Coalition

of carers in Scotland

Carer Centre Scoping- Report on Findings
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Introduction
The implementation of the Carers (Scotland) Act is a time of huge opportunity to ensure that carers are recognised, valued and supported in their roles. Carer Centres are uniquely placed in being able to support and ensure that Local Authorities deliver on the duties and powers associated with the Act. This report sets out areas of good practice across Scotland that Carer Centres and the statutory sector are delivering on and also identifies areas where practice could be improved.

A significant concern regarding implementation of the Act is capacity. The majority of Carer Centres have not been in receipt of implementation monies which has impacted on their capacity to prepare for the Act. The majority of local carer organisations also report that uncertainty regarding funding from April 2018 could have an impact on their capacity to deliver once the Act is implemented.

Local Carer organisations are a key resource in terms of raising awareness, carer involvement, providing information and advice and in some areas developing Adult Carer Support Plans. It is vital that funding streams are confirmed at the earliest opportunity to ensure continuity to carers and to maximise the impact of the Act for carers.

Background and Methodology
The Partnership Development Officer post is new to the Coalition of Carers in Scotland and was created to support Coalition members with the implementation of the Act. The purpose and outcomes of the post are as follows:

Purpose of the Post
- Support and equip carer organisations to fully participate in preparations for the commencement of the Carers Act
- Develop and disseminate resources and support materials to enhance local expertise and capacity
- Support the involvement of member organisations in the plans for local implementation and promote the ability of carer organisations to inform and influence local developments
- Assist partnerships in fulfilling their duties within the Act in relation to carer involvement
- Share evidence of local challenges in relation to the implementation of the Act. Gather and disseminate examples of best practice which offer solutions to local challenge

Outcomes
1. Carers and local carer organisations are better informed about local and national policy and practice developments
2. Carers and local carer organisations are better able to influence and shape policy and service developments
3. Key decision makers are better informed about issues relating to carers and take account of these when developing local and national strategies, policy and services
4. Carers rights are better understood and upheld

Information contained in this summary was gathered via the Scoping Exercise conducted by the Coalition of Carers Partnership Development Officer during September 2017. The scoping exercise was completed with 25 Centre Managers either in person, by telephone or by the Centre Manager completing the Survey Monkey on-line.

The main purpose of the scoping was to gather views of Carer Centre managers in relation to the implementation of the Carers (Scotland) Act. Implementation of the Act does not operate in a vacuum and Centre Managers identified Health and Social Care Integration, staff changes in their local partnership, capacity and financial pressures as all having an impact on the implementation of the Act.

It is acknowledged that this is an ever-changing situation, the survey is a snapshot and is a reflection of the significant concerns the majority of Carer Centres have in relation to funding, resources and implementation of the carers Act.

For ease of reference the information has been collated under the relevant headings used by the Readiness Toolkit Summary Report

Programme Management and Governance	
Examples of Good Practice	**Examples of Practice to be Improved**
The two managers that felt the programme was well progressed were both in areas where their local partnership was piloting an element of the Carers Act and they	The majority of Carer Centres described the local programme for implementation of the Carers Act in their area as either slightly progressed (57%) or quite progressed

were involved in the pilots as key partners.	(33%) and only 10% felt they were well progressed.
Workforce Support and Development	
Examples of Good Practice	**Examples of Practice to be improved**
One area has employed Carer Peer Mentors. 5 carers are being employed 7 hours a week- supported and overseen by the Carer Centre managers and the 'Thinking Differently Team.' They are tasked with engaging and involving local carers in development relating to the implementation of the Act. Two areas have been able to employ specific workers. Using the Integrated Care Fund one area has employed a worker for 12 months at 25 hours a week. Work includes- Supporting the Carers Partnership with the social work teams and communications planning and developing multi-agency guidance. Another area has a full-time post for one year. Funded via 18k NHS Carer Information Strategy and 18k LA Carer Act Implementation Monies. Another area has used funding to backfill the Centre Manager's time so they have greater capacity to focus on implementation	Only 17% of Carer Centres received funding to employ a worker to support implementation of the Carers Act locally. There is a real issue in terms of capacity for Carer Centres to respond effectively to the Act within existing resources. One centre described their Board of Trustees giving her permission to devote time to the Act in recognition of the significance of the Act from within their own resources. There was a lack of knowledge from a number of Carer Centres as to how the implementation monies had been used locally.
One centre was able to confirm they already had a training plan in place. They have been equal partners in their pilot area and there is effective communication between the Health and Social Care Partnership and the Carer Centre. There is a weekly morning training session in the Carer Centre for Health and Social Carer Partnership staff to attend re the implementation of the Act.	For the majority of centres developing a Training Plan for the implementation of the Act was a work in progress and was reliant on decisions being made locally by the Health and Social Care Partnership about how the Act would be implemented in the local area.

