



# Carers of East Lothian (CoEL) Rolling Business Plan 2015 – 2020

**July 2015**

CoEL East Lothian Carer Centre  
94 High Street, Musselburgh, EH21 7EA  
Phone 0131 665 0135  
[centre@coel.org.uk](mailto:centre@coel.org.uk)  
[www.coel.org.uk](http://www.coel.org.uk)

# CONTENTS

1	Executive Summary .....	3
1.1	Rolling Business Plan .....	3
1.2	Key Priorities and Targets .....	3
2	History of Carers of East Lothian .....	4
3	The Numbers of Carers in East Lothian and Their Need for Support .....	4
3.1	2011 Census information .....	4
3.2	Higher Estimates of Numbers of Carers .....	5
3.3	Evidence of Need .....	5
3.3.1	Health and Care Experience Survey 2013/14 .....	6
4	Carer Support & Policy Context .....	6
4.1	Developing Trends .....	6
4.2	National Carer Policy .....	6
4.3	East Lothian Carer Policy .....	7
4.4	CoEL policy and feedback surveys and conversations with carers .....	7
4.4.1	Focus on Carers in greatest need of support .....	7
4.4.2	Rurality and areas of greatest need .....	8
4.4.3	Carer outcomes .....	8
4.4.4	CoEL Carer Survey (2013) .....	8
5	CoEL Plans for Service Development .....	9
5.1	Carer Identification .....	9
5.2	Outcomes focused support for carers .....	10
5.2.1	INFORMATION FOR CARERS – One to one personalised support .....	10
5.2.2	INFORMATION FOR CARERS - Workshops, publications and digital awareness .....	10
5.2.3	CARER FINANCES: Income Maximisation & Financial Planning .....	11
5.2.4	CARER WELLBEING: Emotional & Practical Support .....	12
5.2.5	CARER WELLBEING : Peer Support and Groups .....	12
5.2.6	CARER WELLBEING: Short Breaks .....	13
5.3	Carer engagement and the development of strategic partnerships .....	14
6	Organisational Development Priorities .....	15
6.1	Staff and Personnel .....	15
6.2	Governance & Management .....	15
6.3	Premises and Offices .....	15
6.4	Technology and communications implications .....	16
7	Future Funding .....	16
8	APPENDICES .....	17
8.1	Lothian Census figures .....	17
8.2	CoEL East Lothian - organisational structure March 2015 .....	18
8.3	CoEL Mission statement and aims .....	19
<a href="#">8.4</a>	Glossary of terms .....	19

# 1 EXECUTIVE SUMMARY

## 1.1 ROLLING BUSINESS PLAN

This Business Plan sets out how Carers of East Lothian (CoEL) intends to develop carer support in East Lothian in 2015 and for the next few years.

Our Business Plan sets carer support in the context of demographic change, the emerging policy environment and operational challenges. This plan both begins and ends with a focus on identifying and supporting carers to record their concerns, plan solutions, broker support and achieve positive personal outcomes through a range of interventions.

This is a rolling business plan which identifies the different factors that impact on the development and delivery of services and outlines the activities and initiatives CoEL plans to undertake over the coming years.

The business plan will be reviewed every year by the Board of Directors and updated in line with changes in CoEL's priorities and any relevant external factors such as changes to funding etc. Progress on the delivery of the business plan will be regularly reported to the Board of Directors.

## 1.2 KEY PRIORITIES AND TARGETS

In this plan we set out the following service development targets :

- **Carer identification**
- **Outcomes focused support for carers around:**
  - **Information**
  - **Finances**
  - **Wellbeing**
  - **Short breaks**
- **Carer engagement**
- **Partnership development**

The plan details the existing resources and how they will be used. It also makes the argument for the need for further resources, specifically around carer support, carer training and learning opportunities, and communication needs, to fully realise the ambitions stated in the plan.

Underpinning the delivery of this plan is an ongoing commitment to quality assurance which has been, and will continue to be realised through the PQASSO charter mark standards.

## 2 HISTORY OF CARERS OF EAST LoTHIAN

CoEL was formed in October 1996 following Local Government reorganization and the creation of the single tier East Lothian Council. CoEL's aim since its inception has been to support carers and to ensure that carers' needs and voices were reflected in the development of policy in the county.

In 2002 support for young carers moved from CoEL to a dedicated charity East Lothian Young Carers. CoEL and ELYC continue to work closely together.

In Feb 2010 CoEL's status changed to being a company limited by guarantee overseen by a Board of Directors reporting to members of the company. Membership of the company is currently open to all carers or former carers in East Lothian.

In 2010 CoEL was also funded by NHS Lothian to recruit a specific Mental Health Carer Support Worker (CSW). This post continues to date and we are unique in Scotland in having that worker based in and part of the Community Mental Health Team.

More generally, since 2010 CoEL has grown significantly, demonstrating a successful organisation responding to the needs of its client group. The advent of the Reshaping Care for Older People Fund (the Change Fund) and the Scottish Government commitment that 20% of this should go towards supporting carers, enabled CoEL to develop additional projects including a tailored Short Breaks Service for Carers. At the same time, funding from the Fairer East Lothian Fund and Scottish Power Energy Trust Fund enabled CoEL to develop dedicated "in-house" income maximisation and fuel poverty programmes. This has enabled us to create an integrated "one-stop shop" for carers.

The expansion in our staff team also necessitated moving to more appropriate accommodation. In May 2010 CoEL took over new offices on the High Street in Musselburgh and these were formally opened by HRH The Princess Royal on 10<sup>th</sup> Feb 2011.

In common with many voluntary sector organisations we have been subject to cuts in some projects and stand-still budgets in others over the past couple of years and our funding has reduced by 27% from its high point in FY12/13.

