



Carer Information Strategy

2008 - 2011

**Summary
version**

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Key Facts

- The work of informal carers saves the public purse an estimated £5 billion.¹
- In Lothian, in 2001 there were 71,040 carers. 46,886 (66%) provide up to 19 hours a week of caring; 7,814 (11%) provide between 20 and 49 hours per week and 15,565 (22%) care for more than 50 hours per week.
- There are an estimated 5,000 young carers, aged between five and 16 years old, in the NHS Lothian area.²
- About one in four people will experience mental health problems³ - many of these people are being supported, in whole or in part, by an informal carer.
- Carers are more than twice as likely to suffer ill-health as non-carers.⁴
- Nine out of ten mental health carers said that access to information had a significant impact on improving their health.⁵
- There are an estimated 19,200 people in Lothian, over the age of 16, with a physical disability. Many of these will have a carer.
- 25% of people with learning disabilities have a carer aged 65+.
- For four out of five carers, their first point of contact with any statutory agency is with a community-based health service.

(Footnotes)

¹ Carers UK

² Edinburgh Young Carers

³ Goldberg and Huxley, Lothian Joint Mental Health & Well-being Strategy 2006

⁴ Carers UK (2004)

⁵ Rethink 2003

This document is a summary of the NHS Lothian Carer Information Strategy. A full version can be accessed and downloaded from: www.nhsllothian.scot.nhs.uk

Carer definition

Who is a 'carer'?

A carer is generally defined as: a person of any age who provides, or intends to provide, unpaid help and support to a relative, friend or neighbour, who cannot manage to live independently without the carer's help, due to frailty, illness, disability or addiction.¹

The support a carer - male or female - provides may include:

- moving and handling (e.g. helping to get out of bed)
- help with feeding
- help with personal hygiene
- administering medication
- providing emotional support
- acting as an advocate or guardian
- enabling the cared-for person to access leisure and recreation opportunities.

People may carry out the above roles and tasks yet not identify themselves as a 'carer'.

General principles

Key to this strategy are the principles of:

- inclusion
- equity of access to information.

The NHS has an important role to play in supporting carers and in engaging with them as partners in care.

Carers doing 'regular and substantial' care work are entitled to an **assessment**, whether or not the person being cared for is also being assessed.²

This assessment should:

- establish the level of care the carer is willing and able to provide and determine whether this is sustainable
- determine what resources the carer needs and decide how these resources can best be provided
- identify the care provided by a carer and the carer's views so that they can be taken into account before packages of care are provided to the person being cared for.

For young carers³, their rights as children remain paramount. Support should be available to ensure that their social, educational and emotional development is not compromised by their care responsibilities.

Carers from minority ethnic backgrounds, carers of lesbian, gay, bisexual and transsexual people, carers of older people and carers of people with mental health problems may face particular challenges associated with their caring roles.

Central principles

Carers will:

- be valued for the work they do
- be recognised as key partners in the provision of care
- be treated with respect and dignity whatever their gender, race, age, sexuality, faith and ability
- have their confidentiality respected
- be supported by statutory and voluntary agencies to continue to care for as much and as long as they wish and are able to
- have the right to negotiate and renegotiate their caring input at any time
- be informed of their right to an assessment of their own needs
- be provided with the information they need for their care role in a format, language and manner appropriate to them
- be entitled to general information about the condition and medication, even if the person who is being cared for does not consent to specific personal information being shared.

Healthcare staff and carer(s) organisations will proactively provide co-ordinated information to carers.

Statutory and voluntary agencies will provide resources and draw on the knowledge and expertise of the carers when planning and providing the services and support required.

Purpose of the NHS Lothian Carer Information Strategy

To ensure carers are well informed and supported in their caring role by healthcare staff and local partner agencies.

To achieve this, NHS Lothian will ensure that staff:

- systematically identify carers at all levels within NHS Lothian
- treat carers as key partners in care
- proactively seek their views when planning care packages or discharging people home from hospital
- are aware of carers' rights to independent assessment
- exercise their duty to inform carers of this right
- refer carers to appropriate local support agencies
- build on and extend good practice that already exists.

Carers can expect a standardised approach to their needs and recognition of the work that they do in providing care.

Outcomes for carers

Identified areas to enhance outcomes for carers include:

- access to full information
- recognition, with their health and well-being taken into account
- a life of their own
- quality services for both the carer and the person cared for
- time off / respite
- emotional support
- training and support to care
- financial security
- a voice.

