

Draft Carer Strategy

December 2018

Introduction from David Williams, Chief Officer

Glasgow City Health and Social Care Partnership (GCHSCP) has launched the draft Carer Strategy 2019-22 and we are keen hear your views and capture feedback on what matters to you.

2018 was a landmark year for unpaid carers with the commencement of the Carers (Scotland) Act 2016. It is estimated 67,000 carers provide unpaid care, supporting the health and care needs of the people of Glasgow, and making a positive difference to the lives and health of those they care for.

Glasgow City Health and Social Care Partnership is fully committed to delivering the best outcomes for unpaid carers and the person they care for. We recognise that caring for family and friends is a natural part of all our lives, but can be emotionally and physically demanding but should not be to the detriment of the carer's own health and wellbeing.

GCHSCP provide a range of carer services and commission a network of carer support services. Carers have been involved over the last number of years in shaping these services to ensure that what is being provided is what carers need.

Our key priorities reflected in the strategy are:

- Identifying carer earlier in their caring role to prevent crisis in caring
- Providing a single point of access for carers into support services and universal offer of information and advice for all carers in the city
- Development of clear training and support pathways for carers
- Delivering personalised support to carers recognising every caring situation is unique.

Workforce development to support the Act is reflected in the strategy, seeking to maximise the benefits of health and social care integration for the city's unpaid carers, to ensure that staff are routinely identifying, supporting or referring carers to carer support services.

We have an extensive consultation planned January – March 2019 and we want to hear from carers, 3rd sector carer centres, condition specific organisations and wider stakeholders.

We'd also keen to hear from social workers, NHS staff and other professionals who work with carers.

Background and Context to the Strategy

The relevant sections of the Carer (Scotland) Act 2016 to the development of this Carer Strategy are:

- Section 31 which requires each local authority and relevant health board to prepare a local carer strategy and provides for what that strategy must set out.
- Section 32 which requires the local authority and relevant health board to have regard to a non-exhaustive list of factors when preparing their local carer strategy.
- Section 33 which deals with the publication and review of the local carer strategy.

The duty under section 31 applies to local authorities and relevant health boards but is delegated to integration joint boards under the Public Bodies (Joint Working) Act, as are sections 32 and 33 as these are subsidiary functions of section 31.

Each local authority/HSCP and relevant health board must jointly prepare a local carer strategy.

The development of the Carer Strategy must include a robust consultation process with a wide range of stakeholder and which must involve consultation with carers and young carers.

Glasgow City Health and Social Care Partnership Strategic Vision

The vision for adult services clearly sets out the need to deliver high quality and effective services to adults with a complex range of needs. Patients and service users should receive the right services at the right time and in the right setting at any point in their care journey, and they and their families and carers should be supported to live as independently as possible within their communities.

For Children's Services our strategy aims not only to secure better outcomes and more positive destinations for children and young people but to enable the whole system to operate more efficiently and effectively across the City. The transformation programme for children's service sets out to strengthen the local infrastructure to deliver a preventative strategy in the city.

The strategy for older people and people with a physical disability signals a clear intention to shift the focus to enabling and supporting those who require assistance to enjoy the best quality of life possible, informed by choices they make for themselves. For older people's health and social care this means a different attitude towards risk and its management across the entire system, particularly where older people themselves make a conscious choice to live with risk in the community. This approach will also apply to people with a physical disability.

Strategic Priorities

- **Early intervention, prevention and harm reduction**
- **Providing greater self-determination and choice**
- **Shifting the balance of care**
- **Enabling independent living for longer**
- **Public protection**

Definition of Carer

The GCHSP has adopted the following as a working definition of a carer as set out in the Act.

In this Act “carer” means an individual who provides or intends to provide care for another individual (the “cared-for person”).

Carers will be identified within all community care group settings and as such this policy applies to those carers caring for:

- older people
- people with physical disabilities and learning disabilities,
- parent carers of children with disabilities,
- people with an addiction,
- people with mental health issues
- people with a range of long term conditions
- people who are at the end of live and/or palliative care needs

Adult Carers

The main principle regarding adult carers who provide care, is that they should be treated as key partners in care.

Young Carers

The fundamental principle is that they should be viewed as children first and foremost. As such, assessment and care planning should focus on alleviating the caring role through a family support approach.

There is a separate strategy for young carers.

Key Principles of this Carer Strategy

- All unpaid carers in Glasgow are eligible for carer support with a universal offer of information and advice for all as a minimum. The underpinning principles are that adult carers are supported as key partners and that the focus for young carer's should be, where possible to alleviate the caring role.
- All caring situations are assessed by Carers Partnership to identify the risk of breakdown of the caring role to determine level of service required.
- This strategy seeks to provide the right level of support at the right time through an enabling and empowering approach
- Key to delivering this approach is ensuring GCHSCP staff are routinely identifying and signposting carers early in their caring journey, focussing on early intervention and preventing a breakdown in the caring relationship.
- The Strategy recognises that not all carer want support in their own right but want to ensure they are fully involved in the assessment of the cared for and subsequent care planning.

Glasgow Context

Glasgow City has a population of 615,070 (2016 National Records of Scotland), which is 11.4% of the population of Scotland. I

- 110,239 (17.9%) children aged 0-17
- 421,041 (68.5%) adults aged 18-64 and
- 83,790 (13.6%) older people aged 65 and over.

The population is expected to continue to increase over the next few years with estimates of population growth between 2016 and 2026 indicate an overall increase of just under 24,600 people will be much greater growth for the child (6.3%) and older people (14.4%) populations than for adults (**1.3%**).

2016-17 life expectancy for a Glasgow male is 72.9 years compared to 77.4 years for a Scottish male – a difference of 4.5 years. For females this is 78.2 years compared to 81.3 years – a difference of 3.1 years.

Life expectancy is forecast to increase steadily for both males and females; however, the gap between Glasgow and Scotland is likely to remain unchanged in size.

According to the most recent data available, healthy life expectancy at birth is 55.9 years for Glasgow males compared to 63.1 years for Scottish males – a difference of 7.2 years. Similarly, Glasgow females are expected to live in good health to 58.5 years, far lower than the Scottish average of 65.3 years – a difference of 6.8 years.