This Business Plan sets out how CoEL plans to support these objectives by developing the range of interventions to support carers in achieving positive personal outcomes.

These interventions include:

- One to one support
- Training and groupwork
- Emotional support and professional counselling
- Advocacy support
- Surgeries on financial matters

## 3 THE NUMBERS OF CARERS IN EAST LoTHIAN AND THEIR NEED FOR SUPPORT

### 3.1 2011 CENSUS INFORMATION

According to the 2011 Census 9,475 people in East Lothian care for a relative or friend, 9.5% of the population. Of these:

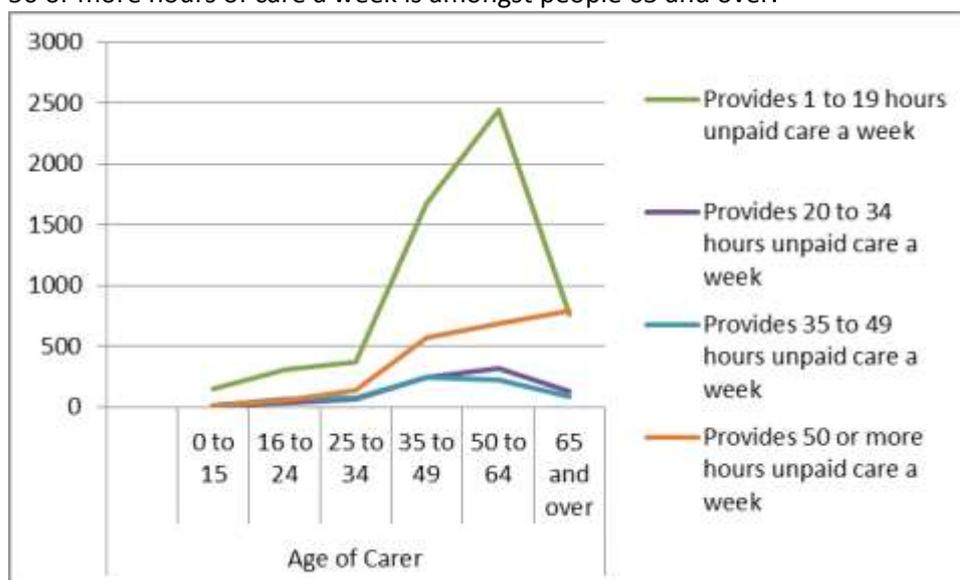
- 5,698 carers care for up to 20 hours a week (60% of all carers);
- 1,521 care for 20-49 hours a week (16%); and
- 2,256 care for 50 or more hours each week (24%).

East Lothian's carer population has increased by just over 7% over between 2001 and 2011 although this is slightly below the rate of growth for the population as a whole. The proportion of people with caring responsibilities in East Lothian (9.5%) is slightly higher than the Scottish average (9.3%) but markedly higher than the rate in Edinburgh (7.9%).

**The most striking figure in the Census information is the growth in the numbers of people for whom caring has become a more full-time occupation.** Between 2001 and 2011 there was a 48% increase in the numbers of people caring for over 20 hours per week and a 16% increase in the numbers caring for 50 or more hours per week. While this may in part reflect the change in economic times, it also reveals that a significant part of the 'shift of the balance of care' is absorbed by unpaid carers and reflected in the increase in the intensity of caring. Detailed comparative figures are attached as Appendix 1.

Other key results from the Census shows:

- In East Lothian, the average age of carers is 51 but the single largest age group of people providing 50 or more hours of care a week is amongst people 65 and over.



**Figure 1 Age of carer by Intensity - Census 2011**

- The proportion of female carers (59%) and male carers (41%) in East Lothian is the same as the proportion across Scotland;
- Approximately 1.4% of carers come from BME communities with an over 300% increase in the numbers of BME carers between 2001 and 2011 in East Lothian. This is likely to relate to greater rates of identification as a carer.

## 3.2 HIGHER ESTIMATES OF NUMBERS OF CARERS

While the Census results estimate that 9.5% of the population of East Lothian are carers, other population surveys result in markedly different estimates. The Scottish Government's current recommended source for estimating unpaid caring prevalence is the Scottish Health Survey which estimates that 18% of the population are unpaid carers.

**This means that policy developments based upon Census data are likely to be significantly short of meeting actual need.**

## 3.3 EVIDENCE OF NEED

There is a wide range of reports and surveys that provides significant evidence that carers feel under considerable pressure and require support. A typical example is the State of Caring 2014 Report by Carers UK which notes:

*Though it can be hugely rewarding, [caring] often impacts on the lives of carers in less positive ways – contributing to a deterioration in their health and well-being, creating difficulties in relationships*

*with others, leading to feelings of isolation, and creating often insurmountable challenges for those juggling care alongside work and other family responsibilities. (p3)*

This report also found:

- Caring negatively impacts on many carers own health – 82% of carers surveyed reported feeling more stressed because of their caring role;
- Carers need preventative health and care services which build their resilience and focus on carers' own health as well as supporting the people they care for. Yet nearly two thirds (61%) of carers surveyed in the report said they felt that they had reached 'breaking point'.
- Being a carer can have a dramatic impact on the incomes of those with long-term caring responsibilities, resulting in the loss of their careers, lasting debt and financial hardship into retirement.
- Caring impacts on people's ability to work with 62% of carers saying it was the stress of juggling everything that meant they gave up work.
- Caring impacts on carers' social relationships, with 39% of carers saying they had found it hard to maintain social networks because they did not have anyone to talk to about caring and 75% saying that it was because people do not understand the impact that caring has on their lives.

