



REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 30 AUGUST 2017

PROGRESS TOWARDS IMPLEMENTATION OF CARERS (SCOTLAND) ACT 2016

1 Recommendation

It is recommended that the IJB:-

- 1.1 Endorse progress being made towards implementation of the Carers (Scotland) Act 2016 as detailed in the Readiness for Implementation toolkit**
- 1.2 Note spend of the Carers (Scotland) Act 2016 transitional funding of £80,000**
- 1.3 Acknowledge delegation of Carer Information Strategy funding of £198,541 for 2017/18 from NHS Grampian to the IJB and request a report on recommendations for use of this funding**

2 Risk

- 2.1 IJB 2 Health and Social Care Policy – the Carers Act is national legislation regarding provision of social work service.
- 2.2 IJB 1 Sufficiency of resources – national agenda will determine resource allocation.

3 Background

- 3.1 Carers care for relatives, friends and neighbours with longstanding illness or disability. At the time of the 2011 Census, there were 18,932 adult carers in Aberdeenshire however, the total number of carers is thought to be much higher as many people do not identify themselves as carers and undertake a caring role because they are a husband, wife or other relative.
- 3.2 Many carers are well-supported but others are not. Caring responsibilities are affecting carers' physical and mental health with nearly half of carers having long-term conditions themselves. Many carers are looking after people with complex needs and carers are aging.
- 3.3 Carers are recognised and valued more than ever before. Nevertheless, the imperative is to better support carers on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring.

- 3.4 The Carers (Scotland) Act 2016, which will come into force on 1 April 2018, represents a bold vision through extending and enhancing the rights of carers.
- 3.5 Implementation of the Carers (Scotland) Act 2016 sits within a wider context of the integration of health and social care, building a fairer Scotland and a strong, sustainable economy, tackling inequalities and delivering public services with communities.
- 3.6 The Carers Act will also work alongside other initiatives and programmes to support carers and the people they care for, including transformation of primary care and reform of adult social care and the social security system. The driver for change is providing choice and control through self-directed support.
- 3.7 The Carers Act introduces, amongst other things:
- A new adult carer support plan
 - A new young carer statement
 - Duty to support carers including by means of a local eligibility criteria
 - Duty to prepare a local carer strategy
 - Duty to provide an information and advice service and publish a short breaks services statement
 - Duty to involve carers in the discharge from hospital of the people they care for.
- 3.8 The intention is to support carers in a flexible, person-centred way and before they reach crisis point, i.e. an emphasis on supporting carers on a preventative basis.

4 Current Service Provision for Carers

- 4.1 The following table shows the current commissioned carer support services along with funding streams:

Service & Provider	Funding Source	Amount Funded 2017/2018
Quarriers Carer Support Service	Core Contract	£232,131
	Integrated Care Fund	£146,000
Quarriers Young Carers Support Service	Core funding from Education and Children's service	£120,000
PAMIS	Third Sector Grants	£18,857
	Total	£516,988

- 4.2 In addition to above there are a number of projects funded by Carer Information Strategy funding as detailed in section 6.4.

5 Readiness for Implementation Toolkit

- 5.1 Scottish Government produced a readiness toolkit as a framework for Health and Social Care Partnerships to use to self-evaluate and self-assess local activity and progress which supports implementation of the Carers Act. The Aberdeenshire Health and Social Care Partnership Management Team decided that use of the toolkit would be helpful in assessing our progress and in the subsequent development of an action plan.
- 5.2 Health and Social Care Partnerships who decided to use this toolkit were asked to provide their completed feedback to COSLA and the Integration Department of Scottish Government by the 21st July. The information from the Partnership was approved by the Management team with confirmation from colleagues in Finance around accuracy of financial information. The detail provided will inform national timescales for development of policy and support, and also inform Scottish Government's high level implementation programme plan.
- 5.3 Any usage of return information or publication of a report will not identify Integration authorities and Scottish Government envisage sharing non-identifying information with Social Work Scotland and the Association of Directors of Education as part of ongoing partnership work on policy development and improvement support.
- 5.4 **Appendix 1** shows the 1st draft of completed toolkit which was shared with COSLA and the civil servants in Edinburgh; we will share a further draft in November 2017 to demonstrate progress and share the challenges in implementation. The draft will be shared with the IJB prior to sharing with COSLA and the Government.

6 Finances relating to the Act

- 6.1 As a requirement of the Carers (Scotland) Act 2016, there is a duty to prepare a Local Carers Strategy. Information was sent to all Partnerships to invite interest in being part of a range of pilot schemes including preparation of the local carer strategy. The Health and Social Care Partnership was successful in their expression of interest to be a pilot area for this development. Scottish Government allocated one-off funding of £10,000 to support the pilot, and the learning from the process will be shared with other Integrated authorities across Scotland. The allocated monies will be used for engagement with carers and relevant carers support organisations, consultation on and publication of the strategy.
- 6.2 Scottish Government have appraised local authorities of the duties placed on them ahead of full commencement of the Carers (Scotland) Act in April 2018. Transitional funds of £80,000 have been allocated to the Partnership in order to support preparation required for implementation of the Carers Act. From initial discussions with Scottish Government and COSLA, indications are that Integration Authorities will use the transitional funding to increase work force

capacity in order to be able to undertake the work required to prepare for the implementation.

- 6.3 The proposal for additional workforce requirements for successful implementation of the Carers Act has been approved by management team and will result in the recruitment into two temporary posts for a term of 2 years. Funding required for 2017/18 detailed below:

Post Title	Grade	Cost for 6 months (up to April 18)
Strategic Development Officer	Senior Practitioner - Grade L	£25,000
Information Officer	Admin H	£15,000
	TOTAL	£40,000

This leaves £40K from the remainder of the transitional funds to cover a further 6 months of these of these posts into 2018/19. Continuation of these posts for a further one year would be funded from the Carers Act monies.

- 6.4 The work required in this transition year will be to develop the processes, pathways, and new paperwork for all the provisions of the Act, for both Adult and Young Carers. Work also needs to be done to raise staff awareness, produce guidance, and develop relevant training ready for implementation in April 2018.
- 6.5 The Carer Information Strategy (CIS) funding 2017 – 2018 has been delegated to each of the 3 IJB's. The total allocation for Grampian is £485,099.
- 6.6 There has been discussion between the 3 Chief Officers and the NHS regarding some commitments that might be maintained on a Grampian wide basis. Taking account of this, the allocation for Aberdeenshire has now been confirmed as £198,541
- 6.7 The projects listed below have been agreed by NHS Grampian Carer Information Strategy group and are all funded from the 2016/17 CIS allocation.

CIS Project & Area	Funding Received (2016 to date)
PAMIS - Digital Passport Development Project (Grampian wide project)	£16,070 (Aug 2016 - July 2017)
Quarriers - Supporting Carers and Young Carers of people with Epilepsy (Grampian wide project)	£12,000 (Sept 2016 - Aug 2018)
Over the Wall - OTW Scotland Young	£10,042 (May 2017 - Dec 2017)

Carers/Sibling Camp 2017 (Grampian wide project)	
Me Too - Me Too Magazine and Showcase (Aberdeenshire & Aberdeen City project)	£22,500 (Aug 2016 - July 2017)
Rainbow Rogues - Beyond the Rainbow (Aberdeenshire)	£15,120 (Feb 2017 - Jan 2019)
Aberdeenshire Council & Quarriers - Young Carers Toolkit Implementation (Aberdeenshire)	£63,988 (Apr 2017 - Mar 2018)
Quarriers, Aberdeenshire Council and Career Ready - Career ready Carers (Aberdeenshire & Moray)	£40,788 (Jun 2017 - June 2019)
Quarriers (Moray) & Dementia Active Communities (Aberdeenshire & Moray)	£70,811 (Apr 2017 - Mar 2018)
Advocacy North East – service for unpaid carers	£30,000 (Apr 2017 - Mar 2018) (Reduced post hours of service May 2017 to Mar 2018)

- 6.8 It is proposed that discussion takes place with current recipients to evaluate the projects and that a recommendation is put forward to a future meeting of the IJB regarding which projects should continue. Initial discussion has been held with Providers of the 2 projects below and it is recommended that these be supported.
- 6.9 Current funding to the PAMIS project ends this month therefore approval is requested through this report. The Respitality project is a new project that would have been funded by the CIS group for this year.