Role of the Third Sector	
Examples of Good Practice	**Examples of Practice to be improved**
The majority of carer centres felt involved in local preparations for the Act (78%	Five Carer centres felt disengaged from the process (reporting a rating of 50% and under

rated involvement at over 50%) and of these 4 Carer Centres were able to report being 100% involved in local preparations for the Act, describing very positive relationships: 'we are treated as a key partner at our local IJB and Carer Development Group which has responsibility for Carers Act implementation' 'the good working relationship with the third sector is long established. We have a long-standing positive relationship with the lead officer- it's very open and inclusive and there is the chance to talk through lots of different ideas' 'Previous and current relationships and the values around our partnership has led us to being pro-active and everyone working towards the same aspirations of producing the same aspirations of producing good outcomes for carers.' Constructive, trusting relationships between the local carer organisations and the Health and Social Care Partnership are a key to the effective implementation of the Carers Act	in terms of involvement). It was evident that relationships between the Health and Social Care Partnership and the Carer Centre meant it was difficult for them to make approaches and find a way to become meaningfully involved.
Some carer centres had been very proactive in relation to driving the implementation work forward: 'We feel like we are pushing forward with the local authority" 'We had to take it to the top in the council to ask what they were doing about the act.'	One manager felt that there had been so much focus on the impending tendering process that the implementation of the Act had little focus or attention and preparations for the Act had made little progress.
A number of Carer Centres reported that the Readiness Toolkit had created the impetus locally for the preparation for the Act.	Two Carer Centres had not heard of the Readiness Toolkit. One centre manager advised they had not had any involvement in the completion of the toolkit and had not seen the completed document either.

Communications and Public Awareness	
Examples of Good Practice	**Examples of Practice to be improved**

One Carer Centre manager described feeling confident that the IJB are more knowledgeable about the Act as a result of the presentation they delivered. Other managers have contributed to papers which have been discussed at the IJB. Another centre manager has spoken to a variety of local high level strategic planning groups to raise awareness of the Act. One manager described their local Chief Officer spending significant time with carers during a Carers Week event and feeling confident that carer voices were being heard.	Half of the survey respondents did not feel confident (reporting less than 50% confidence) that local political leaders, chief officer and senior management understand how the Carers Act affects the Carer Centre, their role and service for local people. They cited a variety of reasons for this low level of confidence including: • Focus on the impact on statutory services- one manager commented, 'I don't think it will have crossed their mind that it will have an impact on us.' • Focus on budget and efficiencies • No-one has asked how it will affect us • They don't understand that we are already working at capacity • Feedback from IJB rep Few carer centres appear to have had the opportunity to contribute directly to the IJB or have had dates cancelled due to other priorities.
In the main, Carer Centres have been making use of already established routes of distributing information re the implementation of the Carers Act to carers, for example using social media, local carer organisation Facebook pages and Twitter as well as via newsletters and carer meetings.	Where implementation has been slow to get started there is no implementation group and this has resulted in a lack of communication and involvement in raising awareness. 9% of carer centres reporting having a communication plan in place for the implementation of the Carers Act, for 41% plan development was in progress and 50% did not have a plan. Lack of detailed information about how the Act will translate locally has meant centres have not progressed raising awareness about the Act except in general terms and they are also unsure about what materials will be available
Where there is strong partnership working between the Health and Social Care Partnership and Carer Centre they are working together to share responsibility and resources for communication and awareness raising	There are issues in terms of capacity for Carer Centres and one centre manager cautioned that, "there needs to be realistic expectations- HSCPs have access to resources such as PR and Communications teams which few carer centres do."

Providing Real Choice/Commissioning	
Examples of Good Practice	**Examples of Practice to be improved**

