“Carers will have access to high quality information at a time and place that best meets their needs, which enables them to make positive choices to thrive and flourish as a carer for as long as they want to, and to live a happy and fulfilling life alongside their caring role”.

Supporting the people of Fife together
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Introducing the Carers (Scotland) Act 2016 – a better way for carers

In April 2018 an exciting new duty came into effect which will support carers - the Carers (Scotland) Act 2016. In Fife we have supported carers for many years. This new legislation puts even more emphasis on helping carers to help themselves to thrive and live fulfilled and active lives alongside their caring role.

Fife Health and Social Care Partnership has refreshed the Fife Carers’ Strategy to show how we will continue to support adult carers. This work was supported by the Carers Strategy Group, which includes expert carers and carer organisations. A separate strategy is in place for young carers.

Making it better – our action plan for improvement

We asked carers how, and what, we can improve. They told us and we have listened. Their feedback helped us to develop an improvement plan with five key areas:

- Better information and guidance for carers to help in their caring role.
- More effective practical support including better coordination of care.
- Having the opportunity to take short breaks from caring.
- Help to get social support.
- Help to achieve a better quality of life and balance of caring.

Our approach to supporting carers

We have used this opportunity to improve our model of support for adult carers. This tiered approach will start by offering all carers access to general information through public and community assets including online, public libraries, GP Practices and health centres, for example.

We will work with local carer organisations to provide information and advice to carers with moderate or substantial needs.

For adult carers with critical needs, for whom the caring role will fail very quickly without support, we will offer a carers support plan to identify what they require to meet their needs.

Whichever level of support is required, carers will be at the centre of the planning and delivery of support to get the best outcomes to meet their identified needs.

Want to know more?

This summary is a key information sheet for carers. The full Carers Strategy for Fife is available on the Fife Health and Social Care Partnership web-site, - http://www.Fifehealthandsocialcare.org/.

If you would like to find out more about our approach to supporting carers, or to share your views, please e-mail CarersActSurvey@Fife.gov.uk

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1. Any individual, save for certain exceptions, who provides or intends to provide unpaid care for another individual.
2. A carer who is at least 18 years old but is not a young carer.
3. A young carer is under 18 years old, or has attained the age of 18 years and remains a pupil at school.
**Case Study**

Beth is 41. Both of her parents have life-limiting conditions. She has spent 18 months caring for them on her own. Colleagues at Victoria Hospital had concerns about Beth’s emotional and financial well-being as a result of her parents’ increasing need for care and Beth’s increasing commitment to caring for them, which was a big change to everyone’s life. She was referred to Sandra, the Hospital Carer Support Worker from the Fife Carers Centre who is based at Victoria Hospital when her mum was due to be discharged from hospital with a terminal diagnosis.

Sandra worked closely with Beth by supporting her to complete benefit applications and arrange a Power of Attorney to provide some financial security. She was referred to support sessions to enable her to better understand her dad’s dementia. And importantly, Beth was assisted to plan the respite care she needed now and in the future to support her to look after two frail parents.

When reflecting on the support she received Beth said “I did not realise I could get support, this is great. It’s reassuring to know you are there when I need you as this is difficult for me. Thank you for helping me and letting me talk everything through.”
Unpaid carers have always made a significant and highly valued contribution to supporting people in need in Fife. We have a long tradition of engaging with carers and working together to develop a range of actions that help us to achieve the good outcomes that carers want and deserve, but we know we can do more to support carers and in partnership with key stakeholders we commit to making further improvements.

It is for this reason that we warmly welcome the introduction of the Carers (Scotland) Act 2016 which was implemented on 1st April 2018.

Scotland’s Census 2011 reported that in Fife there are 34,828 unpaid carers and we know there are a considerable number of ‘hidden’ carers who do not define themselves as such. We also know that nearly half of all carers in Fife spend over 20 hours a week providing care on an unpaid basis.

With an ageing population, the growing demand for unpaid care will increase and place greater pressures on public resources and health and social care budgets.

Most carers accept their responsibilities as they wish to assist and support their family and friends to remain in their own home. However, social isolation and financial hardship remain major issues for many carers. Caring can be lonely; it can exclude people from employment, and social activities and can have a detrimental effect on the carer’s own health and well-being.

In preparing this strategy we asked carers to share their views about what matters most and makes the greatest difference to help them flourish and feel in control in their caring role. With the introduction of the Carers Act and this revised strategy, we are taking the opportunity to refresh our approach to supporting adult carers. We will make new investments to ensure the things that carers have said matter most to them are improved, such as the easy access to information, access to support and enabling carers to be more involved in care planning for the people they care for before they are discharged from hospital.

This strategy looks at the outcomes we want to achieve based on carer’s feedback and the action we will take within available resources.

Thank you to everyone who contributed to the development of the strategy particularly the carers who participated in the consultations, the voluntary sector partners who have advocated on behalf of carers and carers strategy group who guided the development of our approach to carers and this strategy.

Chair,

Simon Little
Health and Social Care Partnership Board

Michael Kellet
Director of Fife Health and Social Care Partnership

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4. Scotland’s Census 2011; the percentage of the population who provide unpaid care expressed as a % of the total population.
Fife’s mission statement for adult carers is:

“Carers will have access to high quality information at a time and place that best meets their needs, which enables them to make positive choices to thrive and flourish as a carer for as long as they want to, and to live a happy and fulfilling life alongside their caring role”.

Having listened carefully to carers, we have developed a vision and action plan to meet this mission. We have adopted five overarching and interconnected vision statements.

- Carers will have the information, advice and guidance they need
  - Easy access to good information, independent advice and active guidance and support
  - The right information at the right time in the right place
  - Information which helps carers to make positive decisions about their caring role

- Carers will have access to meaningful practical support
  - Support that enables more carers to take action to improve their own caring experience
  - Puts carers at the centre of care planning when they are involved
  - Places carers as equal partners in the care they provide

- Carers will feel they have social support from a variety of sources
  - We support the voluntary sector to play an important role in supporting carers
  - We support advocacy services and recognise their independence
  - We support the role of family, friends, neighbours and communities in caring

- Carers will be able to take breaks to live their own active life
  - Enabling carers to take a break and live an active life outside of their caring role
  - Developing new opportunities for all carers to recharge their batteries

- Carers’ experience is positive, involved and balanced
  - Making it easy for carers to share their views about caring
  - Opening up new work and learning opportunities for carers
  - Growing the support for carers in the workforce

Figure 1 - Fife’s Carers’ Vision Goals
Fife’s approach to supporting adult carers

Carers in Fife benefit from access to a broad range of support from many providers. The voluntary or third sector plays a particularly strong role. There are many general and condition specific agencies able to focus their time and effort on providing sometimes quite intensive support for carers. This builds on the support available through family, friends and neighbours, as well as the information and support available from public bodies.

