



Helensburgh & Lomond Carers SCIO

Business Plan

2014/15 – 2016/17

Helensburgh & Lomond Carers SCIO

The Carers Centre

17E East King Street

Helensburgh G84 7QQ

Tel: 01436 673444

Email: [admin@helensburgh-carer-support.org](mailto:admin@helensburgh-carer-support.org)

Registered Scottish Charity No. SC033382

A Scottish Charitable Incorporated Organisation

**Foreword**

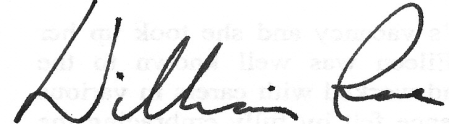
On behalf of the Management Committee of Helensburgh & Lomond Carers SCIO, I am pleased to present the Charity’s Business Plan for the period 2014/15-2016/17, which updates the 6 previous Plans published between 2008 and 2013.

The first Business Plan was prepared with the assistance of the Lloyds TSB Foundation for Scotland, which provided a Capacity Building Grant to meet the costs of a Consultant to work with the then trustees and manager. The contents of the Plan and how it is structured have been refined and developed in subsequent updates and the product of this work is a robust and well tested framework for documenting how the Charity intends to sustain and expand services for carers over the next three years. The Plan is reviewed and rolled forward by a year annually to ensure momentum is not lost and that the Committee has the means to constantly monitor progress against the Charity's immediate and longer term aims and objectives.

A great deal has been achieved over the past 6 years of employing this planning method, including an overhaul of the governance arrangements, revising the Constitution, changing the legal form and securing independent quality assurance accreditation. The services offered to carers have been greatly expanded to include an Outreach Service, Young Carers Initiative and Carers Befriending Service. The Charity now employs a Carers Training Co-ordinator, a Carers Assessments Support Worker and an Education, Training and Employment Worker (Young Adult Carers) was recently recruited and will join the staff team in April 2014. In 2008 the Charity had 1 full-time post, 1 part-time post and 6 regular volunteers. When the new member of staff is added to the complement, it will have 4 full time and 6 part time posts and 54 volunteers (excluding the 11 trustees) supporting its work.

This updated version of the Plan should assist the Charity achieve further successes in the years ahead. It outlines the history and governance of the organisation; the social, economic and legislative environment in which it operates; where it is currently positioned in relation to the services provided; the pressures and demands; and the aims, objectives and developments it will endeavour to take forward over the next three years, subject to the required funding being secured.

The wider membership of the Charity, partner organisations and those who want to find out a bit more about the work undertaken to support unpaid carers, should find this an interesting and useful read. However, for the trustees, staff and volunteers, it is a route map setting out the direction of travel for the next 3 years.



Sir William Rae

Chairperson

**CONTENTS**

**Section 1 Executive Summary Page**

Introduction 1

Background 1 Governance 2

Governance Framework 2

Business Model 3

Staffing 3

Membership 4

Carers Definition 4

Consultation with Carers 4

National and Local Policy Objectives 4

Objects 5

Mission 5

Values and Operating Principles 5

Aims 6

Objectives 6

Carer Outcomes 8

Risk Assessment 9

Quality Assurance 9

Finance and Funding 9

Fundraising Strategy 11

The Economy 12

Annual Report and Financial Statements 12

**Section 2 Introduction**

Business Model 13

Outcomes Based Approach 14

Model of Comprehensive Carer Support 15

Preparation of Plan 18

Carers Definition 18

Profile of Carers 19

The Cared For 19

Carers in Scotland 20

Adult and Young Carers resident in Helensburgh and Lomond 21

Impact of Caring on Adult Carers 21

Impact of Caring on Young Carers 23

Improving Carers’ Lives 24

Securing the views of Carers in Helensburgh and Lomond 26

Carers Surveys 26

**Section 3 Operating Environment**

Area of Operation 28

National Records of Scotland Statistics 29

Urban/Rural Classification 29

**Page**

Population/Demographics 29

Housing Tenure 31

Health 32

Employment 32 Economically Active 33

Deprivation 33

Social Care Provision 34

Impact of the Environment on Carers 35

**Section 4 Operating Framework**

Legal form 37

Constitution 37

Membership 37

Application for membership 38

Governance 39

Governance Framework 39

Remits and Terms of Reference 40

Working Groups 40

Review of Governance Structure 40

Scheme of Delegation 41

The Carers Trust 41

National Carers Organisations in Scotland 42

The Argyll & Bute Carers’ Network 42

Risk Management 43

Quality Assurance 43

**Section 5 Accommodation and Facilities**

Carers’ Centre 45

Utilities 45

Telecommunications 46

Information Technology 46

Asset Management 46

Fabric of the Accommodation 47

Insurances 47

Health & Safety 47

Review of Accommodation Requirements 48

**Section 6 Developing as a Social Enterprise**

Background 49

Argyll & Bute Social Enterprise Network 49

Business Growth Development Strategy 50

Social Return on Investment Toolkit 51

**Section 7 Staffing and Volunteers**

**Page**

Staffing 53

Manager 53

Young Carers Development Co-ordinator and Support Worker 53

Outreach Carers Support Workers 54

Carers Training Co-ordinator 54

Administration and Finance Support Worker 54

Carers Assessment Support Worker 54

Carers Befriending Service Support Worker 54

Young Carers Education, Training and Employment Worker 55

Office Junior 55

Sessional Workers 55

Future Staffing Requirements 55

Volunteers 56

Student Placements 56

**Section 8 National and Local Policy Objectives**

Carers’ Strategy for Scotland 58

The Community Care and Health (Scotland) Act 2002 58

Care 21 Report 59

Carer Information Strategy 59

Single Outcome Agreements 61

Caring Together – The Carers Strategy for Scotland

2010 – 2015 62

Getting it Right for Young Carers – Young Carers Strategy for

Scotland 2010-2015 63

Argyll & Bute Council and NHS Highland Carers Strategies 63

Reshaping Care for Older People Programme – The Change

Fund 64

Welfare Reform Act 2012 65

Social Care (Self Directed Support)(Scotland) Act 2013 66

Integration of Adult Health and Social Care 67

Carers Rights Charter for Scotland 68

Carers Bill 68

Carers Trust 68

Charity’s Aims and Objectives 69

**Section 9 Service Delivery**

Carers’ Centre 70

Outreach Service 70

Carers Befriending Service 71

Carers Assessments 71

Carers Training 72

Young Carers Initiative 73

Performance over 2013/14 74

**Section 10 Mission, Values and Operating Principles**

**Page**

Mission 75

Values 75

Operating Principles 75

**Section 11 Aims, Objectives and Carer Outcomes**

Planning Cycle 76

Aims 76 Objectives 77

Performance Indicators 77

Measurement and Monitoring 77

Carer Outcomes 78

Annual Carers Survey 78

Review 79

Performance Indicators for 2014/15 - 2016/17 79

Indicators measured by Milestones 79

Indictors measured by Targets 82

**Section 12 Operational and Carer Outcome Targets for 2014/15 – 2016/17**

Operational Activities and Targets 84

Carer Outcome Targets 94

Monitoring and Evaluation 95

Environmental Impact 95

**Section 13 Finance and Funding**

Background 97

Funding Sources 97

Fundraising Strategy 98

Fundraising Sub-Group 99

Communications and Marketing Strategy 99

Gift Aid and Small Donations Schemes 100

Employment Allowance 100

Administrative Charge 100 Investment Strategy 101

Banking Arrangements 101

Cashflow 101

Reserves 102

Earmarked Funds 102

Preparing the Budget Estimates 102

Balances brought forward from 2013/14 103

Budget Estimates 2014/15 – 2016/17 103

Unrestricted Account – Projected Income/Expenditure 104

Unrestricted Account - Projected Funding Gaps 105

Restricted Account - Planned Expenditure 105

Restricted Account - Projected Income 106

Restricted Account - Projected Funding Gaps 107

Planned Developments 107

Fundraising Targets 108

Financial Risk Assessment 109

Annual Report and Financial Statements 109

**Appendices** Appendix 'A' -Organisational Chart 2014110

**SECTION 1 – EXECUTIVE SUMMARY**

**Introduction**

The Management Committee is responsible for determining the Charity’s overall aims, objectives and future development plans and these must support the charitable objects set out in the Constitution, as well as sit within the legal framework governing registered charities. The aims and objectives are prepared in consultation with carers and partner organisations and take account of national and local priorities being pursued by statutory authorities.

In 2008, the Committee published its first 3 year Business Plan to provide a route map of the intended direction of travel, detailing what the Charity aimed to achieve and describing how each objective would be reached. The Plan covered the period 1 April 2008 to 31 March 2011 and the Committee gave a commitment to review the document annually and roll it forward each year. The Plan was first reviewed and updated in 2009 and this, the sixth annual update, advances it by another year to cover the period 1 April 2014 to 31 March 2017.

Progress against the current Plan is closely monitored to ensure milestones are being met, opportunities are not missed and that emerging events and circumstances do not divert the Charity away from the agreed path. The annual review process provides an opportunity to assess and evaluate the distance travelled towards the objectives, what has or has not been achieved enroute and to take account of the lessons learned over the preceding 12 months. It also allows the members of the Committee to step back from day-to-day issues to consider the broader picture, including any unforeseen developments impacting on the political, economic and social environment within which the Charity has to operate and new options that may have arisen to develop services. This information, together with the feedback from wider consultations, assists the Committee make any necessary adjustments to the Plan for the years ahead.

By adopting this strategic and business-like approach, the Management Committee is not only well positioned to address the Charity’s immediate challenges and priorities, it is also constantly looking to the longer term for opportunities to improve service delivery, as well as guarding against potential threats to progress or the sustainability of the organisation.

**Background**

The Charity was established in 2000 and moved to its present administrative and operating base in the Carers’ Centre at 17E East King Street, Helensburgh in 2006. This leased accommodation is centrally located and it has provided good facilities for the delivery of a wide range of support services for carers, including:

|  |  |
| --- | --- |
| Drop-in  Information/Advice/Advocacy Services  Signposting to other Agencies  Counselling Services  Respite  Short Breaks  Holistic Therapies  Outreach Services | Carers Cafes  Support and Friendship Groups  Services for Young Carers  Carers Befriending Service  Carers Assessments  Training Courses  Social Events and Activities Programme  Newsletters/Publications. |

With the expansion of services and growth in staff and volunteer numbers in recent years, the Centre is now too small for the Charity’s requirements, despite the fact that the delivery of services at rural locations has greatly increased and is central to its longer term plans. This will limit future development and the Management Committee is actively exploring options to address this problem.

The Charity is a member of The Carers Trust Network and forms part of the Argyll and Bute Carers’ Network, but it remains an independent organisation, fully autonomous in running the Carers’ Centre and local service delivery.

**Governance**

Under the provisions of the Charity’s Constitution, the management of the Charity is in the hands of an elected Management Committee, comprising a Chairperson, Vice Chairperson, Secretary and Treasurer and up to 8 ordinary members. On taking up appointment, they become the Charity’s trustees and assume all the duties and responsibilities this role entails. Collectively, the trustees are the guardians of the Charity’s charitable purpose and they exercise general control of the administration of the organisation, including directing the strategy, maintaining financial oversight, taking responsibility for its resources and ensuring it complies with the terms of the Constitution and the law. At 31 March 2014 the Charity had 11 trustees, which is 1 short of the maximum number.

As a Scottish Registered Charity, the organisation has to respond to any direction, requirement, notice or duty imposed on it by the Charities and Trustee Investment (Scotland) Act 2005 and associated legislation and must meet all requests and directions from the Office of the Scottish Charity Regulator (OSCR). It also has to comply with other legal requirements, particularly in relation to Employment, Data Protection, Health and Safety, Child Protection and the Protection of Vulnerable Adults.

**Governance Framework**

The Management Committee, which generally meets at 6 weekly intervals, has established two Sub-Committees to address specific aspects and these in-turn have formed smaller Sub-Groups and a Working Group. The Committee structure is as follows:

|  |
| --- |
| Management Committee |

|  |  |  |
| --- | --- | --- |
|  | | |
| Finance and Physical Resources Sub-Committee | |  | Organisational Review  Sub-Committee | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fundraising  Sub-Group |  | Young Carers Working Group |  | Health & Safety  Sub-Group |  | Quality Assurance  Sub-Group |

The Terms of Reference and functions of the Management Committee and Sub-Committees are reviewed on an annual basis.

**Business Model**

To be successful in its endeavours, the Charity has to operate using the same principles as a not-for-profit business and be able to provide a return on the investment made by funders and contributors. The investment return cannot be expressed as a profit, but it must represent some form of social value for the principal beneficiaries, who are the unpaid carers living in Helensburgh and Lomond. To meet this challenge the Charity must be organised and managed in such a way that it creates and delivers this social value to carers in a rational, efficient, effective and economically sound manner. In order to do this, it has established an integrated Business Model as part of its business planning strategy. This sets out the core aspects of how the Charity intends to deliver social value to carers.

To assist Carers Centres design and assess the services offered to carers, the Carers Trust promotes a Model of Comprehensive Carers Support as a tool for Network members and other organisations that support unpaid carers. In particular this helps them review the availability of services that might support carers in the areas in which they operate. The model is based on 5 key outcomes that originate from research carried out by the Trust's predecessor, the Princess Royal Trust for Carers. The Charity has drawn from the Model to develop its own Carer Outcomes.

The Charity uses this tool to identify gaps in services for carers in Helensburgh and Lomond and the results feed into the planning processes. There is no expectation that any Carers Centre will provide all of the services carers need, as some are the responsibility of statutory or third sector/voluntary organisations and others are shared across a number of different bodies. It is important the Charity does not attempt to replicate services that are already being delivered effectively to carers by some other organisation and it recognises there are forms of support carers require that others are better placed to deliver.

**Staffing**

At 31 March 2014, the Charity employed 9 members of staff and 1 new post was awaiting the completion of the recruitment process. The following table details the posts and post-holders.

|  |  |  |
| --- | --- | --- |
| **Post Title** | **Employee** | **Full/Part Time** |
| Manager | Eileen McCrory | Full time |
| Young Carers Development Co-ordinator | April Walker | Full time |
| Young Carers Support Worker | Sharon Richardson | Full time |
| Young Carers Education, Training and Employment Worker | Vacant | Part time (25 hrs p.w.) |
| Administrative Support Worker | Inge Fik | Full time |
| Outreach Carer Support Worker | Eileen Churchill | Part time (25 hrs p.w.) |
| Outreach Carer Support Worker | Christine McTaggart | Part time (20 hrs p.w.) |
| Carers Training Co-ordinator | Janey Macdonald | Part time (25 hrs p.w.) |
| Carers Assessment Support Worker | Shirley McHugh | Part time (24 hrs p.w.) |
| Carers Befriending Service Support Worker | John Izatt | Part time (12 hrs p.w.) |

In addition to the paid staff, the Charity utilises the services of sessional workers and volunteers, who fulfil varying roles, providing invaluable support to carers.

**Membership**

Under the terms of the Constitution, full membership of the Charity is open to all carers, as well as individuals over the age of 16 years who wish to further the aims of the organisation, provided they do not make up more than half the total membership. Associate membership is offered to representatives of other agencies and partners who act as Advisers to the Management Committee, but have no voting powers.

On 1 April 2011, the membership arrangements changed to make a clearer distinction between those who are registered as members and those registered as carers or former-carers. The Charity has maintained a confidential Carers Register for many years to record the personal details and circumstances of carers who turn to the organisation seeking information, advice and support. A separate Members Register was opened in 2011 to record the details of those who have successfully applied for membership. Carers do not require to be members to access services, but they are encouraged to apply for membership to give them a sense of ownership and an opportunity to become actively engaged in the oversight and the running of the organisation. As a consequence, the membership of the Charity is largely made up by carers. Members who are not carers cannot access the services offered to carers.

At 31 March 2014, there were 168 Members and 1 Associated Member on the Members Register, 618 carers and 134 former carers on the Adult Carers Register and 90 carers on the Young Carers Register.

**Carers Definition**

The term ‘carer’ is used in this Plan to describe **‘*someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help due to age, physical or mental illness, addiction or disability.’*** This definition is all embracing and widely used and covers carers of any age. However, there has been a gradual move towards categorising carers by their age group in order to develop services targeting the distinctive needs of each group. This includes references to young carers, young adult carers, older carers and carers of people with complex needs. Whilst the Charity takes cognisance of these changes and is responding accordingly, it will ensure this does not dilute its commitment to assist all carers no matter their age or circumstances.

**Consultation with Carers**

The terms of the Charity’s Constitution ensure that the organisation is predominantly carer led and the majority of the Charity’s trustees are carers or former carers. The views of carers about the support and activities provided by the organisation are actively sought and there are various means used to capture this information and ensure it influences the aims and objectives set out in the Business Plans.

**National and Local Policy Objectives**

In July 2010, the Scottish Government published its Carers’ Strategy and Young Carers’ Strategy covering the period 2010-15 and each of these sets out a 10 point Action Plan designed to help improve outcomes for adult and young carers. This is influencing the level and type of support available to unpaid carers resident in Helensburgh and Lomond and is reflected in the carers’ strategies adopted by Argyll & Bute Council and NHS Highland. It is also shaping what statutory bodies expect the voluntary sector to be able to contribute to the achievement of the national outcomes at a local level. This Business Plan takes account of the current national and local policy objectives to ensure these are fully integrated into the services delivered by the Charity.

**Objects**

The Charity’s Constitution defines the charitable purposes of the organisation, which are described as its Objects, and these are to promote, for the benefit of carers:

a) the relief of those in need by reason of age, ill-health, disability, financial hardship or other disadvantage by providing information, advice and support services within the Helensburgh and Lomond area;

b) the advancement of the education of the general public, influential individuals and relevant organisations on matters relating to the social welfare of carers;

c) the advancement of citizenship through volunteering in the delivery of services, and

d) any other purpose that may reasonably be regarded as analogous to any of the preceding objects.

**Mission**

The Charity’s **Mission** is:

**“To make a positive difference to the lives of unpaid carers”**

This is underpinned by a commitment to place carers at the heart of the organisation; respect and learn from them as experts on their own lives; give them a voice in service design, delivery and review; help them achieve better outcomes; and ensure that services are accessible and effective for all intended users, regardless of their caring situations or personal circumstances.

**Values and Operating Principles**

The **Values** of the Charity are those that might be expected of a voluntary organisation populated by individuals who have dedicated much of their lives to caring for others. These values are reflected in the conduct, behaviour and attitudes of trustees, staff, volunteers and all associated with the organisation. The Charity has also adopted a set of **Operating Principles**, which guide the design and delivery of services.

**Aims**

In furtherance of its Objects and Mission, the Charity seeks to:

* identify carers living in Helensburgh and Lomond to ensure they are supported and empowered to manage their caring role;
* ensure that young carers are thriving and protected from inappropriate caring roles;
* promote the health and wellbeing of carers, to ensure they are mentally and physically well and treated with dignity;
* ensure carers are free from disadvantage or discrimination related to their caring role;
* promote the right of carers to enjoy a life outside their caring responsibilities, and
* ensure carers are recognised and valued as expert care partners by all relevant service providers.

**Objectives**

In preparing this update of the Business Plan, the Management Committee has agreed the following 4 broadly defined Objectives for the next 3 years.

* **Governance:** To ensure the Charity complies with all legal requirements, acts in a manner that is consistent with its Constitution and Objects, is run properly in the interest of carers and that the overall direction and development are set through clear strategic planning and risk management.
* **Finance:** To discharge the Charity's fiduciary duties and manage the financial resources and tangible assets with due care and diligence to ensure compliance with financial regulations and help sustain and develop the organisation in the best interests of carers.
* **Organisational:** To establish appropriate organisational structures, policies and procedures to enable the Charity to plan and function effectively, recruit trustees, staff and volunteers to support activities, meet quality standards, monitor performance and ensure the organisation is being efficiently run and managed.
* **Operational:** To establish, maintain and develop an accessible range of information, advice and support services that meet the needs of unpaid carers, are valued by them and make a positive difference to their lives.

A number of Indicators sit under each Objective to assist monitor progress and assess performance and these are measured by a combination of Milestones to be reached and Targets to be met. The Indicators for 2014/15 are detailed as follows:

Governance

* Proposed adjustments to the Constitution to be presented to the 2014 Annual Members Meeting.
* The annual cycle of review of all Policies, Procedures and Strategies is maintained
* The Charity complies with all legal requirements.
* New trustees are recruited to fill any vacancies that arise on the Management Committee.
* The PQASSO quality standards are maintained.

Financial

* The financial stability and sustainability of the Charity is maintained by the prudent management of financial resources and tangible assets.
* Sufficient funding is secured to meet the costs of planned services and developments in 2014/15.
* Opportunities are identified to enable funding to be secured to meet the costs of planned services and developments in 2015/16.
* Potential new income generation opportunities are explored that might assist the Charity become less dependent on grant funding.
* Progress is made to further develop the Charity as a social enterprise.

Organisational

* The carers’ strategies of the Scottish Government, Argyll & Bute Council and NHS Highland continue to be supported.
* The full range of services delivered by the Charity in 2013/14 is maintained and, subject to funding, additional service options to improve the support offered to carers are introduced.
* Carers have ready access to appropriate advice in relation to welfare rights, particularly in relation to changes to the benefits system and self-directed support provisions introduced in 2014.
* Subject to funding being secured, an Adult Carers Services Officer is recruited to co-ordinate existing and develop new services for older carers and to support those caring in complex circumstances.
* The Outreach Service is sustained and, subject to funding, the hours worked by the Outreach Support Workers are increased.
* The Carers Training Programme is sustained and expanded and, subject to funding, the Carers Training Co-ordinator post is made full time.
* The services introduced in 2013/14 for young carers continue to be developed and expanded.
* The Carers Befriending Service is developed and expanded.
* The Volunteer Service is sustained and the number of volunteers increased to 70.
* Subject to funding being secured, a paid Volunteer Co-ordinator is recruited.
* Subject to funding being secured, opportunities for young people to gain work experience as an Office Junior at the Carers Centre are introduced.
* Options to further raise the profile of unpaid carers and the work of the Charity in the area are explored.
* The ongoing programme of training for Staff, Volunteers and Trustees is maintained.
* A refreshment programme for IT hardware and software and telephony is established and any outdated equipment is replaced.
* Options for relocating the Carers Centre to larger premises continue to be explored.

Operational

* Unpaid carers living in Helensburgh and Lomond are identified and offered appropriate support to assist them manage their caring role.
* Young carers living in Helensburgh and Lomond are identified and supported to ensure they are relieved of inappropriate caring roles and enabled to be children and young people first.
* The mental and physical health and wellbeing of carers is promoted by ensuring they can access or be signposted to appropriate advice, support and services.
* Information and advice is offered to carers, as well as local organisations which provide services for carers, to raise their awareness of carers rights and entitlements, to ensure carers are free from disadvantage or discrimination in relation to their caring role.
* Carers are supported to exercise their right to enjoy a life outside their caring responsibilities by providing carers with access to events and activities organised by the Charity or signposting them to the support offered by others that might assist them pursue interests, hobbies and any personal development or employment aspirations.
* The expertise carers and former carers can offer service providers, including the Charity, in designing support services both for carers and the people they care for is promoted and the value of their contribution is recognised and valued.

Through its actions and a programme of activities the Charity will seek to improve the way it functions and the services it makes available to carers within Helensburgh and Lomond area over the next three years.

**Carer Outcomes**

In evaluating how successful or otherwise the Charity has been in fulfilling its Mission, it is important to be able to demonstrate that there have been tangible improvements made to the things that matter most to carers. This cannot be satisfactorily achieved just by measuring the take up or growth in the services provided or the resources committed to delivering those services. The Charity has therefore adopted 6 Carer Outcomes, which will be judged by adult and young carers through survey process to determine if these are truly making a positive difference to their lives. The Outcomes are that **adult carers** feel:

* the Charity understands their personal situation and circumstances, listens to and values what they have to say and treats them with respect and dignity;
* the range and quality of services offered meet their personal needs and support and empower them to continue in their caring role;
* the information, advice, training or support provided by the Charity has given them a better understanding of their rights and entitlements;
* the support offered by the Charity has helped them enjoy a life outside caring, reduced any sense of social isolation, stress or anxiety and improved their general health and wellbeing;
* their expertise is recognised and they are supported in their caring role by all the other relevant statutory and third sector service providers operating in Helensburgh and Lomond;

and **young carers** feel:

* the interventions, support and services offered by the Young Carers Initiative make them feel recognised and valued, are protecting them from inappropriate caring roles, enabling them to enjoy an improved family and social life and to fulfil their educational and employment potential.

An associated set of Outcome Targets has been prepared to facilitate the evaluation process.

**Risk Assessment**

The Charity maintains a Strategic Risk Register covering governance, operational, financial, external and compliance risks. At the end of 2013/14, a full review of the Register was carried out to take account of the experience gained over the previous 12 months, the actions taken over that period to mitigate the risks listed and to reflect any new risks identified. At 31 March 2014, the Register included 63 separate risks, with 30 identified low risks, 30 medium risks, 3 high risks and no very high risks.

A number of actions were agreed by the Management Committee to avoid, control or mitigate the risks identified and these, together with the Register, will continue to be regularly reviewed and monitored over the next 3 years.

**Quality Assurance**

The Carers Trust Network has adopted the Practical Quality Assurance System for Small Organisations (PQASSO) as their preferred quality assurance system and there is a requirement placed on all members of the Network to secure and maintain Level 1 PQASSO accreditation. The Charity was accredited at Level 1 by the Charities Evaluation Service in March 2013. This accreditation remains valid for three years.

**Finance and Funding**

The Management Committee closely monitors budget performance throughout the year and makes any adjustments as and when necessary. At the end of each financial year it:

* reviews the budget outturns to identify any variances between the actual operating costs and the budget estimates for the year;
* establishes the level of any balances that remain in the restricted and unrestricted accounts that can be carried forward;
* assesses the impact of any likely increases or decreases in the cost of services in the following and future years;
* projects the anticipated levels of expenditure to be incurred in delivering the activities set out in the Business Plan;
* reviews and sets the level of Reserves that require to be held;
* projects the anticipated levels of income for the following and future years; and
* identifies the gaps between planned expenditure and the level of resources likely to be secured.

This information is used to develop the budget estimates for **core** and **non-core** income and expenditure, as well as for any new developments the organisation intends to pursue over the three years. It also informs the Committee of where savings and modifications require to be made within the Plan and provides targets for the Charity’s Fundraising Strategy.

The following Table ‘A’ details the budget estimates for expenditure and income in relation to the Unrestricted Account over the three years of this Plan and highlights the funding gaps that require to be filled in order to maintain core services at the levels planned.

**Table ‘A’**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unrestricted (Core Costs)** | **2014/15** | **2015/16** | **2016/17** |
|  | **£** | **£** | **£** |
| Projected Expenditure Estimates | 276,115 | 289,845 | 289,476 |
| Projected Income Estimates | 268,900 | 164,664 | 72,100 |
| **Projected Funding Gaps** | **(£ 7,215)** | **(£125,181)** | **(£217,376)** |

The significant shortfalls in years 2 and 3 arise because the Charity will utilise funding received from the Argyll & Bute's Change Fund and NHS Highland's Carer Information Strategy in 2014/15 and these funding streams are scheduled to end on 31 March 2015. Discussions are ongoing at a national level to determine if the Scottish Government intends to continue to support local authorities and health boards by providing this form of funding. If it does come to an end and is not replaced in some form, this will have a significant impact on carers organisations and other charitable bodies across the country, including those operating in Argyll & Bute. It is expected that a way forward will be identified to help sustain the services involved.

Funding for the Restricted Account mainly comes from grants and, other than those which have already been secured, it is not possible to predict what grant income will be secured in future years as this will be dependent on the number of successful grant applications made. Table ‘B’ estimates the planned expenditure on Non-Core Services for the three years.

**Table ‘B’**

|  |  |  |  |
| --- | --- | --- | --- |
| **Restricted (Non-Core Costs)** | **2014/15** | **2015/16** | **2016/17** |
| Projected Expenditure Estimates | £69,509 | £69,859 | £73,700 |

It is estimated that restricted balances totalling £47,916 will be carried forward into 2014/15. When funding is added for each year from grants that are considered assured and the totals are set against the above expenditure figures, it leaves the funding gaps shown in Table ‘C.’

**Table ‘C’**

|  |  |  |  |
| --- | --- | --- | --- |
| **Restricted (Non-Core Costs)** | **2014/15** | **2015/16** | **2016/17** |
| **Projected Funding Gaps** | (£13,074) | (£42,996) | (£63,200) |

The Projected Funding Gaps become the target for the Charity's Fundraising Strategy and the reason for the increase in 2015/16 and 2016/17 relate to the expiry of particular funding streams, notably the end of the Big Lottery's financial support for the Young Carers Initiative on 22 April 2017.

This Plan describes a number of new developments the Charity wishes to take forward over the three years, subject to the necessary funding being secured. The total cost of these developments is set out in Table ‘D.’

**Table ‘D’**

|  |  |  |  |
| --- | --- | --- | --- |
| **Restricted (Development Costs)** | **2014/15** | **2015/16** | **2016/17** |
|  | **£** | **£** | **£** |
| Recruit Adult Carers Services Officer on full-time basis with a target commencement date of 1 September 2014. | 22,750 | 29,580 | 30,170 |
| Increase the hours of one of the Outreach Support Workers posts by 15 hours per week. | 10,800 | 11,000 | 11,220 |
| Increase the hours of the Training Co-ordinator by 10 hours per week. | 7,700 | 7,850 | 8,000 |
| Recruit a paid part-time Volunteer Co-ordinator 12 hours per week) with a target commencement date of 1 September 2014. | 4,370 | 7,400 | 7,550 |
| Recruit a full-time Office Junior with a target commencement date of 1 September 2014. | 9,330 | 16,300 | 16,600 |
| **Totals** | **£54,950** | **£72,130** | **£73,540** |

In common with many other organisations operating within the Voluntary Sector, setting the annual budgets involves managing ‘uncertainty,’ as it is often difficult to be confident the Charity will secure the ongoing levels of funding required to sustain and develop its services.

**Fundraising Strategy**

The Charity has a Fundraising Strategy in place, but the proposals set out in this Plan are ambitious and it will be difficult to raise all the funding required to close the gaps identified in Tables ‘A’ and ‘C’ above, as well as raise the monies required for the new developments set out in Table ‘D’. If the funding targets for **non-core services** and **new developments** are not fully achieved, it would mean these could not be delivered as planned. The plans would have to be reviewed, modified or delayed, dependent upon the funding secured, but there are controls available to the Management Committee to eliminate any risk of the Charity making financial commitments without there being sufficient funding available to meet the costs involved.