It is clear that the funding for initiatives such as Time to Live, Better Breaks and Creative Breaks has resulted in a significant shift in thinking of what constitutes a short break. There are so many examples across Scotland of imaginative and sustainable ways of supporting a carer to access a break, for example, creating a safe haven at home, gym membership, magazine subscription, driving lessons, complimentary therapies, cinema tickets, weekends away. Respitality is also spreading across Scotland with Carer Centres making use of it to extend the availability and choice of short breaks	In many areas, particularly rural areas, managers reported that there is very limited or no access to any breaks without the person who is cared for so carers are not able to access respite. Concerns were also raised that in some areas where the person being cared for does not meet the eligibility threshold the carer cannot access a break even if they have the need.
A number of areas have developed specific services to enable carers to access short breaks and employ short breaks workers or have short breaks bureau or information hubs. For example, Short Breaks Brokerage- a scheme where the Health and Social Care Partnership has delegated funds to the Carer Centre, which combined with Shared care funding means they are delivering 300 short breaks a year using the brokerage process. This entails having outcomes focussed conversations to work out together the best break for that person and the option of the broker organising it on the carers behalf. They aim to provide a sustainable response to the need for a short break and make use of a wide range of local community assets.	Some Carer Centres expressed concerns that current funding uncertainty may put these services at risk and it would have a huge impact on carers.
Two areas were aware of established clear guidance and eligibility for carers to access SDS in their own right.	At the moment access to SDS for carers in their own right is not an option available in most areas. Some areas see carers as benefiting indirectly as a result of the support accessed by the person being cared for via SDS
One manager described the impact of Community Capacity Programmes. Each locality has an activity fund budget responding to local need developing groups, activities and support, “this is helping carers to engage with their locality either alone or with the person they care for- choir, art, befriending, exercise etc. It has led to some carers becoming befrienders themselves, being assets in their community and being provided the opportunity to help establish their own identity.”	Although there were many examples of carers and carer centres being key partners in developing local carer strategies when asked managers advised they had very little involvement in developing the tendering and commissioning process.

Information and Systems	
Examples of Good Practice	**Examples of Practice to be improved**

Where the Carer Centre and Health and Social Care Partnership work in partnership to agree protocols and approach this works to avoid duplication for carers.	There were examples of areas where Carer Centres identified there is duplication and two systems running in parallel, there were concerns this is not effective use of resources and is confusing for carers.
One area is establishing a system where carers are proactively contacted by the carer centre when their relative is referred to social work and they are waiting for an assessment. Carers will be advised by letter that the carer centre will make contact. This will allow for lower level supports to be put in place for carers and also the worker can alert social work if the referral requires urgent attention.	It is at yet unclear what the demand will be so there appears to be a hesitancy in making changes to the system, however it's clear that there needs to be work done to ensure that information can flow between local carer organisations and HSCP and that there is clarity of roles, responsibility and accountability for organisations and ultimately carers. We don't know what happened with the pilot money. We need more integration between management systems as work is at risk of being duplicated. Where does the emergency plan sit? Interface into the council system- it's technically possible but there is a cost. We were going to merge the two different plans three or four years ago using i-pads however, we are the only ones still doing it…From our perspective it would have to be something that can be shared fairly easily between agencies. A lot goes back to the partner's technology. We need to use encryption to send to the partnership but only one pc can access it there There is going to be a need for increased capacity and the only way this can be increased is through partnership working. Dual aspect of involvement, so we need a technology solution for sharing information and that pulls information together. Unfortunately, those discussions don't tend to happen with the right people in the authority. There needs to be someone who decides how this goes forward. Different management systems, IT etc. t the moment there is huge potential for duplication. There should be one place for Adult Carer Support Plans. Either all plans come to us or we need access to the local authority system or if it stays the same we will waste resources duplicating.

Finance and Demand	
Examples of Good Practice	**Examples of Practice to be improved**

One centre manager described how work for implementation of the Act has helped to open up the conversation about replacement care.	Replacement Care- a number of Carer Centres reported that this issue was not being addressed. That the issues in relation to charging were not resolved and access to replacement care was either limited or patchy.
Two centres said they were not concerned about their capacity in relation to the Carers Act. They emphasised the open communication and genuine partnership between the Carers Centres and their Health and Social Care Partnership. The relationship we have with the HSCP means that I'm not seriously concerned, because they have been so honest and frank. We have a good relationship with the LA, so I'm not overly concerned as they see us as a safe pair of hands. There are some good examples of Centres making use of a range of income streams including Trusts, lottery funding and their own fundraised income to enhance and broaden the range of supports they can provide for carers. However, there is caution that this has become more challenging, especially when it is to sustain work rather than develop a new project.	91% of Centre Managers either had moderate concerns or were seriously concerned about the financial impact to their organisation as a result of implementation of the act. Emerging themes in relation to these concerns are: • Lack of clarity or information re funding position after March 2018- particularly Carer Information Strategy funded projects Currently over 50% of our funding ill come to an end next March at the conclusion of CIS and ICF. In addition, statutory funding has either stayed the same or decreased over the last few years…as a result we are in the ridiculous position, when the Carers Act is about to be implemented, of worrying about laying off staff at the end of the year, unless we receive confirmation that the fund previously received throughout the Scottish Government (Carer information Strategy Funding and Integrated Carer Fund) and statutory funding will continue beyond March. Unfortunately, we are no longer in the financial position of being able to fund posts beyond the end of funding agreements as we have in previous years. We are in discussions regarding the service level agreement. At the moment, we are funded by different pots e.g. Carer Information Strategy- we have had initial discussions but not that positive. Council currently looking at commissioning of services and has prioritised carer support. The lack of information about Carers Act funding versus the disappearance of Carer Information Strategy Funding seriously concerns me. How much is it, how can it be accessed, when will it be available? We have no answers to these questions yet. If one morph into the other then it is not "new money" as we are currently being told by the Scottish Government. My concern is that the Scottish Government has under costed the impact and it may fall to Carer Centres to fill the gap.

