



LIVING WELL IN THE SCOTTISH BORDERS - A PLAN FOR ADULT UNPAID CARERS 2024 - 2028



PURPOSE

Carers reflect the diversity of the population of Scotland. The Living Well is a plan for unpaid adult carers living in the Scottish Borders and recognition of the significant and vital contribution that carers make in supporting those they care for, enshrining the principles of equality, diversity and human rights. In the Scottish Borders we make a commitment to ensure that under the terms of the Equality Act (2010), no carer is disadvantaged due to age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity, race; religion or belief; or sex or sexual orientation.

The delivery of Health and Social Care is changing both locally and nationally. One of our key priorities is that all carers are supported to be able to continue to care, if they wish to do so, with the best possible health and well-being and to be able to access opportunities outside of the demands of the caring role. To this end, we are focussed on working towards listening, supporting, informing, and empowering carers throughout the area. It is only by doing this that the future direction locally will reflect what is important to carers and provide them with an opportunity to shape and influence the delivery of services both for them and those they care for.

Carers Living Well sets out the approach and the implementation plan by which the Health and Social Care Partnership of NHS Borders and Scottish Borders Council will deliver on their visions and outcomes for carers, ensuring that carers are fully involved in the implementation of the plan and in monitoring its progress.

OUR VISION

Our Health and Social Care Strategic Framework 2023-26 sets out the following objectives and ways of working to help address our local strategic issues which impact on the health and wellbeing of our communities. This aims to ensure that 'All people in the Scottish Borders are able to live their lives to the full.' However the Strategic Framework also recognises that it is clear that unpaid carers need to be better supported, and as a result has agreed to focus on better 'supporting unpaid carers by getting services for the cared for right.'



Objectives



Ways of Working



The vision of this plan is a Scottish Borders, which recognises and listens to carers so that they feel valued.

"Carers will be supported to easily access flexible support, advice and information to best meet their outcomes and those of the person they look after."

In order to achieve this vision Living Well:

- sets out a plan for the involvement and engagement of carers
- aims to improve the lives of carers in the Scottish Borders
- sets out where we want to be in the future
- recognises carers as experts and partners in care
- reflects the views, aspirations and hopes of carers in the Scottish Borders including those with protected characteristics

Why do we need a local plan?

- Unpaid carers are a vital part of health and social care provision in the Scottish Borders. Without them the system would collapse, so we need to ensure that there is a robust support in place for them
- The current plan for carers came to an end in 2022
- It is a requirement of the Carers (Scotland) Act 2016 that a plan for carers is developed between NHS Borders, Scottish Borders Council and carers.
- The Scottish Government has revised the National Carers Strategy
- There is a high number of unidentified carers living in the Scottish Borders who may benefit from support

Our Approach

Our approach to achieving our vision for unpaid carers will be underpinned by three key principles:

- There will be a focus on prevention and early intervention so that those with a caring role are identified and supported at the earliest opportunity, including hard to reach and minority communities
- We will adopt a person-centred approach to support the carer and the person(s) that they are caring for because we recognise that carers have their own individual needs
- We will ensure that carers are always treated as equal partners in care, both in terms of the support they receive for themselves as well as the person(s) they are caring for.



WHO IS A CARER?

In Scottish Borders, we follow the definition of a carer as outlined in the Carers (Scotland) Act 2016, which is as follows: “carer” means an individual who provides or intends to provide care for another individual (the “cared-for person”). A carer is anyone who, unpaid, looks after a friend or family member who can’t cope alone due to illness, disability, a mental health problem or an addiction.

The wider definition of a carer includes:

- Young carers who are in school, or further or higher education,
- Young carers aged 16-17 who may be in or seeking employment,
- Young carers aged 16-17 who may not be in education or employment,
- Young adult carers who are aged 18-25, who have needs around the transition from children and young people's services into adulthood and accessing age-appropriate adult supports. Young adult carers also require support to create a life beyond caring and explore opportunities for employment, further education, or moving into their own homes,
- Parent carers who are parents of children who have a disability or additional needs. Evidence shows this group of carers experience disproportionately greater negative impacts of caring than other carers,
- Carers who are managing both a caring role and trying to start, sustain, or return to employment,
- Older carers who in addition to caring for someone with support needs may also be managing their own health needs and impacts of ageing,
- Hidden carers do not identify themselves as carers and therefore may not seek support and information that would benefit them. Instead, they see themselves as looking after a parent, child or relative on a regular basis and do not identify this as a caring role.

Just as the reasons why someone becomes a carer vary greatly, the variety of tasks that a carer fulfils is diverse. They can include any of the following: practical tasks such as cooking, cleaning, washing up, ironing, paying bills, financial management and engaging appropriate services; personal care such as bathing, dressing, moving and handling, administering medication and collecting prescriptions; and emotional support such as listening, advocacy, problem solving, motivating and companionship.

Our definition of a carer does not include people who are employed to provide care e.g. care workers, home care staff, district nurses, foster carers and people who work in an unpaid capacity for a voluntary organisation.

The impact of caring

Caring can be very rewarding and have a positive impact on relationships and self-worth but it can also be extremely demanding. Care may be provided throughout the day and night seven days a week, or may fluctuate depending on the needs of the person being looked after. Each carer, and their caring situation, is unique. As such, carers experience varying degrees of positive and negative impacts.

Sometimes, a caring role can feel very challenging and can lead to:

- Social isolation due to not having time to develop or nurture relationships with friends or family members
- Stress of co-ordinating care with wider family responsibilities
- Having very limited or no opportunity to have 'time out' or a break to recharge
- Difficulties in maintaining education or employment, leading to the loss of opportunities and income
- Poor physical and mental health
- Increased financial pressures due to caring role
- Making long-term lifestyle changes
- Health and wellbeing impairment due to the pressure and stress of the caring role.



POLICY AND NATIONAL CONTEXT

Why should we support carers

There are many unpaid carers throughout the UK and 1 in 5 of us will become a carer at some point – every year 2.3 million people start caring for the first time.