The Charity’s **core costs** are largely inescapable and this is where a real risk exists in relation to the longer term financial viability of the organisation. The annual funding from the Joint Service Contract with Argyll & Bute Council and NHS Highland has contributed to the core costs. Failure to attract sufficient core funding to close the widening gap between the core funding received and the actual costs of maintaining the Charity’s services could compel the Management Committee to downsize the whole operation. There would not be sufficient funds to meet the costs of leasing and running the Carers’ Centre and this would have a knock on effect on the organisation’s ability to attract non-core and development funding.

The Fundraising Strategy is targeted at raising the sums required and there is no reason to be over pessimistic in this respect. However, in the event that these efforts fail, the Charity’s Reserves Strategy would allow all legal liabilities to be met should the organisation have to be wound up.

**The Economy**

The Charity cannot be insulated from the effects of the downturn in the UK’s economy, particularly as public sector spending has been and will continue to be significantly reduced. The impact of this on the charities in Scotland has been mixed, with many having to face significant reductions in core funds, but others being presented with opportunities to secure contracts for services local authorities and health boards put out to tender. There is a real risk that charities will have difficulty sustaining their levels of service at a time when the needs of their beneficiaries are increasing.

**Annual Report and Financial Statements**

This Business Plan is essentially a forward looking document, whereas the Charity’s Annual Report and Financial Statements look back at and account for the activities and achievements over the previous year. The Report for 2013/14 will be published later this year and should be read in conjunction with this Plan.

**SECTION 2 – INTRODUCTION**

**Business Model**

Helensburgh & Lomond Carers SCIO is a Scottish Registered Charity and must comply with all the requirements placed on all organisations with this legal status. However, to be successful in its endeavours, it has to operate using the same principles as a not-for-profit business and be able to provide a return on the investment made by funders and contributors. The investment return cannot be expressed as a profit, but it must represent some form of social value for the principal beneficiaries, who are the unpaid carers living in Helensburgh and Lomond.

The Charity was formed by carers, they make up most of the trustees and membership and they are the sole users of the services available. Although carers do not require to meet any of the costs of services accessed, this does not mean they cannot express their dissatisfaction if these are not delivering the intended outcomes or that the Charity can disregard their views. The survival of the Charity and the sustainability of services offered are dependent upon carers believing they can rely upon and trust it to fulfil its purpose, that the information, support and services offered are what they need, are of the right quantity and quality and can be accessed in a way that is convenient to them.

To meet this challenge the Charity must be organised and managed in such a way that it creates and delivers this social value to carers in a rational, efficient, effective and economically sound manner. In order to do this, it has established an integrated Business Model as part of its business planning strategy. This sets out the core aspects of how the Charity intends to deliver social value to carers and the key components of the Model are:

* effective planning, risk management and governance being exercised over all aspects of the Charity;
* adopting a realistic cost structure with the means to attract or generate sufficient income to meet overheads and operating costs;
* communicating the Mission, Aims and Objectives in a clear and consistent manner;
* effective leadership and management;
* identifying and building positive relationships with carers and ensuring they are fully engaged in the planning and shaping of services ;
* providing opportunities for listening to, recording and assessing carers needs and concerns;
* offering carers a range of accessible information, support and services that meet their individual needs and are valued by them;
* constructing efficient organisational structures, systems, processes and procedures;
* utilising assets and resources to best effect;
* establishing and maintaining productive strategic and collaborative partnerships;
* maintaining a skilled and committed workforce and bank of volunteers;
* focusing on improving existing and developing new activities and services;
* meeting quality standards, and
* developing reliable systems for monitoring performance and securing feedback from carers to allow adjustments to be made and inform the planning processes.

This Business Plan is part of the first component on the above list.

**Outcomes-Based Approach**

In recent years Carers organisation, like many others in the public and voluntary sector, have been moving towards a more outcomes-based approach to evaluating the impact or end result of the services provided on a carer's life. The Charity's Mission is to "To make a positive difference to the lives of unpaid carers" and Services that are outcome focused aim to meet the needs identified by carers in contrast to services where the content and/or form of delivery are standardised or determined by the Centre.

There has been considerable research conducted on how outcomes can best be applied to the social care sector and of particular relevance is a study by Bamford and Bruce from the University of York in 2000, which categorised outcomes into the following three areas:

Quality of Life Outcomescentre on having access to normal activities and patterns of life in ways that maximize feelings of choice and control and encompass social, physical and emotional needs:

* access to social contact and company;
* having a sense of social integration;
* access to meaningful activity and stimulation;
* maximising a sense of autonomy;
* maintaining a sense of personal identity;
* feeling safe and secure;
* feeling financially secure;
* being personally clean and comfortable, and
* living in a clean and comfortable environment.

Process Outcomesare concerned with the desired impacts of services being provided to individuals:

* having a say in services and being listened to;
* feeling valued and respected;
* being treated as an individual;
* being able to relate to other service users, and
* reliability of response.

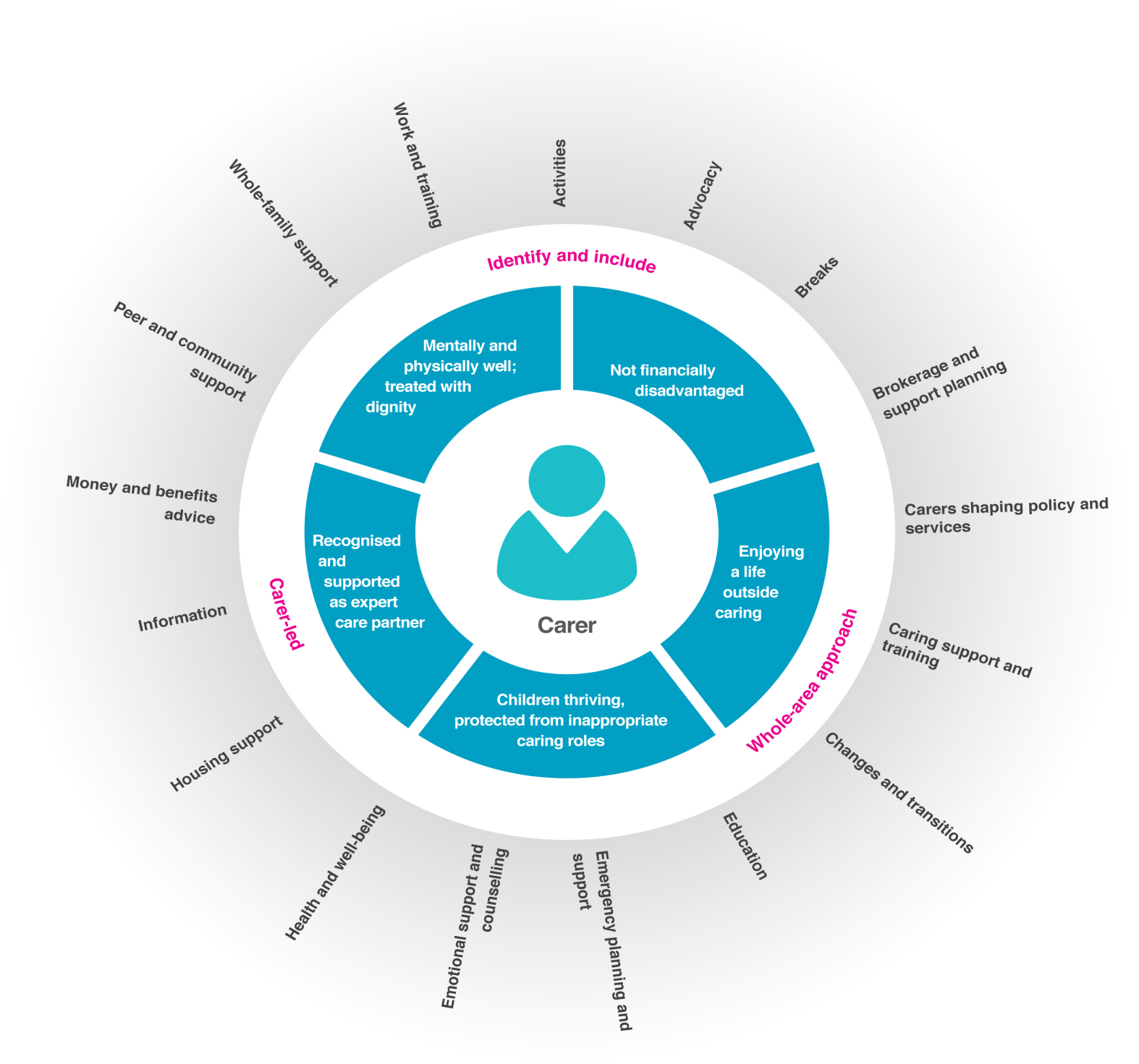
Change Outcomes involve significant changes to someone’s life which are both positive and (if possible) measurable in promoting an enhanced life situation which might include improvements in:

* confidence/morale;
* skills;
* health/mobility;
* social interaction;
* relationships, and
* financial management.

The Charity has established a set of Carer Outcomes, which take account of the foregoing and the Model of Comprehensive Carer Support adopted by the Carers Trust Network. Further information about the Outcomes can be found in Sections 11 and 12 of this document.

**Model of Comprehensive Carer Support**

To assist Carers Centres design and assess the services offered to carers, the Carers Trust promotes the following Model of Comprehensive Carers Support as a tool for Network members and other organisations that support unpaid carers to help them review the availability of services that might support carers in the areas in which they operate. The model is based on 5 key outcomes that originated from research carried out by the Trust's predecessor, the Princess Royal Trust for Carers. (*An outcome in this context means some form of intervention that makes a meaningful difference to the quality of carer’s lives*.)



The Model is encircled by 17 different types of ‘generic’ service provision that best describe how service providers can contribute to achieving the 5 carer outcomes. These were compiled following extensive research and consultation across the UK, but it is accepted that there will be other types of services required in specific circumstances. The service strands in the model are set out alphabetically and may contribute to more than a single outcome. To assist those organisations using the Model, the following explanations have been prepared in respect of each of the above services. These should be regarded simply as indicators of what the services may involve:

|  |
| --- |
| **Activities: S**ervices that offer carers an opportunity to access social or recreational activities or pursue a particular hobby or interests that allow them to take breaks, make friends, have fun and meet others in similar situations. This may involve membership of a club or organised groups offering universal and/or specialist activities that are appropriate for their age. |
| **Advocacy: S**ervices that empower a carer to know about and obtain their rights and entitlements and if necessary speak on the carer’s behalf or represent their views. This work influences outcomes that affect a carer’s life or the life of the person they care for, especially around public policy and resource allocation decisions. This is clearly distinguished from giving information and advice. |
| **Breaks:** A 'breaks service' is one which actually gives the carer a break from direct responsibility of supervising or caring for the relevant person, usually by providing a service to the cared for person. A breaks service must always aim to provide a positive experience for the service user as well as a break for the carer. Services provided in an emergency, such as when a carer is hospitalised, or simply to allow the carer to visit the doctor or dentist, should not be regarded as a breaks service but as a separate core element of supporting the cared for person and carer. Breaks should be about carers having some time for themselves. They need to be flexible, person centred and inclusive. There should be opportunities for carers and the person they care for to do things together and apart as they wish and at times to suit them. |
| **Brokerage and Support Planning:** As support packages are being personalised some families may chose to use brokers to develop and/or manage their support package. This role is quite new. There needs to be services available that will work for and with carers. |
| **Carers Shaping Policy and Services:** Carers having regular opportunities to impact upon the development of services that affect their lives in a way that respects their knowledge and experience and recognises the pressures on their time and the value of their contribution. Carers consulted as partners in care and their unique knowledge and expertise recognised. |
| **Caring Support and Training:** Training in specific skills that will help carers with their caring role and support their own health and wellbeing. For example: medical procedures, feeding, moving and communication techniques. |
| **Changes and Transitions:** Services that offer tailored support around times of change – eg the move from childhood to adulthood, coming into and out of a caring role, times of diagnosis and discovery, crisis and recovery, loss, grief and new opportunities. |
| **Education:** Services that offer tailored support to overcome inequalities in formal education arising out of a caring role – eg for young/young adult carers who are poor attenders or have special needs as well as adult carers with gaps in their early life education, such as poor literacy and numeracy skills, which are impeding their ability to deal with every-day situations or achieve personal goals. |
| **Emergency Planning and Support:** Emergency Support does not refer to foreseeable healthcare appointments or treatment, but includes services that provide emergency planning and cover for unpaid carers who, for reasons of an emergency or personal crisis are unable for a short period to continue to provide care. |
| **Emotional Support and Counselling:** Emotional support includes the opportunity for carers to talk about their concerns, feel listened to and understood. Counselling is also important, but distinct from lower level emotional support, and would be offered on a more formal basis by a trained counsellor. |
| **Health and Well-Being Services:** Services that offer specific help to carers to maintain their own health and wellbeing. Primary care services and other health services supported to identify and support carers. Carers supported to access health related appointments and services. |
| **Housing Support:** Services that take account of caring issues that affect housing needs. Services in place to alert emergency services and other key people to potential hazards in carers homes. |
| **Information:** Easily accessible points with specialist knowledge available to anyone with a caring role to access the information that they need to maintain the life that they would choose to have. The key to good information lies in its accessibility, the knowledge of the information giver and the relevance of that information to the individual circumstances. |
| **Money and Benefits Advice:** Welfare benefits advice and support to maximise income for carers and their families. Support with financial management and debt. |
| **Peer and Community Support:** Services that offer carers an opportunity to work or be with other people in similar situations to share knowledge, expertise and experience. Carers enabled to access local community services and activities. |
| **Whole-Family Support:** Services which work with families to support both parents and young people in homes where someone has support needs |
| **Work and Training:** Carers supported to be able to find or stay in work. Work with local employers to ensure that they understand the issues faced by working carers. Flexible training opportunities available that suit the needs of carers. |

It should be understood there is no expectation that a Carers Centre will provide all of the services listed. Some of these are the responsibility of statutory bodies or third sector/voluntary organisations and others are shared across a number of different bodies. It is important the Charity does not attempt to replicate services that are already being delivered effectively to carers by some other organisation and there are forms of support carers require that others are better placed to deliver.

The Model of Comprehensive Carer Support can be used to map out the services available to carers within an operational area and then to help identify gaps in service provision. The Charity uses the Model to identify gaps in services in Helensburgh and Lomond and the results feed into the planning processes. In conducting such an exercise it is important not only to understand what the Charity is able to provide, but also what services others can offer carers, such as Argyll & Bute Council, NHS Highland, Government Agencies, Argyll Voluntary Action, Alzheimer Scotland, ENABLE Scotland, Age Scotland, Sense Scotland, Multiple Sclerosis Society, British Red Cross, Citizens Advice Bureau, Housing Associations and others that either directly or indirectly are in a position to contribute to the services listed.

The Charity may endeavour to fill any gaps itself or seek the support of other partner organisations to provide the service concerned. A benefit of conducting this exercise is that it helps point to where strategic alliances or partnerships would be beneficial to carers, as well as equipping staff and volunteers with a better understanding of who can provide what and then to refer or signpost carers as appropriate.

**Preparation of Plan**

This updated version of the Business Plan has been prepared by the Trustees to assist the Charity move forward with a clear sense of purpose and direction. It has taken into account current national and local policy objectives, the views of partner organisations, as well as issues raised directly by carers themselves. The Plan:

* provides a strategic framework for the future development of services for carers within the resources likely to be available to the organisation;
* establishes the Charity’s aims and objectives, which are designed to maintain or improve service delivery over the period 1 April 2014 to 31 March 2017;
* sets specific milestones, targets and the timescales for these aims and objectives to be achieved;
* describes how progress will be monitored and the impact evaluated; and
* details the projected costs and sources of the funding required to maintain the current levels of service and for new developments.

The Plan is updated and rolled forward year on year to ensure the Charity remains focused on providing services tailored to meet the needs of local carers and takes account of any emerging or anticipated political, economic, social, technological, environmental or legislative changes that may impact on what it aims to achieve.

**Carers Definition**

It is important to understand that the Charity uses the term ‘carer’ to describe‘*someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help due to age, physical or mental illness, addiction or disability’.* This definition is all embracing and widely used and covers carers of any age, but there has been a gradual move towards categorising carers by their age group in order to develop services targeting the distinctive needs of each group.

Firstly, the term ‘young carer’ was adopted some years ago to describe *‘a child or young person under the age of 18 who has a significant role in looking after someone who is experiencing illness or disability, which would normally be undertaken by an adult’.* This effectively drew a line separating young and adult carers, but as services became more personalised and tailored to meet the needs of individuals, there was a risk of marginalising carers at the edges of these categories and their needs not being identified or met.

In particular, it was accepted that adolescent carers needs often fell into an unintended gap between services designed for young and adult carers. Carers organisations across the UK, including this Charity, are now making efforts to bridge that gap by developing services for carers aged from 16 - 24, who are commonly referred to as *'young adult carers*'. At the other end of the scale, the aging demographic profile of the UK has resulted in various initiatives to support carers who are looking after older people and the term *'older carers'* is now often used. However, there is no common definition of what constitutes being '*older*' and the term is used to describe carers caring for older people as well as carers who are themselves older.

More recently there has a focus on carers caring for people with '*complex needs'* and this is becoming a major strand of work for the Carers Trust. This categorising of who a carer is and what their caring responsibilities are is a product of the personalisation agenda and no doubt this will continue to be developed and new categories will emerge. This Charity is taking cognisance of what is happening elsewhere and responding accordingly, but it will also take steps to ensure that this 'segmentation' does not dilute its commitment to assist all carers no matter their age or circumstances.

**Profile of Carers**

Carers come from all walks of life, all cultures and can be of any age. Many do not consider themselves to be a carer; they are just looking after a member of their family or a friend and doing what they think anyone else would do in the same situation. This can involve providing emotional and psychological support, helping with mobility and transport; helping with domestic tasks, managing finances; dealing with welfare agencies; and organising formal care services. While some cope well with the role, others do not and failing to recognise that they are a carer can mean they miss out on the support that is available.

The activities undertaken by a carer may begin gradually and become more intensive over time to meet the often changing needs of the person being cared for. There is usually no limit to the range of tasks carried out and these may include highly specialised nursing and medical tasks, as well as personal and domestic help. There is also no limit to the amount of time per day, month or year spent caring, or when during the day, night, weekday or weekend care is provided.

What motivates people to become carers differs and will be influenced by a pre-existing relationship between the carer and cared for and the circumstances surrounding their disability/illness. The key motives are love, a sense of duty, moral obligation, reciprocity and/or ‘wanting to do something in return.’ However, for some carers, the lack of alternative options has been identified as the main reason for providing care. When a family member or friend is suddenly in need of support, such as after a stroke, it can be difficult to find the time and energy to think through what the future may hold in terms of a caring role.

**The Cared For**

A research report published by the Princess Royal Trust for Carers, titled ‘Carers Speak Out,’ contains the following table drawn from a survey of carers across the UK, which shows the frequency of the different illnesses or disabilities of the people being cared for. The most frequent categories were physical illness (27%), following by a combination of physical illness and physical disability:

|  |  |
| --- | --- |
| **Disability of illness** | **% in survey** |
| Physical illness – diabetes, arthritis, MS, ME, heart problems. | 27 |
| Physical illness and physical disability – stroke, cerebral palsy. | 17 |
| Old age or frailty (including Alzheimer’s) | 16 |
| Learning disability – Downs syndrome, autism, Aspergers syndrome. | 14 |
| Mental illness – schizophrenia, depression. | 7 |
| Mental illness and physical illness – e.g. Parkinson’s | 5 |
| Physical disability –blindness, deafness, unable to walk. | 5 |
| Serious illness or disease – cancer, vascular conditions, lung disease. | 3 |
| Mental illness and physical disability. | 3 |
| Other | 3 |

The onset of mental health problems and the process of seeking help can be particularly traumatic for families. Those supporting people with mental health, personality disorder or substance misuse problems can be wary of seeking help outside the family because of the stigma, discrimination and bullying that are still too often associated with these conditions. The proportion of carers looking after older people is expected to rise as a result of the changing demographics of the UK.

**Carers in Scotland**

The 2011 Scottish Census indicated that the number of people acting as unpaid carers represented about 9.0% of the population, which was the same percentage as in the previous Census in 2001. This is somewhat at odds with the most recent Scottish Household Survey (SHS) conducted in 2012 and published in August 2013, which found that 12.0% of the sample of people surveyed indicated that they were unpaid adult carers. The Census information was still being analysed at the time of updating this Report and local figures were not available.

The SHS 2012 Survey figures do provide detailed information for Argyll & Bute, but not at a electoral ward level. These show that 5.0% of residents in the local authority area cannot work due to permanent sickness or disability and this grouping is made up of 6% males and 4% females. A further 1% were not working at the time of the Survey because of short term illness or disability. Of the total number of households in the area, 31% had a member with a long-standing illness, health problems or disability and 47% of this total were older people in small households or single pensioners. In these households, 48% had a net annual income of up to £15,000, 31% had a net income up to £30,000, with 12% with an income over £30,000. In terms of the tenure of these households, 27% were owner occupied and 51% were social rented.

The age groups of the household members with a long-standing, illness, health problem or disability were recorded as being 7.0% aged 0-5, 8.0% aged 16-39, 12% aged 40-64 and 42% were aged 65 or over. In terms of gender, 19% were male 15% female. The number of adults who provide care was shown as 11.00% compared with Scottish average of 12%. The percentage of households where unpaid care was provided was 18% for the owner occupied tenure and 10% for social rented. Further data from the 2011 Census continues to be released, but it is not clear if the variations between the percentage it has produced of 9.0% of the Scottish populations currently being carers and the 12% figure published in the 2012 SHS Survey will be reconciled. Given the aging population in Scotland, it does seem odd that the percentage of those in unpaid caring roles has not increased from 2001, but the Charity has to work with the best data available.

Taking the lower Census percentage and applying this to the 2011 population figure for Scotland of 5,254,800, would mean there are 472,932 carers in this country. This includes young carers, who are not identified separately, but the Carers Trust has calculated the Scottish total to be 16,701. On this basis, one in nine of the Scottish population is involved in providing care and support to a family member, friend or neighbour to enable that person to continue to live in their own community. If the 2012 SHS Survey is a more accurate figure it would add a further 157,548 unpaid cares to the total. In any event, it is widely accepted there are many ‘hidden carers,’ who may not have been identified either by the Census or Survey who are not being supported by services.

The majority of carers provide care within their home to a spouse or partner, closely followed by caring for other relatives including parents, children and siblings. The 2011 Census did identify that the number of people providing care for another person for 20 or more hours per week has risen from 37% to 44% over the 10 year period since the previous Census. No further details have yet been released, but the 2001 Census found that 23% were providing this support for 50 or more hours per week and 70% had been providing this care for over five years. Three in five people will be carers at some point in their lives – seven in ten women and four in ten men - and 25% will be over the age of 60. Scotland’s ageing population and the policy of successive governments to deliver more care at home may see this figure increase further in years to come and it is anticipated that by 2037 the number of carers’ in Scotland will exceed one million.

Research by Carers Scotland and the University of Leeds in 2011 shows that it would cost the state £18 an hour to care for an ill or disabled person and an unpaid carer providing this support for 35 hours a week equates to £32,760 a year. It was calculated that carers save the Scottish economy £10.3 billion each year, but this does not include the loss of earnings by those carers who have to give up paid employment in order to care.

**Adult and Young Carers resident in Helensburgh and Lomond**

The 2012 SHS statistics indicated that 11% of the population of Argyll & Bute are adult carers. When this percentage is set against the National Records of Scotland Office statistics for June 2012, which estimate the population of Argyll & Bute as 88,930, this means there are around 9,800 unpaid carers. By translating this data into a local picture of Helensburgh and Lomond, it is estimated there may be around 2,860 unpaid adult carers in the area and, for many, this support is often provided at great cost to their own health, finances and wellbeing. At present the number of carers registered with the Charity represents around 22% of this figure and the identification of the ‘*hidden*’ carers remains a priority for the organisation.

In 2010, the Princess Royal Trust for Carers published a report titled “Mapping of Services to Young Carers in Scotland,” which indicated there were 1,117 young carers in Argyll and Bute and this translates into 380 young carers living in the Helensburgh and Lomond area. It is estimated that around 25% of these young people have been identified by the Young Carers Initiative and are in receipt of some form of support.

**Impact of Caring on Adult Carers**

Carers are a very diverse group. Their situations vary according to the age and gender of the carer and the person receiving care; the family and generational relationship between carer and the care receiver; the health and prognosis of the care recipient; the health of the carer; the financial status of the carer; whether or not they are in employment; and the availability and accessibility of formal health and social care services. Some carers are likely to have heavier care obligations than others, including:

* socially or geographically isolated carers who have sole responsibility for supporting a disabled/older person;
* carers who are caring for people with complex needs;
* carers who do not know about potential sources of services/support, or where the person they are caring for refuses to use these;
* the care recipient has behavioural problems;
* there is a history of conflict between the carer and the care recipient;
* carers of people who are assessed as not being eligible for services;
* carers from ethnic minority groups, who may be unaware of services/support; be unable to access these; or find them culturally inappropriate.
* carers who are themselves very old or who have health problems of their own.

All these factors will shape carers’ experiences and the impact this has on their general wellbeing.

The majority of carers in Argyll & Bute are middle-aged or older and it is projected that older carers will provide more very intense care in the years ahead, mainly looking after a spouse in the same household. Caring is predominantly a female activity, but amongst working carers, both men and women can be involved. It is a struggle for carers to combine paid work with their caring role, as employers and the employment services can be unaware of carers’ needs and sometimes lack the flexibility to make a combination of caring and paid work possible. There is evidence to suggest that when caring becomes more intense, middle-aged women carers are most likely to switch from full-time to part-time work or give up employment. This may compromise their future employability and lead to permanent drop-out from the labour market.

The impact of caring on carers’ incomes can create financial problems. A study by Carers UK, titled Real Change not Short Change, published in 2007, found that carers in Scotland lost an average of £11,000 each year as a result of giving up work, reducing hours, retiring early or as a result of reduced career prospects. (Inflation since 2007 would increase the figure in 2014 to £13,000.) In addition, on average, carers retired eight years early, missing out on income and pension contributions.

In a written submission to the Scottish Government in response to a Discussion Paper on Tackling Poverty, Inequality and Deprivation, Carers Scotland highlighted the loss of potential earnings that carers face and that this could be exacerbated by the extra costs of disability, including heating costs, adaptations to the home, travel, telephone, special food, medicines and various types of health care etc. Nearly three quarters had cut back on holidays, seven out of ten had cut back on leisure activities and six out of ten had cut back on meeting friends and buying clothes. It is of note that the SHS 2012, mentioned earlier, found that 48% of the households with someone with long-standing illness, health problems or disability had an annual income of less that £15,000.

Welfare reform in Scotland in 2014/15 is expected to have a significant impact on disabled people and carers, who are often not in a position to move from benefits to employment due to the long term nature of their disability or caring role. In a paper submitted by the National Carers Organisations to the Scottish Government's Expert Group on Welfare, it was made clear that the impact of the cost savings the reform is designed to achieve would be felt disproportionately by disabled people and their carers and this will inevitably lead to carers being unable to continue in their caring role.

The financial impact of caring has a significant effect on carers health. Carers are a third more likely to be in poor health than non-carers, with this proportion increasing to twice as likely in some areas of Scotland. However, there is evidence that carers’ health is affected by their worsening financial circumstances and cutting back on essential expenditure. More than six in ten carers worry about their financial situation a lot or all the time. More than half say that this worry is affecting their health.

Carers often feel sidelined by health and social services professionals, who fail to involve them in decisions about the person they care for. Many have been treated for stress-related conditions since they started caring and a large majority admit to feeling ill, anxious or exhausted. Carers also reported psychological problems, including panic attacks, sleep deprivation, poor concentration, feeling anxious, guilty, insecure or depressed. A staggering 95% regularly hide the fact that their health is suffering in order to continue with their caring responsibilities and one-fifth have said they ignored feeling ill all the time.  Almost one in four carers frequently feels unable to cope with day to day caring due to the physical and emotional stresses of their caring role and older carers especially run a higher risk of health problems.

Two out of every three carers have often been unable to find an opportunity to visit their GP about their own health concerns, due to time constraints and a general lack of flexibility to leave the house to attend appointments.   If a carer has to be admitted to hospital for treatment, it can be difficult to co-ordinate their admission and discharge with the provision of respite care for the person they look after. Well over half of carers have not had a chance to discuss their concerns about their own mental or physical health with anyone.

Adult carers also become involved in conflicts with spouses or children because of the lack of time for them. Some suffer from social isolation and feelings of loneliness, many have problems keeping in touch with friends, feel ‘trapped’ by their caring responsibilities or find the role too demanding.

**Impact of Caring on Young Carers**

A Report published by Carers UK/Loughborough University in 2003, titled "Young Carers and Education," identified the main reasons for young people taking on a caring role as being the make up of the family structure; the level of care needed; the nature of the illness or disability; a lack of effective services from outside the family because the cared for person does not meet eligibility criteria or, where the criteria is met, the services are inflexible. Some families are unaware of the services or support available to them and others are reluctant to involve agencies in their family situation or were fearful of the consequences of acknowledging a child's caring role. The Report describes the types of support provided as:

* household chores - washing, cooking and cleaning on behalf of the whole family;
* personal/nursing care - such as giving medication, changing dressings, assisting with mobility;
* intimate care - washing, dressing and assisting with toilet requirements;
* emotional support - monitoring and meeting the emotional needs of the person;
* childcare - helping to care for younger siblings, including escorting to school, in

## addition to other caring tasks; and

## household administration such as paying bills, accompanying the cared-for person to hospital, acting as a translator for non-speaking sensory impaired, or those whose first language is not English.

## The consequences of this for their educational experiences, include lateness/ absence/tiredness; lack of extracurricular activities; restricted peer networks in school; bullying/anxiety/behavioural problems; and failure to complete homework/poor academic attainment.

More recent research published by other charities involved in delivering services to young carers, including the Princess Royal Trust for Carers and Barnardos, has also highlighted other difficulties that inappropriate levels of care can have on the emotional and physical health and life chances of young people and the following aspects commonly feature:

## isolation from other children of the same age and from other family members;

## lack of time for play, sport or leisure activities;

## conflict between the needs of the person they are helping and their own needs leading to feelings of guilt and resentment;

## feeling that there is nobody there for them, that professionals are only working with the adult and do not listen to them;

## lack of recognition, praise or respect for their contribution;

## feeling that they are different from other children and are unable to be part of the group;

## feeling that no one else understands his or her experience; and

## problems moving into adulthood, especially with finding work, further education and training opportunities, finding their own home and establishing relationships.

