

Further information from the Census is provided about the family situation of carers and whether there are any children living in the family. The likelihood of being a carer increases as children get older and is most likely for family situations where there are no dependent children. .

Figure 6: Carers who have dependent children, by level of care per week, Falkirk



Source: Scotland's Census 2011 (Scotland's Carers 2015). Excludes carers who live alone.

Characteristics of Carers in Falkirk Overview

The 2011 Census tells us a lot about the characteristics of carers and where they live. Women were more likely to report being carers than men and over a third of carers provided 35 hours or more care a week, equivalent to working full time. Of these carers over a third were employed or self employed and over a third retired. Over half of all carers were employed or self employed and around a quarter were retired. The majority of carers were in a couple and children who lived with a lone parent were more likely to be a carer than a child of a couple and were also more likely to have substantial caring responsibilities. The likelihood of being a carer increases as children get older and is most likely for family situations where there are no dependent children.

4 Young Carers

The Scottish Health Survey 2012/13 estimates that 4% of children aged 4-15 are carers. If the situation is similar in Falkirk this would mean that there could be around 860 young carers (864). This is higher than the 304 carers aged under 16 who were counted via the 2011 Census and would mean that there could be as many as 560 'hidden' young carers in Falkirk.

In 2016/17 there were 82 young carers referred to the Young Carers Project and they are currently in contact with 171 young carers in Falkirk. This is a contrast to both the number reported in the Census and the Scottish Health Survey estimate.

While the Scottish Health Survey is considered to provide the best estimate of the number of young carers it does not allow for more detailed analysis and while underestimating the number of young carers Scotland's Census 2011 does allow for further analysis of the young carers who did self report.

Of the 304 unpaid carers under the age of 16 in Falkirk counted via the 2011 Census the majority provided lower levels of care (less than 20 hours a week).

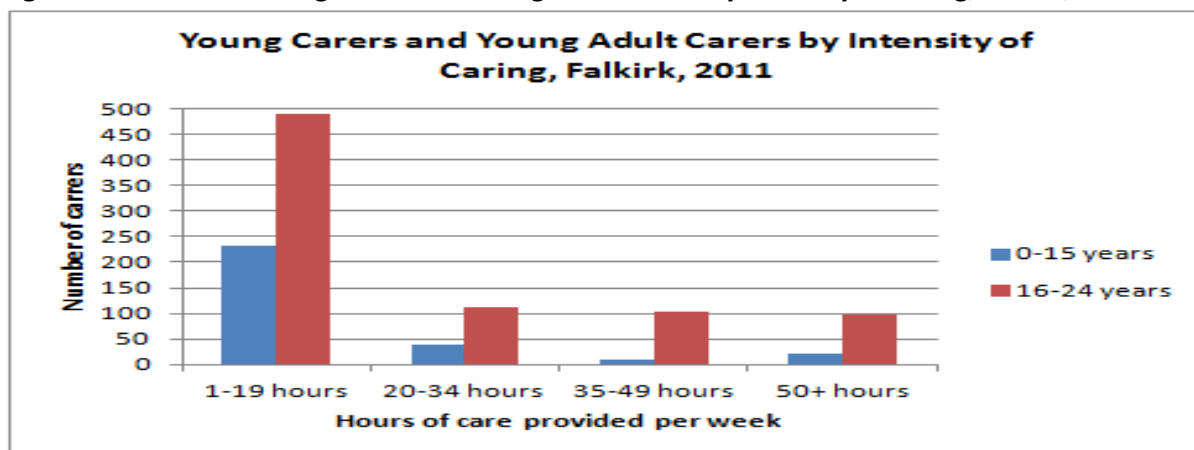
In summary:

- Over three quarters (232 young carers) said they provided care for up to 20 hours per week;
- 13% said they provided care for 20-34 hours per week (40 young carers);
- 10% said they provided more than 35 hours of care per week (32 young carers) and 7% more than 50 hours of care per week (22 young carers).

In addition there were 801 unpaid carers aged 16-24 years old and similarly the majority provided lower levels of care (less than 20 hours a week):

- Just under two thirds (490 young adult carers) said they provided up to 20 hours per week;
- 14% said they provided care for 20-34 hours per week (112 young adult carers);
- 25% said they provided more than 35 hours of care per week (199 young adult carers) and 12% more than 50 hours of care per week (96 young adult carers).

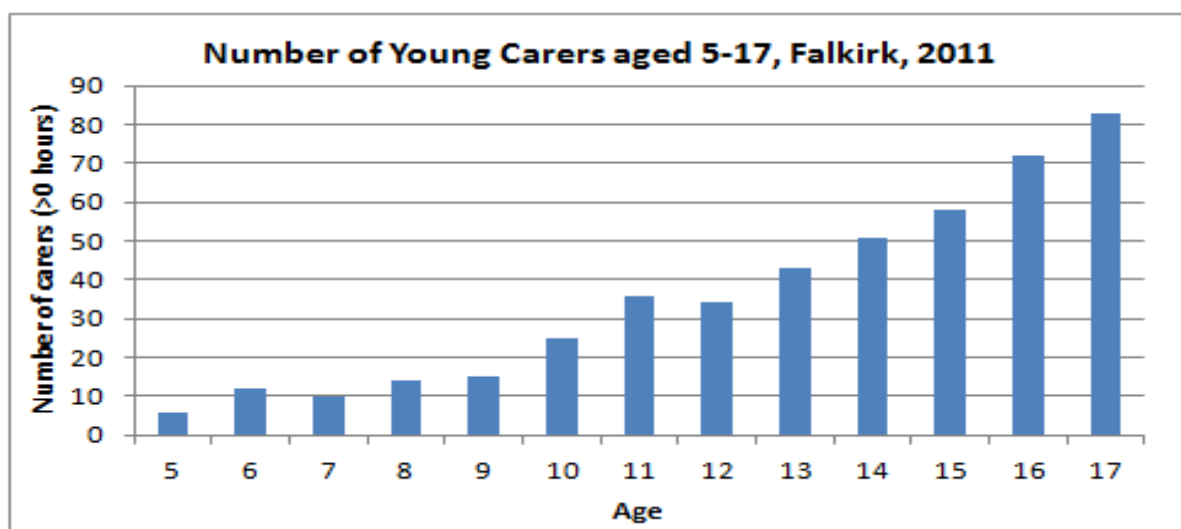
Figure 7: Number of Young carers and Young Adult Carers by Intensity of Caring, Falkirk, 2011



Source: Scotland's Census 2011

Scotland's census also shows that in Falkirk the number of children who say they provide care rises with age.

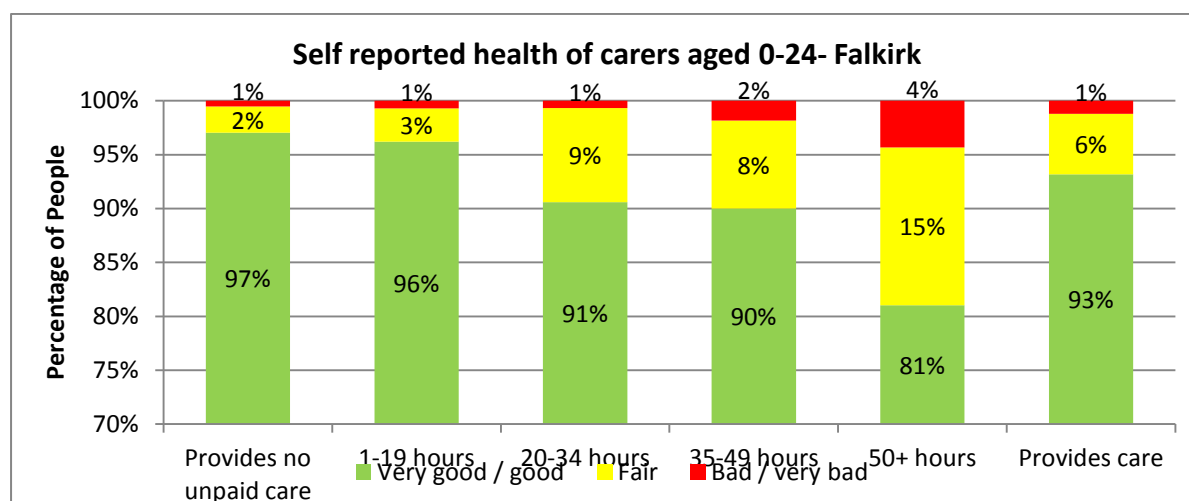
Figure 8: Young Carers aged 5-17 in Falkirk, 2011



Source: Scotland's Census 2011

Scotland's Census also allows us to see how young carers rate their own health compared to their non carer peers. While the same proportion rate their own health as bad or very bad this proportion increases with the amount of unpaid care provided: 4% of those providing 50 hours or more a week or care rate their health as bad/very bad compared to 1% of those providing no care and less than 20 hours of week of care. This shows that the self reported health status of the carer deteriorates as the level of care provided increases.

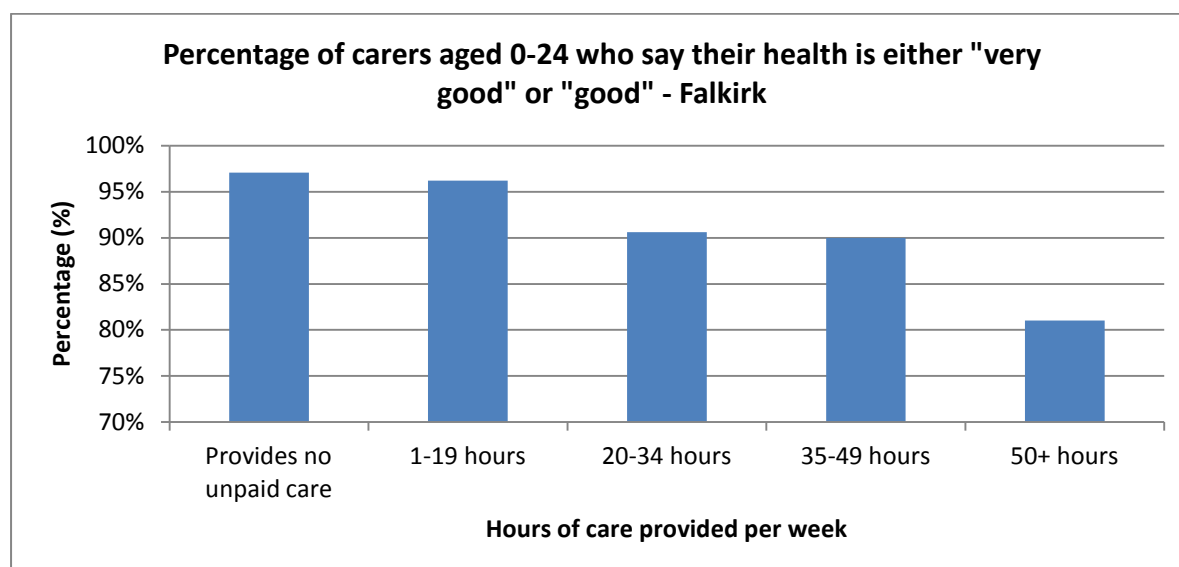
Figure 9: Self reported health of carers aged 0-24, Falkirk, 2011



Source: Scotland's Census, 2011

On a similar note, 81% of carers under 25 providing 50 hours or more of unpaid care a week consider themselves to be of good or very good health, compared with 97% of non-carers of the same age. Again there is a decrease in reporting health as good or very good as the intensity of care increases.

Figure 10: Percentage of carers 0-24 who say their health is good or very good, Falkirk, 2011



Source: Scotland's Census, 2011

Young Carers Overview

The Scottish Health Survey 2012/13 estimates that 4% of children aged 4-15 are carers and if the situation is similar in Falkirk this would mean that there could be around 860 young carers. This is higher than the 304 carers aged under 16 who were counted via the 2011 Census and would mean that there could be as many as 560 'hidden' young carers in Falkirk. The majority of young carers and young adult carers reported in the 2011 Census provided less than 20 hours of care a week, the number who said they provided care rose with age and their self reported health status deteriorated as the level of care provided increased.

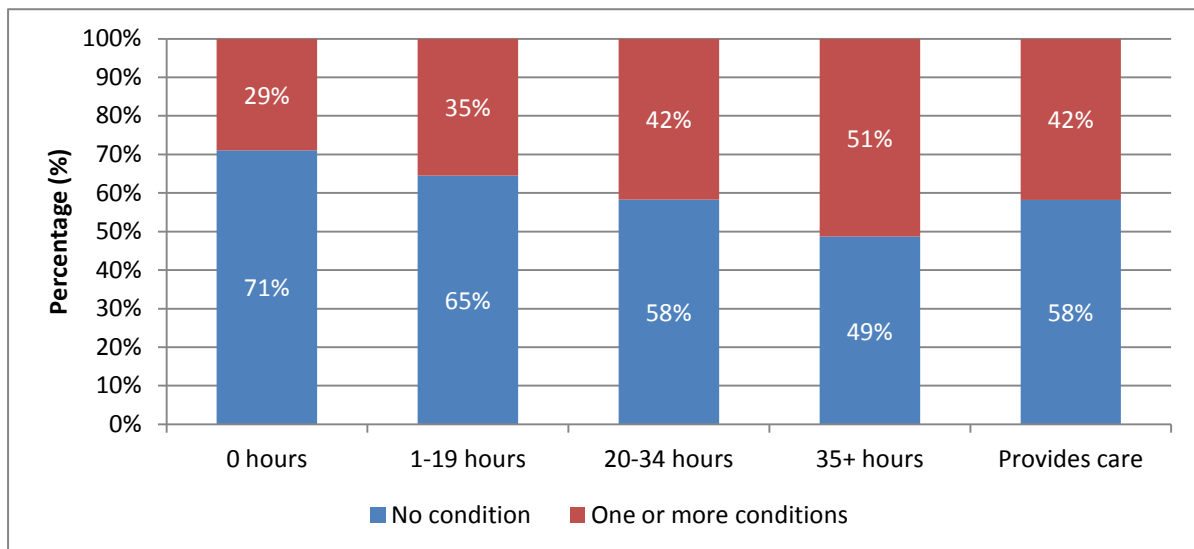
5 Health and Wellbeing of Carers

Caring can be a rewarding experience but can also have an impact on a person's health and wellbeing. This section looks at what we know about the health and wellbeing of carers in Falkirk including their experience of health and care services.

Carers are more likely than non-carers to have a long term condition. The chart below looks at carers who have one of more long term condition by the level of care they provide. It reflects the national picture of around four out of ten carers (42%) having one or more long term condition, greater than those not providing care.

The prevalence of long term conditions rises with increasing intensity of care; 35% of people providing less than 20 hours of unpaid care per week reported having a long term condition rising to 51% of people providing more than 35 hours of care per week.