The Scottish Government estimates unpaid care is currently saving Scotland **£12.8 billion per year in social care costs, plus £320 million in health care costs** – a total saving of £13.1 billion per year.

The Make Caring Visible, Valued and Supported: Carers Week 2022 and Carers UK reports states that:

- 887,815 people in Scotland are estimated to be unpaid carers
- There are 30,000 young carers in Scotland (SHS2020)
- Caring has intensified since autumn 2020 – the proportion of unpaid carers providing care over 20 hours per week in Scotland has increased by 42%. 54% of carers UK wide spend 50 hours a week caring
- 47% of young carers care for 35 + hours
- 55% of Scotland's unpaid carers are worrying about the impact of caring on their physical and mental health – 73% of carers living in the Scottish Borders reported that their health is affected by their caring role (HSPC Needs Assessment 2022)
- 2.86 million carers are worrying about the impact of not getting a break
- 47 % of Scotland's carers are worrying that they will be unable to cope financially

Duties responsibilities and rights

The Carers (Scotland) Act 2016 brings new rights to carers and is intended to ensure that carers are better supported so that they can stay healthy and have a life alongside caring.

These rights include:

- the right to an Adult Carer Support Plan (for carers aged 18 and over)
- the right to be involved in the hospital discharge process of the person being cared for
- the right to be involved in services

The main duties for local authorities under the Act are:

- Duty to prepare a local carers strategy
- Duty to involve carers in services
- Duty to provide Adult Carers Support Plan
- Duty to set local eligibility criteria
- Duty to provide support
- Duty to prepare a short breaks statement.

Other national policy drivers and guidance impacting on carers include:

- Social Care (Self-directed Support (Scotland) Act 2013
- Public Bodies (Joint Working) (Scotland) Act 2014
- Carers' Charter (2018)
- Equality Act 2010



WHO WE ARE:

IJB

The Integration Joint Board (IJB) was established in April 2015 and commissions health and social care services across the Scottish Borders. The Health and Social Care Partnership (HSCP) delivers these services on behalf of the IJB in line with the strategic plan for health and social care.

The Health and Social Care Strategic Framework 2023-26 is based on what the people of the Scottish Borders have told us matters to them. Our strategic framework sets out how we will transform, commission, and provide health and social care services over the next three years to best support the people of the Borders to live their lives to the full.

Borders Carers Centre

Referrals to Borders Carers Centre can be self referrals or made by any statutory or third sector agency.

Support can include:

- Completion of a carers Support Plan
- 1 to 1 support to explore support needs, feelings, worries and emotions and help develop coping skills
- Peer group sessions and activities
- Safety and emergency planning
- Free counselling
- Access to breaks and therapeutic interventions
- Access to funding
- Training for carers and professionals
- Advocacy
- Information and advice
- Income maximisation
- Support with hospital discharge
- Palliative support

Carers Workstream

Scottish Borders Health and Social Care Strategic Framework 2023-26¹ recognises the fact that unpaid carers need to be better supported in the Scottish Borders and the Carers Workstream has a lead role in ensuring that carers are involved and included. Under the legislation, the Integration Joint Board (IJB) has oversight of carer supports for people of all ages and stages.

The Carers Workstream are a team of multi-agency partners and unpaid carers who oversee action and matters relating to unpaid carers in the Scottish Borders.

To ensure that we are listening to carers and to fully understand what matters to them, as part of the development of the Living Well Plan, the Carers Workstream, which reports to the Strategic Planning Group, asked carers to complete a Needs Assessment questionnaire (Appendix 1: Carers Needs Assessment 2022).

Carers told us that the following was important to them:

- To be recognised and supported
- To enjoy a life outside caring
- To have access to short breaks
- To not be financially disadvantaged
- To be mentally and physically as well as they can be
- To be treated with dignity
- To be involved in shaping policy and services
- Support and training to help them in their role
- Support at times of change, including preparation for adulthood and end of life
- Emergency and future planning
- Housing support, including adaptations and equipment
- Information and advice, including benefits and financial issues
- Peer and community support
- Support to maintain and access work, education and training
- Access to support and services for the people they care for

This information has been used to identify 7 key themes which are at the heart of the plan

Key Themes

- Carer identification and recognition
- Information, advice and communication
- Including carers
- Supporting carers
- Health and well-being
- Breaks from Caring
- Social isolation

¹ [Scottish Borders HSCP Framework 2023-26](#)

MAKING IT HAPPEN

Theme 1 - Carer identification and recognition

One of the greatest barriers to offering help and support to carers is that many people do not identify themselves as being in a caring role and this can apply to both young, young adult carers and adult carers. Although there has been much work to identify carers the feedback from the 2022 Needs Assessment shows this is still a challenge. The Carers (Scotland) Act 2016 broadened the definitions of a carer and this will mean there are many more people who are carers but do not identify themselves as such. This priority focuses on recognising and identifying people who are carers at the earliest possible opportunity to ensure that the right support can be offered at the right time.

What have we done?

The third sector and HSCP have been working with employers, health and social care staff, and third sector partners to raise awareness of who carers are and what support is available. The Carers Workstream worked in partnership to develop a Needs Assessment for carers which was shared widely throughout the Scottish Borders. The survey included information on available support to carers.

What do we still need to do?

- Continue awareness raising and training with statutory and third sector partners including emergency and specialist services such as housing to improve the capability of health and social care staff, third sector partners and the wider community to quickly recognise and signpost potential carers (e.g. when the cared for person gets admitted to hospital).
- Engage with more employers
- Ensure all carers are offered an Adult Carer Support Plan - the Adult Carer Support Plan clearly identifies the specific needs of an individual carer.
- Ensure carers are identified as close to the start of their caring journey as possible and are signposted to support services
- Identification of hidden carers - closer working and communication with where hidden carers are likely to be is key to recognising carers eg ethnic minority, older carers, male and LGBTQIA+ carers
- Continue to monitor carer identification through the Carers Workstream
- Complete a biennial needs Assessment for carers.

What difference will this make?

