

**East Dunbartonshire
Strategy for Carers
2012 – 2015**

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Foreword

Outlined within this East Dunbartonshire Strategy for Carers is:

- our vision for Carers and the outcomes we wish to achieve for Carers
- what we are doing or intend to do in the local authority, National Health Service and third sector to improve support and services for Carers
- what influences and underpins the strategy, including legislation enacted and national policies written to ensure that Carers receive support
- what steps we will take to ensure all carers are supported regardless of age, disability, gender reassignment, pregnancy/maternity, race, religion/belief, sex or sexual orientation
- and how this will be achieved, monitored and reviewed.

A range of terms is used to describe a person who cares for another including: 'unpaid carer,' 'carer,' 'family carer' and 'informal carer.'

Carers provide care to family members, other relatives, partners, friends and neighbours of any age affected by physical or mental illness (often long-term), disability, frailty or substance misuse and do so without pay or financial reward. Sometimes the cared-for person will have more than one condition.

Some Carers care intensively or are life-long Carers. Others care for shorter periods. The Carer does not need to be living with the cared-for person to be a carer.

Anybody can become a Carer at any time, sometimes for more than one person.

Carers are now, and will remain, fundamental to strong families and partnerships and to resilient and cohesive communities.

The lives of Carers and the cared-for are closely intertwined, but they are not the same.

Caring Together - The Carers Strategy for Scotland 2010 – 2015

Within East Dunbartonshire, one person in every eight is a Carer. Throughout the United Kingdom there are approximately six million Carers and, every day, another six thousand people take on a caring responsibility. Indeed 3 out of 5 people will become a Carer at some point in their lives. This Strategy therefore affects nearly everyone that lives in East Dunbartonshire.



Gerry McAuley (Carer)

Chair of East Dunbartonshire Carers Working Group

Section 1 – Our Strategy for Carers

Caring in East Dunbartonshire

The National picture is that Carers' role and contribution will be critical in the future due to demographic and social changes:

- Scotland's 65+ population is rising by 21% by 2016 (from 2006) and by 62% by 2031; and
- or the 85+ age group, a 38% rise is projected by 2016 and by 2031 the increase is a projected 144%.

By 2031 there will be larger numbers of very old people and a proportionately smaller, younger working and tax-paying population. This is a success story in terms of health and wellbeing, but carries huge implications for the future of care in Scotland: an additional 25% demand for health and social care services by 2031.

There will be more people living alone – an estimated 400,000 by 2031. More older people will also be living in remote and rural areas. With the ageing population, the number of Carers is expected to grow to an estimated 1 million by 2037. Three out of five people in Scotland will become Carers at some point in their lives. Some older Carers may require more support in their own right. Shifting the balance of care from residential and institutional settings to care at home and more people being cared for at home for longer has implications for Carers. Carers will play an increasingly important role in the support, care and treatment of people with long-term and/or multiple conditions, disabilities, illnesses, including dementia, and alcohol and drug dependency.

The age structure of Black and Minority Ethnic (BME) communities is markedly different to the indigenous population, with a much younger age profile. However, this will change within the next 10 years as the number of Black

and Minority Ethnic older people increases. This shift in the age profile presents an opportunity to provide suitably tailored and proactive support to Black and Minority Ethnic Carers, in recognition of particular cultural and/or religious needs.

There are other changes, for example where an increase in births to women aged 40 and over might mean more younger people caring for elderly parents in future years. There are also more children with complex and exceptional needs being cared for at home by parent Carers. This is due, in part, to population increases but also to medical advances and to increased diagnosis and reporting. In Scotland there are approximately 70,000 children under the age of 16 with disabilities. For the first time, there is a generation of people with learning disabilities and complex needs who are outliving their parents.

There is a relatively new migrant population from European Union Accession States, asylum seekers and refugees. Updated figures on the new migrant population will be provided via analysis of the 2011 Census. Many Carers who have recently settled in Scotland do not generally access support for their caring role. Identifying these Carers and offering support where required is important.

Local Statistics

- The 2001 census shows 11,656 people providing unpaid care and support in East Dunbartonshire.¹
- At that time, 18% provided over 50 hours per week of unpaid care. However of the Carers known to Carers Link, 68% were caring for over 50 hours.
- It is estimated that there are 4313 new Carers in East Dunbartonshire each year (Carers UK 2006)

¹ 2011 Census results at this level will not be available until Summer 2013

- Since starting in late 2004, Carers Link has supported over 2000 Carers with nearly three-quarters of these carers (1474) making contact during the time of the previous Carers' Strategy to time of writing (April 2007-September 2012). Of these Carers:
 - 73% were female
 - 48% made contact themselves, 35% were referred by either a Social Work or Health Worker
 - 14% lived outwith the area but cared for someone locally, the remainder lived in East Dunbartonshire (24% in Bearsden, 17% in Bishopbriggs, 16% in Milngavie, 15% in Kirkintilloch)
 - 36% cared for their spouse or partner, 36% cared for a parent and 16% cared for their child
 - 69% lived with the person that they cared for, 13% had to travel over 5 miles (each way) to provide care
 - 40% of the people needing care or support had dementia, 33% had a long-term health condition or degenerative illness, 12% had a mental illness (note that people may need care or support for more than one reason)
 - During the same time period, Volunteers have donated 21,377 hours of support to Carers
 - A snapshot of Direct Payments (to people to enable people to self direct their own care) between August 2011 and August 2012 reveals these have increased overall by 19% and, in respect of older people, by 35%.