### **3.3.1 Health and Care Experience Survey 2013/14**

This National Survey showed that within East Lothian, 3 of the 5 areas of Health and Social Care with which people were most DISSATISFIED in East Lothian, related to carers. Specifically, people noted a high degree of DISSATISFACTION on the following issues:

- Services are well coordinated for the people carers look after.
- Carers have a say in the services provided for the person they look after.
- Carers also agreed that caring had a negative impact on their health and wellbeing.

## **4 CARER SUPPORT & POLICY CONTEXT**

### **4.1 DEVELOPING TRENDS**

Developing societal trends over the last 5-10 years will continue to set the agenda:

- A society in which older people and people with long term conditions, illness and disability live longer and benefit from better medical care and community support
- A society in which integrated NHS and local authority services will seek to develop self-care management models and community-based care to reduce hospital and residential provision. This continues to shift the balance of care from practitioners working in institutional settings to unpaid carers supported by practitioners in the community.
- A scenario where public expectation and demand for public services, in particular for health and social care support, far outstrips resources.
- An environment where public sector funding for CoEL's work may become insufficient to meet demand and need for carer support. Income generation from independent sources, e.g. charitable trusts and foundations will become a more important source to fund service developments
- A growing culture in which local authorities and NHS agencies will out-source and commission services and promote competitive tendering.

### **4.2 NATIONAL CARER POLICY**

*"Carers are equal partners in the planning and delivery of care and support. There is a strong case based on human rights, economics, efficiency and quality of care grounds for supporting carers."*

*Without the valuable contribution of Scotland’s carers, the health and social care system would not be sustained. Activity should focus on identifying, assessing and supporting carers in a personalised and outcome-focused way and on a consistent and uniform basis.”*

This is the headline message from ***Caring Together: The Carers Strategy for Scotland 2010-2015*** (p.4). It provides a clear direction for local implementation of carer support.

The strategy prioritises the following actions:

- Improving the uptake and quality of carer assessments/carer support plans
- Improving the provision of information and advice to carers
- Workforce training around carer awareness and identification

Three other key pieces of legislation impact on carers and carer support:

1. The **Social Care (Self-directed Support) (Scotland) Act** extended self-directed support to people requiring care and to unpaid carers. Most significantly this legislation allows, on paper at least, service users and their carers to take much more control over the delivery of care and support.
2. The **Integration of Adult Health and Social Care** will integrate health and social care structures and budgets and focus on delivering better outcomes for patients. One of the key outcomes for the new Health and Social Care Partnerships is a commitment that:

*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 well-being.*

3. New **carer legislation** has been introduced by the Scottish government in 2015 to extend the rights of carers. Consultation on this was carried out in early 2014 and was broadly supportive of increasing access to and scope of Carer Assessments (as well as re-naming them as Carer Support Plans). We understand the aim is for new legislation to be enacted by April 2016.

## 4.3 EAST LoTHIAN CARER POLICY

In 2012 there was an attempt to draw together a joint Carers Strategy for East Lothian - Caring Together Strategy and Action Plan 2013 – 2018. The formal status of this document is unclear as it appears to have been approved by East Lothian Council but not by NHS Lothian. However, whatever its status, the Policy does not appear to have much traction in local decision making and separate discussions have been used to inform the ongoing development of the Draft Health and Wellbeing Strategic Plan for the new Integrated Partnership.

However, locally there is a recognition of the importance of supporting carers. The East Lothian Plan SOA 2013-23 states that part of their outcome around health includes a commitment that:

*“People who provide unpaid care to others are supported and able to maintain their own health and wellbeing” (Outcome 6, page 18).*

There is also a commitment to develop a new Carer Policy in 2016 in line with the new Carer Legislation.

## 4.4 COEL POLICY AND FEEDBACK SURVEYS AND CONVERSATIONS WITH CARERS

### 4.4.1 Focus on Carers in greatest need of support

CoEL recognises that while there are very large numbers of people who have a caring role, the nature of that role can vary significantly as can the impact that that role has upon the carer’s life and wellbeing. CoEL’s mission is to support all carers as we recognise the importance of a preventative approach. However, if resource limits mean that we must prioritise, we will focus on those carers who are in greatest need of our support. Within this context, we recognise that some carers need support after their caring

role has ended as caring may have been a huge part of their life for many years but this needs to be balanced by the need to support those whose caring role continues.

#### **4.4.2 Rurality and areas of greatest need**

CoEL is committed to ensuring that we develop and maintain ways of working which seek to address both the specific challenges carers living in remote and rural areas of the county face while also ensuring that we address the needs of communities with relatively high levels of deprivation.

#### **4.4.3 Carer outcomes**

CoEL is seeking to ensure that our support for carers delivers on the key outcomes for them. Through conversations with carers, other Carers Centres and key partners, CoEL has focused on seeking to ensure that carers report feeling:

- Better informed about issues relevant to their caring role
- Improved confidence in managing their caring role
- Improved confidence that they influence the shaping of support for the person/people they care for and for themselves
- Improved physical, mental and emotional wellbeing
- Improved confidence about their financial circumstances
- Involved in the development of plans, strategies and services for the people they care for and for carers in general
- That their care, knowledge and commitment is valued and respected by others.

#### **4.4.4 CoEL Carer Survey (2013)**

The most recent CoEL Carer Survey (September / October 2013) received responses from 125 carers based in East Lothian. The key trends emerging from the analysis of these responses are:

- **Carer assessments** - 57% of respondents stated that they would be most comfortable with someone from the Carer Centre carrying out a carer assessment followed by 28% preferring someone from the health service, 19% preferring someone from the organisation supporting the person they care for and 13% chose someone from the Council. The same order of preference was found in ELC's Citizens' Panel survey at the end of 2015.
- **Self-directed support (SDS)** – 60% of respondents felt they knew little or nothing about SDS and 70% felt it was either 'very' or 'fairly' important that they got help and support in understanding and choosing SDS options.