	There is no clarity around Carer Information Strategy funding, integrated care fund money. We are seriously concerned because we don't know how we will be funded. Some of that is the funding from the Scottish Government coming so late in the day so no-one can make any plans. Lots of our pots have run out- only have Carer Information Strategy money so not sure what is happening The loss of the Carer Information Strategy money, will it be use for the same thing? Our core funding has been at a standstill since 2009. • Potential increased demand without increased resources We are a very small team- 7 staff- 5 are part-time covering a massive geographical area. Fragile situation. There is no other service delivering this. 32,711 people are identified as carers- 500 adult carer support plans on an annual basis. We need additional resources. Some social workers have the attitude that Adult Carer Support Plans are not their responsibility. Increased partnership work with the Carer Centre and capacity if our current support planning framework is to form part of the statutory requirement. Expectations from the public purse to what we can actually deliver. What will be included in the contract- to deliver four times more with the same resources? • Less success accessing funding from external sources such as trusts We have found it more difficult to secure additional funding from trusts etc due to a decrease in funds available and an increase in the demand for them. Local authority and Health and Social Care Partnership are already working within an incredibly tight budget and accessing grant funding is becoming

	more difficult. • Service going out to tender It's being reviewed and is now subject to a tender process. We don't know what the outcome will be- all we know at the moment is that it is an open tender process. The contract will go out to tender…open tendering process has meant we feel very vulnerable at the moment. • Reviews of contracts/service level agreements We have had a Service Level Agreement for a number of years- we don't know what is happening. Carer lead wants it to continue for another year but we just don't know. Then likely to be a preferred partner for a tender the following year but none of this is confirmed yet. This is a worry for us. • Capacity to prepare for the Act With the pilot- we didn't get extra resources for the pilot, but it was important to be part of it. Having to do this within our own capacity. • Capacity to meet expectations and potentially increased demand in relation to Adult Carer Support Plans Will there be increased demand? Doesn't feel like there is a recognition of this. Ultimately carers will increase. There is going to be increased capacity and the only way this can be increased is through partnership working. Dual aspect of involvement so we need a technology solution for sharing information and pulls info together. Unfortunately, those discussions don't tend to happen with the right people in the authority. Separating things will deskill the workforce.

	There needs to be more resource to do it. There has been research on carer recording. We identified a lot of carers who have never been offered a support plan. Only people who have them are those whose cared for person has a package. Seems to be considered an additional task There needs to be clear pathways to access Adult Carer Support Plans and to invest resources for the time to do it properly. I am also worried about the impact of the Act and in particular whether (a) we will have the resources to meet rising expectations created by it and (b) whether any resources that come with the Act will be sucked into bureaucracy or a tick box completion and reviewing of Adult Carer Support Plans or whether it will translate into more and better support for people. I'm concerned that if we are not sufficiently funded we will need to adopt a waiting list system which completely goes against our aim to provide early intervention and which clearly has the best outcomes for carers.
In terms of meeting demand, as previously described (Workforce Support and Development page 3), one area has employed 5 Carer Peer Mentors for 7 hours per week. Two areas have been able to employ specific workers to support implementation. Another area has used funding to backfill the Centre Manager's time so they could have greater capacity to focus on implementation	There is a lack of clarity about how the implementation funding has been spent and the majority of carer centres are trying to prepare for the Act within their existing capacity, With the pilot we didn't get extra resources for the pilot, but it was important to be part of it…we don't know what has happened with the pilot money, we need more integration between the management systems or work is at risk of being duplicated. An interface into the council system is needed- it's technically possible but there is a cost."
Preparing for contract and funding discussions and highlighting additional demands will be an important task for local carer organisations We need to prepare for discussions and negotiations and need to evidence where what we are doing is additional. For example, developing an emergency plan takes more time in an adult carer support plan. Not a discussion we have had yet. We don't have very good sense yet of what the requirements of the Act will be.	