These will form the basis of the Monitoring and Evaluation programme.

Stakeholder involvement

In developing this strategy we sought the views of carers and members of the public, in a variety of ways. A reference group representing the four councils, NHS Lothian, carer organisations and carers was established, following consultation.

Partnership working

We acknowledge the work of:

- local authorities - undertaking carer assessments and developing Carers' Strategies and Carer Partnerships
- the voluntary sector
- specific work to identify hidden carers in the community.

Carers as partners in care

In Lothian, according to the 2001 census, there are some 71,040 carers. We acknowledge carers as key partners in the provision of care and set out to harness their considerable expertise in the planning and delivery of services.

Equality, diversity and accessibility

Staff should provide care that accepts and respects each individual's age, disability, faith, gender, race and sexuality.

Confidentiality and information sharing

All service users have a right to confidentiality, but carers have a right to specific information, such as:

- general information concerning the condition/issue
- possible course of the condition, treatments, medications and side effects
- sources of support for the carer.

Carers' confidentiality must be respected at all times.⁴

Consent and conflict of interest

The strategy is clear that where consent is not given by the cared-for person to share information, carers **are** entitled to the specific information detailed above.

There is legislation to protect vulnerable people from conflict, exploitation and abuse and we recognise that, in some cases, carers may be the recipients of physical, mental or emotional abuse or exploitation.

Proactive information giving

The following guidelines should be considered in relation to information given to carers:

- in crisis situations the carer may not be able to take in all the information they are given
- staff should ensure the information has been fully understood and taken on board
- it should be presented in a simple and logical way
- it should be presented in a format appropriate to the literacy and language level of the carer, and meet their need
- medical and social jargon should be avoided where possible
- extra support may be required to ensure that carers receive and understand information.

Identification of carers

As many people do not recognise themselves as carers, it is crucial for staff to be proactive in identifying carers, providing them with pertinent information and signposting them to appropriate support services.

Monitoring and evaluation

A variety of methods will be used for monitoring and evaluation.

These include:

- feedback from carers
- professional records, paper and electronic
- statistical data
- performance against NHS standards
- complaints.

Advocacy

It is acknowledged⁵ that carers within Lothian currently have access to individual advocacy but with no crisis advocacy support available. This will be reviewed during the development of this strategy.

Training for carers

Carer training should:

- be aimed directly at supporting carers in their caring role
- focus on specific and long-term conditions management
- cover physical and emotional well-being of carer and patient
- target carers with intensive, or potentially growing, caring responsibilities
- include risk assessments.

In this strategy, we promote the concept of Expert Carers and support the following:

- Training which supports carers with the practical and emotional aspects of caring, and which increase the carers' skills and confidence in relation to their caring role
- Training to enable carers to remain in paid employment
- Training to enable carers to return to employment
- Training to enable carers to turn caring skills into accredited qualification
- Adult education or life-long learning courses specifically for carers
- Personal development training / life coaching.

Training for staff

The strategy will ensure systems are in place to:

- ensure all staff and partners have training in carer identification which incorporates culturally sensitive issues and diversity
- plan for auditing the amount, quality and impact of training delivered to staff
- plan for the development of joint training with partner organisations.

Making it happen

Staff training will address general awareness of carers' issues and assessment, carers' rights and the specific issues faced by identified groups such as:

- young carers
- carers from minority ethnic groups
- lesbian, gay, bisexual and transgender carers
- carers of those with mental health problems
- carers of those affected by substance misuse
- carers of those with a physical disability with complex needs
- carers who are older
- carers of those with a learning disability.

Training will be offered at a range of levels and settings.

Good practice example

Carers, Caring and You, developed by the Lothian Carer Worker forum, is a flexible experiential learning pack designed for use with professionals to raise awareness of carers' issues. This training module is facilitated throughout the year and is open to all staff and is run with input from carers. Contact:

Julie Gardner: 0131 622 6666, Assistant Director VOCAL.

Implementation

Health promotion and health education

The strategy will ensure a system is in place to:

- provide carers with targeted information that will improve both their health and the health of the person they are caring for.

We recognise that 'preventing ill health amongst carers should be an integral and explicit part of planning on public health, cutting across different agencies'.⁶

We also recognise the need to combat the social exclusion experienced by carers and promote active health promotion from all health bodies, particularly primary care.