Based on the hundreds of outcome-focused conversations which CoEL staff have with carers each year, carers clearly prioritise:

- the importance and value of peer support from other carers
- improving their own health and wellbeing;
- being better informed about issues linked to their caring role; and
- confidence in managing their caring role.

Additionally, in the last 18 months, due to the reforms of the welfare rights system, there has been an increasing number of carers seeking support on the impact of these changes.

## 5 CoEL PLANS FOR SERVICE DEVELOPMENT

### 5.1 CARER IDENTIFICATION

#### PRACTICE IN 2014-15

CoEL identified and provided information and support to 1,900 carers in 2014/15. An estimated 310 new carers will have been identified in the year. Self-referrals and referrals from NHS practitioners are the main sources with fewer numbers coming from East Lothian Adult Wellbeing (AWB) referrals.

#### DEVELOPMENT OBJECTIVES

##### Developing a CoEL Communications Strategy

CoEL will develop a 'carer communications strategy' by December 2015 for implementation from April 2016 to increase awareness of (a) CoEL services and (b) carers' issues. Within this we will aim, amongst other things, to:

- Develop improved and coordinated printed publicity materials
- Develop Audio Visual resource that can be used on screens etc to publicise CoEL's work.
- Increase role of volunteers in publicising work of CoEL
- Develop comprehensive distribution lists to ensure widest dissemination of materials
- Develop wider distribution of newsletter in conjunction with partners

##### Identifying more carers and earlier in their caring role – by developing and facilitating partnerships with Health, Social Care and voluntary sectors and the adoption of a variety of systematic methodologies.

CoEL will develop local partnerships with GP practices in East Lothian and will work closely with 3 GP practices each year to support them to implement the commitment to carer identification in the GMS contract.

CoEL will work with AWB to (a) improve the carer assessment process, (b) increase the numbers of carer assessments and (c) increase referrals to CoEL from AWB by 100%.

CoEL will further promote joint working with the Hospital @ Home Team and Crookston Step Up Step Down Beds facility to, maximise carer identification and support during the hospital discharge process.

CoEL will work in partnership with VOCAL, Health and Social Care and Third & Independent Sectors to increase the numbers of staff achieving EPiC Level 1 Carer Aware status.

CoEL will work with Dementia Friendly East Lothian and Alzheimer Scotland Dementia Link workers to increase the identification of carers caring for someone with Dementia

##### Identify carers from specific minority communities, and improve CoEL's focus on supporting these carers, their access to services and inclusion in mainstream activities.

CoEL will strengthen joint work with MECOPP and LCiL and aim to identify and support 20 BME carers each year.

Gain formal "Happy to Translate" status

#### DEVELOPMENT TARGETS FOR 2015-2020

- By 2020, we plan to have identified and be in contact with 3000 carers and be identifying 400 new carers each year. We set the following milestones:
  - In contact with 2500 carers by 2016-17 including 330 new Carers identified
  - In contact with 2700 carers by 2018-19 including 375 new Carers identified

## 5.2 OUTCOMES FOCUSED SUPPORT FOR CARERS

### 5.2.1 INFORMATION FOR CARERS – One to one personalised support

#### PRACTICE IN 2014-15

CoEL provides information on relevant issues for carers through one to one support provided by the Carer Support Team. Carer support staff offer personalised individual support by telephone, appointments at the Carers Centre and/or home visits. This includes general information and advice as well as specialised information, advice and support on Welfare Rights and Short Breaks.

From April to December 2014 CoEL provided one to one support to 403 carers.

In 2015-16 we anticipate significant changes to the makeup of our carer support team due to funding changes. This has included a reduction in our specialist welfare rights support from 2.2 FTE to only 1.0 FTE position and continued uncertainty on funding for other posts. Taken together, these will lead to a significant reduction in CoEL's resources.

#### DEVELOPMENT OBJECTIVES

##### Consolidation of existing Carer Support Team

Changes in the make-up of the staff team can be accommodated through changes in the roles and expectations of staff within the Team. We will maintain our focus on one to one support delivering on personal outcomes identified by the carer. However, existing support levels will be undermined by reductions in the resources available.

##### Expansion of the Carer Support Team

CoEL has experienced average 13% year on year increases in demand for our services over the past 5 years and we know there is a need to significantly expand the service to support a greater proportion of East Lothian's carer population. Additional resources within the Carer Support Team will be required to achieve this. We will focus on

- Expanding our generalist support team developing clear geographic focuses for individual staff. This will provide flexibility while also better allowing CoEL to respond to support community based initiatives.
- Developing additional specialist CSW roles where it is recognised that particular groups of carers require focused support. Currently we see a need for a dedicated Parent Carer CSW and expansion of our Mental Health CSW role.

#### DEVELOPMENT TARGETS FOR 2015-2020

- We will provide intensive personalised one-to-one support to at least 650 carers a year by 2020. Our milestones are:
  - 525 carers receiving one to one support in 2016-17
  - 600 carers receiving one to one support in 2018-19

### 5.2.2 INFORMATION FOR CARERS - Workshops, publications and digital awareness

#### PRACTICE IN 2014-15

In 2014-15 CoEL provided two sets of workshops and two 5 week training courses. These aimed to (a) inform carers and (b) build peer to peer support relationships including informal "reunions" for the carers who attended the courses. Feedback has been positive but funding for this work has been cut.

Additionally, our Mental Health CSW continues to organise regular training and workshops around issues specific for people caring for someone with a mental health issue.

Improvements were made to the CoEL newsletter, website and a Facebook page launched. However, there are further opportunities to develop this area of work.