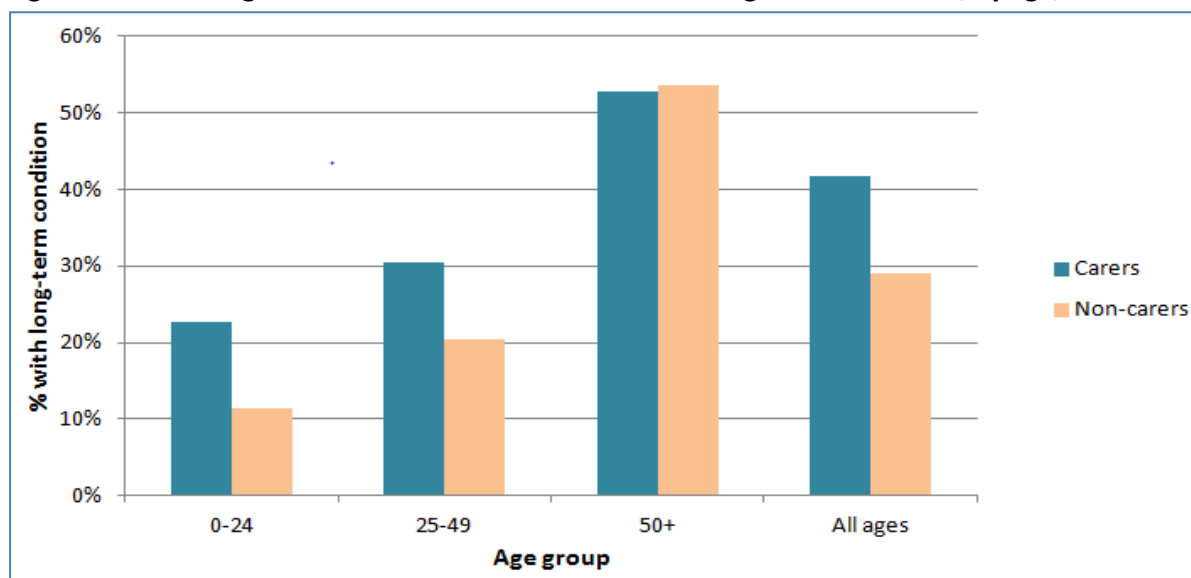
Figure 10: Percentage of carers who have one or more condition, by level of care, Falkirk



Source: Scotland's Census 2011 (Scotland's Carers 2015)

While overall carers are more likely than non-carers to have a long term condition the likelihood of having a long term condition increase with age for both carers and non-carers. Young carers are twice more likely to have a long term condition compared with their non-carer peers whereas carers and non carers aged 50 or older are equally likely to have a long term condition. This may simply be a reflection of people being more likely to develop a long term condition as they get older.

Figure 11: Percentage of carers and non-carers who have long-term conditions, by age, Falkirk

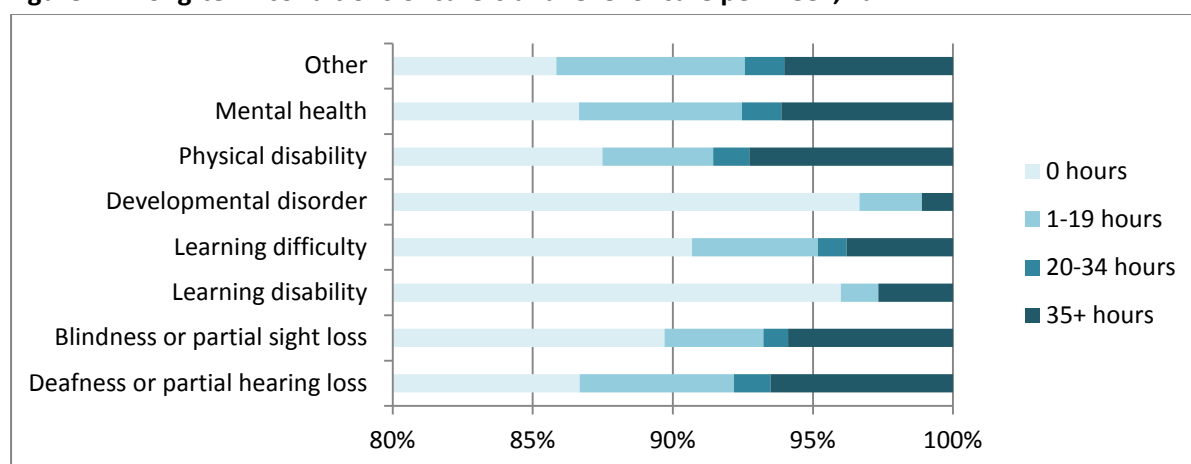


Source: Scotland's Census 2011 (Scotland's Carers 2015)

The Census also shows us the types of long-term conditions and disabilities experienced by carers in Falkirk and the amount of caring they do. In Falkirk for carers who said that they had one or more long-term conditions:

- 13.3% were deaf or had partial hearing loss
- 12.5% had a physical disability
- 13.3% had a mental health condition
- 14.2% had some other condition not listed.

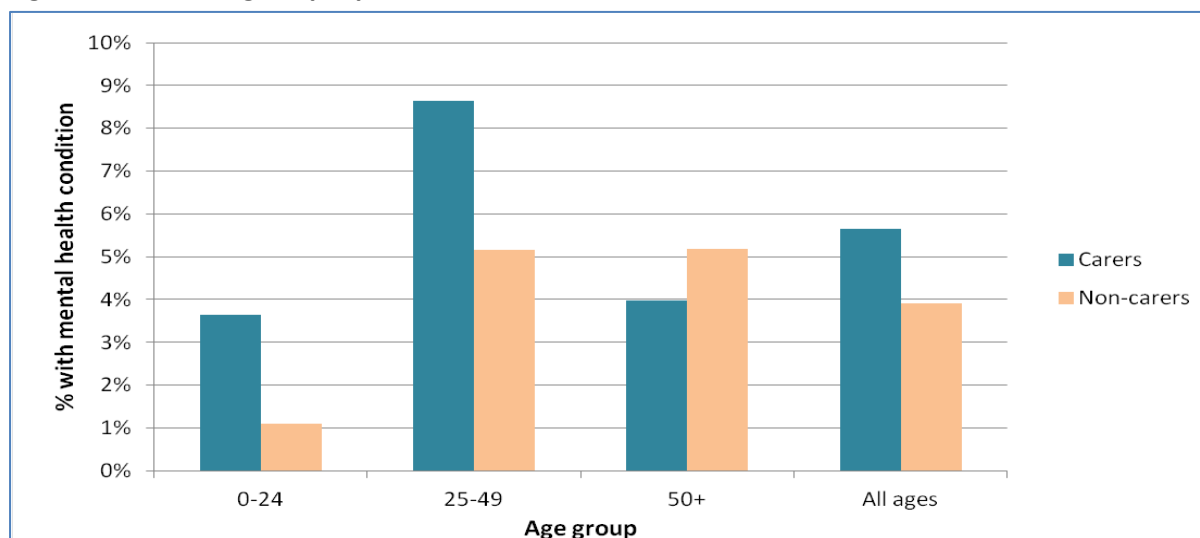
Figure 12: Long-term conditions of carers and level of care per week, Falkirk



Source: Scotland's Census 2011 (Scotland's Carers 2015)

Carers are more likely than non-carers to have a mental health condition. The 2011 Census showed that 6% of carers had a mental health condition that had lasted or was expected to last at least 12 months compared to 4% of non-carers. While a greater percentage of carers under 25 and between 25 and 49 years of age had a mental health condition compared to their non carer peers this was the reverse for people aged 50 or over.

Figure 12: Percentage of people with a mental health condition, Falkirk



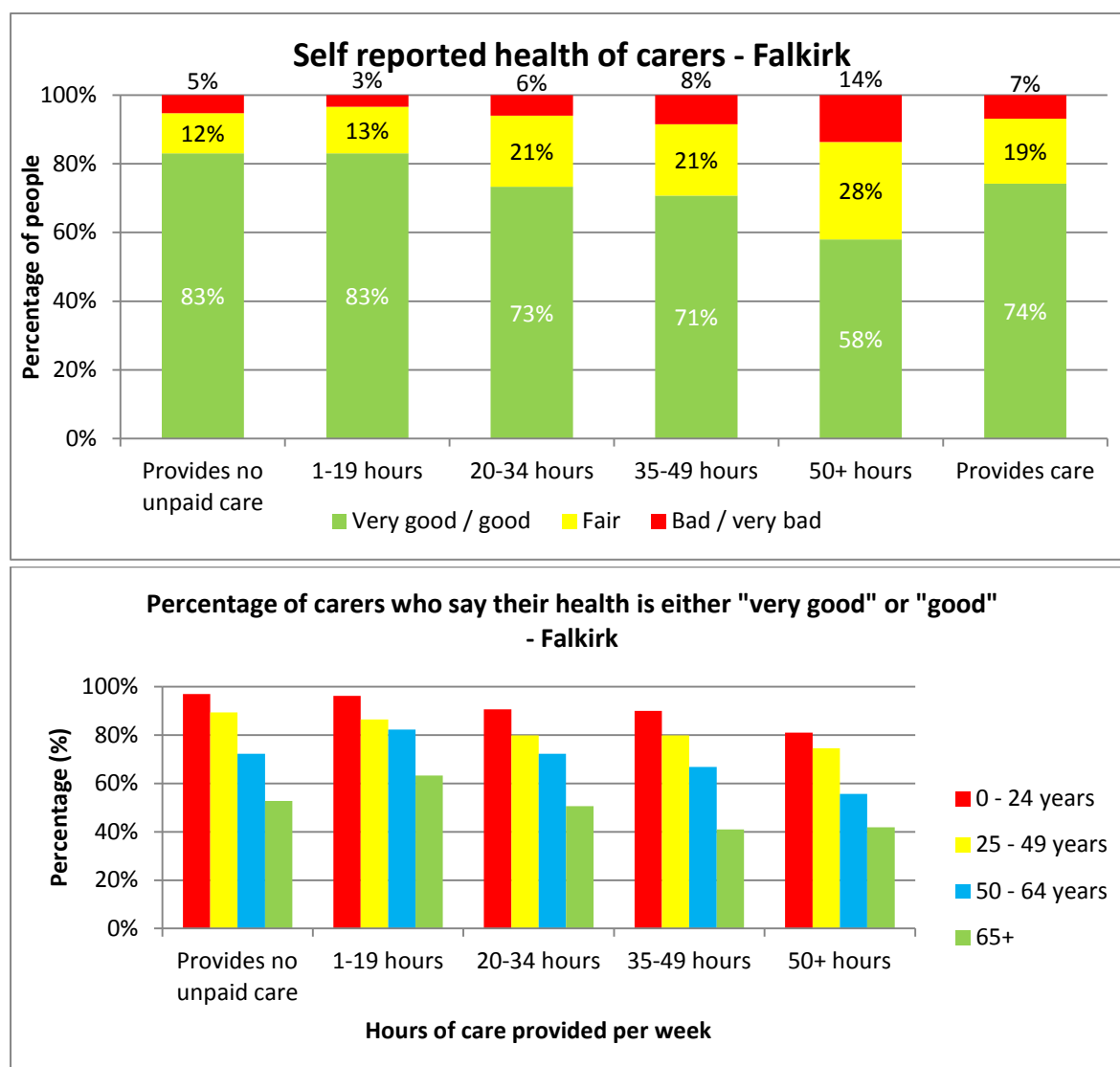
Source: Scotland's Census 2011 (Scotland's Carers 2015)

Carers are less likely to report their health as good than non-carers and this deteriorates as the level of unpaid care provided increases. The 2011 Census also tells us about the health and wellbeing of carers in Falkirk. Carers are less likely to report their health as 'good' or 'very good' than non carers - 83% of non carers reported 'good' or 'very good' health compared with 74% of carers. This is similar to Scotland and may partly reflect that carers are likely to be older and may have age-related health conditions.

The percentage of carers rating their own health as bad or very bad increased with the increasing amount of unpaid care provided. This displays a clear pattern showing that the health status of the carer deteriorates as the level of care provided increases.

Less than 60% of carers providing the highest level of care (50+ hours per week) consider themselves to be of good or very good health, compared to over 80% of those who do not provide unpaid care. Perhaps unsurprisingly young carers considered themselves to be in better health than carers of other age groups although self-reported health deteriorates with age across all caring intensity.

Figure 13: Self reported health of carers, 2011



Source: Scotland's Census 2011

The Experience of Carers

The Scottish Health and Care Experience survey 2015/16 aims to provide local and national information on the quality of health and care services from the perspective of those using them. It looks at the experience of the care recipients and, while the sample is small, does provide useful information on the experiences of adult (16+) carers.

In Falkirk, 2,863 survey respondents answered the question on carer responsibilities with 413 people (14%, weighted) indicating that they did provide unpaid care. Despite three quarters of carers being positive about their caring/life balance less than half (44%) said that caring had not had a negative impact on their health and wellbeing with a third (34%) saying it had had a negative impact.

Only 45% feel supported to continue caring, 48% felt the services for the person they cared for were well coordinated and 56% felt that they had a say in the services provided for the person they cared for (a substantial increase from the previous year).

While these results indicate that there is room for improvement, with around only half of carers responded positively to four out of the five questions, there has been some improvement from the previous year and Falkirk Carer's are responded more positively than carers nationally.

Figure 14: Summary of Carer Experiences in Falkirk 2015/16

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Carers have a good balance between caring and other things in their life	410	27%	49%	17%	8%	70%	75%	+5%	+7% ^s
Caring has had a negative impact on carers' health and wellbeing	382	16%	28%	22%	34%	43%	44%	+1%	+4%
Carers have a say in the services provided for the person they look after	381	17%	39%	27%	17%	46%	56%	+10% ^s	+6%
Local services are well coordinated for the people carers look after	378	16%	32%	32%	20%	49%	48%	-1%	+6%
Carers feels supported to continue caring	382	16%	28%	39%	17%	45%	45%	-1%	+3%

Source: Health and Care Experience Survey 2015/16

Falkirk Council also report on carer's experience from information recorded on their Single Shared Assessment. The table below shows a comparable figure in terms of carers feeling supported to continue caring. A high proportion feel satisfied with their involvement in care package design and a low proportion feel able to continue with support which has been declining in the past two years.

Table 5: Carers experience, Falkirk Council

	2013/14	2014/15	2015/16	2016/17	2017/18*
Carers satisfied with their involvement in the design of care package?	89.7%	91.5%	91.8%	92.7%	92.2%
Carers who feel supported and capable to continue in their role as a carer	53.1%	51.3%	51.7%	49.8%	48.1%
Carers able to continue with support	33.4%	36.6%	37.6%	31.1%	31.2%

*Figures for 2017/18 are for the first half of the financial year.

Source: SWIS Single Shared Assessment Screen – Carer's Assessment

Health and Wellbeing of Carers Overview

The results indicate that carers are more likely to have health conditions and perceive their health as poorer than non-carers and that there is room for improvement in the quality of their experiences with health and care services. Carers are more likely than non-carers to have a long term condition and the prevalence of long term condition increases with caring intensity. The likelihood of having a long term condition however increases with age for both carers and non carers and young carers are twice more likely to have a long term condition than their non-carer peers. A slightly higher percentage of carers had a mental health condition than non-carers.

Carers are less likely to report their health as 'good' or 'very good' than non carers and the percentage of carers rating their own health as bad or very bad increases with the increasing amount of unpaid care provided. About a third of carers said that caring had had a negative impact on their health and wellbeing and just under half felt supported to continue caring and that services for the person they cared for were well coordinated. Information from Falkirk Council indicates a high proportion are satisfied with their involvement in care package design and low proportion feel able to continue with support.

6 Support for Carers

There are a number of support services available to carers in Falkirk. This section aims to look at information on specific service provision including the Carers Centre, local authority carers assessments and respite care as well as carers allowance.

Carers Centre

Falkirk & Clackmannanshire Carers Centre provides information and support to carers of all ages living in Falkirk district and Clackmannanshire. The organisation seeks to ensure that carers are recognised, valued, receive the information and support they need to allow them to care with confidence and in good health, and are empowered to have a life of their own outside caring. Information and support is provided by a team of workers who are based in the Carers Centre in Falkirk and Clackmannanshire, Forth Valley Royal Hospital, Falkirk Community Hospital and Clackmannanshire Community Healthcare Centre. They provide a range of services for carers including one to one support, developing personalised Carer Support Plans, group support activities and events and training. In general, the centre has seen an increase in activity for carers in Falkirk and the following aims to give an overview of service provision in 2016/17.