- There will be an increase in the number of carers being identified at an early stage
- There will be an increase in the uptake of Adult Carers Support Plans

Theme 2 - Information Advice and Communication

Carers and those supporting them need to know what their rights are and where to access information that is relevant, up to date and, available when they need it in order to be able to make informed decisions. A simple and clear approach for carers to access information when they require it will be developed further to meet the wide range of carers needs.

What have we done?

Statutory and third sector have been instrumental in providing information and advice services for carers and professionals. There is a range of third sector organisations that support carers throughout the Scottish Borders, including carers of people living with dementia, parent carers, carers looking after people with physical health issues and mental illness. A wide range of training programmes for carers is available from Borders Carers Centre and Border Care Voice including bespoke moving and handling, coping strategies, caring for someone living with dementia and changing relationships. The Borders Carers Centre has a Facebook page and website as well as information leaflets which can be amended to incorporate the needs of the individual.

What do we still need to do?

The Needs Assessment 2022 asked carers what would improve access to information and they told us:

- A centralised website with all relevant information
- A relaunch of Borders Carers Centre website
- Annual information sharing event for carers
- Clear signposting at an early stage
- Improved communication between linked services
- Locality specific information
- Regular email communications and updates
- More face-to-face support groups in the evenings and at weekends to support working carers
- More information displayed in GP surgeries, schools and hospitals, including information booklets to take away
- Time to research; many carers do not have this because of caring duties
- Improved signposting through community hubs and health settings across the Borders
- Focused events to reach ethnic minority and LGBTQIA+ communities

What difference will this make?

- There will be an increase in the number of carers being identified at an early stage
- There will be an increase in the uptake of Adult Carers Support Plans
- Early intervention will reduce the number of carers experiencing crisis
- There will be a reduction in barriers to accessing support

Theme 3 - Including Carers

Carers should be included in the key decisions about the support they receive and where appropriate, decisions on the care and support the cared for person needs. Carers should also be included in the development and review of the wider carer policies and strategies. Allowing and encouraging carer input in key decisions, such as availability and types of support, transitions, hospital discharges, decisions on changes to cared for person's care needs is key to greater levels of involvement. Placing a greater emphasis on involvement in the design and development of local carer services is also important. Essentially, carers will be treated as equal partners – whether that be throughout the health and social care process or at a strategic level. Services for carers and the people they care for should be joined up, delivered locally, tailored to individual need, and person centred to meet individual outcomes. They must be developed in partnership with people and communities.

In order to achieve this carers must be involved in all aspects of planning health and social care in the Scottish Borders. Carers need to have a strong voice and strong representation to ensure that decision makers fully understand the wide-ranging impact of caring on physical and mental well-being, social interactions, finances and future planning.

What have we done?

We have a variety of forums where carers can be involved including:

- Carers First- the Borders Carers Centre facilitates a forum for carers to ensure that carers have a strong voice locally and are able to feed into local and national development. The group is for and led by carers
- Carers Workstream – the Carers Workstream feeds directly into the IJB via the Strategic Planning Group and is a strategic group comprising of unpaid carers including dementia and parent carers, third sector partners and statutory professionals.
- Users and Carers group – facilitated by Borders Care Voice
- Health and Social Care Partnership – a carers representative sits on the Health and Social Care Board to represent the views of carers and raise issues which impact on them
- Carers Support Groups (e.g. Borders Carers Centre, Alzheimer's Scotland) – these are run throughout the area and provide peer support as well as an opportunity to share information, inform and consult

- Carers Week – the week is celebrated with an open event for all carers in the Scottish Borders. As well as an opportunity to celebrate and thank carers for everything they do, it also provides an opportunity for carers to learn about local and national developments and have their say. Feedback from this event is used to inform future planning
- E-bulletin – the Carers Centre sends out a monthly e-bulletin and annual newsletter to carers who have signed up to ensure that they are well-informed about local and national activity and developments
- Survey – we share on a regular basis surveys and consultations that are relevant to carers both electronically and in hard copy
- Media – we use local media, SBC communications

What do we still need to do?

- Continue to include carers in the groups that determine future policy and strategies
- Ensure that the thoughts of carers are never overlooked, and this is something that will continue to guide carer policy over the next two years
- Ensure that meetings and groups to hear the voice of carers are flexible and recognise the needs of carers including those with protected characteristics
- Create a Parent Carer Workstream to address the needs of parent carers in partnership with children's services
- Use current carer groups to engage
- Restart annual carer conference
- Create a system for monitoring and accountability across the partnership

What difference will this make?

- Improve provision of the right services at the right time
- Ensure that financial resources and Carers Act Funding is directed appropriately to support priority outcomes for carers
- Through the biennial Needs Assessment Carers will report that services to support them and those they are caring for have improved

Theme 4 - Supporting Carers

As per the IJB objective a key focus on supporting carers is getting services right for the cared for person. This priority seeks to ensure that carers are supported in their role, and that they remain supported should they wish to continue in their role. This may take the form of enabling carers to have access to advice and information in a timely manner, and that all partnership, statutory and third sector staff are able to assist and sign-post carers to support when needed. Where formal care is required in the shape of a package of care, it is vital that carers are part of the social work assessment process as any care for the cared for person may invariably reduce some of their caring role. This priority also focuses on making sure carers feel supported throughout their time as a carer, as well as when their caring role comes to an end. Importantly, carers should not experience disadvantage or discrimination, including financial hardship, as a result of their caring role. To enable this, there must be a flexible approach, which allows carers to be supported in a way which can work around their commitments and responsibilities.

What have we done?

The HSCP are looking at taking a preventative approach by aiming for early intervention, allowing support to be offered as soon as possible. Investing in prevention activities aims to avert a crisis. This may include:

- Identifying personal outcomes and goals through Carer Support Plans
- Support for the cared for person through the social work assessment process, formal care and alternative community supports
- Condition specific training
- Moving and handling training
- Breaks from the caring role
- Financial support – including Time to Live, Scottish Government Hardship Fund
- Emergency planning – emergency card scheme

What do we still need to do?