Life expectancy in Glasgow City is lower than across Scotland as a whole, and residents of Glasgow are estimated to become unhealthy at a younger age, and live longer with health issues, than the Scottish average.

Poverty and Deprivation

Glasgow City contains four in 10 of Scotland's 15% most deprived data zones; however, this proportion rises to almost six in 10 in the Partnership's North East locality (SIMD 2016).

More than a quarter of a million people, two-fifths of Glasgow's population, live in these deprived areas. Within Glasgow, around a third of North West locality's population lives in a 15% deprived area, compared to almost two-fifths in the South and just under three-fifths in North East.

- 19.9% of Glasgow's population, more than 120,000 people, lives in an income deprived area compared to 12.2% for Scotland
- 15.7% of Glasgow's working age population, almost 70,000 people, lives in an employment deprived area compared to 10.6% for Scotland
- 48.6% of Glasgow's child and young person population aged 0-25 years, more than 95,000, lives in a most income deprived area compared to 21.5% for Scotland
- 29% of Glasgow pupils P4 and above, more than 13,500, are registered for free school meals compared to 15.6% of Scottish pupils.

Glasgow Health and Social Care Needs Profile

- Around 12% of Glasgow's 16 and over population, almost 62,000, has said that they live in 'bad/very bad' health compared to 8% of Scotland's adults.
- A third of Glasgow adults, more than 170,000, live with a limiting long-term illness or condition similar to 32% of Scotland's adults.
- More than 8,000 people are estimated to be suffering from dementia in Glasgow.
- Around 3,700 people, 0.6% of Glasgow's population, are recorded as having a learning disability, whilst almost 13,000 people, 2.1%, are reported as having a learning difficulty.
- It is estimated that around 6,400 people in Glasgow have a form of autism.
- It is estimated that more than 100,000 people in Glasgow have a physical disability – 17% of the population.
- Almost 6.9% of the population has been recorded as having a hearing impairment (rising to 26.9% for people aged 65 and over), and almost 2.5% of the population having a visual impairment (rising to 10.6% for people aged 65 and over).
- More than 57,000 (9.3%) Glasgow people are unpaid carers.

Carer Identification

People become carers when a family member or friend cannot manage without help because of an illness addiction, frailty or disability. The caring journey may start in a doctor's surgery, with a nurse specialist, at a hospital outpatient clinic or at a hospital discharge when the cared for person receives their diagnosis.

The aim of the carer's strategy is to try to identify carers early in their caring journey so they can be supported as key partners in care... By identifying carers earlier, we can help prevent a breakdown of the caring role and increasing the length of time people are able to live well with their health condition in the community. We have 3 posts dedicated to raise awareness of carers within community health services to increase the amount of carers identified at the start of their caring journey. GPs can now refer carers directly for support electronically.

Total number of Carers identified by Glasgow Carers Partnership in 2017/18 was 2051		
Priority 1 Referrals critical risk	134	7%
Priority 2 Referrals moderate risk	369	18%
Priority 3 Referrals preventative support	1548	75%

A Patients Journey starts with the diagnosis of a long term condition.



A Carers Journey starts when they take on a caring role for a family member or friend who cannot cope without help because of an illness (including mental illness), addiction, frailty or disability.

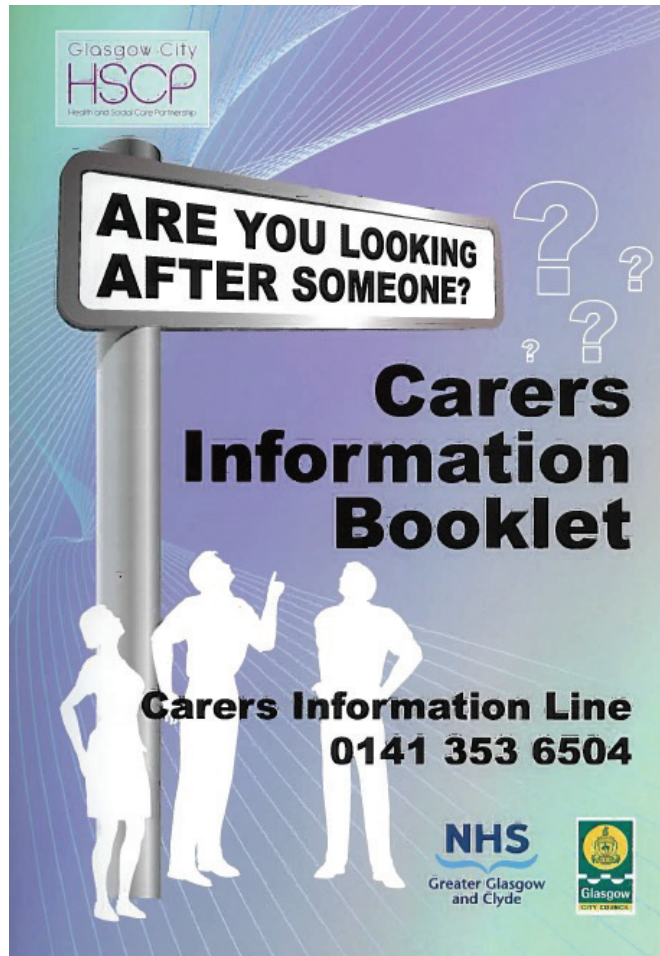
Both journeys are interdependent. The carer needing to balance caring responsibilities, their own health and wellbeing and life beyond caring. The patient with their need to live well with their condition in the community.





Single Point of Access

The city wide Carers Information & Support Line (CIL) delivers on Glasgow's the universal offer of information and advice to carers and to promote the self-assessment/referral as the access point to services. The CIL is open to professional staff looking for advice to support carers. NHSGGC Acute Services promote the CIL with carers and families.

