

West Dunbartonshire Health and Social Care Partnership

Local Carers Strategy

2020 – 2023

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Foreword

West Dunbartonshire Health and Social Care Partnership (WDHSCP) is pleased to present our Local Carers' Strategy (LCS). This strategy recognises the significant contribution that unpaid carers make to sustain the health and wellbeing of our most vulnerable citizens. The Health and Social Care Partnership (HSCP) considers the role that carers play across our communities to be invaluable and is committed to ensuring that they are well supported in their caring role.

This strategy is underpinned by the Carers (Scotland) Act 2016. The Act requires each Local Authority and relevant Health Board to prepare a statutory local carers strategy as well as extending and enhancing the rights of unpaid carers. The new duties in the Act applies to Local Authorities and relevant Health Boards but is delegated to Integration Joint Boards under the Public Bodies (Joint Working) Scotland Act. The HSCP Board welcomes the opportunities the Act brings.

To achieve our aim of ensuring that carers are supported and enabled to thrive alongside caring, we need to understand who our carers are and the impact caring can have on them. We will achieve this through the lens of our strategic priorities, where we identify a number of outcomes this strategy will work to deliver in order to achieve our aim. For example, we hope to increase the number of carers identified in West Dunbartonshire as it is only through this identification that we can work with carers to consider and offer any support needs and provide **early intervention**. We will develop our assessment tools to help identify **assets** and strengths carers have, and work together to build on these. Where necessary and desired by carers, we will support them to **access** proportionate support, and to help develop individual and community **resilience** among carers.

Our toughest challenge continues to be in relation to tackling **inequalities**. This strategy develops an opportunity for us to collectively tackle and reduce the impact of health inequalities. We are committed to reducing inequalities in power and are excited by the opportunities to work with carers across West Dunbartonshire, to help deliver the HSCP vision, "Improving lives with the people of West Dunbartonshire".

To our children and young people who provide unpaid care, I want to say a special thank you; the care you provide is invaluable. In the same way that we want carers to thrive while undertaking their caring role, we want our children and young people to have a childhood alongside their commitment to their caring role. We and our partners remain committed to working with children, young people and families in a way that aims to keep families together, that keeps families safe and that supports children and young people who are providing care in a way that best meets the needs of the whole family.

Through the support from the West Dunbartonshire Carers Development Group (CDG) in developing our action plans and monitoring the impact of the strategy, I look forward to working together and successfully delivering this strategy.

Beth Culshaw, Chief Officer, WDHSCP

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Acknowledgements

WDHSCP expresses its thanks and appreciation to all participants who have worked hard to ensure that the West Dunbartonshire LCS is as comprehensive as it can be and covers carers of all ages.

Most importantly, carers from across West Dunbartonshire were fully involved and assisted with this strategy. It was important that the LCS was written while taking into account the views and voices of a range of carers in West Dunbartonshire which would result in a better informed document.

West Dunbartonshire's Carers Strategy will be jointly reviewed in 2023 by both the HSCP and partners. An annual report on progress will be produced for the HSCP Board to ensure robust monitoring and review of the Strategy.

Further information on this Local Carers Strategy can be obtained by contacting WDHSCP as detailed below.

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Executive Summary

This WDHSCP LCS details the strategic approach to supporting unpaid carers in West Dunbartonshire. This LCS is an update to the previously published LCS which was reviewed by the HSCP and partners in July 2020 at the direction of the HSCP Board. The lifespan of the previous LCS was 2019-2022. This current strategy will operate from 2020-2023.

While the strategic direction remains unchanged, revisions have been made to a number of aspects of the strategy to enhance and support the ongoing and high quality work undertaken to support carers across West Dunbartonshire. As a result of the revisions, the strategy provides:

- a better understanding of who carers are in West Dunbartonshire
- a clearer description of how caring may impact upon carers
- an indication of the gap between the number of carers who have accessed support for carers and the number of carers estimated to be in the community
- a realignment and strengthening of some of the issues affecting carers alongside our strategic priorities
- a new outcome framework to assist monitoring and evaluating implementation and impact
- a new governance structure which will support the implementation of the LCS

The LCS desired outcomes have been developed through the lens of the HSCP's five strategic priorities.

Examples of outcomes aligned to each strategic priority include:

- **Access:** increasing carer awareness of respite, increasing a variety of respite opportunities, and short break availability, and increasing the volume and types of information available to carers
- **Early Intervention:** increasing awareness of the caring role and increasing the number of young and adult carers identified in West Dunbartonshire
- **Assets:** ensuring Adult Carer Support Plans (ACSP's) and Young Carer Statements (YCS's) better recognise and draw upon the strengths and assets carers possess
- **Resilience:** increasing the number of carers who feel able to care
- **Inequalities:** increasing the proportion of carers identified as those who experience deprivation

This strategy also commits the HSCP and partners to ensure best value in relation to how funds are spent to support, deliver and commission carers services and ensure all spend that is recorded is clear, accessible and transparent .

Each of the outcomes within the strategy have indicators which will use evidence to monitor and review the implementation and impact of the strategy. The responsibility for overseeing this will lie with the Carers Development Group (CDG), a multi-agency

group which includes carers representatives who will be supported to engage with and represent the views of carers in West Dunbartonshire.

By achieving the outcomes within the LCS, the HSCP will work towards realising the ambition of National Health and Wellbeing Outcome 6, “People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being”.

This LCS marks the continuation of a journey with recognition of some of the great work underway as well as the challenges to be overcome to help achieve the outcomes important to carers in West Dunbartonshire. This LCS is our commitment to tackling challenges together, working closely with partners, and carers in particular, to develop and introduce innovative solutions to achieve the WDHSCP vision of improving lives with the people of West Dunbartonshire.

The Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 seeks to give adult carers¹ and young carers new rights, whilst bringing together the rights carers held through previous legislation.

As part of the duties in implementing the Act, and in line with the position set out within the Act, the HSCP will work with people to assess the needs, risks and strengths of their circumstances as well as the outcome(s) they would like to achieve. The HSCP will do this with carers as individuals in their own right, separate from but in co-ordination with any support being provided to any cared-for person(s) – the person or people the carer cares for.

The Act brings changes to how carers can access assessment and support through ACSP's and YCS's. What these are and how they will be used is detailed throughout this strategy. So too are the outcomes that the HSCP will work to deliver as part of the strategic approach to supporting carers in line with the Act. A summary of the responsibilities the Act creates is provided in Table 1 (below).

Table 1: Responsibilities under The Carer (Scotland) Act 2016

ACSP's and YCS's	An ACSP must be offered to all people identified (by HSCP or otherwise) as carers. A YCS must be offered to all young people identified as young carers. This will help identify what support, if any, is required.
Eligibility Criteria	Local eligibility criteria must be set out and published. This is required to ensure transparency and fairness and that people receive the right type and amount of support at the right time from the right place.
Carer Involvement	Carers and / or carers representatives must be involved in the development and evaluation of carer services. Carers must be involved in the hospital discharge processes for the person(s) they care for.
Local Carers Strategies	Local Carers Strategies, such as this one, must be produced and reviewed within a set period of time
Information and Advice	An information and advice service must be provided for carers on issues including but not limited to rights, advocacy, health and wellbeing.
Short Breaks Statements	A statement which sets out information on short breaks provision available to local carers and cared-for persons must be prepared and publicly available.

¹ A carer is someone providing care in an unpaid capacity. A young carer is anyone aged up to 16yrs old. A young adult carer is aged 16-24yrs old. An adult carer is anyone over age of 25yrs. Where we are talking about a specific group we will use the appropriate term (e.g. young, young adult) otherwise 'carer' or 'unpaid carer' is used to refer to all carers.

Who Are Our Carers?

A carer can come from any background, be any age, be employed, be in education or have other responsibilities including family to look after. The amount of time devoted to providing care and the intensity of that care may vary from a few hours per week to 24 hours per day, seven days per week. The level of care can range from 'light touch' to regular more intensive support for more than one person. Some carers may have had a caring role their whole life or it may be for only a short time.

The cared-for person is often a family member but can also be a friend or neighbour. They too may be young or old, and have a range of care needs from support required within the home, to help with getting out and about, to end of life care. Some cared-for people may have multiple care needs.