We haven't had the discussion yet but we will need to. Not been told anything as yet. The discussion has been that it will need to be looked at if there is an increase in demand	

Monitoring and Evaluation	
Examples of Good Practice	**Examples of Practice to be improved**
Two thirds of carer centres felt confident in monitoring and evaluating their support services as they already have rigorous systems in place for monitoring for their funders. In addition, they have an ethos of carer involvement and have been working in an outcome focused way for some time. For example, • We are continuing as we are with minor adjustment using the outcomes that link with the national carer strategy. All our monitoring is outcome based. • We are using outcomes star- pre-and post service. It fits with the national outcomes-we do quarterly monitoring for funders and monthly monitoring internally. • There is monitoring and evaluation imbedded into our practice- once we know what we are doing in addition (as a result of the implementation of the Act) we can extend that. • We are looking at the carer census…In terms of outputs and outcomes we feel able to comply if it fits with the census. I would be surprised if there are major curve balls. It feels okay as we have robust management system. It needs to be realistic and feasible benchmark. • We know what we need to demonstrate but we need to spend time thinking about qualitative data. We do that through our assessment and reviews- we check if things have got better, worse or the same in relation to the outcomes • Using the evaluation tools, we already use- we do a lot of baseline measurement- How you feeling now? What difference has it made? Our conversation cafes and carer peer mentors will have a role…Observation-	It would be beneficial for local carer organisations and statutory partners to share their outcomes focussed evaluation systems to enable more effective monitoring and evaluation across all sectors concerned with the implementation of the Act.

recording on database. We have a listening culture- we are fairly confident we will know if it's made a difference.	

Adult Carer Support Plans	
Examples of Good Practice	**Examples of Practice to be improved**
50% of carer centres have been fully involved and 10% had some input in developing a process for identifying an adult carer's personal outcomes and needs for support. It is encouraging to note the level of involvement local carer organisations have had. • We use Outcomes Star for carers and My Star for young people- we have invested heavily have had training and we have an internal trainer • we are commissioned to conduct carer assessment. 12-week programme with a worker using the carer outcomes star. This was our bid for the tender at the moment this will be the model in the future. This approach is governed by the carer- making it as good as it can be. Local authority doesn't have plans to amend. • We have been and are involved in discussions about how the council will do that. It is a form but it needs to be turned into a conversation. Structures aren't in place. Training for staff on family group decision making/conferencing the local pilot in worked well for people living with dementia and their carers. • We have been carrying out outcome based Adult Carer Support Plan for several years so we are fully involved in the process. • We have carer support plan workers and have developed a conversational approach to that. • We are commissioned to do that. We have been working in an outcome focussed way for a while. We are the main people undertaking the plans- we envisage that being the same after April 2018. • We were involved a while ago. We have promoted talking point and outcomes focus. We imbedded this approach via a practitioner research project we need to tweak what we have and build in some self-resilience. It's a conversation tool. • We do our own. We made use of Local Authority assessment and then add it to the plan. We meet the locality Health and Social Care Partnership teams and feedback to the council at the carer strategic outcomes group.	40% of carer centres had either not been involved in the process or were not aware of this happening in this area. 5 areas said they hadn't been involved as the process had not yet started and they were concerns about timescales for this.

• We have been testing the National Carer Organisations' eligibility framework and been working with the partnership on the plan and it's part of the Scottish Government pilot	
One manager stated that having a robust Adult Carer Support Plan using a talking points and outcomes focussed approach has helped the carer centre to set up the right structures and systems and they have moved from a project approach to a service model.	One centre manager described their concerns, I feel it will still be led by statutory sector. Many carers will only get this at the point of crisis point, it would be better to do the plan earlier. Enabling people to care by giving people the information they need. One centre described having discovered that a number Adult Carer Support Plans sent to the Health and Social Care Partnership to action for Self Directed Support, respite etc. over a year ago that had not been actioned as they had been misplaced. Part of the issue is that the systems don't speak to one another.
Carer Journey is a shared document, described as an engagement tool rather than assessment across 1 local authority area and 2 local carer organisations. It can be completed by the carer themselves on-line and can also be completed with a worker from any of the organisations. The Carer Journey was co-developed as a result of a shared process of engagement. It is planned to redevelop the tool to incorporate the requirements of the Adult Carer Support plan.	Some centres expressed concerns that the documents to be completed for Adult Carer Support Plans did not have relevant questions and as a result carers did not want to complete them. It's currently a tick box exercise- very few carers want to go through an assessment as a therapeutic activity in itself. We were going to merge the two different plans (ours and Social Work's) 3-4 years ago using i-pads- however we are the only ones still doing it. It has to be a meaningful activity." Some areas describe a lack of shared commitment to supporting carers through the planning process. We have a very small team- 7 staff (5 are part time) covering a massive geographical area- we deliver 500 carer support plans a year- we need additional resources. Some social workers have the attitude that ACSP are not their responsibility.