<https://www.yoursupportglasgow.org/glasgow-homepage/pages/are-you-an-unpaid-carer/content/how-to-access-a-carer-service/>



	NHS Greater Glasgow and Clyde		Glasgow Community Health & Care Partnerships
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Are you looking after someone?
Carers Self Assessment

(You only need to provide information you feel comfortable with)

ABOUT YOU	
First Name	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>
Main Telephone No	<input type="text"/>
Mobile Telephone No	<input type="text"/>
Your Preferred Contact Method	Post <input type="checkbox"/> Phone <input type="checkbox"/> Email(write address below) <input type="checkbox"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth <input type="text"/> Age <input type="text"/>
Preferred Language	<input type="text"/> Interpreter Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you live with the person you look after?	<input type="text"/>
What is their main medical condition / or conditions?	<input type="text"/>
How long have you been looking after them?	<input type="text"/>
Carer's GP / Medical Practice	<input type="text"/>
As well as caring what other responsibilities do you have?	
Full Time Work (more than 16hrs)	<input type="checkbox"/> Part Time Work (less than 16 hrs)
Family	<input type="checkbox"/> Voluntary work
Commitments	<input type="checkbox"/> School / Further Education / Training <input type="checkbox"/> Other (specify below) <input type="checkbox"/>
<input type="text"/>	
Where did you get this self assessment from?	<input type="text"/>
Did someone assist you in completing this self-assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide their contact details:	
<input type="text"/>	

Current Supports available to carers

Historically Social Work Services have provided the core funding for carer supports and this has provided infrastructure through dedicated carer services. This funding was supplemented by Carer Information Strategy now consolidated through Carer Act funding.

The investment has funded the equivalent of six third sector carer centres and condition specific carer organisations to provide a dedicated community based carer information, training and advice infrastructure to provide preventative support to the city's carers. There are also three Social Work Carer Teams to respond to immediate crisis in caring situations.

Social Work Teams and carer centres work closely at a local level applying the eligibility criteria to determine whether Social Work or third sector support the carer. This has been made possible by the delegation function of undertaking carer support plans from the GCHSCP to the third sector for those carers with moderate to low

- Voluntary Sector Carers Centres & Condition Specific
- Carers Support Planning (Preventative support)
- Training and Peer Support Groups
- Information and advice
- Having a voice
- Income maximisation
- Short breaks
- Emotional support
- Carer Health Reviews
- Statutory Social Work Carer Teams
- Carers Support Planning (High risk of breakdown)
- Training
- Information and advice
- Having a voice
- Income maximisation
- Short breaks
- Emotional support
- Carer Health Reviews

The partners have worked together to re-shape carer services, making best use of available resources to develop a one stop shop approach for carers to access support services delivering the right level of support at the right time.

As per the requirements of Section 34 of the Carer (Scotland) Act 2016 GCHSCP must establish and maintain an information and advice service for relevant carers. The Carers Information & Support Line (CIL) fulfills that legal requirement and delivers on Glasgow's the universal offer of information and advice to carers and promotes the carer self-referral as the access point to services. The CIL is open to professional staff looking for advice to support carers. NHSGGC Acute Services also promote the CIL with carers and families.

Eligibility Criteria

Glasgow model of eligibility previously known as prioritisation system has worked pre legislation and is entirely consistent with the aims of the Carer Act with 11000+ carers having been supported through this model since 2011.

All unpaid carers in Glasgow are eligible for carer support with a universal offer of information and advice for all as a minimum. The Carers Information Line and self-assessment provides the access point.

The Glasgow carer strategy seeks to provide the right level of support at the right time

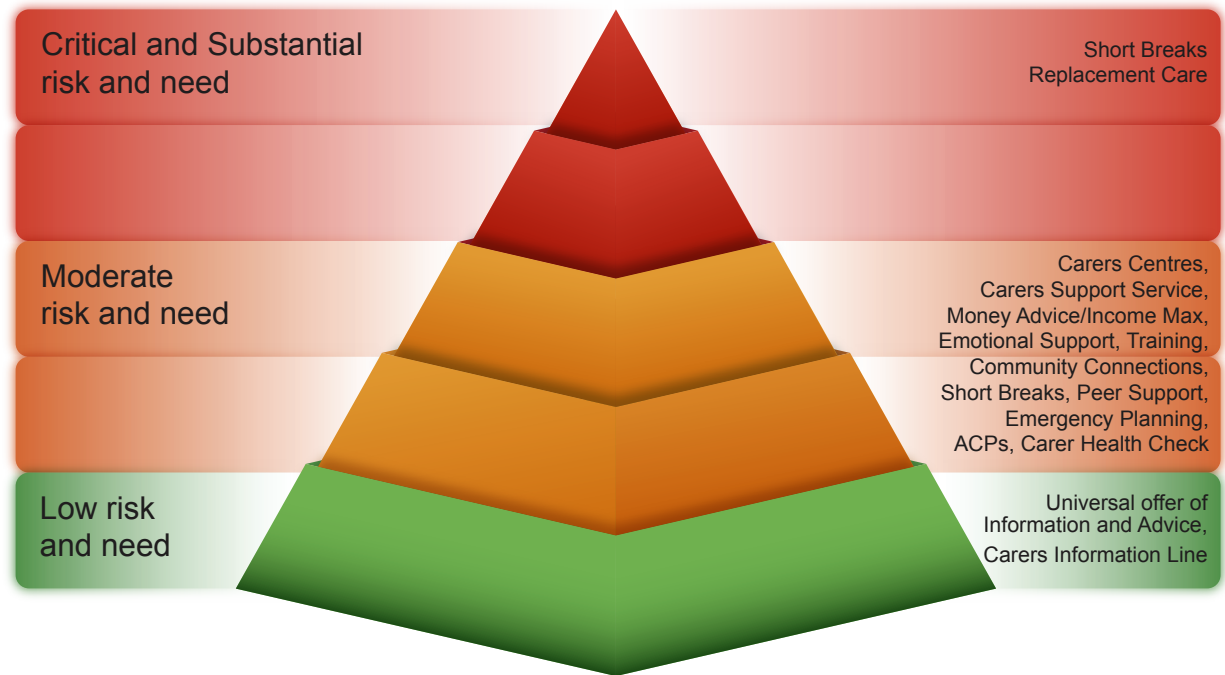
Application of the eligibility criteria ensures that all caring situations are assessed by to identify the risk of breakdown of the caring role.

This Carer (Scotland) Act 2016 guidance issued by the Scottish Government refers to carer 'eligible needs' and 'non-eligible' needs. The guidance describes "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."