Adult Carers

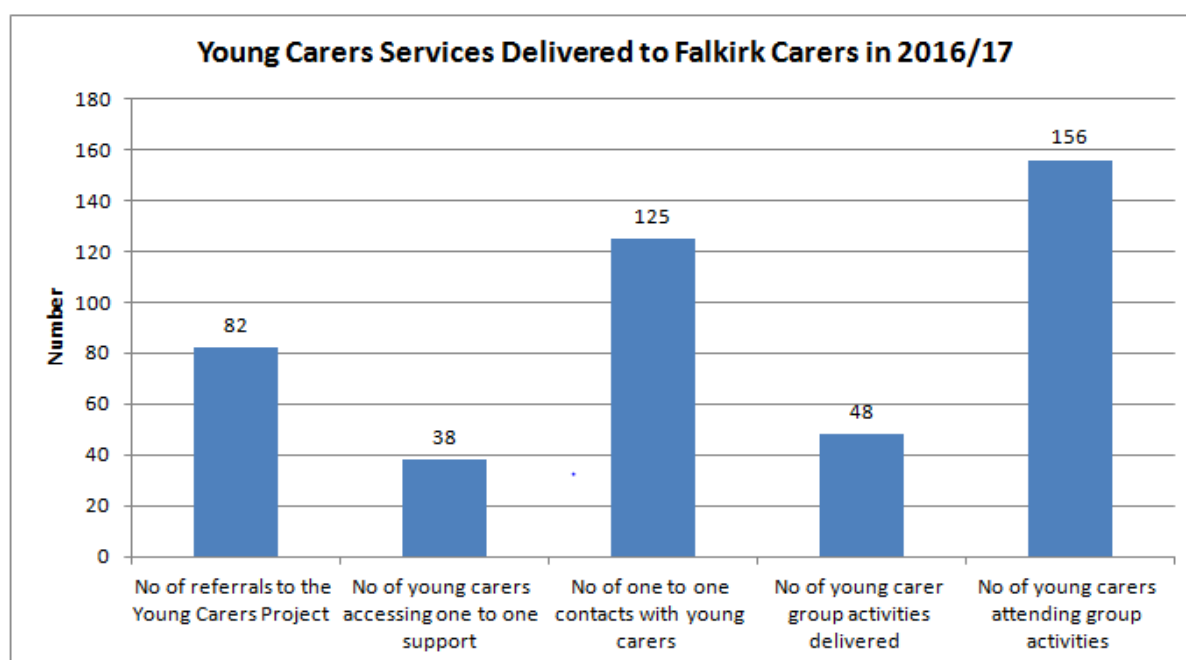
- There are currently 2,047 adult carers across Falkirk known to the Centre, in that they have been provided with some form of information and/or support. The number of carers provided with information and/or support has been increasing over the past few years.
- Individual (one to one) support continues to be in high demand: there were 1,265 enquiries relating to 930 carers, a decrease from the previous year. Three quarters of these carers were female and a quarter male. There have been 600 new carers provided with individual support which is consistent with the previous two years. The majority of support provided was classed as 'General Chat', 'Information/Advice Given' or 'Listening support' which was consistent with previous years.
- The number of Adult Carer Support Plans recorded has been increasing annually over the past five years with a large increase from 179 in 2015/16 to 273 in 2016/17.
- There were 149 training sessions attended by 271 carers (1,054 attendees in total). The number of sessions and attendees has been increasing over the past few years.
- There were 101 group meetings attended by 126 carers (915 attendees in total). The number of group support meetings for adults, and as such attendees, has been decreasing over the past few years.

Young Carers

- In 2016/17 82 young carers were referred to the Young Carers Project. 38 young carers accessed one to one support with 156 young carers overall attending the 48 group activities. Currently the Young Carers Project are in contact with 171 young carers in Falkirk.

Table 6: Falkirk and Clackmannanshire Carers Centre – Service Provision to carers across Falkirk

Adult Carers		Falkirk District			
		2013-14	2014-15	2015-16	2016-17
Carer Contacts	Number of carers provided with information/support	1487	1648	1916	2047
Individual (one to one) support	Number of Enquiry Actions/Contacts	3294	4111	3868	2863
	Relating to: Number of enquiries	1217	1371	1555	1265
	Made by: Number of individual carers	814	942	1016	930
	Of which: Number of new carers	458	596	610	600
Carer Support Plans	Carer Support Plans	114	177	179	273
	Carers Support Plan Reviews	39	69	54	152
Group Support	Number of Group Meetings	139	120	118	101
	Number of Attendances	1058	908	954	915
	Number of Carers Attending	166	157	144	126
Carer Training	Number of Sessions	73	114	122	149
	Number of Attendances	525	695	846	1054
	Number of Carers Attending	175	263	274	271
Mailing List	Number of carers on mailing list in May	1157	1309	1507	1646



Source: Clackmannanshire and Falkirk Carers Centre

In addition to staff based in Carers Centre there is also one link worker based in each of hospitals across Forth Valley including Forth Valley Royal Hospital, Stirling Community Hospital, Falkirk Community Hospital and Clackmannanshire Community Healthcare Centre.

Comparing activity from the first half of the 2016/17 financial year with the same period the previous year shows that there has been a considerable increase in demand from via the link worker based at Stirling Community Hospital.

For example, there has been an increase in the number of new carers identified (92 from 52), carer enquiries (1505 from 1164), professional enquiries (516 from 299), appointments or drop in support (318 from 91) and telephone or email support (841 from 572). Demand via the Falkirk Community Hospital has increased slightly with there being an increase in the number of new carers identified (76 from 58), carers supported (102 from 98), carer enquiries (108 from 100) and telephone/email/post/text support (148 from 132). Appointments or drop in support has dropped by 2 to 66.

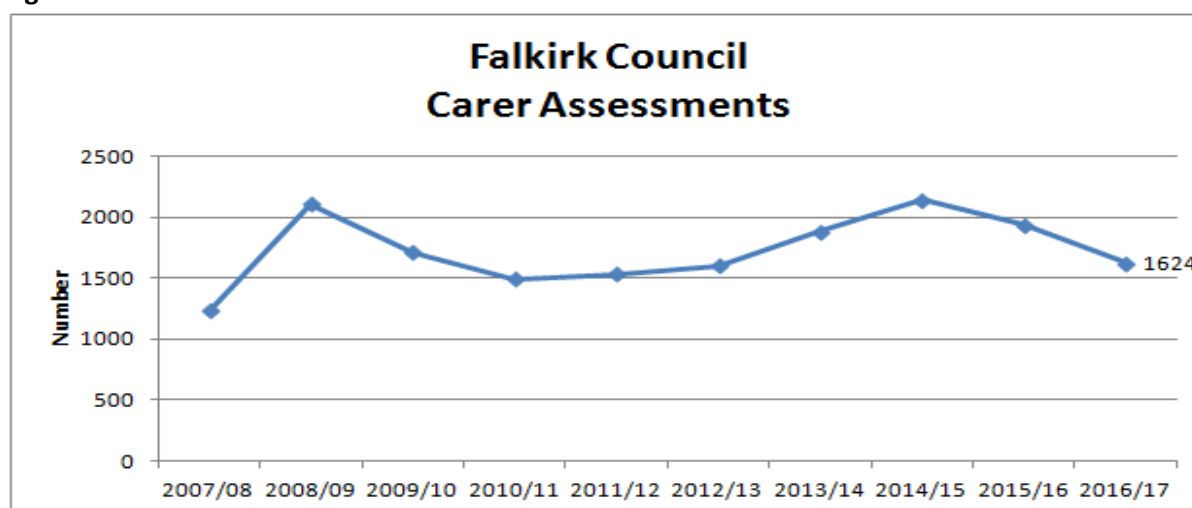
There has been a slight decrease in activity via Clackmannanshire Community Healthcare Centre. While the number of new carers is similar (11 from 12), the number of carers supported, carer enquiries and support (appointment/drop in or telephone/email/post/text) has decreased. Additional resource has been allocated to pick up referrals from the electronic referral systems at Forth Valley Royal Hospital in the absence of the worker who supports carers throughout Forth Valley.

Local Authority Carer's Assessment

When someone who is providing care is identified by social services they are offered a Carers Assessment. This is the means by which social service and health service providers can be informed by carers about the care that they provide, the impact of caring on their own lives and the support they need to continue caring.

In 2016/17 there were 1,624 Carer Assessments carried out in Falkirk Council. The number of Carer Assessments has been decreasing in the past two years where it peaked at 2,139 in 2014/15. Further investigation would be required to determine how many of these had an Adult Carers Support Plan as completed by Falkirk Carer's Centre.

Figure 15: Number of Carer Assessments in Falkirk



*Source: SWIS. Includes 'Carer's Assessment completed' and/or 'Carer's needs incorporated into client's assessment'.

The Social Care Survey presents figures for Social Care services provided or purchased by Local Authorities in Scotland. These services give people the support, practical help and personal care they need to live as independently as possible in the community. It presents information on Home Care, Community Alarm/Telecare and Direct Payments (now Self-directed Support "Option 1").

One of the fields in the Social Care Survey indicates whether the client is known to have a carer (although it does not identify the carer). In the 2017 return 1,530 (20%) out of 7,569 reported service users were known to have a carer; 861 (11%) known not to have a carer and 5,178 (69%) not known whether they have a carer.

Respite Care for the Benefit of Carers

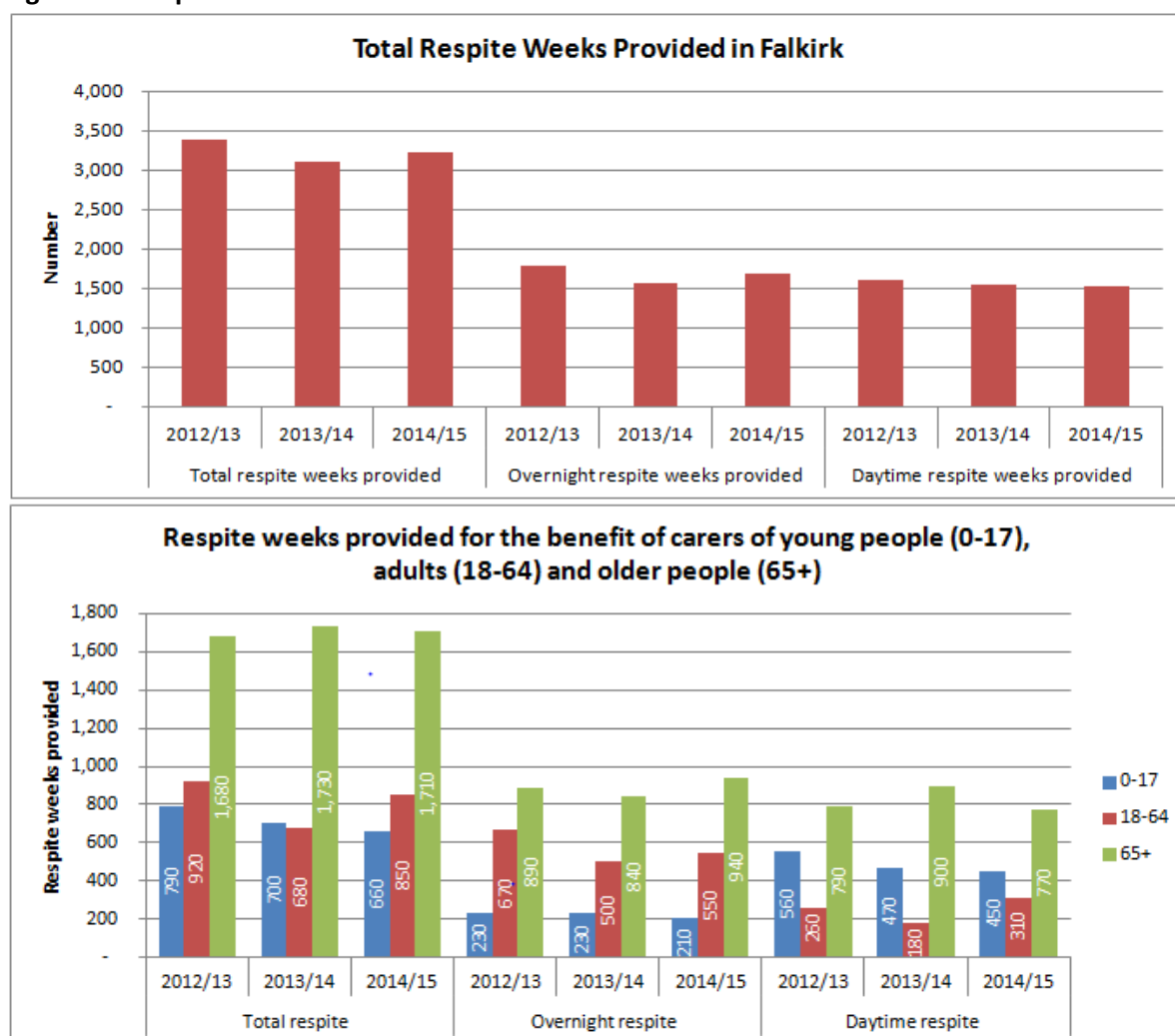
Respite care is a service intended to benefit a carer and the person they care for by providing a short break from caring tasks. There are many different types of respite care. For example, the cared-for person has a break away from home for a few nights or alternatively services can be put in place to support the cared-for person to allow the carer to have a break away from home.

Some people want to have a break together, with additional support to make this happen, and sometimes the service is provided in the home of the cared-for person. The government report, Respite Care Scotland 2015, documents the level of respite care provided or purchased by local authorities in Scotland. Overnight respite stays and daytime respite care are looked at separately and respite nights and hours are converted to respite weeks.

The following aims to provide an overview of respite care for the benefit of carers in Falkirk from 2012/13 to 2014/15:

- While the total number of respite weeks provided increased slightly from the previous year daytime respite slightly decreased.
- In 2014/15 over half of respite care (53%) was provided for the benefit of carers of older people (65+) where overnight respite increased and daytime respite decreased from the previous year. This indicates a significant demand from carers of older people.
- While respite care for the benefit of carers of young people (0-17) has been decreasing more daytime respite is provided than overnight.
- Respite care for the benefit of carers of adults (18-64) was predominately overnight.

Figure 16: Respite Care for the Benefit of Carers



Source: Respite Care Scotland 2015. All figures rounded to the nearest ten. Total may not add up to the sum of components due to rounding. Falkirk advised that there was a possible undercount in respite nights for adults in 2013/14, corrected for 2014/15.

Recent information on respite care provided by Falkirk Council is presented in the table below. This shows that there has been a fall in provision and, similar to the above, more provision (overnight and daytime) is provided to older people. In the last two years respite to older people has fallen by 10% (overnight by 5%, daytime by 15%-) and the number of services users fell by 8%. Respite to other adults has fallen by 20% (overnight by 17%, daytime by 29%-) and the number of service users fell by 9%.

Two major service providers, Crossroads and Alzheimer Scotland provide around 80% of daytime respite, and they provided 18% less hours to older people and 35% less to other adults than in 2015/16. This accounted for 73% of the overall fall in daytime respite for older people and 87% for other adults. Overnight respite placements in Care Homes fell by 5% for older people and 19% for other adults. This accounted for nearly all of the fall in overnight provision. There was an increase in overnight respite provided at home or other locations, but the overall numbers do not compensate for falls in Care Home respite.

There are a number of reasons for these falls in provision including people not wanting to change provider and so will go without if their provider is not available, a change in the number and flow of assessments and a broadening range of respite experiences which will not necessarily be reported. Respite provided to children decreased in 2016/17 for a range of reasons including older children transitioning services, difficulties in recruitment and the temporary unavailability of two carers. There is also a preference by carers for daytime respite sessions.