This mixed economy of support works well. There is scope to do more and do it better, building on the expertise and support that already exists. And we are committed to making this investment and improvement over the next three years.

Our strategy for carers will continue to promote partnership working with organisations and communities across the kingdom. It will reach into more parts of Fife, offer the right types of support to more people in locations that work for them best, and at times when they most need it. This approach will maximise the potential to have a positive and lasting impact on carers’ experience of caring.

Our delivery model

As noted above, we are committed to working closely in partnership with a wide range of public and voluntary sector organisations to extend the scale and scope of the work we do collectively to support carers. We will do this by contracting with partners to deliver the outcomes in this strategy. We will focus on achieving the best results for carers and best value to the public purse. Our approach will consist of the following broad principles:

1. Access for all carers to appropriate information about the support available to them without the need for an assessment.

2. Focus on de-escalating emergencies and crisis situations so that more preventative future planning can take place with a clearer understanding of the ‘normal’ caring situation.

3. Working with the voluntary sector to provide carers with an initial assessment of needs for support, and to determine if the carer wants a full assessment or not. If their immediate needs can be met more quickly without an assessment our partners will provide this. This initial assessment will also help determine their level of eligibility more quickly.

4. When a carer’s support needs are assessed as non-critical, we will commission an appropriate voluntary sector partner to offer to prepare an Adult Carer Support Plan with the carer and determine how the carer will meet their needs and guide the carer to achieve their own support outcomes.

5. If a carer has critical support needs, Fife Health and Social Care Partnership (FHSCP) staff will offer to prepare with the carer a detailed assessment of their needs of support and an individual outcomes based Adult Carer Support Plan (ACSP) to meet those identified needs. In some instances, this assessment and plan may be completed by a voluntary sector partner who has greater knowledge and expertise in the circumstances facing the carer.

6. All carers will have access to support to prepare an emergency plan. All detailed assessments with support plans will include a guided assessment of emergency planning.
Universal service - open to all
Available to self-serve advice and support

- Access to general information about carer support
- Self guided assessment of needs
- Initial self-assessment of eligibility
- Offer of assessment by voluntary sector if requested by the carer
- Support needs met through own efforts
- Guidance to prepare emergency plan

Voluntary sector initial assessment and minor support for low/moderate and substantial needs carers

- General advice about carer support
- Detailed assessment and ACSP if appropriate
- Detailed assessment of eligibility for support
- Minor support to achieve support plan outcomes
- Referral of critical cases to Social Work

Enhanced assessment and tailored support for critical needs carers

- Detailed assessment of needs and eligibility - prepare full ACSP
- Identify sources for support based on personal assets
- Deliver support services as outlined in ACSP - review impact and ongoing needs

Figure 2 - Fife’s Carers’ Assessment and Support Model
The timescale for preparing the ACSP is aligned with the timeline for preparing a cared-for person’s care and support plan. There may be a minor delay as the priority has to be support for the cared-for person. Our aim is to offer and prepare an ACSP no more than a week after completing the cared-for person’s Care and Support Plan, whenever possible.

Where this is already in place the carer should be invited to suggest a timeframe for the production of their own support plan, assuming they want one.

We set out below our guideline timescales for holding the initial assessment conversations and preparing the ACSP. It is based on the eligibility criteria already in place, shown at appendix A.

**Critical** - The caring role will collapse without support. Support to meet critical needs as assessed through the carer assessment and identified as outcomes in the support plan.

Aim to have an initial response and carers’ conversations within within 10 working days.

**Substantial** - Direct help will prevent care breakdown and help keep families together. Assessment and support provided in partnership with voluntary sector to meet personal outcomes.

Aim to have an initial response and carers’ conversations within 5 weeks.

**Moderate** - Help will support the carer to maintain their situation and wellbeing, and meet personal and employment commitments. Usually provided by signposting to self-support tools.

Aim to have an initial response and carers’ conversations within 11 weeks.

**Low** - Support and advice will promote the carer’s independence and contribution to the wider community. Supported through universal community services and an assessment if requested.

Aim to have an initial response and carers’ conversations within 3 months.

Figure 3 - Fife’s Local Eligibility Criteria and timescales for preparing an Adult Carer Support Plan

**Reviewing the carer’s support plan**

Adult Carer’s Support Plans will include a timescale and describe any changes of circumstances agreed with the carer that would trigger a review of the support plan. This may be:

- A periodic trigger, for example annually.
- A specific change of circumstances such as moving home.
- Any change which has a material impact on the care provided by the carer.
- If the carer declines the assessment and/or ACSP, or the review.
- When the carer no longer wishes to be a carer.

During the initial implementation period of the Act, carers with an assessment completed and support plan in place on or before 31st March 2018 will not be subject to review unless one of the agreed triggers is met or within the period of five years from the date of the last review, or before 31st March 2021, whichever is sooner. However, carers can request a review of their carer’s support plan at any time.
Who are Fife’s Carers?

A carer is anyone, of any age, who provides, or intends to provide, care for another person on an unpaid basis.

Scotland’s Census 2011 reported that in Fife there are 34,828 \(^5\) unpaid carers. We know there are a considerable number of ‘hidden’ carers, often people who do not define themselves as a carer. Nearly half of all carers in Fife spend over 20 hours a week providing unpaid care. And we can reasonably forecast this number will increase as a result of a number of factors:

- An ageing population – advances in medicine and care mean more people are living longer than ever before.
- The increase in complex health and social care needs means more carers are spending a greater proportion of their time in caring roles.
- Pressures on personal finances and benefits means young adult carers will need to be economically active as well as carry out a caring role.

Case Study – Maureen

Maureen is a returning carer who first became known to the Fife Carers Centre in 2015. After a brief period where no support was required, she contacted the centre again in August 2017 seeking advice and support.