Young Carers in East Dunbartonshire

Within the National Young Carers Strategy Saul Becker's ¹⁰ definition of young Carers has been adopted by The Blackwell Encyclopaedia of Social Work as: *"children and young people under 18 who provide or intend to provide care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility which would usually be associated with an adult."*

"The person receiving care is often a parent but can be a sibling or other relative who is disabled, has chronic illness, mental health problems or other condition connected with a need for care, support or supervision."

The Care 21 Report ¹¹ provided a more succinct definition of a young Carer *"as a child or young person aged under 18 who has a significant role in looking after someone else who is experiencing illness or disability."*

East Dunbartonshire recognises the impact that young carers make to the life of the person or persons they care for, and on the whole family. Young Carers are often not only caring for a parent, but can also be caring for younger siblings. Sometimes this caring role may not always involve a family member, but a neighbour or a friend.

The last census conducted in 2001 indicated that 21% of all Scottish children (16,701) had a caring responsibility. 13,511 young people were said to be providing less than 20 hours care each week and 3190, providing more than 20 hours care each week. 1364 young people were providing over 50 hours of care on a weekly basis. Moreover the data outlined around 1,898 16-19 year olds who were Young Carers who were not in education, employment or training when they left school. (Scottish Government 2010)

Support for young Carers has been evident in East Dunbartonshire since the development of the Young Carers Network in 1999, with the overall ethos of the network being to involve young Carers at every stage. This network offers young Carers a break from their caring role through the provision of tailored support, weekly clubs and outings. It has also produced information to help identify young Carers, and provides transitional support for those aged 16-18 years. The Young Carers Network aims to raise awareness of the issues and challenges faced by young Carers across East Dunbartonshire. By working in Partnership with voluntary and statutory organisations who are involved in delivering services to young people, the network can ensure that services are able to meet the needs of the young Carers.

Key achievements delivered or led by Young Carers Network, have been:

- Literature review of all Young Carers research worldwide - presented to East Dunbartonshire Council
- Annual consultations for the last 12 years with Young Carers and their parents/siblings
- Development of Young Carers assessment tool for Young Carers in East Dunbartonshire, which complies with Integrated Assessment Framework model and Getting it Right for Every Child (GIRFEC)
- One to one work with a number of Young Carers who needed more than groupwork to support social skills and daily living skills
- Support to Young Carers in further education by using social media
- Creation of DVD by Young Carers and aimed at Young Carers
- Training of specialist qualified Young Carers staff to support to specialist needs of Young Carers
- Training delivered to Social Work and Education staff to help them identify and support the needs of Young Carers.

The caring role can involve tasks such as shopping, cleaning, providing personal care and emotional support. (Barnardos 2012) It is recognised that often this caring role can have a positive impact on the Young Carer, providing them with stronger family bonds and enhancing feelings of responsibility, resilience and increasing confidence. However this role may also have a negative impact on the young carer, affecting the young person's health and wellbeing. The caring responsibilities may prevent them engaging with peers and accessing social opportunities. The pressure of the caring role at a young age can cause feelings of anger, resentment and stress.

The reason why young people become Carers can be wide and varied. Some may assume the role as a result of a parental marriage or partnership breakdown. Almost half of all Young Carers across the United Kingdom live in a single parent family (Barnardos 2012) and will have the responsibility for caring for a family member with a mental or physical health condition. Sometimes this role may go unnoticed, especially if the family member has a substance misuse problem, or for fear that the young person may be put in to care.

The Young Persons Consultation Report based on questionnaires in secondary schools across East Dunbartonshire in 2009, focused among other things on how many young carers there were in East Dunbartonshire. From those who completed the questionnaire:

- 11% young people stated that they had a family member who had a disability, with 8% stating that a family member suffered from a long term condition. 4% stated a family member had a drug/alcohol problem.
- From those young people who cited they had a family member with a long term illness, disability, alcohol/drug problem or a disability, over half stated they looked after or cared for them at some point.
- When asked whether this caring role had an adverse effect on health and wellbeing, 41% stated that this caring role made them feel stressed, tired and sometimes unable to do homework.

Within East Dunbartonshire, the Delivering for Children and Young People Partnership (DCYPP) agrees and is responsible for the delivery of the key outcomes for young carers. Actions to be taken forward will be monitored by DCYPP and reported back to the Carers Working Group, which will have an overview of work being undertaken in order to ensure that the vision for carers (of all ages) is achieved.

The four outcome themes are:

- ⇒ Identification of young carers
- ⇒ Support for young carers in their caring role
- ⇒ Maximise the potential of young carers
- ⇒ Support through times of transition

The impact of caring

Carers who provide high levels of care for sick or disabled relatives and friends, unpaid, are more likely to suffer from poor health compared to people without caring responsibilities.

Hearts and Minds: The Health Effects of Caring

'Carers are more likely than non-carers to report high levels of psychological distress, which can include anxiety, depression, and loss of confidence and self-esteem'.

'Caregiving is the 5th most significant factor associated with woman's distress rates' ...and providing care to someone in the same household has... 'more influence on raising women's risk of distress than being a widow'.