Table 7: Respite Weeks Provided, Falkirk Council

	2014/15	2015/16	2016/17
Total respite weeks	3,103	3,026	2,679
Overnight respite weeks total	1,695	1,462	1,316
Daytime respite weeks total	1,408	1,564	1,364
Overnight respite weeks provided to older people aged 65+	939	742	707
Overnight respite weeks provided to adults aged 18-64	546	521	432
Overnight respite weeks provided to children aged 0-17	210	199	177
Daytime respite weeks provided to older people aged 65+	774	962	821
Daytime respite weeks provided to adults aged 18-64	186	204	146
Daytime respite weeks provided to children aged 0-17	447	398	397

Source: Abacus Financial records, Short Breaks Bureau & individual providers

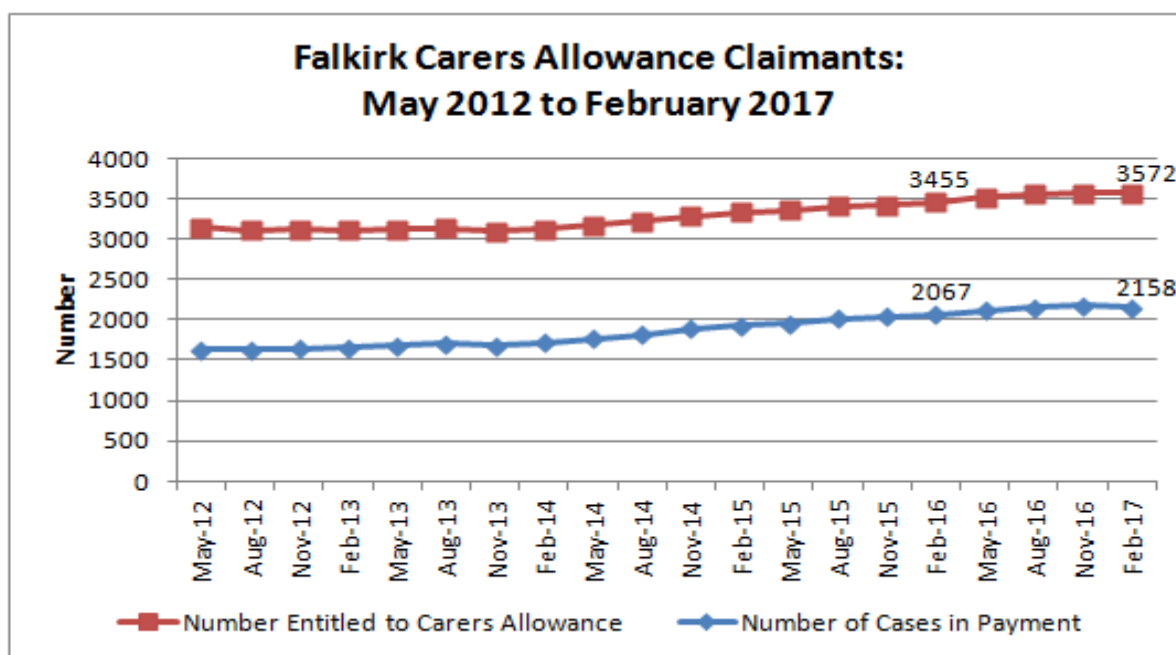
Carers Allowance

Carers Allowance was introduced on 5th July 1976 and is paid to carers who look after a severely disabled person for at least 35 hours a week, who are not gainfully employed and who are not in full-time education. The severely disabled person must be getting either the highest or middle rate of Disability Living Allowance (DLA) care component, or Attendance Allowance, or a Constant Attendance Allowance at the maximum rate under the War Pensions or Industrial Injuries Scheme. To claim Carers Allowance you must be aged 16 or over.

The following provides an overview of the number claiming carers allowance in Falkirk:

- The total number claiming Carer's Allowance at February 2017 was 3,572, an increase from February 2016.
- Around two thirds were female and a third male.
- Of the total number claiming Carers Allowance, 39% were entitled to the benefit but receiving no payment.
- In the last three years the number entitled to Carer's Allowance has been increasing. This may be a reflection of an increased awareness of carers allowance or an increase in carers or an increase in caring responsibilities. Either way there are a large number of carers who are caring for at least 35 hours a week, the equivalent of a full time job.

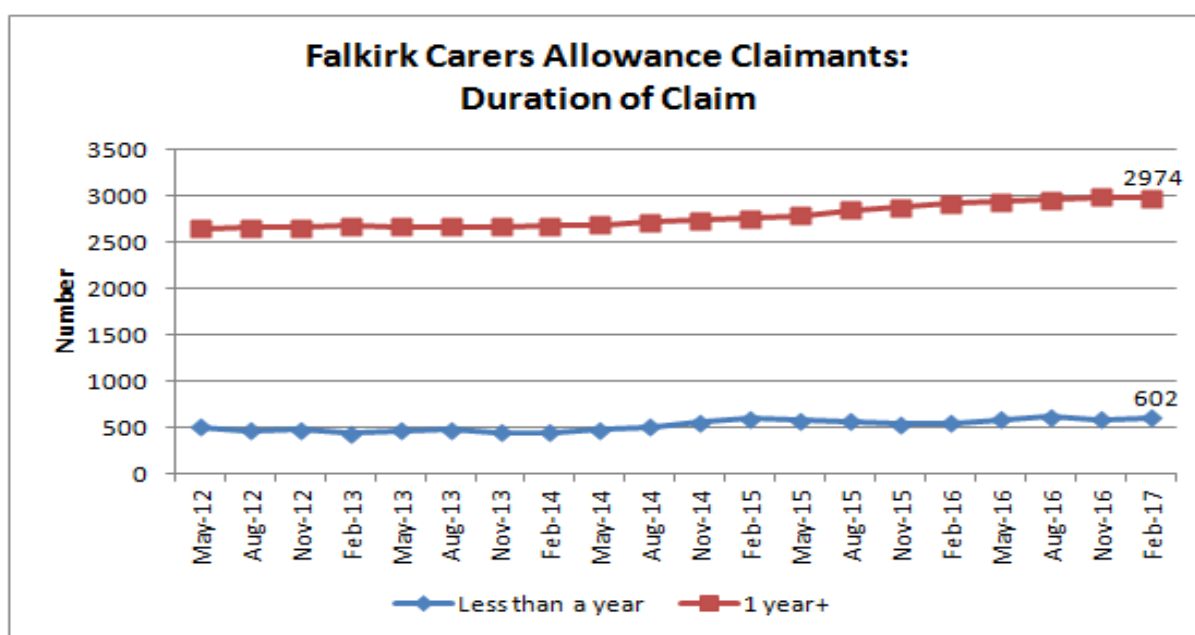
Figure 17: Number of Carers Allowance Claimants in Falkirk



* Statistical disclosure control has been applied to avoid the release of confidential data.
Source: Department of Work and Pensions Stat-Xplore

Those who claim Carers Allowance for less than a year may be less likely to be interested in a formal carers assessment and support than those who have been caring for a longer time. The figure below shows that there is a large number of carers in Falkirk who have been claiming Carers Allowance for one year or longer, around 80% of claims in the last two years. The proportion of short claims versus long claims can also give an idea of the level of stability in the local carer population, i.e. how many new carers may be coming forward each year. In the past two years there has been around 5 long claims (1 year plus) for every short claim (under 1 year) indicating a level of stability in the carer population.

Figure 18: Carers Allowance: Duration of Claim



*Based on duration of claim of the number entitled to Carers Allowance. Statistical disclosure control has been applied to avoid the release of confidential data. Totals may not sum due to the disclosure control applied.
Source: Department of Work and Pensions Stat-Xplore

Support for Carers Overview

There are a range of support services available to carers in Falkirk. An increasing number of carers in Falkirk are accessing information and/or support from the Falkirk and Clackmannanshire Carers Centre and a large number of Carers Assessments are carried out by Falkirk Council.

Over half of respite weeks were provided for the benefit of carers of older people (age 65 or over), respite provision has been decreasing and in the last three years the number entitled to Carer's Allowance has been increasing. This may be a reflection on an increasing number of carers, an increased awareness of supports available or an increase in caring responsibility.

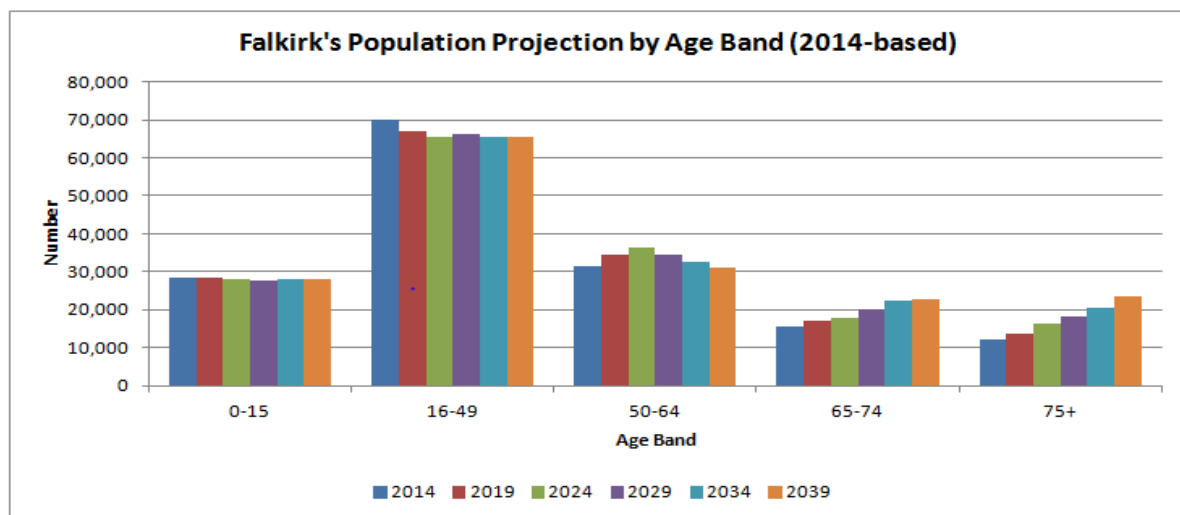
It is noteworthy that the number claiming carers allowance is greater than either the number of Local Authority carers assessments or the number provided with information and/or support from the Carers Centre. It is likely that an increase in the number of carers will have an impact on both preventative and statutory support which, in general, is already increasing.

7 Factors Likely to Impact on Demand

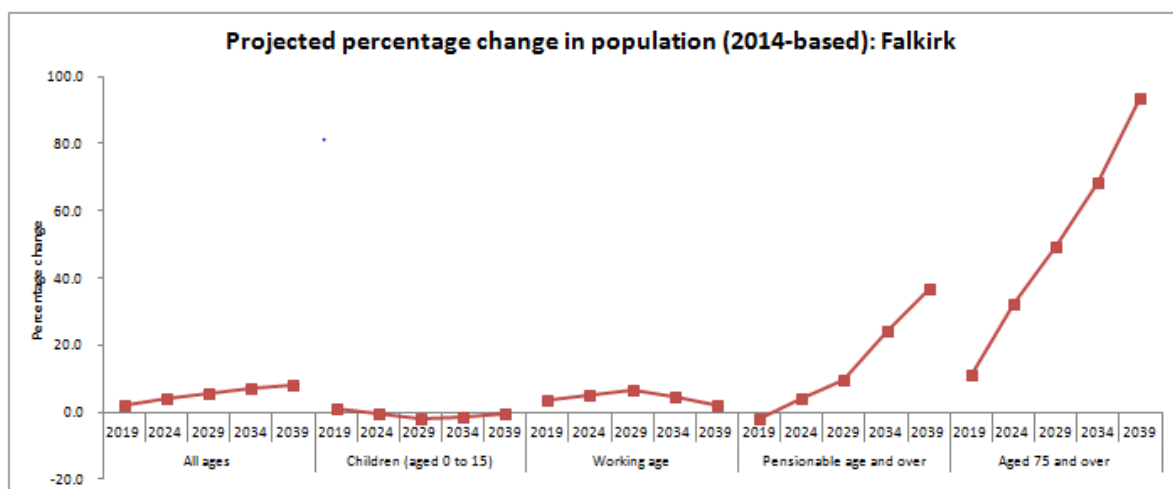
There are many factors which will have an impact on demand including changing demographics, increasing complexity of people's health conditions and a raised awareness of available supports. This section will aim to look at the changing landscape in Falkirk.

There will be a growth in the older population. The size and makeup of the future population will be a key consideration when assessing the impact of demand. While the overall population in Falkirk is expected to grow the age distribution is expected to experience significant changes. Falkirk's older age population is expected to increase significantly with there being little change in the younger age groups. For people of pensionable age and over, Falkirk's population is expected to increase by 36.5% by 2039 and for those aged 75 and over by 93.5%. As people health tends to decrease with age it is likely that there will be significant increase in the cared-for population.

Figure 19: Falkirk's Population Projection by Age Band (2014-based)



Population Projection (2014-based)	2014	2019	2024	2029	2034	2039
Falkirk	157,690	160,861	164,073	166,819	169,107	170,870

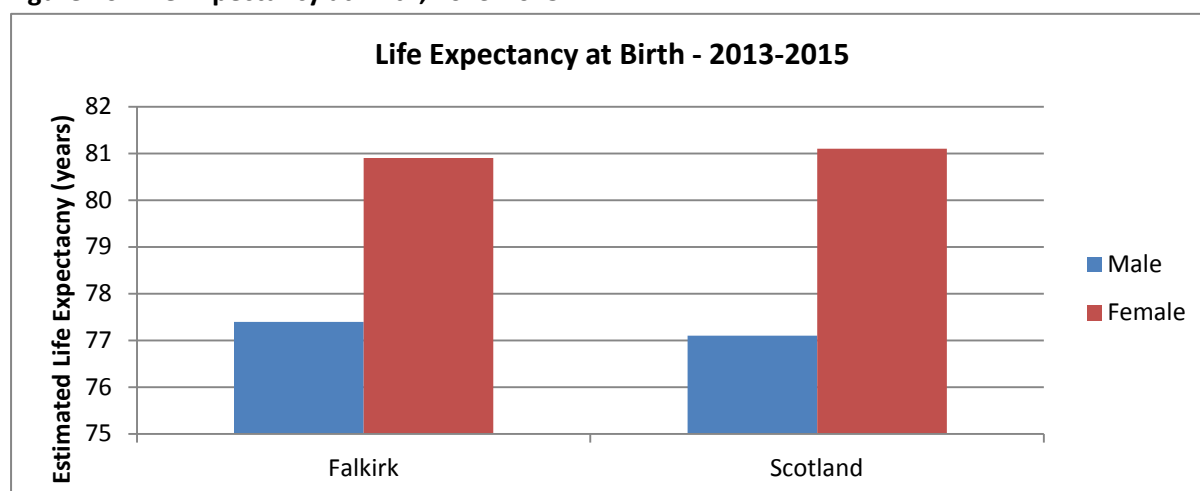


Source: National Records of Scotland (NRS) population projections

Note: Working age and pensionable age and over are estimated from State Pension Age. As set out in the 2014 Pensions Act, between 2014 and 2018, the state pension age will rise from 62 to 65 for women. Then between 2019 and 2020, it will rise from 65 years to 66 years for both men and women. A further rise in state pension age to 67 will take place between 2026 and 2028. The UK Government plan to review state pension age every five years in line with life expectancy and other factors.

Life expectancy has been increasing. Life expectancy is an estimate of how many years a person might be expected to live whereas healthy life expectancy is an estimate of how many years they might live in a 'healthy' state. In Falkirk both female and male life expectancy has been increasing, (at a greater rate for men) and is 80.9 for females and 77.4 for males, in line with the Scottish average.