An introductory visit to meet Maureen and her husband at their home was arranged. Maureen said she was feeling very isolated and frustrated by her husband’s apathy as a result of his diagnosis of dementia. This manifested itself through outbursts of anger and tears.

The Fife Carers Centre Support Worker suggested that Maureen’s husband might like to join the newly formed Men’s Dementia Toolshed at the Ecology Centre at Kinghorn Loch. Maureen was very reluctant at the thought of her vulnerable husband travelling there unaccompanied every week. To help manage this anxiety the Support Worker agreed to take Maureen’s husband to visit the Toolshed and spend some time there. He loved it – he was desperate to become part of a new project. Therefore, the Support Worker helped Maureen to organise a weekly taxi transfer to the Toolshed. This time gave Maureen a regular break from her caring role, important time for herself. And it was only possible as a result of the extra mile the Support Worker from the Fife Carers Centre was able to travel.

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5. Scotland’s Census 2011; the percentage of the population who provide unpaid care expressed as a % of the total population.
The Carers (Scotland) Act 2016 came into effect on the 1st April 2018 following a development period of over two years. The Act places an emphasis on recognising the significant contribution carers make to their local communities as well as the need to support carers to thrive and to continue to make a long-lasting and positive contribution.

The Act contributes to the government’s vision of a healthier and fairer Scotland. It exists alongside policies on integrated health and social care, new social security powers, and the fair work agenda.

The Act supports outcome six of the national health and wellbeing outcome framework⁶.

- ‘People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.’

We have taken the time to reflect on how the measures in the Carers Act will provide a catalyst to support the delivery of Fife Health and Social Care Partnership’s strategic plan⁷ to support carers (and the people they care for) through -

- Prevention and early intervention including improved ‘access to information, advice and support to people and their carers to lead healthier lifestyles and remain as independent as possible…’
- ‘Anticipatory care planning’, and ‘early intervention…’, and with regard to improving mental health, ‘maximising the participation and inclusion of people with whom we work, together with their carers’.

The Act will enable carers to maintain, and thrive in, their caring roles while balancing their personal life plans. To do so we will:

- Improve the universal information and advice to all carers with easier to access information available in the right places at the right times.
- Enhance the offer to prepare a person centered outcome focused carer support plan or statement through a direct conversation with individual carers to any carer that wants one.
- For those carers who meet the locally set eligibility criteria, offer individually tailored support to the carer.
- Ensure support is available to carers to prepare support plans and emergency plans including anticipating their future needs.

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Fife Carers Centre Hospital Carer Support Worker Liaison Service

Since the introduction of Hospital Carer Support Worker (Sandra) in April 2017 there has been an increase in the number of carers being supported in Fife from within the Victoria Hospital setting with 252 carers supported in the first year. Sandra’s role is to link with the Discharge Hub in the hospital to provide support for carers of patients who are currently undergoing treatment and discharge planning. On a daily basis the Discharge Hub sets pathways for patients who are medically ready to leave Victoria Hospital but who may need further support or rehabilitation at home or in the community.

Although carers along with the patients are included in deciding the plans for a successful discharge carers often need support that focuses on them and their concerns in addition to the support for the cared-for person. Sandra has been instrumental in providing this support. The Discharge Hub Team have received very positive feedback from carers about Sandra giving emotional support and a listening ear to carers when they have needed it the most as well as helping them to identify areas in which they are entitled to help and support.

Jacqueline told us “Having Sandra step into my life was like a light bulb going on in a very dark tunnel. I’ve been coping for years with my Mum and Dad’s progressively deteriorating health. When mum was diagnosed with a terminal illness and I was already supporting my Dad with his ailing health, I hit an all-time low. I was no longer coping. I was just surviving but I never thought to ask for help or even consider why I would, let alone have the time or energy to arrange it.

I met Sandra at my mother’s hospital bedside and the difference, even in the first few weeks, is immeasurable. She navigates the forms, finds out my entitlement to allowances, helps arrange carers and importantly she asked what mattered to me; she said “I hear you”. This is powerful and way beyond just support. It’s personal. I realised that I too was entitled to have ‘me’ time – even if it’s just a quiet cuppa.

I urge anyone who is in a carer role to take up the help available. It’s the difference between struggling and having a life to live.”
Strategic needs assessment of carers in Fife

It is estimated that Fife’s overall population will increase by 31,769 (9%), from 366,220 in 2012 to 397,989 in 2037. However, increases will not be seen across all age groups - in the next 25 years it is estimated that the largest increases will be seen in persons aged 65 and over. By 2037, the number of persons aged 65-74 is expected to be 12,000 higher than in 2012, a rise of 33% whilst the number of persons aged 75 and over is estimated to increase by 93% from 29,632 in 2012 to 57,327 in 2037.

An analysis of the Scotland Census 2011 results shows that Fife is comparable to other parts of Scotland in terms of the proportion of the population who are carers, their broad characteristics or their experience of caring. 8.5% of Fife’s identify themselves as carers; this compares with 9.7% 10 years earlier (with a population increase since then) and 9.3% in Scotland in 2011. Fife ranks 16th in Scotland in terms of the proportion of the population that define themselves as a carer, the same ranking as the 2001 Census.

Complicating this picture is the health of carers themselves. In Fife, 7% of all carers self-reported that they are in bad or very bad general health with 13% of carers over the age of 50 saying they suffer from poor health.

Previous research into the experience of carers shows that 47% feel they have a say in the services provided to the person they look after.

Only 37% of carers feel that services are well coordinated for the people they look after whereas over two-thirds of respondents to our recent consultation noted that improving the communication and coordination between health, social care and other relevant agencies is a high priority.