**Improving Carers’ Lives**

In 2010, the Department of Health carried out a consultation exercise on behalf of the UK Government, which invited views on what would have the greatest impact on improving carers’ lives over the following four years. Respondents were asked to link their comments under the following strategic outcomes:

* carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
* carers will be able to have a life of their own alongside their caring role;
* carers will be supported so that they are not forced into financial hardship by their caring role;
* carers will be supported to stay mentally and physically well and treated with dignity; and
* children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.

The key themes raised were:

Breaks from caring responsibilities

This was raised by over half of the respondents as being essential to help carers sustain their caring role. While some focused on the availability of breaks, a number focused on the type of breaks on offer and emphasised that breaks need to be personalised to meet the specific needs of the carer. A number of responses from young carers stressed the need for breaks to involve the whole family, including the person being cared for.

Information and advice

Over a third of respondents felt that there is still a lack of information, advice and advocacy available to carers. Health and social care professionals did not proactively provide carers with information on their rights or the services available to them – carers have to seek out information themselves. A number of respondents thought that social services should proactively offer a carer’s assessment and did not understand why they still had to request one despite being known to social services as a carer. A number of carers also raised concerns about the lack of information that they receive from clinicians on the treatment or care of the person that they support, confidentiality being the usual reason for withholding such information. This issue is closely connected to carers feeling that they are not respected as expert partners in care.

Services for carers and the people they care for

Respondents raised concerns about the services that are available to carers following an assessment. Issues were raised about the paucity of such services and the length of time that it takes to access them following an assessment. While there was overall support for personal budgets, and direct payments in particular, a number of respondents were concerned about the level of contribution that carers are expected to make and the fact that the payments they receive fall short of the cost of services. A number of concerns were also raised about the additional responsibilities that come with the employment of personal assistants. The use of equipment or assistive technology (telehealth and telecare) was also identified as not only making the carer’s job easier and safer, but also provided good value for money in allowing carers to have a life outside of caring without the need for replacement care.

Carers’ health and well-being

A quarter of those who responded were concerned about the additional stress put on carers as a result of their caring responsibilities and called for emotional support and other therapies to be made available. A number of responses cited evidence of carers suffering disproportionate levels of poor health and felt that health checks should also be available to them.

Carers Training

Better access to training was wanted by a high number of responders to assist them in carrying out their caring role effectively and safely. Other responses, however, highlighted other training needs, particularly around helping them to return to work and developing skills, with training being a way of taking a break.

Early identification

The early identification of carers was also seen as a priority by respondents, with many feeling that this is a responsibility wider than just health and social care. In relation to young carers, a number of respondents felt that schools should both identify and support young carers. A number also felt that more needed to be done to reach out to individuals in particular communities, including ethnic minority communities, where caring is seen as part of their family responsibilities.

**Securing the views of Carers in Helensburgh and Lomond**

The Charity prides itself on being carer led and there are various opportunities for ensuring that the views of carers helped shape the aims and objectives set out in this Business Plan, including:

* the majority of **the trustees** are carers or former carers and are therefore well placed to represent the views of carers in developing the strategies, policies and objectives;
* the **staff** have day to day contact with carers and, through this regular dialogue and working for carers, they develop a knowledge and understanding of what carers need and the services they find to be of greatest value;
* the views of **partner organisations** are fed into the Management Committee directly or indirectly through the Charity’s Advisors and there are good lines of communication with others who provide services to carers, including Argyll and Bute Council and NHS Highland; and.
* a **young carers reference group** was established in 2011 to contribute to and help shape the plans for introducing services for young carers.

**Carers Survey**

The Charity undertakes an Annual Carers Survey and the 2013/14 Survey identified a 99.5% satisfaction level with the quality of the services provided and 95% of those who participated indicated that their personal needs were being met. Carers described the main benefits of using the services as giving them a feeling of being less isolated, assisting them carry on in their caring role, improving their general health and wellbeing, being able to interact with carers in the same situation and helping them exercise greater control over their lives. The top five responses to a question about what additional services they would wish to see introduced if funding was available were for more:

* therapy sessions;
* social events/activities;
* learning or training events;
* advice about my health, and
* access and more activities at a rural venues.

#### The responses from the 2013/14 and the previous six annual surveys have been very consistent, with carers expressing high satisfaction levels with the range and quality of services offered and the way they are received and treated by staff and volunteers. In relation to the top five ‘wish list,’ the request for therapy sessions has featured at the top of the list for five out of the six surveys conducted. The request for more social events/ activities has never been out of the top three, but more learning or training events has only reached the top three in recent years and the request for more advice about my health entered the top five last year. This compelled the Charity to seek more information in the 2013/14 Survey on what health advice carers were looking for. Top of the list was how to sleep better, closely followed by how to manage levels of stress/anxiety. The Charity has taken account of this in developing the Carers Training Programme for 2014/15 and in the advice to be included in the Newsletters it circulates to all carers.

The information collected through the Annual Carers Surveys is subject to detailed analysis and has helped shape the Objectives, Milestones and Targets set out in Section 11 and 12 of this Plan.

#### SECTION 3 – OPERATING ENVIRONMENT

**Area of Operation**

The Charity operates within Helensburgh and Lomond, which is one of four administrative districts formed in Argyll & Bute when local government in Scotland was restructured in 1996. It covers a relatively large geographic expanse extending to over 366 sq. kilometres, of which more than half is rural hinterland and stretches from the top of Loch Lomond just beyond the small village of Inverarnan in the north, to Cardross in the south, and from the ‘Rest and be thankful’ in the west across to Luss in the east. It has three multi-member electoral wards, namely Helensburgh Central, Helensburgh and Lomond South and Lomond North (See side panel) and has a resident population of around 26,000 people.

**Helensburgh Central** is the smallest ward but, with a population of 9,446 and 13.49 dwellings per hectare, it has the highest concentration of residents, as well as being the main centre for business, commerce, public administration and services for the area. The town of Helensburgh has well utilised rail and road links with Glasgow, Oban, Fort William and beyond.

**Lomond North** has the largest land mass of the three electoral wards. The resident population of 9,118 people live in small towns, villages and settlements situated close to the shore lines of Loch Lomond, the Gare Loch and Loch Long. The ward contains large mountainous and forested tracts of land, particularly between Loch Long and Loch Lomond and to the north and west of Arrochar. These areas are sparsely populated and there are 0.14 dwellings per hectare. A significant feature is that the area houses HM Naval Base Clyde, which encompasses several sites, the primary two being at Faslane on the shores of the Gare Loch and Coulport beside Loch Long.

The resident population of 7,420 people in the **Helensburgh and Lomond South** ward live to the north and east sides of Helensburgh, in the village of Cardross and a number of smaller communities running alongside the River Clyde and Loch Lomond. The topography of the area is less mountainous than Lomond North, but it has large tracts of moorland and forestry, with a few scattered and remote farms and houses. There are 0.21 dwellings per hectare.

**National Records of Scotland Statistics**

It should be noted that the population statistics included in the previous page were taken from the 2011 Census, as published on the Scottish Neighbourhood Statistics website, however, the National Records of Scotland Office has since published midyear statistics to show the position at 30 June 2012, which indicates that the population of Argyll & Bute has fallen from 88,930 at the time of the 2011 Census to 86,900. The explanation for this reduction of 2,030 residents in the intervening period is due to the number of births being lower than the number of deaths plus net migration. The other change identified in the midyear statistics is that compared to other Scottish local authorities, Argyll & Bute has the highest proportion of people eligible to receive the age related state pension, with 26% of its population being of pensionable age (21% are men and 31% are women). This compares with the all Scotland average of 20% of the population being of pensionable age, 16% of men and 24% of women.

At the time of updating this Report, the mid-year statistics were not published for multi-member electoral wards, therefore, the 2011 figures on the Scottish Neighbourhood Statistics website remained the most recent information available at that level. However, Argyll & Bute Community Health Partnership' Health and Wellbeing Profiles published in 2013, indicated that the population of Helensburgh and Lomond had decreased by 8.7%.

**Urban/Rural Classification**

Most of the Lomond North Ward is classified as ‘remote rural’ in the Scottish Government’s Urban/Rural Classification 2009-2010 and the parts of the Helensburgh and Lomond South Ward that lie outwith the town itself are classified as ‘accessible rural.’ Accessible rural areas are defined as settlements of less than 3,000 people within a 30 minute drive time from the centre of a settlement with a population of 10,000 or more, while remote areas are settlements of less than 3,000 people with a drive time greater than 30 minutes.

**Population/Demographics**

Argyll & Bute is the second largest local authority area in Scotland and has been described as the most geographically diverse area within the UK. It forms almost 9% of the total land mass of Scotland, covering an area of 690,899 hectares. It is sparsely populated with its 86,900 population, accounting for 1.6% of the Scottish total. These factors contribute to make Argyll & Bute the third most sparsely populated council area in Scotland, with an average density of O.7 dwellings and 0.13 persons per hectare, which compares to the Scottish average of 0.65 persons per hectare..

The Scottish Neighbourhood Statistics (SNS) for 2011 show that the resident population of Helensburgh and Lomond was 25,984, which equated to 29.0% of the total population of Argyll & Bute in that year. Males made up 13,514 (52%) and females 12,470 (48%). There is a ‘bulge’ in the demographic profile for the area, caused by an over-representation of males in the age groups 16 to approximately 44, which is associated with the high number of naval personnel resident in the area. However, this pattern is reversed in the older age groups, where proportion of women is slightly larger than the proportion of men. The families of naval personnel also contribute to the young demographic profile. The following table shows the population age profile of the area, based on the SNS 2011 data.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age Range** | **0-15** | **16-24** | **25-64** | **65+** |
| **Population** | 4,222 | 3,115 | 13,665 | 4,892 |

The following table details the percentage of the total population within each of the age profile ranges in the SNS 2011 compared with the figures for all of Argyll & Bute and Scotland:

|  |  |  |  |
| --- | --- | --- | --- |
| **Age profile** | **Helensburgh & Lomond** | **Argyll & Bute** | **Scotland** |
| Children | 16.25% | 15.77% | 17.38% |
| Working Age | 61.18% | 58.55% | 62.79% |
| Pensionable Age | 22.57% | 25.68% | 19.83% |

Children (0-18 years) represent 4,224 (16.61%) of the population, which is lower that the Scottish average of 17.46%, and 1,732 were in primary education and 1,399 were in secondary education.

The most recent population statistics published by the General Register Office for Scotland projects the age profile of the population of Scotland up to 2033, using a 2010 base. This shows a growth in the total of 7.25% over the 25 year period and, significantly, it is projected that the number of people aged 60 and above will increase from 1,169,000 to 1,752,000, which equates to a rise of 50%. The number of under 16s is expected to decrease by 4%. There is a strong urban/rural dimension to the ageing population with a disproportionate number of older people living in the rural parts of Scotland. In this set of statistics, the population of Argyll & Bute is projected to decrease by 5.7% over the 25 year period rather than increase, but the 75+ age group is expected to grow by 84.1% and the population aged under 16 to decline by 13.7%.

Argyll & Bute Council’s population projections in its ‘Main Issues Report Monitoring Statement’ of May 2011 reflected the national picture presented in the Registrar General’s statistics. These show a significant reduction in the population of the area over the next 10 to 20 years if current trends continue. This is attributed to the lack of young adults in the population profile, which has a significant effect on the birth rates applied, while the generally higher levels of older age groups have a similar affect on the projected mortality rates. In the past this has been partly offset by migration to Argyll & Bute from elsewhere, however, this has not been sufficient to halt an overall gradual decline since 1984 and the situation has deteriorated significantly since the onset of the 2008/09 recession. The Council has projected a 5,350 (5.7%) reduction in the population of Argyll & Bute between 2010 and 2023 and for Helensburgh and Lomond the reduction is 1,200 (4.6%).

The age profile of the community has an effect on the type of services required; the availability of economically active people to deliver them, and the overall sustainability of settlements in the longer term. The Council considers there is a compelling need to retain more of the economically active younger adult age groups across Argyll & Bute to help reverse population decline and create more sustainable communities. The best way this can be achieved is to stimulate the local economy.

**Housing Tenure**

Owner occupation is the predominant tenure in Argyll and Bute, although estimates on the actual extent of this sector vary. Argyll & Bute Council's Housing Need & Demand Assessment Report, which was revised in 2011, highlighted a number of surveys carried out since 2005 by different bodies, which produced quite different results. The estimated percentage of owner occupied dwellings in Argyll & Bute has ranged from 63% to 74%. However, the 2012 Scottish Household Survey results were published in August 2013 and indicated that 63% of dwellings in Argyll & Bute are owner occupied, 20% are in the social rented sector, 14% in the private sector and 4% described as being other. It is difficult to establish the current tenure profile of housing in Helensburgh and Lomond and most organisations seem to be relying on the 2001 Census figures, which showed that 72.6% of housing was owner occupied, 12.4% privately rented and 14.9% socially rented, which exclusively comprises housing association homes. Owner occupation in Helensburgh and Lomond seems to be higher than the average for Argyll & Bute and Scotland, which are recorded as being 63% of the respective populations. The private rented sector in Helensburgh and Lomond is predominately housing tied to employment with the Ministry of Defence, with only around 6% of the total stock available to the general public.

The Argyll & Bute Council’s Local Housing Strategy for 2011-2016, published in September 2011, indicated that there were 11,838 dwellings in Helensburgh and Lomond, with an average house price of £140,000. The Lomond North ward contains the highest percentage of dwellings classified as being in the lowest rate Council Tax Banding (A-C), whereas Helensburgh and Lomond South has the highest percentage in the highest Council Tax Banding (F-H). The following table from the SNS shows the 2012 Council Tax Bandings for each ward, but not the total number of dwellings in each ward. The number of dwellings figures in the table are taken from the 2001 Census:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ward** | **Total no. dwellings in 2001** | **% dwellings in bands A-C** | **% dwellings in bands D-E** | **% dwellings in bands F-H** |
| Helensburgh and Lomond South | 3,273 | 26.84 | 44.27 | 28.89 |
| Helensburgh Central | 4,885 | 47.69 | 23.91 | 28.40 |
| Lomond North | 3,703 | 47.86 | 25.74 | 26.03 |

Housing and housing related services are integral to promoting the health and independence of people with particular needs and enabling them to live better lives. Housing is a central quality-of-life issue for everyone, but particularly for those with a disability, as some will spend a vastly higher proportion of their time at home. The Local Housing Strategy acknowledges the Argyll & Bute Carers Strategy 2011-15 and the actions and targets in both aim to be mutually supportive. The strategy indicates that around 35% of households in Argyll & Bute include someone with a long term illness or disability and this is projected to increase over the next 10 years as the population ages. Whilst around 22% of housing is adapted or specially designed to some extent, around 2,000 require adaptations to make them suitable. Adapting homes when required is a key action of the Housing Strategy, ensuring every eligible older and disabled person can get adaptations made to their homes when they need it, without being subject to excessive waiting times. This supports people’s overwhelming preference to live independently rather than move into residential care and also reflects national and local policy.

**Health**

NHS Highland is responsible for providing health related services for Argyll & Bute, including the Helensburgh and Lomond area. The Argyll & Bute Community Health Partnership (CHP) published its Health and Wellbeing Profiles for 2012 in September 2013. This indicated that male and female life expectancies in Argyll & Bute were better than the Scottish average and rising steadily over time. Expected years of life in good health are 75.7 for males and 80.5 for females (Scotland 74.5 and 79.5 respectively). Life expectancy in a number of intermediate areas was lower for males than the average in Helensburgh East and higher than average in Helensburgh North and Helensburgh West & Rhu. The overall rate of hospitalisation associated with alcohol conditions was lower in Helensburgh & Lomond than in other parts of Argyll & Bute and the lowest rate applied in Helensburgh North. Helensburgh North also had the lowest rate in the region for hospitalisation of patients aged 65 years and over due to a fall in the home.

The death rate for those under 75 from cancer across Argyll & Bute was not significantly different for the whole area covered by NHS Highland and was significantly lower than the Scottish Average. The highest rate was in Helensburgh East, but this was not significantly higher than the Health Board average. The prevalence of smoking in Helensburgh and Lomond was lower than the rest of Argyll & Bute with Helensburgh North showing the lowest percentage for both males and females.

The flu vaccination uptake rate in those aged 65 and over in Argyll & Bute was 74.6% and the highest rate was recorded for the GP Practices in Helensburgh and Lomond (78%). The vaccination rate for those under 65 in Helensburgh and Lomond was also significantly higher than the Health Board average.

In terms of health deprivation, the SIMD12 indicated that 12 of the 122 data zones in Argyll & Bute have health domain ranks that are within the worst 15% in Scotland. Of those 12, only two are located within the Helensburgh and Lomond area and these area adjoin each other in the east of Helensburgh. However, neither was in the 5% most health deprived areas in Scotland.

**Employment**

The pattern of employment in Argyll & Bute differs from the Scottish average by virtue of the rural nature of the area. Employment opportunities are predominantly service-based and the 2008 employment data published in 2010 by the Office of National Statistics (ONS), showed that of the 37,300 employee jobs in the area, 64.1% were full time and 36.1% were part-time. The percentage of full-time jobs was lower than the Scottish average of 67.8% and the percentage of part-time jobs was higher than the Scottish average of 31.2%. Of these jobs, 85.9% were within the service sector, 39.5% were in Public Administration, Education and Health, 24.3% in Distribution, Hotels and Restaurants, with the lowest figure being in Manufacturing at 4.5%.

The proportions of people working in the agriculture, forestry and fishing sectors and tourism-related activities are far higher than Scottish averages. Employment in tourism, hotels and restaurants is higher in the more rural parts of Argyll & Bute than in the urban areas. A relatively high proportion of employment in skilled trades is driven by the agricultural sector. The proportion of people employed as process, plant and machine operatives is low, in line with the low numbers employed in manufacturing. There are relatively high numbers of professional and technical jobs in the Helensburgh and Lomond area, which largely reflects the presence of the naval bases at Faslane and Coulport, and comprises mainly service men and women. The bases employ around 2,500 service personnel and 4,000 civilian defence workers and they form a major part of the economy of Argyll & Bute.

Setting aside the naval bases, the largest single employer in the area is Argyll & Bute Council, with around 4,800 staff. The number of staff employed is gradually being reduced as part of the Council's cost reduction measures.

**Economically Active**

Unemployment rates in Argyll & Bute have been consistently lower that the national average although, because of the high levels of seasonal employment in the area, rates vary according to the time of year. The SNS 2011 indicated that there were 15,896 people of working age residing within Helensburgh and Lomond, which represents 61.17% of the total population, and compares with the Scottish figure of 62.79%. It is evident that a significant proportion commute to workplaces in the central belt of Scotland. In the SNS 2011, 1,150 working age people were listed as being employment deprived and the highest concentration of those two categories was in the Helensburgh Central electoral ward, where 11.0% of the working age population were unemployed. The total number of Jobseekers Allowance Claimants in Argyll & Bute in April 2012 was slightly lower than Scottish averages, but the rates varied across the year because seasonality impacts on employment patters. Of the working age resident population, 3.3% are claiming the Allowance and this comprises 4.6% males and 2.0% females. These figures are all lower than the Scottish averages of 4.2%, 6.0% and 2.5% respectively.

Given the current economic context and the national decline of industries such as banking, insurance, the public sector and construction, a substantial proportion of the employment sector in Helensburgh & Lomond could be vulnerable and unemployment is expected to rise.

**Deprivation**

## The Scottish Index of Multiple Deprivation 2012 (SIMD12) uses a number of indicators to measure deprivation levels across the country, matched to a national grid of data zones. There are 40 data zones within Helensburgh and Lomond and an area designated Helensburgh East has one zone (SO1000767) in the bottom 5% and another (SO1000770) in the bottom 10% of the most deprived neighbourhoods within Scotland. However, it should be recognised that there are limitations to using the SIMD as a proxy for rural need, as highlighted in the Report 'Our Rural Numbers'. Some of the most economically fragile communities are small, scattered and in remote and isolated locations and can be screened by the effects of clustering the data to form a data zone.

## There are particular dimensions to deprivation for those living in the rural parts of Helensburgh and Lomond, e.g. the cost of living is higher; more is consumed in fuel; there are fewer opportunities to earn an adequate income; and poverty is dispersed and hidden by a prevailing culture of independence and self-reliance.

**Social Care Provision**

Argyll & Bute Council is responsible for providing care and support services to vulnerable people within the area and services are either provided directly by Council, in partnership with NHS Highland or on behalf of the Council by an external organisation. The Council’s Corporate Plan sets out the authority’s corporate objectives and outcomes, including Objective 1 – Working together to improve the potential of our people. This aims to achieve the specific outcomes:

* Argyll and Bute has more new businesses operating in the area, creating more jobs;
* children are protected and nurtured so that they can achieve their potential;
* older people are supported to live more active, healthier and independent lives;
* work with partners to tackle discrimination; and
* vulnerable adults, children and families are protected and are supported in sustainable ways within their communities.

The projected increase in numbers of older people will potentially produce a significantly increased demand for Social Care services. At the same time, there will be a comparative decrease in the number and proportion of working age people, which will affect the availability of both family carers and paid care staff.

National guidance and national/international good practice, as well as economic and practical expedience all point to a shift in the balance of care, away from institutional care and towards maintaining older people, safely and for longer in their own homes and communities. There is no option, either in a practical or economic sense for the Council to continue to deliver services in the way it has historically done. Neither is there any evidence that this would be in accordance with the wishes of older people, or in their best interests.

The Outcomes Framework for Community Care provided by the Scottish Government requires that services move closer to users/carers by achieving a shift in the balance of care from institutional to home based care. Within this context, Social Care services in Argyll & Bute are structured around:

* providing care at home services for older people that support individuals to remain in their home or in a homely setting as independently as possible for as long as possible; and
* the provision of services for vulnerable older people, including residential care services, day centre provision and care at home services.

The Council has developed an Integrated Children’s Service Plan, which details the Council’s and local partner agencies’ joint priorities to achieve the following National Outcomes outlined in the Scottish Government Concordat:

* our young people are successful learners, confident individuals, effective contributors and responsible citizens;
* our children have the best start in life and are ready to succeed;
* we live longer, healthier lives;
* we have tackled the significant inequalities in Scottish Society;
* we have improved the life chances for children, young people and families at risk; and
* we live our lives safe from crime, disorder and danger.

At the time of Updating this Report the Public Bodies (Joint Working)(Scotland) Bill was completing its parliamentary stages to implement the Scottish Government's plans for health and care integration. It is anticipated this will come into effect in April 2015, but Health Boards and Local Authorities in Scotland are already moving forward with their local integration plans. Argyll & Bute Council and NHS Highland have already established an Integrated Care Team, within the Jeannie Deans Unit in Helensburgh to improve joint planning, the management of scarce resources and the quality of health and social care services for residents of Helensburgh and Lomond. The co-location of Council and Health Board provides a one stop shop for a wide range of services. When the legislation is enacted, a Integrated Joint Board with an equal representation of local councillors and health board non-executives will exercise governance over the functions undertaken.

**Impact of the Environment on Carers**

It can be difficult for many people living in Lomond North and the rural parts of Helensburgh and Lomond South to reach relevant statutory and voluntary support services, because of the distances involved and limited public transport available. For example, the return journey between Helensburgh and Inverarnan is 53.8 miles, Arrochar it is 37.4 miles and Kilcreggan it is 32.2 miles, and journey times can be extended because roads are routed round lochs, glens and mountains.

Access is the underpinning issue - access to services, support, information, transport links, employment, education, learning and training - the list is endless and it affects all aspects of life. For young people it can mean travelling long distances to school, sports and recreational facilities; limited interaction with their peer groups; problems finding routes into employment and a lack of nearby support services. These difficulties can be exacerbated for both adult and young people if they are acting as unpaid carers and are constrained by their caring responsibilities. Some cannot leave the person they care for unattended for any significant length of time, which often makes it difficult for them to step away from their caring responsibilities to attend to their own personal health, social and welfare needs.

The population of Argyll & Bute is growing older at a faster rate than the rest of the UK and it can reasonably be anticipated that this increase will generate a corresponding rise in the demand for age related health and social care services and in the number of people who have to take on additional caring responsibilities for family and friends. It is already acknowledged that being a carer carries its own health risks as many go without adequate training, advice or support. Almost 50% of all carers have not taken a break of more than 2 days since they started caring and 20% have never had a break. One in 5 carers suffers from poor health and they are a third more likely to become permanently sick or disabled than non-carers. Of those carers who provided substantial care, 50% have suffered a physical injury due to their caring role or have received treatment for anxiety, depression or mental ill health.

The quality of life of carers may also be affected to some degree by the demands of the role and, for those carers who still manage to work; it has a bearing on their earning capacity, ability to remain in employment and severely restricts the pursuit of wider personal interests. The 2011 Census results indicate that 44% of carers spend more than 20 hours per week caring for someone and the previous Census indicated that 15% spend more than 50 hours a week.

Investing in carer services will result in better health and wellbeing for carers and a better quality of life for both carers and the people they care for. It also represents best value for the Scottish economy.

**SECTION 4 – OPERATING FRAMEWORK**

**Legal form**

The Charity was first established in November 2000 and formally constituted as an independent unincorporated voluntary membership association to provide a range of support services for carers resident within the area. It was a founder member of the Argyll & Bute Carers Networking Board and operated as a Network Member of The Princess Royal Trust for Carers. In 2002, it became a Registered Scottish Charity.

When it was formed, the Charity was called the South East Argyll Carers’ Project and this was subsequently changed in 2004 to the Helensburgh & Lomond Carers’ Project. As part of plans to change the legal form of the Charity from being an unincorporated to an incorporated body, the Constitution was revised and the word ‘Project’ was dropped from the title. These changes were adopted on 1 April 2011.

At the Annual General Meeting on 21 July 2011, members agreed to take the next step and seek approval from the Office of the Scottish Charity Regulator (OSCR) to change the legal form to a Scottish Charitable Incorporated Organisation (SCIO), with effect from 1 April 2012. To facilitate this change, it was necessary to set up a ‘new’ Charity with the same Registered Scottish Charity number, but with the name Helensburgh & Lomond Carers SCIO. The former unincorporated body was wound up, removed from the Scottish Register of Charities and all its assets and liabilities were transferred to the SCIO.

**Constitution**

The Constitution lists the objects of the Charity as - “to promote, for the benefit of carers:

(a) the relief of those in need by reason of age, ill-health, disability, financial hardship or other disadvantage by providing information, advice and support services;

(b) the advancement of the education of the general public, influential individuals and relevant organisations on matters relating to the social welfare of carers;

(c) the advancement of citizenship through volunteering in the delivery of services; and

(d) any other purpose that may reasonably be regarded as analogous to any of the preceding objects.”

**Membership**

The organisation consists of the:

(a) **Members** - who have the right to attend, with voting powers, members meetings including any special meetings. The Members appoint from among their number to serve on the Management Committee referred to below and take decision on changes to the Constitution.

(b) **Associate Members** – with powers similar to Members, but excluding voting powers.

(c) **Trustees** – who, by regular meetings, generally control and direct the activities of the organisation, including the monitoring and control of the organisation’s finances

Membership of the Charity, which is not transferrable, is open to:

(a) all carers and former carers;

(b) any individual aged 16 or over who subscribes to the purposes of the Charity, and who, by applying for membership, has indicated his or her agreement to become a member, provided these individuals do not make up more than half of the total membership; and

(c) voluntary organisations or community groups with an interest in working with the Charity to support and promote the interests of carers (such organisations or groups shall nominate a representative).

Associate Membership is open to Argyll & Bute Council, NHS Highland, Argyll & Bute Carers Networking Board and any other statutory or non-statutory bodies, as determined by the Management Committee. Each Associate Member is invited to nominate a representative to act as an adviser to the Charity’s trustees, but will have no voting powers. Employees of the Charity are not eligible for membership.

**Application for membership**

More formal processes for dealing with applications for membership were introduced on 1 April 2012 to comply with the requirements of the legal status of the Charity as an SCIO. This included a standard, non recurring membership fee of £2.00 being applied for membership, but not associate membership. Any person who wished to become a member under these arrangements had to complete a written application for consideration by the Management Committee. Applications for associate membership could be made by any statutory or non-statutory body or at the invitation of the Management Committee.

Members are entitled to attend and participate in the annual and any special members’ meetings; propose resolutions (subject to certain conditions); vote for or against any resolution; stand for election as a trustee; and receive copies of the newsletters published by the Charity. Associate members act as advisers to the Management Committee and can attend members’ meetings, but have no voting powers. Membership does not enable anyone to access the services provided by the Charity. Access to such services is restricted to unpaid carers and a limited number of former carers.

The Charity has maintained a confidential Carers Register for many years to record the personal details and circumstances of carers who turn to the organisation seeking information, advice and support. If a carer does not wish their details registered, they will not be denied services. Former carers remain on the Register for a period (normally 12 months) after they cease to be a carer, which is usually on the death of the cared for person, and will receive ‘transitional’ support as appropriate to their personal needs.

It was recognised the transition to the new membership arrangements for the SCIO would take some time to achieve, but the trustees considered it important to establish a separate Register of Members to ensure those interested in supporting the running of the Charity understood the responsibilities of being a member of an incorporated body. All those previously regarded as members were invited to apply under the new procedures. Some carers decided not to seek this formal membership, as it was made clear that access to services would remain open to all carers, irrespective of whether they are a member or not.

At 31 March 2014, there were 168 Members and 1 Associated Member on the Members Register, 618 carers and 134 former carers on the Adult Carers Register and 88 carers on the Young Carers Register.

**Governance**

Under the provisions of the Constitution, the management of the organisation is in the hands of a Management Committee, comprising a Chairperson, Vice Chairperson, Secretary and Treasurer and up to 8 ordinary members. The members of the Committee are elected by the ordinary members of the Charity at an Annual Members Meeting (AMM) or are co-opted onto the Committee between AMMs by the other Committee members. On taking up appointment they become the trustees and assume all the duties and responsibilities that this role entails. Collectively, the trustees are the guardians of the Charity’s charitable purpose and they exercise general control of the administration of the organisation, including directing the strategy, maintaining financial oversight, taking responsibility for its resources and ensuring compliance with the terms of the Constitution and the law.

The Constitution allows up to 12 trustees to serve on the Management Committee, however, throughout 2013/14 it had 11 trustees. Like many other charities, it has proved difficult to attract new trustees and this is an ongoing priority. Details of the current trustees are shown on the attached Appendix ‘A.’