Figure 20: Life Expectancy at Birth, 2013-2015



Healthy life expectancy for males is very similar at Falkirk and Scotland level while female healthy life expectancy is slightly less than the national average. There is a considerable difference in years not healthy between males and females; women are expected to live approximately two years longer in poor health than men.

Table 8: Life Expectancy and Healthy Life Expectancy, Falkirk and Scotland, 2009-2013.

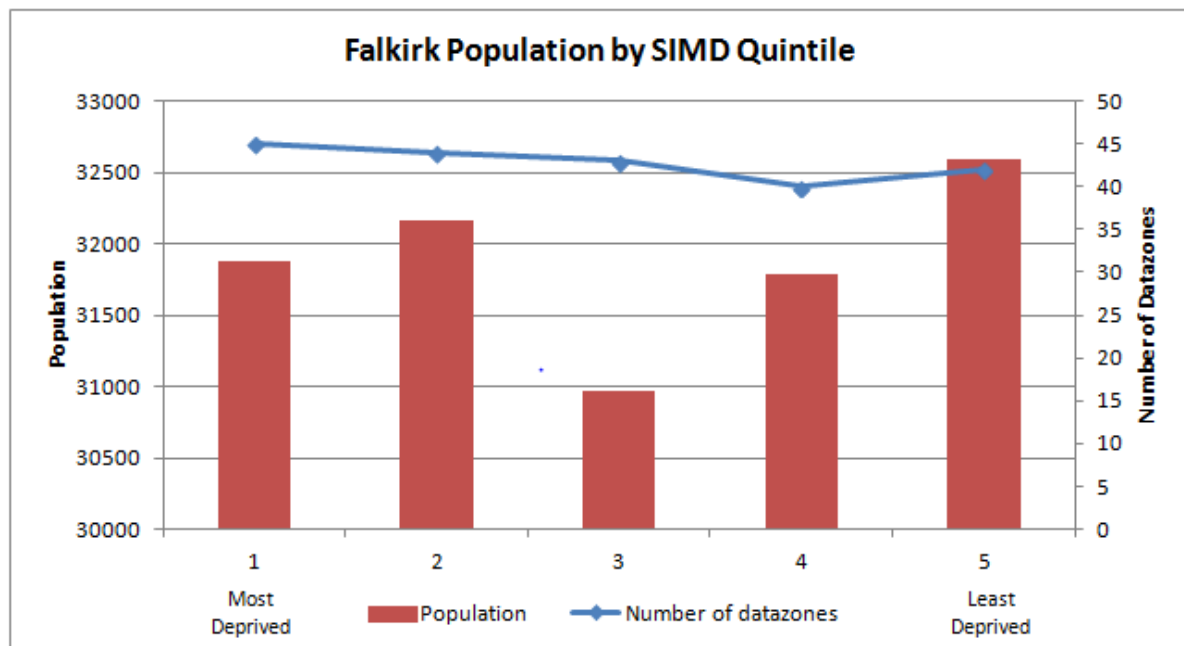
	Falkirk		Scotland	
	Male	Female	Male	Female
Life Expectancy	76.9	80.6	76.6	80.8
Healthy Life Expectancy	62.9	64.4	63.1	65.3
Expected Years "Not Healthy"	14.0	16.1	13.5	15.6

Source: Scotpho (<http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/data/local-authorities>)

Given the projected increase in the pensionable age population, particularly the over 75s, and the possibility of people living these years in poorer health, it is likely that the number of people in need of care will increase. This may in turn result in an increase in the number of carers, at a time when the number of people of working age is projected to decrease.

Scottish Index of Multiple Deprivation (SIMD). The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. By using this and the National Records of Scotland population estimates ISD (Information Services Division) splits this into five deprivation quintiles with approximately 20% of the population in each quintile where 1 is the most deprived and 5 the least. The figure below illustrates the number of people and datazones in each quintile in Falkirk and shows that there are more people and less datazones which fall in the least deprived quintile than the most.

Figure 21: Falkirk Population by SIMD Quintile



*Source: ISD Scotland. Based on SIMD Council Area level population-weighted quintile.

Long Term Conditions and Multiple Long Term Conditions are projected to increase. [Falkirk's Health and Social Care Strategic Needs Assessment 2016](#) detailed how long term conditions were projected to increase in Falkirk. It forecasted that not only will there potentially be a lot more people with dementia but there will also be a significant difference in the number of female cases compared to males. Diabetes, Ischaemic Heart Disease (IHD) and Stroke were all predicted to increase. There will also potentially be more people with multiple long term conditions (also referred to as multi-morbidities), patients have more conditions as they age. It is therefore likely that the number of people requiring care will increase and, in turn, likely that the number of unpaid carers will also increase.

Learning disability and physical disability. There are some disabilities where it is likely that the person will have a carer, often a long term one. This may be the case with some people with a learning or physical disability.

The Learning Disability Statistics Scotland 2015 reports on the number of adults with learning disabilities known to services within their area.

This is likely to be an underestimation as there will be adults with learning disabilities not known to local authorities and possibly some that are known but not reported.

In 2015 there were 981 adults with learning disabilities known to Falkirk local authority, equating to 7.5 people with learning disabilities per 1,000 adults (16+). While the largest proportion of people with a learning disability were aged under 45, 40% were aged 45 or over, in line with the Scottish average of 41%. Just under a third (31%) lived with a family carer, slightly lower than the Scottish average (34.5%).

Figure 22: Number of people in Falkirk with a learning disability

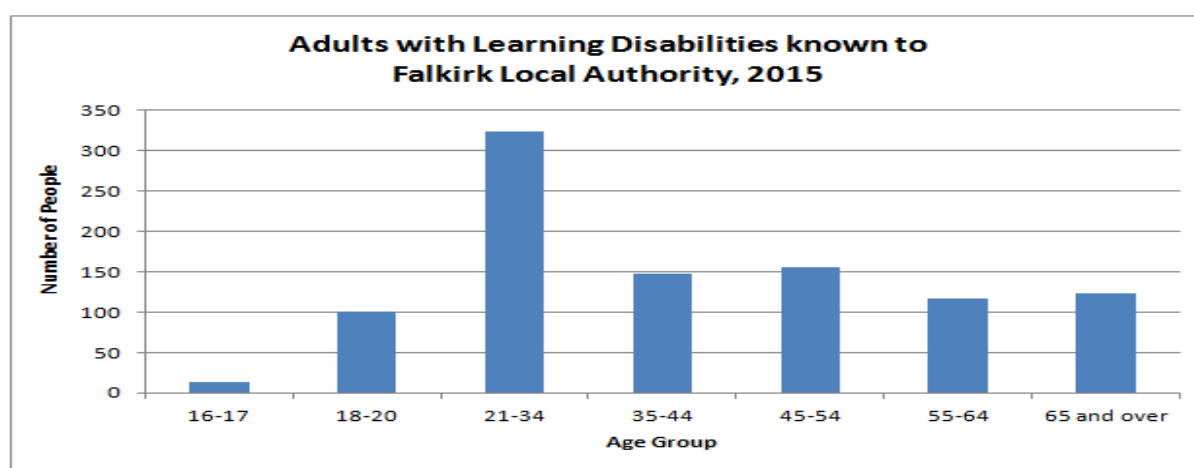


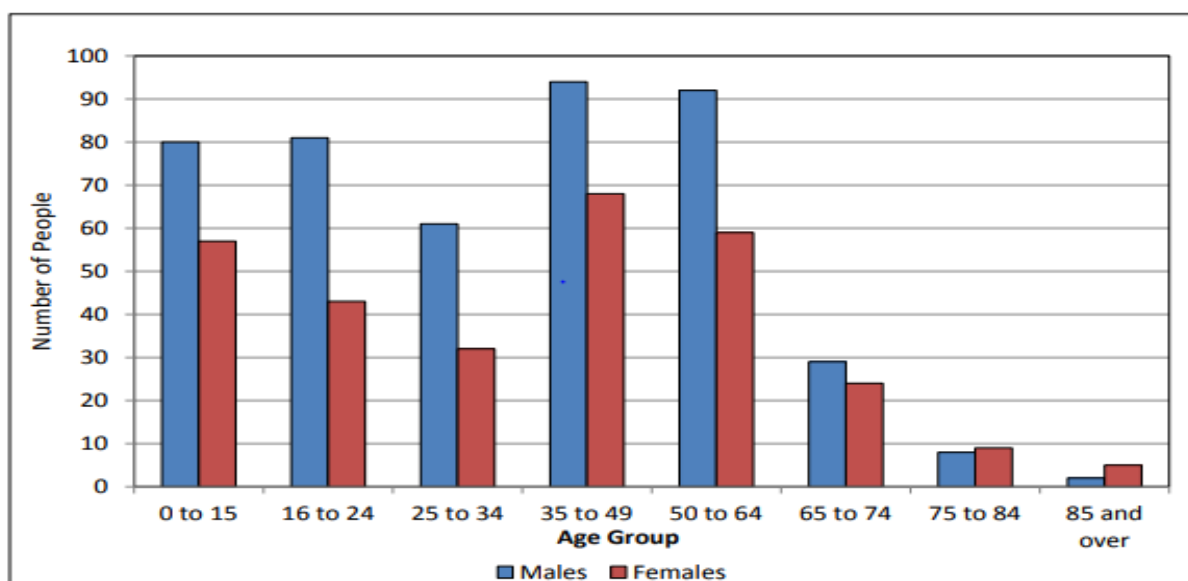
Table 9: Number living with a family carer

	Adults who live with a family carer	Adults who do not live with a family carer	Not known	Lives with family carer as % of all adults	All adults
Falkirk	301	476	204	30.7	981
Scotland	9,386	11,804	6,028	34.5	27,218

Source: Learning Disability Statistics Scotland, 2015

The chart below shows the number of people who were recorded as having a learning disability by sex and age group at the time of the Census in 2011. It similarly shows that there are a number of older people with learning disabilities.

Figure 23: Number of people with a learning disability in Falkirk by age and sex, 2011



Source: Scotland's Census 2011

Due to significant developments in health care life expectancy of people with learning disabilities has improved considerably. In the 1930's life expectancy for a person with Down's syndrome was seven years, but it is now in the region of 50 to 60 years.

Scotland's Census also showed that there were 10,868 people in Falkirk recorded as having a physical disability (7% of the population) and that the proportion of those with a physical disability increases as people age. The majority of those with a physical disability were over the age of 50 and only 1% of the population aged 16-24 had a physical disability in 2011 compared to 33% for those aged 85 and over.

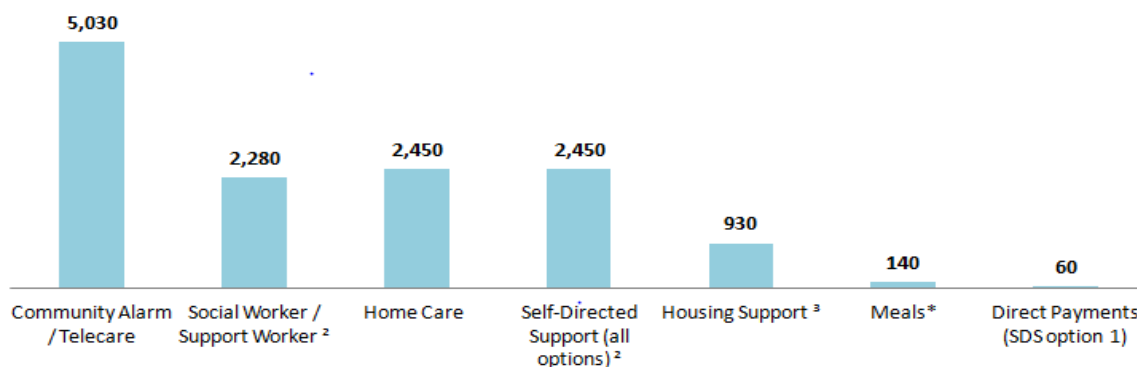
Table 9: Number of people in Falkirk with a Physical Disability by age and gender

Age	Male	Female	Total	Percentage of total with physical disability	Percentage of age group with physical disability
0-15	122	112	234	2.2%	0.8%
16-24	105	98	203	1.9%	1.2%
25-34	163	161	324	3.0%	1.7%
35-49	678	732	1,410	13.0%	3.9%
50-64	1,540	1,689	3,229	29.7%	10.6%
65-74	1,194	1,279	2,473	22.8%	17.6%
75-84	846	1,235	2,081	19.1%	24.6%
85+	257	657	914	8.4%	32.8%

Source: 2011 Census

Social Care Provision in Falkirk. An increase in the number of carers and assessments may result in an increase in demand for social care services. The following, taken from the latest Social Care Survey, aims to simply provide an overview of social care service demand in Falkirk and shows telecare as being in the highest demand.

Figure 24: Social Care clients by type of service, 2016



Notes on chart

¹Community Alarm/Telecare, Direct Payments, SDS and Social Worker/Support Worker information are for the financial year. Home Care, Housing Support and Meals data is for the March Census week.

²Clients can receive multiple social care services.

³Data on Social Worker / Support Workers and Self-Directed Support is in development, and not reported on in detail in this release. Follow-up analysis on these topics will be published at a later date.

Source: Social Care Survey, 2016

Factors Likely to Impact on Demand Overview

Many factors will impact on demand and indications are that the cared for population in Falkirk is likely to grow. Falkirk's older age population is expected to increase considerably and people are living longer with women living longer and for longer in poor health than men. Long term conditions including dementia, diabetes and stroke as well as those with multiple long term conditions are all projected to increase, the majority of people with a physical disability are older and with more children with complex needs surviving into adulthood the number of people requiring care will increase. The potential for the number of people providing unpaid care in turn will increase as will the number who may require help and support.

Appendix A

Carers Census 2017

What is collected in the Carers Census for the baseline year (up to 31 March 2018)?

For each Carer:

- Local Authority code
- ID Carer
- CHI number
- postcode
- date of birth
- gender
- ethnic group
- care hours

For Adult Care Support Plan / Young Carers Statement:

- ID Carer
- date ACSP / YCS requested / offered
- type of ACSP / YCS – new or review
- ACSP / YCS completed?
- date completed
- ACSP / YCS declined
- date declined
- ACSP / YCS joint assessment with cared for person
- is carer eligible for support
- carers support needs

Items in *pale text* are not mandatory for 2017-18 but we would encourage you to return these if you already hold this data as this will help with discussion on taking forward data collection for these items which are still considered essential for the longer term data collection.

Carers Census 2017

What is collected in the Carers Census from April 2018 onwards?

For each Carer:

- Local Authority code
- ID Carer
- CHI number
- postcode
- date of birth
- gender
- ethnic group
- care duration
- care hours
- care type
- care impact

Items in *pale text* are not mandatory for 2018-19 but we would encourage you to return these if you already hold this data as this will help with discussion on taking forward data collection for these items which are still considered essential for the longer term data collection.