### **DEVELOPMENT OBJECTIVES**

#### **Consolidate and expand specific carer workshop provision**

Funding to develop local carer workshop provision into 2015-16 is uncertain but CoEL sees this area of work as a priority. We will therefore aim to maintain some element of this work even if funding does not continue. CoEL will seek additional funding from a range of sources including the Big Lottery Fund to create a dedicated training and activities post to allow us to expand this area of work and develop a wider spectrum of both carer learning opportunities as well as peer support.

#### **Embed promotion of peer support into CoEL workshops**

#### **Increase extent to which all carer support groups host informal information sessions**

#### **Improve development of specific carer information for East Lothian**

We aim to develop a new East Lothian Carers Information pack to be made available to all carers and further web-based information on our refreshed website.

#### **Work to maximise the use of ITC by carers and to increase the proportion of carers who are confident in the use of ITC.**

### **DEVELOPMENT TARGETS FOR 2015-2020**

- We will maintain existing model of carer workshops providing:
  - At least 6 workshops per year
  - At least one 5 week training course per year
- By 2017 have generated specific income to support this work and to expand the range and scope of training opportunities providing support to 275+ carers a year
- Issue Information Pack to all Carers from 2015 onwards
- Expand use of social media with “likes” of our Facebook page increased to 100.

## **5.2.3 CARER FINANCES: Income Maximisation & Financial Planning**

### **PRACTICE IN 2014-15**

#### **Income Maximisation**

In 2014-15 CoEL was funded to provide a Financial Inclusion Project (FIP) consisting of 2.2 FTE staff. Carers have been able to access this team where their key concerns have related to welfare benefits or fuel poverty issues. During the year ELC reviewed existing funding and CoEL in partnership with the 2 East Lothian CABx submitted a bid for Income Maximisation work. We understand that we will continue to be funded but for one post only.

#### **Financial planning**

In conjunction with a volunteer, CoEL offers monthly Power of Attorney advice sessions which can accommodate 8 appointments. These are always fully subscribed.

### **DEVELOPMENT OBJECTIVES**

**Introduce new ways of working to accommodate the reduction in specialist income maximisation posts while ensuring appropriate advice to all carers.**

Expectation will be that all members of the Carer Support Team will support carers and cared for people to apply for DLA, AA and PIP and refer carers to the specialist Income Maximisation post for benefits support around means tested and other benefits

**CoEL will seek to expand surgery provision for Power of Attorney support to meet growing demand.**

**Develop other surgery provision for carers, to help with questions about paying for care, legal issues and longer term financial planning (wills, trusts and guardianship, etc).**

#### **DEVELOPMENT TARGETS FOR 2015-2020**

- In 2015-16 to support 250 carers or cared for people to claim £700,000 of additional income and maintain this over future years.
- To increase the numbers of carers accessing Power of Attorney surgeries to 100 per year.
- To facilitate access to specialist Legal / financial planning surgeries for 40 carers

### **5.2.4 CARER WELLBEING: Emotional & Practical Support**

#### **PRACTICE IN 2014-15**

CoEL carer support staff provide 1:1 emotional support for carers as part of their case work, ranging from being a listening ear to brokering packages of care to support carers in their role. Emotional support is also facilitated through peer support and through both group work sessions and 1:1 support for carers around issues of setting boundaries, coping with changing relationships and mindfulness.

#### **DEVELOPMENT OBJECTIVES**

**Consolidation and expansion of Carer Support Team to provide one to one support.**

See comments in section 5.2.1 above

#### **Further development work and role of Carer Support Team**

Invest in staff training and development to ensure all CSW have accredited training & qualifications in the key skills to support carers' personal development.

Develop evaluation tools to ensure support remains focused on delivering positive outcomes for carers and developing their own resilience.

#### **Facilitating access to specialist Counselling support for carers.**

CoEL will work with VOCAL's Carer Counselling service to expand the extent to which this support is available to East Lothian based Carers

#### **DEVELOPMENT TARGETS FOR 2015-2020**

- We will provide intensive personalised one-to-one support to at least 650 carers by 2020. Our milestones are:
  - 525 carers receiving one to one support in 2016-17
  - 600 carers receiving one to one support in 2018-19
- Embed outcomes monitoring and reporting tool into casework practice along with enhancing reflective practice by 2016
- Double the number of East Lothian carers accessing Counselling support via VOCAL by 2018
- Increase groupwork opportunities so that 50 carers benefit per year by 2018

### **5.2.5 CARER WELLBEING : Peer Support and Groups**

#### **PRACTICE IN 2014-15**

CoEL has historically supported a number of carer support groups to facilitate peer support. In 2014/15 we reviewed these (except our Mental Health Carers support group as it runs differently as has been more

regularly evaluated) to ensure that they remained relevant and focused on achieving outcomes for carers. Feedback from carers emphasises the importance of such groups, so we have continued many of these, while also making a few changes to the ways they are run to meet expectations. Additionally, we have sought to ensure that we use our training as a way to promote peer support and have incorporated topics aimed at promoting wellbeing in our Who Cares for Carers training and other aspects of our courses.

### **DEVELOPMENT OBJECTIVES**

#### **Expand Carer Support Groups in western part of county**

##### **Consolidate and expand specific carer workshop provision**

As noted above we aim to continue this work while also:

- (a) maximising opportunities for peer support through these by encouraging peer contacts, facilitating reunions for participants and encouraging informal support;
- (b) maintaining wellbeing focus within Who Cares for Carers training;
- (c) developing training with specific wellbeing focus including:
  - Dealing with guilt
  - Bereavement Support
  - Coping with challenging behaviour

#### **Expand the use of self-advocacy support for carers**

### **DEVELOPMENT TARGETS FOR 2015-2020**

- At least 3 peer support groups facilitated per year

## **5.2.6 CARER WELLBEING: Short Breaks**

### **PRACTICE IN 2014-15**

From 2011 CoEL has been funded by the Change Fund to develop a Short Breaks Service to support carers to access short breaks from caring. The service has been restricted to supporting people who are over 65 or who care for someone who was over 65 due to the requirements of the Change Fund.