As a Registered Charity, the organisation has to comply with any direction, requirement, notice or duty imposed on it by the Charities and Trustee Investment (Scotland) Act 2005 and associated legislation and must respond to all requests and directions from the Office of the Scottish Charity Regulator (OSCR). It also has to meet other legal requirements, particularly in relation to Employment, Equalities, Data Protection, Health and Safety, Child Protection and Protection of Vulnerable Adults.

**Governance Framework**

The Management Committee, which generally meets at 6 weekly intervals, has established two Sub-Committees to address specific aspects. The Committee structure is as follows:

|  |
| --- |
| Management Committee |

|  |  |  |
| --- | --- | --- |
|  | | |
| Finance and Physical Resources Sub-Committee | |  | Organisational Review  Sub-Committee | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fundraising  Sub-Group |  | Young Carers Working Group |  | Health & Safety  Sub-Group |  | Quality Assurance  Sub-Group |

The Terms of Reference and Functions of the Management Committee and Sub-Committees are reviewed on an annual basis.

**Remits and Terms of Reference**

The Remits and Terms of Reference and Functions of the Management Committee and Sub-Committees are reviewed on an annual basis. These can briefly be described as follows:

* Management Committee

Has overall control of the strategic direction, policies and procedures, organisational structures and management of the administration of the Charity and is ultimately accountable for all the organisation’s activities. It ensures the Charity operates within the terms of the Constitution and stated Charitable Objects, complies with any restrictions placed on financial grants and donations and meets relevant legal requirements.

* Finance and Physical Resources Sub-Committee

Has responsibility for ensuring the Charity develops, documents and adopts sound financial management procedures and controls and meets its legal obligations in relation to the maintenance of accounts, fund-raising, banking arrangements, investments, reserves, physical assets, expenditure and internal audit.

* Organisational Review Sub-Committee

Has responsibility for reviewing the Charity’s current policies, practices and structures and identifying any changes considered necessary to improve the effective and efficient use of the resources available, to ensure the services delivered best meet the needs of carers. This includes matters relating to personnel and the health and safety of staff and volunteers. The Sub-Committee is also responsible for taking forward the implementation of measures necessary to ensure compliance with the Practical Quality Assurance System for Small Organisations (PQASSO) in order to improve the standard of internal management processes and the quality of services provided by the Charity to carers.

All meetings are minuted and the Sub-Committees operate to work plans that take the form of Action Logs, which are monitored by the Management Committee.

**Working Groups**

The Management Committee and each of the Sub-Committees have the authority to establish short term sub-groups or working groups to review matters that fall within their respective remits. The Finance and Physical Resources Sub-Committee has set up a Fundraising Sub-Group and the Organisational Review Sub-Committee has a Young Carers Working Group, Health & Safety Sub-Group and Quality Assurance Sub-Group.

**Review of Governance Structure**

The Governance Structure is reviewed by the trustees following each Annual General Meeting and this includes the remits and terms of reference of the Management Committee and Sub-Committees.

**Scheme of Delegation**

No matter how effectively the Charity may be administered by the Management Committee, it is neither possible nor desirable for the Trustees to have ‘hands-on’ involvement in every area of the organisation’s activities. Whilst the Committee has responsibility and is accountable for the general control and management of the Charity, and certain matters are the sole preserve of the trustees, part of its work needs to be delegated to others if the Objects set out in the Constitution are to be fulfilled.

The Management Committee has approved a Scheme of Delegation which allows certain decisions to be made on behalf of the Charity by individual Trustees, Sub-Committees and the Manager. This sets out clear limits on matters such as expenditure, authority and decisions that can be made. The overall responsibility and liability for the actions of those exercising delegated authority remain with the Management Committee, therefore, systems are in place for those exercising delegated powers to report back to the Committee as and when this is considered appropriate. The Scheme of Delegation is reviewed annually.

**The Carers Trust**

The Charity was a member of the Princess Royal Trust for Carers (PRTC) Network from 2002 until 2012 and benefited from being part of what was then the largest provider of comprehensive carers’ services in the country. As a consequence of growing financial pressures, the PRTC decided to merge with Crossroads (England & Wales) to reduce overhead costs and combine the benefits that both organisations provided for carers at a national level. The name of the merged charities is the ‘Carers Trust’ and HRH the Princess Royal is its Patron. The Carers Trust was formally launched on 1 April 2012 and the former PRTC and Crossroads charities were wound up. This merger did not involve Crossroads (Scotland), which is a separate organisation from Crossroads (England & Wales). Its strategic aims are to:

* Raise the profile of carers and the caring role
* Support the growth and development of solutions for carers
* Influence society to improve carers’ lives
* Work with local partners to develop a strong network.

The Carers Trust was registered as a charity by the Office of the Scottish Charity Regulator (OSCR), with an ‘also known as name’ of the Princess Royal Trust for Carers. This was to allow Scottish Carers Centres to retain the PRTC name until such time as they made the transition to the Carers Trust name. The Charity used the ‘branding’ of both the PRTC and Carers Trust throughout 2012/13, but decided to drop the PRTC brand from 1 April 2013.

The Charity received considerable assistance from the PRTC during the years it was a member of the Network and this has continued from the Carers Trust following the merger. The merger was not a particularly trouble free exercise and there are still some outstanding problems to be resolved. A number of Scottish Carers Centres, which were formerly part of the PRTC Network, decided not to become members of the Carers Trust Network and others have broke away during the course of 2014/15. The PRTC had a long established Scotland Committee to give advice to its Board on issues north of the Border and this was continued by the Carers Trust. Indeed, in 2013/14 the Trust established similar Committees for England and Wales. The Trust intends to devolve more powers to the 'Nation Committees' and, as the Scotland Committee was in a position to take the lead on this, a revised Terms of Reference has been adopted that will give the Committee greater authority in relation to designing and running services in Scotland. This will come into effect on 1 April 2014. The Trust also changed its branding in 2014 and it now operates across the UK using the name of each Nation separately, therefore it is now known north of the Border as the Carers Trust Scotland.

**National Carers Organisations in Scotland**

There are 7 carers organisations in Scotland that have been working collaboratively for some years to assist the Scottish Government deliver its Carers and Young Carers Strategies. This arrangement has not been formally constituted, but representatives from each organisation meet regularly with members of the Scottish Government's Carers Policy Unit, which is part of the Adult Care and Support Division. This group of NCOs, as they are known, have taken the lead in developing specific parts of the Carers' Strategies and individual members have been funded for this purpose by the Government. The organisations involved in the group are:

* The Carers Trust Scotland.
* The Scottish Young Carers Services Alliance (SYCSA) which is hosted within the Carers Trust Scotland.
* Carers Scotland.
* The Coalition of Carers in Scotland (COCIS) - VOCAL is the managing agent for COCIS.
* Minority Ethnic Carers of Older People Project (MECOPP).
* Crossroads Scotland.
* Shared Care Scotland.

The collaborative working of the NCOs group has been widely regarded as very effective, but the Scottish Government has decided to undertake an external review of this arrangement and has employed a firm of Consultants to carry out this work. This will look at the function and operation of each NCO, the current grouping, the scope for more joint working, and the scope for rationalisation within the grouping. The purpose of the review is to maximise outcomes for carers. The Consultants commenced work in December 2013 and are expected to complete the exercise in May 2014. The findings and any recommendations may have implications for the current number and structure of carers organisations operating in Scotland and this, in turn, may have an impact on the relationship this Charity has with the Carers Trust and NCOs. The Management Committee is monitoring these developments closely.

**The Argyll & Bute Carers’ Network**

The Argyll & Bute Carers’ Networking Board is a charitable organisation which aims to advance the education and understanding of the needs and service requirements of carers; to work with, support and consult carers regarding services that may affect them and those for whom they care; and to consult with relevant statutory and voluntary agencies on issues that affect carers. The Board covers all of Argyll & Bute and is open to all carers, including young carers, former carers and any organisation providing support to carers. For many years, Tricia Morrison, the Board’s Development Officer acted as an Adviser to the Charity and attended most meetings of the Management Committee, however, at the end of 2012/13 financial year the post was made redundant. This has had an impact on communication and co-ordination of the work of the Board, which is now being addressed on an ad hoc basis by the Chairperson and managers of the member organisations.

**Risk Management**

The Charity has in place a Risk Management Policy and maintains a Strategic Risk Register covering governance, operational, financial, external and compliance risks. The Register is kept updated by the Organisational Review Sub-Committee and presented to the Management Committee on a quarterly basis. At 31 March 2014, 63 separate risks were identified, assessed and placed in the following risk categories in the Register:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Type** | **Low** | **Medium** | **High** | **Very High** | **Total** |
| Governance | 5 | 6 | 0 | 0 | 11 |
| Operational | 6 | 12 | 2 | 0 | 20 |
| Financial | 19 | 3 | 0 | 0 | 22 |
| External | 0 | 5 | 1 | 0 | 6 |
| Compliance | 0 | 4 | 0 | 0 | 4 |
| **Totals** | **30** | **30** | **3** | **0** | **63** |

The three ‘High Risks’ related to the constraints on further growth and development caused by the limitations of the accommodation within the Carers Centre; the weakness of current business continuity planning; and the consequences of new national or local government policies and priorities threatening the viability of the Charity. A number of actions were agreed by the Management Committee to control or mitigate the risks and these, together with the Register, will continue to be regularly reviewed and monitored over the next 3 years.

**Quality Assurance**

As part of its ongoing commitment to continuous improvement in its service delivery and activities the Charity has operated to recognised quality standards. The Carers Trust has adopted the Practical Quality Assurance System for Small Organisations (PQASSO) as its quality assurance system. PQASSO is the most widely used quality assurance system in the UK voluntary and community sector. In its generic form, there are 12 PQASSO Quality Areas, however, the Charities Evaluation Service (CES), which owns the system, agreed that two additional Quality Areas specifically designed for carers organisations could be added. The 14 Areas are:

1 Planning 8 Managing Resources

2 Governance 9 Communications and Promotion

3 Leadership and Management 10 Working with others

4 User-centred Service 11 Monitoring and Evaluation

5 Managing People 12 Results

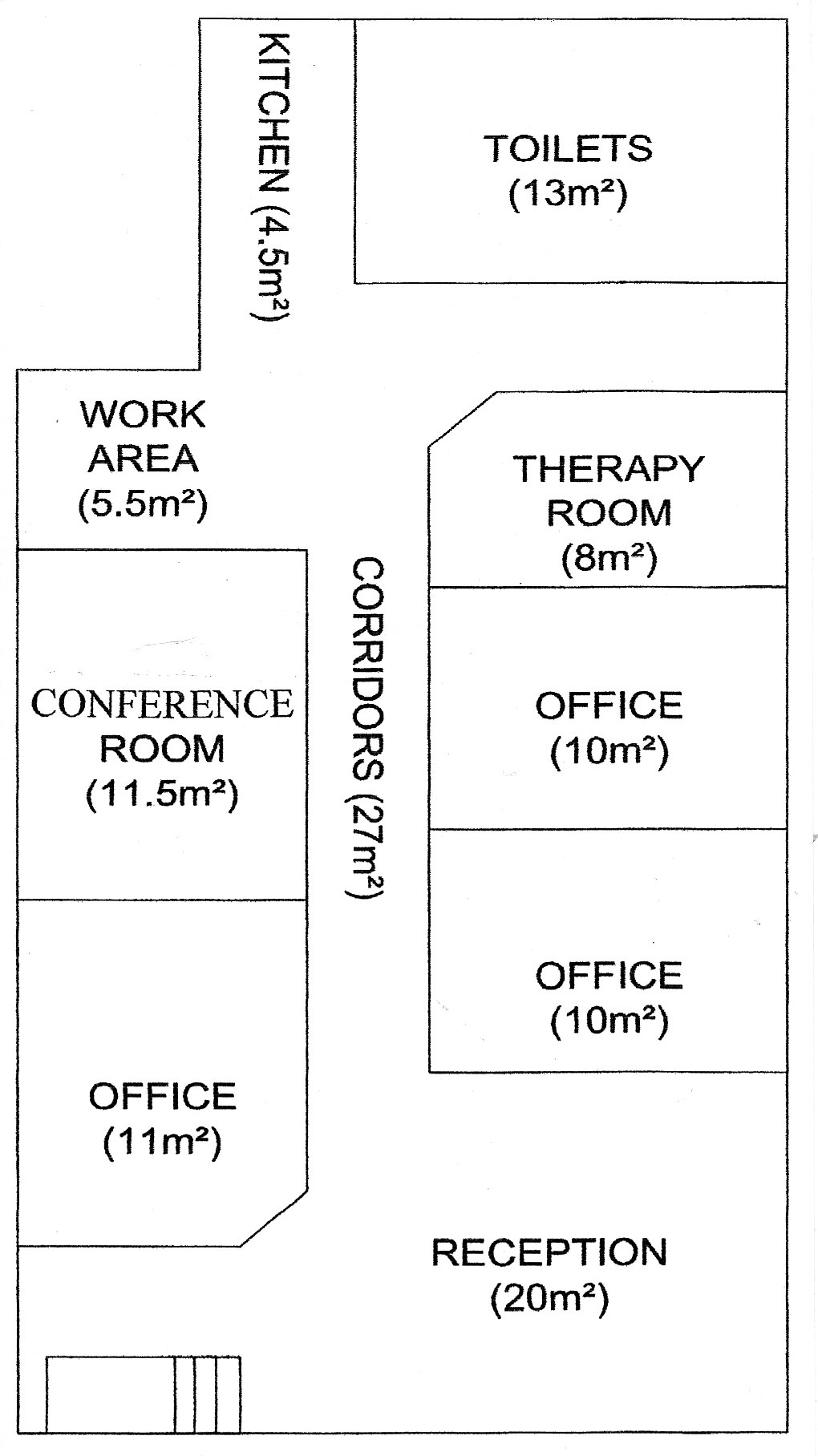
6 Learning and Development 13 Adult Carers

7 Managing Money 14 Young Carers

With the exception of Areas 13 and 14, each Area has three levels and each level has a specific standard that has to be achieved. There are seven or eight quality indicators that have to be evidenced by the organisation in order to meet the required standards. In 2012/13, the Charity applied to be accredited under this system and an independent assessor appointed by CES carried out a desktop review and, in January 2013, spent two days at the Centre interviewing trustees, staff and volunteers and reviewing processes and procedures. CES subsequently notified the Charity it had been successful in its application and it was awarded a PQASSO level 1 certificate in March 2013. This accreditation covers the standards from 1-12 and is valid for three years. Accreditation of the standards 13 and 14 is undertaken by the Carers Trust and this is was achieved in September 2013. The PQASSO accreditation and the Trust’s Quality Mark remain valid for 3 years and thereafter it will be necessary for the Charity to be reassessed. To ensure the standards are maintained and improved, the Quality Assurance Sub-Group, which sits under the Organisational Review Sub-Committee, is meeting on a regular basis to review the Charity's activities against each Quality Area.

**SECTION 5 – ACCOMMODATION AND FACILITIES**

**Carers’ Centre**

The Charity has occupied its current operating base in the Carers’ Centre at 17E East King Street, Helensburgh since 2006. The accommodation is well situated, being close to the town centre and public transport links. It provides approximately 124 square metres of floor space and this has been configured to provide a reception area, conference/meeting/training room, three offices and a treatment room, as well as a kitchen and toilets. (See side panel) This provides good facilities for the delivery of a wide range of support services for carers as well as the administration of the organisation. The lease includes two parking spaces at the rear of the building.

The property is part of a complex of business units owned by Lagarie Properties Ltd. The lease was continued in 2009 for a further 3 year period and again in 2012. This extends the lease to the end of March 2015, but it includes a break-clause, which comes into effect on 1 April 2014.

The annual leasing charge for the current 3 year period is £16,080 (inclusive of VAT at 20%). In addition, a variable annual Service Charge has to be met. It is estimated this will total £3,920 (inclusive of VAT) in 2014/15. The Charity is not VAT registered and cannot recover the amount attributed to this tax.

As a Registered Scottish Charity, there is no liability for Business Rates.

**Utilities**

The Charity pays a contribution to lighting and heating of the common areas of the complex through the Service Charge, but the Centre has a separate gas fuelled central heating system, electricity and water supply. As part of its Environmental Policy, the Charity is committed to reducing the carbon footprint of its activities by minimising energy use in the Carers’ Centre and promoting energy conservation. This led to improved management of the central heating system, targets being set for gas and electricity for the period 2011 – 2015 and the lights being upgraded to reduce energy consumption.

To achieve best value, a review in 2011/12 resulted in the contract for the supply of both gas and electricity being transferred to EON. Scottish Water provides the water supply and the estimated cost for these 3 utility services 2014/15 is estimated at £3,000.

**Telecommunications**

Following a review of telecommunications services in 2010/11, the Charity transferred the contracts it had for telephone and broadband services to British Telecom. In 2013/14 an additional land line was added to the contract to deal with the increase in the number of calls made from the Centre as a result of the recruitment of additional staff and volunteers and increased activity. The cost of these services in 2014/15 is estimated at £3,000.

**Information Technology**

The Charity has endeavoured to keep its computer and telephone equipment within the Carers Centre reasonably up to date and new equipment has been purchased over the past 3 years as a consequence of additional staff being employed. This equipment has, in the main, been stand alone, with limited networking and shared data storage. There was a need to upgrade operating systems to those required for a modern office environment, with a local area network and appropriate data management systems and procedures. The Charity purchased and had installed a new local area network within the Centre with a new central server. It was also necessary to purchase additional desktop computers and software to ensure all of the technology could be integrated. This work has now been completed, but there is still a need to replace one of the remaining desktop computers in 2014/15 and ensure a system is in place to refresh the technology and software when these are not meeting the needs of the Charity.

The Charity’s website was reconstructed in 2010/11, as a means of improving communication with carers and other interested parties, as well as providing a platform for marketing purposes. The website is reasonably well populated, but there are difficulties in keeping it up to date because of resource limitations. It is recognised the website is an important communications tool for the Charity and one of the trustees has taken responsibility for ensuring it is kept up to date until such time as more appropriate arrangements can be put in place.

The Charity also has a digital camera, photo-printer, projector and sound system and these are being extensively used at events and activities.

**Asset Management**

The Charity’s Asset Management Policy requires items purchased or acquired for use by the organisation, such as furniture and equipment, to be recorded in an Asset Register, which also acts as an inventory. The Register is kept under review by the Treasurer, who carries out a physical inspection on an annual basis to assess depreciation, deal with write-offs and ensure there are no irregularities.

Many of the items of furniture held within the Centre are second hand or have been gifted by various individuals and organisations, but over the past three years the Manager has been gradually replacing items that were no longer considered fit for purpose.

**Fabric of the Accommodation**

The Landlord carried out a major upgrade of the complex in which the Carers Centre is located during 2010/11 and this continued into 2011/12. The external condition of the Centre is very good and in 2012/13, the interior was repainted by the trustees and a number of minor repairs were made. This has freshened up the facilities and improved the operating environment. To ensure standards are maintained, the Treasurer carries out an annual inspection of the internal fabric of the Centre and spot checks throughout the year.

**Insurances**

The Management Committee has a duty to safeguard the property of the Charity, not only from direct loss or damage, but also from third party liabilities which would otherwise have to be satisfied out of the resources of the organisation. In addition to taking appropriate steps to protect the property and prevent loss, damage or injury to any person, the trustees maintain appropriate insurance cover. The building insurance is part of the Service Charge paid to the Landlord, but the Charity has contents, public liability, employers’ liability and events insurance cover.

**Health & Safety**

The Charity is no different from other organisations in the duty of care owed to its staff and volunteers, as well as to members of the public visiting the Carers Centre or other properties maintained and operated by the Company. A considerable amount of work has been carried out by the Manager over the past four years to ensure compliance with the Health & Safety requirements within the Centre. For example, contracts are in place to ensure annual safety checks on fire extinguishers and electric equipment and the gas heating boiler; evacuations plans are in place; fire alarms and smoke detectors are regularly tested; the proper signage is displayed in the Centre; first aid boxes are available and a number of staff have undergone first aid training; cleaning materials are safely stored, workplace assessments have been carried out for all workstations; the intruder alarm system has been improved, staff have been issued with personal attack alarms and there are written policies and procedures in place. The Landlord has also improved the external security of the building with improved lighting, CCTV and strengthened door entry controls.

Although it has long been the practice for staff to carry out operational risk assessments for activities and events involving adult carers, a new dimension was added in 2012/13 with the introduction of services for young carers. The Young Carers Development Co-ordinator brought to the role experience gained in another Carers Centre and she has put in place risk assessments and safe working practices appropriate for supervising young people.

The Treasurer carried out a full Health and Safety Audit during the course of 2013/14 and the only defect identified was a cable that needed to be secured and a review of the fire exit signage in the building, which have since been addressed. However, there can be no complacency with health and safety and the Trustees accept their collective role in providing the necessary leadership in this regard. The Organisational Review Sub-Committee has established a Health & Safety Sub-Group to monitor safety issues and during 2013/14 the membership was increased to improve the effectiveness of this Group.

**Review of Accommodation Requirements**

With the steady expansion of services, increasing numbers of staff and volunteers and rising costs of maintaining the current accommodation, the Charity has examined options for relocating to other premises, as well as securing additional ‘overspill’ accommodation. This has become a pressing matter as there is now little capacity to expand services using the Centre as the administrative or operational base. The trustees preference would be to buy suitable property, rather than lease, but identifying a property and securing the necessary funding have presented challenges that have not yet been overcome.

Towards the end of 2013/14 an option was identified for the Charity to relocate to larger premises. At the time of updating this Report, this was being actively pursued and the Management Committee has established a Project Team to take this forward. If this option proves viable, it is not anticipated that it will be possible to relocate the Carers Centre in 2014/15.**SECTION 6 – DEVELOPING AS A SOCIAL ENTERPRISE**

**Background**

Part of the Scottish Government’s economic strategy over the past few years has been to encourage third sector organisations to become more engaged in delivering public services and a number of initiatives have been taken by its Third Sector Division to assist the voluntary sector participate in this arena. It aims to create the right conditions in which social enterprises can thrive, enabling the third sector to play a full role in the development, design and delivery of policy and services in Scotland.

The Charity falls within the accepted definition of a social enterprise, largely because of the Joint Service Contract it has with Argyll & Bute Council and NHS Highland. A number of Carers Centres in Scotland have ventured further into this area and established social enterprises to deliver a range of related services and opportunities for carers, particularly young carers. These generate a regular income, which is used to help meet the core and development costs of these Centres, thereby strengthening sustainability and reducing dependency on external funding sources.

Sustaining the Charity is a constant challenge, largely because longer term financial planning is an uncertain exercise. The Joint Service Contract has to be renewed on an annual basis and most of the grant funding, with the exception of the support provided for the Young Carers Initiative by the Big Lottery, is for a single year. This makes it difficult to break out of the 'annuality' mind-set, as no one can be sure what funds might be available the following financial year. Whilst developing a rolling 3-year business planning cycle has proved very successful for the Charity and has driven the growth in the services provided, this approach been built more on hope than on expectation. Opportunities to strengthen the financial stability of the Charity are limited and it is likely it will always be dependent upon the existing funding streams. It is recognised, however, that developing further as a social enterprise does present options.

**Argyll & Bute Social Enterprise Network**

The Charity has been a member of the Argyll & Bute Social Enterprise Network for a number of years and the Manager, Chairperson and Treasurer have attended meetings, information and training events organised by the Network and, through its Development Officer, met various individuals and organisations with a role in promoting social enterprises. In 2010/11 contact was made with Community Enterprise in Scotland, which provided the assistance of a Consultant in preparing a Business Growth Development Strategy.

The Consultant carried out an assessment and, in his subsequent Report, he acknowledged that the Charity was well governed and managed and the trustees were particularly ambitious in their aspirations to expand services to benefit the local community. However, he concluded that there is a need to urgently address the shortage of funding, as the Charity had a very small operating budget from which to deliver services and did not have large reserves or cash available to spend on developing income generating ideas.

In considering potential strategic developments that might generate additional income, the Consultant analysed a range of statistical data and the demographics of Helensburgh and Lomond and concluded that residents in many areas covered by the Charity were likely to have more disposable funds to buy services they may not presently receive or services that are delivered by agencies based outside of the operating area. Given the age profile of the population, residents were likely to be more comfortable with services delivered by a ‘local’ organisation, provided the quality is at least the same as their present provider. In his Report to the Management Committee, the Consultant highlighted the following two primary issues to be addressed by the Charity in planning to develop its portfolio of services:

* + - * maintaining a regular and continuing dialogue with representatives of Argyll & Bute Council to keep the Council updated on the Charity’s development plans, and
      * raising the Charity’s profile in Helensburgh and Lomond.

His view was that the economic climate has compelled all local authorities to look for ways to deliver services in more innovative and less expensive ways. The Consultant concluded that as a ‘mature’ organisation, the Charity was in an excellent position to help in this process by offering a range of services that could be delivered locally.

**Business Growth Development Strategy**

The resulting Business Growth Development Strategy has since been absorbed into the business planning process, but it set out the following four Strategic Developments for the Charity to take forward:

i) Purchase or build a new Carers Centre/Community Hub

As mentioned in Section 5 of this Plan, the Management Committee has been reviewing the future accommodation requirements of the Charity, both in the light of the need for additional space for new services. A number of options have been considered and while some have been unsuccessfully pursued or rejected, others continue to be examined.

ii) Introduce new Third Sector Services to be based in Helensburgh

This related to the Charity’s plans for introducing Befriending, Advocacy and Young Carers Services; the development of its bank of volunteers; the employment of a Case-worker and Young Carers Development Co-ordinator; and building strategic alliances with partners. With the exception of introducing an Advocacy Service and employing a Caseworker, these plans have since been achieved.

iii) Generate Funds from Sources other than Statutory Bodies

This related to generating funds from other sources to reduce the dependency on grant funding. Suggestions included organising fundraising events, considering a Mobility Equipment Shop; and charging for services.

The ‘core’ Service Contract the Charity has with Argyll & Bute Council secured £43,000 per annum at the time the Consultant carried out the review, but in 2012/13, the Service Contract became a joint contract between the Charity and Argyll & Bute Council and NHS Highland and its value increased to £97,300 per annum. This followed agreement being reached for the Charity to introduce new services for carers. The Fundraising Strategies for the past 4 years have given priority to attracting funds from fundraising activities and this has raised more than £40,000 over that period.

Consideration has been given to developing some form of trading arm for the Charity, such as opening a Mobility Equipment Shop in Helensburgh and establishing a Respite Centre, but these have not as yet been progressed because of other priorities. There are no plans to introduce charges for any services, other than for the existing arrangements for seeking contributions from former carers who wish to participate in events and activities. Further details of the Charity’s financial plans for the next three years can be found in Section 13 of this document.

iv) Other Growth Strategies

This concerned raising the profile of the Charity by targeting key individuals who might be able to help to promote the organisation; key local businesses; developing the potential to introduce new services under the Service Level Agreement (now Contract) with Argyll & Bute Council.

At the end of 2010/11, the Management Committee approved a Communications and Marketing Strategy for the Charity and the agreed actions take full account of the Consultant’s view that *“profile, image and awareness are key components in service development.”*  This was updated in 2012/13 and again in 2013/14 and the Manager has pursued the Strategy with considerable vigour and initiative. Articles about the work of the Charity regularly feature in local newspapers and magazines and it has become a routine part of the work of most of the staff to deliver presentations to Community Groups and other organisations. The visibility and reputation of the Charity has grown significantly in recent years and efforts will be made in 2014/15 to maintain and improve upon the current position.

The proposals set out in the Business Growth Development Strategy have been taken forward and were initially incorporated into earlier versions of this Business Plan. There are opportunities for the Charity to provided contracted services as a social enterprise, but it has proved difficult to find the space and capacity to explore these as thoroughly as the Management Committee would otherwise have wished. Nevertheless, this remains a key feature of the Committee's future plans.

**Social Return on Investment Toolkit**

In 2011, Baker Tilly Corporate Finance LLP, was funded by the National Health Service to carry out a Social Return on Investment (SROI) analysis of 5 separate carer’s centres in England, which were part of the former Princess Royal Trust for Carers (PRTC) Network. It was found that a social value of £73m per annum was produced from an annual investment of £5m. On the basis of the £57m of funding received by the network of 144 carers centres across the UK, the Accountant's extrapolated the net gain to society to be at least £814m.

This work was subsequently endorsed by Scottish Government’s Third Sector Division and it worked closely with PRTC to develop a SROI measurement toolkit, in the form of computer software, which could be used by Carers Centres and similar organisations in Scotland. This was successfully tested by a number of Centres in Scotland before being made more widely available to the Network. The PRTC organised a training event for those Centres interested in utilising this toolkit in March 2012, which a representative of the Charity attended. The Management Committee was convinced that the SROI toolkit was a credible means of demonstrating the wider social value the services provided by the Charity, however, it was difficult to free up resources to undertake the exercise.

In recent years the Charity has made work placements available to University and College students and, in 2012/13, an 18 week placement was offered to Janey Macdonald, then final year student from Strathclyde University. As part of this arrangement, the student had to complete an academic assignment and it was agreed she would carry out the SROI analysis of the work of the Charity, using the toolkit mentioned above. The toolkit compels a careful, prudent approach to avoid over enthusiastic assumptions and the analysis showed that every £1.00 spent by the Charity produced a return of £4.63 in social benefit to the wider community.

One of the most interesting findings of the analysis is that almost 60% of the benefit carers’ gain from being supported by the Charity flows directly from the work done to assess and meet their needs in the first year of contact. Thereafter, the value of the contact diminishes as carers become more self assured, have a greater awareness of their role, their rights and entitlements and become confident that when they encounter difficulties they can turn to the Charity for support. This finding is of fundamental importance to the Charity if it is to continue to increase the social return on the funding it receives and it had a direct bearing on the Charity’s decisions in 2012/13 to bid for the funding, which led to the employment of a Carers Training Co-ordinator and Carers Assessment Support Worker.

Ensuring that carers needs are properly assessed as soon as they take on this responsibility and that they receive appropriate training at the earliest opportunity are critical if they are to avoid the difficulties and crisis situations that cause so much stress and anxiety many experience in the early stages of their caring roles.

The Charity plans to conduct a further SROI exercise in 2014/15 to assess if the measures taken since 2011/12 have increased the social return.