- Increase the uptake of Carer Support Plans
- Staff-development/training plan that will improve the knowledge and understanding of staff across all sectors on the needs of adult carers
- Further development of access to short breaks working in partnership with both statutory, independent and third sector partners
- Improve access to palliative support.
- Improve service provision to the cared for person
- Provide awareness of carers rights in order to identify and signpost carers to support.
- Scope the availability and accessibility of carers support groups to identify gaps, and any barriers to access including the need for any specialist groups such as men only groups

What difference will this make?

- Higher numbers of Carers Support Plans offered and completed
- There will be reduction in the number of crisis interventions
- Carers will feel better supported to continue to care through care arrangements for the cared for person
- Carers will be enabled to have a life outside of the demands of the caring role
- Carers will feel valued and listened too
- Cared for people experience improved well-being

Theme 5 - Health and well-being

Carer health and wellbeing

The role and identity of those with caring responsibilities is complex and not often planned for. Becoming a carer can be a slow process as the health of a loved one gradually deteriorates or because of sudden unexpected events with life changing consequences - we need to ensure our offer of health and wellbeing supports is broad, varied and flexible.

The HSCP is keen that carers see a genuine improvement to their health and wellbeing, and are enabled to have a life outside of caring. This can be achieved in a variety of ways, from improving carer's knowledge on the health risks of the caring role, to enabling access to counselling and support, to increasing GP involvement. The HSCP will always encourage carers to have an active life outside of their caring role, including fulfilling their education, employment and/or training potential. In other words, carers should have the ability to combine their caring responsibilities with work, social, leisure and learning opportunities.

The majority of the respondents to the Health Needs Assessment 2022 reported that they felt their own health was affected by their caring role, with 73% in agreement. Others felt their wellbeing was affected, with 62% unable to undertake exercise or physical activity under their caring duties. Reasons given for this included anxiety, exhaustion, time and unable to leave those they care for alone.

What have we done?

There is a broad range of supports on offer through the third sector and Borders Carers Centre including:

- Counselling services
- Group sessions and 1:1 support
- Breaks from caring – group and individual opportunities
- Access to funding for therapeutic interventions – therapy voucher scheme
- Access to funding for to relieve financial hardship
- Training
- Well-being groups

What do we still need to do?

- Increase the offer and uptake of Carers Support Plans to identify health needs in a timely fashion
- Further develop our offer of health and wellbeing supports through our grants and voucher schemes
- Promote Time to Live grants and Respite
- Ensure all identified carers are offered support with emergency planning
- Carers are supported to look after their own physical, mental, emotional, and social wellbeing needs with access to regular breaks.
- Improved services for cared for person and increased access to daytime opportunities

What difference will this make?

- Carers have opportunities to lead a fulfilled and healthy life
- Increase in the number of carers accessing support services including training opportunities and identifying what is important to them
- Annual increase in the number of carers who have a Carers Support Plan and from this the majority of carers say their wellbeing has improved
- Improvement in well-being of cared for person
- Carers feel listened to and heard as individuals.
- Carers feel well supported throughout their caring journey



Theme 6 - Breaks from Caring

Carers have told us that regular breaks from caring are a priority. We know from feedback that short break options need to be flexible, individual and meet personal outcomes. The consideration of carers' need for a short break is a requirement of the Carers Act and all carers who wish to complete an adult Carer Support Plan should have their individual needs discussed in relation to having time away from caring. In Scottish Borders we understand the importance to carers of getting a break. Short Breaks – something commonly associated with respite – are immensely important to a carer's emotional and physical wellbeing. The Scottish Borders Short Breaks Statement aims to set out information on Short Break services for local carers and those that are cared for, ensuring carers have a clear understanding of what is available.

A Short Break is any form of assistance or service which enables the carer to have time out from the caring role and responsibilities. Respondents to the Borders Carers Needs Assessment 2022, reported a lack of appropriate services as the greatest barrier to having time out from caring. 77% of respondents reported a need for buildings based day support and 85% reported a need for increased opportunities in the community. 81% of carers did not feel that services were flexible enough to meet the needs of the cared for person which would enable them to take a break from caring.

Breaks from caring may:

- Be for short or extended periods of time
- Take place during the day or overnight
- Involve the person cared for having a break away from the home environment
- Allow the carer to take a break with care provided in the home
- Allow the carer and cared for to have a break together

What have we done?

There are a number of third sector partners and statutory services providing a range of short breaks for carers including Borders Carers Centre. The concept of Respite is already delivering additional breaks from corporate partners in the hospitality, tourism and leisure sector. These breaks can include a few hours during the day or week, or several nights away; for the carer alone; for the carer and the cared for person together; for a group of carers together; or for the cared for person alone and/or a combination of all of these. The Scottish Borders Short Breaks Statement provides information about short breaks available locally and across Scotland. Carers can access funding for breaks through the Time to Live Fund managed by Borders Carers Centre.

Through an Adult Carers Support Plan carers can be referred for a carers budget under Self Directed Support in order for them to access time out from the caring role.

The Carers Needs Assessment 2022 plus consultation events undertaken by the National Development Team for Inclusion (NDTi) in Teviot and Liddesdale supported the provision of a day centre in the Hawick area and this work is now complete with the opening of a new facility.

Expanded opportunities for short breaks by funding high dependency respite beds as a test of change across the independent sector care home market to support carers of those with complex needs to have a break from caring.

What do we still need to do?

- Increase offer and uptake of Carers Support Plans
- Revise Short Breaks Statement
- Make conversations about short breaks part of all conversations with carers
- Expand access to flexible, responsive, creative short breaks and making use of self-directed support options.
- Improve access to grants for carers through promotion of Time to Live
- Expand up take of Respite
- Measure effectiveness of high dependency beds
- Ensure respite services are fit for purpose and can meet the needs of a diverse population in relation to belief and culture

What difference will this make?

- Through Carers Support Plans carers will report improved health and well-being
- Through Carers Support Plans carers feel better able to manage the demands of the caring role
- Carers will have access to planned and regular breaks
- There will be an increase in the number of carers accessing short breaks
- Cared for people will have access to improved supports which will meet their needs which will relieve carer stress and distress
- Reduction in unmet need of carer and cared for

Theme 7 -Social Isolation

The Scottish Borders is made up of many scattered communities and as a result many carers live in rural and more remote areas. They are therefore more likely to face particular difficulties, including travel/transport problems, lack of local services, social isolation and limited access to information. We work in partnership with other agencies to seek solutions for reducing isolation for carers living in the Scottish Borders.