Proposed projects for CIS funding:

CIS Project & Area	Funding Received (2016 to date)
PAMIS - Digital Passport Development Project (Grampian) Digital passports are electronic versions of traditional communications passports that allow video and audio information to be uploaded that enables for example behavioural management, postural care, moving and handling to be better explained in a very person centred way.	£16,772 (Aug 2017- Mar 2018)
Quarriers – Respitality Central Aberdeenshire Pilot	£11,600 (Aug 2017 - Aug 2018)

Respite is an opportunity for local businesses to offer breaks to carers in their community. This can be through hotel nights, meals, spa treatments etc.	
---	--

6.10 Carers (Scotland) Act 2016 monies for year 1 have been estimated at a national amount of £17m which would give approximately £600,000 for Aberdeenshire for the financial year 2018- 2019. The exact amount will not be confirmed until after the Spending Review however there has been concern raised through COSLA and by the Chief Officers and Finance Officers that there is a significant risk that the identified funding will fall significantly below what will be required to meet the requirements in the Act from the increased number of carers eligible for services.

6.11 In addition to the two posts identified for the transitional funding, a permanent post for the current Service Development Officer is required (6.6) as well as continuation of 2 long term projects (6.7) which totals to £102,500.

The remaining £497,500 received will be used to provide the following:

- Adult Carers Support Plans, and the Young Carers Statements, along with the associated costs including workforce resources, and carer's personal budgets where applicable.
- Additionally the monies may be required to cover any costs resulting from the Carers Waiving of Charges for Support (Scotland) regulations 2014, of which the impact is unknown at this point.

6.12 It needs to be recognised that the allocation of funding is to cover provision in the Act for both young carers and adult carers therefore there will need to be discussion with the Head of Service (Children's services) regarding the proportion of funding required to meet the requirements for young carers and also how the provisions are to be delivered.

6.13 The Health and Social Care Partnership will have to decide how the provisions are to be delivered for adult carers especially around undertaking the adult carer support plan – options will be either to commission this service or provide it by staff employed through the Council. Work will need to be done to consider the merits and challenges of each option taking account of the concern that the allocation of funding will not be sufficient to meet implementation of all the requirements in the Act. The cost of replacement care and waiving the charges for support for carers also needs to be taken into account.

6.14 The current temporary post of Service Development Officer (Carers) is funded by ICF funds until April 2018. This post has been essential for the work already carried out in relation to the Carers Act, and a permanent position at this level will be required. This will be required to support successful implementation of the Act across the HSCP workforce, maintain a strong link to third sector organisations who support carers within the community, and to provide ongoing development and evaluation as the duties of the Act are imbedded in working practice. Cost for proposed post:

Post Title	Grade	Cost & Time Frame
Service Development Officer (Permanent)	Senior Practitioner - Grade L	£50,000 (Apr 2018 to Mar 2019 Continuing each year)

6.15 The table below details the funding required to support continuation of two projects that have become instrumental to the strategic and operational work for carers in Aberdeenshire. Therefore, it is critical that these projects continue.

Post Title	Grade	Time Frame	Cost
SVQ Assessor (Unpaid Carers) (existing CIS Projects)	Practitioner - Grade J	Oct 2018 to Mar 2019	£22,500
Advocacy Service (Unpaid Carers) (existing CIS Projects)	Service	Apr 2018 - Mar 2019	£30,000
		Total Cost:	£52,500

7 Progress in Preparing for Implementation

7.1 Whilst awaiting formal guidance from Scottish Government on many of the provisions of the Act, progress has been made in the following areas:

7.2 Local Carer Strategy Preparation and Consultation

In the second half of 2016, Aberdeenshire HSCP were preparing to carry out Health & Social Care satisfaction surveys for both service users and carers through IBP (market research company). This was seen as an opportunity to review the previous carer's survey and change the focus of this from being about the carers views on services for the person they care for to being about the carer themselves.

7.3 This survey was distributed to carers internally and via third sector organisations who support carers between Dec 2016 & March 2017. A full report of the findings from both surveys will be submitted to the IJB at a later date.

7.4 In April 2017, an event was held for third sector organisations in Aberdeenshire to both promote and inform regarding the Carers Act as well as consult with professionals on where they feel the gaps are in service provision for carers. This event was very successful and has enabled us to build up a wider network of groups in the area who provide direct and indirect support to adult and young carers. It also allowed us to learn of support groups including carers across Aberdeenshire that we can consult with.

- 7.5 The next step in the plan for our adult carer strategy was to consult with carers in more depth in relation to the key issues highlighted in the Health & Social Care Survey and this was carried out through May & June 2017.
- 7.6 Following consultation with carers, the adult carer strategy will be drafted and will be formally consulted on in late September and early October. Scottish Government has issued Statutory Guidance on Part 5 of the Act – preparation of the local carer strategy to help deliver consistency of approach. The guidance details what must be included in the strategy and what is optional. Any revisions following consultation will be made with the aim of the strategy being completed by the end of November 2017. This will then require to be submitted to the IJB for approval before being published.
- 7.7 Following a request last year from IJB regarding recognition of carers through for example a civic event, carers were asked how they would like to be recognised locally for the valuable support they provide. The majority of carers expressed that they would appreciate the chance to have a question and answer session with members of the senior management team and/or elected members which may be appropriate to include as part of the Strategy launch events being planned for spring 2018.

7.8 **Communication with HSCP Teams**

There is a requirement for staff to have early awareness of the Carers Act and the implications of this. Throughout 2017, the Service Development Officer and Project Officer (Unpaid Carers) have joined team meetings and provided a briefing on the Act as well as introducing teams to Quarriers Carer Support Service to raise awareness and highlight the importance of providing support to the carer as well as the cared for.

- 7.9 As preparation for implementation of the Act accelerates between now and April 2018, it is felt that a regular electronic briefing may be a more effective way of ensuring that all staff have the most up to date information.

7.10 **Aberdeenshire Unpaid Carer Information Pack**

A new Information Pack has been developed for adult unpaid carers in Aberdeenshire. This pack was launched during Carers Week June 2017 and contains information that carers highlighted they would find useful to have in one place, including:

What support is available for unpaid carers in Aberdeenshire?
Concessions, finances & funding;
Respite and short breaks;
Emergency planning;
Training for unpaid carers;
Useful contacts, and lots more.

This pack has been widely distributed and can be accessed through the following link:

<http://www.aberdeenshire.gov.uk/media/20913/unpaid-carers-info-pack-june-2017.pdf>

8 Equalities, Staffing and Financial Implications

- 8.1 The public sector equality duty requires the Scottish Government to assess the impact of applying a proposed new or revised policy or practice. A copy of the Equalities Impact Assessment undertaken as the legislation was being developed is attached with this report (**Appendix 2**). The EIA confirmed that the provisions of the Bill (prior to becoming an Act) will not directly or indirectly discriminate on the basis of age, disability, gender, gender re-assignment, sexual orientation or race and belief. It will make a meaningful difference to carers and young carers and will contribute towards the improvement of their health and wellbeing, ensuring they can continue to care and have a life alongside caring. Equalities issues will be addressed as we progress the requirements in the Act locally and where appropriate, EIA's will be undertaken.
- 8.2 COSLA is representing the views of local authorities to highlight the considerable risk if sufficient funding is not secured to enable full implementation of the requirements in the Act.
- 8.3 Staffing and financial implications have been detailed in the body of this report.

The Chief Officer & Chief Social Work Officer along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments included.

Mike Ogg
Partnership Manager
Aberdeenshire Health and Social Care Partnership

Report prepared by Sheena McIntosh - Strategy & Commissioning Manager, Cara Gall – Service Development Officer for Unpaid Carers, Wendy Probert – Project Officer for Unpaid Carers
Date 15 August 2017

Readiness Toolkit for the Carers Act

Name of Integrated Authority: Aberdeenshire Health & Social Care Partnership
Name of person completing the toolkit: Cara Gall
Job Title: Service Development Officer (Unpaid Carers)
Date of Return: 20/07/2017
Contact email address & telephone number: cara.gall@aberdeenshire.gov.uk 01467 530712

Areas 1 – 8 set out the impact of the changes and where work will be necessary in a number of 'enabling' areas. It invites integration authorities to self-assess/evaluate their progress against several key milestones and provisions within the act.

To aid completion, in the column marked "Current Position", some of the questions have a drop down menu, which is activated by clicking on the lower right hand side edge of the box. Please select the most relevant option that best reflects their current position.

Area 1: Programme Management and Governance		Current Position	Further Comment	Local Action required
No.	Implementation requirement			
1.1	<p>Implementation tasks</p> <p>What stage are you at with developing a local programme/project plan for implementation of the Carers Act with clear milestones and targets?</p>	In progress	This toolkit has been very helpful in preparing us for developing a project plan for full implementation of the Act which we are currently starting to work on. We have a project plan for the local carer strategy in place.	Continue to develop a local project plan for implementation of the Carers Act.
1.2	<p>Does your project plan reflect dependencies between different programme areas within the integration authority? E.g. Self-directed support or Older People's services</p>	Limited/no action	We will ensure that we are reflecting on relevant dependencies such as the examples identified.	Continue to work with colleagues in other strategic areas such as self directed support to ensure that we are fully aware of any updates or changes to processes as we progress with implementation. Continue to attend Self directed support services steering group regularly.
1.3	<p>Do you have named staff in place with clear accountability for individual elements of the changes within the Act? E.g. Carers Lead Officer, Planning and Commissioning Officer, Commissioning Manager for carer services or a Service Manager.</p>	In progress	Sheena McIntosh, Strategy & Commissioning Manager. Cara Gall, Service Development Officer (Unpaid Carers) Sharon Napier, Project Coordinator (inc. Young Carers), Aberdeenshire Council Children's Services & Education Vickie Craig-Wood, Social Care Contracts Manager, Aberdeen City & Aberdeenshire Council Commercial & Procurement Shared Service	Due to the amount of work required in preparation for implementation of the Carers Act we have had approval from senior management for additional capacity through use of transitional funding. This is currently going through the recruitment process.