**SECTION 7 – STAFFING AND VOLUNTEERS**

**Staffing**

From its establishment in 2000, the Charity has employed a full-time Manager and part-time Administrative Support Worker, and this did not change until 2009 when the first Outreach Support Worker was added to the staff complement. In 2012 a second Outreach Carers Support Worker joined the team and a Young Carer Development Co-ordinator and Young Carers Support Worker were employed to take forward the Young Carers Initiative. In 2013, the posts of Carers Training Co-ordinator, Carers Assessment Support Worker and Carers Befriending Service Support Worker were added to bring the staff complement up to nine. The most recent post of Young Carers Education, Training and Employment Worker was created at the end of 2013/14, but the recruitment process was still ongoing when this Plan was being updated. This will complete the following staff chart:

|  |
| --- |
| Manager |

|  |
| --- |
| Young Carers Development  Co-ordinator |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Young Carers Support Worker | Young Carers Education, Training & Employment Worker |  | Outreach  Carers Support Workers  (2 posts) | Carers Training Co-ordinator | Administration and Finance Support Worker | Carers Assessment Support Worker | Carers  Befriending Service Support Worker |

**Manager**

**Eileen McCrory**, who took up her full-time appointment as Manager in September 2009, has considerable experience of working with both the voluntary and statutory sectors in Helensburgh and Lomond and had previously acted as one of the Charity’s Advisers. She has made a significant impact in leading the organisation, building relationships with other organisations, introducing changes to working practices and securing new sources of funding to allow the Charity to fulfil some of its long held aspirations.

**Young Carers Development Co-ordinator and Support Worker**

Funding secured from the BIG Lottery - Investing In Communities Supporting 21st Century Life Fund - allowed the Charity to launch the Young Carers Initiative in 2012. **April Walker** joined the Charity in April 2012 as the Young Carers Development Co-ordinator. She has considerable experience of working with young carers, having previously been employed by a Glasgow carers centre in this capacity. At the same time, **Sharon Richardson**, who was previously employed by the Charity as its Administrative Support Worker, was appointed the Young Carers Support Worker. Both posts are full-time.

**Outreach Carers Support Workers**

**Eileen Churchill**,also joined the Charity with many years of experience working with adult carers, having previously been employed by a Glasgow carers centre. She took up the post as a part-time Outreach Carers Support Worker in December 2012 and works 25 hours per week. **Christine McTaggart** was a volunteer with the Charity before being employed as an Outreach Support Worker in June 2013 working on a part-time basis, 20 hours per week. Both posts are funded from Argyll & Bute Community Health Partnership’s Change Fund, which is supporting the Scottish Government’s Reshaping Care for Older People Programme.

**Carers Training Co-ordinator**

This post was established in 2013 to address a gap the Management Committee had identified in organising and delivering training for carers. A similar post was previously funded by the Big Lottery on a pilot basis, through the Princess Royal Trust for Carers, and was shared between the Charity and North Argyll Carers Centre. The pilot identified the training needs of carers and the benefits gained, but when the pilot was concluded in 2012, the Charity did not have the capacity to fill the gap this created. Funding from NHS Highland’s Carer Information Strategy allowed **Janey Macdonald** to be appointed on a part-time basis in February 2013, working 25 hours per week. Janey had previous experience of working with carers during an 18 week placement she undertook with the Charity during her final year of studies at Strathclyde University.

**Administration and Finance Support Worker**

**Inge Fik** was appointed the Charity’s full-time Administration and Finance Support Worker in June 2012, having previously been employed in a similar capacity within an education environment. She deals with much of the organisation’s general administration, including financial processes, in support of the Manager and other staff and she is also involved in the day to day running of the Carers Centre, which often requires her to interact with carers, providing them with information and advice.

**Carers Assessment Support Worker**

Following discussions with Argyll & Bute Council, funding was secured in 2013 to allow the Charity to employ **Shirley McHugh** as a Carers Assessment Support Worker on a 24 hours per week contract for two years. She took up the position in February 2013, which is effectively a shared post between the Charity and Crossroads (Cowal and Bute), funded by the Change Fund. Shirley formerly worked for the Council and has considerable experience of carers’ issues. Conducting a detailed assessment of a carer’s needs is essential if they are to be properly supported and the purpose of establishing this post, as well as a similar post covering west Argyll, is to increase the number of assessments conducted.

**Carers Befriending Service Support Worker**

Working in partnership with Alzheimer Scotland, the Charity introduced a pilot Carers Befriending Service in 2011/12 and this proved such a success that it was formalised and continued into 2012/13. Initially, one of the Outreach Support Worker posts had a responsibility for promoting and supporting the Service, but when the opportunity arose for the Management Committee to review progress, it was decided to separate out the responsibilities and employ a dedicated member of staff for this purpose, working part-time on a 12 hours per week basis. **John Izatt**, was recruited and took up the position in June 2013. This post is also funded from the Change Fund.

**Young Carers Education, Training and Employment Worker**

The Carers Trust was chosen by The Co-operative as its Charity of the Year for 2013 and, in partnership with the Trust, it raised funds to support young carers. Towards the end of that year, Centres that are part of the Trust's Network, were invited to submit bids to utilise the money raised through what was called the 'Time for Change Grant Programme.' The Charity applied and was successful in securing funds to meet the costs of employing the above post, which is a part-time position working 25 hours per week and will be based in Garelochhead. The postholder will be responsible for co-ordinating and facilitating the delivery of a comprehensive support programme for young adult carers 14-24 years of age to assist them navigate their pathways into education, training and employment. The successful applicant is expected to join the staff team in April 2014.

**Office Junior**

The Charity has offered opportunities to young people to gain work experience in the Carers Centre and in 2013/14 this included a young carer who worked with the Young Carers Initiative for a 12 week period under a scheme funded through the Carers Trust. The Management Committee is exploring further opportunities for similar placements with Jobcentre Plus, through a Government Initiative called 'Get Britain Working', with a view to providing further placements in 2014/15.

**Sessional Workers**

The Charity regularly engages self-employed sessional workers to provide specific services for carers, such as holistic therapies and counselling. The Young Carers Initiative has used sessional youth workers to assist the full-time staff in organising and supervising events and activities. The sessional workers are required to sign a Standard Terms of Agreement, to comply with the Charity’s Sessional Workers Policy.

**Future Staffing Requirements**

Previous versions of the Business Plan set out proposals to recruit a part-time Caseworker to address the more complex issues that carers have to deal with, which currently fall to the Manager to resolve. The Manager is of greater value to the organisation focusing on strategic matters and a Caseworker would both free up her time and provide a more personalised service to carers. The Princess Royal Trust for Carers tried to secure funding for this post in 2010/11 and 2011/12 on behalf of the Charity, but without success.

The Management Committee re-evaluated the requirement for this post in 2012/13, in light of the increased number of staff and volunteers. They acknowledged the need to free up the Manager from some of her front line responsibilities, to allow her to concentrate of more strategic issues in order to improve and expand services for carers. Difficulties had arisen when the Manager was absent for various reasons and this compelled temporary arrangements being put in place with the Young Carers Development Co-ordinator acting as her deputy and exercising responsibility for supervising other staff and volunteers. This temporary arrangement is not considered sustainable in the longer term and a permanent solution is required.

The Management Committee concluded that rather than a Caseworker, the Charity requires a first line management post to oversee the services for adult carers, reporting to the Manager. A working title for this post is Adult Services Officer and securing funding for this role is one of the Organisational Objectives in this Plan (See Section 11).

**Volunteers**

Volunteering is an activity where individuals choose freely to help others and accept the responsibilities this entails, without financial reward. For this to be successful, the needs of the organisation, service users and volunteers must match. People are motivated to volunteer for a variety of reasons, but many wish to make a positive difference to their local community or vulnerable groups by contributing their time, skills and experience. In return, volunteers expect to feel valued; gain a sense of personal fulfilment and satisfaction; as well as undertake work that is interesting, sociable and enjoyable.

From its early beginnings, the Charity has relied on the informal support of volunteers and this can best be illustrated by the fact that all the trustees are unpaid volunteers and individual carers have always been willing to help as and when required. In 2009/10 the Management Committee established new Volunteer policies to formalise the arrangements for the recruitment, training and deployment of volunteers and this was followed in 2010/11 by a Volunteer Strategy to help turn the policies into practice. The assistance of Argyll Voluntary Action was enlisted to identify volunteers with the necessary skills, who may have had no previous contact with the Charity.

The new approach proved a resounding success and at 31 March 2014, there were 54 volunteers (excluding the 11 trustees) supporting the work being carried out by the Charity. Volunteers act as receptionists to ‘meet and greet’ carers when they drop into the Centre; assist with a wide range of administrative tasks; provide graphic artist services; help produce the Newsletter; undertake the annual Carers Survey; support staff at social events and activities; manage Gift Aid administration; organise fundraising events and one has taken on the role of Volunteer Co-ordinator.

The development of volunteering in the work of the Charity over the past four years has been significant and employing them in different areas has delivered tangible benefits for the organisation, as well as the individuals themselves. They have had the opportunity to be part of a team, operating within a vibrant organisation that is providing vital services to a vulnerable sector of the community. The Charity recently updated the Volunteers Strategy and aims to build on this past experience in 2014/15, particularly in relation to supporting the Young Carers Initiative and Outreach Service.

**Student Placements**

Those employed by the Charity recognise they are joining a small and dedicated team of people who have to be flexible and able to deal with the wide range of issues that carers bring to them to resolve. This compels the staff to be ‘multi-hatted’ and willing to take on tasks and responsibilities that may not be specified in their job description. It is an ambitious and busy organisation, with never enough time to do all that the staff wish to do and is an ideal learning environment in which to place someone who intends to pursue a career in the social care sector.

The Charity has previously supported students from Strathclyde University by offering work placements and this has proved a great success that provided tangible benefits to both the student and the organisation. The Manager is in regular contact with Academic Institutions in the West of Scotland to ensure they are aware the Charity is willing to offer such opportunities and this will be explored further in 2014/16.

**SECTION 8 – NATIONAL AND LOCAL POLICY OBJECTIVES**

The development and sustainability of the Charity has to be viewed against the wider political, economic and social policy landscape. A number of key policy initiatives and documents have been implemented at a national and local level that have impacted directly or indirectly on the operations of the Charity and will continue to do so in the future.

Inthe late 1980s and early 1990s, there was growing recognition by the UK Government of the role and rights of informal carers and this was reflected by references to the needs of carers in emerging community care legislation. Significantly, a carer’s right to have their needs assessed at the same time as an assessment is being made about the needs of the person they care for, was embedded in the Carers (Recognition and Services) Act 1995. In Scotland this was implemented by an amendment to the Social Work (Scotland) Act 1968, which placed duties on local authorities to assess needs for certain services.

A gradual shift can be seen in public policy and associated legislation acknowledging and having regard to the important contribution carers make to society when the 1996 reorganisation of local government in Scotland was being planned and the pace of this quickened following devolution in 1999.

**Carers’ Strategy for Scotland**

In 1999 the Scottish Government produced a “Strategy for Carers in Scotland” mirroring the UK Government’s National Strategy for Carers, “Caring about Carers”, and focusing specifically on delivery in a Scottish context. Through consultation with a range of agencies a number of key priorities were identified, including:

* the promotion of new and more flexible services for carers, including respite care, at a local level;
* the introduction of national standards for such services;
* the need for monitoring the performance of health and social services in supporting carers;
* the introduction of carers’ legislation to allow carers’ needs to be met more directly;
* the provision of better and more targeted information for carers at a national level, and
* attention to the specific needs of young carers.

The Strategy for Scotland was launched in 2000 and was instrumental in funding being provided to Argyll & Bute Council which led to the Charity being established in Helensburgh and Lomond. Its production remains one of the historic milestone in the development of carers’ services in Scotland but, in the years that followed, progress in taking forward these national policy objectives was patchy and slow. The Scottish Government reviewed the Strategy and, in 2010, published two combined reports relating to both adult and young carers setting out Strategies for the period 2010 – 2015. These are both addressed later in this Section of the Plan.

**The Community Care and Health (Scotland) Act 2002**

The above legislation introduced various provisions to support carers including:

* carers providing regular and substantial care, including parent carers, entitled to a carers’ assessment independent of the person they care for;
* young carers under 16 have the right to an assessment;
* a duty placed on local authorities to inform eligible carers of their right to an assessment;
* a duty placed on local authorities to take account of the care provided by a carer, and the views of the person cared for and the carer before deciding on the services to be provided, and
* Scottish Ministers given the power to require NHS Boards to draw up carer information strategies to inform carers of their rights under the legislation.

**Care 21 Report**

In 2005, the Scottish Government commissioned the ‘Care 21: The future of unpaid care in Scotland’ Report to seek the views of carers across Scotland on the future delivery of care services. The Report made 22 recommendations across a number of priority areas, including respite; health; training; and young carers. The following is a summary of the key recommendations:

* a Carers Rights Charter for Scotland should be developed;
* a separate Strategy be developed for Young Carers;
* to enable greater choice and control, the balance of purchasing power should shift to carers and users;
* the development of a national ‘expert carer’ programme to include training for people to develop their own caring skills, knowledge and expertise;
* NHS Carer Information Strategies should be implemented as an early priority in all localities and that the requirements are extended to include local authorities;
* the Carers’ Strategy should be updated to incorporate the impact of demographic and social change and to plan for resourcing of future need;
* a national awareness campaign should be launched to ensure that employers are made more aware of both their roles and their responsibilities towards carers, and the overall contribution of unpaid carers;
* a national strategic framework be developed to ensure carers are given a statutory entitlement to breaks from caring, and
* policy must continue to be based on good research, including reliable statistical evidence with attention to the diverse experiences of unpaid carers.

The recommendations were widely supported and promoted by those organisations operating within the care sector and a number have since been taken forward. Although this is now somewhat dated, the Report is seen by carers organisations to be of critical importance and its findings and recommendations continue to be relevant. A number of its recommendations are picked up in the Scottish Government’s carers strategies for 2010-2015 referred to later in this Section of the Plan, particularly in developing a Carers’ Rights Charter for Scotland.

**Carer Information Strategy**

All NHS Health Boards are required to produce a Carer Information Strategy that meets set minimum requirements and the Scottish Government has made funding available each year since 2009/10 to support the Strategy. This must show:

* the arrangements for the involvement of carers in the development of the strategy;
* how Boards have identified the information carers need, how it will be provided and by which lead agency;
* specific proposals for addressing the information needs of young carers and carers from minority ethnic communities,
* the steps that will be taken to identify and inform carers and signpost to support services;
* detailed proposals for staff training;
* detailed proposals for carer training including “expert carer” training targeted specifically at carers with intensive caring responsibilities;
* identification of lead officers at senior manager level and specific staff within teams;
* joint working arrangements, and
* clear details on how performance and outcomes for carers are to be monitored.

Within Argyll & Bute, the Board of NHS Highland has taken the above forward with the publication in 2008 of two related documents, namely the:

* Enhanced Services Programme for GP Practices, and
* Carer Information Strategy.

The NHS Highland’s Strategy for carers was developed to allow carers to feel “recognised and valued, informed and involved and supported and healthy.” The specified Aims are to:

* identify carers at the earliest opportunity;
* provide regular and appropriate training for staff;
* provide the right information to carers at the right time;
* undertake timeous and effective assessment of carers’ support needs;
* develop effective communication with and involvement of carers;
* provide support for carers, and
* provide training for carers.

The Charity was consulted by the Argyll & Bute Community Health Partnership on the objectives set out in the two documents and invited to bid for funding to support the achievement of particular objectives and outcomes in relation to both. In February 2009, a grant for £6,750 was allocated to the Charity in relation to the Enhanced Services Programme for GP Practices and the balance of this funding was utilised to support the Programme in 2009/10. The Programme has since drawn to a close.

Since September 2009, the Charity has received annual grant funding from NHS Highland’s Carer Information Strategy monies. This was initially used to strengthen and develop the Outreach Service, but the most recent grant of £23,000 received in 2013 is being used to meet the costs of the Carers Training Co-ordinator and Carers Training Programme. No commitment has been made by NHS Highland to continue to provide grants to the Charity, as this is dependent upon the Scottish Government continuing to financially support Health Boards in respect of the Carer Information Strategy.

**Single Outcome Agreements**

Single Outcome Agreements have emerged over the past few years as Governments and public organisations internationally changed their approach to the management of public services. Previously, administrations would focus on inputs, processes and outputs, and judge performance largely on how allocated budgets were spent and how processes were followed. In Scotland, this often involved the ring-fencing of funding streams, but it was not clear what benefits this achieved. There has therefore been a shift in approach to enable governments to promote and measure progress in terms of outcomes - or what makes a meaningful difference to the quality of people's lives.

The Scottish Government has moved most of Scotland's public services to an outcomes-focused approach to performance. The principles of effective partnership working and localism have been integral to the way in which this has been pursued. The Government's National Performance Framework (NPF), first published in November 2007, underpins partnership working towards shared outcomes. It provided an opportunity for Scotland's entire public sector to align their priorities and business planning processes, with a single Purpose and set of National Outcomes to improve the quality of life and opportunities of the people of Scotland through increasing sustainable economic growth.

The NPF tracks progress by 7 Purpose Targets and it is supported by 16 National Outcomes - describing the kind of Scotland we want to be - and 50 National Indicators, covering key areas of health, justice, environment, economy, and education measure progress.

The 2007 Concordat between the Scottish Government and CoSLA recognised the role of councils and councillors as leaders of their local communities, and the position of local authorities at the heart of local democracy, accountable to their electors for their decisions and actions. The Concordat set out the joint commitment of the Scottish Government and local government to an outcomes-focused approach to the planning and delivery of local services. It also established Single Outcome Agreements (SOAs) as a vehicle to bring together a focus on national and local priorities, based around the NPF, but with the flexibility to reflect priorities around particular local needs.

The first sets of SOAs were agreed in 2008 and required local authorities to develop and report on a set of 15 national outcomes and indicators that formed part of the 2007 Comprehensive Spending Review, initially covering the financial period 2008/9 – 2010/11 and then subsequently were rolled forward annually by one year. From 2009/10 onwards, the SOAs were between each Community Planning Partnership (CPP) and the Scottish Government and it is for the Partnerships to agree their strategic priorities for the local area.

Under this arrangement, each CPP has to submit a single report on the year just finished and plans for the year to come, setting out progress and achievements towards the national outcomes, which are part of the NPF. This change was linked to the removal of ring fenced funding and the associated reporting requirements, which gave local authorities more room for manoeuvre in setting local priorities. A Concordat Oversight Group, comprising Audit Scotland, CoSLA, SOLACE and the Scottish Government Improvement Service was established to oversee developments and work continues on refining the outcomes approach and improving local outcome indicators.

There is a concern amongst carers’ support organisations that carers’ services do not feature in many local authority reports, but this has been attributed to the ‘high level’ of the plans rather than any erosion in the commitment to support carers. Discussions continue to take place at a national level to try and establish a common set of outcomes that might be universally adopted between carers’ organisations and local authorities in Scotland.

This shift to an outcome based approach is reflected in the Service Contracts the Charity has had in recent years with Argyll & Bute Council (now a joint Contract with NHS Highland) in relation to the provision of support services for carers in Helensburgh and Lomond. Discussions take place each year with representatives of the Council on the Charity’s performance over the previous 12 months and any adjustments that may be required.

**Caring Together – The Carers Strategy for Scotland 2010 – 2015**

After more than a year of consultation and joint working between the Scottish Government, CoSLA, the National Carers Organisations in Scotland, other voluntary bodies and Health Boards, the above Strategy was launched in July 2010. The Headline Message was that carers are equal partners in the planning and delivery of care and support. There is a strong case based on human rights, economic 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. The Strategy states that activity should focus on identifying, assessing and supporting carers in a personalised and outcome-focused way and on a consistent and equal basis.

The following 10 Actions set out in the document were intended to help improve outcomes for carers:

* the development of a Carers Rights Charter, consolidatingexisting legal rights and setting out key principles for carers support;
* measures to be put in place to help professionals in the health and social care workforce identify carers;
* steps to be taken to improve the uptake and quality of carers assessments/carer support plans;
* the provision of information and advice to carers to be improved;
* carer representation on Community Health Partnerships to be ensured;
* a bespoke resource on issues relating to stress and caring to be produced, work to continue with the Royal College of General Practitioners in Scotland and the national carers organisations on carer identification and support and to ensure that carers aged 40-64 have access to health checks;
* an investment in carer (and workforce) training through a grant to the National Carer Organisations;
* an investment to provide more innovative short breaks provision in Scotland to be delivered by the voluntary sector;
* the promotion of carer-friendly employment practices to be encouraged, and
* better strategic planning and collaborative working between health and social care services to ensure that carers do not have to negotiate the boundaries of different health and care services.

**Getting it Right for Young Carers – Young Carers Strategy for Scotland 2010 – 2015**

The Young Carers Strategy formed part of the same document containing the Carers Strategy published in July 2010. The Headline Message was that young carers can benefit from the caring contribution they make. It can provide them with personal skills and an important role in the family, which enables them to demonstrate their commitment and affection. However, the demands of caring can also be onerous and can have an adverse impact on young carers’ health and wellbeing. The responsibilities of caring can deny a young person their rights and can compromise their safety.

Early intervention is necessary to prevent this. By identifying, assessing and supporting young carers, agencies and practitioners can relieve them of inappropriate caring roles and enable them to be children and young people, first and foremost. Adequate and timely support enhances young carers’ opportunities to become successful learners, confident individuals, effective contributors and responsible citizens.

The following 10 Actions set out in the Strategy were designed to improve outcomes for young carers:

* the Scottish Government to fund a fourth Scottish Young Carers Festival in 2011;
* measures to be put in place to help professionals in education, health and social care to identify young carers;
* a classification of ‘young carers’ to be introduced in the 2011 school census;
* the Scottish Government to work with the Scottish Young Carers Services Alliance to produce a practice guide on young carers for teachers and schools;
* the provision of information and advice to young carers to be improved;
* research into the characteristics of young carers to be commissioned;
* work to take place with a range of partners to promote the further development of flexible, personalised short breaks;
* Skills Development Scotland to design and develop suitable materials and training opportunities to support young carers’ services’ contact with young adult carers;
* Skills Development Scotland to refresh their publicity materials for young carers, and
* A range of actions to improve support to young adult carers to be progressed.

Both the Scottish Government and CoSLA gave a commitment to take forward the Action Points in the Carers Strategy and Young Carers Strategy and prepare an Implementation Plan and conduct a formal review by August 2013. The Government has also set up an Implementation and Monitoring Group to oversee the implementation of the Strategy and to report progress to the Health and Community Care Delivery Group. It is the case that some progress has been made in respect of all 20 Actions and these will be reviewed by the Scottish Government during 2014/15.

**Argyll & Bute Council and NHS Highland Carers Strategies**

Argyll & Bute Council and NHS Highland have aligned their respective carers strategies with those of the Scottish Government.

**Reshaping Care for Older People Programme – The Change Fund**

As described in Section 3 of this Plan, Scotland’s older population is likely to increase by around two thirds in the next twenty years. Unplanned admissions to hospitals and care homes account for nearly one third of the combined resources currently spent on health and social care for older people. To address these demographic and funding pressures, there is a need to change the way care services are planned and delivered. That means planning and providing services in much more integrated ways between GPs, hospitals and community-based health, social care, housing and independent sectors. It means improving the whole range of services and designing better ways of communicating across different agencies in support of this.

The Reshaping Care Programme for Change 2011 - 2021, is being taken forward through the Ministerial Strategic Group on Health and Community Care and has involved a series of eight primary workstreams. This work has a Delivery Plan which focuses on:

* Care Pathways - ensuring that those with complex needs are well supported by all parts of the care system;
* Care Settings - which will help older people to remain at home or in homely settings, and
* Community Capacity - to enable older people and their communities to provide "supported self care."

The Scottish Government established the Change Fund to support the implementation of the Reshaping Care for Older People Programme, which has the principal goal of optimising the independence and wellbeing for older people at home or in a homely setting. Against the backdrop of the current turbulent financial climate and projected demographic changes, it is considered that significant shifts to anticipatory and preventative approaches are required to achieve and sustain better outcomes for older people. The Change Fund provides bridging finance to facilitate shifts in the balance of care from institutional to primary and community settings and creates opportunities for greater co-production and more effective partnership working across the statutory and non-statutory sectors, which lies at the core of the Reshaping Care for Older People agenda.

The Change Fund Guidance points out the important contribution carers can make to deliver this step change. The Scottish Government’s Carers Strategy makes clear that carers enable people with illnesses or disabilities to remain at home in their own communities safely, independently and with dignity. It is much more likely that a cared-for person will be admitted to hospital and the carer’s own health will deteriorate if the carer is unsupported. It follows that if carers are well and confident in managing their caring roles, they will be able to provide this care for longer and thereby reduce the need for institutional residential care or emergency hospital care for the person they care for. The Carers Strategy emphasises that support for carers can:

* maintain their capacity, reducing the need for paid service delivery to the cared-for person, and
* help keep them healthy, reducing their own need for support from the health and the social care system.

The Argyll & Bute Change Fund Plan acknowledges the value of supporting carers and includes a proposal to provide recurrent funding to develop and extend current models of support to ensure that informal carers feel supported and able to continue in their role. The Fund is managed by the Argyll & Bute Community Health Partnership and Helensburgh & Lomond Carers secured £17,500 at the end of 2011/12 from the fund to support older carers, this increased to £76,457 in 2012/13 and to £90,990 in 2013/14. Specifically the funding has contributed to the costs of the Outreach Service, the Carers Training Co-ordinator, the Carers Assessment Support Worker as well as specific services for carers including holistic therapies and respite. This has all had a focus on identifying and supporting carers looking after older people in the rural parts of Argyll & Bute.

**Welfare Reform Act 2012**

The Welfare Reform Act received Royal Assent on 8 March 2012 and while some of its provisions came into effect in 2012, such as changes to the way Tax Credits are assessed, the main changes to Child Benefit, Housing Allowances, Disability Living Allowance (to be called Personal Independence Payments) and the introduction of Universal Credit to replace a number of income based allowances were phased in from 1 April 2013. Although the Act applies across the UK, there are certain provisions relating to welfare that are devolved to the Scottish Government. The UK Government has stated that the Act represented the biggest change to the welfare system for over 60 years and introduced a wide range of reforms that aim to deliver on a commitment made in the Coalition Agreement to make the benefits and tax credits system fairer and simpler by:

* creating the right incentives to get more people into work by ensuring work always pays;
* protecting the most vulnerable in our society, and
* delivering fairness to those claiming benefit and to the taxpayer.

The main elements of the Act are:

* the introduction of Universal Credit to provide a single streamlined benefit that will ensure work always pays;
* a stronger approach to reducing fraud and error with tougher penalties for the most serious offences;
* a new claimant commitment showing clearly what is expected of claimants while giving protection to those with the greatest needs;
* reforms to Disability Living Allowance, through the introduction of the Personal Independence Payment to meet the needs of disabled people today;
* creating a fairer approach to Housing Benefit to bring stability to the market and improve incentives to work;
* driving out abuse of the Social Fund system by giving greater power to local authorities;
* reforming Employment and Support Allowance to make the benefit fairer and to ensure that help goes to those with the greatest need, and
* changes to support a new system of child support, which puts the interest of the child first.

The legislation had a difficult passage through the House of Commons and House of Lords and has caused considerable controversy. On 21 November 2012, the Scottish Government and COSLA issued a Joint Statement which acknowledged that implementing welfare reform will present significant financial and operational challenges for all layers of government in Scotland. It will mean redesigning and integrating services to target those with the greatest need. It has been estimated that the reduction in welfare benefit receipts in Scotland will be about £2.5 billion by 2015 and a fall in benefits of this order presented a real risk to the provision of services.

The National Carer Organisations (NCOs) in Scotland, including the Carers Trust, were invited by the Scottish Government to submit evidence to an Expert Group on Welfare it has established to review the impact of the reforms. The NCOs submission was made in March 2013 and argued that the Expert Group had to give consideration to the impact of the changes on disabled people and their carers, who are often not in a position to move from welfare benefits to employment due to the long term nature of their disability or caring role and who are already financially disadvantaged through disability-related expenditure and low income. The NCOs believed there needed to be an understanding that unpaid carers, like the paid workforce, require both financial support and access to services to enable them to continue in their caring role. Failing to provide them with adequate resources is a false economy, which will lead to the breakdown of caring roles and a deficit of people willing to take on an unpaid caring role in the future.

**Social Care (Self Directed Support) (Scotland) Act 2013**

The above Act completed its passage through the Scottish Parliamentary process in December 2012 and received Royal Assent in March 2013. The Act is part of the Scottish Government’s 10 year strategy for Self-Directed Support (SDS), which aims to set out and drive a cultural shift around the support that views people as equal citizens with rights and responsibilities. More than 100,000 Scots of all ages currently receive social care and support. This includes people who have a physical disability, people who are elderly and infirm, people who have a learning disability, sensory impairment, dementia, mental health problem, autism and a range of long-term conditions.

The demand for SDS has come from recipients themselves who seek greater choice and control of the types of support they receive and the providers of that support. While some current recipients may not wish this control, the expectation is that over the next decade the balance will shift with more wishing to self determine what and how these services are provided. There is considerable evidence that recipients will feel much happier with having increased choice and control and that it encourages innovation and allows personalised solutions to emerge.

The Act was drawn up to create ‘enabling’ rather than prescriptive legislation, but it includes the general principles of control, informed choice and partnership and places certain duties on local authorities in that they must:

* give 4 options to recipients – the full SDS package, Direct Payments, a ‘don’t want control’ default and a mix and match of the foregoing;
* promote these options;
* provide information and signpost recipients to where they can obtain advice;
* give assistance to those with limited capacity, and
* use wide discretions to encourage creativity in the solutions adopted.

The legislation contains a discretionary powerfor local authorities to provide similar support to the carer and if they decide to do this, they will have a duty to offer the same 4 options.

It is intended that the Act will be implemented on a phased basis and be accompanied by statutory guidance as well as associated Regulations. The provisions of the Act will be implemented from 1 April 2014 and this is being supported by a marketing campaign. Argyll & Bute Council has appointed a Self-Directed Support Contact Worker for Helensburgh & Lomond, Bute and Cowal, who is leading a team of volunteers who will deliver advice and assistance to those affected by the legislation, including carers. The Charity has offered its support to the Contact Worker and plans to host a joint awareness raising session for carers early in 2014/15.