A key report on caring and health was published in 2004 (**In Poor Health: the Impact of Caring on Health** - Carers UK and Carers Scotland), revealing that in Scotland more than 12% of all Carers suffer from ill-health with more than 15% of those providing substantial care feeling they are in poor health. Carers UK's own research found that half of the respondents providing substantial care had suffered a physical injury since they began caring often due to having to lift or handle the disabled person. Carers also report other physical health problems associated with stress such as high blood pressure, heart problems, etc.

Real Change, Not Short Change (Carers UK and Carers Scotland 2007) shows that in Scotland 71% of respondents have found that their financial situation has worsened since becoming a Carer; 62% of respondents worry about their finances either a lot or all the time; 54% report that this worry is affecting their health. However the report **In the Know, the Importance of Information for Carers** (Carers UK 2006) refers to 2005 research that demonstrated that an estimated £740 million a year in Carers' benefits alone could be going unclaimed every year.

Our VISION

Working together to support Carers in East Dunbartonshire by ensuring Carers are supported and empowered to manage their caring responsibilities with confidence and in good health and to have a life of their own outside of caring.

Our PRINCIPLES of care and support

- That Carers are recognised and valued as equal partners in care from the earliest opportunity.
- That Carers are fully engaged as participants in the planning and development of their own personalised, high-quality, flexible support and are not shoe-horned into unsuitable support and that this also applies to Carers' involvement in the services provided to the people they care for.
- That Carers are not disadvantaged, or discriminated against, by virtue of being a carer.

The OUTCOMES we want to achieve for Carers

The **East Dunbartonshire Single Outcome Agreement 2011- 2014** sets out the outcomes that the East Dunbartonshire Community Planning Partnership wants to achieve with the people of East Dunbartonshire. It is the delivery plan for community planning in East Dunbartonshire and also sets out how the East Dunbartonshire Community Planning Partnership contributes to the Scottish Government's 16 National Outcomes.

The needs and interests of Carers have prominent status within our local Single Outcome Agreement: Local Outcome 4 is that "***Our more vulnerable citizens, their families and Carers benefit from effective care and support services***" and how we are achieving this is measured by a local

Performance indicator: percentage of Carers who feel supported and capable of continuing their role as a carer.

The above reflects the outcomes we want to achieve for Carers from an organisational perspective. We also have set out below, and incorporated into our strategy, the overarching carer outcome of Carers Link, that *Carers achieve the best possible quality of life through a balance between caring and a life of their own*, and underpinned this by their 5 other personal-focussed outcomes:-



We appreciate the contribution of Carers Link to the development of this section by permitting the use of their organisation's personal-focused outcomes for Carers and the illustration.

What has been achieved so far?

In the previous Joint Strategy for Carers 2007-2010 we committed to achieving a number of things, some of which have been completed, others of which are still underway or will be taken forward elsewhere. The following is a list of some of our key achievements:-

- Reviewed progress of implementation of Carers Strategy; this will continue to be the case with this new Strategy.
- Provided training and awareness-raising to staff across agencies; 286 staff trained across Social Work.
- Agreed joint Carer Assessment tool and procedures.
- Distinctly identified Carers needs within Council Eligibility Criteria.
- Developed Carer Support Services to ensure meets needs of Carers.
- Explored potential of additional services for Carers and implemented these including Carers support services in terms of Mental Health and Caring with Confidence training via Carer Information Strategy monies.
- Developed and rolled out a range of training programmes or seminars for Carers.
- Ensured additional supports available for Carers going through times of transition or change in their role.
- Ensured that transport issues for Carers were taken into account when services were developed or reviewed. The establishment of Carers Link free telephone helpline and outreach services reflected transport issues experienced by Carers; conversely, outreach hubs were less successful even in areas where transport was a challenge for Carers, so were withdrawn.
- Increased flexible respite care provided at home for people aged 65+ which was achieving an upward trend with an additional 10,500 hours from 2011 to 2012.
- Increased the availability of short breaks.
- The national target for increasing residential respite care nights away from home for people aged 65+ was achieved locally.

- Developed a Young Carer’s Strategy that considered the needs of Young Carers for a range of supports and services; responsibility for taking forward the Strategy rests with the Delivering for Children & Young People’s Partnership (see Section above).
- Awareness raising sessions on the Carers Rights Charter have taken place, coupled with dissemination of Carer-focused leaflets to GP surgeries and a free telephone helpline staffed by Carers Link. This is ongoing work to help tackle the many form of inequalities that Carers face.
- Ensuring Carers issues are reflected across strategy and community planning structures is an ongoing activity. A significant development has been the participation of two Carer representatives on the Carers Working Group, one as Chair.

An example of a development that has made a notable difference is the establishment of a post of Peer Support Coordinator – Mental Health. At the end of 2007, Mental Health implementation funding was provided to Carers Link East Dunbartonshire to provide a support service specifically for those caring for someone with poor mental health. Employment of a Peer Support Coordinator has provided advocacy, information and emotional support to 270 Carers during the remaining 30 months of the Joint Community Care Plan 2007-2010. Having a dedicated service not only increased the number of Carers able to be supported (an increase of 130% on the previous 3 years) but also enable Carers to receive help, support, understanding and empathy based on shared experiences.

"It was like you just breathed this huge sigh of relief (that) someone was at last understanding what you were going through and helping you to do the practical side of things... it was incredible, it literally changed my life."