Local Eligibility Criteria

Examples of Good Practice	Examples of Practice to be improved
14 (74%) of carer centres reported that carers and carer organisations are involved in the development of local eligibility criteria. The National Carer Organisation's (NCOs) best practice framework has been used as the basis for developing local eligibility criteria in a number or areas. • We have been heavily involved and looked at the NCOs template and road tested them- we have gone with the triangle and slightly tweaked that. • Fully involved via the initial test and the Scottish Government Pilot as a starting point. 30 people on a one to one basis and also via our consultation workshops. • Carers not at the moment but the carer centres have been, the proposal is going to IJB at end of Sept and then there will be a consultation with carers. • We have just been asked about being part of the consultation. We are certainly helping the statutory partners to consult- hoping that the findings will go back to the carers working group. Until now we haven't been involved in what they are doing with the consultation- we haven't been part of developing anything.	A number of carer centres had not yet been involved in the process of producing local eligibility criteria, • We haven't been so far. They haven't presented anything yet. • Haven't heard anything about this yet. • We haven't been asked for involvement as yet There is an advocacy role for Carer Centre's to ensure that carers have their rights of the Act are upheld in terms of involvement in developing local eligibility criteria. There is a need for them to be proactive and query the Health and Social Care Partnership about when and how this will be undertaken.

Carer Involvement	
Examples of Good Practice	**Examples of Practice to be improved**
Carer involvement is the golden thread that runs through the Carer Movement. There is a wide variety of approaches and range of options to facilitate carer involvement. • We have carer involvement in the strategic planning group, in the implementation group overseeing the pilot and in the pilot consultation. We have regular engagement via our Carers VOICE and Carers Blethers. Locality working. Continuous Improvement Group for the short breaks. • The whole ethos of our organisation is carer engagement and co-	Some carer centres had a perception that current efforts at carer involvement were more of a tick box exercise rather than meaningful involvement. We are responding to the requests from the partnership. The carers working group went into a hiatus, but the response had always been we want to wait for the guidance. We had 2 carers on IJB- one rep and another shadow who sat on strategy group. We are finding to really hard to recruit a replacement. It's an uncertain role, feeling that you are there as a tick box exercise. We have had discussions about how to represent a wide range of carers. Carer rep has than a week to read hundreds of pages

production. We will be a potent force for change. We will raise the profile of Carers' issues and needs. We will influence policy development and service provision at the planning stage. We will form active links between carers and professionals, collect and disseminate up to date information for the Carer community. We will establish innovative and productive consultation processes with service providers. We will promote the inclusion of all Carers. We will represent the views of all Carers, including the many young Carers in our area. • They are involved in the local carer strategy. Any opportunity to bring carers together we will do it. We consult with carers regularly. We have a Carers Network and there will be a lot more engagement work as a result of the Act • Involvement is predominantly though Carers Action which feeds to carer strategy group and we have carer reps on various other condition specific strategy groups. We have a role in facilitating and organising. Two carers on carer strategy group carer rep on IJB- vocal sitting on that as position is vacant Specific consultation event e.g. SDS and Care at Home commissioning. Other routes are through representation on SDS board • Carers Act survey monkey and paper survey promoted through newsletter, website, e-bulletin, our own Facebook and council Facebook pages. We had a special coffee morning promoting the Carers Act as part of Carers Week. Carer roadshows visiting a range of local communities. Consultation events for carers.	before the meeting. There has been a push to get carers involved at locality events, strategy level planning groups, and the IJB. Advertising has not worked- we have to approach individuals and encourage. There is consultation fatigue.
One area received funding as part of the Carer Act implementation process to employ Carer Peer Mentors. 5 carers are being employed 7 hours per week- supported and overseen by the Centre Managers and the 'Thinking Differently Team'. They are tasked with engaging and involving local carers in the process of implementation.	Some concern was expressed by two centres in relation to facilitating carer involvement for the purpose of the Act's implementation but not being provided with additional resource to support this, We have been asked by partnership but not funded by the partnership for carers to be involved in strategic groups. We identify and support carer reps- but are not funded for this. Newsletter, inviting carer lead to carer groups, making use of Facebook. We are being asked to do it and we are doing it but we don't have funding