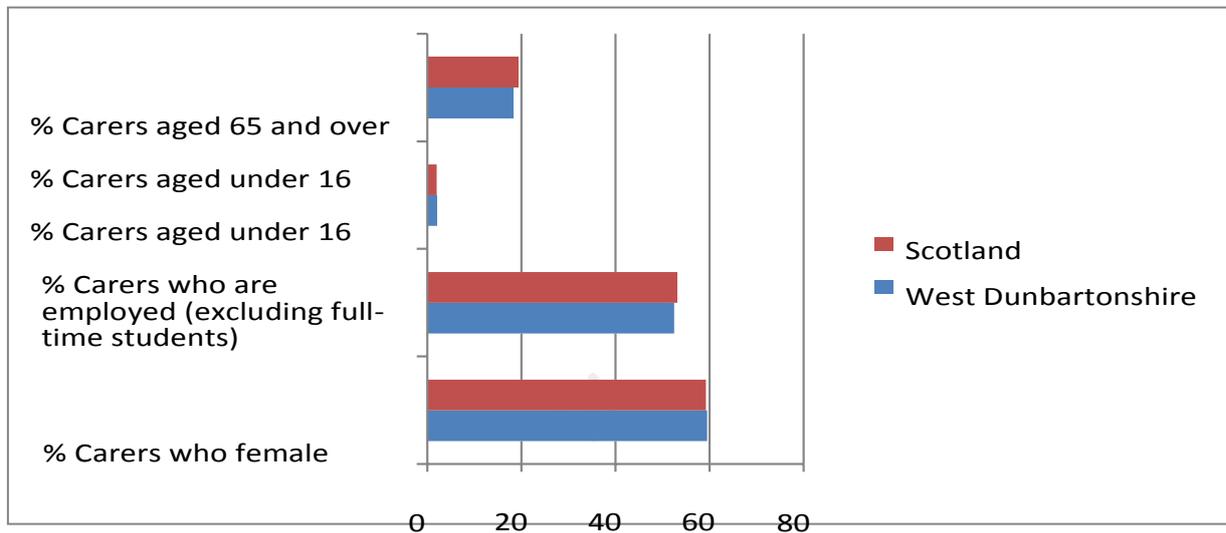
Many people providing care do not see themselves as a 'carer'. They are often first and foremost a husband, wife, son, daughter, or friend, who is providing care for their loved one. The strategy will show that a range of support is available to carers who live in West Dunbartonshire.

The important distinction between carers and someone undertaking care as a career, is that carers are unpaid. Despite their caring responsibilities and whatever their circumstances, carers should be able to enjoy the same opportunities in life as those without caring responsibilities.

It will only be possible to plan services for carers and implement the Carers (Scotland) Act 2016 effectively if the HSCP has a better understanding of the challenges faced by carers. The data below will help us understand and inform our local position, to help begin to answer the question, 'Who are our carers?'

Profile Data Demographics

According to Census 2011 data, 18.2% of carers in West Dunbartonshire are aged 65 years or over which is less than the national figure of 19.3%. In West Dunbartonshire 2.1% of carers are under 16 years of age which is in line with the Scottish figure of 2.0%. The proportion of carers that are female in West Dunbartonshire is marginally greater than the national figure 59.5% compared to 59.2%.



Source: [Scottish Census 2011](#)

Geographical location and deprivation

The HSCP Strategic Needs Assessment indicates caring responsibilities disproportionately affect people experiencing higher levels of material deprivation. In particular, higher proportions of young people have caring responsibilities in areas of higher deprivation and lower income. This is because the impact of living with a disability or long-term health condition is often associated with living in poverty, being unemployed or living in relative income poverty.

Local data shows that young people in the most deprived areas provide more care than in wealthier areas. When considered nationally, young people in the most deprived areas, such as West Dunbartonshire, almost 4% of young people were providing unpaid care compared to 2% in the least deprived.

The most accurate estimate suggests that around 7% of all young people in Scotland have caring responsibilities. Evidence reveals, young people become more involved in caring as they get older and young people in the most deprived areas provide the most care. Gender differences are more pronounced for young adult carers with female young adult carers more likely to report poorer wellbeing.

The differences in the intensity and type of care will have an impact on the extent to how caring affects young people's well-being and the implications for their education

and employment. Understanding the profile of young carers has implications for ensuring that adequate and appropriate support is available for all young carers, and particularly for considering the needs of those living in deprived areas who may be providing more care and more intensive care to cared-for people.

The data in the Strategic Needs Assessment suggests there are approximately 10,000 carers across West Dunbartonshire. However, the estimate from the 2013 General Household Survey indicates the number of carers in West Dunbartonshire may be closer to 13,000.

Carers Supported by WDHSCP

WDHSCP primarily provides support to carers through Caring Conversations and ACSPs (these are explained in more detail below). The number of each of these completed in 2018/19:

- Number of Tier 1 Caring Conversations taken place by HSCP Staff was 1200
- Number of Tier 2 ACSP's Completed by HSCP staff was 98

Further data will be available when the carers census data for 2019/20 is completed for the Scottish Government. This return has been suspended due to the Covid-19 pandemic

Carers Supported by Carers of West Dunbartonshire (CWD)

CWD is the organisation commissioned by the HSCP to work alongside other partners to support carers. Data from CWD show that in 2019/20 (1st April 2019 to 31st March 2020):

- Number of new carers identified = 391
- Total Number of carers supported = 1606
- Number of ACSPs completed = 155
- Male = 26% Female = 74 %
- Minority Ethnic Carers = 1%

Unmet Need among Adult Carers

Data from the Strategic Needs Assessment found that there are a higher proportion of adults who provide unpaid care (21.4%) in West Dunbartonshire in comparison to Scotland as a whole (18.5%). The data suggests there are approximately 10,000 carers across West Dunbartonshire. However, the estimate from the 2013 General Household Survey indicates the number of carers in West Dunbartonshire may be closer to 13,000.

While the majority of carers may be able to provide care without support from the HSCP or its partners, the data suggests there is a potentially large gap in terms of those providing unpaid care and those accessing support.

Young Carers

The term 'young carer' refers to children and young people aged 4-15 years. The term 'young adult carers' refers to people aged 16-24 years. In 2017 [Scottish Government](#) estimated there were approximately 29,000 young carers in Scotland.

Many young and young adult carers are juggling their caring roles alongside school, college, university or work. Maintaining friendships is a challenge for young carers with many unable to stay in touch with friends. This contributes to many feeling lonely and isolated. Alongside concerns about friendships, a significant number of young and young adult carers describe feeling disconnected and lonely.

Y-Sort-It is a third sector organisation who provides specialist support to young and young adult carers in West Dunbartonshire. Data from between April 2019 and March 2020 show:

- 133 young carers were being supported by Y-Sort-it
- YCS's were offered to all young people with 40/46 new carers accepting the offer.
- Age range of all young carers was 10-14yrs = 59; 15-20yrs = 71; 21 – 25yrs = 3.
- Gender of all young carers Male = 53 Female = 79 Non binary = 1.

Unmet Need among Young Carers

The extent of unmet need cannot be reported with high accuracy. However, given the disparity between estimated number of young and young adult carers in West Dunbartonshire and the number of carers known to services and receiving support, it is clear there remains work to do in identifying the number of young carers in West Dunbartonshire.

The HSCP remains committed to working with partners to achieve the outcomes throughout this strategy, including those outcomes regarding the identification of carers.

Understanding the Impact of Caring

The role of an unpaid carer can be wide and varied; each carer will be responding to a unique set of circumstances and they themselves will have their own unique circumstances. It is possible to consider the impact of caring across a number of standard areas of someone's life. The National Carer Organisations – which includes [Carers Scotland](#), [Carers Trust Scotland](#), [Coalition of Carers in Scotland](#), [Crossroads Caring Scotland](#), [Minority Ethnic Carers of Older People Project](#), [Shared Care Scotland](#) and The Scottish Young Carers Service Alliance (hosted by Carers Scotland) – suggest seven areas of life which should be considered when thinking about the impact of the role of caring on carers (A Framework for National Eligibility Thresholds, National Carer Organisations, [2015](#)). Although designed to consider eligibility, we mention the Framework here in order to highlight the potential impact of caring across carers lives. More detail on eligibility is provided in this Local Carers Strategy under the strategic priority of 'Inequalities'.

Each of the seven areas may not be impacted upon for all carers, and not every carer will be impacted upon to the same degree. The areas are relevant for consideration for all carers and in all circumstances and demonstrate the potential depth and breadth of the impact of caring.

Health

The impact of caring upon a carers health can be far-reaching. It could be short or long term, it could prevent them from enjoying a good quality of life or prevent them from undertaking their caring role. Regardless of the cause, it is important anyone with caring responsibilities feels able to look after their own health; being healthy themselves will undoubtedly help them in their caring role.

Emotional

Caring for someone can often be upsetting, particularly if the person is physically deteriorating or their personality is changing. Similar to physical health, good emotional wellbeing of carers undoubtedly helps when supporting and caring for others.

Finance

Caring can incur expenses. For example, the cost of transport and/or parking whilst attending medical appointments, buying specialist equipment or products, replacing clothing, or even doing more laundry all bring added expense. If the cared-for person was the main earner and their condition has meant that they have had to give up work this affects the overall household income.

Life Balance

Dedicating time to caring can mean that the carer often cannot find time to socialise or even just have some "me time" to do things that they want to do for themselves. Often carers put the needs of the cared-for person first and don't have the time or the energy to fully consider their own needs. Being able to combine caring with other interests and feeling that this is manageable is important for life balance and for emotional wellbeing.

Feeling Valued

It is important to recognise the expertise and experience gathered through a caring role. The contribution a single carer makes to a cared-for person can often be immeasurable from their perspective and, collectively, the impact carers make and the role they play across West Dunbartonshire is not underestimated. It will be important to draw upon carers' expertise in a respectful way and valuing the contribution they can make to, for example, the design of services for carers and for those of the people they care for.