To date the Bureau has:

- Supported over 100 carers to overcome the barriers to taking a break.
- Succeeded in applying to Shared Care Scotland for the development of an East Lothian “Breaks from Caring Fund” which provide grants to carers to resource their short break. We anticipate supporting 30 carers a year with small grants towards flexible breaks.
- Supported practitioners within the ELC Adult Wellbeing Team to create and resource short breaks focused on the carer’s personal outcomes.

### **DEVELOPMENT OBJECTIVES**

#### **Continuing development and extension of specialist Short Breaks support for carers.**

**Expand our role in providing information and advice to other professionals within Adult Wellbeing and NHS to enable them to be more effective in facilitating appropriate short breaks for carers.**

**Expand the number of activities and events that we can offer carers as a break from caring.**

### **DEVELOPMENT TARGETS FOR 2015-2020**

- 2015-16 and 2016-17
  - 100 carers will be supported by the Short Breaks Support Worker
  - 30 carers will be resourced using the grants funds
  - 50 practitioners will be supported to create short breaks for carers

## 5.3 CARER ENGAGEMENT AND THE DEVELOPMENT OF STRATEGIC PARTNERSHIPS

### PRACTICE IN 2014-15

Carer engagement in planning personal support, service developments and carer policy is critical to ensure that services are responsive and tailored to the needs of carers and the people they care for.

CoEL has sought to engage with carers and support their involvement in planning in a number of ways in 14/15 including:

- Facilitating a meeting between over 20 carers and key political decision makers.
- A member of our Board of Directors appointed to the Shadow Health and Social Care Board.
- Consulting with carers on key priorities and outcomes for carers at our AGM.
- Working with and representing carers on Short Life Working Group on charges for care.
- Continued involvement in Carers Planning Group and other Planning Groups.
- Improving our newsletter to keep carers better informed of issues and renewing our website with greater use of social media to connect with carers.
- Meeting with carers to discuss CoEL's response to the Partnership's first draft Strategic Plan.

However, the East Lothian Joint Planning Groups, which had provided the key avenues for carers to be engaging with Health and Social Care Services, have become increasingly moribund and some have stopped meeting altogether. This was exacerbated by the uncertainty around planning structures caused by the move towards the integration of health and social care. There is some indication that the move towards integrated management structures for Health and Social Care will enable improved and refocused mechanism for the engagement and involvement of users and carers in planning processes but this remains to be seen and there is a danger that in all the layers of consultation the voices of those who most rely on Health and Social Care services will be crowded out.

### DEVELOPMENT OBJECTIVES - ENGAGEMENT

- **Press the Health and Social Care Partnership to develop and support clear avenues for carers (and users of services) to be involved in the development and co-production of services for people in East Lothian.**
- **Press the Health and Social Care Partnership and NHS Lothian to further develop the Triangle of Care model across all Mental Health services.**
- **Support carers to engage in service planning as members of reference panels and facilitate carer consultation on local and national policy, strategy and service planning.**
- **Improve CoEL's use of ITC to develop regular communications with pool of carers interested in becoming more involved in planning issues and policy advocacy.**
- **Further develop self-advocacy for carers.**
- **Further develop the use of qualitative and quantitative data from CoEL's case work to support evidence based service planning and development.**

### DEVELOPMENT OBJECTIVES - PARTNERSHIPS

- **Improve joint working with key partner agencies including:**
  - **Lothian Centre for Inclusive Living (LCiL) to extend and support SDS for carers.**
  - **East Lothian Council Adult & Children's Wellbeing (AWB & CWB) to increase the identification and levels of support for carers.**
  - **East Lothian Council Community Learning and Development (CLD) to develop their role in supporting and promoting carers issues.**
- **Expand and develop closer working between carer support agencies including EL Young Carers and Crossroads.**

- **Closer working with other wellbeing agencies including Changes to expand and develop access to their services for carers.**
- **Develop partnership work to take forward Dementia (/Age/Carer) Friendly Communities.**
- **Develop closer and more strategic working relationships with Independent Advocacy providers to increase availability of advocacy support for both carers and the people they care for.**

## **6 ORGANISATIONAL DEVELOPMENT PRIORITIES**

### **6.1 STAFF AND PERSONNEL**

In 2011 CoEL grew significantly with the advent of additional funding from the Change Fund etc. In pursuing funding, there was a risk that CoEL's staffing structures were skewed by funders' priorities and in any case funding cuts have reversed much of the growth. Our focus will therefore be on three areas:

1. Consolidating current staff capacity by securing continuation funding for existing posts.
2. Increasing the number of volunteers supporting the work of CoEL East Lothian. We see particular scope for volunteers being involved in:
  - a) Admin support
  - b) Promoting CoEL and raising awareness of our services

We also see potential for volunteers to become more involved in supporting carers including contacting carers we have not had contact with for some time to ensure that they are aware of continued support, peer support through "buddying" and facilitating groups. However, all such aspects of volunteering will need to be appropriately supported and supervised.

3. Exploring funding for additional staff capacity in line with the strategic priorities set out in this plan.
4. Invest in capacity of staff by embedding ways to better share information and to enhance skills of team members.