Carers Link’s Caring with Confidence courses, events and groups provides opportunities for Carers to learn, share and explore new skills whilst taking ‘time-out’ to relax, make friends and gains support. Caring with Confidence aims to inform and encourage – and with over 100 events per year to choose

from there is something to meet everyone's needs. In 2011-12, nearly 300 Carers attended over 1000 times at sessions, a growth of 41% over the last 3 years. These courses cover many aspects of a Carer's life – such as their caring role, condition specific, wellbeing, financial, personal development and leisure – and over half the Carers attending report a reduction in their own stress.

Each course has its benefits and this one made me realise that I am as important as my husband.'

Carers Call is the telephone support service provided by Carers Link to maintain regular contact with Carers through on-going and regular support from other Volunteers, the majority of whom are – or have been – carers themselves. Over the course of 2011-12, a staggering 878 Carers received the Carers Call service with 70% receiving weekly, 2 weekly or monthly calls.

Conversations vary from last night's television to in-depth discussions about their caring role and the impact that it has on them. Volunteers try to develop a sense of trust so that the Carer feels that they can tell the volunteer how they are really feeling:

"Some of the calls were a 5 minute call – 'I'm fine today, mum's doing great, thanks for calling' - some of them I was on for over an hour speaking to someone, just telling someone how awful things were...

These volunteers are so important that sometimes it can bring you back from the brink. I was doing the garden one day and the phone rang and the volunteer said to me are you ok, you sound like you're crying and I said I am crying, I'm working in my garden and I'm crying. In my garden it's the only place I can go that I get any sort of peace and I sat on the doorstep and we talked for about an hour and that really brought me back from the brink. I don't know where I was going to go that day, but that call brought me back so that I wasn't crying by the end of it and when you're caring for someone and your emotions are everywhere, just having someone to lean on and throw all the problems onto just makes an enormous difference."

What influences this strategy

The strategy is influenced by the views of Carers and underpinned by a number of key strategies and plans as well as particular legislation that has been enacted since the previous Joint Strategy for Carers. These, along with relevant national policies that have been written to ensure that Carers receive support, are summarised in Appendix E. They include, for example, The Carers Strategy for Scotland 2010–2015, Reshaping Care for Older People: A Programme for Change 2011-2021, and Self-directed Support: A National Strategy for Scotland. In addition, Social Work and Health and Partners are committed to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations in all work undertaken.

What our stakeholders have told us

A number of consultation and community engagement activities that have taken place since the last strategy was written have been drawn on to inform the new strategy, recently including:

- Information obtained from speaking with Carers and service users at a series of engagement events in the summer of 2012
- East Dunbartonshire Council Social Work survey of Community Care service users and their Carers in Spring 2012
- Health and social care staff also expressed their views- over 150 people attended an event in May 2012 including NHS staff from the CHP and hospitals, GPs, social work staff, voluntary organisations and members of the Public Partnership Forum.

From these conversations, the key outcomes service users, carers, wider community representatives and staff wanted to achieve included:

Carer focused

- Timely support and/or short breaks, when these are needed, although it is not always easy to predict when a short break is going to be required
- Improved processes for Carers Assessments
- Having opportunities outwith caring responsibilities, whether by way of contact with families, leisure activities or other pursuits that help to alleviate stress or isolation.
- Older people recognised the need for their Carers to have short breaks in order that they could stay healthy and able to continue their caring role for longer.

Relevant to both

- **connecting with their community to alleviate isolation** - information and sign-posting to universal services within communities that would support people to enjoy being part of their community and stay healthier longer.
- **building confidence in third sector service delivery**, and a single point of access to voluntary sector services
- getting further **awareness-raising and advice on Power of Attorney and Guardianship**
- supporting the population to maintain **and improve their health at a much earlier stage**, long before health and social support are required. This included preventing ill health, problems such as back strain in Carers, and supporting people to manage existing long term conditions.
- **improved public transport**- essential to alleviating isolation, enabling individuals who were unable to drive to get around, and enable Carers to more easily travel to and from those they cared for.
- **easier assessment processes**- that assessing need and providing care should not involve a complex process that was difficult to navigate A particular concern for carers was the impact on them – physically, emotionally and financially - if the cared for person looked to them instead

to meet a need for care and support rather than to social care and health providers.

- older people felt they deserved a **level of care that reflected need** rather than ability to pay
- **more flexible Home Care** and more consistency of carers
- **provision of supportive equipment at the time of need** was essential to enable people to be cared for in their own homes, as well as preventing injury to their Carer.
- **having choice about day care** - the importance of day centres was stressed for continuity of care and to lessen impact on carers.
- **volunteering opportunities** for older people and for those who want to support/assist older people
- increased **Self Directed Support** options
- improved **access to a range of information and advice** in relation to health, social care and wider socio-economic issues and services
- **a single point of access** to both public sector services, coupled with a reduction in the number of different practitioners seen within Health and Social Work
- **improved 24/7 access** to services where appropriate.
- having a range of **housing options to meet the diverse needs** of older people.

What health and social care staff highlighted:-

- **access to information, advice and resources-** considered vital to empower patients to more effectively manage their own health
- **developing a collaborative anticipatory care approach-** the need for proactive intervention much earlier, even before service users made regular contact with services. Emphasis was placed on the need to effectively anticipate deterioration in health rather than wait for ill health'. An important step would be to establish a single point of access for Older People's services which would result in quicker referrals.