<https://glasgowcity.hscp.scot/carers-eligibility-criteria>

Carers Journey

Adult Carers Support Plan or Young Carer Statement



The Carers (Scotland) Act 2016 section 7 requires that GCHSCP must comply with prescribed timescales for completing ACSP in relation to adult carers looking after someone with a terminal illness. Since 2011, all cases assessed as having critical need have been contacted within one working day.

How we will support Carers

- As of the 1st of April 2018, it is a legal requirement to offer carers an Adult Carers Support Plan. GCHSCP introduced Adult Carer Support Plans in 2012 for carer services and have completed approximately 2000 annually since.
- The Adult Carers Support Plan (ACSP) starts with a conversation where carers can discuss their caring role and what is important to them. It helps carers and workers identify what could help them achieve their personal goals.
- The ACSP helps carers to think about what support they might need if they wish to continue caring and what could help carers to have a life alongside caring.
- The ACSP sets out any needs carers have and how they will be met. Making a plan also helps to decide which level carers reach in the local eligibility criteria for support. This is used to decide what support the carer requires.
- The ACSP gathers information about the outcomes that are important to carers. Outcomes are a way of describing what is important to carers. Recording carer outcomes is also an important opportunity GCHSCP Carers Services to ensure that future service development are based on what carer's tell us makes a difference in their lives.

Outcomes Important to carers

The Scottish Government's Outcomes Framework for Community Care (2009) identified the following desired national outcomes for change: improved health; improved social inclusion; improved well-being; improved independence and responsibility.

The Joint Improvement Team identified the following four personal outcomes as being important to carers.

Improved quality of life cared for person	Improved quality of life for the carer	Improved ability to manage the caring role	Experience of support process
Quality of life for the cared for person	<p>Carers are able to maintaining health and well being</p> <p>A life of their own</p> <p>Positive relationship with the person cared for</p> <p>Freedom from financial hardship</p>	<p>Having choices in caring, including the limits of caring</p> <p>Feeling informed/ skilled/ equipped</p> <p>Satisfaction in caring</p> <p>Partnership with services</p>	<p>Carers feel valued, respected and their expertise is recognised</p> <p>Carers have a say in services Services are flexible and responsive to changing needs</p> <p>Carers experience positive relationships with practitioners</p> <p>Carer Services are accessible, available and free at the point of need</p>

Outcome Evaluation Responses 2017-18

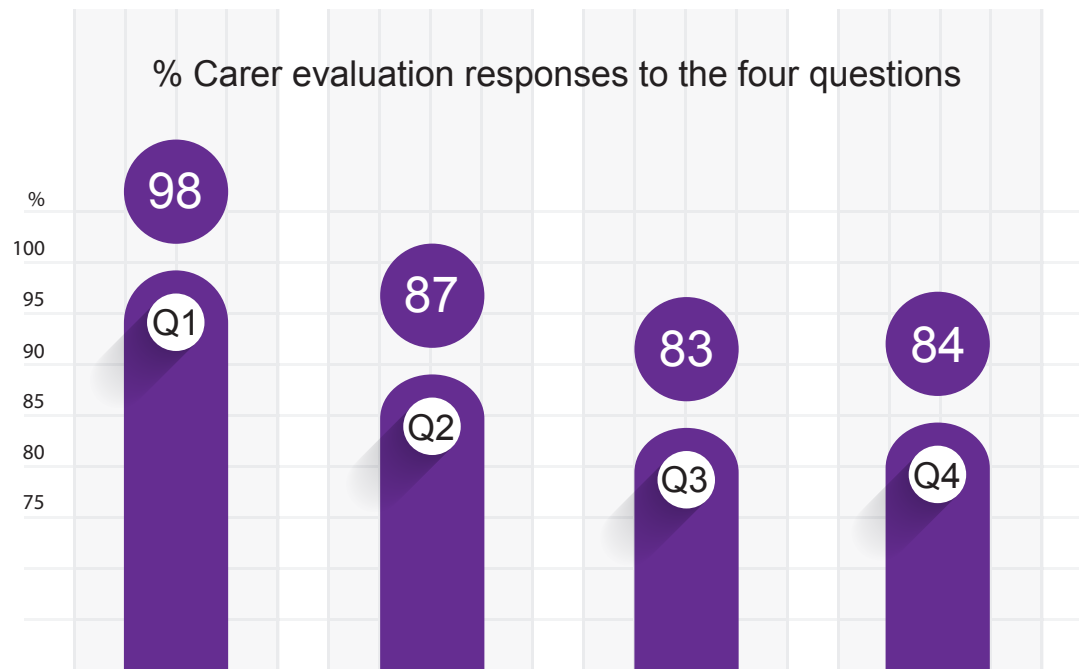
The following graph is a summary of the evaluations returned by carers:

Q1 - Did you feel valued and respected by the carer support worker?

Q2 - Improved your ability to support the person that you care for?

Q3 - Improved the quality of life of the person you care for?

Q4 - Improved your quality of life?



- 98% felt valued by the worker an increase of 1% from last year
- 87% said the support improved their ability to care and increase of 7% on last year
- 83% said the support improved the quality of life of the cared for an increase of 11% on last year
- 84% said the support improved their quality of life an increase of 5% on last year