Living Environment

Sometimes a carer's home is also where they provide support and care. In these situations it is important that the home meets both the needs of the cared-for person and the carer themselves. Having private space is also important for wellbeing and so too is having a home that lends itself to the care that requires to be provided. Where a carer lives separately from the person to whom they provide care, it remains important that their home meets their needs.

Future Planning

In some situations it can be difficult for a carer to make any plans whether these are short, medium or long term plans. This can be across a range of issues either for the carer themselves and their life, or in their caring role. Making career, educational plans or planning a social life can be difficult. Ensuring carers are skilled and able to continue to provide care as their cared-for persons needs evolve and circumstances change. Having plans for the future can provide optimism, hope and reassurance for the future.

Impact on Young Carers

Each of the areas of wellbeing noted above are applicable to young people, however a well-established model is already in place for considering and supporting young people's health and wellbeing. The [Getting it Right for Every Child](#) (GIRFEC) model proposes eight wellbeing indicators in a young person's life and include: safe, health, active, nurtured, achieving, respected, responsible and included (SHANARRI).

Children and young people have reported that conflicting emotions were linked to their caring role. Feelings of worry and loneliness, were mirrored with feelings of happiness and pride at being able to support a loved one.

Children and Young people identified concerns about bullying and a lack of understanding from both their peers and their teachers as barriers to young carers seeking support. There were also concerns around knowing where and from whom to seek support, and fears that they may be removed from their parents care or that they may be placed in residential care because of their caring role. Providing support to keep families together and working to ensure the whole family's needs are met is at the heart of our engagement with young carers.

The HSCP Strategic Priorities and Local Carers Strategy Outcomes

The HSCP has published its [Strategic Plan 2019-22](#). Within the Strategic Plan, the HSCP makes the following commitment, “In accordance with the expectations of the Carers (Scotland) Act 2016, the HSCP and partner organisations are committed to ensuring better and more consistent support for carers and young carers so that they can continue to care, if they wish, in better health and to have a life alongside their caring commitments”.

To deliver the commitments made in the Strategic Plan, and through consultation with staff groups and local communities, the HSCP identified five Strategic Priorities. These provide the ‘golden thread’ that should weave through all of the Partnership’s work if it is to deliver its vision of “Improving lives with the people of West Dunbartonshire”.

Our Local Carers Strategy aims to deliver a set of outcomes during its lifetime which have been identified through collaboration and engagement with partners, HSCP employees and carers. Each of the outcomes below sits alongside one of the five HSCP Strategic Priorities. Some outcomes may cover more than one Strategic Priority but it features alongside the outcome to which it most strongly links. In this part of the strategy, each of the Strategic Priorities is described and linked to the work in supporting carers. The relevant outcome is noted at the end of each section.

The five Strategic Priorities and the associated Local Carers Strategy outcome(s) is provided in Table 2.

Table 2: Local Carers Strategy Outcomes and HSCP Strategic Priorities

HSCP Strategic Priority	Local Carers Strategy Outcome
Access	<ol style="list-style-type: none"> 1. Carers’ awareness regarding the availability of short breaks and respite will increase 2. Carers will have access to a range of flexible options which will support a life alongside caring 3. The proportion of adult carers receiving HSC support in their own right by choosing SDS options 1, 2 or 4 will increase 4. The volume of information available to all carers via social media will increase 5. The volume of information for all carers accessed online will increase 6. The availability of information for all carers in print format will increase 7. All carers will feel listened to regarding their own outcomes and needs 8. Access to resources will be improved through the implementation

	of eligibility criteria
Early Intervention	<p>9. Awareness of caring and the carer role will be raised among HSCP, voluntary and independent sector employees.</p> <p>10. WDHSCP and partner agencies, including education, will increase the number of young carers identified</p> <p>11. WDHSCP and partner agencies will increase the number of adult carers identified</p>
Assets	<p>12. ACSPs will be asset-based and outcome focused</p> <p>13. YCSs will be asset-based and outcome focused</p> <p>14. The number of HSCP staff trained in Equal Partners in Care will increase</p>
Resilience	<p>15. All carers with an ACSP will have robust emergency plans in place</p> <p>16. The number of (adult) carers who feel able and willing to care (resilient) will increase</p> <p>17. The number of young carers who feel able to care (resilient) will increase</p> <p>18. The use of telecare options will increase</p>
Inequalities	<p>19. The proportion of young carers identified who are experiencing higher levels of deprivation will increase</p> <p>20. The proportion of adult carers identified who are experiencing higher levels of deprivation will increase</p> <p>21. The number of carers, including young carers, represented at strategic and operational levels of service design and delivery will increase</p> <p>22. Access to HSCP services will be more equitable through the implementation of eligibility criteria</p>
Crosscutting	<p>23. The HSCP and partners will ensure a Best Value approach to spend linked to the carers service and commissioning. All spend is recorded in a clear and transparent manner.</p>

*we have used the terms 'all', 'adult' and 'young' to make distinctions between groups of carers where appropriate and will do so throughout the strategy.

There is a clear recognition that services across health, social care, education, and the third and independent sectors need to better support children, young people and adults in a caring role. This can be achieved through improving practices and culture, accountability, transparency and evidence-informed decision-making will all be vital to improving how we support all carers.

Each of the outcomes has clearly defined indicators which will report on the extent of which the outcome is being achieved. It is important that we can all see whether the strategy is delivering what it intended.

Further information on the Outcomes and Indicators and Governance and Implementation sections of this strategy.

Delivering health and social care services for our carers is no different to delivering health and social care services for any of our citizens insofar as we expect care to be delivered to a consistently high standard. To help with consistent standards of health and social care across Scotland, Scottish Government has provided [National Health and Social Care Standards](#) which set out the minimum standards people should expect when accessing health and social care. These include: dignity and respect; compassion; inclusive; responsive care and support and wellbeing. The successful delivery of our strategy will be anchored to these principles. Successful delivery of the strategy will support the achievement of the [National Health and Wellbeing Outcome 6](#) , “People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.”

The following section describes how the strategic priorities apply to carers and details the Local Carers Strategy outcome(s) related to that strategic priority.

Strategic Priority: Access

Information and advice

It is vital that carers have access to good information, timeous assistance and know how to access support. This is true both for carers known and unknown to social care or health care services. The HSCP is committed to ensuring that carers have access to advice, information and support.

Our main communications tool is through conversations with carers and through ACSP's/YCS's. These tools act as a way of identifying the outcomes carers hope to achieve, what barriers exist, and what support might be required to fulfil carer outcomes.

It is necessary to maintain a focus on the provision of timely, accurate and good quality assessment, information and advice, not only when someone is new to caring but also whenever information and advice is needed. WDHSCP and their key partners will ensure that there is a range of information and advice available in a variety of formats including in print and online. This information will be kept up-to-date and developed as appropriate to ensure all carers can access information and advice however it best suits their individual needs.

Assessment

All carers have the right to an assessment to identify what help they may need to continue in their caring role. The HSCP and partners are committed to working in a person-centred way that supports carers to look after their own health and wellbeing, including reducing any negative impact their caring role may have on their own health and wellbeing. Where appropriate, the HSCP will work with carers and families in a way that sustains them to continue to provide care in a safe way. Recognising the anxieties identified by young carers in particular it is important to emphasise that we aim to support young carers in a way that is safe, keeps families together and delivers outcomes for the whole family.

Assessment should be viewed as a meaningful and ongoing activity instead of a single or one-off event. The assessment also provides an opportunity to reflect on a carers situation and review what is working and what could work better.

WDHSCP has a responsibility to ensure that both carers and cared-for people receive an appropriate and proportionate assessment to identify the extent of their need in relation to their outcomes. The HSCP has a duty to support people to consider the needs, assets and risks of their situation and establish the extent to which the carer wishes and is able to be involved.

The following keys elements are essential to assessment:

- the person is listened to with the overall purpose of establishing their outcomes and needs
- appropriate pace and time are given to the assessment process
- recognition is given to the individuals strengths and limitations and the assets that exist in their immediate network and wider community
- reflective, accurate and appropriate recording

In West Dunbartonshire the HSCP operates a two tier process of assessment as per Table 3. All carers will be offered support based on their assessed need and the personal outcomes identified by the carer and the assessor during the assessment process. This support may range from or combine signposting to other universal services through to accessing HSCP services in their own right.

Adult Carers can self-refer directly to the HSCP or CWD and request that an ACSP be carried out. Similarly, young carers can directly refer to the HSCP or Y-Sort-it and request a YCS. ACSP's can only be completed by the HSCP or CWD when the cared for person lives in West Dunbartonshire.

In addition, if a cared for person is being assessed by a HSCP employee and the carer is identified during this process, they should be offered an ACSP or a YCS or be sign posted to CWD or Y-Sort-it.

If the young carer is a pre-school child, the health board for the area in which the child resides is responsible for the preparation of the YCS. If the young carer is not a pre-school child, it is the Local Authority for the area in which the child resides that is responsible for the preparation of the YCS. In West Dunbartonshire, the third sector organisation Y-Sort-It is the lead organisation for YCS's, though it is not exclusively their responsibility. If for example, another professional has a good relationship with a young person they could complete the YCS with support from Y-Sort-It.

The Assessment process is central to identifying carers needs and to putting the correct support in place to meet the carer's identified personal outcomes.