- **end of life sensitive and practical discussions** with service users, regarding both clinical and non-clinical issues, was felt to be vital and need be delivered at an earlier stage.
- **building community capacity** was considered to be an important step towards co-production where a range of community, voluntary and independent sector organisations are able to deliver a range of health and well-being preventative intervention and support services.
- **adopting a public health preventative approach** to supporting older people to stay healthy was advocated by many participants. This involves starting very early, including looking after your health programmes in schools and intergenerational work to promote health improvement at a population level.
- **supporting older people to remain at home** was considered by all to be beneficial to the health and well-being of the individual and their families and carers. It was advised that this would only be achieved if appropriate home care support was in place to ensure the safety and quality of life is maintained for older people.
- **self directed support** was seen to be an important and emerging approach to enable older people and their carers to make choices about the type and level of support they require.

Our priorities for 2012-15

There are a number of actions and activities we will be keeping doing, starting doing and thinking about starting over the next 3 years in order to help us achieve our vision and the outcomes for Carers.

These are outlined in the Implementation and Work Plan of the Carers Working Group, and the priorities include:-

- Implementing the new joint self-assessment tool for Carers
- Promoting options for Self Directed Support amongst Carers
- Ensuring Carers are identified early where possible and given access to the information they need, when they need it
- Continuing to provide advocacy for Carers
- Exploring how we can help Carers gain or sustain employment and lifelong learning opportunities
- Continuing to deliver, and use new technology within, training and awareness courses for Carers, responding to changing needs
- Embracing new technology and ensuring Carers are aware of the benefits of Smart solutions such as Telecare, with the opening of a new Demonstration Flat in East Dunbartonshire in early 2013
- Developing more choice and flexibility of respite and short breaks

In developing the work plan, consideration has been given to the consultation findings, in particular those that are most relevant to carers, along with what is achievable over the lifetime of the strategy. This does not in any way minimise the importance of areas that it is not possible to progress, such as 'improving public transport', however, it is essential that the work plan is realistic and achievable.

Equality and Diversity

East Dunbartonshire Council and partners are committed to the elimination of unlawful discrimination, advancing equality between different groups and fostering good relations between different groups. Providing support for Carers in a way that is appropriate to their individual and particular needs, be these cultural, religious or due to a person's ability or sexual orientation is crucial. As such, we will continue to engage with groups and individuals to ensure particular needs can be met where possible. Actions are included in this strategy to ensure we regularly review our approach to supporting Carers, and that we respond to different needs. We hope this will ensure that all Carers feel supported and valued.

How this will be achieved

This will be achieved through setting out and delivering an action plan (Appendix A) with a set of carer-specific outputs that have been agreed by East Dunbartonshire Health, Care & Protection partnership with the specific aim – as described in the vision - of supporting Carers and enabling them to continue to manage their caring role. These outputs also will contribute to the achievement of the three SOA Outcomes for which the Health, Care & Protection partnership has lead responsibility. See Appendix D.

Section 2 – Implementation work plan

How improvements/improved outcomes for Carers will be measured

Consideration was given to how improvements / improved outcomes could best be measured and how performance might be benchmarked against that of adjoining and/or similar sized local authorities. Whilst East Dunbartonshire can be confident that data collection processes are thorough, there are inconsistent methodologies across those councils that do gather information, which militates against using this data for comparison purposes. However, work is underway nationally – during the life of the national Carers Strategy - to support relevant benchmarking.

Currently, East Dunbartonshire Council reports to Scottish Government on the percentage of Carers who feel supported and capable of continuing their role as a Carer. Recent performance (based on biennial surveys and, latterly, on surveys of Carers at the point of annual support plan reviews for those they care for) is detailed below.

<u>2010/11</u>	<u>2011/12</u>	<u>Target 2012/13</u>
75%	90%	91%

A Social Work survey in spring 2012 included questions for Carers of adults aged 18 and over. In summary the significant positives and challenges in relation to supporting Carers were:

- Initial contact response and dignity & respect accorded the cared-for person were identified as excellent.
- Care plans were available, services provided were timely, reliable, of good quality, sensitive to language needs, annually reviewed, there was a quick response to changing circumstances, and improved quality of life for the cared-for person.

- Whilst Carers felt capable of continuing to care, consulted/involved and listened to, including in relation to deciding help and services for the cared-for person, some areas needed to improve: response received during weekends and evenings, and a written assessment of need of the person cared for (both priorities for improvement); ease of access to information about services; and the range of services/choice regarding these.

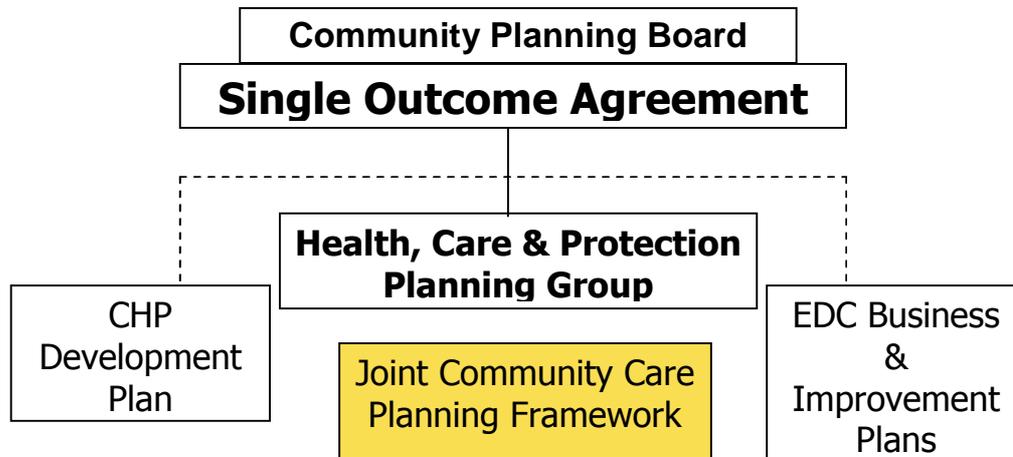
Improvement targets are in place in relation to the level of satisfaction felt by Carers in respect of their experience of being involved with or receiving a service from Social Work. Further, work currently is underway, or is planned, within Social Work to address those areas where a need for improvement has been identified.