39% of carers feel supported to continue in their caring role. This is disappointingly low. We recognise that without the active support and continued commitment of unpaid carers our health and social care system would not cope with the pressures placed on it. It is, therefore, imperative that we improve carers’ perception and experience so that they feel supported in their role and want to continue to make the massive difference that they currently do.
Identifying adult carers and assessing the demand for support

Many adult carers already receive support from the public services such as the NHS or Social Work or from voluntary sector carer organisations. Some receive considerable support from both. However, we recognise that many carers, if not most, are ‘hidden’ and do not necessarily identify themselves as carers. For example, married couples, sibling carers, or parent/child carers. For these carers we have relatively little information about the nature or extent of the care they provide. For those carers we do know about:

- The characteristics of carers in Fife is little different than for the rest of Scotland.
- Approximately 10% of Fife’s population are carers. The number of hidden carers is assumed to be at least the same proportion again.
- In the 10 years between the 2001 and 2011 Census, there is a reported 11% increase in intensity of care each week.
- 16.8% of households have a carer resident, 0.8% higher than in Scotland.
- 2% of people under 16 are carers; 20% of people over 65 are carers – this is likely to be under-represented. The majority are of working age.
- Nearly one in 10 carers in Fife are unemployed – the majority of carers are working.
- Known carers are marginally more likely to have their own health conditions. Carers are more likely to have a mental health condition particularly younger carers.
- Those living in the most deprived areas spend more of their time caring each week.
- Care varies across ethnic groups. People from older ethnic groups (‘White: Scottish’ and ‘White: Other British’) were the most likely to provide care; whereas, those from Black, Asian or Minority Ethnic (BAME) groups with younger age profiles (e.g. ‘Arab’ and ‘White: Polish’) were least likely.
- BAME carers appear to spend half as much time in a care role. However, Carers UK report that BAME carers provide more care than average with 21% spending over 50 hours a week caring, compared with less than 2% in Fife – a hypothesis is BAME carers are more likely to be hidden carers and not receiving support.
- The average age of a carer is 51.3, 0.6 years higher than in Scotland, and 10.5 years more than the average age of people in Fife.

Through analysis of the characteristics of carers in Fife, and more generally in Scotland, we know that we need to do more to identify carers, help them to assess their own support needs and in some instances, help them to access care and support for themselves.

The current support is not reaching under-represented groups of carers and some with protected characteristics. They may experience a disadvantage therefore, which we will aim to address. As well as building on the expertise and experience of the organisations that currently support carers we will also develop new tactics to reach and support BAME carers, and those who are of working age. This will reduce the potential for inequalities and disadvantage.

Being employed provides carers with economic independence and resilience. However, carers of working age are more likely to be jobless than non-carers and some carers who do work report difficulties in their employment. We will work with employers to promote the benefits of offering paid employment to carers.

Carers in Fife have access to a broad range of information, advice and support from a wide range of experts in the voluntary sector, NHS and social work. In 2018/19 we have commissioned support from 12 voluntary sector organisations and made an investment of £659,254 to support over 2500 carers.

Services on offer through our partners include:

- Assessment of needs for support – where and when carers need it
- Help to access support to meet identified needs and outcomes
- Information to maximise income and benefits
- Help to find work and learning
- Befriending and social support networks
- Access to short breaks and respite care
- Independent advocacy support
- Support for carers of patients before they are discharged from hospital
- Support for young carers
- Assessment and training for carers and health care professionals
- Support for carers whose family member has one of a number of specific conditions such as dementia, profound and multiple learning or behavioural issues, or autism specific conditions, and adults with visual impairments

Figure 7 - voluntary organisations support for carers, www.OnYourDoorstepFife.org
The strength of the voluntary sector is something that Fife’s Health and Social Care Partnership is eager to continue to foster and build on. This strategy provides an opportunity to strengthen the offer of support to carers. We will do this by:

- Improving the general information, advice and guidance from social work and health care professionals, and our commissioned voluntary sector partners.

- Increasing awareness of support for carers specifically through local GP practices and health centres.

- Offering an initial assessment of needs for support to all carers to determine their level of eligibility to access tailored support.

- Promoting where to get additional help, information, advice and guidance for all.

- Actively encouraging carers with critical support needs to participate in a fuller assessment to determine their specific support outcomes and how they can meet their own support requirements.

- Putting the assessment of carers’ needs and the personalised outcomes they are seeking at the centre of the support we offer.

- Raising awareness of the self-directed support available, including financial resources for those carers who meet local eligibility criteria.

- Raising awareness of the benefits to carers of short breaks from their caring roles, and how to access these.

- Developing and promoting specialist support for people with protected characteristics, such as sensory and mobility impairments, language and communication barriers, cultural barriers, isolated carers and carers of people who are soon to be discharged from hospital.

- Making widely available information about how to make a suggestion, compliment or complaint about services for carers.
Investing in a secure future for carers in Fife

Fife Health and Social Care Partnership has a long standing commitment to investing in support for carers that makes a difference to their caring experience. Unpaid adult carers play a major role in our communities and contribute huge value in both financial terms and in fostering strong communities. We are still working through the overall cost implications for implementing the Act, including specifically the waiving of charges to support carers, but also for absorbing the cost of new and existing services.

We are ambitious in supporting carers and this will continue. However, our ambition has to be matched by the scale of resources made available to us by the Scottish Government. We recognise the many demands for finite financial resources including the need to absorb the costs of Carers Information Strategy projects within the allocation made available.

During the passage of the Act through the Scottish Parliament the Scottish Government recognised that many costs for supporting carers are hidden, that potentially there is a large number of hidden carers, the cost of support is not simple to calculate and some support is provided indirectly through the services to cared-for persons. Therefore, there is a risk that demand for support for carers may outstrip the financial resources available.

A further risk is the funding to support carers has been confirmed only for 2018/19 with £19m identified to support carers within a £66m settlement across Scotland, which also supported other high priority spending commitments, not just to support carers. And the £19m element intended to support carers was not ring-fenced or protected.

Fife’s share of the £66m was £4.5m, of which £1.287m\(^\text{10}\) was allocated to support carers. Fife also ensured 100% of this £4.5m was passed to the Health and Social Care Partnership, a position not common across all local authorities, and therefore, £1.287m has been made available to implement the Carers Act in Fife in 2018/19.

The financial memorandum stated the total costs directly associated with the Bill’s implementation as rising from a minimum of £19.415m in 2018/19, to between £29m and £34m in 2019/20, and between £42m and £52m in 2020/21, eventually rising to a maximum of £83.5m in 2022/12. However, at the time of drafting this strategy a firm commitment has yet to be made as to how much funding investment will be made available to support carers nationally, or at the local level.

The investment we are making in the year ahead, and in future years, will target resources to help those carers in most critical need. The financial framework will evolve over time as the financial position becomes clearer.

Consequently, the investment information below is based only on the known budget for 2018/19.

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10. £1.3m is based on 19/66ths (29%) of the £4.5 overall spending commitment, proportionately the same as the Scottish Government spending profile.
These resources will be used in large part to commission assessment and support planning services from the voluntary sector and used to support the five outcomes developed following our consultation with carers.