**Integration of Adult Health and Social Care**

In December 2011, the Scottish Government announced that it plans to integrate adult health and social care. The aim is to improve the quality and consistency of care for older people and put an end to the 'cost-shunting' between the NHS and local authorities that often ends up with older people being delayed in hospital longer than they should be and not getting the best standards of care. The Public Bodies (Joint Working)(Scotland) Bill was introduced to the Scottish Parliament in May 2013 to implement this reform and the key elements will be:

* Community Health Partnerships will be replaced by Health and Social Care Partnerships, which will be the joint responsibility of the NHS and local authority, and will work in partnership with the third and independent sectors.
* Partnerships will be accountable to Ministers, leaders of local authorities and the public for delivering new nationally agreed outcomes. These will initially focus on improving older people's care and are set to include measures such as reducing delayed discharges, reducing unplanned admissions to hospital and increasing the number of older people who live in their own home rather than a care home or hospital.
* NHS Boards and local authorities will be required to produce integrated budgets for adult health and social care.
* The role of clinicians and social care professionals in the planning of services for older people will be strengthened.
* A smaller proportion of resources - money and staff - will be directed towards institutional care and more resources will be invested in community provision. This will mean creating new or different job opportunities in the community. This is in line with the commitment to support people to stay at home or in another homely setting, as independently as possible, for as long as possible. The Change Fund for older people's services is already helping to deliver these improvements.

On 25 February 2014, the Scottish Government passed the Bill at Stage 3 of its process through the Scottish Parliament and at the time of updating this Report a number of amendments were under consideration. It is anticipated the Bill will pass into law before the end of 2014, but the implementation dates may be later. The changes proposed will clearly have a profound impact on how adult care and social care services are delivered in the future and may provide opportunities for the Charity to play a bigger role in this regard in respect of carers.

**Carers Rights Charter for Scotland**

The Scottish Government intends to raise the profile of carers' issues widely through a Carers Rights Charter setting out and consolidating existing rights, what carers need to help achieve better outcomes and what local authorities, Health Boards and others need to do to support carers. A clear set of **principles** in support of carers will be established and the Charter will be widely distributed. The Government has commissioned Carers Scotland and the Minority Ethnic Carers Project (MECOP) to develop a Scottish Carers Rights Charter and work commenced on this with a series of consultation events and opportunities during 2013. The outcome of this work was still awaited at the time of updating this Report.

**Carers Bill**

In January 2014 the Scottish Government issued a Consultation document setting out a number of proposals and suggestions as to what could be included in a Carer's Bill**.** It invited organisations and individuals to respond to specific questions about these proposals, which cover the following main topics:

* Changing the name of the Carer’s Assessment to the Carer Support Plan and remove the ‘substantial and regular’ test that relates to the amount of care a person provides before they are eligible for the Carer Support Plan.
* Introducing a duty on local authorities to establish information and advice services about the Carer Support Plan and support for carers.
* Introducing a duty on local authorities to provide support to carers.
* Young carers who may become adult carers will have a right to a Carer Support Plan whether or not they are receiving children’s services.
* Including carers in the planning, shaping and delivery of services
* Local authorities and health boards to involve and collaborate with carers and carers’ organisations in developing local carers’ strategies.
* Whether there should be legislation for GP practices to maintain Carers’ Registers.
* Whether all local authorities should maintain a Carers Register, as some already do.
* Whether health boards should monitor if GP practices in their area are complying with the contractual requirement to maintain a Carers Register.

There is no timescale for this Bill to enter the Scottish Parliament, but a number of consultation events are being held within Argyll & Bute and across Scotland to allow carers to contribute to discussions on the proposals.

**Carers Trust**

As a Network Member of the Carers Trust, the Charity contributes to the development of its aims and objectives, which are UK wide. The following are its operational priorities for 2014/15:

* To identify and reach hidden carers in our communities.
* To support and champion the rights of young carers and young adult carers.
* To support carers in complex circumstances.
* To provide high quality action, help and advice to carers.

**Charity’s Aims and Objectives**

The Business Plan has been designed to ensure that current national and local policy objectives, as well as those of the Carers Trust, are fully integrated into the Charity’s Aims and Objectives for 2014/15 – 16/17, which are described in Section 11.

**SECTION 9 – SERVICE DELIVERY**

**Carers’ Centre**

The Carers’ Centre in Helensburgh provides the ‘hub’ for the delivery of a wide range of free services to unpaid carers, including:

* a drop-in facility, which is available for carers from Tuesday – Friday each week;
* an information and advice service providing relevant information on a variety of topics (e.g. benefits, carers’ rights, local services etc), and signposting to other agencies for additional or more specific assistance;
* informal advocacy for carers in helping to secure their rights and entitlements from statutory bodies;
* a one to one support service offering a listening ear and emotional support from staff trained in appropriate listening skills;
* a Friendship Support Group, which is run in partnership with Alzheimer Scotland for carers who provide care for someone with dementia;
* a Parent Carer Support Group for carers who provide care for young people;
* a Carers and Ex-carers Coffee Morning and Drop-in;
* a stress management service utilising a range of holistic therapies to help carers to deal with stressful situations that they may encounter;
* a counselling service;
* training programmes designed to meet a wide range of carers’ needs;
* a walking group;
* a social programme based on accessible social activities and opportunities for carers to gain informal support and share experiences while taking a break from their caring roles;
* subject to funding, short breaks for carers to give them some relief from caring for a few days;
* limited respite for carers who wish to attend any Centre organised activities or to attend local training courses, and
* regular Newsletters sent to all carers, as well as other publications with information and advice.

Whilst most of the services are provided by the staff and volunteers of the Charity, qualified sessional therapists are contracted to provide holistic therapies on a weekly basis and carers are referred to a professional counselling service when this is considered appropriate.

**Outreach Service**

In 2009, the Charity launched an Outreach Service, which aimed to improve the support available to carers in the remote parts of Helensburgh and Lomond and strengthen existing links with GP Practices, healthcare staff and social care services. This initially focused on the 5 healthcare centres in the area and establishing links with local GPs and their staff. This has resulted in close and strengthening relationships withall the Practices and the community nursing staff make regular referrals to the Charity. The Charity’s promotional leaflets and Newsletters are placed in the surgeries and there are designated display areas for news stories and information that may be of interest to carers. The 2 part-time Outreach Carer Support Workers carried out home visits to carers who had difficulty leaving the person they care for unattended and look for ways to deliver services to carers living in the more rural parts of the operational area. Following a pilot project, therapy sessions were introduced at the Health Centres at Kilcreggan, Arrochar and Garelochhead. Carers Cafes are held once a month in Rosneath, Kilcreggan and Arrochar and training and activities are now delivered at other rural venues.

**Carers Befriending Service**

One of the Charity’s long held aspirations was to establish a Carers Befriending Service in Helensburgh and Lomond and this started to become a reality at the end of 2010/11, when a joint bid with Alzheimer Scotland to the Joint Health Improvement Partnership secured funding for a 6 month pilot. The aim was to provide respite and companionship for carers, to reduce isolation and improve their general well-being, as well as allowing them some time on their own to have a break from their caring responsibilities. The pilot involved introducing a volunteer visiting service for the person they care for in their own homes or by assisting the carer and the person they care for to access local amenities or to participate in recreational activities in their community. There was a delay in starting the pilot because of difficulties in the registration process for volunteers under the Protection of Vulnerable Group’s Scheme, but this was eventually overcome and the pilot commenced in the middle of 2011/12. The evaluation of the pilot was extremely positive and the Charity decided to continue the initiative with Alzheimer Scotland. One of the Outreach Workers was initially appointed to act as the Befriending Co-ordinator, but the intention was to employ a dedicated worker to support this new Service. An opportunity presented itself to the Management Committee towards the end of 2012/13 to restructure the Outreach Service and this led to a separation of roles with a new post of Carers Befriending Service Support Worker being created. The post was filled in June 2013 and this has put the Service on a much firmer footing.

**Carers Assessments**

A high level outcome for the Argyll & Bute Community Health Partnership’s (CHPs) Plan for taking forward the Scottish Government’s Reshaping Care for Older People Programme, is that *“Carers should be supported to continue in their caring role.”*  The most effective means of determining what support carers need and how best to address this, is by conducting a Carers Assessment, which allows a support plan to be prepared and implemented. There is a statutory obligation placed on local authorities, under the provision of the Community Care and Health (Scotland) Act 2002 and associated legislation, to inform eligible carers of their right to a separate assessment, however, the uptake in Argyll & Bute has been low. In the Scottish Government’s Carers Strategy for Scotland 2010 – 2015, titled ‘Caring Together,’ there is a commitment to take steps to improve the uptake and quality of carers assessments/carer support plans.

At the end of 2012/13, the Charity was successful in securing funding to meet the two year costs of employing a Carers Assessment Support Worker to carry out carers assessments in the Helensburgh and Lomond and Cowal and Bute areas. Although the Charity is acting as the employer, and manages the post holder, it is working with Crossroads (Cowal and Bute) and Argyll & Bute Council to monitor referral processes and related procedures and ensure there is equity of access to carer’s assessments across Helensburgh & Lomond and Cowal and Bute.

The Support Worker visits carers at their home or other suitable location and completes a Carers Assessment to:

* identify the types and levels of care provided by the carer;
* establish what types and levels of care the carer is willing and able to provide;
* identify current and potential risks to the carer’s health and wellbeing as a result of the caring role, and
* judge whether their caring role is sustainable.

This will help determine what, if any, information and/or resources the carer needs to:

* support them in their caring role;
* enable them to have a life of their own, and
* maintain and improve their own health and wellbeing.

This information is used to complete the assessment, which provides the basis for recommending an appropriate information and/or support package that requires to be put in place to meet the carer’s needs.

The postholder took up the position at the end of February 2013 and a first priority was to establish protocols and procedures for the exchange of information with Council staff and agree the requirements of the assessment forms. The benefits of this new Service will take time to emerge, but it is anticipated that the learning gained will help develop and shape the Service as it moves forward.

**Carers Training**

A key transition point for any carer is when they first take up their caring role. A study by the Princess Royal Trust for Carers (PRTC) in 2006 showed that early intervention is the most effective means of reducing the adverse physical, emotional and financial aspects often associated with this change in their life. For carers in rural and remote areas these difficulties are often compounded by limited access to services and supportive relationships. In partnership with the Trust, the Charity was selected to participate in a two year Transition Training pilot with North Argyll Carers Centre in Oban. The pilot, which was funded by the Big Lottery, sought to support carers over the age of 50 who were new to their caring role and aimed to develop and deliver personalised training to carers over 2010/11 – 2011/12. A Transition Training Co-ordinator was appointed and she put in place a comprehensive Carers Training Programme, which was delivered at both Oban and Helensburgh Centres and continued into 2012/13. The Programme reflected the close links with NHS Highland, and included jointly delivered and complementary training events for carers locally.

The funding for the Co-ordinator’s post came to an end in June 2012 and it was hoped that the work she did could somehow be mainstreamed into existing working practices. However, given the growing demands on staff, this proved impractical and, in the previous version of this Plan, a stated Objective was to recruit a part-time Training Co-ordinator to support carers living in Helensburgh and Lomond.

Towards the end of 2012/13, the Management Committee decided to utilise grant funding from NHS Highland to recruit a Carers Training Co-ordinator on a part-time basis. The postholder took up the position in February 2013 and has made an immediate impact. She has built on the learning of the Transition Training Pilot to structure a training programme for 2013/14 and the early experience is that some of the planned courses are already over-subscribed. Efforts are being made to secure funding to increase the hours worked by the Co-ordinator and to extend her role.

**Young Carers Initiative**

The Charity has provided support to adult carers since it was formed in 2000, but there was a lack of local support services for young people who were caring for a family member and struggling with little or no assistance. Unfortunately, it was not until 2012/13 that the Charity was able to address this gap.

Young carers often fail to recognise themselves as being carers and can be hidden from the services that are available to help them. As a result of their caring role, many find difficulty in achieving their full educational attainment. This can be due to factors such as low self-esteem, low self-confidence, bullying, missing classes and a lack of time to complete their homework. Caring responsibilities can also impact on a young persons’ mental, physical and emotional health, with high levels of stress and worry, and they often find themselves socially excluded from the wider community.

The Scottish Government Strategy – “Getting it Right for Young Carers” - acknowledged the particular needs of young people in this situation and recognised the importance of relieving them of inappropriate caring responsibilities, allowing them to be children and young people first and foremost. A grant secured from the Big Lottery ‘Investing in Ideas’ Fund in 2010 allowed the Charity to commission a study of the feasibility of establishing a Young Carers Service in the area, which was carried out by an independent consultant. The key finding was a “very clear economic, social, environmental and political imperative for a young carers’ service to be developed in the Helensburgh and Lomond area.

A multi-agency short life Steering Group was established to consider the Consultant's findings and recommendations. It first met in March 2011 and agreed a number of actions, including that the Charity should take the lead in seeking funding to introduce a dedicated service for young carers. Four year grant funding was subsequently secured from the BIG Lottery’s Investing In Communities Supporting 21st Century Life Fund at the end of 2011/12, which provided a total of £389,727 (matched by funding the Charity had to secure separately of £8,400) to meet the estimated £398,127 costs of recruiting a Young Carers Development Co-ordinator (YCDC) and Support Worker (YCSW) and delivering a range of services for young carers. The two members of staff were recruited and took up their posts in the middle of April 2012.

One of their early tasks was to raise awareness of the Initiative and establish effective partnerships and links with children and family services, schools and colleges, GPs, health professionals and adult services. Local statutory bodies were expected to meet their obligations to young carers as the Initiative was intended to complement and not replace services that are the responsiblity of others. The YCDC aimed to influence and support the development of young carers policies and guidelines across both statutory and voluntary bodies to ensure these are appropriate, reflect good practice, comply with quality standards and meet the needs of young carers and their families. In particular, all the appropriate organisations were encouraged to appoint an on-site member of staff to be the young carers liaison officer to build on relationships, identify young carers and develop referral pathways.

The Charity has adopted a holistic approach to supporting young carers and the programme of service delivery is flexible, ensuring they are consulted, involved and encouraged to participate at all times. When a young carer is identified either through a direct approach or referral, he/she is offered an early appointment with a staff member before a full assessment is undertaken. This helps to gain their trust and provide an understanding of the issues they are facing. Thereafter:

* a comprehensive assessment of each young carer is undertaken in collaboration with relevant partners to identify their needs, aspirations and a personal plan developed for each which will be reviewed quarterly or as appropriate;
* if appropriate, the 'cared for' person will be referred for a community care assessment, and
* working in collaboration with our partners, the Charity will follow-up the progress of personal plans to ensure the young carers' needs are being fully met.

Based on assessed need, the following services will be offered to enable young carers to access support in their caring role, allowing them to be children first and supporting them through their development into adulthood:

* Mentoring
* Counselling
* Information
* Self-Confidence Courses
* Weekend Respite Breaks
* Study/Homework Groups
* Access to Young Carers Forum & Scottish Parliament Visits
* Participation in the Scottish Young Carers Festival
* Young Carer Workshops
* Young Carer Activities
* Group work.

Progress since the Young Carers Initiative was formally launched in August 2012 has been beyond expectation, with around 90 young carers registered and the full range of the above services being introduced. The Steering Group has made the transition to a Young Carers Strategic Partnership and an Independent Chairperson has recently been appointed. The Partnership has been well supported by the statutory and voluntary sectors, but it is recognised it takes time to make a difference and it is likely some young carers will need ongoing support for a number of years.

The introduction of services for young carers was a major development for the Charity and further advances are expected in 2014/15 with the appointment of the Young Carers Education, Training and Employment Worker.

**Performance over 2013/14**

Further information about the performance and achievements of the Charity and the services provided to carers over the previous year can be found in the Annual Report and Financial Statements for the Year ended 31 March 2014, which is being published separately.

**SECTION 10 – MISSION, VALUES AND OPERATING PRINCIPLES**

The Charity's **Mission** is:

|  |
| --- |
| *‘To make a positive difference to the lives of unpaid carers.”* |

This is underpinned by a commitment to place carers at the heart of the organisation; respect and learn from them as experts on their own lives; give them a voice in service design, delivery and review; help them achieve better outcomes; and ensure that services are accessible and effective for all intended users, regardless of their caring situations or personal circumstances.

The embedded **Values** of the Charity are those that might be expected of a voluntary organisation populated by individuals who have dedicated so much of their lives to caring for others. These are reflected in the conduct, behaviour and attitudes of trustees, staff, volunteers and all associated with the Charity who are expected to:

* be accountable for all aspects of the management and operation of the organisation;
* respect and value each other and all members, showing an understanding and appreciation of similarities and differences of those with caring responsibilities;
* be honourable and trustworthy and always strive to do what is right;
* be honest, truthful and open in their interactions with each other and with those who use the services available;
* treat everyone in a fair, sensitive and ethical manner;
* be conscientious, responsible and dependable, and
* work together as a team, making best use of individual skills, abilities, and experiences to achieve the organisation’s aims and objectives.

The Charity has also adopted the following **Operating Principles**, which describe the way services are designed and delivered:

* ensuring carers are fully engaged in the planning and shaping of services;
* promoting productive partnership working arrangements with relevant statutory, private and third sector organisations that provide services for carers;
* ensuring support services offered by the Charity are provided at no cost to carers;
* adopting a positive, problem solving approach to the difficulties faced by carers;
* providing a strong voice in relation to issues that affect carers;
* continuously reviewing the quality of services provided to improve performance;
* continuously reviewing the performance of the Charity to improve effectiveness;
* investing in the ongoing training and development of trustees, staff and volunteers;
* promoting equality of opportunity in all aspects of service delivery and employment, and
* recognising and trying to minimise the environmental impact of its activities.

**SECTION 11 – AIMS, OBJECTIVES AND CARER OUTCOMES**

|  |
| --- |
| **Planning Cycle**  In furtherance of the Charitable Objects set out in its Constitution, and the Mission, Values and Operating Principles described in Section 10, the Charity has agreed a list of Aims, Objectives and Carer Outcomes to help shape the types of support and activities it offers carers and to measure the progress made. This is a process that operates on an annual cycle and is built around the outcomes the Charity is striving to achieve.  **Carer**  **Outcomes** |

**Aims**

The Aims have remained fairly constant since the first Business Plan was published in 2008. However, in this update it was decided to edit and consolidate the list by focusing on the outcomes for carers and relocate those previously included that described inputs and outputs.

|  |  |
| --- | --- |
|  | There is a hierarchical relationship between inputs, outputs and outcomes:   * **Outcomes** are what carers value and makes a positive difference to their life. * **Outputs** are specific services the Charity delivers to help to achieve these outcomes. * **Inputs** are the resources the Charity uses to deliver those outputs. |

The 6 Aims are to:

* identify carers living in Helensburgh and Lomond to ensure they are supported and empowered to manage their caring role;
* ensure that young carers are thriving and protected from inappropriate caring roles;
* promote the health and wellbeing of carers, to ensure they are mentally and physically well and treated with dignity;
* ensure carers are free from disadvantage or discrimination related to their caring role;
* promote the right of carers to enjoy a life outside their caring responsibilities, and
* ensure carers are recognised and valued as expert care partners by all relevant service providers.

**Objectives**

The Aims state what the organisation wants to achieve, but lack the specifics to allow progress to be measured and monitored. These are therefore underpinned by 4 broad Objectives, which spell out what the Charity needs to do to achieve what it wants to do over the 3 years of the Business Plan. These are also separated into sections that deal with the inputs (Governance, Financial and Organisational) to ensure it has the capacity and capability to deliver the outputs, which are the services (Operational) that will ultimately achieve the Aims.

|  |  |
| --- | --- |
| **Inputs** | **Governance:** To ensure the Charity complies with all legal requirements, acts in a manner that is consistent with its Constitution and Objects, is run properly in the interest of carers and that the overall direction and development are set through clear strategic planning and risk management. |
| **Finance:**  To discharge the Charity's fiduciary duties and manage the financial resources and tangible assets with due care and diligence to ensure compliance with financial regulations and help sustain and develop the organisation in the best interests of carers. |
| **Organisational:** To establish appropriate organisational structures, policies and procedures to enable the Charity to plan and function effectively, recruit trustees, staff and volunteers to support activities, meet quality standards, monitor performance and ensure the organisation is being efficiently run and managed. |
| **Outputs** | **Operational:** To establish, maintain and develop an accessible range of information, advice and support services that meet the needs of unpaid carers, are valued by them and make a positive difference to their lives. |

**Performance Indicators**

It is clearly important for the Charity to know if the Objectives are being progressed and contributing to the achievement of the Aims. To assist monitor and measure performance, each of the Objectives has a set of Performance Indicators detailing certain actions or activities to be undertaken, which are designed to ensure compliance, sustainability or some form of improvement/new development. Collectively, the Indicators should evidence whether or not an Objective has been progressed as planned, therefore these have to be specific, measureable, achievable, time bound and realistic. Some Indicators are short term and others extend for the full 3 years of the Business Plan.

**Measurement and Monitoring**

The Performance Indicators for the input Objectives (Governance, Financial and Organisational) are measured by an assessment of whether or not annual milestones have been reached. The Indicators for the output Objectives (Operational) are measured by establishing if annual numeric targets have been met. There is no expectation that all the milestones and targets will be achieved or met, as this would indicate these have not been sufficiently stretching to move the organisation forward.

The Manager puts in place arrangements to collect the performance data in respect of the services provided and this is combined with information about the progress towards achieving the milestones in a Quarterly Business Plan Monitoring Report. The Report is prepared by the Organisational Review Sub-Committee and presented to the Management Committee to allow members to monitor progress and make any adjustments to the Plan considered necessary.

**Carer Outcomes**

As referred to in Section 2 of this Plan, the Charity has established a set of 6 Carer Outcomes to assist the Management Committee evaluate the progress made towards achieving the Mission - "To make a positive difference to the lives of unpaid carers". These have been designed to focus on the things that matter most to unpaid carers living in Helensburgh and Lomond. The Outcomes are that **adult carers** feel:

* the Charity understands their personal situation and circumstances, listens to and values what they have to say and treats them with respect and dignity;
* the range and quality of services offered meet their personal needs and support and empower them to continue in their caring role;
* the information, advice, training or support provided by the Charity has given them a better understanding of their rights and entitlements;
* the support offered by the Charity has helped them enjoy a life outside caring, reduced any sense of social isolation, stress or anxiety and improved their general health and wellbeing;
* their expertise is recognised and they are supported in their caring role by all the other relevant statutory and third sector service providers operating in Helensburgh and Lomond;

and **young carers** feel:

* the interventions, support and services offered by the Young Carers Initiative make them feel recognised and valued, are protecting them from inappropriate caring roles, enabling them to enjoy an improved family and social life and to fulfil their educational and employment potential.

The Carer Outcomes are measured against a set of Outcome Targets (details in Section 12 of this Plan) through specific questions posed in an Annual Carers Survey. A separate Young Carers Survey is currently being developed and this will serve a similar purpose.

**Annual Carers Survey**

The Charity conducts an Annual Carers Survey to allow adult carers an opportunity to express their views about their experience of the services provided by the organisation and whether or not these are having the impact expected and are meeting their needs (See Section 2 in this Plan). The Survey questionnaires are issued to a proportion of the total number of carers registered to try and attract a statistically significant number of responses. The number of completed survey questionnaires for the 2013/14 Survey represented 15% of the total adult carers registered at the mid-point of the financial year. The Survey has evolved over the years to elicit responses on specific issues and in recent years has included questions that measure whether or not the Carer Outcomes the Charity aimed to achieve have been and continue to be achieved. This is expressed as a percentage of the carers who give a positive response to these questions, measured against the Outcome Targets.

**Review**

The feedback from carers through the Annual Carers Survey, evaluation reports, focus groups etc., informs the planning process for the next update of the Business Plan and allows any adjustments to be made for the following year.

**Performance Indicators for 2014/15 – 2016/17**

In agreeing the Objectives for the next 3 years and setting the respective Performance Indicators, the Management Committee has taken account of past achievements and the commitments made in the previous Business Plan and:

* deleted those Indicators that were fully achieved in 2013/14 or were no longer considered viable;
* updated and restated those that continue to be pursued, and
* added a number of new Indicators to reflect developments and plans that extend into 20016/17.

**Performance Indicators measured by Milestones**

The following Indicators relating to the Input Objectives are treated as Milestones to be reached by the end of each financial year:

|  |  |  |
| --- | --- | --- |
| **2014/15** | **2015/16** | **2016/17** |
| **GOVERNANCE:** To ensure the Charity complies with all legal requirements, acts in a manner that is consistent with its Constitution and Objects, is run properly in the interest of carers and that the overall direction and development are set through clear strategic planning and risk management. | | |
| Proposed adjustments to the Constitution to be presented to the 2014 Annual Members Meeting. | The Constitution is reviewed to ensure it continues to reflect the Objects, Mission and Aims of the Charity. | The Constitution is reviewed to ensure it continues to reflect the Objects, Mission and Aims of the Charity. |
| The annual cycle of review of all Policies, Procedures and Strategies is maintained. | The annual cycle of review of all Policies, Procedures and Strategies is maintained. | The annual cycle of review of all Policies, Procedures and Strategies is maintained. |
| The Charity complies with all legal requirements. | The Charity complies with all legal requirements. | The Charity complies with all legal requirements. |
| New trustees are recruited to fill any vacancies that arise on the Management Committee. | New trustees are recruited to fill any vacancies that arise on the Management Committee. | New trustees are recruited to fill any vacancies that arise on the Management Committee. |
| The PQASSO quality standards are maintained. | The PQASSO quality standards are maintained and preparations are made for re-accreditation at level 2. | The PQASSO quality standards are maintained and re-accreditation is secured for a further 3 years. |
| **FINANCIAL:** To discharge the Charity's fiduciary duties and manage the financial resources and tangible assets with due care and diligence to ensure compliance with financial regulations and help sustain and develop the organisation in the best interests of carers. | | |
| The financial stability and sustainability of the Charity is maintained by the prudent management of financial resources and tangible assets. | The financial stability and sustainability of the Charity is maintained by the prudent management of financial resources and tangible assets. | The financial stability and sustainability of the Charity is maintained by the prudent management of financial resources and tangible assets. |
| Sufficient funding is secured to meet the costs of planned services and developments in 2014/15. | Sufficient funding is secured to meet the costs of planned services and developments in 2015/16. | Sufficient funding is secured to meet the costs of planned services and developments in 2016/17. |
| Opportunities are identified to  enable funding to be secured to meet the costs of planned services and developments in 2015/16. | Opportunities are identified to enable funding to be secured to meet the costs of planned services and developments in 2016/17. | Opportunities are identified to enable funding to be secured to meet the costs of planned services and developments in 2017/18. |
| Potential new income generation opportunities are explored that might assist the Charity become less dependent on grant funding. | Potential new income generation opportunities are explored that might assist the Charity become less dependent on grant funding. | Potential new income generation opportunities are explored that might assist the Charity become less dependent on grant funding. |
| Progress is made to further develop the Charity as a social enterprise. | The progress made in 2014/15 to further develop as a social enterprise is reviewed and further progress is made. | The progress made in 2015/16 to further develop as a social enterprise is reviewed and further progress is made. |
| **ORGANISATIONAL:** To establish appropriate organisational structures, policies and procedures to enable the Charity to plan and function effectively, recruit trustees, staff and volunteers to support activities, meet quality standards, monitor performance and ensure the organisation is being efficiently managed. | | |
| The carers’ strategies of the Scottish Government, Argyll & Bute Council and NHS Highland continue to be supported. | The carers’ strategies of the Scottish Government, Argyll & Bute Council and NHS Highland continue to be supported. | The carers strategies of the Scottish Government, Argyll & Bute Council and NHS Highland continue to be supported. |
| The full range of services delivered by the Charity in 2013/14 is maintained and, subject to funding, additional service options to improve the support offered to carers are introduced. | The full range of services the Charity delivered in 2014/15 is maintained and, subject to funding, additional service options to improve the support offered to carers are introduced. | The full range of services the Charity delivered in 2015/16 is maintained and, subject to funding, additional service options to improve the support offered to carers are introduced. |
| Carers have ready access to appropriate advice in relation to welfare rights, particularly in relation to changes to the benefits system and self-directed support provisions introduced in 2014. | Carers are consulted on the changes made in 2014 to welfare rights and self-directed support legislation and offered support to address any negative impacts identified. | Carers continue to have ready access to appropriate advice in relation to their welfare rights and entitlements, particularly in relation to any financial support available. |
| Subject to funding being secured, an Adult Services Officer is recruited to co-ordinate existing and develop new services for older carers and to support those caring in complex circumstances. | Subject to funding, the post of Adult Services Officer is sustained and the role is developed. | Subject to funding, the post of Adult Services Officer post is sustained. |
| The Outreach Service is sustained and, subject to funding, the hours worked by the Outreach Support Workers are increased. | Subject to funding being secured, the 2 Outreach Support Worker posts are sustained and the Outreach Service continues to be developed. | Subject to funding being secured, the 2 Outreach Support Worker posts are sustained and the Outreach Service continues to be developed. |
| The Carers Training Programme is sustained and expanded and, subject to funding the Carers Training Co-ordinator's post is made full-time. | Subject to funding being secured the Training Co-ordinator post is sustained and the Carers Training Programme continues to be developed. | Subject to funding being secured the Training Co-ordinator post is sustained and the Carers Training Programme continues to be developed. |
| The services introduced in 2013/14 for young carers continue to be developed and expanded. | The services developed in 2014/15 for young carers are maintained. | Subject to funding being secured, the services introduced through the Young Carers Initiative to be continued. |
| The Carers Befriending Service is developed and expanded. | Subject to funding being secured, the post of Carers Befriending Service Support Worker is sustained and the Service continues to develop and expand. | Subject to funding being secured, the post of Carers Befriending Service Support Worker is sustained and the Service continues to develop and expand. |
| The Volunteer Service is sustained and the number of volunteers increased to 70. | The Volunteer Service is sustained and the number of volunteers increased to 80. | The Volunteer Service is sustained and the number of volunteers increased to 90. |
| Subject to funding being secured, a paid Volunteer Co-ordinator is recruited. | Subject to funding being secured, the post of Volunteer Co-ordinator is sustained and the role is developed. | Subject to funding being secured, the post of Volunteer Co-ordinator is sustained. |
| Subject to funding being secured, opportunities for young people to gain work experience as an Office Junior at the Carers Centre are introduced. | Subject to funding being secured, a new Office Junior post is established and the postholder is provided with appropriate training and development . | Subject to funding being secured, the Office Junior post is sustained and their training and development are continued. |
| Options to further raise the profile of unpaid carers and the work of the Charity in the area are explored. | Efforts to maintain a high profile of carers issues and the work of the Charity in the area are continued. | Efforts to maintain a high profile of carers issues and the work of the Charity in the area are continued. |
| The ongoing programme of training for Staff, Volunteers and Trustees is maintained. | The ongoing programme of training for Staff, Volunteers and Trustees is maintained. | The ongoing programme of training for Staff, Volunteers and Trustees is maintained. |
| A refreshment programme for IT hardware and software and telephony is established and any outdated equipment is replaced. | The refreshment programme for IT and telephony is continued. | The refreshment programme for IT and telephony is continued and future IT and telephony requirements are reviewed. |
| The Charity's website is updated and further developed. | The website is increasingly used to communicate with carers. | The website is updated and developed as a means to provide increase interaction with carers. |
| Options for relocating the Carers Centre to larger premises continue to be explored. | The Charity is relocated to the preferred accommodation option. | The Charity’s future accommodation requirements are reviewed. |

**Performance Indicators measured by Targets**

The following activities relating to the Output Objective are treated as ongoing 3 year Indicators and progresses against each is measured by targets (See Section 12) to be reached by the end of each financial year:

|  |  |
| --- | --- |
| **OPERATIONAL:** To establish, maintain and develop an accessible range of information, advice and support services that meet the needs of unpaid carers, are valued by them and make a positive difference to their lives. | |
| **1** | Unpaid carers living in Helensburgh and Lomond are identified and offered appropriate support by the Charity to assist them manage their caring role. |
| **2** | Young carers living in Helensburgh and Lomond are identified and supported to ensure they are relieved of inappropriate caring roles and enabled to be children and young people first. |
| **3** | The mental and physical health and wellbeing of carers is promoted by ensuring they can access or be signposted to appropriate advice, support and services. |
| **4** | Information, advice and training is offered to carers, as well as local organisations which provide services for carers, to raise their awareness of carers rights and entitlements, to ensure carers are free from disadvantage or discrimination in relation to their caring role. |
| **5** | Carers are supported to exercise their right to enjoy a life outside their caring responsibilities by providing carers with access to events and activities organised by the Charity or signposting them to the support offered by others that might assist them pursue interests, hobbies and any personal development or employment aspirations. |
| **6** | The expertise carers and former carers can offer service providers, including the Charity, in designing support services both for carers and the people they care for is promoted and the value of their contribution is recognised and valued. |

**SECTION 12 – OPERATIONAL AND CARER OUTCOME TARGETS FOR 2014/15– 2016/17**

**Operational Activities and Targets**

The Indicators listed in Section 11 will be taken forward through a programme of activities and actions. In respect of the Governance, Financial and Organisational Objectives, progress will be measured by the success or otherwise of reaching the milestones described for each year. In relation to the Operational Objectives, a number of associated targets linked to the Indicators have been agreed between the Management Committee and the Manager to assist measure the progress made. Through this systematic approach, the Charity will seek to improve the services it provides to carers, individuals and organisations within Helensburgh and Lomond.

|  |  |
| --- | --- |
| **1** | Unpaid carers living in Helensburgh and Lomond are identified and offered appropriate support by the Charity to assist them better manage their caring role. |

The Charity is in contact with around 22% of the estimated 2,860 adult carers currently resident in the Helensburgh and Lomond area. It is likely the majority of the remaining 88% are coping well with this responsibility and do not require or want any external support, but this still leaves many others who may not recognise themselves as carers or know who to turn to for help. Making contact with these ‘hidden’ carers to ensure they can access the assistance that is available is not only a priority for the Charity, but also for other local voluntary bodies and statutory agencies engaged in the care sector.