The Carers (Scotland) Act 2016 does not prescribe specific timescales for assessments to be completed. In West Dunbartonshire, the timescales for completion of an ACSP or YCS will vary depending on the urgency, complexity and risk factors of individual cases.

The preparation of the ACSP or YCS will always be prepared timeously with a focus on achieving the right outcomes for the carer based on their individual situation rather than adherence to a particular timescale. Young carers and their families assessment will cover both individual and family needs.

Eligibility Criteria for Carers

The HSCP is legally required to implement local eligibility criteria in relation to carers services. This is to ensure that support for carers is as transparent, equitable and consistent as possible. Eligibility criteria will support carers to access the right support from the right place, proportionate to their needs, risks, strengths and outcomes.

The National Carer Organisations have published A Framework for National Eligibility Thresholds (National Carer Organisations, [2015](#)). This Framework suggests support should be accessible in tiers, and includes the breadth of services available, ranging from self-help and mutual aid/peer support to universal services and through to more specialist support.

At the time of writing, an eligibility framework similar to that suggested by the National Carer Organisations is **not** in place in West Dunbartonshire. As part of this strategy and during its lifetime, we commit to reviewing our current eligibility criteria

for carer support in collaboration with carers and partners to design equitable access to proportionate services and supports based upon an assessment of risks, needs, strengths and outcomes.

Table 3: Carers Assessment Process

<p>Step 1 Tier One</p>	<p>Carer Conversation is recorded within the cared for persons Single Shared Assessment (SSA)</p>	<p>Workers should speak with the carer and record the details within the SSA for the cared for person which should then be input into Carefirst. This conversation and subsequent record will contain relevant questions around the caring role that the carer is undertaking detailing the type of support being provided by the carer.</p> <p>The final question will be -</p> <p>Is there a requirement for an ACSP or YCS?</p> <p>If the answer to this is YES the worker (HSCP professional) should then move onto completing a Tier 2 ACSP).</p>
<p>Step 2 Tier Two</p>	<p>ACSP's or YCS's</p>	<p>Tier 2 ACSP's or YCS's should be completed after a Tier 1 Carer Conversation has taken place and it has been identified that the carer needs (or has requested) an ACSP. The Tier 2 form will contain more detail than the initial Tier 1 Carer Conversation within the SSA for the cared for person and will detail the support required for the carer and the personal outcomes that the carer wants to meet. This form will be uploaded into Carefirst.</p> <p>What support is required from:</p> <ul style="list-style-type: none"> • statutory sector • third sector • independent sector • Self-management / social prescribing?
<p>Step 3 Outcomes</p>	<p>ACSP's or YCS's</p>	<p>Will be captured by the Tier 2 ACSP or YCS as above.</p> <p>What level of support will be provided by:</p> <ul style="list-style-type: none"> • statutory sector • third sector • independent sector
<p>Step 4</p>	<p>Self-Directed Services</p>	<p>Workers will explain how carers can have their support arranged i.e. the 4 self-directed support options and will assist the carer to choose from the 4 Self Directed</p>

Service		Support options available.
Step 5 Service Review	ACSP's or YCS's	The Tier 2 ACSP or YCS will remain in place until a review is undertaken. Review of support will normally take place annually or when there has been a significant change to the carers or to the cared for persons circumstances. The review of the ACSP or YCS can be done by statutory services or third sector partners.

GP Referral Process

Every HSCP within Greater Glasgow and Clyde Health Board has the ability to refer carers directly from their GP practice. GPs and other primary care staff can quickly, and with the carers consent make an online referral direct to CWD or Y-Sort-it, depending on the age of the carer.

Self-Directed Support

The HSCP works with service users to offer more flexibility, choice and control over their support so that they can live independently at home. Local services create arrangements which will facilitate more choice and control over service provision and promote the opportunities for patients and service users.

This will include supporting individuals to access these services flexibly and creatively via Self-Directed Support (SDS) options. If assessed as eligible for this level of support, carers are able to use SDS to access health and social care for themselves in their own right not, for example, for the cared-for person but for the carer themselves. More information on Self-Directed Support is available [here](#).

Short Breaks

A short break can take any number of forms in order to achieve the carer's desired outcomes. The short break allows carers to have a life outside or alongside their caring role, and is beneficial to their health and wellbeing. This can also benefit the cared-for person and other family members and may strengthen the caring relationship

WDHSCP is committed to providing flexible short breaks to carers to ensure that they can have time away from their caring role and are able to continue. WDHSCP will promote an individual, creative, personalised, person centred approach to short breaks that will meet the individual nature of the needs of each carer (and the cared for person).

The purpose of a short break is to support the caring relationship and promote the health and well-being of the carer, the supported person, and other family members involved in the caring situation. Although there are important distinctions to be drawn between young carers, young adult carers and adult carers, there are similarities in the caring experiences. It is also recognised that breaks from caring responsibilities are key to carers of all ages. The type of short break taken must be based on the personal outcomes that the carer wants to achieve as detailed in their ACSP or YCS. Short breaks exist that suit all age groups but are specific and person centred to

meet the needs of each individual carer. WDHSCP is committed to ensuring that short breaks are for every type of carer regardless of their age.

More information on short breaks can be found [here](#).

The following Local Carers Strategy outcomes will support the delivery of the HSCP Strategic Priority of Access:

Carers Strategy Outcomes
1. Carers' awareness regarding the availability of short breaks and respite will increase
2. Carers will have access to a range of flexible options which will support a life alongside caring
3. The proportion of adult carers receiving HSC support in their own right by choosing SDS options 1, 2 or 4 will increase
4. The volume and quality of information available to all carers via social media will increase
5. The volume of information for all carers accessed online will increase
6. The availability of information for all carers in print format and other languages will increase
7. All carers will feel listened to regarding their own outcomes and needs
8. Access to resources will be improved through the implementation of eligibility criteria

Strategic Priority: Early Intervention

Identification of carers is a key focus for the HSCP. Only by effectively identifying carers can support be sought and offered. It is well documented that many carers do not recognise themselves as carers. Therefore providing a variety of information is vital to ensuring there are more opportunities for people in West Dunbartonshire to identify themselves as carers and recognise the support they can access.

Identifying carers and asking them to identify themselves is dependent on carers and services recognising:

- caring activities can often be seen part of an existing relationship for example a friend, family member and the term 'carer' can seem alien to them
- caring often starts at a low intensity so can often go unnoticed
- accepting the identity of carer means acknowledging the other person needs care, which can be difficult for all concerned
- there may be a general lack of awareness of the role of a carer

The HSCP shares a responsibility with partners to ensure practitioners and staff are able to identify carers, and work alongside them where appropriate.

The HSCP also has a responsibility to inform carers of their right to identify themselves as a carer if they wish and what this would mean for them. Support for carers is available but if someone doesn't recognise their caring role they might not be aware of the available support.

To provide support, specifically early intervention, identification of carers must be efficient and effective, and done in an empathic and compassionate way. The following Local Carers Strategy outcomes will support the delivery of the HSCP Strategic Priority of Early Intervention:

Carers Strategy Outcomes
9. Awareness of caring and the carer role will be raised within HSCP, and third and independent sector staff
10. WDHSCP and partners agencies, including education, will increase the number of young carers identified
11. WDHSCP and partner agencies will increase the number of adult carers identified

Strategic Priority: Assets

Taking an assets or strengths-based approach is something that has been discussed and implemented to varying degrees in health and social care for some time. Many people often find it difficult to talk about their strengths, to discuss what they're good at and to describe their skills and assets. The HSCP is committed to taking an assets-based approach across its services and through its assessments and interventions, empowering people to live well and to prevent, reduce or mitigate threats to health and quality of life.

Generally, traditional approaches to health and social care, and how carers are supported, involve identifying conditions, symptoms, and trying to reduce these. Known as a deficit-based approach, this is only part of the approach required to delivering effective care and support. In addition to reducing deficits and risks, it is important to clearly and deliberately identify strengths and assets. Starting with what is strong rather than with what is wrong can often lead to different outcomes and interventions. By systematically identifying assets through our approach to assessment and care planning we will increase the consistency with which an asset-based approach is taken.

The HSCP recognises in the overarching Strategic Plan that staff are our greatest asset. The role of unpaid carers is also a significant asset to the HSCP. When considered in monetary terms, [the Office for National Statistics](#) suggested typical unpaid adult carers in the UK provides care worth an estimated £56.9 billion a year. On a more personal level, the extent to which unpaid carers are considered an asset from the perspective of cared-for people is immeasurable.

By working collaboratively, staff and carers can achieve positive outcomes for carers and cared-for people. Working collaboratively with carers will involve supporting carers to participate in strategic planning and service delivery where possible. The Inequalities Strategic Priority, and providing person-centred support for carers. Two key aspects of working in closer and more effective partnership will involve the use of ACSP's and YCS's, and staff training in Equal Partners in Care ([EPiC](#)).

Our approach to assessing carers needs involves offering all carers an ACSP or YCS. These will be offered to all carers identified by the HSCP and partners. They can also be requested by carers who, may not be in regular contact with services but would like to discuss possible support options. The approach to undertaking ACSP's and YCS will be more asset-based; recognising the reason support is needed will remain central to any assessment and support plan but clearly focussing on strengths and assets will provide a holistic, balanced and person-centred approach. To ensure the assessment tools are best suited to this task, the HSCP will review and, if required, develop new tools to facilitate assessment and support planning as well as review the process described in Table 3 (above) for implementing these.