How progress will be monitored and reviewed

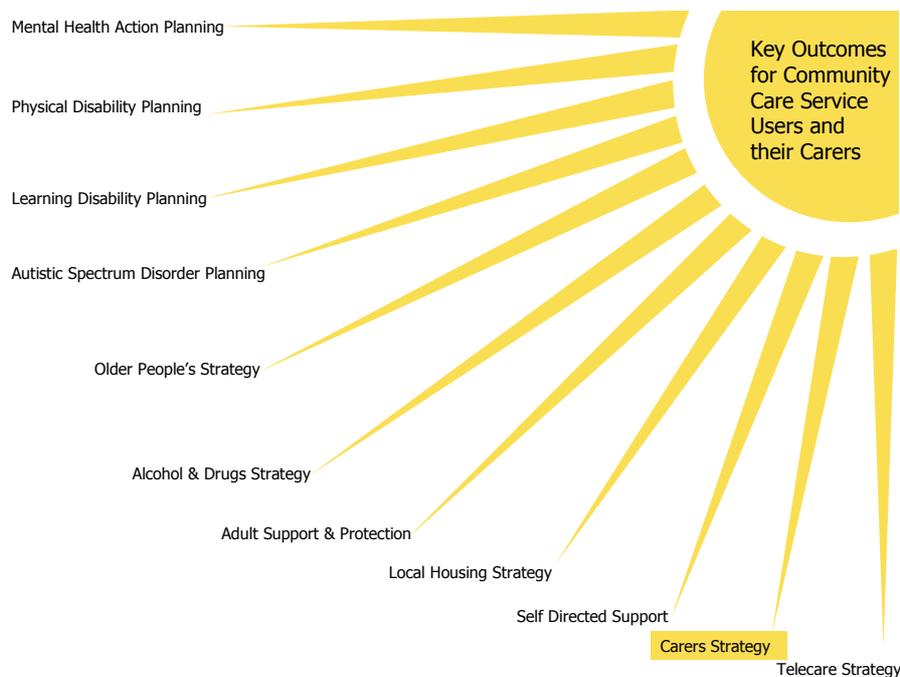
Lead responsibility for reviewing and monitoring the delivery of this strategy will rest with the Carers Working Group. The Strategy will be subject to quarterly reviews by the Carers Working Group. Regular reports on progress will be made available to Local Outcome Group 4 that sits within the Health, Care & Protection partnership group mentioned earlier.

Information will also be reported on the impact of this strategy on the elimination of unlawful discrimination, advancement of equality, and on how it will foster good relations between different groups. The impact on different groups in the community will also be monitored.

Our planning framework



Joint Community Care Planning Framework



Within East Dunbartonshire's community planning structure, the Health, Care and Protection Partnership Group (HC&P) – Appendix D - is the principal planning forum for all partnership planning, policy, performance management and services for older people, adults with community care needs, and vulnerable adults with both the Adult Protection Committee, Alcohol & Drugs Partnership and Health Improvement Strategy Group operating as a component part of it. The three planning groups in the HC&P have specific remits and responsibilities in respect of Local Outcomes 4, 5 and 6.

Section 3 – Appendices

In order to support a drive towards sustainability, not all appendices to this document are included in the printed version; however, these are available on request and online.

Carers Working Group Work Plan

Appendix A

East Dunbartonshire Single Outcome Agreement- Local Outcome 4:-

Our more vulnerable citizens, their families and Carers benefit from effective care and support services

Overarching carer outcome:

Carers achieve the best possible quality of life through a balance between caring and a life of their own

Local Performance indicator:- **Percentage of Carers who feel supported and capable of continuing their role as a Carer**

Ref.	Local Carer outcome	Year 1	Year 2	Year 3	Resource required incl Lead Partners and Timescale
A	Carers receive a service suited to their needs	1.1 Ratify the new Joint Carer Self-assessment tool 1.2 Produce tool and develop and deliver briefing/ training to staff	1.5 Consolidate and roll-out briefing and training to staff across SW, Health and Third Sector	1.6 Monitor and review implementation based on evaluation and performance.	Vulnerable Citizens Group and Health, Care & Protection Group to ratify and allocate resource to take forward by Yr 1 Qtr 1 ²

² Year 1 2013-14, Year 2 2013-14, Year 3 2014-15: Qtr = Quarter 1 (Apr-Jun), Qtr 2 (Jul-Sep), Qtr 3 (Oct-Dec), Qtr 4 (Jan-Mar)