1.4		To what extent do your plans take into account the budgetary cycles of the integration authority?	In progress	We are working with colleagues in Finance to ensure that our plan takes this into account. We are working within the budget we currently have and not overcommitting before we know what the allocation will be for Year 1 implementation	To take into account and review on a regular basis budgetary cycles of the IJB.
1.5		Have you included a member of your corporate finance team as a key member of the programme team?	In progress	The Principal Accountant has been involved from an early and will be involved further as part of the programme team.	Invite Principal Accountant to relevant meetings around implementation of the Act.
1.6	Children's services	If children's services are not devolved to your integration authority, have you considered how you will ensure that they are involved in your planning for implementation of the Act?	In progress	Children's Services are not devolved to our integration authority. We have a lead for young carers but need to formalise management and head of service involvement when planning for implementation of the Act.	Formalise Children's Services management and head of service involvement when planning for implementation of the Act.

Area 2: Workforce Support and Development					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
2.1	Skills of workforce	To what extent does your workforce currently have the skills, confidence and support necessary to implement the act in the way you want?	Limited/Needs development	Awareness raising around carers in general and the Carers Act are required to increase skills, confidence and support to our workforce.	Promote carer awareness course. Provide frequent updates via internal media on progress of Act.
2.2		Have you considered both statutory staff and those of external providers including community and voluntary sector partners in your planning process for training?	In progress	On receipt of guidance, we will develop training programmes based on the processes we decide to adopt locally in partnership with both statutory and third sector partners.	Develop training programmes based on the processes we decide to adopt locally in partnership with both statutory and third sector partners.
2.3		Is there adequate training and support for staff in place to develop skills in outcomes focussed conversations and practice and help staff develop more meaningful relationships with the people they support including carers? (also see Q 9.5 and Q10.5)	In progress	We include this in our SDS training, outcome focussed support planning training, Employee Annual Reviews & supervision with line managers.	Look at whether amendments are required to current training to include carers on implementation of the Act.
2.4		Do frontline health and social care practitioners have a thorough and detailed understanding of the new legal duties and responsibilities?	Partially	Teams have been given general briefings and updates at team meetings on the provisions of the Act. As guidance is received, we will communicate with and involve teams in how the Act will be implemented locally.	Start regular bulletin for staff on how the Act will be implemented in Aberdeenshire.
2.5		Are you able to say how learning and innovation is shared to the workforce?		Via team meetings, briefings, promotion internally (intranet & newsletters).	N/A

2.6		How are people learning across disciplines and professional groups? Are there any opportunities for cross sector learning?		Internal promotion & newsletters but also use our third sector interface's newsletter. We recently had a third sector engagement event which was a good example of cross sector learning.	Continue to include all relevant sectors in consultations, new development and changes to procedures. Gain feedback/evaluation where necessary.
2.7		Are you able to outline the learning and development resources including any technology used to implement the act?		Online training system (Aberdeenshire Council & NHS Grampian).	
2.8		Carer awareness To what extent, do you have carer awareness raising policies and procedures in place for the workforce?	Partially	We have a course in place (based on EPiC level 1) which we regularly promote and we are currently developing a course based on EPiC level 3. Recently did a payslip drop to raise awareness, regular internal adverts, posters, dedicated email address for carer support questions. No formal policy but HR Factsheet for carers recently developed.	Launch EPiC level 3 training - Caring Counts in the Workforce. Obtain level 2 of Carer Positive Kitemark which will increase promotion of carer awareness within the workforce.
2.9		To what extent are staff able to access both carer awareness raising materials and learning opportunities for development?	Partially	Access to training materials on Aberdeenshire Council & NHS Grampian systems.	Develop and launch EPiC level 3 training.
2.91		For staff who work in education, to what extent are they able to identify, assess and support young carers? E.g. guidance staff, primary school teachers etc	Partially	Comprehensive toolkit developed for young carers in primary and secondary schools.	Carers Support Service to employ dedicated worker in 1 year post to support further embedding of this toolkit.
2.92		To what extent does your integration authority make use of EPiC (Equal Partners in Care), the national framework for workforce learning and development related to unpaid carers?	Partially	We developed our own carer awareness training based on EPiC level 1 and adapted it to meet our local needs. NHS Grampian and Aberdeenshire Council were also part of the pilot testing of this framework.	Further work being carried out to develop EPiC level 3 into an online training for managers within Aberdeenshire Council & NHS Grampian.

Area 3 : Role of the Third Sector		
No.	Implementation requirement	Implementation tasks
3.1	Role of the Third Sector What role will the third sector undertake in relation to preparations for implementation of the Act?	Implementation tasks
		Current Position
		Further Comment
		Local Action required

		Local Action required
		Continue to involve and consult with all third sector partners on work around the Act.

3.2	Are there contracts in place with third sector organisations who are providing services or elements of the Carers Act? e.g. information and advice, adult carer support plans, young carer statements or short breaks.	In progress	We currently commission a Carer Support Service for young and adult carers. We also have contracts in place with a number of organisations providing specialist services, short breaks and care at home services.	N/A
3.3	To what extent do these contracts need to be revised in relation the Carers Act?	Partially	On receipt of guidance, we will make a decision on our model of delivery which will then allow us to make any required changes to contracts.	Revisit contracts for commissioned services on receipt of guidance and make any necessary changes/variations.
3.4	Do new carer support services need to be commissioned?	In progress	See 3.3	See 3.3
3.5	To what extent have you considered the key role of carer centres and carer organisations in the implementation of the Act?	In progress	Our commissioned carer support service is not a buildings based model of delivery due to our rural setting. However, we consider them to have a key role in the implementation of the Act.	Continue to involve and work in partnership with carer organisations during implementation of the Act.

Area 4: Communications and Public Awareness				
No.	Implementation requirement	Current Position	Further Comment	Local Action required
4.1	Develop a Communications Plan	In progress	We are in the initial stages of developing a formal plan. We have carried out some initial work in communicating with internal teams and with third sector organisations and the public.	Develop a comprehensive communication plan for the Carers Act along with our colleagues in corporate communications.
4.2	To what extent have you engaged with stakeholders to raise awareness of the Carers Act?	In progress	Engagement so far has included: Third sector event, attendance at carers groups, attendance at HSCP Team Meetings, distribution of a briefing on main provisions of the Act to GP's surgeries and internal teams, Information Pack for carers recently produced includes information on the Act, articles in internal and external newsletters, Aberdeenshire Council Website, Aberdeenshire Carers & SDS Facebook Page.	Continue with these lines of engagement but begin focussed briefings for staff and carers via newsletters.

4.3		To what extent have you ensured that your political leaders, chief officer and senior management fully understand how the Carers Act affects the organisation, role and services for local people and are confident in communicating this?	In progress	We have regular reports to the senior management team and the Integration Joint Board. the Chief Officer receives updates through the implementation planning group. Regular briefings on progress for implementation will be provided.	Continue to share updates on a regular basis with senior management and IJB.
4.4		To what extent have you raised awareness amongst adult and young carers of the commencement of the Carers Act in your area?	In progress	Attendance at carers groups, Information Pack for carers, Aberdeenshire Council Website, Aberdeenshire Carers & SDS Facebook Page.	See 4.2
4.5		Have you produced or planning to produce any materials or information online to promote the Carers Act?	In progress	Briefing for staff on the Act produced by an NHS Grampian colleague available on the internal Aberdeenshire Council website.	Plan to produce an 'easy read' document for public on the Act.
4.6		To what extent have carers been involved in the development of your communications plan?	Limited/no action	Discussions have been had regarding this but as only in the initial stages of developing our communication plan, no action has yet been taken.	We plan to consult with carers about how they would like to hear about the Carers Act and implementation.