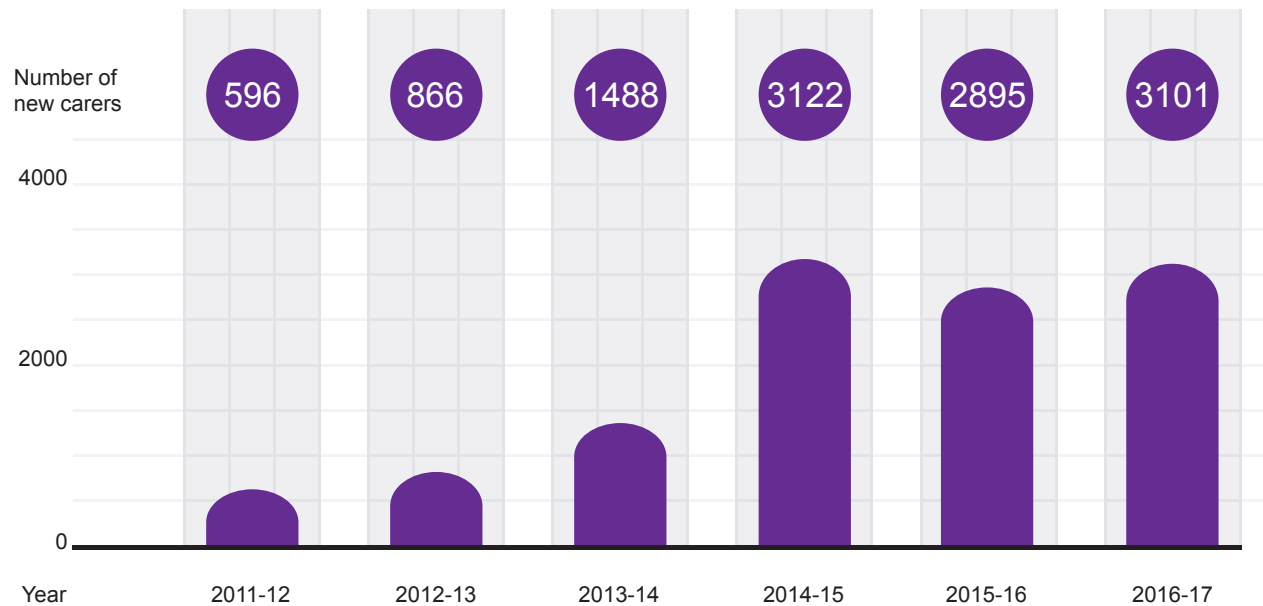
Examples of Carer Support Path ways which have been developed by listening to the outcomes important to carers.

Assessment of demand for support

This is in line with Act's intentions that all carers and young carers are able to access Carer Support Plans and Young Carer Statements and that there are infrastructures and processes in place to make sure that carers receive the right level of support at the right time.

Since 2011, 11000+ carers have received support through this approach. All of these carers have had a support plan in place, which demonstrates the HSCP's readiness against the Act's duties to support carers. Statistical returns and performance monitoring has highlighted that this shift to a preventative approach is evident in that 70% of these carers are deemed to require low level supports from carer centres.

Increase in new Carers identified since the establishment of Glasgow City Carers Partnership



Glasgow's experience to date has taught us that we can effectively work with 2000-3000 carers annually, with little or no waiting lists. Glasgow aims to respond to carers with critical need including end of life situations within one working day. We aim to respond to all non-critical requests within 28 working days. In the financial year 2017-2018, the average waiting time for a carer to be contacted by Carer Specific Services was 7 working days.

We know from our work with carers, the impact of health inequality factors and high deprivation can exacerbate ill-health and result in increased demand with complex caring situations and intensive caring situations and intensive caring in certain areas of the city

Performance Monitoring

GCHSCP has set commissioned carers specific service the target of identifying 1,656 new carers annually or 414 new carer per financial quarter. These reporting periods demonstrate performance since the introduction of the Carer (Scotland) Act 2016.

Carer Specific Services					
Quarter 2018-19 financial year	Total number of carers identified that were offered an Adult Carer Support Plan or Young Carer Statement	Total number of adult carers offered an Adult Carer Support Plan	Total Number of Young Carers offered a Young Carer Statement	Total number of referrals received from Primary Care and Community Services	Total number of referrals received from Acute Care Services
Quarter 1	515	500	15	199	47
Quarter 2	511	487	24	178	35

Assessment for Demand and Support

GCHSCP are also mindful of the potential impact on carers of changing national demographics.

People are living longer with long term conditions leading to a growth in the older population.

Due to improvements in treatment, more adults with complex and multiple care needs and more children with complex needs surviving into adulthood.

Glasgow Carers Partnership has been adapting how we deliver services to respond to these predicted changes.

The two largest group of carers currently supported are working adults caring for ageing parents and older spouses caring for each other.

GCHSCP is committed to reviewing how services are delivered to adapt to the changing needs of carers.

Due to very diverse needs and outcomes important to carers, it is unlikely that GCHSCP alone will be able to provide all supports to carers.

GCP Strategic planning will be developing links with condition specific organisations, third sector condition and community organisations, charities, Glasgow Life, and wider universal services.

It is important to note that the Carers Act is designed to work alongside existing supports and services, not replace them.

Carers need to be connected to their communities and can access wider services that can help them meet their outcomes.

Financial Framework to implement the Act



Duty to involve carers in the hospital discharge of the cared for person

Following commencement of the Carers (Scotland) Act 2016 there is a legal requirement to involve carers in discharge planning for the person they support.

Work is underway within NHS Greater Glasgow and Clyde to make wards more welcoming to all visitors and to identify and support carers to be partners in care whilst the person they carer for is in hospital.

A key component of this work will be to improve communication and relationships between carers and multi-disciplinary teams through the sharing of information and the involvement in decision making and where appropriate care-giving within the ward setting.

The Involvement of carers in discharge planning has been embedded within the inpatient care pathway across NHSGGC Acute services

Support for carers in NHSGGC is delivered via a partnership between HSCP, Local Government and voluntary sector organisations. A universal pathway has been developed and is in place across all clinic services to identify, involve and support people with a caring role:

These can be accessed either by the Carers Information Line 0141 353 6504, email supportandinformation@ggc.scot.nhs.uk or by completing the self-assessment form in the back of the “Are you looking after someone?” booklet. This service is available for all NHSGGC services users.



Health and Social Care workforce

“Carers have a unique role in the life of the person they care for. When we are planning and delivering care for that person, it’s important that we involve their carer. They have valuable knowledge to contribute and any decision will have an impact on their caring role. Carers, the person they care for and workers from health and social services should work together as partners to achieve better outcomes for all involved.”

GCHSCP recognises that there needs to be a strong emphasis on workforce training.

GCHSCP has approved a Carer Act 2016 learning and development plan for health and social care workforce to ensure there are aware of HSCP’s expectations in their role in identifying and supporting carers as partners in care.

All staff will be encouraged to complete the Carer Act eLearning module with follow up by team briefings teams to embed carer identification and support within health and social care practice and that they are routinely identifying, supporting or referring carers to carer support services.