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<th>Value of investment</th>
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<td><strong>TOTAL INVESTMENT IN 2018/19</strong></td>
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Case Study – Margaret and Ena

George lives at home with his wife Ena. Ena has her own ongoing medical issues. George and Ena are both in receipt of support with personal care and meals. Between them they have 11 children but most of the care falls to George’s step-daughter Margaret who helps them with domestic chores and shopping so George and Ena can remain in their own home.

Margaret is becoming increasingly stressed in this caring role and Ena also often gets irritated by George.

George was admitted to hospital with chronic pain and inability to cope at home. This was his the fifth admission in eight months due to multiple medical issues. George has clearly expressed his wish to return home from hospital but his conditions and behaviour mean this is complex and could lead to a deterioration of his abilities leading to frequent hospital re-admissions and further stress for the family.

Before being discharged home the Patient Flow Co-ordinators took steps to discuss George’s progress with him, and the medical staff on the ward as well as with other family members who had raised concerns about “what would happen with discharge this time?”

The Patient Flow Co-ordinator felt that George had so many re-admissions to hospital that the Short-Term and Rehabilitation (STAR) facility would be best possible outcome this time. STAR is used to determine the care required over a 24hr period with a re-ablement approach through a period of assessment in a care environment, with the purpose of discharging George home with the appropriate equipment, care and support network to prevent further hospital admissions.

While George was receiving care in the STAR facility, the Patient Flow Co-ordinator referred his carers, Margaret and Ena, to Sandra, the Hospital Carer Support Worker at Victoria Hospital, to develop a carer’s support plan with them. Sandra was able to listen to the concerns about care and family dynamics to establish the key outcome needed in an action plan to meet their own support needs as George’s carers. She explained her role as the Hospital Carer Support Worker for Fife Carers Centre and the support she could provide to Margaret and Ena to help them prepare for George’s discharge from hospital.

The outcome of Sandra’s visit to Margaret and Ena was productive and will be ongoing for the foreseeable future. Sandra discussed coping mechanisms and various methods of support and what requirements needed to be in place for George and Ena on his return to live in their home. She was able to support Margaret with an appropriate carer support plan and agreed to meet regularly for carer support whilst George was within STAR. Once George was back home Sandra was able to liaise with her community counterpart at Fife Carers Centre to provide a hand over for community support.

This case study demonstrates the successful use of a multi-agency, cross sector approach to facilitate a successful supported discharge for a patient and particularly the development of an outcome based support plan for his carers. All involved have felt supported during a very difficult period in their lives.
Carers are at the centre of our approach to implementing the Carers Act. They are equal partners in care and the experts as to what support they need. So it was important that Fife’s Health and Social Care Partnership put carers’ thoughts and views at the forefront of our approach to developing the strategy. We commissioned a consultation exercise and asked carers to tell us what makes a difference to them, what will help to ensure this strategy is meaningful and focuses on those things that matter most to carers in Fife.

Our approach to involving carers and consulting with them is summarised below:

<table>
<thead>
<tr>
<th>Develop approach to the consultation</th>
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<tr>
<td>Recruit and consult carer strategy group including carers</td>
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<table>
<thead>
<tr>
<th>Consultation period - January to March 2018</th>
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<tr>
<td>Promote the consultation online, social media, voluntary sector and carer organisations</td>
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<table>
<thead>
<tr>
<th>Use the results to inform the Carers Strategy for Fife 2018-2021</th>
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<tbody>
<tr>
<td>Analysed the results of the consultation</td>
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</table>

There were 258 responses to the consultation by the closing date from a broad range of carers and from all parts of Fife. We asked carers to provide a sense of priority and importance to a range of attributes which may be important to them in their caring role. These were broadly in five domain areas: information and guidance; practical support; breaks from caring; social support; and, quality of life and balance of caring. The full consultation report is available online through the partnership’s website.

Our action plan is based on feedback from carers and the requirements of the Carers Act. We have developed improvement actions based around the five vision statements.

There is a great deal of support in place in Fife for carers. Over the three year life of the Fife Carers Strategy, between 2018 and 2021, we will invest and build on these supports, and extend the scope and scale to ensure a greater number of carers have access to the support they need in order to maintain, thrive and excel in their caring role while balancing their own personal life priorities:
OUTCOME 1:
Carers have the information, advice & guidance they need

What benefits will this have for carers?
• They will have easy access to good quality information, independent advice and active guidance and support.

• They will be able to access the right information at the right time and in the right place for them.

• The information carers receive will help them to make positive decisions about their caring role.

What carers said?
Through our consultation with carers we were reminded that:

• Information and guidance is considered of high importance by carers. Nearly two-thirds of respondents place very high importance on information and nearly three-quarters consider this important to some degree.

• Carers say they feel it is important they are recognised as a carer and sign-posted to support from primary care providers (GPs). They felt there is a need to improve communication and coordination between health, social care and relevant agencies.

• And a third of respondents stated that more opportunities to attend carer forums and support groups was important.

What we will do?
1.1 Improve the ease of access to high quality information on our web-site and through community assets such as GP practices, community facilities, and voluntary sector partners.

1.2 Invest in independent services for carers throughout Fife, in partnership with the voluntary sector.

1.3 Build the capacity and capability of our workforce to ensure they can support carers.

1.4 Make training support available to our commissioned voluntary sector partners to help ensure a consistent approach to supporting carers in Fife is delivered.

What information do you feel you need to maintain the feeling that you are valued as a carer in Fife?
“I would like to know more about activities available in Fife as I would take the people I care for out and get them engaged in many different communities”

“Supporting the carers of Fife together” 23
What will success look like?
By the end of the three years of this plan:

- At least 80% of carers will say they have access to high quality information at a time and place that helps them. (Current position = 74.6% say it’s a high priority).
- At least 80% of carers will say they are recognised by their GP as a carer. (Current position = 70.2% say it’s a high priority).
- At least 90% of carers will say they feel communication between professionals has improved. (Current position = 80.8% say it’s a high priority).

Our resource investment in outcome 1 in 2018/19: £58,878

What information do you feel you need to maintain the feeling that you are valued as a carer in Fife?

“I’m not aware of any help for carers in Fife. If there is any then maybe more advertising as I have never seen anything specifically for carers.”
OUTCOME 2: Carers have access to meaningful practical support

What benefits will this have for carers (and the cared-for person)?