Area 5: Providing real choice / Commissioning					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
5.1	Commissioning	To what extent have you ensured a range of choices for carer support and a strong role for carers in commissioning their own support?	In progress	SDS via the cared for ensures a range of choices on how they commission carer support if this is included in the cared for's assessment/support plan. Outwith this, we are not currently commissioning support directly for carers in Aberdeenshire but we do have support such as creative breaks funding where carers can choose how they receive their break.	Continue to support carers who meet the eligibility criteria to have choice and control in the support provided for them.
5.2		To what extent are carers involved in your strategic commissioning and procurement exercises?	In progress	Carers groups have been consulted prior to previous tender service specification being written to ensure that their views are heard.	Carer involvement when commissioning a service to support them will always continue to be an integral part of the process.
5.3		To what extent are carer organisations and third sector providers involved in your strategic commissioning and procurement exercises?	In progress	They are involved in strategic commissioning via reports they submit and their involvement on the carers strategic outcomes group. Organisations cannot be involved in procurement exercises as this would be a conflict of interest.	Continue to involve carer organisation and third sector providers as stated.
5.4		Do you have arrangements in place to actively involve carers, families and the wider community in the design, development, delivery and review of innovative carer support arrangements?	In progress	Through the Carer Information Strategy funding, carers views were taken into account when projects were funded to fill gaps in support needs. Carers are also involved in the Creative Breaks process. Also see carer strategy consultation 14.3.	Through consultation, surveys and feedback from the commissioned carers service support groups, carers involvement will continue.
5.5		Do you have a Joint Strategic Needs Assessment that covers the needs and assets of adult and young carers in your area, and how you will meet these needs?	In progress	We do have a Joint Strategic Needs Assessment that covers the needs and assets of adult and young carers and these needs are met through our strategic outcomes group.	The carers strategic outcomes group meets on a quarterly basis to discuss local carers needs.
5.6	Prevention and Assets based approach	To what extent have you had an increased focus on preventative and assets based approaches, that could be used to avoid formal service use?	In progress	We supported a recent carer information project through the Aberdeenshire Signposting Project which has recently come to an end. Our Short Breaks Bureau and public health initiatives support people to offer alternatives to formal service use.	Continuation of the public health initiatives and development of the Health & Social Care Partnership Short Breaks Bureau.

5.7		Are you able to share any examples of preventative and assets based approaches and the links to workforce development?		SVQ project to support adult & young carers to gain SVQ level 2 qualifications in Social Services & Healthcare, Career Ready project for Young Carers which is a mentorship programme within last two years of school including a paid summer work placement.	These projects continue to receive funding into 2019.
5.8		What are your plans to connect these approaches with community information and resources to support self-management development?		Previously advertised in various newsletters, carers events, Facebook and in our recently published carer information pack.	Continue to advertise in the same way as well as looking at innovative ways of reaching carers.
5.9		To what extent have you undertaken a review of your preventative service provision to prepare post April 2018?	Limited/no action	We haven't undertaken any review of this.	We will need to look at the advantage of doing so.

Area 6 : Information and Systems			
No.	Implementation requirement	Implementation tasks	Current Position
		Implementation tasks	
6.1		To what extent have you considered whether implementing a new system such as an online self-assessment or use of Skype might help manage any demand pressures?	In progress Further Comment We previously had an in house online self-assessment in place, however our carers assessment became outsourced to our commissioned service which made this process confusing so we took the decision to remove this. Local Action required We would revisit this resource depending on how we decide to deliver services post implementation.
6.2		Have you considered all the systems you have in place currently and how they can best meet the new requirements of the Act?	In progress Further Comment We have made some changes into the data we collect based on limited information we received through a carers survey. Local Action required We would need to look more closely at the systems we have in place once we have more guidance and have decided on how we are going to deliver services for carers.
6.3		What changes need to be made to your systems and processes to develop and implement an allocation system for adult carer support plans, young carer statements and access to support?	 Further Comment This is dependent on our model of delivery and whether we undertake these processes in house or via commissioned services. Local Action required Research required into systems and processes once model is agreed.
6.4		Do your plans allow sufficient time for workforce to be trained in new systems and processes?	 Further Comment This is unknown until we receive further guidance and decide on delivery model. Local Action required Initial training will be modified and reviewed after first year of implementation.

Area 7 : Finance and Demand			
No.	Implementation requirement	Implementation tasks	Current Position
		Implementation tasks	
7.1		To what extent do you have financial monitoring and reporting processes in place so changes in demand and any associated cost pressures can be identified early?	In progress Further Comment Finance colleagues have been working with us on plans for implementation although they have highlighted to us that, given there is no indication as to the amount of funding for year 1, it's difficult for us to predict what cost pressures will be. Local Action required We will continue with our regular financial monitoring with location managers, management team and to the IJB and through these existing processes we should be able to identify any cost pressures.
7.2		To what extent have you considered the financial impact to implementation of the Carers Act?	In progress Further Comment There is a concern from our finance colleagues, COSLA and national Finance Officer meetings that there will be insufficient resources made available to implement the Act. There are particular concerns around funding for current unmet need and replacement care which have not been fully taken into account in assessing the financial implications around the Act. Local Action required Continue to have regular updates from finance colleagues around this.

7.3		Are senior management and political leaders briefed on progress regularly with the financial impact to implementation of the act?	Fully	Financial information is included in reports to management team and the IJB.	Continue to provide reports to management team and IJB.
Area 8 : Monitoring and Evaluation					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
8.1		To what extent have you considered the monitoring and evaluation requirements associated with the Carers Act?		We have given some consideration to this and will be involving colleagues in the Information Team when detailing this in our implementation plan.	Develop procedures to ensure that these are carried out on a regular and timely basis.
8.2		Does baseline information on carers and carer support already exist in your area?		Information is currently collected by our carer support service but this only started in April 2016. Information on carers within our internal services has only just started to be collected earlier this year as we added some questions to paperwork following the Carers Census questionnaire.	Continue to develop information we collect based on feedback from Scottish Government on what is required.

Areas 9 – 15 follow the parts, chapters and sections of the Carers (Scotland) Act 2016 and provides a short summary of the changes and likely impact, statements to use to test local progress and plans, and asks integration authorities to consider their progress against a number of the tasks necessary to be Carers Act compliant and to fully achieve the objectives as set out in the Scottish Government's high level implementation plan for the Carers Act.

Area 9: Adult carer support plans (Sections 6 to 11)			
No.	Implementation requirement	Implementation tasks	Current Position
9.1	Duty to prepare adult carer support plan	To what extent do you need to adapt or revise your current adult carer assessment model to take into account the requirements for the adult carer support plan (ACSP) in the Act?	Partially
9.2		Who will undertake ACSP's in your area?	
9.3	Adult carers of terminally ill cared-for persons	What is your existing process for carrying out an assessment for carers of terminally ill cared-for persons?	
9.4		Are you planning to make any changes to this in light of the legislation or for timescales that will be regulated for in the future? Can you outline what might they be?	
9.5	Adult carers: identification of outcomes and needs for support	Are you developing a process with carers for identifying an adult carer's personal outcomes and needs for support? (also see Q2.3)	
9.6		How will you ensure that adult carers with protected characteristics are aware of and have access to ACSPs ?	
9.7	Content of adult carer support plan	To what extent have you considered the content in the provisions that will be required to feature in an adult carer support plan?	Limited/no action

Local Action required

Further Comment

Upon receipt of guidance for this provision, we will be able to make a decision on the content of ACSP's.

Upon receipt of guidance for this provision, we will be able to make a decision on who undertakes ACSP's.

This process is currently the same as with any carer via our carer support service with possibly quicker timescales and signposting/communication with GP's and district nurses which includes Marie Curie/MacMillan/CLAN. However, most support would be provided via joint assessment for cared for via social work or health.

This will be reviewed as per guidance from Scottish Government regarding any mandatory timescales.

As per 2.3 we already have training in place to support staff to help people identify personal outcomes and needs for support and our carer support service have also had training on this but this will be heavily dependent on who we decide will carry out ACSP and whether they need additional training.

We will ensure that we promote ACSP's and how to access these through a variety of groups including those who support people with protected characteristics.

Upon receipt of draft guidance, we will make a decision on which provision content will feature in an ACSP.

Revise current model of provision and paperwork. Develop and implement new paperwork based on work being done in the pilot sites .

We currently commission the completion of Carer's Assessments from our Carer Support Service. We will review this upon receipt of guidance.

Review process for this when regulated for in the future.

Review process for this when regulated for in the future.

Review current process when decision made as to who will carry out ACSP's.

Continue to develop our network of partners for promoting support for carers.

Upon receipt of draft guidance, we will make a decision on which provision content will feature in an ACSP.