A key stage for young carers is when they transition from being a young carer to an adult carer. This age group is often characterised by life transitions, starting college, university or work and perhaps living away from home. These may impact upon and change their caring role and the need for support. The HSCP is committed to

ensuring this is reflected in the YCS. The YCS is considered relevant until an ACSP has been completed.

Equal Partners in Care - EPiC

To facilitate person-centred, asset-based and effective support for carers, relevant HSCP staff will be supported to undertake [Equal Partners in Care](#) (EPiC) training. EPiC is a learning resource for health and social care staff which aims to help staff to have better communications and interactions with all carers. The aim is to make a positive difference and improve outcomes for carers and the people they care for. EPiC is underpinned by six core principles which are aligned to our strategic approach to supporting carers and include:

- carers are identified
- carers are supported and empowered to managing their caring role
- carers are enabled to have a life outside of their caring role
- carers are fully engaged in the planning and shaping of services
- carers are free from disadvantage and discrimination in relation to their caring role
- carers are recognised and valued as equal partners in care.

Training in EPiC, delivering strengths-based assessment and support planning, and closer collaboration between staff and carers at various levels will help us develop and deliver our asset-based approach. The following Local Carers Strategy outcomes will support the delivery of the HSCP Strategic Priority of Assets:

Carers Strategy Outcomes
12. ACSP's will be asset-based and outcome focused
13. YCS's will be asset-based and outcome focused
14. The number of HSCP staff trained in EPiC will increase

Strategic Priority: Resilience

Resilience refers to the ability to cope in the face and in the aftermath of adversity. This can be important for many carers who may find their caring role to be challenging. Factors that hinder resilience in individuals include unmanageable relationship pressures and levels of stress, which can be commonly be associated with those in a caring role. Other factors include limited opportunities for social interaction, lack of support from family and friends and lack of knowledge and information. To build resilience in carers these factors must be addressed.

People generally have different levels of resilience, and the same person may feel more or less able to cope on different days. Resiliency in carers is important; everyone can struggle at some stage in their caring role. The support that is offered to carers at all stages in their caring role, not just the difficult times, often brings carers through the most challenging times and helps sustain them in their caring role. WDHSCP is committed to building the resilience of carers and supporting them in a way that best suits individual carers needs and strengths. Resilience has been linked to quality of life and things that support it can include: feelings of social connectedness; opportunities for social participation; drawing on previous successes to help tackle future challenges; routine problem solving, and recognising when support is required, where and how to access it.

WDHSCP and partners will build resilience and capacity in carers by enhancing community level social supports, improving family relationships, and promoting good working relationships with health and social care professionals through the use of our ACSP's and YCS's. Working with carers, and where they agree support is required, the HSCP and partners can seek to strengthen carer social participation and assist to improve family relationships. Carers can be offered emotional support and access to peer support groups; contact with others in similar positions can assist carers to speak with someone who understands and can identify with what a caring role entails. Carers can be supported to reduce loneliness by developing a network of connections. WDHSCP and partners will also work to remove stigma and negative attitudes associated with the caring role whenever possible.

The completion of an ACSP or YCS will detail the needs and strengths of each individual carer and support will be put in place to help meet personal outcomes of the carer. All support offered will ensure the resilience of the carer is addressed and built upon to ensure they can be supported to sustain their caring role as long as they are willing to do so.

This may include the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. It may involve building and strengthening personal attributes and putting in place supportive relationships or community resources. It could also mean increasing the carers ability to remain psychologically and physically healthy.

Every carer and their needs are unique, there is no one-size-fits-all solution but the ACSP's and YCS's will ensure that carers are given opportunities for personal growth. A focus on self help and positive coping styles will be promoted to help mitigate the impact of stress on carers' health and wellbeing. Social support, engagement in pleasant activities, short breaks, enhancing self esteem along with

positive emotional support are all factors which may help reduce the effects of stress in carers. Young carers support provided must allow the young person to have a childhood similar to those young people who do not have caring responsibilities. It is important that young carers are not disadvantaged due to their caring role.

The completion of an ACSP includes a section on Emergency Planning. Carers have told us that completion of this section very often alleviates anxieties and worries around what would happen to the person they care for if something happened to the carer and they were unable to carry out their caring role.

Carers feeling able to cope with their caring role can be improved through the use of technology. Telecare is a system of sensors in the home which can detect household dangers like fires and floods, or risks to older and disabled people, who may fall or leave the house alone. When a risk is detected the sensors alert a monitoring centre that can contact family members, care professionals or the emergency services for assistance. Telecare is not only used to summons help in an emergency the service can also provide reassurance for an older or disabled person and peace of mind for their family to members who live alone. Research by [Carers UK](#) found telecare gave many carers peace of mind and helped them stay in or return to work alongside their caring role.

The following Local Carers Strategy outcomes will support the delivery of the HSCP Strategic Priority of Resilience:

Carers Strategy Outcomes
15. All carers with an ACSP will have robust emergency plans in place
16. The number of (adult) carers who feel able and willing to care (resilient) will be increased
17. The number of young carers who feel able to care (resilient) will increase
18. The use of telecare options will increase

Strategic Priority: Inequalities

Health Inequalities

Public Health Scotland explain that health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. Health inequalities go against the principles of social justice because they are avoidable and do not occur randomly or by chance. Health inequalities are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer and healthier lives.

The existence of health inequalities in Scotland means the right of everyone to the highest attainable standard of physical and mental health is not being enjoyed equally across the population.

Health inequalities are a result of the uneven distribution of wealth, income and power. This impacts on the availability of good housing, education and work opportunities. These environmental factors influence people's individual experiences of low income, discrimination, poor housing and access to health services.

Local Impact and Action

The [West Dunbartonshire Strategic Needs Assessment](#) states, "One of the most persistent and important challenges faced in West Dunbartonshire are inequalities between the health of people living in the most and least disadvantaged circumstance. People experiencing disadvantaged life circumstances are more likely to develop a long term condition at an earlier age, experience more health problems during their lives and have shorter lives". The Needs Assessment suggests the difference in life expectancy between those in the most and least deprived areas can be as much as 6 years whilst other data suggests it could be even higher than this.

Given the negative effects of health inequalities are experienced most acutely in the areas where people experience higher levels of deprivation. The need for carers is greater in these areas and people experiencing the negative effects of inequalities leads to more need for a carer. Carers are often family members or close friends in physical as well as emotional terms, meaning the need for care is often being met by other people who are experiencing the negative consequences of health inequalities. We have identified an outcome for this strategy that, in addition to increasing the overall number of carers identified, aims to increase a proportion of carers identified as experiencing higher levels of deprivation.

The HSCP is legally required to implement local eligibility criteria for carers services and social care services more broadly. This ensures all carers receive equitable and proportionate support based on their needs, assets, risks and outcomes. Our knowledge of people from areas experiencing higher levels of deprivation being disproportionately affected by health inequalities, the HSCP will assertively identify and engage with carers experiencing deprivation. The HSCP will engage with carers across the whole population, particularly as health inequalities are experienced in a [gradated way](#). The HSCP will work in a way that reflects the public health principle of [proportionate universalism](#) – different approaches, within practical and practicable limits, will be taken to engage and support people proportionate to their needs.

In its work to reduce the inequalities in power, and linked to work on the strategic outcome 'Assets' regarding EPiC, the HSCP will provide support to carers to become more involved in policy, service design and delivery. We will include carers and building on the existing representation of carers on the CDG, working with services to ensure carers voices are heard and actioned as well as considering other governance structures where carers representation is required. Support for carers to actively participate in these opportunities will be developed with the aim of increasing the representation of carers views across the HSCP and to work collaboratively to problem solve and make decisions and drive improvements in services .

While the main driver of health inequalities is socio-economic status, people may experience inequalities and discrimination for a variety of reasons. To protect carers, this strategy has undergone an Equalities Impact Assessment (EIA) which has been published here: <http://www.wdhscp.org.uk/media/2161/eqia-carers-strategy-published-march-2019.pdf>. An EIA allows for the review of a policy or strategy and to consider its impact upon characteristics or groups protected under the Equalities Act 2010. The Act provides protection against discrimination based on the following nine protected characteristics: race, gender, sex, gender reassignment status, sexual orientation, marital/civil partnership status, age, religion or belief, disability, and pregnancy/maternity. The EIA for this strategy produced an action plan. The EIA action plan will be included in the action plan for the implementation of the strategy which, with support from others, will be developed and overseen by the West Dunbartonshire CDG.

The following Local Carers Strategy outcomes will support the delivery of the HSCP Strategic Priority of Inequalities:

Carers Strategy Outcomes
19. The proportion of young carers identified who are experiencing higher levels of deprivation will increase
20. The proportion of adult carers identified who are experiencing higher levels of deprivation will increase
21. The number of carers, including young carers, represented at strategic and operational levels of service design and delivery will increase
22. Access to HSCP services will be more equitable through the implementation of eligibility criteria

Financial Information

This LCS aims to deliver a series of outcomes to help achieve the National Health and Wellbeing Outcome 6, “People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being”. It is important that our financial decision-making is conducive to achieving the LCS outcomes and the National Health and Wellbeing Outcome.