What have we done?

We have developed a new structure for community transport to create improved access. We have established Carers Support Groups throughout the Scottish Borders and offer both face to face and online peer support and training.

We offer carers a choice about how they wish to access carers support and provide carers with funding and flexible solutions to engage in the community.

We offer financial support through Time to Live grants to enable carers to be connected and to take up on-line opportunities.

We have reviewed the Local Area Co-ordination service.

What do we still need to do?

- Continue to work across all agencies to ensure accessibility and availability of transport options
- Adopt a flexible approach to breakdown barriers with offers of face-to-face, telephone and video link support and activities
- Promote financial support to carers to enable access to opportunities
- Improve services and accessibility for cared for people through LAC

What difference will this make?

- There will be an increase in the number of carers engaging in activities and opportunities
- There will be an improvement in the mental health and well-being of carers
- Carers will have increased opportunities for having a life outside of the caring role.

Monitoring and Evaluation of the Strategy

Progress against this plan will be monitored through the governance structure and the processes of the Integration Joint Board.

The Carers Workstream will have a role in monitoring of the impact of the strategy and the strategy will be reviewed at the midway point.



NEEDS ASSESSMENT OF UNPAID CARERS IN THE SCOTTISH BORDERS 2022

SCOTTISH BORDERS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD



Scottish Borders
Health and Social Care
PARTNERSHIP

Acknowledgements

This report details the key findings and themes from this engagement process. We would like to thank everyone who participated for their time and for sharing their views and experiences to enable the production of this piece of work.

Engagement methods

In order to gather information on the perceptions and expectations of the unpaid carer population (i.e., their felt and expressed needs), a needs assessment consultation (Appendix 1) was designed and distributed. The consultation was developed and drafted in partnership with members of the Carers Workstream Steering Group and was then piloted with a select group of unpaid carers via the Borders Carers Centre. Following feedback from the pilot, amendments and additions were made before the consultation period opened. Both hard paper copies and an online link were distributed as widely as possible to maximise response (table 1). 245 responses were received in total (although not all questions were answered in each case). Hard copies were input onto the online consultation form for analysis.

Table 1 Distribution of Unpaid Carers Needs Assessment survey

Group	
Carers Workstream Steering Group	BOPF (Borders Older People's Forum)
All NHS & SBC employees	Meeting of Minds
NHS & SBC social media pages (Facebook, Twitter)	Galashiels Jobcentre Plus
Ability Borders	The Bridge
AccessAble Borders	NHS Borders Public Involvement Members
Skills Development Scotland	SBC Area Partnerships (via Shona Smith)
Borders Additional Needs Group (BANG)	Youth Borders
Volunteer Centre Borders	Veterans First Point
Citizens Advice Bureau	Live Borders
Borders Carers Centre	What Matters Hubs
Encompass	Borders Dementia Resource Centre
Red Cross	PAC Service Practice Managers
Borders Care Voice	District Nurses
Berwickshire Association of Voluntary Service (BAVS)	Dementia Café Hawick
We Are With You	Local Community Councils
Alliance Scotland	Local newspapers

The survey posed questions relating to a variety of aspects of being an unpaid carer, including carer recognition, health and wellbeing and time out from caring.

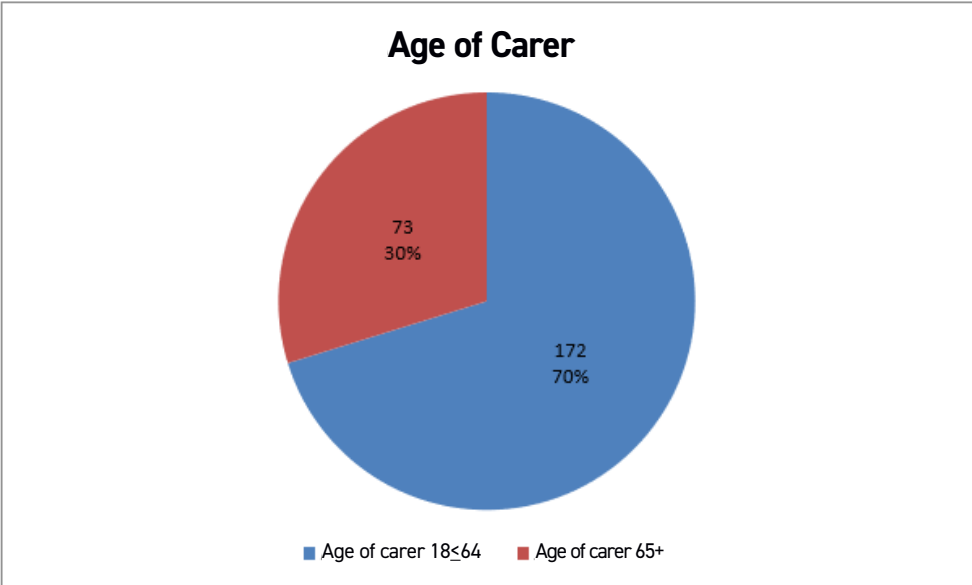
Appendix 2 details visual responses to all closed questions by way of a graphic.

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Demographic and qualitative data on unpaid carers' lived experience from the consultation
This section describes the data gathered from the needs assessment consultation (Appendix 1).