### **6.2 GOVERNANCE & MANAGEMENT**

Governance for CoEL continues to lie with its Board of Directors and the Board is committed to the following developments:

1. Strengthen and build capacity within the Board.
2. Review the Mem. and Arts. to ensure the Board is able to recruit the best candidates to become members and to facilitate efficient and effective operation of the organisation, while maintaining clear governance arrangements.
3. Embed the management structure set out in the 2012 organisational review carried out in conjunction with Community Enterprise Ltd. This review identified the need for a revised management structure with a Director having overall responsibility for CoEL and driving forward policy for carers, a Service Coordinator with key responsibility for efficient and effective service delivery and an Admin and Finance Coordinator post. As from June 2015 we have been able to create all three posts but we now need to move forward and ensure their effective implementation.
4. Ensure appropriate HR and other professional support systems are in place

### **6.3 PREMISES AND OFFICES**

CoEL currently rents premises at 94 High Street Musselburgh on a lease until March 2018. These offices are of reasonable quality and highly visible but are also expensive. A rent reduction has been negotiated but premises costs overall are now over 10% of total expenditure. We also have two staff working at separate locations in NHS teams which works well but presents challenges for team working. We therefore propose to:

1. Consider best ways for CoEL staff to connect with Health and Social Care Professionals and whether this should be to increase the “embedding” of staff into their teams.
2. Identify more cost effective office accommodation including:
  - i. Continue to explore options for locating CoEL at the new East Lothian Community Hospital
  - ii. Explore options for third sector Hub proposals
  - iii. Explore commercial or other office options

## 6.4 TECHNOLOGY AND COMMUNICATIONS IMPLICATIONS

CoEL is keen to invest in and explore ways of utilising ITC to enhance the effectiveness of our support, the efficiency of our staff, improve communication with carers, and to improve organisational resilience.

Significant progress has been made in this regard. In 2012 a new Server was purchased and from 2015 professional support and advice is being provided by SCVO ensuring our system remains secure, robust and maintained. Key priorities include:

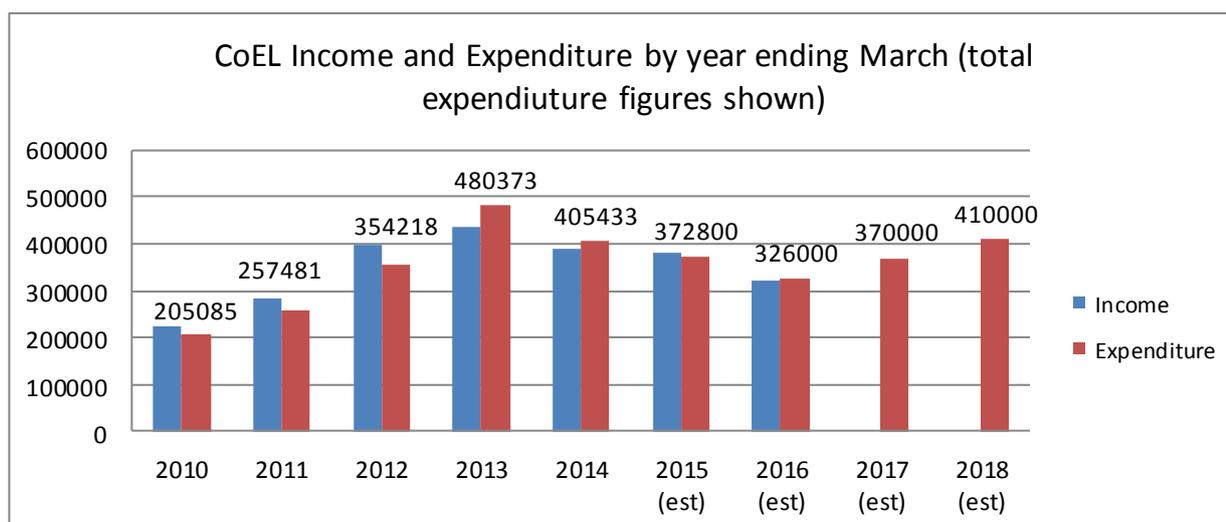
1. Development of integrated Client Record Management system.
2. Enabling staff to have better access to ITC outside office base.
3. Expanding use of our website and social media.

## 7 FUTURE FUNDING

CoEL Funding in the past has been characterised by considerable volatility and uncertainty. Funding peaked in 12/13 with the temporary boost from the Change Fund but it has since reduced significantly and based upon current figures the reduction has been 27% in just 3 years. Despite this, the service continues to identify and support more carers year on year.

As well as reductions, CoEL funding has also been short term and uncertain with 78% of our funding in 14/15 being awarded on a year by year basis.

Volatile and short term funding introduces risk and costs and is no way to effectively run or plan services. We also need to reverse the trend of progressively diminishing resources in order to both respond to the increasing numbers of carers seeking support and to be able to identify and respond to the “hidden” carers we know exist.



To deliver on the aspirations in this Plan we project needing increased resources as shown above but even the 2018 figure is 16% less than the peak funding in 12/13.