	or a specific worker for this. It would be really helpful for us to have a worker to support us with this- consistency and making the process quicker.
One Centre Manager had a clear engagement and involvement plan for hard to reach carers in implementation consultations for the Act • We are doing specific focus groups for BME and facilitating focus group for Carers with sensory impairments. We need to look at how young people are involved and the Communication subgroup will be looking at this. We need to make sure our materials are accessible. We have been holding our consultation events in local communities and also offered a variety of times including weekends and evenings. However, there is lots of work being undertaken by Carer centres to try and engage with 'hard to reach carers' which can be built upon for carer involvement in the Act • Most of our work is home visits. equalities worker- BME and carers with their own significant health needs. working with other agencies and continually raising awareness dementia workshops- we try to have funding to pay for replacement care/ transport we include monies in bid for interpreting monies • We have an outreach project funded by Big Lottery- carer support workers have surgeries in 17 areas throughout our area, we are working with employers, we attend community events such as Highland games…It's the way that we work. We have advertising boards at the local football team. We use social media and have invested in our website. We have a transitions project for young adult carers- we are going into high schools to speak at assemblies. We have a town centre base. We do a lot of partnership work with community centres- do stress management and training etc. Hidden carers are a big focus for us. • We do a lot in relation to relationship building. Historically we have well established groups to local traveller community. In relation to geographical side of things we have turned it on its head and placed carer support worker in local areas. Going to people rather that expecting people to come to us. Not always sending out questionnaires, being flexible to our	There are a number of areas who feel that they could be doing more to engage with hard to reach carers, • Not at the moment. This has been discussed- putting info with Council tax bills etc. Nothing has been decided as yet • in reality, I would say they are not being reached- we are doing our utmost to get info out through remote areas. we are not sure how well we are doing with this • I don't think they are- remoteness is a bug issue. We are already struggling to engage with those who are identified due to lack of capacity. People are getting on with it until they reach a crisis. • It's difficult to answer that. in relation to the HSCP not a lot is happening- they are probably seeing it as our responsibility. Unfortunately, we do not have the resources to deal with it. • We need to do more work on this. • I don't feel that they are. • This is always a difficulty especially in a big rural area. Those carers are not registered with our service- whether they are accessed via GP. I'm not sure how they are being engaged,

approach. For some carers English is their second language- use translation. rural- we need to go to places and connect in with organisations and work closely with MECOPP • We need to do more work on this. We have an addiction project now so this has led to an influx of referrals. Palliative care project- working jointly with the council to provide a set of courses- we need quick referrals to this. Biggest area for us is BME communities- not a very diverse area but increased Polish population. Gypsy traveller and equalities worker in the community areas of multiple depravation- 3 areas- evidence is that's where the highest levels of caring are. Looking at being physically located in the area • It's a difficult question- we probably don't know them. Obviously in a city environment don't have the same challenges in a rural environment but people are still in isolation. There are areas of deprivation and people living in the periphery. We are making better use of community services. Carer friendly pharmacy training to 53 pharmacies. The work we do in the hospital. Trying to be places where carers might be. Promotional stand in shopping centres, libraries etc.	

Local Carer Strategies	
Examples of Good Practice	**Examples of Practice to be improved**
!4% of respondents described the local carer strategy as being well progressed. And a further 19% felt it was progressing. Some areas have an active carer strategy and implementation group and have developed new Carer Strategies recently and intend to refresh them when the guidance and regulations of the Act become clear. Our strategy went to JIB in Jan 2017- we feel it fits with the guidance that has been released already. It was stalling but we went ahead so we had something to work with 2017-	33% of carer centres said that the development of a Carer Strategy had not started yet and a further 33% said that it was making slow progress. There have been issues in some areas regarding the development of a new carer strategy as a result of capacity and staffing Was started last year but staff members left so it went into abeyance. the new implementation officer role will lead on the carer strategy. Not where it need to be right now but there is a commitment to it. It's sitting on the shelf once we appoint the implementation officer that

2022 but it will be reviewed annually. It was written with the intention of it complying with the Act. lots of consultation in 2015 and 15 we were fully involved in Reviewed carer strategy last year. It was relaunched at the start of this year and will be reviewed next year There is a commitment to refreshing the strategy when the Act is implemented Some areas have elected to extend their current strategy to tie in with the date for the new Carer Strategy required by the Act Existing one was rolled over for another year. We have a strategy co-ordinator to progress this We have an interim strategy in place at the moment This work is in progress	will be there first job to revisit that. One of the implementation workstreams will cover this. The carers centre will be represented on the group. Think it's been slow as we were late starting. We had the ideas but it has been slow to take off. Strategy is out of date. sub group been set up for consultations etc but no progress as yet. There have been some discussions- very slow progress. capacity and attitude issue. It's been held tightly to adult well-being chest but they don't have the capacity. We have been waiting on strategic groups but because heads of service are chairing there is a capacity issue. There were 22 people at the carer one because nothing has happened for so long, so it was not an informed or focussed conversation. Pretty little doing in terms of developing a strategy. Focus has been tender. Our neighbouring authority has been pilot area for the Carer Strategy so it will be informed by that. Report for tendering will also be useful for the strategy Not looking at it until the Carers Act is in place Timescales, capacity to develop it and how we can meaningfully involve local carers Capacity is an issue. Last 2 steering group meetings have been cancelled but the plan was to have draft in September- working to the April target. The question is how involved carers and other people have been involved in that process.