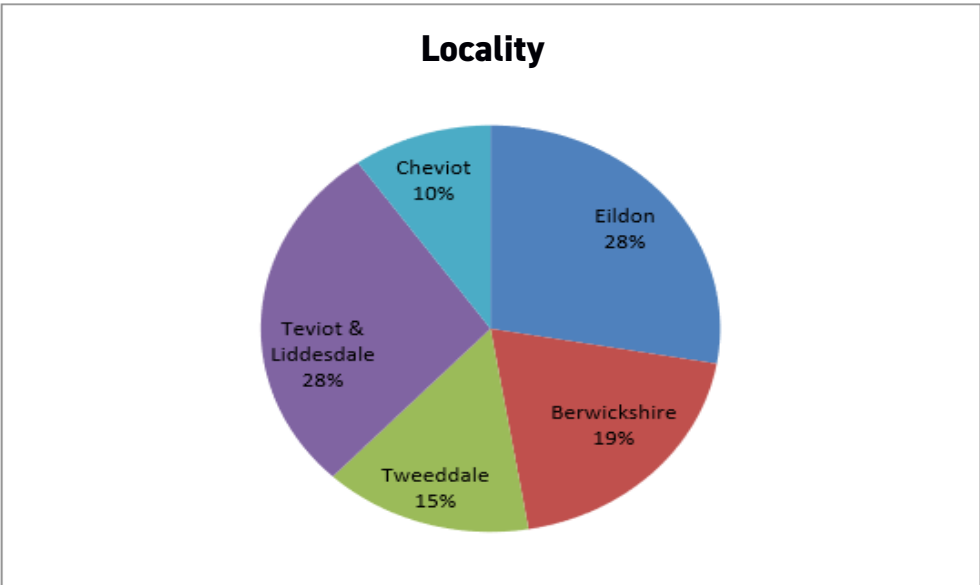
Demographics

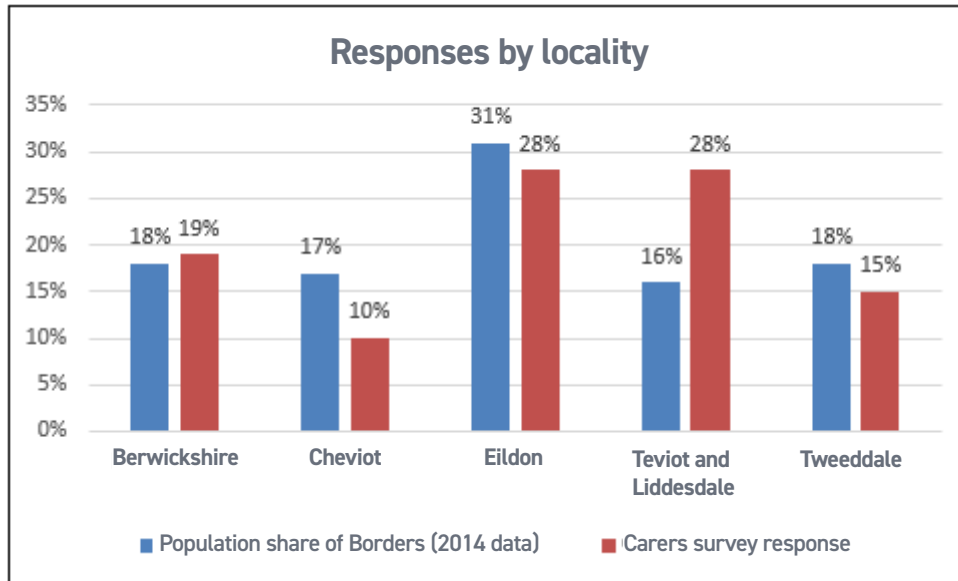
In total, 245 responses to the consultation were received, although not all questions were answered in every case. Respondents were aged 18-65+ years, with 70.2% aged 18-64 years.



In terms of gender, 76% were female, 23% were male, and the remainder did not disclose their gender.

Most responses were from carers residing in Teviot & Liddesdale (69) and Eildon (68), the fewest were from Cheviot (24), but all five localities in Borders were represented.





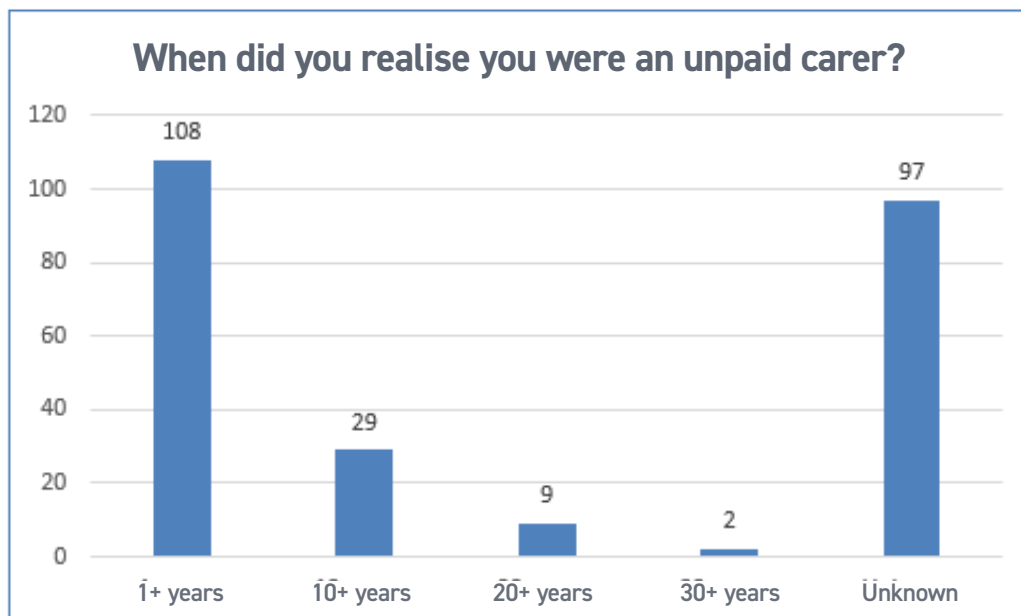
The percentage of carers caring for their spouse, partner or other family member was 57%, with 39% parent carers and the remainder caring for a friend or other. It's worth noting, however, that this data may not be accurate, as analysis suggests some respondents selected both parent carer and family member options.

Most respondents responded to the multiple choice question regarding the diagnosis of the cared for, with the highest response being Physical Disability.