Making it happen

The aims of the Carers Information Strategy will only be achieved once it has been fully implemented.

It is important for all partners involved to recognise that agreeing the document is the beginning of a process that will bring a far wider understanding of carers and issues surrounding caring to all staff, in both statutory agencies and voluntary sector agencies.

This will enable staff to work with carers as key partners in the provision of that care.

It is acknowledged that carers' health is often compromised by their caring roles. If poor carer health leads to a breakdown in the caring role, this in turn will lead either to increased hospital admissions, increased use of the statutory services or admission to long term care.

Research has shown that good policy and practice can impact positively on a carer's health.

Interventions

The following interventions are suggested as being particularly beneficial to the carers' health and well-being. We suggest these should be adopted by the partnerships within Lothian:

- recognition of the carer's role at the outset
- meeting the carer's needs
- treating carers as partners
- targeting carers at risk (e.g. at times of transition, see next page) to offer support
- offering timely information, advice, referral
- giving easy access to services and practitioners
- providing flexible tailored interventions
- concentrating on the dual relationship of carer and person they care for.

Transition periods

There are certain times in a carer's career which are particularly stressful, and at which additional support and information should be offered, namely:

- just before starting 'hands on' care
- when caring starts
- at key turning points – e.g. at point of diagnosis, at times of transition between services, on admission to hospital or care home
- when caring ends.

Training for carers

Carers should be offered a range of training to support them in their caring role. This training should cover:

- movement and handling
- stress management
- the specific condition of the person being cared for
- the availability of support organisations for that condition
- medication and possible side effects
- complications / progression of a particular condition
- any specific equipment required
- nutrition / feeding
- exercises / movement / positioning.

Information for carers

Carers should be offered a range of specific information to support them in their caring role. This information should cover:

- the specific condition of the person they care for
- medication and possible side effects
- complications / progression of a particular condition
- specific equipment that is required
- nutrition / feeding, exercises / movement / positioning
- benefits rights and income maximisation
- transport options
- break from caring and respite options
- locally available leisure opportunities (i.e. carers may get free admission to some facilities if accompanying the person they care for).

Support for carers

There are various sources of support available to carers within the community. Carers should be signposted to their local voluntary sector carer support organisation, and to any local or national condition-specific organisations.

Professionals should be:

- proactive in their referral of carers, explaining the potential benefits of having contact with support organisations.
- aware that carers will require support at times of transition and also at the end of caring.

Good practice examples

Carer Education Programme - A joint initiative with Carer Support and Development Worker (Health) Dementia Care Co-ordinators and local partners to offer a rolling programme of mental health courses for carers, providing them with the initial information needed to support someone with psychosis, dementia or depression. The carer is then linked to both the local and city-wide support networks for continuing support.

Contacts: Carer Support and Development Worker (Health)/Dementia Care Co-ordinators /Edinburgh Carers Council, tel. 0131 554 5153.

Carers Health Clinic, South West Edinburgh Partnership initiative

The Carers Health Clinic was set up to:

- promote the health and well-being of carers in a general practice
- raise awareness of carers' health needs within the primary care health teams
- provide information and links to support networks to identified carers.

Community health services

The strategy will ensure mechanisms are in place to:

- identify carers at the earliest opportunity when in contact with the NHS
- contact carers as part of the pathway of care for the patient, to offer information on rights to assessment, availability of services and support

- inform carers, including young carers, of their potential right to an assessment of their support needs as carers
- identify a member of staff who will have responsibilities for carer support
- systematically refer carers to the local voluntary sector support agencies
- enable the requirement in the General Medical Services Contract to identify carers.

Making it happen

At primary care level, GP practices, primary care teams and Community Health (and Care) Partnerships (CH(C)Ps) will:

- routinely identify and record carers in the community
- develop systems to routinely identify carers
- offer carers information on rights to assessment, services and support
- appoint or identify a dedicated staff member with responsibilities for carer support
- ensure NHS staff systematically refer carers to local carer organisations, services and support
- implement the carers standards (identification and referral) in the new GP contracts
- develop a specific focus and understanding of the issues confronting carers of minority ethnic groups, young carers and carers of people with mental health problems, and develop appropriate support information.

Public Partnership Forums

Public Partnership Forums (PPFs) ensure that patients, carers, local community groups and voluntary organisations have an opportunity to get involved in the development of local services and provide feedback on a wide range of local issues.