- More carers will have a meaningful support plan that supports them to take action to improve their own caring role and experience.
- Carers feel that they are recognised as an expert and treated as an equal partner in the care they provide.
- Carers are at the centre of care planning before the person they care for is discharged from hospital leading to a greater likelihood of a successful discharge.
- As a result of more effective emergency care planning, fewer cared-for persons enter into crisis when their carer has an unplanned change in circumstances.

What carers said?

- Over 70% said assistance to prepare an emergency plan is important; over half said this is very important.
- One in every two carers considers a carer’s assessment and support plan as important.
- Providing training to carers to help them become an even better carer was a priority for nearly 50% of respondents.

What we will do?

2.1 Improve the ease of access to support planning services

2.1.1 Invest to increase our capacity to assess the needs for support for carers and prepare outcome based Adult Carer Support Plans for more carers.

2.1.2 Invest in developing the capacity of the voluntary sector to prepare outcome based Adult Carer Support Plans for more carers.

2.2 Expand the support to carers of people with dementia to ensure they have access to an Adult Carer Support Plan which meets their specific needs for support and individual outcomes.

2.3 Invest to expand our hospital discharge carers support service, in partnership with the voluntary sector, to include a service available from Victoria Hospital in Kirkcaldy, Queen Margaret Hospital in Dunfermline, and the community hospitals in east, mid and north east Fife, including Stratheden.

What would make a real difference in supporting you to feel in control in your caring role?

“Knowing there are people out there who really care about carers so that we don’t feel lonely and isolated.”
2.4 Offer every carer who wants one guidance and help to prepare an emergency care plan.

2.5 Promote the role of carers amongst health care providers (GPs, nurses and hospital medical staff) and develop their understanding of the impact caring has on the carer’s own health and wellbeing.

What will success look like?

By the end of the three years of this plan:

- At least 80% of carers who have requested an Adult Carer Support Plan will have one that they consider meets their needs for support and personal outcomes. (Current position = 57.8% say it’s a high priority).

- At least 85% of carers who have an Adult Carer Support Plan will have an emergency plan in place. (Current position = 70.6% say it’s a high priority).

- At least 50% of carers say they would recommend to other carers the person who made an assessment of carers needs and developed a support plan with them.

Our resource investment in outcome 2 in 2018/19: £392,000

“A proper assessment of the person when coming home from hospital so the carer can decide if they would be able to care for the person and not find out, as in my case, that after a massive stroke my partner was doubly incontinent, has extreme behaviour and I was a 24 hour carer”
What benefits will this have for carers?
• We support the voluntary sector to play an important role in supporting carers.
• We support advocacy services and recognise their independence.
• We support the role of family, friends, neighbours and communities in caring.

What carers said?
• Over two-thirds (68%) of carers said that better advocacy and independent help for carers is a priority; nearly half (48%) placing a high degree of importance on this.
• Nearly half (49%) of carers said emotional support, befriending and peer support are important.
• By contrast, three-quarters of respondents do not ascribe help to join or run a carer’s support group with any importance.

What we will do?
3.1 Promote the existing voluntary sector organisations who offer social support to carers including promoting access to short breaks in order that carers can access social support networks.
3.2 Invest in the voluntary sector to develop appropriate social support services to meet the needs of carers in the more remote and rural parts of Fife to support carers to continue in their caring role.
3.3 With voluntary sector partners, we will host an annual carers gathering to recognise and celebrate the contribution carers make to society and promote the role of unpaid carers more widely.
3.4 Use national carers week, volunteers week, and carers rights day as platforms to celebrate the important role unpaid carers have.

What will success look like?
By the end of the three years of this plan:
• At least 90% of carers who access the independent advocacy service will consider it to have made a positive and long-lasting impact on their caring experience. (Current position = 62.6% say it’s a high priority).
• At least 60% of carers who want to access a social network will know how to access one. (Current position = 48.9% say it’s a high priority).
• At least 75% of carers who attend the annual carers gathering will return the following year.

Our resource investment in outcome 3 in 2018/19: £40,000
OUTCOME 4:
Carers can take breaks from caring to live their own active life.

What benefits will this have for carers?
• Carers can take a break and live an active life outside of their caring role.
• All carers will have the chance to recharge their batteries as we develop new opportunities for all.
• Carers’ own physical and mental health will be better managed through breaks.

What carers said?
• Breaks from caring receive the second highest indicated levels of importance.
• More than two in five carers consider receiving information about short break options to be very important (47%).
• 46% of carers said information about the choice of good quality short breaks in emergency situations is important to help them make decisions.
• 41% of carers want information about day care services to give them time to participate in learning or work.

What we will do?
4.1 Promote the benefits of carers taking a break from care in order to recharge their batteries.
4.2 Explore with every carer who expresses a need for a short break in their Adult Carer Support Planning conversation, how best to enable them to get one, even if they do not meet local eligibility criteria.
4.3 Develop a Short Breaks service to build on the respite and short break opportunities that already exist.
4.4 Supporting the short breaks bureau to determine the extent to which we can adopt a common approach across Fife.
4.5 Support our voluntary sector partners to enhance the ‘Respitality’ opportunities available to carers who do not meet local eligibility criteria.

What will success look like?
By the end of the three years of this plan:
• At least 80% of carers will say information about short breaks helped them to take a break from the caring role. (Current position = 62.8 % say it’s a high priority).
• A new short break bureau will be in place offering information, advice and guidance specifically to carers in Fife.
• There will be a net increase in the number of respite opportunities available and accessed specifically for carers in Fife.

Our resource investment in outcome 4 in 2018/19: £738,000

“Choice and control. Time. Rest. Sleeping well. Having adequate time to be with them, and be with them well, not being rushed. Regular respite. Having time to do the little things that matter, not just deal with someone’s basic needs.”
OUTCOME 5: 
Carers experience is positive, involved and balanced.

What benefits will this have for carers?
• It will be easy for carers to share their views about caring.
• Carers will have access to flexible work and learning opportunities.
• Growing support for carers in the workforce.

What carers said?
• A quarter of carers consider it important to receive help to take up paid work, learning or volunteering which fits with their caring role.
• Over half of respondents (50.4%) consider support to take part in activities to improve their health and quality of life is important.
• Two in five think it is important to receive information about daytime services for the person they care for to give the carer time to take part in work.