**The** **Charity will**:

* produce posters and information leaflets about the services carers can access through the Charity and make these available at appropriate outlets across Helensburgh and Lomond;
* develop the Charity’s website to ensure relevant information and contact details are available and up to date;
* invite all unpaid carers identified to register with the Charity;
* distribute to every carer and ex-carer registered with the Charity copies of the Newsletters published each year, providing information which may be of value to carers in managing their caring role;
* seek to raise awareness about the work of the Charity through articles and information published in local newspapers or other publications;
* take advantage of the annual Carers’ Week, Carer’s Rights Day and other appropriate events to highlight the support available to carers;
* liaise closely with GP Practices, Social Services and other statutory and voluntary agencies within Helensburgh and Lomond to encourage referrals of carers to the Charity, and
* visit or telephone those carers who have not been in recent contact with the Centre to ensure they are not in need of assistance or support or establish if their circumstances have changed.

|  |  |  |  |
| --- | --- | --- | --- |
| **1 – Targets** | | | |
| **Target:** | **2014/15** | **2015/16** | **2016/17** |
| No. of outlets established for distribution of posters and leaflets in Helensburgh and Lomond. | 65 | 70 | 80 |
| No. of editions of the Newsletter published and circulated to all registered carers, ex-carers and partners. | 10 | 10 | 10 |
| No. of articles about the work of the Charity published in local newspapers or other publications. | 45 | 50 | 60 |
| No. of separate events (including fundraising events) held to highlight the support available to carers. | 35 | 40 | 45 |
| No. of telephone calls to carers who have not been in contact with the Centre within the previous 6 months. | 80 | 90 | 100 |
| No. of adult carers referred to the Charity by GP Practices or other statutory or voluntary agencies. | 35 | 40 | 45 |
| No. of adult carers registered with the Charity for the first time who access the support and services available. | 70 | 80 | 90 |
| Increase the total number of unpaid adult carers registered with the Charity at 31 March of each year.\* | 650 | 700 | 750 |

\*It should be noted that the total number of adult carers registered with the Charity will not increase by the total number registered each year because there are carers who, for various reasons, will cease to be carers over the next three years, albeit some will continue to be registered on the ex-carers’ list.

|  |  |
| --- | --- |
| **2** | Young carers living in Helensburgh and Lomond are identified and supported to ensure they are relieved of inappropriate caring roles and enable to be children and young people first. |

The Charity’s Young Carers Development Co-ordinator and a Young Carers Support Worker are driving forward the Young Carers Initiative described in Section 9 of this Plan. The Scottish Government’s Young Carers Strategy for Scotland 2010-2015 – “Getting it Right for Young Carers” needs to be considered in the context of the development of the Government’s GIRFEC (Getting it Right for Every Child) approach, which is regarded as the principal delivery mechanism for improving outcomes for children and young people. This encourages a partnership approach that puts the child, including those with caring responsibilities, at the centre and builds on existing family and community support to promote all children and young people’s wellbeing to improve outcomes.

The Government’s aspiration is that the Young Carers Strategy and the implementation of GIRFEC will be combined across the Third Sector, to help address the negative impact of caring and to build on the positives. This would make a significant contribution to ensuring that young carers achieve the following outcomes outlined in the National Performance Framework:

* our young people are successful learners, confident individuals, effective contributors and responsible citizens;
* our children have the best start in life and are ready to succeed;
* we live longer healthier lives;
* we have tackled the significant inequalities in Scottish society;
* we have improved the life chances for children, young people and families at risk;
* we live our lives safe from crime, disorder and danger, and
* we have strong resilient and supportive communities where people take responsibility for their own actions and how they affect others.

The Big Lottery’s investment area outcome is that “children at risk of isolation are successful learners, confident individuals and maintain better relationships with their families and communities,” which sits comfortably within the National Framework, as well as the Young Carers Strategy. The activities undertaken by the Charity in developing the Young Carers Initiative, will directly contribute to both the Government’s and the Big Lottery’s outcomes.

**The** **Charity will**:

* organise weekend respite breaks for young carers;
* provide respite for the cared for person to allow young carers to participate in activities;
* provide counselling sessions for those young carers requiring this support;
* train volunteers to provide mentoring support for young carers;
* increase the number of volunteer mentors to assist young carers;
* arrange for young carers to attend confidence building training courses;
* organise special interest activities for young carers;
* arrange for study/homework groups for young carers who require this support;
* organise appropriate visits and social activities;
* provide every young carer registered with the Charity with regular editions of a young carers newsletter;
* promote the interests of young carers through marketing exercises;
* raise awareness of the needs of young carers in the local community;
* through the Young Carers Strategic Partnership, engage with others with a contribution to make to the lives of young carers, recognise their needs and ensure that these are treated seriously, and
* through the Young Carers Strategic Partnership promote the appointment of a Young Carers Liaison Officer among partner agencies.

|  |  |  |  |
| --- | --- | --- | --- |
| **2 – Targets** | | | |
| **Target:** | **2014/15** | **2015/16** | **2016/17** |
| No. of young carers awareness raising sessions delivered to Schools, colleges, GPs, SWD, NHS Highland and other statutory and third sector partners. | 50 | 50 | 50 |
| Percentage of young carers registered in current year and participating in social programme/special interest activities. | 70% | 75% | 80% |
| No. of young carers participating in PX2 Confidence Building Course. | 27 | 28 | 20 |
| No. of referrals of young carers by partner organisations | 25 | 30 | 35 |
| No. of agencies that have appointed a Young Carers Champion | 4 | 5 | 7 |
| No. of young carers registered with the Charity for the first time. | 60 | 70 | 70 |
| The percentage of the young carers registered who access the support and services available. | 75% | 75% | 75% |
| No. of individual or family counselling sessions provided to your carers. | 60 | 65 | 70 |
| No. of editions of Young Carer Newsletters published and circulated to all registered young carers and partner organisations. | 4 | 4 | 4 |
| No. of Volunteer Mentors supporting young carers. | 15 | 15 | 15 |
| No. of Volunteers assisting in the work of the Initiative. | 10 | 10 | 10 |

|  |  |
| --- | --- |
| **3** | The mental and physical health and wellbeing of carers is promoted by ensuring they can access or be signposted to appropriate advice, support and services. |

Staying healthy is important for everyone, but it is especially important for carers. Many carers have little time to themselves for cooking nutritious food or exercising and many feel emotionally drained or stressed and sleep badly. This makes carers prone to poor health, which can be exacerbated by a lack of time to be able to see a doctor. Some conditions require long-term care and many carers feel their first priority is to do all they possibly can for the person they look after. As the cared-for person’s condition progresses, they may need a lot more care and support and their carer can find the increasing demands a struggle to provide. This may simply arise because of the ageing process and carers can find they become less able to care because of their own health or age, regardless of the care needs of the person they look after.

It is important that carers recognise the potential consequences for their health and general sense of wellbeing if they neglect their own needs and they should be encouraged to seek advice and support from professionals such as their GP or a social worker and others in a position to offer assistance. Carers are entitled to a carers assessment to allow their own needs to be identified and addressed and this is an area where the Charity has considerable experience and expertise.

**The Charity will:**

* work in partnership with NHS Highland and other partners to ensure appropriate referral paths are identified for carers to access information, advice and support services that will benefit them in their caring role;
* work in partnership with Argyll & Bute Council to ensure that all carers have an opportunity to have their needs assessed and, where necessary, a support package put in place;
* provide access to a Carers Training Programme designed to help reduce the stresses and strains involved in their role by teaching coping methods, techniques and strategies;
* provide appropriate information and advice on physical and mental health issues, publish healthy eating articles in the Newsletters and organise healthy lifestyle events and activities to assist carers keep fit and healthy;
* provide opportunities for carers to access holistic therapies sessions to provide a short break from their role, ease their aches and pains and provide a period of complete relaxation;
* when considered appropriate, refer carers to trained counsellors who are engaged on a sessional basis;
* arrange for short periods of respite for the cared for person to allow their carer to take a break for a few hours;
* offer the support of the Carers Befriending Service to support the carer, the cared for person or both;
* in an emergency situation where a carer encounters an unforeseen situation, provide respite for a cared for person in their own home for a maximum of 48 hours until alternative support is provided, and
* arrange for carers to access a programme of short breaks that allows them to take time out from their caring responsibilities and relax for a few days.

|  |  |  |  |
| --- | --- | --- | --- |
| **3 – Targets** | | | |
| **Target:** | **2014/15** | **2015/16** | **2016/17** |
| No. of adult carers advised to consult their GP or a medical professional. | 20 | 30 | 40 |
| Percentage of adult carers registered for the first time offered a carers assessment. | 100% | 100% | 100% |
| No. of carers assessments completed:  Helensburgh & Lomond  Cowal & Bute | 35 | 45 | 50 |
| 25 | 30 | 35 |
| No. of adult carers who participate in the Carers Training Programme to access health and wellbeing related courses. | 45 | 50 | 60 |
| No. of adult carers who attend healthy lifestyle events and activities. | 50 | 60 | 70 |
| No. of articles relating to healthy lifestyles published in the Charity's Newsletter. | 10 | 15 | 20 |
| No. of individual adult Therapy sessions provided. | 550 | 550 | 550 |
| No. of individual adult Counselling sessions provided. | 150 | 90 | 100 |
| No. of Respite Sessions for a cared for person provided. | 30 | 48 | 55 |
| No. of Emergency Respite packages for a cared for person provided. | 5 | 5 | 5 |
| No. of Befriending matches made. | 10 | 15 | 25 |
| No. of carers who access social activity short breaks of under 12 hours. | 260 | 270 | 290 |
| No. of carers who access a short break involving an overnight stay away from home. | 30 | 40 | 50 |

|  |  |
| --- | --- |
| **4** | Information, advice and training is offered to carers, as well as local organisations that provide services for carers, to raise their awareness of carers rights and entitlements, to ensure carers are free from disadvantage or discrimination in relation to their caring role. |

A number of pieces of legislation have been put in place by the UK and Scottish Governments over the past 20 years that attribute certain rights to unpaid carers, but these have often been misunderstood or ignored. Where this legislation has placed a responsibility on statutory bodies to afford carers these rights, this has rarely been accompanied by any means that would allow a carer to compel that body to respect their rights. In most instances when rights have been denied, the reasons given are based on the issue of affordability.

As described in Section 8 of this Report, the Scottish Government has given a commitment to produce a Carers Rights Charter for Scotland, with the intention of raising the profile of carers issues, setting out and consolidating existing rights and placing a duty on local authorities, health boards and others to support carers. Work on this has been commissioned and, at the time of preparing this updated Report, the outcome was awaited. In January 2014 the Scottish Government issued a separate consultation document seeking views to help shape a Carer's Bill that will be introduced to Parliament at an unspecified future date. Proposals in the document include placing a duty on local authorities and health boards to accommodate a range of carers rights. It therefore seems the rights of carers are to be given some prominence and weight within a future legislative programme.

**The Charity will**:

* ensure carers in Helensburgh and Lomond have an opportunity to contribute to discussions at a national or local level on matters that affect their rights and entitlements;
* maintain an up to date range of information leaflets that are readily accessible by staff, volunteers and carers on the rights and entitlements of carers;
* ensure staff have a sound knowledge of the welfare rights and financial entitlements of carers and that this is kept up to date with any changes that occur by providing them with access to appropriate publications and any training required;
* publish information about carers welfare rights and entitlements in the Newsletter and other publications;
* promote the rights of carers during Carers’ Week and Carers’ Rights Day;
* include sessions on the rights and entitlements of carers in the Carers’ Training Programme run by the Charity;
* refer carers to Argyll & Bute Council's Welfare Rights Service as and when required;
* provide information, advice and guidance for individual carers and, where necessary, act as an informal advocate on their behalf with other organisations to ensure they are free from disadvantage and discrimination in relation to their caring responsibilities;
* refer carers to the Citizens Advice Bureau when they require formal advocacy or related support;
* carry out a programme of awareness raising across local statutory and voluntary organisations to raise awareness of carers’ issues generally and of the services and support the Charity provides to carers, and
* work with Argyll & Bute Council and NHS Highland to assist them meet the commitments set out in their strategies for carers.

|  |  |  |  |
| --- | --- | --- | --- |
| **4 – Targets** | | | |
| **Target:** | **2014/15** | **2015/16** | **2016/17** |
| Percentage of information leaflets maintained by the Charity on the rights of carers that are reviewed annually. | 100% | 100% | 100% |
| Total no. of training sessions for staff. | 60 | 65 | 75 |
| No. of articles about the rights and entitlements of carers included in the Newsletter and other similar publications produced by the Charity. | 12 | 15 | 20 |
| No. of events organised to promote the rights and entitlements of carers during Carers’ Week and Carers’ Rights Day. | 4 | 5 | 6 |
| No. of training/awareness raising events held for carers. | 20 | 30 | 30 |
| No. of awareness raising sessions delivered to staff and volunteers from other organisations. | 30 | 35 | 40 |
| No. of visits to GP Practices within the Helensburgh and Lomond area to raise awareness of carers’ issues. | 15 | 20 | 25 |
| No. of adult carers referred to Welfare Rights Officer or Citizens Advice Bureau. | 50 | 60 | 70 |
| No. of adult carers who access informal advocacy. | 25 | 30 | 40 |

|  |  |
| --- | --- |
| **5** | Carers are supported to exercise their right to enjoy a life outside their caring responsibilities by providing access to events and activities organised by the Charity or signposting them to the support offered by others that might assist them pursue interests, hobbies and any personal development or employment aspirations. |

The Scottish Government’s Carers Strategy for Scotland 2010 – 2015, highlighted the importance of flexible, personalised services that provide better outcomes for carers. There is a growing understanding by policy makers that carers have an identity beyond their caring role and a right to a balanced lifestyle with time to work, study, rest and socialise. Young carers have a right to a childhood and to be young people, first and foremost. Caring roles can impact on education, work, achievement, financial circumstances, leisure, social contact and relationships. At the Carers Parliament in Edinburgh on 1 October 2013, the First Minister said the Scottish Government would help promote, defend and extend the rights of carers and young carers. If this commitment is not delivered and the consequences of caring for carers outside their caring role are not mitigated in some way, their capacity to continue will be greatly diminished.

This is an area where the Charity can and does make a significant impact and for some carers the only social or recreational interactions they have are with the staff and volunteers of the Charity and participation with other carers in the events and activities it offers to them. It is the Charity's experience that carers expectations are low in relation to the opportunities that are open to them to enjoy a life outside caring and demonstrating that this is possible can make a huge difference to their lives and general wellbeing.

**The Charity will**:

* maintain the drop-in facility at the Centre from Tuesday to Friday;
* maintain and develop the Outreach Service by extending the hours spent on outreach work;
* maintain the Carers Befriending Service and increase the number of volunteer befrienders recruited to support carers;
* arrange for home visits to support carers who cannot readily visit the Carers Centre to access information, advice and support services and thereby reduce their sense of social isolation;
* organise carer's cafes and small social gatherings for carers to relax and enjoy the company of other carers at the Carers Centre and other accessible venues across Helensburgh and Lomond;
* deliver parts of its Training Programme at local venues across Helensburgh & Lomond;
* subject to funding, increase the number and types of social and recreational activities offered to carers and ensure these are accessible for carers across Helensburgh and Lomond, are enjoyable and provide some respite from their caring responsibilities;
* support carers to access education, training and employment opportunities; and
* make local employers aware of the disadvantages and discrimination some carers face if they wish to secure or remain in employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **5 – Targets** | | | |
| **Target:** | **2014/15** | **2015/16** | **2016/17** |
| Average No. of adult carers who drop into the Centre each month. | 260 | 280 | 310 |
| No. of occasions adult carers are provided with personalised information, advice and guidance to address specific needs. | 800 | 830 | 850 |
| No. of social activities organised for adult carers. | 30 | 35 | 40 |
| No. of adult carers training sessions delivered in outreach areas. | 2 | 4 | 7 |
| No. of adult carers training sessions delivered at times to suit those carers in employment. | 1 | 2 | 3 |
| No. of carers given emotional support. | 400 | 450 | 500 |
| No. of Volunteer Befrienders recruited to support carers. | 10 | 15 | 20 |
| Average No. of hours committed each month to Outreach work. | 160 | 160 | 160 |
| No. of face to face visits to carers at their home or outwith the Carers Centre. | 95 | 100 | 105 |
| No. of events and activities organised by Outreach Service for carers in rural areas. | 36 | 40 | 50 |
| No. of adult carers who wish to access education, training and employment opportunities who are signposted to appropriate support agencies. | 15 | 20 | 25 |
| No. of campaigns held to promote the needs and rights of carers in the workplace. | 2 | 3 | 4 |

|  |  |
| --- | --- |
| **6** | The expertise carers and former carers can offer service providers, including the Charity, in designing support services both for carers and the people they care for is promoted and the value of their contribution is recognised and valued. |

The expertise carers gain from acting as an unpaid carer has been acknowledged in various pieces of legislation and strategy documents, which have endeavoured to give carers a voice and a right to be listened to as expert care partners. Carers are an integral part of the cared-for persons support system and they have the day-to-day experience of their condition and carry the most intimate responsibility for their welfare.

To recognise carers as expert care partners is to value both their role in providing support and the wider knowledge and skills they possess as individuals. Doing so greatly increases the likelihood of more personalised, responsive, and high-quality outcomes for those being supported, and makes carers’ valuable and informed contribution available to other carers and service providers. To maximise the benefits of these partnerships, training and development opportunities are as important for carers as they are for those employed in the health and social care sectors.

Too often, carers have experienced a lack of co-ordination between the assessment of need for the person they support and both their own role in meeting that person’s needs, and the support they might need in order to maintain that role. At best this is unnecessarily time consuming and wasteful of resources, and at worst it can lead to inaccurate assessments of individual needs for support and mistaken assumptions about the willingness and ability of carers to provide levels of care, which can have a detrimental effect on the health and well-being of all concerned.

This Charity prides itself on being carer led in that the majority of its trustees and members are carers or former carers and this is a requirement enshrined in its Constitution. This is a great advantage in designing or commissioning services for carers.

**The Charity will**:

* actively carers and former carers to become members of the Charity to allow the oversight of the organisation to benefit from their experience and skills;
* actively encourage carers and former carers who are members of the Charity to stand for election to the Management Committee to allow their knowledge and expertise to ensure carer involvement in setting the strategic direction and priorities pursued;
* actively encourage carers and former carers to join the Charity's bank of volunteers to allow other carers to benefit from their knowledge and experience of caring;
* create opportunities for carers and former carers to participate as presenters in the Carers Training Programme and in the delivery of information or advice through training or presentations to external bodies.
* put in place appropriate arrangements to consult with carers in relation to any proposed or planned policy, regulatory or legislative changes that may impact on their lives as carers and keep them updated on emerging developments;
* consult with and seek the advice of adult and or young carers in making any significant change to the services currently offered and in the design of any new planned services;
* seek formal and informal feedback from carers on the range and quality of services through carer forums, annual surveys and evaluation processes to identify opportunities to improve those services;
* ensure individual carers are fully engaged in any assessment of their situation or circumstances undertaken by the Charity and no support plan will be introduced without their full involvement and agreement;
* promote and monitor carer involvement in the development of care plans for the person they care for by health professionals and or social services;
* highlight the level of commitment involved in providing care for another person and the impact this has on the lives of adult and young carers in publications, through the news media, at meetings and in addressing audiences to ensure this is recognised and valued; and
* create opportunities for carers to meet face to face with local and national politicians and policy makers to allow their voice to be heard.

|  |  |  |  |
| --- | --- | --- | --- |
| **6 – Targets** | | | |
| **Target:** | **2014/15** | **2015/16** | **2016/17** |
| Percentage of the total membership who are carers or former carers. | 85% | 90% | 95% |
| Percentage of the trustees serving on the Charity's Management Committee who are carers or former carers. | 60% | 60% | 60% |
| No. of carers or former carers who act in a voluntary capacity for the benefit of carers and the Charity. | 10 | 15 | 20 |
| No. of occasions when a carer or former carer has acted as a 'presenter' at a training course or presentation on behalf of carers or the Charity. | 4 | 6 | 8 |
| No. of consultation exercises involving carers or any proposed policy, regulatory or legislative change that may impact on unpaid carers. | 4 | 4 | 4 |
| No. of formal or informal consultation exercises involving carers to quality assure the existing services offered by the Charity or assist with the design of any new services. | 10 | 11 | 12 |
| Percentage of carers surveyed who indicate that they were consulted and involved in developing a care plan for the person they care for. | 40% | 45% | 50% |
| No. of individual carers who have been provided with an opportunity to meet face to face with local or national politicians or policy makers. | 15 | 20 | 25 |

**Carer Outcomes Targets**

Through the Annual Carers Survey and Young Carers Survey the Charity will establish, whether or not the following Outcome Targets have been achieved.

|  |  |  |  |
| --- | --- | --- | --- |
| **Target:** | **2014/15** | **2015/16** | **2016/17** |
| Percentage of adult carers surveyed who agree that the Charity understands their situation and circumstances and the staff and volunteers treat them with respect and dignity. | 90% | 95% | 95% |
| Percentage of adult carers surveyed who agree that carers are consulted and listened to by the Charity in the development of support services. | 85% | 90% | 90% |
| Percentage of adult carers surveyed who are satisfied that the range and quality of services offered by the Charity. | 95% | 95% | 95% |
| Percentage of carers surveyed who indicate that the services offered by the Charity are meeting their personal needs. | 90% | 95% | 95% |
| Percentage of adult carers surveyed who feel that the support provided by the Charity is helping them continue in their caring role. | 70% | 75% | 80% |
| Percentage of adult carers surveyed who indicate they have a better understanding of their rights and entitlements as a result of information or training provided by the Charity. | 80% | 85% | 90% |
| Percentage of adult carers surveyed who agree that having the support of the Charity has made them feel less stressed or anxious. | 55% | 60% | 65% |
| Percentage of adult carers surveyed who feel that accessing the services or participating in the activities offered by the Charity has reduced their sense of isolation. | 70% | 75% | 80% |
| Percentage of adult carers surveyed who agree that their general health and wellbeing has improved because of the support they have received from the Charity. | 70% | 75% | 80% |
| Percentage of adult carers surveyed who indicate that other relevant statutory and third sector service providers in Helensburgh & Lomond are helping them cope with their caring responsibilities. | 50% | 55% | 60% |
| The percentage of the young carers who report feeling better recognised and valued as a result of the work of the Young Carers Initiative. | 70% | 75% | 80% |
| Percentage of Young carers reporting reduced isolation and better relationships with their families and peers because of the work of the Young Carers Initiative. | 70% | 80% | 85% |
| Percentage of young carers reporting improved confidence and skills in their ability to make life choices. | 65% | 70% | 75% |

**Monitoring and Evaluation**

A robust monitoring and evaluation system has been developed by the Charity, which details the number of carers accessing its services. Statistical data will be maintained on the number of service users, services provided and type of services accessed. Carer feedback will also be sought through evaluation and surveys to assist the Management Committee to assess the progress that has been made towards the Charity’s objectives. The evaluation will be used to identify key lessons and the highlighted examples of good practice that have been achieved.

A quarterly monitoring report is produced for consideration by the Management Committee, which shows the ‘actual’ data against the targets set, together with an explanation for any variances. This includes a brief commentary on the likelihood of the outcomes being achieved at the end of the financial period concerned.

**Environmental Impact**

The Charity’s Environmental Policy commits the organisation to minimise the detrimental impact of its activities on the environment and, to assist achieve this objective, set appropriate and practical environmental improvement targets. In 2010/11, an Environmental Impact Improvement Strategy was prepared to guide the organisation in translating the Policy into practice and this was reviewed and updated in 2013/14.

The activities undertaken in pursuing the Charity’s charitable objects are diverse and all have some effect on the environment. The Charity is a service provider, an employer, a purchaser, an asset manager and an occupier of premises and, while all have to be taken into account, the Strategy focuses on those areas that are directly under its control that release greenhouse gas emissions. These have been defined as:

i) the consumption of electricity/gas to heat, light and operate equipment within the Carer’s Centre;

ii) the disposal/recycling of waste materials, mainly arising from activities within the Carer’s Centre;

iii) the use of water for consumption, washing, cleaning, flushing of toilets;

iv) travel by trustees, staff, sessional workers, volunteers and carers in connection with the management of the organisation and operation of charitable activities; and

v) the use of paper for the day to day administration of the Charity and communication with carers and others.

Rather than trying to reduce everything at once, the Charity is addressing its consumption of energy, in the form of electricity and gas. This is considered to be the most significant factor in the activities of the organisation that contributes to the emission of greenhouse gases. It was also an area where there was reliable data available to establish baselines for consumption for future measurement, using the total kilowatt hours for both gas and electricity.

The guidance available to the Charity indicated that targets be set over a 5 year period, with year on year adjustments being made to reflect any changes in the activities undertaken. For the Charity such changes would include introducing new activities for carers within the Carers Centre or employing additional members of staff, which may increase the overall energy requirements. Taking these into account, the Charity set its first environmental target, which was to:

* maintain the annual consumption of gas and electricity at 5% under the combined 2010 baseline figure from 2011 to 2015.

When the Strategy was updated in 2012/13, the Management Committee agreed to extend the targets and that the Charity should:

* reduce annual water consumption and water treatment by 5% under the baseline figures for 2012 and maintain this each year from 2013 to 2015.
* adopt the Scottish Government’s target of recycling 70% of waste materials by 2025 and use Argyll & Bute Council’s performance for the recycling of municipal waste as a proxy indicator of its performance.

To allow further targets to be set, the Manager has introduced measures to improve data collection, including monthly recording of the readings of the gas, electricity and water meters; the percentage of recycled paper purchased and, where reasonably practical, the mileage of trustees, staff and volunteers in connection with the activities of the Centre.

**SECTION 13 – FINANCE AND FUNDING**

**Background**

The format and independent scrutiny of charity accounts is regulated by the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Account (Scotland) Regulations 2006 (as amended). As the Charity maintains fully accrued accounts, it is compelled to comply with the methods and principles of the 2008 edition (currently being updated) of the Statement of Recommended Practice (SORP), issued by the Charity Commission for England and Wales. This gives detailed guidance on how charities across the UK are expected to report their activities, income and expenditure and financial position in their annual report and financial statements.

Under the above provisions, it is necessary to account separately for income and expenditure relating to grants and donations that are restricted to a particular purpose or purposes specified by the donor, from the unrestricted funding that the Charity has or can make available to spend on any or all of its purposes. For budget monitoring and reporting purposes, the Charity operates a Restricted Account and an Unrestricted Account to ensure these requirements are met. In addition, a separate Reserves Account is maintained, utilising unrestricted income, to deal with contingencies. The transfer of funds between Accounts is a feature of how these are managed.

The Management Committee is responsible for:

* selecting suitable accounting policies and then applying them consistently;
* making judgements and estimates that are reasonable and prudent;
* preparing financial statements on the going concern basis unless it is inappropriate to assume that the Charity will continue on that basis;
* maintaining proper accounting records which disclose with reasonable accuracy at the time the financial position of the organisation;
* safeguarding the assets of the Charity; and
* taking reasonable steps for the prevention and detection of fraud and other irregularities.