## 8 APPENDICES

### 8.1 LOTHIAN CENSUS FIGURES

#### Analysis of change in unpaid family care provision in Lothian - 2001 Census and 2011 Census

Area	Census date	Number & % of people who provide unpaid care									
		All people	Non carers	Carers	Carers	1-19 hours per week		20-49 hours per week		50 or more hours a week	
		Number	Number	Number	%	Number	%	Number	%	Number	%
Scotland	2001	5,062,011	4,580,432	481,579	9.5	305,610	63.5	60,294	12.5	115,675	24.0
	2011	5,295,403	4,803,172	492,231	9.3	273,333	55.5	86,816	17.6	132,082	26.8
	Difference	233,392	222,740	10,652	-0.2	-32,277	-8.0	26,522	5.1	16,407	2.8
	% Increase/Decrease	4.6	4.9	2.2			-10.6		44.0		14.2
Lothian	2001	778,367	707,327	71,040	9.1	47,483	66.8	7,992	11.3	15,565	21.9
	2011	834,648	762,431	72,217	8.7	43,375	60.1	11,780	16.3	17,062	23.6
	Difference	56,281	55,104	1,177	-0.4	-4,108	-6.7	3,788	5.0	1,497	1.7
	% Increase/Decrease	7.2	7.8	1.7			-8.7		47.4		9.6
East Lothian	2001	90,088	81,258	8,830	9.8	5,874	66.5	1,026	11.6	1,939	21.9
	2011	99,717	90,242	9,475	9.5	5,698	60.1	1,521	16.1	2,256	23.8
	Difference	9,629	8,984	645	-0.3	-176	-6.4	495	4.5	317	1.9
	% Increase/Decrease	10.7	11.1	7.3			-3.0		48.2		16.3
Edinburgh City	2001	448,624	409,748	38,876	8.7	26,999	69.5	3,977	10.2	7,900	20.3
	2011	476,626	438,767	37,859	7.9	24,137	63.8	5,718	15.1	8,004	21.1
	Difference	28,002	29,019	-1,017	-0.8	-2,862	-5.7	1,741	4.9	104	0.8
	% Increase/Decrease	6.2	7.1	-2.6			-10.6		43.8		1.3
Midlothian	2001	80,941	72,754	8,187	10.1	5,236	63.9	1,014	12.4	1,939	23.7
	2011	83,187	74,949	8,238	9.9	4,689	56.9	1,376	16.7	2,173	26.4
	Difference	2,246	2,195	51	-0.2	-547	-7.0	362	4.3	234	2.7
	% Increase/Decrease	2.8	3.0	0.6			-10.4		35.7		12.1
West Lothian	2001	158,714	143,568	15,146	9.5	9,374	61.9	1,978	13.1	3,794	25.1
	2011	175,118	158,473	16,645	9.5	8,851	53.2	3,165	19.0	4,629	27.8
	Difference	16,404	14,905	1,499	0.0	-523	-8.7	1,187	5.9	835	2.7
	% Increase/Decrease	10.3	10.4	9.9			-5.6		60.0		22.0

## Sources

1. Scotland's Census 2011 - National Records of Scotland
2. [http://www.gro-scotland.gov.uk/files1/stats/key\\_stats\\_chareas.pdf](http://www.gro-scotland.gov.uk/files1/stats/key_stats_chareas.pdf)

Table QS301SCa - Provision of unpaid care (UK harmonised)  
Pages 29 & 30 (Pages 35/36 on PDF)

## 8.2 COEL EAST LoTHIAN - ORGANISATIONAL STRUCTURE JULY 2015

<i>Governance team</i>	<b>Board of Directors</b> (Management Committee)	
<i>Management team</i>	<b>Director</b>	<i>Andrew Tweedy</i>
	<b>Admin and Finance Coordinator</b>	<i>Sharon Byrne</i>
	<b>Carer Services Coordinator</b>	<i>Helen Dalley</i>
<i>East Lothian Carer Support Team</i>	<b>Carer Support Worker (East)</b>	<i>Margaret Elliot</i>
	<b>Carer Support Worker (West)</b>	<i>Joan Caballero</i>
	<b>Carer Support Worker (Mental Health)</b>	<i>Claire Thomas</i>
	<b>Carer Support Worker (Roodlands)</b>	<i>Jenny Swan</i>
	<b>Carer Support Worker (Crookston)</b>	<i>Seonaid Stevens</i>
	<b>Carer Support Worker (Welfare Rights)</b>	<i>Lisa McIlwraith</i>
<i>Financial Inclusion Project</i>	<b>Development Worker</b>	<i>Raj Singh (project to end in Sept 2015 due to reduction in funding)</i>
<i>Short Breaks Service</i>	<b>Short Breaks Bureau Development Worker</b>	<i>Julie Oswald</i>
<i>Operational support</i>	<b>Admin and Finance Assistant</b>	<i>Lynne Gordon</i>

## 8.3 COEL MISSION STATEMENT AND AIMS

CoEL exists to support carers in East Lothian – people who, without pay, provide help and support to a partner, child, relative, friend or neighbour who would not be able to live independently without support due to frailty, illness, addiction or disability.

CoEL is a voluntary sector agency, committed to excellence in public service provision. With public funds we seek to provide the highest standards of support for unpaid carers. CoEL is committed to carer involvement and participation and welcomes public scrutiny and accountability.

High quality outcomes for unpaid carers require systematic service planning and methodical evaluation. This Business Plan sets out CoEL's development objectives for the period 2015-2025 in the national context of demographic change and modernisation of health and social care services.

### Mission Statement

CoEL supports all adults in a caring situation in East Lothian to get information and services to help their individual caring role, enhance their own wellbeing and strengthen their collective voice to improve services.

## 8.4 GLOSSARY OF TERMS

AWB	Adult Wellbeing Department of East Lothian Council (Adult Social Work Services)
CAB	Citizens Advice Bureau
CHP	Community Health Partnership
CoEL	Carers of East Lothian
CSW	Carer Support Worker
GMS	General Medical Services
ICF	Integrated Care Fund
LCIL	Lothian Centre for Integrated Living
LGBT	Lesbian, Gay, Bisexual and Transgender
MECOPP	Minority Ethnic Carers of Older People Project
Output	The types and quantities of interventions
Outcome	The impact or end result of the intervention on the person's life
PASDA	Parents of Autistic Spectrum Disorder Adults – vol. sector organisation supporting families of adults with autism