What we will do?
5.1 We will aim to work with larger employers to encourage them to make available flexible working opportunities for carers to become financially resilient.

5.2 We will work with community colleges and the voluntary sector to create opportunities for carers who wish to learn new skills to do so at no or low cost.

5.3 We will support the voluntary sector to develop leisure and pleasure activities to help carers balance their time and caring commitments.

5.4 We will promote low cost access to healthy lifestyle support services through local leisure services.

5.5 We will host an annual carers’ convention to showcase what’s on offer to support carers in Fife.

What will success look like?
By the end of the three years of this plan:
• At least 2% fewer carers will consider their health status to be bad or very bad in Fife, bringing this in line with the general population. (Current position = 7% say they have bad health).
• At least 2% fewer carers will consider they have a mental health condition, bringing this in line with the general population in Fife. (Current position = 6% say they have a mental health condition).

Our resource investment in outcome 5 in 2018/19: £58,878

“Being actively and meaningfully involved in the design, planning, delivering and assessment of services for the person I care for. The knowledge and skills I have acquired as a carer being recognised and valued, being treated as an equal partner in care, recognised as an expert by experience and engaging in co-production projects. This used to happen in Fife but increasingly I feel that carers are being excluded from decision making processes”
Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>“The Act” or “Carers Act”</td>
<td>The Carers (Scotland) Act 2016 and any regulation passed subsequent to this which relate to the Act</td>
</tr>
<tr>
<td>Carers</td>
<td>Section 1 of the Act defines a carer as any individual, save for certain exceptions, who provides or intends to provide unpaid care for another individual.</td>
</tr>
<tr>
<td>Young Carers</td>
<td>Section 2 of the Act defines a young carer as under 18 years old, or has attained the age of 18 years and remains a pupil at school.</td>
</tr>
<tr>
<td>Adult Carers</td>
<td>Section 3 of the Act defines an “adult carer” as a carer who is at least 18 years old but is not a young carer.</td>
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<tr>
<td>“ACSP”</td>
<td>Adult Carer Support Plan</td>
</tr>
<tr>
<td>“YCS”</td>
<td>Young Carers Statement</td>
</tr>
<tr>
<td>“FHSCP”</td>
<td>Fife Health and Social Care Partnership</td>
</tr>
<tr>
<td>“IJB”</td>
<td>Integration Joint Board</td>
</tr>
</tbody>
</table>
Acknowledgements

The Fife Health and Social Care Partnership Board would expressly like to thank all those carers who participated in the consultation and the strategy’s development.

Thanks also is extended to the many voluntary sector organisations from across Fife who supported the consultation. We look forward to working closely with you in the future to deliver this strategy and the improved support for carers.
Appendix A - Eligibility Criteria

It is important that we use our limited resources to support those most in need. We try to support an individual’s independence where possible. The eligibility criteria helps us make this happen.

Demand for support is increasing as a result of population changes, increasingly complex needs for cared-for people, and a greater intensity of caring. Preventative support for carers will play a vital role in managing the demand for support and in preventing care services from escalating to critical or crisis point.

The Carers (Scotland) Act 2016 defines eligibility criteria as “the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers’ identified needs.”

In Fife we already have eligibility criteria against which we measure carer’s needs for support. These eligibility criteria have been reviewed. By understanding the pressures on the local resources and assets to deliver the Act we know that the demand could outstrip the supply. The relatively small increase in funding to support the implementation of the Act leads us to conclude that the threshold for receiving additional tailored support services, beyond those available on a universal community-wide basis, will remain set at critical risk.

How we determine if a carer is eligible for additional support

A carer’s “eligible needs” are those identified needs for support that cannot be met through support to the cared for person or through accessing services that are available generally, and which meet the threshold for support set by the local eligibility criteria

To determine the level of need an assessment will be made which will relate to the impact of the caring role on the individual carer. It will address the following questions:

- Is the carer able (and willing) to continue in their role?
- What is the risk of the caring role breaking down?

The assessment of carers will consider the risks that affect the carer’s ability and willingness to care. These risk factors are balanced against those that apply to adults with care needs, such as:

- Risks to the carer’s independence and freedom to make choices.
- Risks to the carer’s health, safety and wellbeing.
- Is the carer able to manage their own daily routines?
- Is the carer able to be involved in employment, family and community life?

The eligibility framework is split into four bands, broadly covering the same areas as the eligibility criteria for service users. The intention of providing support is to help carers move further down the scale of need in order that they are better able to manage their caring role independently and with the minimum of necessary support.
Critical - The caring role will collapse without support. Support to meet critical needs as assessed through the carer assessment and identified as outcomes in the support plan. Aim to have an initial response and carers’ conversations within within 10 working days.

Substantial - Direct help will prevent care breakdown and help keep families together. Assessment and support provided in partnership with voluntary sector to meet personal outcomes. Aim to have an initial response and carers’ conversation within 5 weeks.

Moderate - Help will support the carer to maintain their situation and wellbeing, and meet personal and employment commitments. Usually provided by signposting to self-support tools. Aim to have an initial response and carers’ conversation within 11 weeks.

Low - Support and advice will promote the carer’s independence and contribution to the wider community. Supported through universal community services and an assessment if requested. Aim to have an initial response and carers’ conversation within 3 months.
Providing carers with the information and support they need to maximise their potential as a carer, maintain their own health and well-being while balancing their caring role and personal life, and ensuring the limited resources available from the public purse are well used, is a complex issue. We know that we need to make an investment in order that unpaid carers are able to thrive and flourish. We know that we need to commit resources to improve information, advice and support so that carers will want to continue to make the extensive contribution for which we are grateful.

At a time when there are increasing and competing demands on the public finances, and pressures on health and well-being services in particular, we need to stretch the money. Therefore, our investment will target resources to help those carers in most critical need.

Our model of investment to support carers, like the direct support for carers themselves, will be based on a mix of methods.

- We will improve our general information resources available online, in public spaces and through our partner providers to ensure those carers with low support needs can help themselves more easily.
- We will commission voluntary sector organisations who specialise in supporting carers to help us to assess and provide support to carers with moderate and substantial needs.
- We will upskills and deploy our health and social work professionals to support those carers in greatest need.
- We may commission voluntary sector partners to provide additional advocacy services to help support carers directly.