Information and advice service for carers	
Examples of Good Practice	**Examples of Practice to be improved**
One of the main purposes of carer centres is to provide information and advice and there is a carer centre in all but one local authority area in Scotland. There is diverse range of information and advice services within Carer centre and no two Carer centres are the same. Examples of information and advice services include: 1 to 1 support Welfare Rights Support groups Short breaks Wellbeing Emergency Planning Social Events Drop-In cafes Information Groups/Classes Young Carers Self Directed Support Outreach surgeries Peer support 13% of carer centres said that new or existing carer support services are being commissioned in their area. One centre has recently been allocated additional funding from the Integrated Care Fund and is currently developing their service, the manager describes the new service, > At the moment, the relationship is quite passive and people are signposted to us. The new system will see all carers being advised that their details are being passed on to the Carer Centre and they can opt out if they don't want this. This early identification will help address the needs of people who are waiting on a referral for support for the person they care for. The carer worker can then escalate priority if needed and low-level supports can be introduced to reduce the likelihood of crisis. This also supports the Health and Social Care Partnerships to reduce the number of complaints of people waiting for support as they can only deal with high/critical needs and even then, there is often a wait for a provider.	Only one centre has had additional funding for this confirmed. 61% of those who took part in the scoping exercise don't know if there will be new or existing carer support service commissioned and 26% said there would not be. This is a significant concern for Carer Centres. For example, > We hope to have a 1% increase as we have done for the past few years but we never know until February usually what is happening for the following year but we are always quietly confident we will have continued funding. > Not that we have been told. It's not been discussed how they are going to do that. We haven't even had sight of the toolkit. > We are subject to a tender process at the moment > Will not know until the value of the tender is known. > We have a Service Level Agreement- there is an assumption that we provide information and support and carer support planning. Not had any discussion about increasing capacity yet. > It is unclear at the moment if we will be resourced to extend our services. > I think they potentially will be through the contract review. Lots of talk about preventative support.

Hospital Discharge	
Examples of Good Practice	**Examples of Practice to be improved**
Carer centre involvement in hospital discharge planning has been limited but appears to have been positive, We are one of the pilot sites. We got a small amount of money to start this group- we have always wanted to do more with this. We have a carer liaison worker once a week with a permanent stand in the hospital foyer- now working on an awareness raising campaign for hospital staff. We did pilot work for section 28- prior to that we had CIS funding for an advisor at the acute hospital targeting certain wards- evaluation from this is to flow into pilot work. The worker is in same room as discharge team- the majority of referrals come from that. When the carer worker comes out of the equation people revert back. The funding comes to an end in November. We need to gather carer stories for the evaluation using the EPIC principles. One carer had to give up work as her needs weren't taken into account when her husband was discharged. This project will continue as part of the duties of the Act We had big involvement at a consultation meeting and we have had meetings with Health Improvement and been involved with staff in the hospitals. We don't have a hospital in our area- residents go to 3 different hospitals. Involvement has been at operational level through our advocacy workers There was confidence from some Centre Managers that there would be involvement This will be addressed through one of the workstreams with carer centre representation. There is a workstream. Although we haven't been involved as yet, we did hold a facilitated	Carer Centres appear to have limited involvement in developing the new duties in relation to hospital discharge. Only 9% (2 centres) reported that they had any involvement in developing hospital discharge planning. This is a lost opportunity to ensure that the new right to involve carers in hospital discharge has the maximum benefit for carers by connecting them to local resources and supports. I'm aware that there has been a lot of new things been happening with health and social care in regard to that. I think our service should be more involved with this. We are trying to get hold of the relevant person who is developing this but we are failing- the NHS carer lead has moved onto another role and post is being replaced. There was a carer lead for our NHS board and a lead nurse for caring- both have left and neither of these posts have been filled so there is a huge hole in NHS Hasn't been discussed in this area. Our input from our previous experience would be helpful. Not in this area. Our neighbouring authority area has a pilot which we hope to replicate in this area. We have a post already so there hasn't been much discussion yet about how the Act will be implemented

discussion at our recent AGM which we will share with NHS Forth Valley	
Some areas already have projects based in hospital that are achieving good outcomes. Managers identified a key feature of success has been developing good relationships and being visible and accessible for ward staff to make referrals to. We have a worker covering one hospital in our area. It's working well- the worker works with carer while person is in hospital and passes on if on-going support is required. Our hospital liaison worker has been working in partnership with health and carers. We have also developed a palliative carers Carers Support Plan We have staff based at our local hospital. We engage with health improvement. We have been involved with EPiC. Our support workers' input into improvement team work to give a local perspective. It started in 2012 as change fund project and its now embedded in our core work. We have 5 afternoons a week-focused on the older people unit. We have a presence on the ward- they see us as part of their team- 4 wards they know us and AHPs refer to us. We haven't cracked the receiving ward. We have a funded a hospital link worker based in place. The thinking is that this will be continued.	One area had a project where we were identifying carers in the hospital setting or via their GP but didn't get continued funding, We identified 300 carers a year, with 1 person. The council used the funding and have 7 community connectors who find less!