Voluntary organisations, community groups and individuals can be members of the PPF in their area. The role of the PPFs is:

- to inform local people about the range and location of the services
- to engage local service users, carers and the public in discussion

- to support wider public involvement in planning and decision making in order to make public services more accountable to the local communities
- about how to improve health services and raise health issues from the community perspective.

Good practice examples

Carer Health Fair – a multi-agency, multi-cultural event that looked to encourage carers to consider their own health in a community setting and provide on-the-spot advice from a range of professionals and voluntary agencies.

Acute hospital services

The strategy will ensure systems are in place to:

- inform carers of the process and procedures of hospital admission and discharge and ensure carers are fully involved in the decisions taken at these key stages
- recognise carers as integral to the pathway of care of the person being cared for.

Making it happen

Senior managers will be responsible for implementing the strategy within their areas.

Hospital discharge protocols will require:

- the full involvement of patient **and** carer in decisions about the individual's care
- specific arrangements for involving patients, relatives and carers must be detailed.

Effective communication between primary and secondary care on carers' issues is essential:

- on admission to hospital
- at outpatient attendance
- during the discharge process.

Each hospital will identify a senior manager and a frontline manager with specific responsibility to implement this strategy. Their work will include:

- liaising with families and carers
- liaising between primary and secondary care
- liaising with community services
- raising staff awareness around identified issues
- training colleagues on all aspects of identifying carers and inclusive practice.

In all Lothian hospitals, staff will:

- be more aware for the need to identify carers and inform them of their right to an assessment in their own right
- develop and issue appropriate support information to carers and families
- signpost them to carer support services in the community
- develop a specific focus and understanding of the issues confronting carers within the specific groups identified in this strategy
- develop and integrate specific carer information into hospital discharge.

Carers as employees

The strategy will ensure systems are in place to ensure carers as employees:

- are well informed of their rights
- are made aware of relevant HR policies
- are provided with information they require to care for the cared for person
- are well informed of local and national support and resources they can access to support them in their caring role
- with their permission, are referred to local carer organisations and to other agencies who can support them in their caring role
- can trust in the quality and confidentiality of NHS services.

As the NHS is a significant employer, and some of its employees are carers, we must develop working policies and procedures that are flexible and of assistance to employees with caring commitments.

Making it happen across the NHS

Support

Across the NHS, employees who are also carers will be supported by:

- the development of systems through which carers in the workforce can, if they wish, be identified,
- support and information allowing them to balance work and their caring role
- flexible working patterns to allow carers to continue working and caring
- employers encouraging carers to access external support agencies and allowing paid time off for this, in line with developed policies.

Delivery for specific groups

Young carers

The strategy will ensure that systems are in place to:

- identify young carers and acknowledge their needs
- encourage young carers to identify themselves as carers and request support
- raise public awareness of the needs of young carers
- ensure that all services are accessible to minority ethnic young carers.

Making it happen

As many young carers are the main or only carer a person may have, the NHS needs to keep them informed, involved and engaged. We also need to provide young carers with appropriate information and referral to the appropriate agencies for help and support.

Services dealing with young people should address the following initiatives with regard to young carers:

- training and raising awareness of staff to increase identification and referral of young carers
- the establishment of a lead officer within NHS Lothian to address and coordinate information and support and liaise with social work and young carers

- NHS resources to support young carer participation through young carers organisations should be allocated.

Good practice example

In Edinburgh, a group of young carers were supported to express their views and raise awareness through a video and drama project, producing 'Taking no more'. This was presented to MSPs at the Scottish Parliament to inform the debate about young carers.

Carers from a minority ethnic group

The strategy will ensure that systems are in place to:

- provide information to minority ethnic carers which will clearly meet their language and communication requirements and preferences
- ensure that services across the partnerships are provided in a culturally sensitive way.

Making it happen

Information is made available in appropriate language and format.

Incorrect assumptions about carers' knowledge of services are not made.

Staff have an understanding of different cultures, religions and practices.

Interpreters are always available.

If required, carers should be referred to the Minority Ethnic Health Inclusion service, for additional assistance.

Good practice example

Information For All directory - This directory enables organisations and individuals to source health/health related information from across the UK. Entries identify the language and format each resource is available in, together with supplier and cost details. Details of helping organisations are also available. Interpretation and Translation Services can be contacted on: 0131 242 8181.