For the person they care for:

- ID Carer
- Unique ID for cared for person
- age group
- does carer live with cared for person
- gender
- ethnic group
- client group
- relationship to carer

For Adult Care Support Plan / Young Carers Statement:

- ID Carer
- source of referral for ACSP / YCS
- date ACSP / YCS requested / offered
- type of ACSP / YCS – new or review
- ACSP / YCS completed?
- date completed
- ACSP / YCS declined
- date declined
- ACSP / YCS joint assessment with cared for person
- is carer willing to care
- is carer able to care
- is carer eligible for support
- carers support needs
- support provided / purchased by LA
- did review result in change to support
- Short break provided
- Number of short breaks taken
- Replacement care provided
- Type of replacement care
- Daytime replacement care - hours
- Overnight replacement care - nights

For Young Carers Statement:

- responsible Authority for young carer

8 Group Membership

Agnes McMillan, *Centre Manager, Falkirk and Clackmannanshire Carers Centre*

Ande Hong, *Senior Accountant, Social Work Adult Services, Falkirk Council*

Anne Stewart, *Falkirk Council*

Calum MacDonald, *Principle Analyst, Information Services Division (ISD), NHS*

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David Smyth, *Policy Assistant, Falkirk Health and Social Care Partnership*

Gillian Clark, *Falkirk Council*

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Stephanie Stevenson, *Falkirk Council*

Suzanne Thomson, *Programme Manager, Falkirk Health and Social Care Partnership*

Vivien Thomson, *Service Manager, Falkirk Council*

DRAFT

Falkirk Health and Social Care Partnership

Framework for Local Eligibility Criteria for Unpaid Carers



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1. Background to the Framework for Local Eligibility Criteria for Unpaid Carers

Carers (Scotland) Act 2016

The Carers Act places a duty on local authorities to set out local eligibility criteria for carers. These criteria are a set of rules which determine whether the local authority has a duty under the Act to either directly provide support or to ensure carers have access to support in the community. Local authorities must consult and involve carers and representative organisations in developing criteria for their area.

When setting their criteria, local authorities must also have regard to matters specified by Scottish Ministers in regulation. These national matters may include ensuring that the criteria encourage a preventative approach to supporting carers to continue in their caring role.

The National Carer Organisations developed a 'best practice' framework for Eligibility Criteria in response to views, expressed by carers, that eligibility criteria for carer support should be designed and tested by the National Carer Organisations.¹ The framework was developed during the progress of the Carers Bill (through Parliament) in 2015 and published in December 2016. The Falkirk Health and Social Care Partnership has worked jointly with Falkirk and Clackmannanshire Carers Centre staff and local carers to revise this Framework document for local use in Falkirk.

Focus of the Framework

There are three aspects to eligibility: the **criteria** that determine it, the **thresholds** that must be passed to trigger it, and the **support and/or services** that follow it. This framework sets out best practice for the first two aspects only. It does not attempt to define the support services or *type and amount of support service* a carer would be entitled to. This is because each carer's situation is different and support must be tailored to each individual. The Scottish Government draft Guidance advises the local authority to consider the carer's own strengths and capabilities and how public services and community supports might help them.

It embraces prevention

Although other Scottish Government policy supports preventative work, Local Authority (LA) budgets and practice often focus on critical care. This document identifies thresholds for different levels of need, but it also aims to ensure that **preventative support** is embraced and embedded in policy and practice.

It supports a rights based approach

- The right of every carer to have an Adult Carer Support Plan, which aims to support their health and wellbeing by identifying their

¹ The Coalition of Carers in Scotland Y Submission to the Health and Sport Committee's call for views on the Carers (Scotland) Bill

personal needs and outcomes.

- The right, through an Adult Carer Support Plan to access an appropriate balance of information, advice and support to meet these needs and achieve personal outcomes.
- The right to have eligible needs met.

It is outcomes focused

The Carers (Scotland) Act 2016 defines personal outcomes in relation to the caring role and makes provisions for subsequent regulations about personal outcomes. This framework allows for outcomes to be defined at all levels of support for carers, so that the benefits of accessing both preventative and more intensive support are clear and measurable.

It is applicable to any carer

The document was not written with young carers specifically in mind. Young carers are entitled to be children first and foremost, so frameworks like '*Getting it Right for Every Child*' are likely to be more relevant to them. However, there is nothing in this framework document that could not apply to young carers and it is generic enough to be used in a range of situations.

2. Explaining the process

Through the Carers (Scotland) Act 2016, commencing in April 2018, Local Authorities have a **duty** to support carers who meet local eligibility criteria, this is in addition to the **power** they currently have to support all carers. Determining eligibility for support can be broken down into four steps from assessment to the carer accessing support that is appropriate for them.

Step One

A carer who wishes to access support will need to have an Adult Carer Support Plan completed. This will involve an assessment to decide the carer's needs, and how they can best achieve their personal outcomes. Not all carers who undertake an Adult Carer Support Plan will have an eligible need, or a right to support. However, it is likely that they will still have needs which can be met through access to support in the community (universal services and preventative), and support that helps them to continue in their caring role and have a life outside of caring.

Step Two

Once the carer's outcomes have been identified through their support plan, the local authority will need to determine if any of their needs meet eligibility criteria for funded support or support in the community. This document sets out a **framework for eligibility criteria** to enable local authorities to determine if carers **meet the eligibility threshold**, meaning they have a **duty** to support them.

Step Three

If a carer meets the eligibility threshold, the Health and Social Care Partnership (HSCP)/local authority will need to decide what **level of support** they are entitled to. The support they are entitled to will be decided on an individual basis and will be discussed with the carer. The level of available support will be determined by the eligible needs of the carer and available resources.

Step Four

Once the level of support and the available budget support has been agreed, the carer will then decide how they would like their support to be arranged and will be entitled to choose from the four self-directed support options available. There may be local variation in the services which are available to support carers in each HSCP/local authority area. Falkirk Health and Social Care Partnership will work with local organisations to ensure there is a choice of services available that respond to varying needs and the local environment.

3. Outlining the Framework

The two diagrams on the following pages set out our eligibility framework for carers. This consists of:

1. Eligibility thresholds i.e. where eligibility sits in relation to carer support as a whole

This diagram explains the process for working out eligibility and where the eligibility threshold sits. It also illustrates the role of preventative and universal services in supporting carers who do not meet the eligibility threshold for funded support. This includes some possible examples of services to support carers, which are not intended to be exhaustive or prescriptive.

2. A model framework of criteria – determining the impact of the caring role and associated risk

This diagram illustrates the different areas of a person's life where their caring role may have an impact. This includes their health, finances, life balance and relationships, feeling valued, living environment, future planning and employment/education. It sets out the different categories of risk, with the red circle indicating where the highest risk and therefore the eligibility threshold sits.

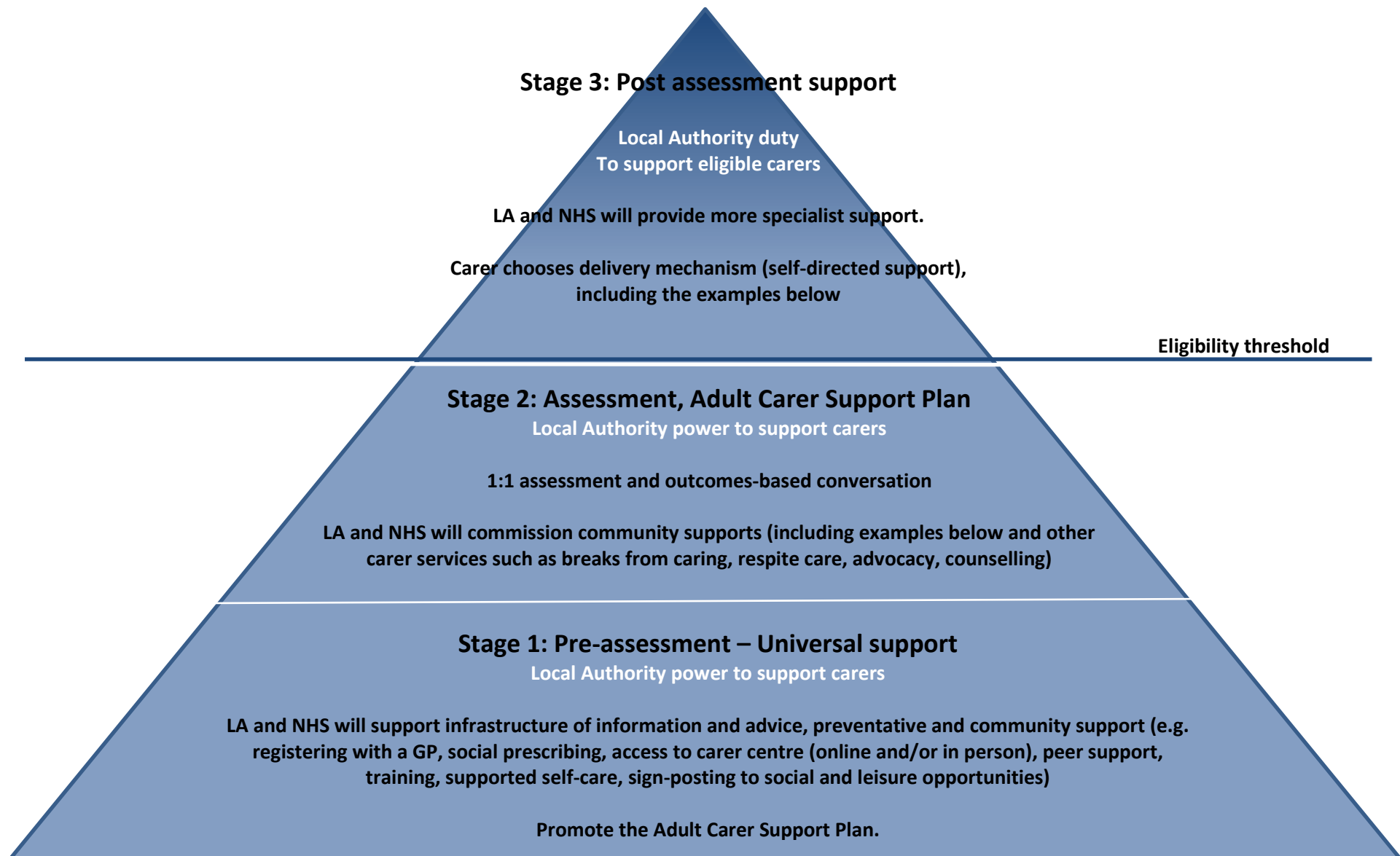
The diagrams are followed by a table of indicators that are intended to show the impact of the caring role and the subsequent risk to the carer in relation to eight carer outcomes.

The diagrams and table of indicators are based on the following elements:

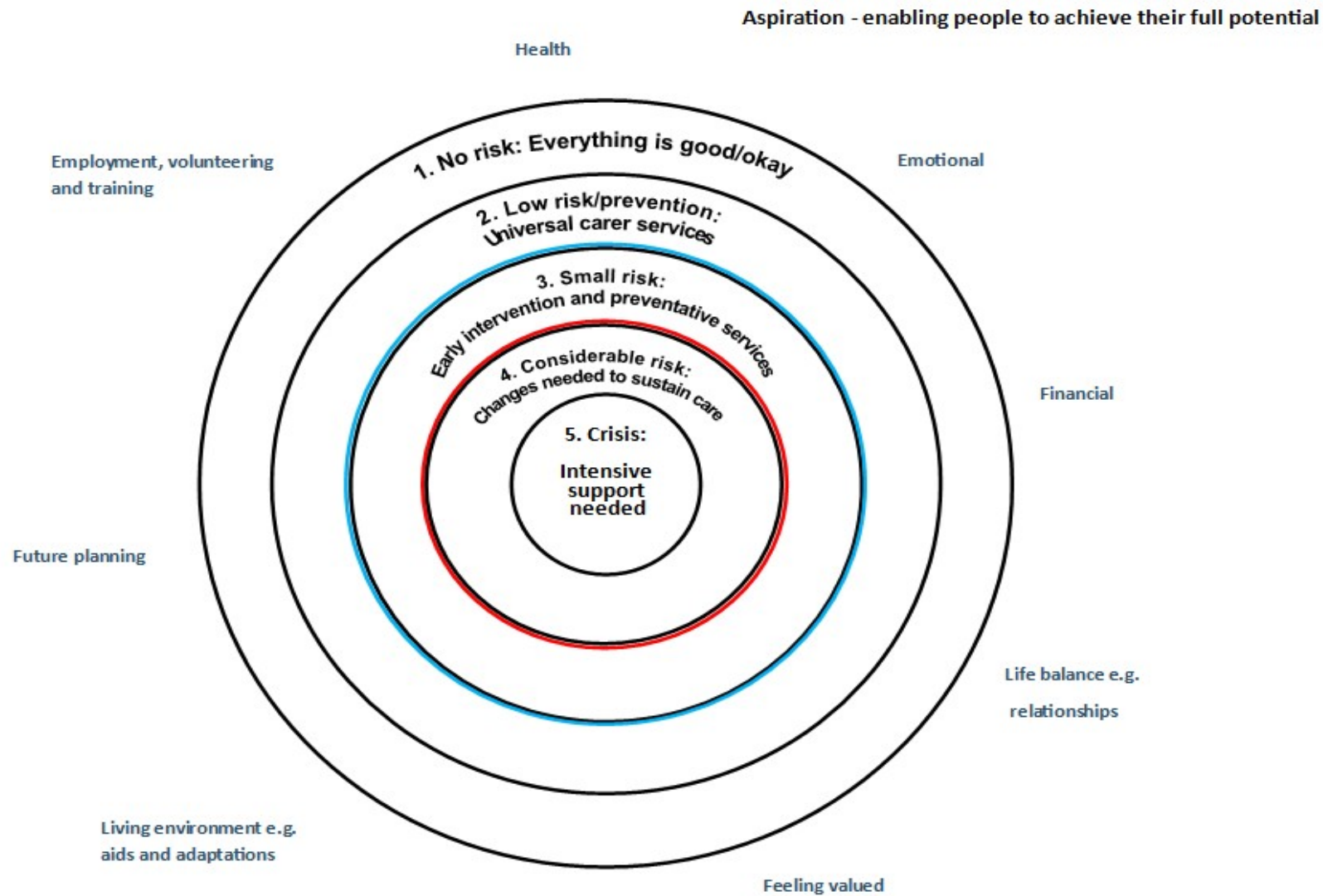
Universal, preventative support (such as information and advice). This is the foundation for helping carers manage their caring responsibilities. This in turn reduces the number of carers requiring a higher level of support, or crisis interventions and reduces demand on statutory (public) services.

Eligibility thresholds that show at what point the *power to support carers* becomes a *duty to support carers*. The diagrams do not attempt to describe which services carers should receive at any of the levels shown. Instead, they give *examples* of the types of support that could be given.