Since 2017/18 the Scottish Government has allocated funding for the implementation of the Carers Act 2016 through its annual financial settlements to both Local Authorities and NHS Health Boards, with the recommendation that this funding was transferred to HSCP’s. Table 4 shows the allocation of funding since 2017/18

Table 4: Funding Allocation since 2017/18

Financial Year	Scotland (£m)	WDC (£m)	Detail
2017/2018	2.0	0.039	In 2017/18 the Scottish Government allocated a total of £107m to support health and social care integration. Of this total £2m was identified as a one off to support the implementation of the Carers Act. The HSCP’s share of this amounted to £0.039m.
2018/2019	19.0	0.340	In 2018/19 the Scottish Government increased its investment in Integration by £66m and of this total £19m was to be directed to the enactment of the Carers (Scotland) Act from 1st April 2018. The HSCP’s share for 2018/19 was £0.340m.
2019/2020	10.5	0.177	In 2019/20 the Scottish Government increased its investment in integration by £148m and of this total £10.5m was to be directed towards continued implementation of the Carer’s (Scotland) Act. The HSCP’s share for 2019/20 was £0.177m.
2020/2021	11.6	0.200	In 2020/21 the Scottish Government increased its investment in integration by £96m and of this total £11.6m was to be directed towards continued implementation of the Carer’s (Scotland) Act. The HSCP’s share for 2020/21 was £0.200m.
Total	43.1	0.756	

It is currently unknown if further funding from the Scottish Government will be included in the 2021/22 budget settlement. Every public body in Scotland has a duty to deliver Best Value, and for Local Authorities it is a statutory duty. The duty of Best Value is about ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public. Subsequently, Best Value is the focus of the outcome in this section of

the strategy and it cuts across the whole strategy; resources must be used in a way that is both consistent with the duty Best Value as well as delivering the other outcomes within the LCS. More information on Best Value and how it is inspected can be found on Audit Scotland's website: [Audit Scotland: Best Value](#).

Carers Strategy Outcome

23. The HSCP and partners will ensure a Best Value approach to spend linked to the carers service and commissioning and that all spend is recorded in a clear and transparent manner.

Outcomes and Indicators

Table 5 shows the initial indicators to be considered and, in some cases developed, by the CDG to evidence the extent to which the Local Carer Strategy Outcomes are being achieved. Over time, actions and indicators may require to be developed and updated. The outcomes will remain the same until the strategy reaches its review date.

Table 5: Local Carers Strategy Outcome and Indicators

Local Carers Strategy Outcome	Indicators
HSCP Strategic Priority – Access	
1. Carers' awareness regarding the availability of short breaks and respite will increase 2. Carers will have access to a range of flexible options which will support a life alongside caring	1. Number of carers reporting they are aware of short breaks and respite availability 2. Number of requests for short breaks and respite 3. Proportion of requests for short breaks and respite approved
3. The proportion of adult carers receiving HSCP support in their own right by choosing SDS options 1, 2 or 4 will increase	1. Number of carers opting for Option 1 Self Directed Support 2. Number of carers opting for Option 2 Self Directed Support 3. Number of carers opting for Option 3 Self Directed Support 4. Number of carers opting for Option 4 Self Directed Support
4. The volume of information available to all carers via social media will increase	1. Number of posts by CWD, Y-Sort-It and HSCP/WDC on twitter and facebook
5. The volume of information for all carers accessed online will increase	1. Number of hits on website 2. Number of resources online
6. The availability of information for all carers in print format will increase	1. Number of outlets where info is available
7. All carers will feel listened to regarding their own outcomes and needs	1. Carers report that they feel listened to as part of the ACSP and YCS process
8. Access to resources will be improved through the implementation of eligibility criteria	TBC: review of criteria required which will inform any indicators.
HSCP Strategic Priority – Early Intervention	
9. Awareness of caring and the carer role will be raised among HSCP, voluntary and independent sector staff	1. Number of awareness raising sessions 2. Breakdown of staff by organisation who attended sessions 3. Pre and post session evaluations

	re awareness
10. WDHSCP and partner agencies, including education, will increase the number of young carers identified	<ol style="list-style-type: none"> 1. Number of YCS completed 2. Number of YCS completed by organisation 3. Number of young people who have declined a YCS
11. WDHSCP and partner agencies will increase the number of adult carers identified	<ol style="list-style-type: none"> 1. Number of ACSP completed 2. Number of ACSP completed by organisation 3. Number of carers who have declined an ACSP
HSCP Strategic Priority – Assets	
12. ACSP's will be asset-based and outcome focused	<ol style="list-style-type: none"> 1. Work required to develop appropriate indicator
13. YCS's will be asset-based and outcome focused	<ol style="list-style-type: none"> 1. Work required to develop appropriate indicator
14. The number of HSCP staff trained in EPiC will increase	<ol style="list-style-type: none"> 1. Number of HSCP staff trained in EPiC 2. Number of partner organisation staff trained in EPiC
HSCP Strategic Priority – Resilience	
15. All carers with an ACSP will have robust emergency plans in place	<ol style="list-style-type: none"> 1. % of ACSP with emergency plans in place
16. The number of (adult) carers who feel able and willing to care (resilient) will increase	<ol style="list-style-type: none"> 1. % of adult carers who feel they are able and willing to care when asked as part of their ACSP
17. The number of young carers who feel able to care (resilient) will increase	<ol style="list-style-type: none"> 1. % of young carers who feel they are able to care when asked as part of their YCS
18. The use of telecare options will increase	<ol style="list-style-type: none"> 1. Number of telecare options available 2. Uptake of various telecare options increases
HSCP Strategic Priority – Inequalities	
19. The proportion of young carers identified who are experiencing higher levels of deprivation will increase	<ol style="list-style-type: none"> 1. Young carer postcode data (not all people living in areas of high levels of deprivation are 'deprived')
20. The proportion of adult carers identified who are experiencing higher levels of deprivation will increase	<ol style="list-style-type: none"> 1. Adult carer postcode data (not all people living in areas of high levels of deprivation are 'deprived')
21. The number of carers, including young carers, represented at strategic and operational levels of service design and delivery will	<ol style="list-style-type: none"> 1. Number of carers involved in various work streams

increase	
22. Access to HSCP services will be more equitable through the implementation of eligibility criteria	<ol style="list-style-type: none"> 1. Development and implementation of eligibility criteria 2. Monitoring and evaluation of implementation of criteria
HSCP Strategic Priority – Crosscutting	
23. The HSCP and partners will ensure a Best Value approach to spend linked to the carers service and commissioning and that all spend is recorded in a clear and transparent manner	<ol style="list-style-type: none"> 1. Development of a clear approach to recording spend 2. Monitoring of spend as part of the monthly financial reporting processes.

Governance and Implementation

Governance

The implementation, monitoring and evaluation of the LCS is overseen by the CDG. This is a multi agency group, which includes carers representatives, and key partners such as CWD, Y-Sort-It, and Educational Services. The group is also supported by HSCP personnel including Finance and Strategy to facilitate a broad representation of views in decision-making.

The CDG is accountable to the HSCP Strategic Planning Group (SPG) and the HSCP Board (HSCPBoard), through regular reporting of performance.

The CDG has been involved in the preparation of this strategy and has a Terms of Reference which supports and facilitates its role.

The CDG has the following remit:

- Lead role in the implementation and monitoring of the Local Carers Strategy;
- Report on the related performance of the Local Carers Strategy;
- To oversee the deployment of Carers Act funding in a way that is commensurate with achieving the Local Carers Strategy outcomes; and
- To identify and share opportunities for collaboration and, where appropriate, funding opportunities to support the delivery of the Local Carers Strategy

Implementation of the Strategy

The CDG is responsible for developing and reviewing an action plan to deliver the outcomes identified in this strategy. As part of their planning process, it is likely that the group will identify new indicators for outcomes and new methods of collecting data to measure implementation and impact of the strategy. It is anticipated that by December 2020 an action plan with finalised outcomes and indicators will be available on the HSCP website.

As a minimum, the CDG will report and publish monitoring and evaluation data regarding the implementation and impact of the LCS to the SPG annually and escalated to the HSCPBoard where required.

Services for Carers in West Dunbartonshire

Some examples of services available for carers are provided below. This is not an exhaustive list of all services available, nor is it an exhaustive list of the things these services do. It is provided as an indication of what is available. For more information on services for carers, please visit the HSCP website page: [Services for Carers](#).

WDHSCP

The HSCP can provide the following support where appropriate:

- Assessment and support to develop an ACSP / YCS
- Access to respite and short breaks
- Access to Self Directed Support
- Advice and signposting to other services

More information and contact details for HSCP services can be found on the HSCP website: <http://www.wdhscp.org.uk/>

Carers of West Dunbartonshire

CWD is commissioned by the HSCP to provide a wide range of support for local adult carers. Support includes but is not limited to:

- Assessment and support to develop an ACSP
- Carer health and wellbeing self management
- Emotional support
- Hospital discharging arrangements
- Advocacy
- Signposting and support to access other services

CWD contact details:

Website: <http://www.carerswd.org>

Tel: 0141 941 1550.