Lesbian, gay, bisexual and transgender carers (LGBT)

The strategy will ensure systems are in place to:

- ensure that information and services across the partnerships are provided in a sensitive way
- ensure those within this group are respected, with significant relationships recognised.

Making it happen

Staff have an understanding of and use language that is inclusive of LGBT relationships.

Posters are developed with positive images of same-sex couples.

Civil partnerships should be included in marital status sections of monitoring forms.

Useful contacts to LGBT-friendly voluntary sector agencies in the community are made available.

The carer and cared for person are enabled to have their relationship acknowledged and respected in all decisions about their care.

Staff training in the legal aspects of LGBT issues, particularly around the possible 'conflict' situations.

Good practice example

For further advice and information, see *Not Just a Friend* published by the RCN and UNISON 2004.

Carers who are older people

The strategy will ensure a system is in place to:

- recognise older carers and subsequently support them where required
- provide older carers with the information they require in order to continue caring
- contribute to older people being able to continue to live at home longer and avoid premature admission into hospital or long-term care

- ensure older carers' needs are assessed and they are able to access community and support services in order to maintain their own mental health and well-being through partnership working
- ensure identified needs are met appropriately in a community setting where possible.

Making it happen

Staff training and awareness

Recognise the joint / caring role of older couples.

Be aware that many older carers do not regard themselves as 'carers'.

Recognise the particular vulnerability of older carers.

Information and referrals to services

Recognise the difficulties for older carers in accessing services.

Recognise the value of older carers being visited at home - if appropriate.

Develop mechanisms for providing older people with targeted and appropriate information.

Develop information which is available in large print / on tape, and meets sensory impairment need.

Recognise the value of early preventative services – such as befriending services – which can support older carers in maintaining their own social networks and community links.

Carer identification and local carer organisations

Ensure there is a Carer Resource in each Community Health Partnership to improve the identification and referral of older carers.

Promote the existing care workers who operate within Lothian.

Establish carer co-ordinator posts and local carer organisations in each Community Health Partnership in order to improve identification and early support and referral of increasing numbers of older carers.

Carers of people with mental health problems

The strategy will ensure that systems are in place to:

- support staff to work proactively with carers through partnership working with the voluntary sector, particularly carer workers
- meet the information needs of mental health carers through targeted provision at all stages of caring
- ensure carers will feel well supported and informed of where to go for help if they have concerns about the person they care for, and for themselves.

Making it happen

Training and awareness

Health and social care services will work with voluntary organisations and carers' organisations to address the training needs of staff to enable them to support carers.

With training and increased awareness, staff should be proactive in identifying mental health carers.

Staff should be aware of the carers' rights to information and assessment.

Joint working, opportunities and information

Links should be established between local level services, local carers' projects and groups and relevant citywide project.

Mental health and social care professionals will provide targeted and accessible information at all stages of caring.

Mental health staff should be able to signpost carers to relevant groups and organisations.

Individual advocacy should be promoted and publicised for carers who want support to become meaningfully involved and informed about the person they support.

Good practice example

Home from Hospital information pack was developed in response to the lack of information available to carers when the person they cared for was

in hospital. Current information or support can be accessed through: VOCAL (Voice of Carers Across Lothian): 0131 622 6666, Carers of West Lothian: 01506 771 750, Carers of East Lothian, 0131 665 0135, Carers of Midlothian: 0131 663 6869.

The Lothian Alliance Against Depression is a network with the aim to promote the care of depressed individuals by initiating community-based intervention programmes. This was launched in Lothian in October 2006.

Carers of those affected by substance misuse

The strategy will ensure systems are in place to:

- meet the varied information needs of carers of people with substance misuse through accessible, appropriate provision at all stages of caring
- ensure carers are better informed and supported within their caring role and will know how to access further support as appropriate
- ensure that a positive impact on the mental and physical health of carers of people with substance misuse is demonstrated
- ensure staff will be supported to work with carers through partnership working with the voluntary sector.

Making it happen

Specific information needs for this group include:

- legal issues
- dealing with conflict, communication, dealing with loss
- changing relationships
- understanding addiction / addictive behaviour
- services and treatment options
- associated risks and health issues e.g. HIV, Hepatitis C
- dual diagnosis, e.g. drug, alcohol and / or mental health problems.