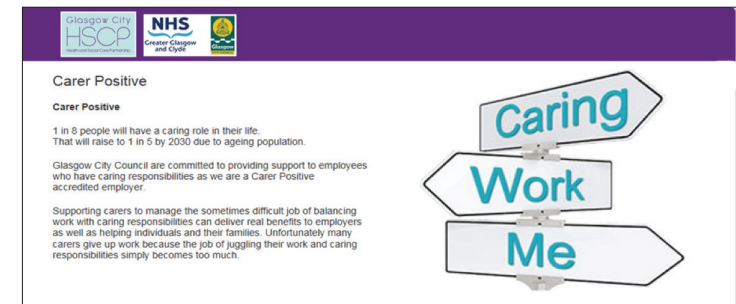
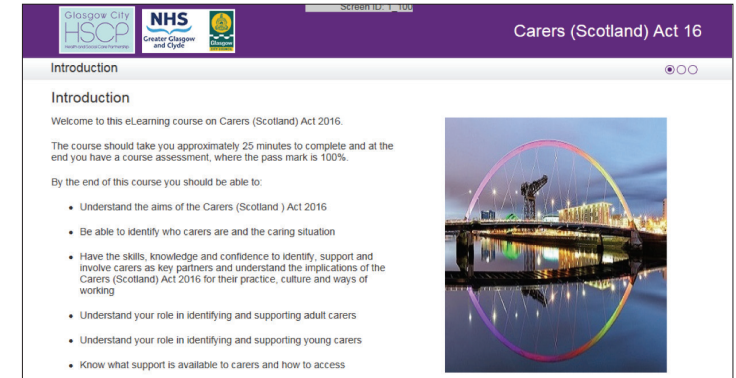
Staff need to be aware of the prescribed in the duties and powers of the Act in respect of Adult Carer Support Plans and Young Carer Statements.

Performance will be monitored by team leads/manager with the expectation that referrals into carer services will increase from range of primary and secondary health services

Performance monitoring for social work teams will be completion of Adult Carer Support Plans and Young Carer Statements

Performance will be reported on a quarterly basis to the HSCPs Core Leadership Groups, Children & Families, Adults and Older People and will also be reported on regular basis to Integration Joint Board.

<https://www.nhsggc.org.uk/working-with-us/hr-connect/carers/#>

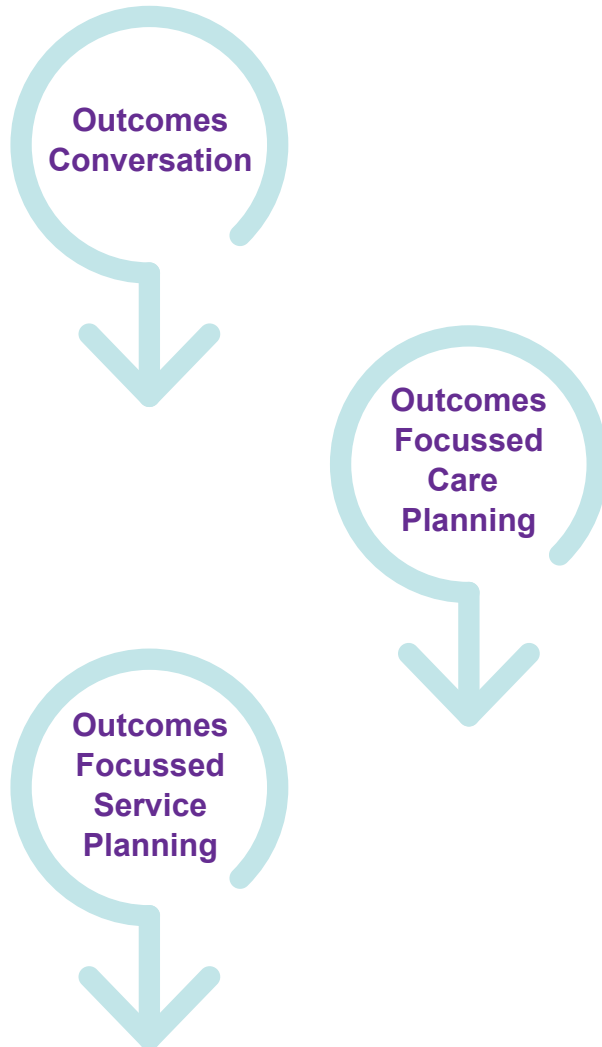


NHSGGC are working towards carer positive status. There is a recognition of the impact of working within the NHS and having a caring role outside of work.

There are a range of policies to support staff with managing both work and caring and staff are encouraged to refer into local carer services for support with caring role.

These include a flexible working policy and a special leave policy.

The Outcome Focussed Organisation



Carer Involvement in Service Planning

GCHSCP is committed to ensuring carers are fully engaged in the planning and shaping of services, but also acknowledges that for many carers it would be impossible to commit time to attending strategic planning groups due to their caring role.

The Carer (Scotland) Act 2016 introduces the right to a new adult carer support plan based on the preventative approach to identify each carer's personal outcomes and needs for support.