		<p>1.3 Promote use of tool amongst staff and Carers</p> <p>1.4 Establish baseline number of carer assessments completed at 1st Qtr to measure performance.</p>			
A	As above	<p>2.1 Raise awareness and promote Self Directed Support (SDS) options amongst Carers</p> <p>2.2 Establish baseline for performance ie uptake of Direct Payments and SDS options across all cared-for groups AND how many have identified Carer</p>	2.3 Assess and analyse the impact of SDS legislation		Adult & Community Care Support Worker to Lead then cascade promotion of SDS as per local EDC Policy and Strategy
A	As above	3.1 Audit and analysis of BME carers access/ attendance at carer groups and training events	<p>3.2 Report findings and implement recommendations</p> <p>3.3 Explore the particular needs of carers relevant to equality</p>		Vulnerable Citizens Group and Health, Care & Protection Group

			protected characteristics through engaging with individuals and equality groups. Ensure this information is used in order to deliver services suited to carers' needs.		
		4.1 Explore how to achieve a strategic and meaningful approach to carer engagement and participation in the planning and development of supports and services across East Dunbartonshire	4.2 Further review existing carer engagement arrangements, to take account of development nationally of standards in respect of promoting carer engagement as equal partners in planning, shaping and delivery of person-centred care services, support and planning.		Vulnerable Citizens Group and Health, Care & Protection Group
		5.1 Develop specific support for Young Adult Carers and explore options for future development			Vulnerable Citizens Group and Health, Care & Protection Group

B	Carers are informed of their rights and options and are supported to ensure their views or concerns are heard, respected and valued	6.1 Early identification of carers to provide information and advice via <ul style="list-style-type: none"> ▪ raising awareness of carers across 100+ community and other sites across East Dunbartonshire ▪ Targeted and systematic visiting of sites by volunteers to build links and ensure access to leaflets and advice lines ▪ Provide measure of access to information via replenishment of leaflet stock and calls to advice lines from carers 	6.2 Identify gaps in carer profiles eg carers of drug/ alcohol affected, kinship carers.		Carers Link and partners
B	As above	7.1 Provision of independent advocacy for carers	7.2 Consider impact assessment of end of Big Lottery funding on Carers Link services		To end Year 1- Lottery Funding.

B	As above	8.1 Scope current activity which supports carers to gain and/or sustain employment			Vulnerable Citizens Group and Health, Care & Protection Group
		8.2 Increase the % of carers satisfied with their input to and involvement in support plans for those cared for care plans	8.3 Develop awareness-raising training/information for staff /employee induction		Vulnerable Citizens Group and Health, Care & Protection Group
C	Carers are better able to manage the strain of caring and the effect this may have on their health AND have the skills and knowledge to help them feel confident in their caring role	9.1 Moving & handling awareness:- <ul style="list-style-type: none"> ▪ promote participation ▪ assess feasibility of other options 			Vulnerable Citizens Group and Health, Care & Protection Group
		10.1 Continue Caring with Confidence programme	10.2 Carers Link to explore provision of Caring with Confidence Courses online to widen access to Carers unable to attend courses.		Vulnerable Citizens Group and Health, Care & Protection Group

		11.1 Roll-out 'Journey with Carers' Hints & Tips workshop and DVD			Vulnerable Citizens Group and Health, Care & Protection Group
		12.1 Promote benefits of Telecare via awareness raising and on-site demonstrations	12.2 Increase uptake of Telecare packages		Vulnerable Citizens Group and Health, Care & Protection Group
		13.1 Develop a strategic approach to the planning and delivery of respite and short breaks, exploring options in partnership with carers and with a view to SDS			Vulnerable Citizens Group and Health, Care & Protection Group
		14.1 Audit existing arrangements for supporting emergency and future planning to identify areas for improvement	14.2 In line with Scottish Government recommendations ³ Develop and implement improvements required,		Social Work led short life working group

³ Picking up the pieces. Supporting Carers with Emergency Planning. Scottish Government and Enable Scotland – September 2012

D	Carers feel part of a community by maintaining or increasing contacts with friends, family, interests and support	15.1 Carers Link to explore use of new technology to enable wider access to services	15.2 Consider impact assessment of end of Big Lottery funding on Carers Call		Carers Link
		16.1 Where possible and appropriate, highlight Carer needs in relation to wider planning and strategy development in East Dunbartonshire			Carers Working Group

Acknowledgements

Appendix B

The Carers Working Group would like to thank all the Carers (people who look after someone else whether family, friend or neighbour) throughout East Dunbartonshire who have given their time over recent years to respond to consultation surveys, attend meetings and events and who have shared their experiences. In doing so, they have offered expertise, experience and enthusiasm to the planning and writing of East Dunbartonshire's new Strategy for Carers for the years 2011 – 2014.

In particular we would like to thank the Carers who attended either the Carers Working Group or have contributed indirectly to the group's work.

The group also would like to thank statutory and voluntary sector personnel for their commitment and support in completing the document.

And finally, we would like to thank all the organisations and community groups that assist Carers within East Dunbartonshire, and look forward to working with people who have not yet become involved.

Glossary of Terms, Definitions and Acronyms commonly used

Appendix C

ADULT SUPPORT AND PROTECTION:

This relates to adults who are at risk from the many forms that harm can take, whether physical or psychological harm, neglect, sexual abuse or financial exploitation. The aim is to help identify and to support "adults at risk" and to achieve an appropriate balance between the rights of individuals to live their lives as they wish, to provide support to them when they need it, and to provide the means to reduce the risk of harm to adults.