Awareness – Improved recognition and identification of carers' needs will underpin the development of effective information.

Training – Staff training for those working with drug and alcohol users, in both clinical and community settings.

Services - Drug and Alcohol Action Teams and Commissioners of drug and alcohol services must ensure that all services are geared to meet the information needs of carers of people with addictions.

Carers of those with a physical disability with complex needs

The strategy will ensure that systems are in place to:

- provide information to support the changing needs of carers of people with a disability, with that information provided at appropriate times and in the required format to meet their communication requirements and preferences.

Making it happen

Identify need and provide information

Recognise the changing needs of younger people when moving to adult services.

Regular reassessment of the carer and the cared-for person's needs.

Ensure staff identify the skills required by the carer and ensure that adequate care and support training is available.

Ensure carers of people with physical disability receive:

- information on the particular disability and how it will affect the person
- an appropriate level of information regarding services available and how to access them in a format that reflects any sensory impairment experienced.

Continue joint working

Build links between health, social work and the voluntary sector, as people with physical disability require a range of services.

Health and social care staff must work with voluntary organisations and carers organisations to address the training needs of staff to enable them to support carer. Links should be established between local level services and local carers' projects and groups and relevant citywide project.

Carers of those with a learning disability

The strategy will ensure systems are in place to:

- identify carers of people with learning disabilities, be they adult carers or young carers under the age of 16
- identify people with learning disabilities who have caring responsibilities
- train NHS staff at all levels to work with carers of people with learning disabilities as key partners, and inform carers, including young carers, of their right to an assessment
- identify the information needs of these carers and ensure relevant information is made available pro-actively in accessible formats, including IT, by NHS staff and partner agencies
- refer in agreement with the carer, adult carers and young carers to local carers support agencies
- allow carers to access 'expert carers' training opportunities, for all appropriate stages of the caring journey
- allow for regular reviews of carers' information needs, to support carers at times of change and as they get older
- ensure that the specific information needs of carers of people with Autistic Spectrum Disorder and Asperger syndrome are met.

Making it happen

Information and training

Healthcare staff will proactively target carers of people with learning disabilities at key times of change for the person they care for, e.g. starting school, growing older, leaving school, seeking employment or leaving home.

Healthcare staff will work jointly with carer organisations to audit and develop specific information (involving FAIR, VOCAL and similar agencies) for carers of people with learning disabilities.

The above will include development of carer-focused information on breaks from caring, and person-centred funding options, e.g. funding of Direct Payments.

Carers of people with learning disabilities will be directed to 'expert carer' training which looks at their specific needs as long term carers.

Carers of those who require palliative care

The strategy will ensure systems are in place to:

Ensure the provision of appropriate information at every stage in the patient's journey from the point of diagnosis through the bereavement support of their family/carers.

Palliative care is defined as the active total care of patients whose disease no longer responds to curative treatment and for whom care should aim to enable independence **and** the best quality of life for them and their families.

Two of the key principles for those requiring palliative care are:

- care encompasses both the person with the life-threatening disease and those that matter to the person
- there is an emphasis on open and sensitive communication, which extends to patients, informal carers and professional colleagues.⁷

Making it happen

Identify need and provide information

Regular re-assessment of the carer and the cared-for person's needs.

Ensure staff identify the skills required by the carer and ensure that adequate care and support training is available.

Ensure carers of people with palliative care receive:

- information on the particular disability and how it will affect the person.
- an appropriate level of information regarding services available and advice on how to access them.

Continue joint working

Build links between health, social work and the voluntary sector.

Health and social care staff must work with voluntary organisations and carers organisations to address the training needs of staff to enable them to support carers.

Links should be established between local level services and local carers' projects and groups and relevant citywide project.

(Footnotes)

¹ following guidance from the Scottish Executive Health Department (SEHD)

² The Community Care and Health (Scotland) Act 2002

³ Defined as those between the ages of 5 and 16.

⁴ Mental Welfare Commission for Scotland;

“Carers and Confidentiality, Developing effective relationships between practitioners and carers. June 2006.

⁵ Independent Advocacy Action Plan 2004 – 2007

⁶ Carers UK (2004)

⁷ from the NHS Executive in EL(96)85

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欲查詢本文件的中文翻譯，請致電愛丁堡市議會傳譯及翻譯服務部(ITS)，電話0131 242 8181並說明檔案編號 08803。

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