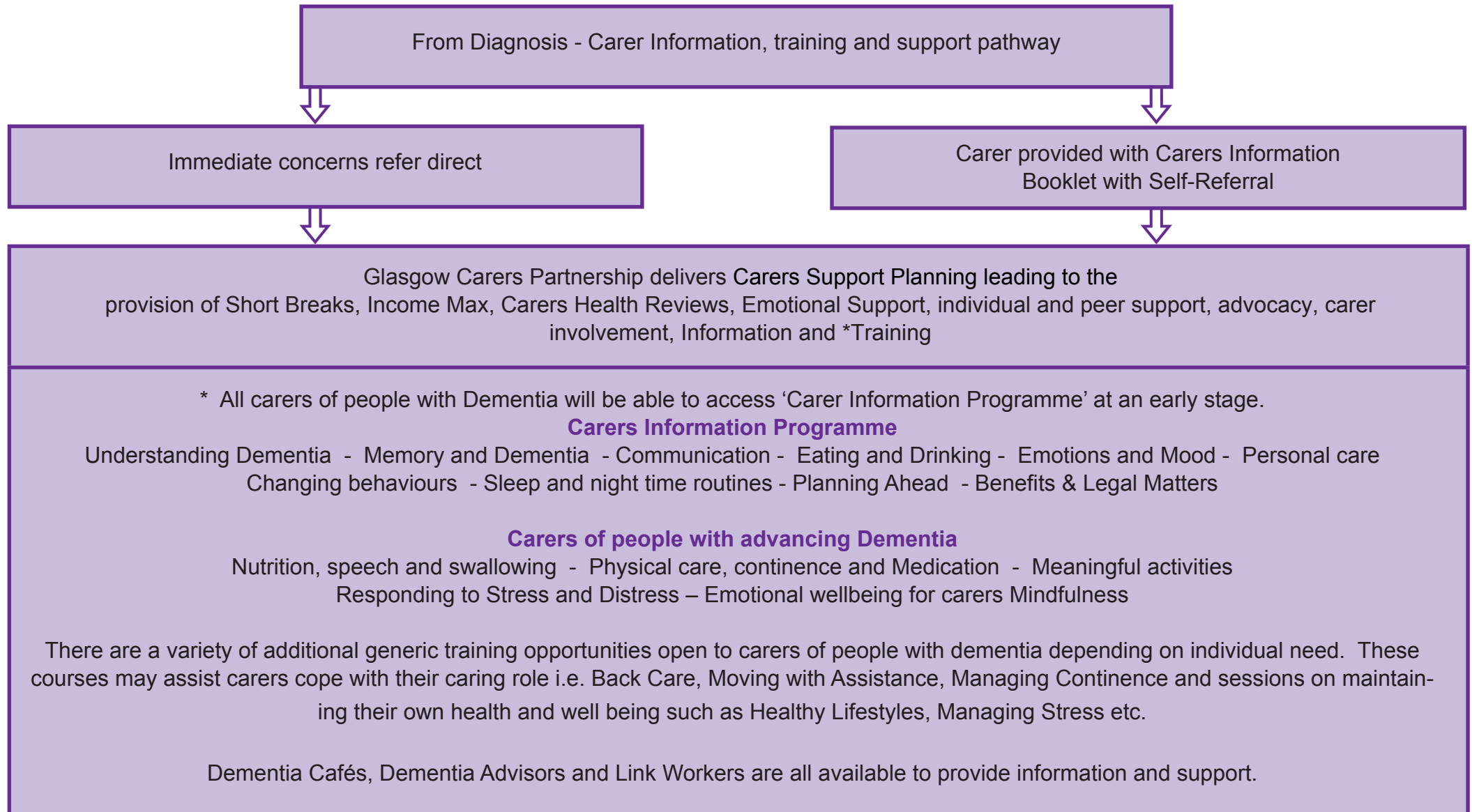
Practitioner Level: Carer Support workers and care managers complete the ACSP using a conversational approach, record the outcomes important to the carer and how those outcomes and needs can be met.

Management Level: Managers use the information from completed ACSP to develop an overview of how carers are being supported, including unmet needs and can share that information at locality and citywide strategic planning meetings.

Carer Involvement: Carers are supported to influence strategic meetings by sharing their views at carer forums, being part of the carer's reference group, participating in consultation events and through the role of the carer's champion.

Strategy: The Carer Strategy is then shaped and reviewed based on the local experiences of those carers who actually use the services as well as wider national learning. That learning influences the IJB Plan ensuring that carer awareness and support becomes firmly embedded within wider HSCP practice.

Dementia Carer Training, Information & Support Pathway



Information, Training and Support pathway for Parent Carers of Children with Additional Needs

All parents of children with additional needs including those with Autism can access the following supports via the Carers Teams throughout the city. The Carers Information Booklet which is available in Social Work and Health sites or can be accessed through the Carers Information Line 0141-353-6405. Staff at the Child Development Centres routinely refer directly to the Carers Teams at point of diagnosis.



Glasgow Carers Partnership

Carers Services for Carers Support Planning and provision of Income Max, Short Breaks, Health Reviews
And in partnership with voluntary sector Carers Centres and condition specific voluntary orgs -
Emotional Support, individual and peer support, information and advice, carer involvement, and *Training



Generic training for all carers

Moving with Assistance, Back Care, Personal care (inc. Infection Control), First Aid, Challenging Behaviour, Palliative Care, Managing Meds, Managing Continence, Powers (POA etc), Stress Management, Coping with Caring, Food Hygiene. There will also be SDS information sessions for those carers (or cared for) receiving or about to receive Social Work Service.



Complementary training for all parents of **CHILDREN WITH ADDITIONAL NEEDS**

Complementary courses currently provided or considered for the pathway are:

- Working with SWS, Education and Health to support your Child
- Focus On – Additional Support for Learning
- Triple P
- Talk 2 (Sexual Health for all ages)
- Health Issues – Sleep, Diet, Toileting, 1:1 Sleep sessions
- Independent Living – Equal Futures
- Siblings and Emotions
- Communication skills – Speech and Language
- Developing Sensory Spaces
- Developing Digital Passports
- ‘Food and Mood’ – supporting your child with eating and challenging behaviour
- Reactive approaches to challenging behaviour
- Social Stories



Condition Specific Training

Information sessions for parents of children with complex conditions such as Downs Syndrome, Cerebral Palsy, Cystic Fibrosis, ADHD, Epilepsy etc. will be delivered by appropriate Condition Specific Organisations