4. Eligibility thresholds: where eligibility sits in relation to carer support as a whole



5. Eligibility Criteria: Determining the **Impact** of the caring role and associated risk



6. Table of Indicators

	Stage 1: Universal Support		Stage 2: Assessment & Carer Support Plan	Stage 3: Post-assessment, duty to support	
	1 Caring has no impact / no risk	2 Caring has low impact / risk prevention	3 Caring has clear impact/ moderate risk. Response needed	4 Caring has substantial impact / high risk	5 Evidence of critical impact / crisis
Physical Health	Carer in good health	Carer's health beginning to be affected	Carer's health at risk without support	Carer has health need that requires attention	Carer's health is significantly/seriously affected
Emotional Wellbeing	Carer emotional wellbeing is good	Caring role is beginning to have an impact on emotional wellbeing	Some impact on carer's emotional wellbeing	Significant impact on carer's emotional wellbeing	Carer's emotional wellbeing is seriously affected
Life Balances	Carer has regular opportunities to achieve the balance they want in their life This includes a broad choice of breaks and activities which promote physical, mental and emotional wellbeing	Carer has opportunities to achieve the balance they want in their life They have access to a choice of breaks and activities which promote physical, mental and emotional wellbeing	Due to their caring role the carer has limited opportunities to achieve the balance they want in their life They have access to a few breaks and activities which promote physical, mental and emotional wellbeing	Due to their caring role the carer has few and irregular opportunities to achieve the balance they want in their life They have little access to breaks and activities which promote physical, mental and emotional wellbeing	Due to their caring role the carer has no regular opportunities to achieve the balance they want in their life They have no access to breaks and activities which promote physical, mental and emotional wellbeing
Finances	Caring is not causing financial hardship[e.g. carer can afford housing costs and utilities	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities	Caring is causing some impact on finances e.g. difficulty meeting either housing costs or utilities	Caring is having a significant impact on finances e.g. difficulty meeting housing costs and utilities	Caring is causing severe financial hardship e.g. carer cannot afford household essentials and utilities/not meeting housing payments

Feeling Valued	Carer feels their knowledge and expertise is always valued by health and social care and others and they therefore feel included and empowered	Carer feels their knowledge and expertise is sometimes valued by health and social care and others and they generally feel included and empowered	Carer increasingly feels their knowledge and expertise is not always valued by health and social care and others and they sometimes feel excluded and disempowered	Carer often feels their knowledge and expertise is not valued by health and social care and others and they often feel excluded and disempowered	Carer feels their knowledge and expertise is never valued by health and social care and others and they always feel excluded and disempowered
Relationships	Relationship with the cared-for person is good Important relationships with other people are good	Risk of negative impact on relationship with cared-for person Risk of negative impact on relationships with other people	Some negative impact on relationship with cared-for person Some negative impact on relationships with other people	Relationship with cared-for person is significantly affected Relationships with other people are significantly affected	Relationship with cared-for person is seriously affected Relationships with other people are seriously affected
Living Environment	Carer's living environment is suitable, posing no risk to the physical health and safety of the carer and carer for person	Carer's living environment is mostly suitable, but could pose a risk to the physical health and safety of the carer and carer for person in the longer term	Carer's living environment is unsuitable, but poses no immediate risk to the carer or the cared for person	Carer's living environment is unsuitable, and poses a significant risk to the physical health and safety of the carer and/or carer for person in the longer term	Carer's living environment is unsuitable, and poses an immediate risk to the physical health and safety of the carer and/or carer for person in the longer term
Employment / Training	Carer has no difficulty managing caring and employment and/or education OR Carer does not want to be in paid work or education	Carer has some difficulty managing caring and employment and/or education and there is a risk to sustaining this in the long term OR Carer is not in paid work or education but would like to be in the long term	Carer has difficulty managing caring and employment and/or education and there is a risk to sustaining this in the medium term OR Carer is not in paid work or education but would like to be in the medium term	Carer has some difficulty managing caring and employment and/or education and there is a risk to sustaining this in the long term OR Carer is not in paid work or education but would like to be soon	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education OR Carer is not in paid work or education but would like to be now

Future Plan	Carer is confident about the future and has no concerns	Carer is largely confident about the future but has minor concerns	Carer is not confident about the future and has some concerns	Carer is anxious about the future and has significant concerns	Carer is very anxious about the future and has severe concerns
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7. Case Studies

Case Study 1 – Bill

Bill is 70 and cares for his mother Phyllis. Phyllis is 92 and is frail and elderly but lives independently. She manages fairly well and Bill visits daily to help her with housework, shopping, getting out and about. She receives some help from the social work department to cook her meals and has a community alarm for emergencies. Bill asks for an Adult Carer Support Plan. Overall he is managing his caring role well and his health and wellbeing are generally good. However, he identifies that he has some concerns about the future (if anything was to happen to him) and he is a bit lonely as he doesn't really have anyone to talk to about his caring role.

Using the model criteria

All of Bill's needs fall into universal or preventative support, which could be provided by a local carer support worker at Carers Centre. For example, they could arrange for him to join their male carers group to meet fellow carers. In addition, the person responsible for the Adult Carer Support Plan could help him develop an emergency plan so that if anything happened to Bill, the plan would take effect

Case Study 2 – Frances

Frances is 20 and cares for her mum who has cancer. She provides continuous care, although they have some help from the local hospice. She had to give up her college course and has no income. She is exhausted and depressed and has no idea how she will continue to cope. The hospital support worker contacts the Carers Centre to arrange for her to have an Adult Carer Support Plan which identifies that:

- Caring is causing significant impacts on her mental health.
- She is exhausted and wants to be able to have a break from caring and spend time with her friends.
- She wants to return to education but does not know how she will be able to manage education and caring.
- She is really worried about finances. Although her Mum gets ESA, she does not receive any other benefits.

Using the model criteria

- Frances's health is at significant risk of breaking down.
- She has few opportunities to have a break.
- She has no opportunities for education.
- Her finances are precarious.

She meets the high threshold on this model across a number of areas and therefore the local authority has a duty to support her. This could include providing a regular break, maximising her income and helping her plan to return to education.

Case Study 3 – Fran

Fran cares for her husband John who has MS. She works full time. Although she has up to now managed the caring role, John's disability is progressing and he needs more help to get up in the morning which she is finding more difficult. Fran requests an Adult Carer Support Plan. During the discussion about the outcomes the following is identified:

- Caring is causing some impacts on her health – she is stressed and has some back pain.
- Financially there are few problems as her job is well paid. Her husband is receiving DLA. However, were she to lose her job they would have significant financial difficulty, including paying the mortgage.
- Their housing is suitable and has all the adaptations they need.
- She feels her quality of life is good and despite her husband's disability, they are able to enjoy activities together and apart.
- She is somewhat worried about the future and how they will cope as her husband's condition progresses.
- She is keen to keep her job but it is significantly at risk as she is coming in late as she has to get her husband up and ready every morning. Her employer is concerned about her late arrivals and is threatening disciplinary action.

Using the model criteria

Fran is in the preventative/universal section for all areas of her life apart from two. This can be met with a referral to the Carers Centre , for example, with access to complementary therapies and some moving and handling training.

However, employment and (potentially) finance are of concern. In this instance, she meets the highest threshold where the local authority will have a duty to provide support to ensure that she continues to be able to manage work and caring. She is at imminent risk of losing her job and there are concerns about the associated impact that would have on their finances. Some help in the mornings would prevent this happening.

ADULT CARER SUPPORT PLAN - REVIEW

Carer Name: Ann Other

Date: 2 October 2018

How does carer now feel about:	Conversation Notes	Original Impact	Current Impact	Better	Same	Worse
Physical Health	Carer is still struggling to lose weight and improve her fitness.	Substantial	Substantial		✓	
Emotional Wellbeing	Although the carer feels better in some ways because she has been attending some of the health and wellbeing activities at the Carers Centre, she is still anxious about the deterioration in her husband's health and her ability to continue to look after him as his condition gets worse.	Critical	Critical		✓	
Life Balance	Getting a Creative Breaks grant enabled carer to have a short break with her grandchildren. Social Work have also organised a sitter service one afternoon a week to allow carer to attend the bingo with her friends.	Substantial	Moderate	✓		
Finances	After a benefit check at the Carers Centre with the CAB adviser carer was able to apply for a reduction in Council Tax.	Low	Low	✓		

Feeling Valued	Carer still feels that the medical staff involved in her husband's care don't really ask her opinion and they don't realise that what her husband tells them isn't always the truth.	Moderate	Moderate		✓	
Relationships	Carer feels that her relationship with her family has greatly improved now that she has had a break with her grandchildren and she is now able to catch up with her friends every week. She feels that getting a break has also improved her relationship with her husband.	Substantial	Moderate	✓		
Living Environment	Carer is still waiting on planning permission and grants to carry out work to install an upstairs shower room. In the mean time she is getting more anxious about helping her husband to reach the toilet in time during the night.	Substantial	Critical			✓
Employment / Training		None	None		✓	

Are any changes required to enable carer to achieve identified outcomes? Yes ✓ No

Goals and Aspirations	Actions	Who will do this?
Carer would like to improve physical health, especially weight problems	<ul style="list-style-type: none"> • Make appointment for Keep Well check at Carers Centre • Attend yoga and healthy eating health and wellbeing sessions at Carers Centre 	Carer Carer
Carer would like to feel more valued by professionals	<ul style="list-style-type: none"> • Attend Care with Confidence session on assertiveness 	Carer

and have her voice heard	<ul style="list-style-type: none"> Attend Carers Forum 	Carer
Carer would like to feel less anxious about getting her husband to the toilet during the night	Speak to health and social care about any incontinence aids that might help	Carer Support Worker

Signed by Carer:

Ann Other

Date:

2 October 2018

Date for Review:

2 April 2019



ADULT CARER SUPPORT PLAN – ACTIONS

Carer Name:

Ann Other

Date:

3 April 2018

Life Outside Caring	Conversation Notes	Impact of Caring Role		
		None/Low	Moderate	Substantial/Critical
Physical Health	Carer has gained a lot of weight as she no time to exercise or cook proper meals - GP has warned her health is at risk as a result.			✓
Emotional Wellbeing	Carer constantly feels stressed and depressed - she is on medication for depression. She stated she is struggling to continue and feels like giving up.			✓
Life Balance	Carer has no time for herself and would like to have a break from time to time so that she could see friends (she used to regularly go to the bingo) and her grandchildren.			✓
Finances	Carer thinks she is coping okay but would like to know if she is receiving all the benefits she is entitled to.	✓		
Feeling Valued	Carer doesn't feel valued - she doesn't think anyone knows, or cares, how being a carer is affecting her - she's just expected to keep going and no one ever listens to her.		✓	
Relationships	Carer sometimes resents her husband and how his illness is affecting her - then she feels guilty as she realises it's not his fault. She rarely			✓

	gets to see her grandchildren as they live some distance away and she can't leave her husband to go and see them.			
Living Environment	Although the carer is happy with her home and her neighbours are very good, she is worried about her husband's mobility - their only toilet is downstairs, and he can't always manage to get there in time. He can no longer get into the bath and they don't have a shower.			✓
Employment / Training	Carer is retired so this is not an issue.	✓		

Future/Emergency Planning		Would like help?		
		Yes	No	Don't Know
Emergency Plan	Carer would like help to develop a plan as she really worries about something happening to her.	✓		
Future Plan	Carer wants to know what would happen to her husband if she wasn't able to look after him as his condition is getting worse and her health is also deteriorating. She's unsure about making a will and doesn't have Power of Attorney for her husband.	✓		

Continuing to Care		Able / willing to continue caring?		
		Yes	No	Don't Know
Ability to Care	Carer doesn't know how long she can continue to cope without support, or at least a break from time to time.		✓	
Willingness to Care	Carer wants to be able to care for her husband as long as she is able.	✓		

Goals and Aspirations	Actions	Who will do this?
Carer would like a regular break to allow her time away from caring to work on her own health and wellbeing and spend time with her grandchildren and friends.	<ul style="list-style-type: none"> Attend weekly Carers Café at Carers Centre. Make appointment at Carers Centre for pampering session. Needs someone to pop in and check on husband while attending Centre. Apply for Respite gift of an afternoon at the bingo. Apply to Creative Break Fund for weekend away to Blackpool with grandchildren. Make referral to Social Work Services to apply eligibility criteria for: regular short break and any technology enabled care equipment to give the carer the peace of mind to be able to leave her husband for short periods of time. 	Carer Carer Carer will ask neighbour Carer Carer Carer Support Worker
Carer would like to make sure she is getting any benefits she's entitled to.	Make appointment with CAB Welfare Benefits Adviser at the Carers Centre.	Carer
Carer would like an upstairs toilet and a shower.	Make referral to Social Work Services to apply eligibility criteria for: home adaptations to facilitate easier toileting and bathing/showering.	Carer Support Worker
Carer wants to discuss what would happen to her husband if she took ill.	Make an appointment with Carers Centre to complete an Emergency Plan.	Carer
Carer wants to look into Power of Attorney and making a will.	Attend Care with Confidence session on Power of Attorney. Make appointment at the Carers Centre to discuss making a Future Plan.	Carer will attend Carer

Signed by Carer:

Ann Other

Date:

3 April 2018

Date for Action Plan Review:

2 October 2018

If Action Plan indicates that the support required needs to be provided by health and social care services:

Does carer consent to Carers Centre making referral to health and social care services?

Yes

✓

No

Does carer consent to Carers Centre sharing Adult Carer Support Plan with health and social care services?

Yes

✓

No

Signature of carer confirming consent:

Ann Other

Date of consent:

3 April 2018

Adult Carer Support Pathway - DRAFT

Professional (Social Work, Health, Third Sector or other) **identifies** carer



- Provide any appropriate information/advice from their service to support carer e.g. Post-diagnostic training
- Promote relevant known universal services/support e.g. libraries, community education, CAB, GP



- Promote Adult Carer Support Plan (ACSP) as a means of accessing carer support
- Promote Carers Centre as a source of general support and information for carers and access to ACSP



Carer would like to be referred to Carer Centre



Carer agrees to make contact with the Carers Centre



Carer does not want to have contact with Carers Centre



Obtain and record consent to pass carer details to Carers Centre



Provide Carers Centre details to carer, including details of ACSP



Provide Carers Centre details to carer, including details of ACSP for future reference



Make referral to Carers Centre

Carer contacts Carers Centre

Carer can choose to contact Carers Centre if further support/information required - CLOSE

Carers Centre receives a **referral** from a professional or **self-referral** from carer via phone, drop in, e-mail, website

Picked up by duty Carer Support Worker (CSW), or put on spreadsheet for allocation to CSW

During initial contact with carer, CSW will:

- Ascertain, if not already known from referral, the carers details and a brief outline of their caring role
- Advise carer of their **right to an Adult Carer Support Plan (ACSP)** - provide/send leaflet if interested
- Offer carer an appointment to discuss caring role and support required (**Adult Carer Support Plan**)

If carer does want an appointment – CSW will refer to Adult Carer Support Planning Worker (ACSPW) for **conversation** about their caring role

If carer does not want an appointment – CSW will:

- Record 'ACSP declined'
- Respond to the issue presented by carer
- Ask if carer would like more information about the Carers Centre (provide/send leaflet)
- Ask if carer would like to register with Carers Centre (provide/send Registration Pack)

Carer can choose to contact Carers Centre if further support/information required - CLOSE

ACSPW will:

- Explain role of Carers Centre
- Complete Registration Form
- Use 'Good Conversation' discussion to help carer produce a written plan that details:
 - the impact their caring role is having
 - the personal outcomes they would like to achieve
 - the support they require
 - the carers eligibility for support, and whether this should include a break from caring
 - how the support will be provided
 - plans for how they would deal with emergency situations
 - plans for their future caring role
 - when the plan will be reviewed
- Agree content of ACSP with carer and provide copy
- Record 'ACSP completed'



Signpost and refer carers to sources of information and support, as required to achieve their personal outcomes, from:

- Carers Centre - listening, short breaks, information/training, informal advocacy, health & wellbeing, future planning, emergency planning, peer support groups and activities, involvement opportunities
- Other organisations/agencies – for example for: income maximisation, bereavement support, counselling
- Social work for assessment against local eligibility criteria for support with identified needs that cannot be fully met through support to the cared-for person or through accessing services that are available generally



Review on ongoing basis, recording the extent to which identified outcomes have been met



Carer can choose to contact Carers Centre if further support/information required - CLOSE

Falkirk & Clackmannanshire Carers Centre

Bank Chambers
1a Bank Street
FALKIRK
FK1 1NB

Telephone: **01324 611510**

Ludgate House
Mar Place
ALLOA
FK10 2AD

Telephone: **01259 226838**

E-mail: **centre@centralcarers.org**
Website: **www.centralcarers.org**

Principal Funders



Managed by Central Carers Association (Falkirk & Clackmannan) | Company Limited by Guarantee
Company No SC184443 | Scottish Charity No SC023658

March 2018

Carer Registration Pack



**Register now
for information
and support**

About the Carers Centre

What we do and who we support

The Carers Centre provides information and support to those who look after a family member or friend who needs help due to disability, illness, frailty or addiction. Our services for carers include individual support, group support activities and information sessions. Our leaflet 'Are You Caring for Someone?' provides further information about the Carers Centre and the support we offer.