9.8	Review of adult carer support plan	What processes are you planning to put in place for the review of ACSPs?		Reviews will take place in line with reviews for cared for or in the event of any significant changes to their circumstances but this will be informed by guidance.	Procedure to be put in place in line with guidance.
9.9	Adult carer support plan: provision of information to carer etc.	How will you ensure that the information contained in the adult carer support plan will be shared with the adult carer and any other person that the adult carer requests?		Upon receipt of guidance for this provision, we will be able to make a decision on how to share ACSP's.	Any completed form could be photocopied or securely emailed to the carer on completion. The ACSP will contain a consent section for sharing with other professionals. A procedure will need to be developed to record completion and sharing of document.
9.91		To what extent do you currently make use of emergency and future planning when undertaking assessment of carers needs?		Carer Support Service currently have a question in Carer Assessment prompting to complete an emergency plan if appropriate. This then is completed via Enable toolkit.	Carer Support Service are looking at developing their own abbreviated version of the Enable toolkit which will be used locally.
9.92		Are you considering how the ACSP will contain information about whether the adult carer has arrangements in place for the provision of care to the cared-for person in an emergency and for the future care of the cared-for person?	Limited/no action		Upon receipt of guidance, a decision will be made on what information we need to contain on emergency and future care.
9.93	emergency and future planning	Do you currently use or plan to make use of Enable Scotland's toolkit and resources on emergency and future planning? If not- what other resources do you use?	In use	See 9.91	See 9.91

Area 10: Young carer statements (Sections 12 to 20)			
No.	Implementation requirement	Implementation tasks	Current Position
			Local Action required
10.1	Duty to prepare young carer statement	To what extent do you need to adapt or revise your current young carer assessment model to take into account the requirements for the young carer statement (YCS) in the Act?	Further Comment Upon receipt of guidance for this provision, we will be able to make a decision on on the content of YCS's.
10.2		Who will undertake YCS's in your area?	Local Action required Make amendments to Carer Assessment paperwork to become YCS where necessary. We currently commission the completion of Carer's Assessments from our Carer Support Service. We will review this upon receipt of guidance.
10.3	Young carers of terminally ill cared-for persons	What is your existing process for carrying out an assessment for young carers of terminally ill cared-for persons?	Further Comment This process is currently the same as with any carer via our carer support service with possibly quicker timescales and signposting/communication with GP's and district nurses which includes Marie Curie/MacMillan/CLAN. However, most support would be provided via joint assessment for cared for via social work or health. Review process for this when regulated for in the future.
10.4		Are you planning to make any changes to this in light of the legislation or for timescales that will be regulated for in the future? Can you outline what might they be?	Local Action required Review process for this when regulated for in the future.
10.5	Young carers: identification of outcomes and need for support	Are you developing a process for identifying a young carer's personal outcomes and needs for support? (see also Q 2.3)	Further Comment As per 2.3 we already have training in place to support staff to help people identify personal outcomes and needs for support and our carer support service have also had training on this but this will be heavily dependent on who we decide will carry out YCS and whether they need additional training. Review current process when decision made as to who will carry out YCS's.
10.6		How will you ensure that young carers with protected characteristics are aware of and have access to a YCS?	Local Action required Continue to develop our network of partners for promoting support for carers.
10.7	Content of young carer statement	To what extent have you considered the content that will be required to feature in a young carer statement?	Further Comment We will ensure that we promote YCS's and how to access these through a variety of groups including those who support people with protected characteristics. Upon receipt of draft guidance, we will make a decision on which provision content will feature in a YCS.

10.8	Emergency and future care	Are you considering how the YCS will contain information about whether the young carer has arrangements in place for the provision of care to the cared-for person in an emergency and for the future care of the cared-for person?		Carer Support Service have received funding for innovative work with young carers and have chosen to use this to develop an app for emergency care planning as well as other aspects of care that the young carer is undertaking.	Upon receipt of guidance, a decision will be made on what information we need to contain on emergency and future care.
10.9	Review of young carer statements	What processes are you planning to put in place for the review of YCS's?		Reviews will take place in line with reviews for cared for or in the event of any significant changes to their circumstances but this will be informed by guidance.	Procedure to be put in place in line with guidance.
10.91	Young carer statement: provision of information to carer etc.	Are you planning for how the information contained in the YCS will be shared with the young carer and any other person that the young carer requests?	Limited/no action	Upon receipt of guidance for this provision, we will be able to make a decision on how to share YCS's.	Any completed form could be photocopied or securely emailed to the carer on completion. The YCS will contain a consent section for sharing with other professionals. A procedure will need to be developed to record completion and sharing of document.
10.92	Continuation of young carer statement	Are you taking into consideration that despite the fact that a young carer has attained the age of 18 years, any young carer statement prepared in relation to that carer continues to have effect until the carer is provided with an adult carer support plan?	Fully	The YCS paperwork will contain a statement explaining that it will remain in place until the ACSP has been completed.	Ensure that any revised paperwork includes this statement.
10.93	Responsible authority: general	Please refer to section 19			
10.94	Responsible authority: special cases	Please refer to section 20			

Area 11: Local eligibility criteria (Sections 21 and 22)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
11.1	Duty to set local eligibility criteria	How will eligibility criteria be developed locally and how will carers and carers organisations be involved in this process?		Health and Social Care Partnership has membership on the Eligibility Criteria working group.	On receipt of draft guidance on this provision, we will form a working group to develop how we will implement the provided framework in Aberdeenshire and develop guidance on how this should be applied. We will include carers organisations in the working group and carers in the consultation process.
11.2		Do you feel you have systems and processes established to determine a carer's eligible needs?	Limited/no action		Develop systems and processes to determine carers eligible needs.
11.3		What preventative support will be offered to carers who do not meet the eligibility criteria threshold for carer support?		Carers who do not meet the eligibility criteria threshold for carer support will receive appropriate information, advice and signposting as per their identified needs/outcomes.	Develop a set pathway for this process which is recorded and reported on.
11.4	Publication and review of criteria	To what extent are you developing your local eligibility criteria in order for it to be published before 01 April 2018?	In progress		Employment of additional posts to increase capacity in order to undertake work and meet this deadline.
11.5		Are you aware that your local eligibility criteria must be reviewed every 3 years?	Yes		Review Eligibility Criteria for Carers 1st April 2021.
11.6	National eligibility criteria	Please note section 23 which is part of National Matters			

Area 12: Duty to provide support to carers (Sections 24 to 26)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
12.1	Duty to provide support	To what extent do you understand the term "responsible local authority" in section 24 of the Act?	Fully		
12.2		To what extent are you considering how carers can be effectively supported without diminishing support to the cared-for person?	In progress	We need to consider how SDS will be introduced for carers and how respite/short breaks for the carer will be recorded/managed via the cared for's support plan and/or the carer's ACSP or YCS.	Develop procedures in order to ensure a consistent approach to this across the area.
12.3	Provision of support to carers: breaks from caring	Have you considered that when determining which support to provide to a carer under section 24(4), the local authority must consider in particular whether the support should take the form of or include a break from caring?	Yes	This has been discussed in part with relevant partners.	Further consideration to be taken and guidance developed for practitioners if needed.

12.4	Market Sufficiency	To what extent is your local social care market able to provide a range and choice of quality short breaks across all caring situations?	Partially	We have a short breaks bureau for supporting individuals with more innovative types of short breaks. More traditional short breaks are provided through a range of in-house and commissioned services .	Continue to develop the range of opportunities through the short breaks bureau particularly where gaps have been identified: Increasing number of people diagnosed with dementia has made it difficult to meet demand for respite in dementia specific accommodation. We have had a decrease in availability and provision of some of our respite providers/care homes which has caused difficulty. Gaps in respite provision for younger adults with a physical disability. Our commissioning and contracts team are currently looking at ways of supporting with this.
12.5	Charging for support provided to carers	Have you acknowledged the implications of Section 26 of the Carers Act in your local social care charging policy?	Limited/no action		This will be included in our Implementation Plan and we will make any necessary amendments required as per the Carers Act.
12.6	Dovetailing with self-directed support	To what extent does your approach to self-directed support for people dovetail with your planned approach to self-directed support for carers?		We currently try to include the needs of carers in the self-directed support process for the cared for where possible. When we look to give carers who meet the eligibility criteria self-directed support in their own right, we would aim to keep both approaches/processes as similar and consistent as possible.	Develop processes where required in line with current cared for approach to keep consistency.
12.7		How will your approach to self-directed support for carers align with your local eligibility criteria for carers?		This has been discussed in part with relevant partners.	Upon receipt of guidance, we will ensure that further discussion will be had regarding this.
12.8		To what extent are you considering use of self-directed support policy and practice to support carers?		We have considered this and know that all carers with eligible need will have to be offered the 4 options under self directed support unless this is inappropriate as per guidance for the Act.	Produce guidance on this for practitioners if required.