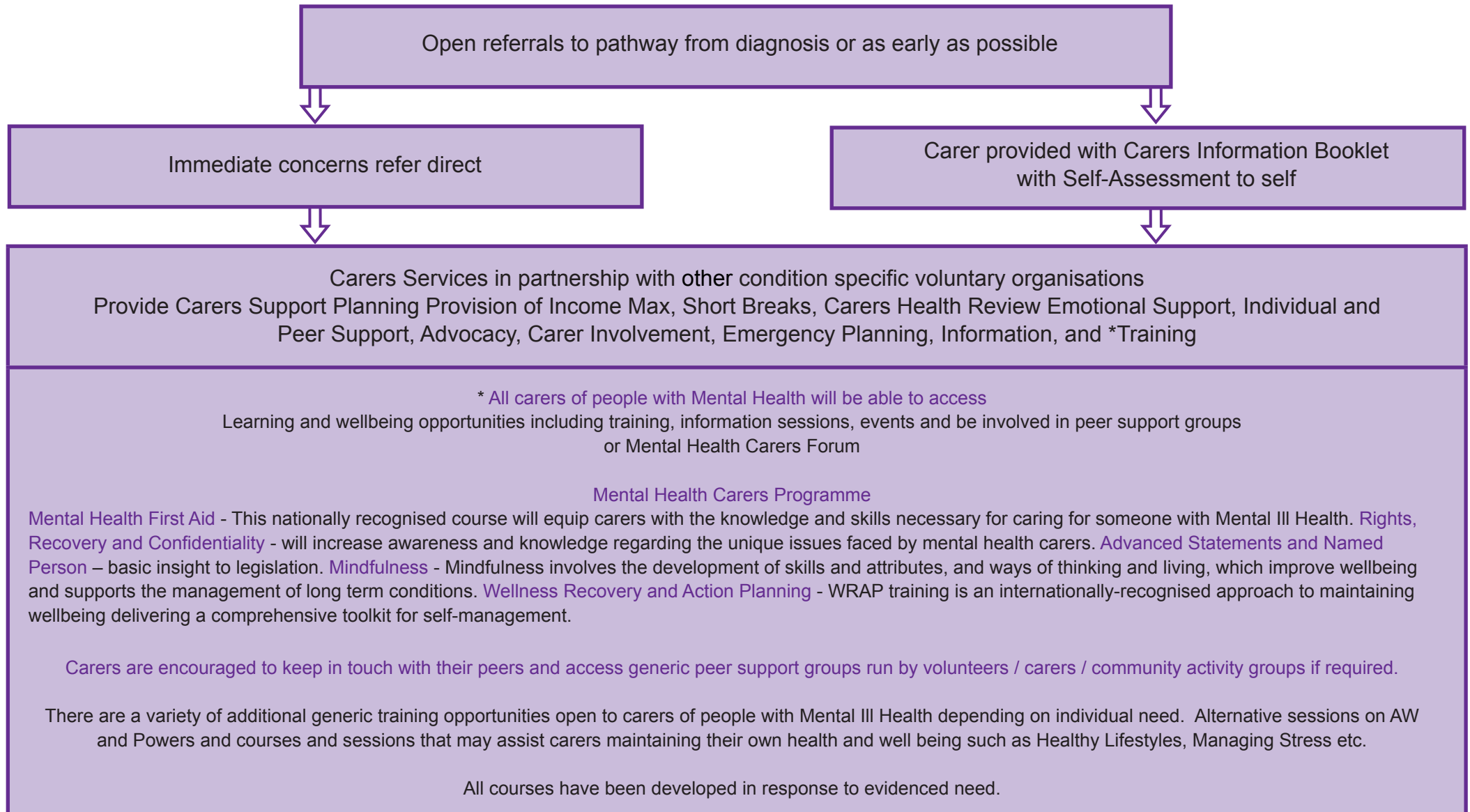


AUTISM Specific Training

- ‘Turning Down The Heat’ – 2 Day Introduction to Autism and 2 further days ‘The Sensory System & Autism’ and ‘Autism, Behaviour & You’ (Introduction days also available with Mandarin interpreter)
- Talk 2 for Autism Carers (Sexual health and relationships)
- ‘Seasons for Growth’ – managing change
- Me Myself and ASD – Carers Sessions
- ‘The Good the Bad and the Beautiful’ – Managing Extreme Behaviours & Relationships
- ‘Pornography and the Next Generation’
- Internet Safety
- Triple P – focus on Autism
- Managing Autism in Girls
- Understanding Autism for Siblings
- Managing Transitions and Education Rights
- Autism and Sleep
- Mental Health First Aid – Autism
- Positive Behaviour Strategies
- Empowering Families

All parents are encouraged to develop peer supports via social networks or local supports groups.

Mental Health Carers' Information, Training and Support Pathway



Carer Strategy Aims

<p>Long Term Outcomes</p>	<p>Carers are routinely identified.</p>	<p>Carer support is embedded across all care groups, strategies and carers are routinely offered Carer Support Plans or Young Carer Statements.</p>	<p>Services routinely consider opportunities to support carers to improve the care they provide.</p>	<p>Care plans reflect carer's being social connected and maintaining an identity beyond their caring role.</p>	<p>Carer's voice influences service delivery and strategy across all care groups.</p>
<p>Medium Term Outcomes</p>	<p>More carers are identified closer to the start of their caring roles.</p>	<p>Carers feel supported in their caring role.</p>	<p>Workers consider opportunities to support carers to improve the care they provide.</p>	<p>Carers are supported to access a life beyond of their caring role.</p>	<p>Carer's voice influences service delivery and strategy.</p>

Key Actions	Carers are identified	Carers are supported as key partners	Carers can better manage their caring role	Carers have a life outside of their caring role	Carers have a voice
	<ul style="list-style-type: none"> • Continue to promote single point of access to carer services • Continue to promote carer awareness within Education, Social Work, Primary Acute and community services • Carers are involved in hospital discharge process 	<ul style="list-style-type: none"> • Encourage all staff to routinely support and /or signpost carers to appropriate services • 2000 new carers annually are supported to complete Carer Support Plans or Young Carer Statements by Carers Specific services • Continue to develop carer support pathways • Implement an outcomes approach to care management that acknowledges carer outcomes 	<ul style="list-style-type: none"> • Continue to offer a health review to carers who are not engaging with Primary Care health services • Continue to provide a range of caring specific training and learning opportunities for carers • Continue provide emotional support to carers through one to one support and access to peer support groups. • Continue to support carers to assist self-management of cared for person to live well with their condition in the community 	<ul style="list-style-type: none"> • All carers are offered or signposted to income and money advice services • Eligible carers can access short breaks and access to support them in their caring role • Carers are encouraged to access community based services as required • Carers are routinely asked if they are willing and able to continue caring encouraged and supported to access education training and employability opportunities out-with their caring role • Carers are routinely asked if they are willing and able to continue caring. 	<ul style="list-style-type: none"> • Carer Support Plans and Young Carer Statements record issues and outcomes important to carers • Carers Forums represent carers at Strategic Planning meetings