We will spot purchase specific support which is not otherwise available through our partnership arrangements, where this best meets the needs of the carer, and where this is considered to be value for the public finances.
As a new strategy and recognising the significance of its introduction, FHSCP is keen to hear back about the improvements we are planning. For this reason we will develop a quality management plan to support the implementation of the strategy. This will include several elements:

- Periodically consulting with carers on the efficacy of the strategy and its impact.
- Undertaking periodic audits and spot checks of practitioners and partners.
- Commissioning post-transactional carers’ experience surveys.
- Completing an Equality Impact Assessment after a year.
- Assessing and reporting annually on the impact the Carers Strategy for Fife has had.

Progress reports will be monitored by the Carers Strategy Group on behalf of the FHSCP IJB.
The Fife Carers Strategy and the service it supports is based on the principal of equality and fair access for all, based on greatest need.

In developing the consultation we took specific advice from Fife Council Policy Coordinator to ensure the approach meets the highest standards to eliminate discrimination, advance equality of opportunity and foster good relations. Respondents were asked to complete a diversity questionnaire. From this we have concluded that access to the consultation was fair and the profile of respondents is broadly in line with our expectations.

In developing the support approved within the carer’s strategy we will ensure further work is undertaken to promote inclusion and eliminate discrimination. At the appropriate time we will conduct an equality impact assessment to determine what more needs to be done to promote diversity and inclusion for carers.

The implementation of the Act supports the FHSCP’s own Strategic Plan for Fife (2016 – 2019) which has a specific strategy priority to reduce Inequality.

As well as supporting carers with protected characteristics, we will ensure the help we provide and commission is as accessible as possible to carers who live in the more rural parts of Fife.

We will work with the voluntary sector in particular to reach out into those community groups who might otherwise feel underrepresented in accessing support. This will include but not be limited to, those organisations who support carers (and cared for people) with specific sensory conditions, those whose first language is not English, and those carers with a learning disability.

We also recognise that for some carers having time away from their caring role can be limited and precious. Therefore, in order to combat the sense of isolation that sometimes comes with caring, we will create opportunities for carers to have breaks from caring in order that they can access the other services they might need to help them to live a healthy and active life.
Appendix E - summary of consultation results

From the lists below, what are the most and least important things in your caring role?
Ranking: 1 = most important to 5 = least important

### Information and guidance

<table>
<thead>
<tr>
<th>Ranking</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information, advice and guidance to help in your caring role.</td>
<td>149</td>
<td>27</td>
<td>31</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>More opportunity for you to attend carer forums, meetings or support groups.</td>
<td>46</td>
<td>44</td>
<td>56</td>
<td>39</td>
<td>50</td>
</tr>
<tr>
<td>Recognition from your GP and sign-postings to support your caring role.</td>
<td>112</td>
<td>53</td>
<td>34</td>
<td>17</td>
<td>19</td>
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<tr>
<td>Improved communication and coordination between health, social care and other relevant agencies so that you don’t have to keep providing the same information to multiple organisations.</td>
<td>155</td>
<td>30</td>
<td>20</td>
<td>9</td>
<td>15</td>
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### Practical support

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<tr>
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<th>5</th>
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<tbody>
<tr>
<td>Help to complete a carer’s assessment and support plan with personal outcomes.</td>
<td>96</td>
<td>34</td>
<td>42</td>
<td>22</td>
<td>31</td>
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<tr>
<td>Information on a carer’s personal budget.</td>
<td>55</td>
<td>44</td>
<td>49</td>
<td>25</td>
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<tr>
<td>Training to help you be an even better carer.</td>
<td>71</td>
<td>37</td>
<td>44</td>
<td>38</td>
<td>38</td>
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<tr>
<td>Help to prepare an emergency care plan in case you are unable in your caring role.</td>
<td>125</td>
<td>38</td>
<td>32</td>
<td>18</td>
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### Breaks from caring

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<tr>
<th>Ranking</th>
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<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Information about respite services for you as a carer to give you a short break from your caring role.</td>
<td>108</td>
<td>37</td>
<td>33</td>
<td>16</td>
<td>37</td>
</tr>
<tr>
<td>Information about the choice of good quality short breaks in emergency situations.</td>
<td>104</td>
<td>39</td>
<td>35</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td>Information about daytime services for the person you care for to give you the time to take part in learning or work.</td>
<td>94</td>
<td>34</td>
<td>38</td>
<td>20</td>
<td>42</td>
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### Social Support

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<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>Better advocacy and independent help for carers.</td>
<td>107</td>
<td>43</td>
<td>41</td>
<td>10</td>
<td>21</td>
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<tr>
<td>Befriending and peer support with other local carers for emotional support.</td>
<td>63</td>
<td>48</td>
<td>51</td>
<td>29</td>
<td>36</td>
</tr>
<tr>
<td>Help to join, set up or run a carer’s support group.</td>
<td>35</td>
<td>22</td>
<td>51</td>
<td>37</td>
<td>78</td>
</tr>
</tbody>
</table>

### Quality of Life and Balance of Caring

<table>
<thead>
<tr>
<th>Ranking</th>
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<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Help to take up paid work that fits with your caring role.</td>
<td>44</td>
<td>16</td>
<td>34</td>
<td>23</td>
<td>107</td>
</tr>
<tr>
<td>Help to take up learning or volunteering to fit with your caring role.</td>
<td>28</td>
<td>25</td>
<td>35</td>
<td>32</td>
<td>107</td>
</tr>
<tr>
<td>Support to take part in activities to improve your health and quality of life.</td>
<td>74</td>
<td>41</td>
<td>55</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td>Information about daytime services for the person you care for to give you the time to take part in work.</td>
<td>63</td>
<td>28</td>
<td>32</td>
<td>24</td>
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Alternative Formats

The information included in this publication can be made available in large print, Braille, audio CD/tape and British Sign Language interpretation on request by calling 03451 55 55 00.

Language lines

<table>
<thead>
<tr>
<th>Language Line</th>
<th>Arabic Phone Line: 03451 55 55 77</th>
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<td>Bengali Phone Line: 03451 55 55 99</td>
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<tr>
<td>Chinese Phone Line: 03451 55 55 88</td>
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<tr>
<td>Polish Phone Line: 03451 55 55 44</td>
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Fife Council and NHS Fife are supporting the people of Fife together through Fife’s Health and Social Care Partnership. To find out more visit www.fifehealthandsocialcare.org