Diagnosis	Number of responses
Physical Disability	83
Neurological	76
Dementia	63
Mental Health	55
Learning Disability	48
Frailty	48
Neuro-developmental	40
Life-limiting conditions	30
Other	26
End of Life Care	7
Addiction	5
Cancer	5
Prefer not to say	2

Carer Recognition

The consultation asked respondents to indicate when they first identified as an unpaid carer. This was an open response question with respondents able to type free text. Whilst many gave a definitive timeframe, a large number gave no indication of their time as an unpaid carer.



When asked if they felt their GP Practice offered any support in relation to their caring role, for example, support from Practice Managers or Practice Nurses, 75% of respondents said no with 12% saying yes and a further 13% of respondents feeling unsure.

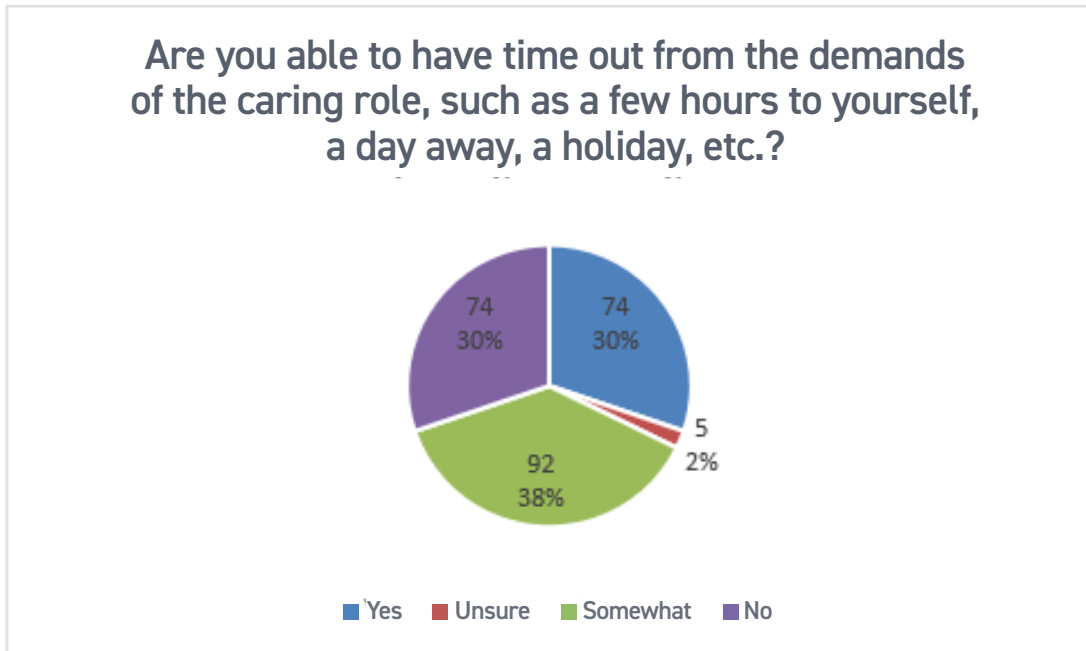
In contrast, 48% of respondents felt supported by other organisations in relation to their caring role. Organisations mentioned were Borders Carers Centre, Meeting of Minds, BANG (Borders Additional Needs Group), Social Work teams and Mental Health teams (MHOAS and CAMHS), Dementia Cafe and Macmillan amongst others. A further 12% felt they were offered some support and 4% were unsure.

Health and Wellbeing

The majority of respondents to this section felt their own health was affected by their caring role, with 73% agreeing with this statement. Others felt their wellbeing was affected, with 62% unable to undertake exercise or physical activity under their caring duties. Reasons given for this included anxiety, exhaustion, time and unable to leave those they care for alone. A large proportion (45%) provide care throughout the night. These expressed views do not correlate with high wellbeing amongst the respondents to our survey.

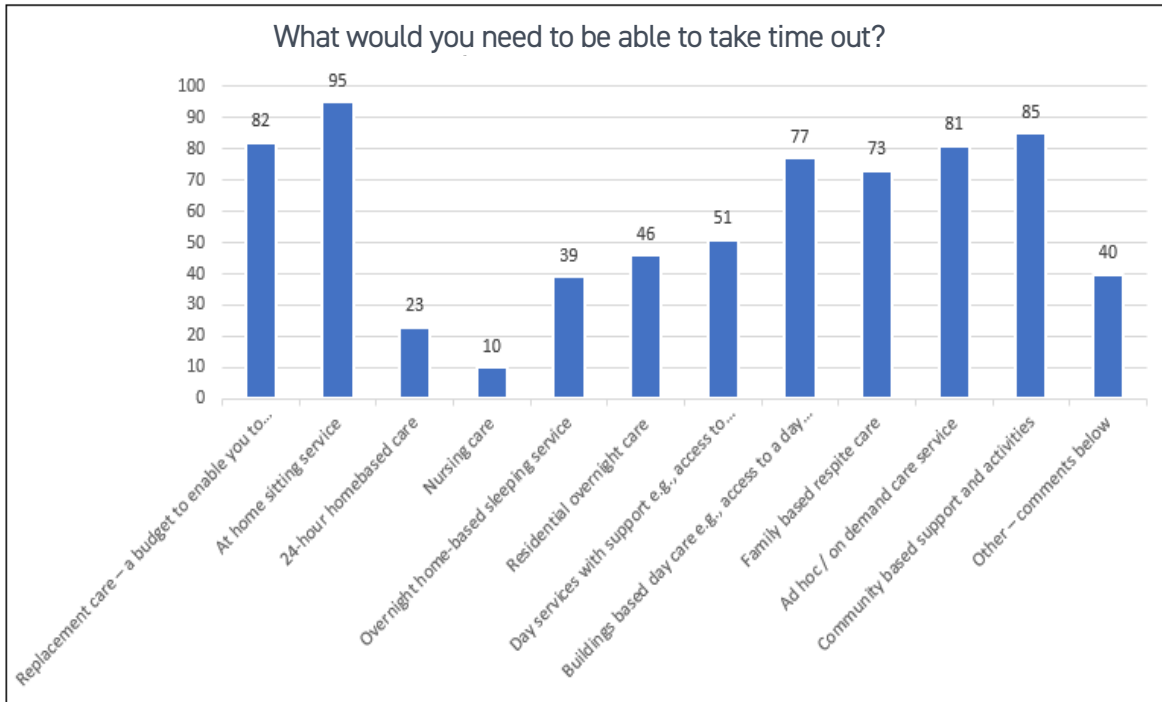
When asked if able to leave the person they care for at home alone, 42% of respondents said they were not able to, with reasons including their age (school age), risk of injury or harm and confusion. Time out from caring.