Carer involvement

The Carers Centre works to ensure that carers voices are heard and offers regular opportunities for carers to make their views known, such as focus groups, questionnaires, surveys and a regular Carers Forum for local carers and professionals. If you would like to 'have your say' please tick the relevant box in the Carer Registration Form.

Confidentiality and data protection

If you share any personal information with the Carers Centre, it will be treated as confidential, kept securely and not shared with other organisations without your consent, unless under exceptional circumstances, which includes information relating to any risk of serious harm to the carer or another person (child or adult), or a criminal offence. Further information is contained in our Confidentiality Policy and Procedures, Child Protection Policy and Procedures and Adult Support and Protection Policy and Procedures.

Carers Card

Forth Valley Carers Cards are available for carers who are registered with the Carers Centre to make it easier for them to voice their views and ideas, participate in care planning discussions, and obtain caring information about the person they care for. If you would like to request a Carers Card, please tick the relevant box in the Carer Registration Form.

Adult Carer Support Plan

The Carers (Scotland) Act 2016 gives carers the right to an Adult Carer Support Plan to help them access the information and support they need for their caring role. Further information is available in the enclosed leaflet on Adult Carer Support Plans. If you would like an Adult Carer Support Plan, please tick the box to make an appointment to discuss your caring role, and any support needs, in the Carer Registration Form

Equality and diversity

The Carers Centre is committed to equality, diversity and inclusion. We aim to ensure our services are accessible to everyone – completing the enclosed Equality Monitoring Form will help us to know if we are succeeding.

Quality statement

The Carers Centre is committed to running an organisation with high standards of organisation and operational practice.

Complaints Policy

As part of the Carers Centre's programme of continuous improvement, we would like to know if we have done something wrong, we have not done something we should have done, or if you have been unfairly treated. We will always seek to deal with any complaints verbally in the first instance; however, if you are still unhappy, a written complaint may be made either by letter, or by completing a Complaints Form, which is available from the Carers Centre, along with a copy of our Complaints Policy and Procedure.

Former Carer Policy

The Carers Centre provides information and support to carers for up to two years after their caring role has ended

Priorities identified for action in 2018/19 and inclusion in Falkirk Carer Strategy 2019-2023

Requirements for implementation of the Carers Act:

- Strategic Commissioning Review to consider what services will be required moving forward.
- Commission services to meet the requirements of the Act over the period of the strategy
- Develop a range of flexible respite and short break services for carers
- Develop a range of advice, information and support services based on carers experiences
- Develop a short breaks statement with carers
- Involve carers in service planning and service delivery
- Involve carers in hospital discharge planning
- Information Management systems to take account of Carers Data Census.
- Performance Management system that takes account personnel outcomes approach and implementation of the Act
- Further develop carer involvement mechanisms in the Partnership
- Workforce development and awareness
- Review and update the Carers Strategy on an annual basis.
- Develop the provision of greater involvement support for carers during hospital discharge.
- **Support for carers:**
 - Ensure the delivery of a range of advice, support and information services
 - Support development and provision of specialist welfare benefits and money advice for unpaid carers.
 - Development of transitional and ongoing support for carers.
 - Support young carers who are more likely to be living in poverty/deprivation and with poor mental health and well being.
- **Training and education, information:**
 - Continue to disseminate information resources and training for carers, young carers and professionals.
 - Produce operating procedures for all staff to ensure carers are sign posted to the most appropriate level of support
 - Continue to develop the programme of training for carers across Clackmannanshire and Stirling
 - Continue the delivery of workforce training and raising awareness of unpaid carers issues across Forth Valley
 - Provide specific young carer awareness training for professionals from health, education and social services.
 - Increase workforce training and development increasing equality and accessibility for rural and remote living young carers.
- **Raising awareness:**

- Develop carer friendly materials on what the Carers Act means and where to access support advice and information
- Continue to promote the uptake of carer's assessments.
- Ensure the continued involvement of carers that ensures carers and their needs are represented at a strategic and operational planning levels
- Ensure carers are engaged in the development and delivery of support and services to meet their needs.

- **Improving performance and quality:**

- Introduce a performance management process that reflects the Carers Census Data requirements
- Ensure carers needs inform the development of the Falkirk Partnership Carers Strategy.
- Improve performance management and quality improvement processes in relation to delivering the carers agenda.

Equality & Poverty Impact Assessment

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Carers Act Implementation Group			Lead Officer: Name	Robert Stevenson, Senior Planning Manager Peter McLaren, Interim Service Manager		
				Team:	Social Work		
				Tel:	01324 504010		
				Email:	Peter.McLaren@falkirk.gov.uk		
Proposal:	Implementation of the Carers Act				Reference No. (if applicable):		
What is the Proposal?	Budget & Other Financial Decision		Policy (New or Change)		HR Policy & Practice		Change to Service Delivery / Service Design
	Yes		Yes		No		Yes
Who Does the Proposal Affect?	Service Users	Members of the Public	Employees	Job Applicants	Other, please specify:		
	Yes	Yes	Yes	Yes	Unpaid Carers		
Identify the main aims and projected outcome of this proposal (please add date of each update):							
	<p>There are approximately 20,500 adults and 750 young carers living in the Falkirk area. The Falkirk Health and Social Care Partnership has worked with Carers, the third sector and other stakeholders to develop this Carers Strategy which sets out how we will support Carers, whatever their age, over the next five years- from 2018-2023.</p> <p>The Clackmannanshire and Stirling Carer and Young Carer Strategy 2017 is a key strategic plan that shows how the areas will meet the expectations and duties that are contained in the Carers (Scotland) Act 2016 and in the Children and Young Persons (Scotland) Act, 2014. The strategy acknowledges that both the carers and those they care for, come from all walks of life. They represent the diversity of Scotland's population. Carers, themselves, may have care needs. Many carers are 'hidden' – for example within refugee, gypsy traveller and asylum seeker populations.</p> <p>The strategy is basically information about why action is needed, what action is needed and a plan to make sure the action takes place. Its' key features are-</p>						

- | | |
|--|---|
| | <ul style="list-style-type: none">• it is written in collaboration with Carers so that what matters to them shapes planning.• it details how this collaboration between carers and professionals will be ongoing.• it identifies the 'outcomes' we agree we want to achieve – or, what is the difference we want to make to carers.• it includes detailed information on who provides care, how much care is provided and any impact that we know of on their health and wellbeing.• it will state how progress will be measured and how the plan will be reviewed to make sure any necessary adjustments are made. |
|--|---|

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this Service (£'000s):	Total:	N/A	Budgets are currently shared across a number of services and funding streams and will undergo a strategic commissioning review during 2018/19
Reduction to this service budget (£'000s)	Per Annum:	N/A	
Increase to this service budget (£'000s)	Per Annum:	N/A	
If this is a change to a charge or concession please complete.	Current Annual Income Total:	N/A	
	Expected Annual Income Total:	N/A	
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

SECTION THREE: EVIDENCE Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups)

A - Quantitative Evidence: This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.



Falkirk Unpaid Carers
Needs Assessment.docx



Appendix 1 Carers
Act Regulations and Guidance

B - Qualitative Evidence: This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.	
Social - case studies; personal /group feedback / other:	
Local examples under development	
Best Judgement:	
Has best judgement been used in place of data / research / evidence?	Yes / No
Who provided the best judgement and what was this based on?	
What gaps in data / information were identified?	
Is further research necessary?	Yes
If NO, please state why.	

SECTION FOUR: ENGAGEMENT Engagement with individuals or organisations affected by the policy or proposal

Has the proposal / policy / project been subject to engagement?	Yes	
If YES, please state who was engagement with.	The engagement was with unpaid carers, service users, members of the public and staff.	
Engagement with users of service / stakeholders should take place. If NO engagement has been conducted, please state why.		
How was the engagement carried out?	What were the results from the engagement? Please list...	
Focus Group	No	
Survey	Yes	
Display / Exhibitions	No	
User Panels	Yes	
Public Event	Yes	
Other: please specify	Sessions were held with unpaid carers and staff using a workshop approach.	
Has the proposal / policy / project been reviewed / changed as a result of the engagement?	Yes	
Have the results of the engagement been fed back to the consultees?	Yes	
Is further engagement recommended?	Yes	Further engagement will be required on development of the Carers Strategy and implementation of the policy.

SECTION FIVE: ASSESSING THE IMPACT

Equality Protected Characteristics: What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, public protection etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
Age		X		<p>Caring responsibilities have particular detrimental impact on both the lives of young people and older adults. This approach and subsequent action plan will put measures place to address these issues wherever possible in response to national and local agendas. This includes measures in which to identify and support hidden carers.</p> <p>This approach also specifically identifies needs and support to be delivered for young carers including:</p> <ul style="list-style-type: none"> • we will encourage and enable carers to have an active life outside their caring role, including fulfilling their education, employment and training potential. • Young Carers will be protected from undertaking inappropriate caring roles.
Disability		X		<p>The Integration of Health and Social Care is one of Scotland's major programmes of reform. At its heart, health and social care integration is about ensuring that those who use services get the right care and support appropriate to their needs, at any point in their care journey.</p> <p>Integration aims to ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people. The Health and Social Care Strategic Plan for Falkirk states in relation to Carers.</p> <p>Many carers will be caring for someone with a disability including parent</p>

				carers. There is no robust local data on the prevalence of disability amongst carers. This should be taken into account as part of the monitoring process.
Sex	X			The 2011 census showed that women were more likely to report to being carers than men in the area and around a third of carers provided 35 hours or more of care a week. ,
Ethnicity		X		There is a potential for a differential impact on those from ethnic minority communities. The Strategy recognises Many carers are 'hidden' – for example within refugee, gypsy traveller and asylum seeker populations
Religion / Belief / non-Belief	X			No evidence at present of the impact religion may have on access to carers support. As part of the monitoring process we will evaluate any concerns raised as well as have continues discussions with faith groups where appropriate
Sexual Orientation	X			Being lesbian, gay, bisexual or transgender (often shortened to trans) and a carer can bring about additional issues. One such worry may be that existing services to support the carer and the person that they care for may not be LGBT friendly, or people may feel uncomfortable or anxious about 'coming out' to people who can help. Since the implementation of the Government's Equality Act 2010, no service provider may discriminate against anyone because they are lesbian, gay, bisexual or transgender.
Transgender	X			No data was available about carers or young carers under this protected characteristic grouping.
Pregnancy / Maternity	X			No data was available about carers or young carers under this protected characteristic grouping.
Marriage / Civil Partnership	X			No data was available about carers or young carers under this protected characteristic grouping.
Poverty		X		Unpaid cares are recognised as being vulnerable in relation to poverty related issues. The rollout of the program highlights the importance of addressing this with a focus on improving access to improved benefits and access to employment opportunities

Other, health, community justice, public protection etc.				
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Risk (Identify other risks associated with this change)	Main risk relates to matching potential increase in demand to available resources being provided nationally.
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Public Sector Equality Duty: Scottish Public Authorities must have ‘due regard’ to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:

duty to report progress on mainstreaming the equality duty; duty to publish equality outcomes and report progress; duty to assess and review policies and practices; duty to gather and use employee information; duty to publish gender pay gap information; duty to publish statements on equal pay, etc; duty to consider award criteria and conditions in relation to public procurement; duty to publish in a manner that is accessible, etc.; duty to consider other matters; and, duty of the Scottish Ministers to publish proposals to enable better performance.

	Evidence of Due Regard	Negative Impact
Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	N/A	
Advance Equality of Opportunity:	The Carers Act is designed to promote equality of opportunity for unpaid carers	
Foster Good Relations (promoting understanding and reducing prejudice):	N/A	

SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
Business	Yes / No	
Councils	Yes	The implementation of the Carers Act should have a positive impact on the ability of Falkirk Council to meet its statutory duties in relation to the Carers Act. However there are a number of risks in relation to meeting increased demands in service provision for this group and available resources to meet demand.
Education Sector	Yes	The implementation of the Carers Act should have a positive impact on the ability of Falkirk Council to meet its statutory duties in relation to Young Carers and the Carers Act. However there are a number of risks in relation to meeting increased demands in service provision for this group and available resources to meet demand.
Fire	Yes / No	
NHS	Yes	The implementation of the Carers Act should have a positive impact on the ability of Falkirk Council to meet its statutory duties in relation to the Carers Act. However there are a number of risks in relation to meeting increased demands in service provision for this group and available resources to meet demand.
IJB (Integrated Joint Board)	Yes	Carers are identified as a priority the IJB's Strategic Plan and a number of statutory duties identified in the Carers Act have been delegated to the IJB from Falkirk Council and Forth Valley Health Board which should support
Police	Yes / No	
Third Sector	Yes	The Third sector are seen as being essential partners in the delivery of this policy objective and will have a key role in delivering support advice and information
Other(s): please list and describe the nature of the relationship / impact.		

SECTION SEVEN: ACTION PLANNING

Mitigating Actions: As a result of performing this assessment, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by the Equality Act.

Identified Impact	To Who	Recommendation to address the issues raised	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes
Increase in the number of unpaid carers who request services during the rollout of the program.	Staff who provide services and unpaid carers in receipt of services.	That service impact is monitored through the establishment of local performance and data collection mechanisms.	Joe McElholm	Quarterly	
Increase in demand may exceed the available resources.	Staff who provide services and unpaid carers in receipt of services	Commissioning Sub Group monitors the rollout and develops actions to address any issues that arise.	Joe McElholm	Quarterly	
Impact on groups with special characteristics may inadvertently have a negative impact	Staff who provide services and unpaid carers in receipt of services	Commissioning Sub Group monitors the rollout and develops actions to address any issues that arise.	Joe McElholm	Quarterly	
A number of unpaid carers will require services to meet their needs which are currently not in place or need to be developed	Staff who provide services and unpaid carers in receipt of services	Commissioning sub group to complete review and develop service proposals to meet identified or emerging demand	Joe McElholm	November 2019	

No Mitigating Actions

Where a negative impact on diverse communities has been identified what is the justification for continuing with the proposal / policy / project and why the recommendation cannot be implemented?

This is a national legislative and policy initiative which will be subject to national review mechanisms therefore we will be developing local mechanisms to monitor implementation and making recommendations address issues that may arise during implementation.

The Local Implementation Group will continue to implement the programme and develop monitoring systems to measure impact.

**Are actions being reported to Members?
If yes when and how?**

Yes

Through regular reports to the Falkirk Integration Joint Board and Falkirk Council Children's Services Committee

SECTION EIGHT: ASSESSMENT OUTCOME

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.		
No major change required	Yes / No	
The proposal has to be adjusted to reduce impact on protected characteristic groups	Yes	Impact has to be assessed during implementation of the proposal
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	Yes / No	
Stop the proposal as this is potentially in breach of equality legislation	Yes / No	

SECTION NINE: LEAD OFFICER SIGN OFF

Lead Officer:			
Signature:	Robert Stevenson	Date:	28 March 2018

SECTION TEN: EPIA TASK GROUP USE ONLY

OVERALL ASSESSMENT OF EPIA: Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?		Yes / No
ASSESSMENT FINDINGS If YES, use this box to highlight evidence in support of the assessment of the EPIA If NO, use this box to highlight actions needed to improve the EPIA		
Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u> ?	Yes / No	If YES, please describe:

LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA:		
LEVEL		COMMENTS
HIGH	Yes / No	
MEDIUM	Yes / No	
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	Joe McElholm – Head of Social Work Adult Services Kathy O'Neill – General Manager, Community Services	Date:	28 March 2018