**Funding Sources**

The Charity has been financially supported by Argyll & Bute Council since it was established in 2000, but the form of this support has changed over the years. Initially funding was provided as a grant, which changed to a Service Level Agreement in 2009/10 and then to a Service Contract in 2011/12. In 2013/14 the Service Contract became a Joint Service Contract between Argyll & Bute Council, NHS Highland and the Charity. The reason for this arrangement was that the Charity secured funding from the Change Fund, which was introduced by the Scottish Government to promote its Reshaping Care for Older People Programme. The funding is held by the Argyll & Bute Community Health Partnership and its principal members are the Council and Health Board. The Health Board takes the lead in managing the distribution of the Change Fund and it was decided to add this to the Service Contract between the Charity and the Council to make it a Joint Contract.

The Council's contribution and the Change Fund monies are kept separate within the terms of the Contract and in 2013/14 the Council provided £47,300 and the Change Fund £50,000. Although the Contract has to be renewed annually, it is anticipated the sums concerned will continue to be paid in 2014/15. However, the Scottish Government has not given a commitment to continue to provide financial resources under the Change Fund beyond 31 March 2015 and at the time of updating this Report the future beyond that date remained unclear.

NHS Highland has also supported the Charity in its own right for the past 5 years by providing grants from funding it receives from the Scottish Government to promote its Carer Information Strategy. The sums concerned have varied each year, averaging around £22,000 and, in 2013/14, the grant awarded was £23,000. No commitment has been given by to continue this in 2014/15, albeit it is known the Scottish Government will fund the Strategy in 2014/15, but not beyond 31 March 2015.

In addition to these separate funding streams, in 2013/14 the Charity secured grants from the Change Fund, including £51,194 to meet the 2 year costs of employing an additional part-time member of staff to conduct carer’s assessments in Helensburgh and Lomond and the adjoining area of Cowal and Bute. Part of this funding extends into 2014/15 to meet the costs of the post to the end of February 2015.

In terms of non-statutory funders, the major provider is the Big Lottery’s Investing in Communities Fund, which is contributing to the costs of the Charity’s Young Carers Initiative, launched last year. The total funding secured was £389,727 and this is being allocated over a 4 year period, which commenced in April 2012. Other funding sources include grants received from a wide range of funding bodies, donations made by carers and supporters, fundraising activities, bank interest and the recovery of tax from HMRC through the Gift Aid Scheme and the Small Donations Scheme.

**Fundraising Strategy**

A proportion of the £97,300 provided through the Joint Service contract contributes to the Charity’s core overhead costs for providing services to carers, however, these core costs have risen significantly over the 13 years since the organisation was formed, with increases to the leasing and service charges for the Carers Centre and higher utility bills, telecommunications costs, banking charges, legal compliance costs and VAT etc. The Charity has had no expectation that the funding from the Contract would meet all these core costs and there has always been a need to close the gap, between what is provided and the actual costs involved, from other funding sources.

The Management Committee saw the growth in the provision of services for carers as a means of addressing this long standing problem. The new services introduced in recent years have been planned on a full cost recovery basis and the funding secured from the Change Fund and the grant provided by the Big Lottery are now contributing to the core running costs. However, these contributions have to be proportionate to the individual services concerned and, when added to the non-salary costs in the Joint Service Contract, this is still not sufficient to close the funding gap. The scope for pursuing this approach further to increase the recovery of core costs is limited, not because there is no more to be done, but the Carers Centre has reached its capacity in terms of the number of staff and volunteers it can accommodate, despite ‘hot-desking’ and occasional home working.

The Charity’s Finance & Physical Resources Sub-Committee has lead responsibility for ensuring sufficient financial resources are available to achieve the Aims and Objectives set out in the current Business Plan. The Sub-Committee takes the financial information included in the Plan and uses this to produce a more detailed 3-year Fundraising Strategy, which guides and sets targets for the Charity to pursue.

**Fundraising Sub-Group**

In recognition of the challenges of attracting funding in the increasingly difficult economic climate, the Finance & Physical Resources Sub-Group has established, from within its own membership, a Fundraising Sub-Group to concentrate on taking forward the Fundraising Strategy. The Sub-Group initiates and oversees a diverse range of fundraising events and activities included in the Charity’s Annual Fundraising Calendar, as well as the identification of potential funders and submission of grant applications that are made over the course of the year.

**Communications and Marketing Strategy**

Profile, image and awareness are key components in attracting support for the Charity and communicating the right message to the right audience is critical to generating a positive response, raising awareness of the work undertaken, enhancing trust and loyalty and increasing income. A significant proportion of income comes through donations and fundraising activities organised by individuals and organisations that recognise the importance of supporting carers and are aware of the part played by the Charity in meeting their needs. This ‘awareness’ can come from some personal experience, reading a poster, newspaper article, attending a presentation by the Charity, seeing the sign above the door of the Carers Centre or other encounter that has made the plight of carers or the work of the organisation visible to them. The money can come from their own pockets, from seeking sponsorship, the proceeds of events and activities and from businesses that see supporting charities as part of their corporate social responsibility.

There are many other charities competing for funding, both at a local and national level. Over the past few years a number of Third Sector organisations have opened Charity Shops in Helensburgh town Centre in order to generate funds. Shop units occupied by Oxfam, Imperial Cancer Research, British Heart Foundation, People’s Dispensary For Sick Animals, Life Charity, St Margaret of Scotland Hospice, the Salvation Army, Debra and Shelter, now dominate the main shopping areas and there are always rumours that other charities are considering adding to this number. Agents promoting national charities are also very active in door to door and street canvassing and, as the shops and the agents operate for the benefit of national charities, it can be difficult for the smaller local charities to compete. Over the past 2 financial years, the sums secured by the Charity from donations have been reducing and this may simply be because donors are now presented with so many options if they wish to financially support charitable and non-profit making organisations.

In the face of this competition for public funds, the Charity has endeavoured to carve out its own niche to highlight its need for ongoing financial support. Giving prominence to the fact that the organisation is locally based, independent and helping people living in Helensburgh and Lomond, is one of the key messages. Retaining the trust and confidence of the local community are arguably the most important features in maintaining positive relationships and this is often influenced by perceptions as well as direct experience or knowledge. There can be scepticism in the minds of some about how funds are used and whether these are actually benefiting carers. It follows that it is critical to make the public aware of how funding is being spent and to highlight what this has achieved.

Early in 2011, the Charity’s first Communications and Marketing Strategy was introduced, partly to ensure that efforts to attract funds are effectively planned and promoted. A number of recommendations were made to improve fundraising campaigns and these were ‘tested’ over the course of the following year. The Strategy is reviewed annually and was reviewed and updated at the end of 2013/14. The actions agreed will be pursued in 2014/15.

**Gift Aid and Small Donations Schemes**

It is the policy of the Charity to take full advantage of the Gift Aid and Small Donations Schemes and for this purpose it has been recognised by HM Revenue and Customs Charities to allow claims to be made. One of the Charity’s volunteers has taken responsibility for preparing applications, which have to be made on-line using the Charities Online Service introduced by HMRC in 2013. Given that the Gift Aid Scheme is subject to any variances in the level of donations made to the Charity, the reduction in donations over the past 2 years financial years has resulted in a proportionate reduction in the amount of tax recovered.

**Employment Allowance**

With effect from 1 April 2014, as part of its strategy to encourage business growth, the UK Government intends to introduce an Employment Allowance of £2,000 a year for all businesses, charities and CASCs to offset against their liability for Class 1 secondary National Insurance contributions (NICs). It is understood this will continue until at least 2017/18. To keep the process as simple as possible for employers, the Allowance will be delivered through standard payroll software and HMRC’s Real Time Information system. The employer has to signal an intention to claim the Allowance and thereafter can offset this against each monthly Class 1 secondary NICs payment that is due to be made to HMRC until the allowance is fully claimed or the tax year ends. The following tax year, the allowance will be available as an offset against a Class 1 secondary NICs liability as it arises during the tax year. The Charity will take advantage of the Employment Allowance in 2014/15 and subsequent years to help reduce its pay-bill.

**Administrative Charge**

The Charity endeavours to recover the full overhead costs associated with the delivery of services and, in the case of larger projects, this is built into the budget estimates, with the sum concerned being set against the appropriate budget income line at the time the funding is received. For most other services, an administrative charge is applied, which is added to the appropriate expenditure lines in the Restricted Account. The overheads can include staff time, accommodation, access to facilities or equipment etc and, where it is possible for the actual costs incurred to be reasonably established, that is the sum charged. However, in recognition of the difficulties in precisely assessing all of the associated costs in relation to certain services, the default position is to set the charge at 10%. An important proviso is that the Manager has the flexibility to determine not to apply the charge should this be considered appropriate in particular cases.

**Investment Strategy**

On occasions, the Charity holds funds that are not needed to meet its immediate expenditure requirements and, under the provisions of its Investment Policy Statement, it looks to invest some or all of this money in order to generate extra income to further the aims of the organisation or simply to maintain or enhance the value of the invested funds. The Trustee Act 2000, gives trustees what is described as the ‘general power of investment,’ which allows them to make such investments, subject to certain conditions and duties.

It is the responsibility of the Finance & Physical Resources Sub-Committee to prepare an Investment Strategy for the Charity and this is reviewed and updated on an annual basis. Although the Charity has previously invested money in a short term Investment Bond, conditions within the financial markets subsequently changed, with interest rates falling and the withdrawal of the types of Bonds that might have been suitable for the Charity. When the Investment Strategy was reviewed in 2010, it was decided that rather than leave all the funds in the Bank of Scotland Treasurers Account, which was then offering a very low rate of interest and subsequently no interest, the Charity should open a Scottish Widows 7 day Notice Charity Deposit Account and introduce a system of moving funds between both accounts.

This arrangement has worked well and interest on the Notice Account is paid annually. The interest payment made in October 2011 was £575.83, in October 2012 it rose to £838.14 and in October 2013 it increased again to £886.54. These interest payments have continued to grow annually despite the actual interest paid on deposits steadily falling. The reason for this is that the amounts held in the Deposit Account have grown as the Charity's funding has increased. At the time the Deposit Account was opened the gross interest rate was 1.85% for deposits of £50,000 and over and 1.60% for lower sums held. In January 2013, these rates were reduced by half a percentage point to 1.35% and 1.10% respectively. In June 2013 the interest rate was reduced to 0.75% and the differential between the balances held was removed. The following month the interest rate was reduced again to 0.40% and it has remained at this level since 4 July 2013.

The 2013/14 Review of the Investment Strategy could not identify any other appropriate way for the Charity to increase the return on the balances held and whilst the position continues to be monitored, it was decided to maintain the arrangement with the Scottish Widows Bank.

**Banking Arrangements**

The Charity has held a Treasurers Account with the Bank of Scotland since it was established in 2000, but in 2013/14 the Bank compelled the Charity to transfer its funds to a Business Extra Account and this was completed in March 2014. Transactions in relation to the Treasurers Account were made at no cost, but charges are applied by the Bank to transactions through the Business Extra Account. The Charity has gained no benefit from this change in its banking arrangements and now has to raise additional funds to meet the anticipated £300 annual costs involved.

**Cashflow**

The timing of income received is outwith the control of the Charity and, because there is little headroom to cope with the peaks in expenditure and troughs in income during the course of each financial year, this can create cashflow problems. This has been particularly evident in the first quarter of each financial year and is largely caused by the time it takes for the Joint Service Contract with Argyll & Bute Council and NHS Highland to be signed off and the funding released. The Charity has had to draw from its Reserves to meet financial commitments whilst awaiting the funding.

**Reserves**

Maintaining an appropriate level of Reserves is a requirement of the Charity’s Risk Management Strategy. The Charity’s Reserves Policy and Strategy have established the following categories of Reserves:

Operational: to deal with cash-flow problems and meet unforeseen financial commitments.

Contingency: to meet financial liabilities in the event that the Charity has to cease operating for any reason.

The Operational Reserve is based on the average of one month’s running costs and the Contingency Reserve represents three month’s running costs. In making these calculations, account is taken of expenditure that can be avoided if services are immediately suspended. The Reserves Strategy is reviewed and adjusted on an annual basis to reflect inflation and any change in the level of financial risks. At the end of 2013/14, there was £9,000 held in the Operational Reserves and £19,500 held in the Contingency Reserves. The Reserves Strategy for 2013/14 has identified a need to increase the Contingency Reserves by £5,000 to deal with increasing redundancy liabilities that will apply as more staff complete 2 years service with the Charity. This level of increase in a single year is not seen as being affordable and it has been decided to tackle this in 2 stages, with increasing the Contingency Reserves by £2,500 in 2014/15 and a further £2,500 in 2015/16. The Operational Reserves will remain at the current level.

**Earmarked Funds**

The Charity is exploring options to relocate the Carers Centre early in 2015/16 and it is likely this will incur additional costs. To assist prepare for this expenditure, it is intended to try and earmarked £5,000 in 2014/15 for this purpose from unrestricted income.

**Preparing the Budget Estimates**

The Management Committee closely monitors budget performance throughout the year and makes any adjustments as and when required. At the end of each financial year the Committee:

* reviews the budget outturns to identify any variances between the actual operating costs and the budget estimates for the year;
* establishes the level of any balances that remain in the restricted and unrestricted accounts that can be carried forward;
* assesses the impact of any likely increases or decreases in the cost of services in the following and future years;
* projects the anticipated levels of expenditure to be incurred in delivering the activities set out in the Charity’s Business Plan;
* reviews and sets the level of Reserves that require to be held;
* projects the anticipated levels of income for the following and future years; and
* identifies the gaps between planned expenditure and the level of resources likely to be secured.

This information is used to develop the budget estimates for the following years; it informs the Committee where savings and modifications require to be made within the Plan; and provides targets for the Fundraising Strategy and Investment Strategy. In common with many other organisations operating within the Voluntary Sector, setting the annual budgets involves managing ‘uncertainty,’ as it is often difficult to be confident the organisation will secure the ongoing levels of funding required to sustain and develop its services.

The funding available for non-core services is always difficult to predict and the Charity has traditionally tailored provision to match the money available. Because the funding is ‘restricted’ it cannot be moved between lines or utilised for any other purpose. The practice has been to periodically bid for grants from various sources and, if successful, this is then thinly spread over one or more years. As a consequence, the more popular services have to be ‘rationed,’ otherwise the money would quickly run out.

The Management Committee accepts that its plans to increase the number of carers registered with the Charity and accessing services, will put pressures on the services available. In seeking funds and in allocating these to meet the costs of specific services, there is a need for a systematic and balanced approach and account will be taken of the needs and expectations of carers in this regard. In preparing this Business Plan, the aim is to sustain or increase the availability of all the existing services and explore options for expanding services and this is reflected in the Budget Estimates for 2014/15 – 2016/17.

**Balances brought forward from 2013/14**

Table 1 details the total balances held by the Charity at 31 March 2014, as shown in the Provisional Outturn Report and these may be adjusted in the Charity’s final accounts.

**Table 1**

|  |  |
| --- | --- |
| **Account** | **Closing Balances**  **31.03.14**  **£** |
| Unrestricted | 22,571 |
| Unrestricted Reserves | 28,500 |
| Restricted | 71,208 |
| **Total** | **£122,279** |

**Budget Estimates 2014/15 – 2016/17**

Based on an evaluation of the Provisional Budget Outturn for 2013/14 and by applying appropriate inflation factors, the Charity has prepared the Budget Estimates for 2014/15 and these are then used as the baseline for calculating the estimates for the following 2 years.

**Unrestricted Account - Projected Income**

The following table shows the projected Unrestricted Income from the 2014/15 Budget Estimates and, based on the best information available at the time of preparing this updated Report, the projected income for the following 2 financial years. This presumes that a number of funding streams will come to an end during the course of the 3 years.

**Table 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unrestricted (Core Costs)** | **2014/15** | **2015/16** | **2017/18** |
|  | **£** | **£** | **£** |
| Opening Balance\* | 22,571 | - | - |
| Service Contract\*\* | 97,300 | 47,300 | 47,300 |
| Donations - Carers | 2,500 | 2,700 | 2,800 |
| Donations - Others | 4,000 | 4,500 | 5,000 |
| Bank & Invest Interest | 500 | 550 | 600 |
| Gift Aid/Tax Recovery | 1,500 | 1,700 | 1,900 |
| Fundraising Proceeds | 13,500 | 14,000 | 14,500 |
| Young Carers Fundraising | 1,500 | 2,000 | 2,500 |
| Transfer to Restricted Account | (1,500) | (2,000) | (2,500) |
| Transfer from Restricted Account\*\*\* | 127,029 | 93,914 | - |
| **Total** | **£268,900** | **£164,664** | **£72,100** |

\* Reflects the projected cash balance in the Account c/f from 2013/14

\*\* In 2014/15 Service Contract will include £47,300 from A&B Council and £50,000 from the Change Fund.

It is presumed all the Change Fund monies will cease at 31 March 2015.

**\*\*\*** Made up in 2014/15 by £80,953 from the Big Lottery and £23,076 from the Carers Trust/Co-op Grant and in 2015/16 by £89,349 from the Big Lottery and £4,565 from the Carers Trust/Co-op Grant and £23,000 from NHS Carer Information Strategy. The YCI funds cease in April 2017.

**Unrestricted Account – Planned Expenditure**

Table 3 shows the estimated expenditure that will be necessarily incurred in meeting the core running costs of the Charity over the period 2014/15 – 2016/17.

**Table 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unrestricted (Core Costs)** | **2014/15** | **2015/16** | **2016/17** |
|  | **£** | **£** | **£** |
| Salaries and associated costs | 213,000 | 221,850 | 226,287 |
| Sessional Workers | 715 | 715 | 729 |
| Staff Training | 2,500 | 2,700 | 3,000 |
| Staff Travel/subsistence expenses | 5,500 | 5,700 | 5,900 |
| Volunteer Training/Travel Expenses | 2,300 | 2,300 | 2,300 |
| Insurance | 1,300 | 1,350 | 1,400 |
| Leasing Charge | 16,080 | 16,890 | 16,890 |
| Service Charge | 3,920 | 4,110 | 4,310 |
| Utilities (gas, electricity & water charges) | 3,000 | 3,100 | 3,200 |
| Telephone/Broadband Services | 3,000 | 3,100 | 3,200 |
| Cleaning/Maintenance of Carers Centre & repair/replacement of equipment | 3,000 | 3,100 | 3,200 |
| Bank Charges | 300 | 310 | 320 |
| Print/Stationery/Postage | 10,500 | 11,000 | 11,500 |
| Marketing | 500 | 500 | 500 |
| Publications & Subscriptions | 200 | 220 | 240 |
| Contribution to the Carers Trust | 1,000 | 1,000 | 1,100 |
| Miscellaneous | 600 | 600 | 600 |
| Petty Cash | 1,500 | 1,600 | 1,700 |
| Professional Fees | 1,200 | 8,200 | 1,600 |
| Transfer of funds to Reserves | 2,500 | 2,500 | 2,500 |
| Earmarked Funds (Relocation costs) | 5,000 | - | - |
| Adjustments (Admin Charge) | (1,500) | (1,000) | (1,000) |
| **Totals** | **£276,115** | **£289,845** | **£289,476** |

The above figures make the following assumptions:

* the Charity will continue to employ 4 full-time and 6 part-time members of staff working the same number of hours for the 3 years;
* pay inflation will rise by 2% in 2015/16 and 2% in 2016/17;
* The Charity will maintain the current Reserves Strategy over the 3 years;
* National Insurance and Pension contributions will remain unchanged over the 3 years; and there will continue to be a £2,000 Employment Allowance reduction in total contributions, and
* PQASSO requalification and Evaluation of Young Carers Initiative will take place in 2016.

**Unrestricted Account - Projected Funding Gaps**

By comparing the projected expenditure against the projected income over the 3 years, the following gaps are identified in the Unrestricted Account:

**Table 4**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unrestricted (Core Costs)** | **2014/15** | **2015/16** | **2016/17** |
|  | **£** | **£** | **£** |
| Projected Expenditure Estimates | 276,115 | 289,845 | 289,476 |
| Projected Income Estimates | 268,900 | 164,664 | 72,100 |
| **Projected Funding Gaps** | **(£ 7,215)** | **(£125,181)** | **(£217,376)** |

The significant shortfall in 2015/16 and 2016/17 reflects the end of the current agreement with Argyll & Bute CHP regarding the services funded through the Change Fund. Efforts will be made to secure funds to retain these services, however, if the gaps cannot be filled, service delivery will be reduced in order that it can be managed within the funding available.

**Restricted Account - Planned Expenditure**

Table 5 sets out the planned expenditure for non-core activities and the figures for 2014/15 – 16/17, and reflects the Objectives shown in Section 10 of this Plan.

**Table 5**

|  |  |  |  |
| --- | --- | --- | --- |
| **Restricted (Non-Core Costs)** | **2014/15** | **2015/16** | **2016/17** |
|  | **£** | **£** | **£** |
| Carers Training | 6,000 | 6,500 | 7,000 |
| Counselling | 3,000 | 3,500 | 4,000 |
| Respite | 2,000 | 2,500 | 3,000 |
| Carers Assessment Respite | 3,753 | - | - |
| Massage/Reflex/Holistic Therapies | 12,000 | 12,500 | 13,000 |
| Social Activities/Events | 8,000 | 9,000 | 10,000 |
| Outreach Service Events/Activities | 1,000 | 1,000 | 1,000 |
| Befriending Service | 4,000 | 4,500 | 5,000 |
| Short Breaks | 6,000 | 6,000 | 6,000 |
| Young Carers Initiative Services/Events/ Activities | 23,756 9rom the Young Carers Initiative. and in 2014/15 by £ropriate caring roles and are supported to be children and young peo | 24,359 | 24,700 |
| **Totals** | **£69,509** | **£69,859** | **£73,700** |

**Restricted Account – Projected Income**

With the exception of the funding secured for the Young Carers Initiative, it is not possible to accurately predict what Restricted Income might be secured for Non-Core Services over the 3 years of the Plan, as this tends to be driven by the outcome of grant applications. Restricted funding must be used for the purposes specified by the funder and set against the appropriate expenditure line(s). It cannot subsequently be moved to another expenditure line without the consent of the funder and this would be unusual. The practice is to carry forward any balances in the expenditure lines from one year to the next and use this as the baseline figure to set against planned expenditure. Table 6 shows the projected balances carried forward in the Restricted Account from 2013/14 to 2014/15 and the income that is considered assured, and the total funding available in 2014/15.

**Table 6**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Restricted (Non-Core Costs)** | **Balances b/f from**  **2013/14** | **Projected**  **Income**  **2014/15** | **Total Funds**  **2014/15** |  |
|  | **£** | **£** | **£** |
| Carers Training | 6,172 | - | 6,172 |
| Counselling | 3,061 | 1,380 | 4,441 |
| Respite | 2,592 | - | 2,592 |
| Carers Assessment Respite | 3,753 | - | 3,753 |
| Massage/Reflex/Holistic Therapies | 1,957 | 3,441 | 5,398 |
| Social Activities/Events | 1,118 | 830 | 1,948 |
| Outreach Service Events/Activities | 1,146 | - | 1,146 |
| Befriending Service | 1,969 | 2,000 | 3,969 |
| Short Breaks | 2,469 | 3,142 | 5,611 |
| Young Carers Initiative  Services/Activities/Events | 5,321 | 23,909 | 29,230 |
| **Totals** | **£47,916** | **£22,909** | **£50,255** |

**Restricted Account - Projected Funding Gaps**

Based on the Total funding available figure for 2014/15 shown in Table 6 and the planned expenditure in Table 5, Table 7 shows the projected funding gaps.

**Table 7**

|  |  |  |  |
| --- | --- | --- | --- |
| **Restricted (Non-Core Costs)** | **2014/15** | **2015/16** | **2016/17** |
|  | **£** | **£** | **£** |
| Carers Training | - | (6,328) | (7,000) |
| Counselling | - | (2,059) | (4,000) |
| Respite | - | (1,908) | (3,000) |
| Carers Assessment Respite | - | - | - |
| Massage/Reflex/Holistic Therapies | (6,602) | (12,500) | (13,000) |
| Social Activities/Events | (6,052) | (9,000) | (10,000) |
| Outreach Service Events/Activities | - | (854) | (1,000) |
| Befriending Service | (31) | (3,000) | (3,500) |
| Short Break | (389) | (6,000) | (6,000) |
| Young Carers Initiative  Services/Activities/Events | - | (1,347) | (15,700) |
| **Totals** | **(£13,074)** | **(£42,996)** | **(£63,200)** |

**Funding Gaps in the Unrestricted and Restricted Accounts**

Table 8 shows the gaps in the planned expenditure from 2014/15 – 2016/17 in the Unrestricted and Restricted Accounts. It does not include the Planned Developments, which are set out separately in this Section of the Plan.

**Table 8**

|  |  |  |  |
| --- | --- | --- | --- |
| **Projected Funding Gaps** | **2014/15** | **2015/16** | **2016/17** |
|  | **£** | **£** | **£** |
| Unrestricted Account | 7,215 | 125,181 | 217,376 |
| Restricted Account | 13,074 | 42,996 | 63,200 |
| **Totals** | **£20,289** | **£168,276** | **£280,576** |

**Planned Developments**

In Section 10 of this Plan there are a number of new developments the Charity hopes to pursue, subject to funding being available. While the costs of some can be absorbed within the core budget, the following have not been included:

* Recruit Adult Carers Services Officer on full-time basis with a target commencement date of 1 September 2014 and sustain the post in 2015/16 and 2016/17.
* Increase the hours of one of the Outreach Support Workers posts by 15 hours per week.
* Increase the hours of the Training Co-ordinator by 10 hours per week.
* Recruit a paid part-time Volunteer Co-ordinator 12 hours per week, with a target commencement date of 1 September 2014 and sustain the post in 2015/16 and 2016/17.
* Recruit a full-time Office Junior with a target commencement date of 1 September 2014 and sustain the post in 2015/16 and 2016/17.

The following table provides an estimate of the likely costs of these developments:

**Table 9**

|  |  |  |  |
| --- | --- | --- | --- |
| **Restricted (Development Costs)** | **2014/15** | **2015/16** | **2016/17** |
|  | **£** | **£** | **£** |
| Recruit Adult Carers Services Officer on full-time basis with a target commencement date of 1 September 2014. | 22,750 | 29,580 | 30,170 |
| Increase the hours of one of the Outreach Support Workers posts by 15 hours per week. | 10,800 | 11,000 | 11,220 |
| Increase the hours of the Training Co-ordinator by 10 hours per week. | 7,700 | 7,850 | 8,000 |
| Recruit a paid part-time Volunteer Co-ordinator 12 hours per week) with a target commencement date of 1 September 2014. | 4,370 | 7,400 | 7,550 |
| Recruit a full-time Office Junior with a target commencement date of 1 September 2014. | 9,330 | 16,300 | 16,600 |
| **Totals** | **£54,950** | **£72,130** | **£73,540** |

**Fundraising Targets 2014/15 – 2016/17**

The totals shown in Table 8 represent the funding gaps in respect of the Unrestricted and Restricted Accounts if the Charity is to maintain the current level of service for each of the 3 years. The totals in Table 9, for the planned developments, have to be added, albeit none of these will be taken forward unless the costs concerned can be secured. Table 10 brings together the totals from Tables 8 and 9 to show the overall fundraising targets for the 3 years.

**Table 10**

|  |  |  |  |
| --- | --- | --- | --- |
| **Table** | **2014/15**  **£** | **2015/16**  **£** | **2016/17**  **£** |
| Unrestricted (Core) | 7,215 | 125,181 | 217,376 |
| Restricted (Non-Core) | 13,074 | 42,996 | 63,200 |
| Developments (Non-Core) | 54,950 | 72,130 | 73,540 |
| **Totals** | **£75,239** | **£240,307** | **£354,116** |

**Financial Risk Assessment**

This is an ambitious 3 year Plan for the Charity and it will undoubtedly be difficult to raise all of the funding required to close the gaps identified above. If the targets set out in the Plan for non-core services and new developmentsare not fully achieved, it would mean the services/developments will not be delivered as planned. The proposals in the Plan would have to be reviewed, modified or delayed dependent upon the funding secured, but there are controls available to the Management Committee to eliminate any risk of the Charity making commitments when there is insufficient funding available to meet the costs involved.

The Charity’s core costs are largely inescapable and this is where a real risk exists in relation to the longer term financial viability of the organisation. Failure to attract sufficient core funding to close the widening gap would compel the Management Committee to downsize the whole operation. There would not be sufficient funds to meet the costs of leasing and running the Carers’ Centre and this would have a knock on effect on the organisation’s ability to attract non-core and development funding.

The Fundraising Strategy for 2014/15 – 16/17 will be targeted at raising the sums required and there is no reason to be over pessimistic in this respect. However, in the event that these efforts fail, the fact that the Charity’s Reserves have been strengthened would allow all legal liabilities to be met should the organisation have to be wound up.

**Annual Report and Financial Statements**

The Charity’s annual accounts are independently examined in accordance with the relevant financial regulations and submitted to the Office of the Scottish Charity Regulator. Copies are also made available to funding partners for scrutiny. The final accounts, along with the Independent Examiner’s Report, will be published separately in the Charity’s Annual Report and Financial Statements for the year ended 31 March 2014.

**APPENDIX ‘A’**

**HELENSBURGH AND LOMOND CARERS SCIO**

**ORGANISATONAL CHART**

**2014**

|  |  |
| --- | --- |
| **Management Committee**  Willie Rae – Chairperson  Patricia Hedger – Vice-Chairperson/Carer  Jean Walker – Secretary/Carer  Mike Blair – Treasurer/Carer  Lawrence Bidwell – Volunteer  Bill Courtney – Carer  Irene Dalrymple – Carer  Ron Laley - Volunteer  Fiona MacNeil – Carer  Bill McIntyre – Former Carer  Maggie Shipman – Volunteer | |
| **Finance and Physical Resources Sub-Committee**  Mike Blair (Chairperson)  Lawrence Bidwell  Irene Dalrymple  Ron Laley  Bill McIntyre  Willie Rae | **Organisational Review Sub-Committee**  Willie Rae (Chairperson)  Bill Courtney  Patricia Hedger  Fiona MacNeil  Maggie Shipman  Jean Walker |
| **Manager**  Eileen McCrory  **Administrator**  Inge Fik  **Young Carers Staff Outreach Workers Carers Training Co-ordinator**  April Walker Eileen Churchill Janey Macdonald  Sharon Richardson Christine McTaggart  **Carers Assessment Support Worker Carers Befriending Service Support Worker**  Shirley McHugh John Izatt  **Advisor**  Ann Allcoat – The Carers Trust | |

Helensburgh & Lomond Carers SCIO

The Carers Centre

17E East King Street

Helensburgh G84 7QQ

Tel: 01436 673444

Email: [admin@helensburgh-carer-support.org](mailto:admin@helensburgh-carer-support.org)

Registered Scottish Charity No. SC033382

A Scottish Charitable Incorporated Organisation