Area 13: Carer involvement (Sections 27 to 30)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
13.1	Duty to involve carers in carer services	To what extent are there structures in place to facilitate effective carer engagement? How will 'hard to reach' carers be involved in local planning?	In progress	We have developed a wide network of third sector organisations which helps us to target as many carers as possible when we need to engage/consult on specific areas of work. Through this, we are engaging with carers that we would not previously have had access to. However, we can always do better at engaging with carers who are hard to reach or do not identify themselves as carers.	Continue to look at innovative ways of engaging with carers who are hard to reach or who do not identify themselves as carers.
13.2		What are the arrangements for engaging carers in the areas of the Act which require carer involvement, including the development of local eligibility criteria, service planning and local carer strategies?		We are making good progress with development of the local carers strategy. We have had a range of consultation events via carers support groups as well as surveys and are currently planning consultation events on our draft strategies for later this year. For other provisions that we have not yet commenced work on, we will need to develop a plan of how we will consult with carers for each.	Develop a plan for consultation with carers on the required provisions including eligibility criteria and service planning.
13.3	Carer involvement in hospital discharge of cared-for-person	Do health boards have systems in place to ensure the carer's views are taken into account in relation to carer involvement in care planning and hospital discharge? Do these work?	Partially	Patient admission documentation includes prompts to identify caring role. We are currently testing new admission documentation which includes further questions around carer identification. In June 2017, person centred visiting was adopted throughout NHS Grampian to support carer involvement and participation in care.	If testing of new admission documentation is successful, this will be rolled out over all of NHS Grampian. Consider development of key performance indicators to evidence progress regarding carer involvement following receipt of guidance on this provision.
13.4		How will the health and social care workforce be trained to take account of the new duties in relation to carer involvement in care planning and hospital discharge?			We will need to incorporate this into our EPiC based e-learning courses as well as continued circulation of staff briefings in relation to the legislation. Promote person centred hospital visiting and virtual community wards across the workforce.
13.5		Could you outline the use or planned use of learning and development resources to support the above new duties?			As per 13.4.

13.6	Involvement of, assistance to and collaboration with carers	Please refer to section 29			
13.7		What is the role of carer representatives on IJBs in relation to preparations for the Act?		Following recent resignation, we do not have a carers representative on the IJB. We are undergoing recruitment from service user and carer representation and would expect any appointed carer representatives to be fully involved in relation to preparations for implementation of the Act.	Provide support and advice to carers and develop a strong communication pathway with rep and carers support service to ensure views of carers are communicated and work carried out by HSCP is fed back to carers.
13.8	Care assessments: duty to take account of care and views of carers	To what extent have you considered how a ACSF/YCS and the assessment of the cared-for person will interact?	Limited/no action		We would anticipate that they will form a holistic suite of assessments where appropriate.

Area 14: Local Carer Strategies (Sections 31 to 33)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
14.1	Duty to prepare a local carer strategy	Each local authority and relevant health board should jointly prepare a local carer strategy. What stage is this at?	In progress	Are there a pilot site for local carer strategy for Scottish Government and are progressing with both adult and young carer strategies. We have representatives from health and social care as well as carer organisations on the planning group.	Completed consultation and publish strategy.
14.2	Preparation of local carer strategy	What are your timescales for the development and preparations of your local carers strategy?		We have been undertaking work on our local carers strategy since November 2016.	We aim to have both strategies completed by the end of November 2017. Formal approval will then be sought with publication at the beginning of 2018.
14.3		How will carers and the third sector be involved in its development and how will it link with the Integration Authority's strategic plan?		Carers and third sector have been consulted with regarding local carers strategy. The local carers strategy supports the vision of our integrated authorities strategic plan.	Draft local carers strategy to be released in autumn 2017 for final consultation with carers and third sector organisations.
14.4		To what extent have you considered how you will undertake consultation on your local carers strategy?		Initial consultation via a general survey and targeted survey have been carried out. From this the draft local carer strategy will be produced.	Final consultation on draft strategy to be carried out in autumn 2017.
14.5	Publication and review of local carer strategy	To what extent have you considered the publication and review of your local carer strategy within the 3 year timescales?	In progress	The strategy will include information on how carers can feedback on the content and will cover 1st April 2018-31st March 2021.	Review of local carer to be undertaken prior to 1st April 2021.

Area 15: Information and advice service for carers (Sections 34 to 36)			
No.	Implementation requirement	Implementation tasks	Current Position
	Information and advice service for carers	Is there currently an information and advice service for carers in the area?	In progress
15.1		Does its role need to be extended to support the new duties in the Act?	Partially
15.2		How will it be resourced to address any increase in demand on its services?	
15.3		How will you ensure that carers with protected characteristics are aware of and have access to information and advice?	
15.4		Have you considered the need for a brokerage service to help carers with self-directed support options?	
15.5	Short breaks services statement	Is information on the range, availability and eligibility requirements for short break services available locally? If not, how will it be collated?	
15.6		Is there a good range and choice of short break services available locally? If not, where are the gaps and how can choice be extended?	
15.7		To what extent are you preparing for and planning to publish your short breaks services statement?	In progress
15.8		How will you ensure that it is accessible to all carers including those with protected characteristics?	
15.9			

Local Action required

Further Comment

Our commissioned carer support service is in the 2nd year of it's 5 year contract and their provision includes information and advice.

If expectation from guidance is not covered in current service, consider variation to contract.

Review quarterly reports and discuss any need for increased resources. Funding from Carers Act implementation monies may be required along with any changes identified in a review of preventative asset based resources.

Continue to develop our network of partners for promoting support for carers.

If required we will look at variation of contracts for already commissioned services where we need to and consider proven models.

Collation of this information into a short breaks services statement is required.

See 12.4

Upon receipt of guidance, we will ensure that further discussion will be had regarding this and this will be disseminated to new staff when they commence in post.

Continue to develop our network of partners for promoting support for carers.

In progress

Partially

Quarterly statistics will inform on any increase on demand for service.

We will ensure that we promote our information and advice service and how to access this through a variety of groups including those who support people with protected characteristics.

We will use the commissioned self directed support service we already have in place to support the cared for.

Information on short break options is available and eligibility requirements are in line with our eligibility criteria for individuals accessing social work services.

This has been discussed in part with relevant partners.

We will ensure that we promote short breaks services statement and how to access this through a variety of groups including those who support people with protected characteristics.

In progress

15.91	Carers' Charter	Are you aware that Scottish Ministers will prepare a Carers' Charter in 2018/19?	Yes		We have a Health and Social Care Partnership Carers Charter which has been recently updated. On receipt of the national Carers Charter we will review our local one and decide if it needs to be updated or replaced by the national one.
-------	-----------------	--	-----	--	---

Completed/In place	Fully	Fully	Fully	In use	Yes
In progress	In progress	Partially	Partially	Plan to use	No
Limited/no action	Limited/no action	Limited/Needs development	Not at all	Other - please provide further comment	
Not applicable	Not applicable		Not applicable		

EQUALITY IMPACT ASSESSMENT : RESULTS

Title of Policy	Carers (Scotland) Bill (“the Bill”)
Summary of aims and desired outcomes of Policy	<p>It is the intention of the Scottish Government that Scotland’s estimated 745,000 adult carers and 44,000 young carers^{1 2} should be better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring. In relation to young carers, the intention is similar to that for adult carers but that young carers should have a childhood similar to their non-carer peers.</p> <p>The objective of the Bill is to make real this ambition by furthering the rights of both adult and young carers.</p>
Directors: Division: Team	Directorate for Population Health Improvement: Care, Support and Rights Division: Carers Policy Branch

¹ Scottish Health Survey (SHeS). The number of carers identified through the SHeS is much higher than the number identified through the Census 2011. That figure stands at 492,231 adult carers and young carers combined. We believe that the difference is due primarily to the SHeS being an interview survey where each adult answers the question separately, rather than one person answering for the whole household: this more readily helps people to identify themselves as carers. The question is: “Do you look after, or give any regular help or support to family members, friends, neighbours, or others because of either a long-term physical condition, mental ill-health or disability; or problems related to old age?”

² The Scottish Government published Scotland’s Carers, An Official Statistics Publication for Scotland on 24 March 2015 (<http://www.gov.scot/Resource/0047/00473691.pdf>). This data is presented on the basis of under 16s and over 16s, as the weighting in the SHeS is designed for this age split. Since the Bill’s definition of young carer relates to under 18s (or a carer who has attained the age of 18 while a pupil at a school, and has since attaining that age remained a pupil at that or another school), the figures presented here make an estimate, based on the data, to include 16 and 17 year-olds.

Executive Summary

1. The public sector equality duty requires the Scottish Government to assess the impact of applying a proposed new or revised policy or practice. It is a legislative requirement. More importantly, however, most policies impact on people. People are not all the same and policies should reflect that different people have different needs. Equality legislation covers the protected characteristics of: age, disability, gender reassignment, sex, pregnancy and maternity, gender including pregnancy and maternity, race, religion and belief, and sexual orientation.
2. This Equality Impact Assessment (EQIA) has considered the potential impacts of the Bill on each of the protected characteristics. The provisions and how they impact on carers across the protected characteristics are set out under Key Findings.
3. Since the Bill is intended to be of positive benefit to Scotland's 745,000 adult and 44,000 young carers, regardless of whether they fall into one of more protected groups, the EQIA has not identified any Bill provisions that would adversely impact on such groups. The evidence gathered and data analysed indicate that overall the Bill provisions will have a positive impact on all carers and young carers and on equality issues. As a result, it is not considered that any changes to the provisions should be made as a result of the assessment.
4. However, the EQIA has identified opportunities to improve data sources in order to increase our understanding of carers who belong to particular equality groups and their experiences of caring. This will be used to inform further policy development and to tailor communication with particular equality and representative stakeholder groups, as the Bill progresses through Parliament and onto implementation of the resultant Act.