Section three of the consultation focussed on time out from caring. When asked if they are able to have time out from the demands of their caring role, whether be a few hours to themselves or a day away or holiday, 38% of respondents felt that they could somewhat, with an equal percentage of 30% answering both yes and no.

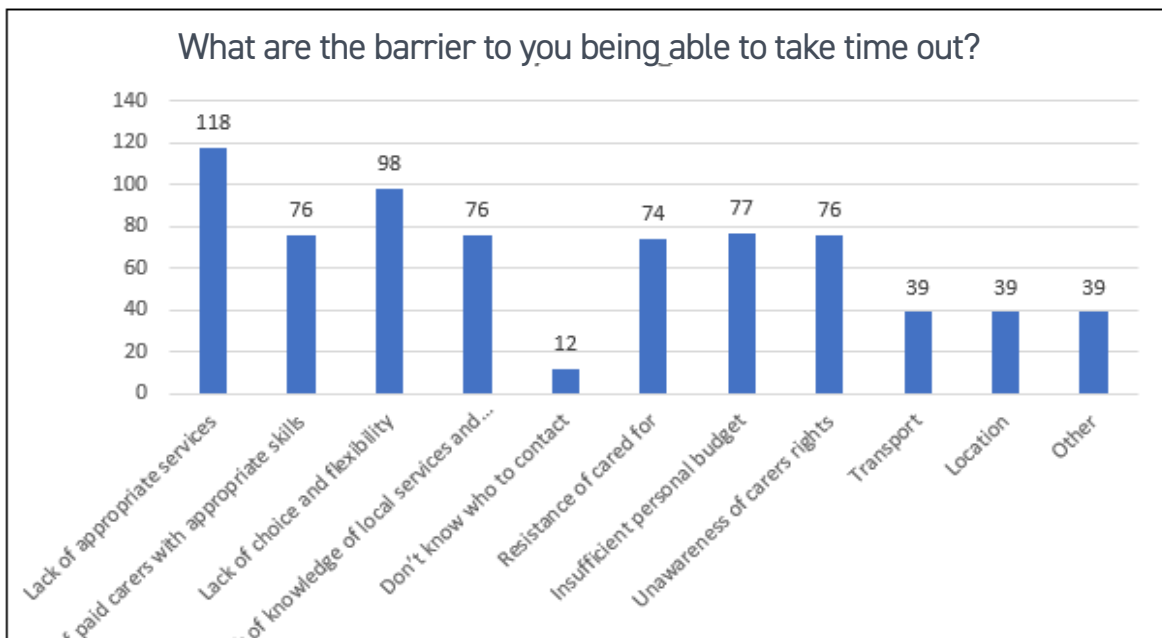


Respondents were able to select multiple options when asked what would be needed in order for them to take time out and what they felt the barriers were this.

13% of respondents felt that an at home sitting service would be of benefit to them, followed closely by replacement care, an ad hoc care service and community-based support and activities at 12%.



A lack of appropriate services was the most selected option amongst barriers against time out for carers. 16% of respondents selected this option with 14% agreeing that a lack of choice and flexibility was also an issue. A lack of paid carers with appropriate skills and an insufficient personal budget were also selected by 11% of respondents respectively.



It is worth noting that those who selected 'other' for both questions either did not leave a comment, were not sure what their needs were at the time of completing the consultation or left a comment which related to another question within the consultation.

Information

Two open questions were asked in this section; where do you get information to support you in your caring role and what would improve access to information for you. A number of local and national organisations were noted in response to the first question, with the main answers being:

- Borders Care Voice
- Borders Carers Centre
- Charitable organisations
- District Nursing team
- Friends & Family
- GP
- Internet
- SBC website
- MHOAS
- NHS and Local Dementia Support Group
- Social Work team
- What Matters Hubs
- Word of mouth through other carers

There were 39 respondents who did not know how or who to ask for information in the first instance.

Responses to the second question, what would improve access to information to you, were varied. The key themes which emerged from the responses were:

- A centralised website with all relevant information
- Clear signposting at an early stage
- Improved communication between linked services
- Locality specific information
- Regular email communications and updates
- More face-to-face support groups in the evenings and at weekends to support working carers
- More information displayed in GP surgeries, schools and hospitals, including information booklets to take away
- And, most importantly, time to research; many carers do not have this because of caring duties

Transport

Whilst a high percentage of respondents reported adequate access to transport (87% have access to a car), it was noted that 32% of respondents still felt that transport was a problem. The three main factors in this were the rising cost of fuel, poor public services (bus times, cancellations and lack of serviceable routes) and the mobility of those persons being cared for.

Conclusions

It is important to acknowledge that it can be difficult to identify carers, as many people often do not identify themselves as carers. Nevertheless, identification of the caring role can be the important first step towards seeking the best support.

It is also worth noting that those with substantial lived experiences will be motivated to submit a response to a survey, and the numbers of individuals quoted here are small. However, several comments did centre around the same themes, implying they may indicate a common experience in Borders.

Most respondents reported indicators of poor wellbeing: for example, having no time to themselves and feeling unable to make suitable care arrangements for scheduled appointments. In addition, many carers are neglecting their own health due to their carer responsibilities. Overall, most of those surveyed stated they would like additional support for time out from caring. The majority of requests for additional support were for practical, tangible forms of support, either in terms of buildings-based day services, an at home sitting service, community support & activities or addition time from professional carers.

Many of those surveyed reported being able to access appropriate information across a number of local and national organisations, however, it was evident that improvements to information and its accessibility could be made to help carers, especially those new to a caring role.



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