Address: 84 Dumbarton Road, Clydebank.

Y-Sort-It

Y-Sort-It is an innovative youth project that provides information and support to young people between the ages of 12 and 25 in West Dunbartonshire. Support and services available to young carers includes but is not limited to:

- Assessment and completion of YCS's
- Accessing relevant information and support to understand information
- Provide on-going support and advocacy where required
- One to one, drop-in and group support
- Transition from youth to adult services (support from being a young carer, to a young adult carer, to an adult carer)

Y-Sort-It contact details:

Website: info@ysortit.com

Tel: 0141 941 3308

Address: 5 West Thomson Street, Clydebank, G81 3EA

West Dunbartonshire Community Volunteering Services - WDCVS

West Dunbartonshire Community Volunteering Service (WDCVS) is a social action support agency and the recognised Third Sector Interface (TSI) for the Local Authority area, working to ensure that the community and third sector is recognised as strong, vital and resilient, and is valued for its delivery of positive outcomes for local people and resilient communities.

In addition to the TSI role, WDCVS co-delivers two 'social prescribing' services. The Link-Up service and ACCESS Gateway services signpost and support citizens to a range of opportunities to support their health and wellbeing.

WDCVS contact details:

Website: www.wdcvs.com

Tel: 0141 941 0886

Address: Unit1, Arcadia Business Park, Miller Lane, Clydebank

West Dunbartonshire Macmillan Carer Services

Macmillan offer support to those with cancer and their loved ones through every step of their journey. If you are caring for someone with cancer, you can contact West Dunbartonshire Macmillan Carer Services for person-centred support.

Macmillan can provide or link you with a range of services to provide, for example, emotional support, practical support, access to support groups and more.

West Dunbartonshire Macmillan Carer Services contact details:

Website: <https://www.macmillan.org.uk>

Tel: 01389 776439

Email: catherine.barry@west-dunbarton.gov.uk

Other Support

The services above have expertise in supporting carers and, in most cases, provide services exclusively tailored for carers. Carers may also require support from other services including but not limited to: citizen's advice, housing, energy, benefits or financial advice teams, and mental and physical health services. Each of the specialist services noted above are able to link carers with any of these services should that support be required.

Carers Development Group Terms of Reference

West Dunbartonshire Health and Social Care Partnership

Carers Development Group

Draft Terms of Reference July 2020

Aim of the Group

The Carers Development Group will bring together representatives from across the Health and Social Care Partnership and partners, including carers, to lead on the development of Carer related issues.

Purpose of the Group

- Implement and ensure compliance with the Carers (Scotland) Act 2016
- Continuously improve and develop the support services available to adult and young carers in West Dunbartonshire

Remit of the Group

- Assume a lead role in the implementation and review of the Local Carers Strategy
- Monitor the implementation and report on the related performance of the Local Carers Strategy
- To oversee the deployment of Carers Act funding in a way that is commensurate with achieving the Local Carers Strategy outcomes
- To identify and share opportunities for collaboration and, where appropriate, funding opportunities to support the delivery of the Local Carers Strategy

Membership

Membership include representation from:

- HSCP Senior Manager (Lead)
- Representation from all service areas across HSCP
- Education Representative
- Respite Co-ordinator
- Finance Representative
- Performance Team Representative
- Carers of West Dunbartonshire Representative
- Y Sort-it Representative
- 2 x Adult carer reps with appropriate caring experience*
- 2 x Young carer reps with appropriate caring experience*

*support and training will be provided where necessary to develop capacity required to undertake role

Members, via the Chair or at the request of the Chair, will have the ability to request the attendance of other representatives for specific support when required. For example, but not limited to, welfare rights organisations, Housing, WDCVS.

Responsibilities

Members are expected to:

- Attend all meetings or send a suitably briefed substitute with authority to make any decisions where appropriate

- Draw upon experience and expertise to contribute to and develop work streams where appropriate, ensuring decision making is transparent and evidence-informed
- Effectively represent their organisation and / or stakeholder group, ensuring communication flows both from and to the CDG efficiently and effectively
- Effectively represent their organisation / stakeholder group by regularly appraising the CDG of relevant developments and opportunities
- To declare and record as appropriate any conflict of interests as and when they arise and take appropriate action e.g. recuse from decision-making.

Accountability

- The group is accountable to the Health and Social Care Partnership Strategic Planning Group (SPG) and the Health and Social Care Partnership Board (Integrated Joint Board). The HSCP Board is responsible for all health and social care services in West Dunbartonshire. It is tasked with publishing and implementing a strategic plan. To support this work, the Board has a Strategic Planning Group. The SPG's role is to ensure all strategy work across the HSCP aligns to the HSCP's strategic direction and priorities. Consequently, as the group responsible for the delivery of the Local Carers Strategy, the CDG will report to the SPG and the HSCP Board.

Meetings

- The group will be chaired by Val Tierney, Chief Nurse and vice chaired by (TBC)
- Meetings will take place every 2 months, dates to be set for a year in advance
- Meetings will take place at times that allows Young Carers to be present (i.e. outwith school hours)
- The HSCP will provide personnel to record a minute of each meeting and support circulation of relevant papers
- Agenda items and relevant papers will be circulated at least 7 days prior to the meeting
- Minutes will be circulated no later than 7 days after the meeting

Local Carers Strategy Equalities Impact Assessment



EQUALITY IMPACT ASSESSMENT FORM – LOCAL CARERS STRATEGY 2019-2022

This form is to be used in conjunction with the Equality Impact Assessment Guidelines. Please refer to these before starting; if you require further guidance contact wdhscp@ggc.scot.nhs.uk 01389 776 990

Section 1: Policy/Function/Decision (PFD) Details	
A PFD is understood in the broad sense including the full range of functions, activities and decisions the Health and Social Care Partnership is responsible for.	
Name of PFD:	HSCP Carers Strategy 2019-22
Lead Team & other departments/sections/ partners involved:	West Dunbartonshire HSCP Strategy Planning and Health Improvement Team
Responsible Officer	Margaret Jane Cardno from April 2020
Impact Assessment Team	Jonathan Hinds, Julie Lusk, Jo Gibson, Karen Marshall, Wendy Jack , Ailsa King, Kim McNab
Is this a new or existing	New carers strategy replacing previous carers strategy
Start date: (the assessment should be started prior to PFD development/drafting or at the early stages of review): August 2018	
End date (this should allow for the assessment to inform decision-making): April 2019	
What are the main aims of the PFD?	To provide a framework for the implementation of the new Strategy for Carers 2019-2022 within West Dunbartonshire and across all services.

	<p>To identify both adult and young carers living within our communities</p> <p>To understand the care that they provide and their support needs</p> <p>To provide comprehensive and easily accessible information and advice on the type of support available as well as how and where to get it</p>
Who are the main target groups/ who will be affected by the PFD ?	Adult and young carers across West Dunbartonshire
Relevance (of PFD to the general equality duties and equality groups, also record if there is no relevance giving reasons/ evidence)	
Yes: Relevant as this policy is about public service delivery	
	If yes, complete all sections, 2-9
	If no, complete only sections 8-9
	If don't know, complete sections 2& 3 to help assess relevance
<p>Section 2: Evidence</p> <p>Please list the available evidence used to assess the impact of this PFD, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.</p>	
Available evidence:	
Consultation/ Involvement with community, including individuals or groups or staff as relevant	<p>The HSCP has continued to engage and build relationships with carers through existing forums, local and national carers' organisations and carers groups over a number of years. A consultation period using a range of methods was undertaken to support the development of the Strategy for Carers 2019-2022– to identify key themes and areas of concern from carers. Members of the Carers Development Group were consulted on the development of the Carers Strategy and on the subsequent EQIA.</p> <p>HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf</p>

	<p>HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/</p> <p>Challenges with identification of Ethnic minority carers within an overall small ethnic minority population</p> <p>Older male carers and Young carers https://carers.org/country/carers-trust-scotland less likely to access services</p>
Research and relevant information	<p>Guidance on the development of the Strategy for Carers is available from The Scottish Government and this information was used to support the development of the Strategy for Carers</p> <ul style="list-style-type: none"> • Local and national information that Ethnic minority carers ,Older male carers and Young carers less likely to identify as carers and access support . • Young adults carers (aged 16-25) were identified as needing transitional support. • Strategic Needs Assessments for both Integrated children's services and adults and older people • Briefing sheet on Carers and Equalities https://www.vocal.org.uk/wp-content/uploads/2018/05/MECOPP-Briefing-Sheet-10-1.pdf
Officer knowledge	<p>Officers involved in the EQIA have substantial knowledge of delivery of a range of services, including those for carers, as managers from across health and social care. Officers have also undertaken EQIA training from both NHS Greater Glasgow and Clyde and West Dunbartonshire Council.</p>
Equality Monitoring information – including service and employee monitoring	<p>West Dunbartonshire Council and NHS Greater Glasgow and Clyde both report on and publish this data on an annual basis. Both organisations also monitor its employees by disability, gender and age. Data from Carers Centre and Y Sort it suggests lower access for support by older male carers, and young carers which is in contrast to the proportion of carers expected in the population.</p>
Feedback from service users, partner or other organisation as relevant	<p>Members of the Carers Strategy Group were consulted on the development of the Strategy for Carers and on the subsequent EQIA. The needs of individual carers will continue to change as the health of the population changes e.g. the needs of older carers who are caring for someone with dementia.</p>