Background

Policy Aims

5. It is the intention of the Scottish Government that Scotland's 745,000 adult carers and 44,000 young carers^{3 4} should be better supported on a more

³ Scottish Health Survey (SHeS). The number of carers identified through the SHeS is much higher than the number identified through the Census 2011. That figure stands at 492,231 adult carers and young carers combined. We believe that the difference is due primarily to the SHeS being an interview survey where each adult answers the question separately, rather than one person answering for the whole household: this more readily helps people to identify themselves as carers. The question is: "Do you look after, or give any regular help or support to family members, friends, neighbours, or others because of either a long-term physical condition, mental ill-health or disability; or problems related to old age?"

⁴ The Scottish Government published *Scotland's Carers, An Official Statistics Publication for Scotland* on 24 March 2015 (<http://www.gov.scot/Resource/0047/00473691.pdf>). This data is presented separately for carers aged 4-15 and aged 16+, as SHeS sample is designed to produce estimates for children (aged under 16) and adults (aged 16 plus) separately. Since the Bill's definition of young carer relates to under 18s or a carer who has attained the age of 18 while a pupil at a school, and has

consistent basis so that they can continue to care if they so wish, in good health and to have a life alongside caring. In relation to young carers, the intention is similar to that for adult carers, but that young carers should have a childhood similar to their non-carer peers. The objective of the Bill is to make real this ambition by furthering the rights of both adult and young carers.

6. The case for the Bill is set out fully in the Policy Memorandum published alongside the Bill⁵ on its introduction to the Scottish Parliament on 9th March 2015.
7. The Scottish Government is supporting unpaid carers and young carers through a range of policies under the Manifesto commitments of the Government and the national carers and young carers' strategies, *Caring Together* and *Getting it Right for Young Carers*. These policies are being supported with over £114 million of funding being directed between 2007-2015 into local authorities, NHS Boards and the third sector to improve outcomes for unpaid carers, young carers and the people they care for.
8. The Scottish Government's purpose is to focus Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.
9. In order to achieve this purpose, Scottish Ministers are committed to the outcomes based approach as set out in the National Performance Framework's 10 year vision. This is a single framework to which all public services in Scotland are aligned, encouraging more effective partnership working. It is a framework based on delivering outcomes that improve the quality of life for people in Scotland, rather than on inputs and outputs.
10. The Bill's provisions closely align with the Healthier and Wealthier & Fairer Strategic Objectives, but also cut across the Smarter objective.
11. The Bill contributes to the following National Outcomes:
 - We live longer, healthier lives;
 - We have tackled the significant inequalities in Scottish society;
 - We live in well-designed, sustainable places where we are able to access the amenities and services we need;
 - Our children have the best start in life and are ready to succeed
 - We have strong, resilient and supportive communities where people take responsibility for their own actions; and
 - Our public services are high quality, continually improving, efficient and responsive to local people's needs.

since attaining that age remained a pupil at that or another school), the figures for the total numbers of young carers presented here are estimated, also from

⁵ [http://www.scottish.parliament.uk/S4_Bills/Carers%20\(Scotland\)%20Bill/b61s4-introd-pm.pdf](http://www.scottish.parliament.uk/S4_Bills/Carers%20(Scotland)%20Bill/b61s4-introd-pm.pdf)

Who was involved in this EQIA?

12. The Bill has been developed involving colleagues from within the Scottish Government and with external stakeholders. An initial framing exercise for the EQIA was carried out involving a range of internal Scottish Government stakeholders.
13. This exercise helped to identify the potential impact of the Bill on other Scottish Government policy areas and on those in protected groups. It also assisted in identifying available existing evidence about carers and carers in protected groups.
14. A mandatory public consultation exercise on policy proposals for the Bill was carried out between January and April 2014⁶. Respondents were invited to comment on a paper that set out proposals for the Bill provisions, the Partial Business and Regulatory Impact Assessment and the Partial Equalities Impact Assessment.
15. The responses to the consultation indicated that almost all stakeholders were broadly supportive of all, some or a few of the Bill proposals.
16. In addition to the formal consultation process, the Carers Bill Team ran and participated in a programme of Scottish Government and stakeholder arranged engagement events, during which stakeholders had the opportunity to express views about possible Bill provisions and identify areas of particular challenge in relation to protected characteristic groups.
17. To further inform the equality impact assessment, the Carers Bill Team also ran a specific stakeholder event with equality representatives. This event gave external stakeholders the opportunity to provide the Bill Team with their views on the Bill.
18. The Scottish Government has also published a response to the Bill consultation⁷. This sets out a summary of consultation views and shows how those views have informed policy development and Bill provisions.

Scope of the EQIA

19. The scope of this EQIA is the impact of the Bill on unpaid carers who have one or more protected characteristics.

⁶ <http://www.gov.scot/Publications/2014/01/4757>

⁷ Scottish Government Response to 'Carers Legislation - Consultation on Proposals - January 2014 - <http://www.gov.scot/Publications/2015/03/2211/downloads>

Data sources

20. A variety of information sources were used in compiling this EQIA, which includes, but is not exclusive of :

- Scottish Health Survey 2012/2013
- Scotland's Census 2011
- Scottish Health and Care Experience Survey 2012/13

Key Findings

Data

21. A summary of the data collected to inform the EQIA is set out below:

Protected Characteristic	Evidence gathered
AGE	<ul style="list-style-type: none"> • The age group where someone is most likely to be a carer is 50-64 years old⁸. • It is estimated there are 44,000 young carers aged 4-18;⁹ • 4% of children aged 4-15 are young carers; an estimated 22,000 – 36,000 young people¹⁰. • Older people (aged 65 and over) are most likely to provide intensive care (35 + hours per week) with over half of these carers doing so¹¹. • In the 2011 Census, 10,000 young people aged under 16 were identified as carers. Of these 77% reported caring for up to 20 hours per week; 10% 20-34 hours per week and 13% more than 35 hours of care per week¹². • 3% of people aged under 25 in the 20% most deprived areas in Scotland provide care in comparison to under 2% in the least deprived areas. • 28% of young carers in the most deprived areas provide care for 35+ hours per week whilst this is the case for 17% in the least deprived areas.
DISABILITY	<ul style="list-style-type: none"> • 41% of carers have a long term health condition.¹³ This is highest amongst those who are aged over 50 but at 52% is the same proportion as non- carers.

⁸ Ibid

⁹ Carers Scotland Bill Policy Memorandum
[http://www.scottish.parliament.uk/S4_Bills/Carers%20\(Scotland\)%20Bill/b61s4-introd-pm.pdf](http://www.scottish.parliament.uk/S4_Bills/Carers%20(Scotland)%20Bill/b61s4-introd-pm.pdf)

¹⁰ Scottish Government *Scotland's Carers* (2015)
<http://www.gov.scot/Publications/2015/03/1081/downloads>

¹¹ Ibid

¹² Ibid

¹³ Census 2011. A long-term condition was defined as one which lasted 12 months or more. Respondents were asked to self-select from a list of options comprising: deafness or partial hearing

Protected Characteristic	Evidence gathered
	<ul style="list-style-type: none"> • 22% of carers aged 0-24 compared to 11% of non-carers have at least one long term health condition. • 30% of carers aged 25-49 have at least one long term health condition compared to 21% non-carers. • The percentage of carers with one or more long term health condition increases with the number of hours caring – from 36% of those caring for 1-19 hours to 50% of those caring for 35+ hours.¹⁴ • Around 7% of people who provide care describe their health as “bad” or “very bad”. This increases to 14% of for those carers providing 50 or more hours of care per week. • 47% of carers in the most deprived areas care for 35 hours or more which is almost double that in the least deprived areas (24%) • Nearly 6% of carers report a long-term mental health problem; compared with 4% of non-carers¹⁵. • Young people are more likely to report they have a long-term mental health condition than non-carers.
SEX	<ul style="list-style-type: none"> • For carers aged 16+, 59% are women and 41% men. Women are more likely to be carers than men until retirement age when equally 19% of both women and men are providing care and in the oldest age groups (75+), more men than women (12% and 9% respectively) provide care. • 58% of carers providing 35+ hours of care per week are female, 42% male. • 62% of male carers providing 35+ hours a week care are aged 25-64. This compares with 69% of women carers. • Caring can impact on an individual’s ability to look after their own health and wellbeing. Research¹⁶ has found that women with intensive caring responsibilities are less likely to visit their GP than non-carers which indicates that they tend to prioritise the needs of the cared-for person over their own.
SEXUAL ORIENTATION	<ul style="list-style-type: none"> • A publication released in 2007, sampling Edinburgh and the Lothians, by the Lesbian, Gay, Bisexual Transgender and Intersex (LGBTI)

loss, blindness or partial sight loss, learning disability (for example Down’s syndrome), learning difficulty (for example dyslexia), developmental disorder (for example Autistic spectrum disorder or Asperger’s syndrome), physical disability, mental health condition, long term illness, disease or condition, other condition (respondent to specify), no condition.

¹⁴ Scottish Government Scotland’s Carers (2015)

<http://www.gov.scot/Publications/2015/03/1081/downloads>

¹⁵ <http://www.gov.scot/Publications/2015/03/1081/downloads>

¹⁶ Arskey H Hirst, M (2005) Unpaid Carers Access to and Use of Primary Care Services, Primary Health Care Research and Development 6 pp 101-116 <http://php.york.ac.uk/inst/spru/pubs/2/>

Protected Characteristic	Evidence gathered
	<p>Centre for Health and Wellbeing reported that 0.8% of respondents were in a full-time caring role.¹⁷</p> <ul style="list-style-type: none">• The LGBT Youth Scotland written response to the consultation provided further evidence of issues affecting LGBT people:<ul style="list-style-type: none">○ Many LGBT carers or the LGBT people they are caring for may have reduced social networks, due to a lack of acceptance by family and friends of their sexual orientation or gender identity.○ If LGBT carers experience these reduced social networks, they may have less support than other carers and rely more heavily on support from agencies.○ Many LGBT people fear potentially experiencing homophobia, biphobia and transphobia from services or have previous experience of discrimination from a service.○ There is often a lack of visibility of LGBT identities within services (such as staff knowledge of the issues affecting LGBT people, promotion of inclusive posters or websites, and explicitly stating that the service is LGBT-inclusive), which are necessary to counter LGBT people's expectations of discrimination or a lack of confidence that service services are able to meet their needs.

¹⁷ LGBT Community Needs Assessment Report
<http://www.lgbthealth.org.uk/wp-content/uploads/2014/08/Needs-Assessment-Sept-07- Updated-Dec-07 .pdf>

Protected Characteristic	Evidence gathered
RACE	<ul style="list-style-type: none"> • 96% of carers are of a “White Scottish / British / Irish” ethnicity, while 4% are of “Other” ethnic backgrounds.¹⁸ • On the whole the White Scottish / British / Irish ethnic group are more likely to be carers (9.6%) than other ethnicities (5.1%). This may be due in part, to different age structures in these populations; in the White Scottish / British / Irish group 38% are aged 50 or over and in the “Other” ethnic groups 13% are aged 50 or over. • The Pakistani community who make up 0.9% of Scotland’s population is the largest BME group. This is followed by the Chinese community with 0.6% and then by the Indian community with 0.6%.¹⁹ The Gypsy/Traveller population account for 0.1% of the total population. • 8.7% of the Pakistani population in Scotland provide some form of unpaid caring. This compares with 4.3% of the Chinese and 5.5% of the Indian communities. • There is increasing evidence that Gypsy/Travellers experience significant health inequalities, high infant mortality rates, premature deaths and higher than average rates of major long-term conditions such as diabetes and cardiovascular disease.²⁰
RELIGION OR BELIEF	No data was available covering carers or young carers under this protected characteristic grouping. This is addressed in the recommendations section of this EQIA (paragraph 31).
GENDER RE-ASSIGNMENT	No data was available about carers or young carers under this protected characteristic grouping. This is addressed in the recommendations section of this EQIA (paragraph 31).
MARRIAGE AND CIVIL PARTNERSHIP	No data was available about carers or young carers under this protected characteristic grouping. This is addressed in the recommendations section of this EQIA (paragraph 31).
PREGNANCY AND MATERNITY	No data was available about carers or young carers under this protected characteristic grouping. This is addressed in the recommendations section of this EQIA (paragraph 31).

Impact of Bill provisions on those in protected groups

¹⁸ Scottish Government Scotland’s Carers (2013)

¹⁹ 2011: Key Results on Population, Ethnicity, Identity, Language, Religion, Health, Housing and Accommodation in Scotland – Release 2A <http://scotlandscensus.gov.uk/news/census-2011-release-2a>

²⁰ Hidden Carers – Unheard Voices – Informal caring within the Gypsy/Traveller Community in Scotland <http://www.scottish.parliament.uk/S4/EqualOpportunitiesCommittee/Inquiries/MECOPP.pdf>

22. The evidence in the table above illustrates the wide diversity of carers and their caring responsibilities.
23. The Bill's provisions will have a positive impact on all of Scotland's carers, including those who fall into one or more protected groups. No negative impacts on any one or more protected groups have been identified, however it has been established that we need to know more about carers in several of the protected groups.
24. It is also recognised that there may be other factors affecting those in protected groups which although not a consequence of the Bill provisions as drafted, may, in comparison to those in non-protected groups, impact on the extent to which they can access and benefit from Bill provisions when implemented. For example, although adult carers in the LGBTI group are entitled to an adult carer support plan in the same way as a carer in a non-protected group, the particular issues facing that group (such as the fear of homophobia or discrimination) may imply additional barriers to accessing a support plan. We will therefore include within guidance for delivery partners, specific advice on implementation for protected groups.
25. The widening of access to support resulting from the removal of existing barriers to a carer's assessment, the introduction of an information and advice service and the introduction of the adult carer support plan are all expected to positively impact on all protected groups. Similarly, the duty on local authorities to prepare and publish local carer strategies that set out what action will be taken to identify, assess, support and involve carers should benefit all carers, including those with protected characteristics.
26. The introduction of a duty on local authorities to provide support to carers based on the carer's assessed needs according to locally set eligibility criteria should also be of positive benefit to carers within the protected groups, as across the board it is expected that more carers will benefit from support. The new duty on local authorities to publish eligibility criteria to ensure that carers are informed should help to promote equality of opportunity as it will be clear to all carers in a local authority area the basis upon which decisions about support are made. Additionally, the duty on local authorities to consult with carers and carer representative organisations in developing local carer strategies should ensure that carers' views are taken into account in the development, design and delivery of services, which more effectively meet their needs.
27. The obligation on local authorities to take appropriate steps to involve carers, young carers and carers' organisations in the planning, shaping, delivery and review of services at strategic level is also expected to benefit carers in protected groups and carers generally. Carers will be involved in and will have the opportunity to influence decision-making about services that directly affect them, ensuring that the services more effectively meets their needs. At an individual level the provisions made in the Bill to ensure that carers are involved in care planning for the person they care for and in decisions about support for themselves also impact positively on all carers, ensuring that their views are taken into account when decisions are being made about those they care for.

28. The introduction of the young carer statement for young carers will positively impact on children and young people with caring responsibilities by recognising the unique needs of children and young people with caring responsibilities. The young carer statement will dovetail with the child's plan, created under the Children and Young People (Scotland) Act 2014 ("the 2014 Act") for children and young people requiring a targeted intervention, to provide a comprehensive and holistic package of support.
29. Very young carers will also be positively impacted by the introduction of the young carers statement. There is likely to be a need to support very young carers as they access a young carer statement and subsequent support. This will be considered fully in the implementation of the Bill and reflected in guidance.

Recommendations and Conclusion

Recommendations

30. The Scottish Government has concluded that no changes to the Bill provisions are necessary as a result of the EQIA, as the Bill is intended to apply equally to those affected by its provisions and appear to have no detrimental effect on the basis of the protected characteristics.
31. Gaps have been identified in the current evidence base around the carers from specific protected groups and this has led to difficulties in establishing effects of the Bill on some of the protected characteristics, for example, religion or belief, sexual orientation, pregnancy and maternity, and gender re-assignment. This issue will be considered in further development of data relating to carers in Scotland. For example, it may be the case that pregnant women who know that their child will be disabled or have a learning disability could be further supported with appropriate information and advice before the child's birth.
32. However, the provisions within the Bill that local authorities prepare a local carer strategy about the support available within the area from the local authority and NHS Board will take account of the diversity of the caring population in their area and therefore help to address address any gaps in provision.

Monitoring and Review

33. It will be necessary to revisit this EQIA to take account of any changes to Bill provisions resulting from the parliamentary scrutiny process. As a consequence the EQIA will become a living document requiring regular review and updating.

Conclusion

34. The EQIA has confirmed that the provisions of the Bill will not directly or indirectly discriminate on the basis of age, disability, gender, gender re-assignment, sexual orientation or race and belief. The Bill is intended to apply equally to those affected by its provisions. The Bill will make a meaningful difference to carers and young carers and will contribute towards the improvement of their health and wellbeing, ensuring that they can continue to care and to have a life alongside caring.