Other			
Are there any gaps in evidence? Please indicate how these will be addressed			
Gaps identified	One of the key outcomes of the Strategy for Carers is the development of workstreams to collate and analyse data from a range of national and local sources. There is a lack of detail on specific groups of carers for example LGBT, gypsy travellers and BME communities. One of the challenges for West Dunbartonshire is the demographic make-up of our community as there are small populations of hard to reach groups Limited information in relation to the particular needs of LGBT , Gypsy/traveller carers		
Measure to address these	Encouraging national and local organisations to collate and share information and data		
<i>Note: Link to Section 6 below Action Plan to address any gaps in evidence</i>			
Section 3: Involvement and Consultation			
Include involvement and consultation relevant to this PFD, including what has already been done and what is required to be done, how this will be taken and results of the consultation.			
Please outline details of any involvement or consultation, including dates carried out, protected characteristics. Also include involvement or consultation to be carried out as part of the developing and implementing the policy.			
Details of consultations	Dates	Findings	Characteristics
General public consultation with older people (specific questions around carers)		From all the initial pre-consultation preparation with existing stakeholders, levels of satisfaction with current services have been high, There is also a need to ensure that wider issues affecting carers are included within the debate for example suitability and availability of housing, access to transport, leisure services and worklessness.	Race

<p>Wide engagement which focused on ensuring that the cross cutting needs of carers are included</p>	<p>November 2017 May 2017</p>	<p>HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/</p>	
<p>Wide engagement which focused on ensuring that the cross cutting needs of carers are included</p>	<p>November 2017 May 2017</p>	<p>HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/</p>	<p>Sex</p>
<p>Wide engagement which focused on ensuring that the cross cutting needs of carers are included</p>	<p>November 2017 May 2017</p>	<p>HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/</p>	<p>Gender Reassignment</p>
<p>Wide engagement which focused on ensuring that the cross cutting needs of carers are included</p>	<p>November 2017</p>	<p>HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-</p>	<p>Disability</p>

	May 2017	engagement-network/local-engagement-network-workshops/	
Y Sort it Management Group Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	Need to continue to identify young carers and ensure that the mental health needs of young carers are met. HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Age
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Religion/ Belief
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Sexual Orientation
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks	Civil Partnership/ Marriage

	May 2017	http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Pregnancy/ Maternity
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Other

Note: Link to Section 6 below Action Plan

Section 4: Analysis of positive and Negative Impacts

Protected Characteristic	Positive Impact	Negative Impact	No impact
Race	Yes		
Sex	Yes		
Gender			No impact

Re-assignment			
Disability	<p>Yes</p> <p>Reviewing current services to ensure we can meet the future needs of our growing older people's population, including older carers</p> <p>Reviewing the needs of older carers of people with learning disability</p>		
Age	<p>Yes</p> <p>Reviewing current services to ensure we can meet the future needs of our growing older people's population, including older carers. Also due consideration given to the needs of young carers and those transitioning between young carers and adult carers services. Also better identification at an early stage for young carers.</p>		
Religion/ Belief			No impact
Sexual Orientation			No impact
Civil Partnership/ Marriage			No impact
Socio Economic Status	<p>Positive impact as new legislation waives charges as appropriate for carers of all ages.</p>		
<p><i>Note: Link to Section 6 below Action Plan in terms of addressing impacts</i></p>			

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Section 5: Addressing impacts
 Select which of the following apply (use can choose more than one) and give a brief explanation – to be expanded in Section 6: Action Plan

1. No major change	No major change
2. Continue the PFD	
3. Adjust the PFD	
4. Stop and remove the PFD	

Give reasons:
 There are no negative impacts across the protected characteristics at this time

Note: Link to Section 6 below Action Plan

Section 6: Action Plan Please describe any action which will be taken following the assessment in order to;

- reduce or remove any negative impacts,
- promote any positive impacts, or
- gather further information or evidence or further consultation required

Action	Responsible person (s)	Intended outcome	Date for completion	Protected Characteristic
Consider the future impact on BME	Wendy Jack	Ensure no negative impact		Race

communities on any changes as part of the annual review process				
Consider whether additional focus on identification of male carers needs to be specifically included in carers strategy action plan	Wendy Jack	Ensure no negative impact		Gender
No action				Gender Reassignment
Consider the future impact on disabled people on any changes as a result of the Carers Strategy as part of the annual review process	Wendy Jack	Ensure no negative impact		Disability
Consider the future impact on older carers on any changes as a result of the Strategy for Carers as part of the annual review process. Promote identification of young carers within Schools	Wendy Jack Y Sort it on behalf of the Carers Development Group	Ensure no negative impact Increase in the number of Young carers who are identified and also who are supported		Age
No impact				Religion/ Belief
Gather information and support future consultation specifically	Carers Development Group	Provide better information on service user profiles		Sexual Orientation

with LGBT carers				
No impact				Civil Partnership/ Marriage
No impact				Pregnancy/ Maternity
<p>Improve equalities monitoring of services across all areas the Policy covers</p> <p>Continue to monitor data by protected characteristics of identification of carers and uptake of adult carers support plan and young carers statement</p> <p>Continue to analyse annual Carers Census and identify gaps in identification of carers of particular groups</p>	Wendy Jack	<p>To provide better data on service users profile and assess need</p> <p>To provide better data on service users profile and assess need and address gaps identified for service improvement</p> <p>To provide better data on service users profile and assess need and address gaps identified for service improvement</p>		Other e.g. cross cutting
Are there any negative impacts which cannot be reduced or removed? please outline the reasons for continuing PFD				
Section 7: Monitoring and review				
Please detail the arrangements for review and monitoring of the policy				
How will the PFD be monitored? What equalities monitoring will be put in place?	Monitor via reports to the IJB			
When will the PFD be reviewed?	January 2022			
Is there any procurement involved in this PFD? Yes/No	No			

Section 8: Signatures

The following signatures are required:

Lead/ Responsible Officer:	Signature: Wendy Jack	Date: March 2019
EQIA/EIA Trained Officer:	Signature: Ailsa King/Karen Marshall	Date: March 2019
Board Reporting: complete relevant paragraph on board report and provide further information as necessary	Signature: West Dunbartonshire Integration Joint Board	Date: March 2019

Direction from Health and Social Care Partnership Board.

The Chief Officer will issue the following direction email directly after Integration Joint Board approval.

From: Chief Office HSCP
To: Chief Executive(s) WDC and/or NHSGCC
CC: HSCP Chief Finance Officer, HSCPB Chair and Vice-Chair
Subject: For Action: Direction(s) from HSCPB (add date)
Attachment: *attach relevant HSCPB report*

Following the recent Integration Joint Board meeting, the direction below have been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCPB report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000001MJC26112020
2	Date direction issued by Integration Joint Board	26/11/20
3	Report Author	Val Tierney/Margaret Jane Cardno
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	The Local Carers Strategy will affect all teams/services that support carers. This includes the learning disability service, addiction and mental health services, community care service (older peoples team, adult care team, hospital discharge team, residential care team, homecare team). Children's Services is also affected including the children and families team, children with disabilities team and children's health teams. Education staff may also be affected as will be health staff in a range of teams.
7	Full text and detail of direction	The Council and Health Board are being directed to implement the WDHSCP Local Carers Strategy.

8	Specification of those impacted by the change	Carers both adult and young carers, patients, people who use services, local communities, staff and others	
9	Budget allocated by Integration Joint Board to carry out direction	Funding will come from the SG Carers Act funding. Specific funding will be agreed and allocated after completion of the detailed carers strategy implementation action plan.	
10	Desired outcomes detail of what the direction is intended to achieve	<p>Implementation of the local carers strategy will seek to improve service provision and support for carers in the West Dunbartonshire area. Outcomes will lead to improved support for carers, improved access to services for carers, improved health and wellbeing of carers as well as helping carers to thrive in all areas of their life whilst carrying out their caring role. The strategy will also seek to address and reduce health inequalities in West Dunbartonshire as well as building individual carer resilience. The strategy seeks to improve identification of carers.</p> <p>The local carers strategy links to the HSCP overarching 5 strategic priorities of early intervention, access, assets, resilience and inequalities as well as the National Health and Wellbeing Outcome 6 – “People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being”.</p>	
11	Strategic Milestones	Set up newly configured Carers Development Group with new Terms of Reference	October 2021
		Carers Strategy Implementation Action Plan finalised	January 2021
		Create a monitoring and reporting framework to show progress on the Carers Strategy Implementation Action Plan	March 2021
		Review and align activity of the Local Carers Strategy Implementation Action Plan against expected outcomes	October 2021
12	Overall Delivery timescales	Three years from implementation date of local carers strategy	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.	
14	Date direction will be reviewed	On 26/11/21	