ADVOCACY:

The process of supporting and enabling people to express their views and concerns; access information and services; defend and promote their rights; and, explore choices and options. Advocates support and argue the case for service users and help them put their point of view.

SHIFTING THE BALANCE OF CARE:

Shifting the Balance of Care describes changes at different levels across health and social care, all of which are intended to bring about improvements in health and well-being and better service outcomes.

CARE GROUP:

A term used to describe people with a common disability or problem who may need community care services. It is recognised that people within each care group will often have widely differing needs.

CARE MANAGEMENT:

The process of co-ordinating the assessment of an individual's needs and organising the appropriate services to meet those needs.

CHILD PROTECTION REGISTER:

List held by local authority of children who are at risk of abuse or neglect and require protection from several agencies.

COMMISSIONING:

The process of identifying a community's social and /or health care needs and finding services to meet them.

COMMUNITY CARE ASSESSMENT:

The process of defining an individual person's needs, deciding on the help that they require and determining their eligibility for services.

COMMUNITY INFRASTRUCTURE:

All the agencies and organisations, both voluntary and statutory which together make up a local community.

CONTRACT MANAGEMENT:

Managing a contract for goods, services or works, which includes monitoring performance, commercial aspects, delivery, improvement, complaints and customer satisfaction.

CO-PRODUCTION:

The collaborative relationship between people who use services and the formal service provider, jointly sharing tasks and responsibility. It emphasises that people are not passive consumers of services and have assets and expertise that can help plan, develop and improve services. People are not to be identified on the basis of a problem or a need, but as people with assets and strengths.

DAYCARE:

Services which offer care, treatment, rehabilitation and support outwith a person's home, as distinct from social and recreation activities.

DIRECT PAYMENTS:

Cash payments, based on assessed need, made by Councils in lieu of social care services to enable an individual to self direct their own care.

EARLY INTERVENTION:

Activity aimed at halting the development of a problem which is already evident.

ELIGIBILITY CRITERIA:

A method for deploying limited resources in a way that ensures that these are targeted to those in greatest need, while also recognising the types of low level intervention that can be made to halt the deterioration of people in less urgent need of services.

ENABLEMENT:

Health and social care staff supporting people through promoting self help and health improvement and by encouraging them to be as independent as possible.

INDEPENDENT SECTOR:

An umbrella term of voluntary "not-for-profit" and private organisations which may provide services for children and young people.

KINSHIP CARE:

If a 'looked after' child goes to live with a relative or friend, this person will become the child's kinship carer.

LONG TERM CONDITIONS:

Long term conditions are conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. The definition does not relate to any one condition, care group or age category, so it covers children as well as older people and mental as well as physical health issues.

Common long term conditions include epilepsy, diabetes, some mental health problems, heart disease, chronic pain, arthritis, inflammatory bowel disease, asthma and chronic obstructive pulmonary disease (COPD).

LOOKED AFTER AND LOOKED AFTER AND ACCOMMODATED:

When a child in need is placed in Residential Care, Foster Care or other establishment other than their family home.

MULTI AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA):

MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated way.

PARTNERSHIP WORKING:

The process whereby different partners work collaboratively with each another to achieve the best outcomes for an individual, especially where the partnership takes precedence over the individual needs of any single partner.

PERSONALISATION:

Enables the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involved in selecting and shaping the services they receive.

PROVIDER:

Any person, group or organisation supplying a service to individuals.

RE-ABLEMENT HOMECARE SERVICE:

Social care re-ablement can either prevent hospital admission or post hospital transfer to long term care, or appropriately reduce the level of ongoing home care support required.

REHABILITATION:

A process aiming to restore personal autonomy to those aspects of daily life considered most relevant by patients and service users, their family and Carers.

RESPITE CARE:

Respite, now commonly called "Short Breaks" are services designed to provide a break for the Carer as well as the service user by taking on the caring task for varying lengths of time. This may take place in the person's home, residential care or other setting.

SELF DIRECTED SUPPORT:

The system that gives people increased choice and control over the support they use to meet their social care needs including using personal budgets.

SERVICE USER AND CARER OUTCOMES:

Outcomes are understood as the impact of services on people's lives, and defining user and carer outcomes is increasingly recognised as necessary in order to deliver effective, responsive public services. Involving Service Users and Carers in shaping services is also critical to achieving partnership objectives.

STAKEHOLDER:

A person, group or organisation that has a share or an interest in a particular activity or set of activities.

SINGLE SHARED (OR SHAREABLE) ASSESSMENT:

A joint assessment tool allowing a single point of entry to Community Care Services. It will ensure agencies adopt a holistic approach to Assessment and Care Planning to meet people's needs, and reduce bureaucracy and duplication of work.

STRATEGY:

A plan of action intended to achieve a specific goal.

THIRD SECTOR

Organisations that are independent from statutory agencies, provide social or environmental benefit and which do not distribute profits, e.g.: voluntary and community organisations, volunteering bodies, charities, social enterprises, some co-operatives and mutuals. The term sometimes is used interchangeably with 'voluntary sector'.

THROUGH-CARE & AFTERCARE:

A term used to describe the quality of service offered to an individual or group both during the time the service is being accessed and after the individual leaves the service e.g. residential care.

VOLUNTARY SECTOR:

Organisations that provide services in the community and which are always "not for profit". These services can be advisory, campaigning or be directly provided.

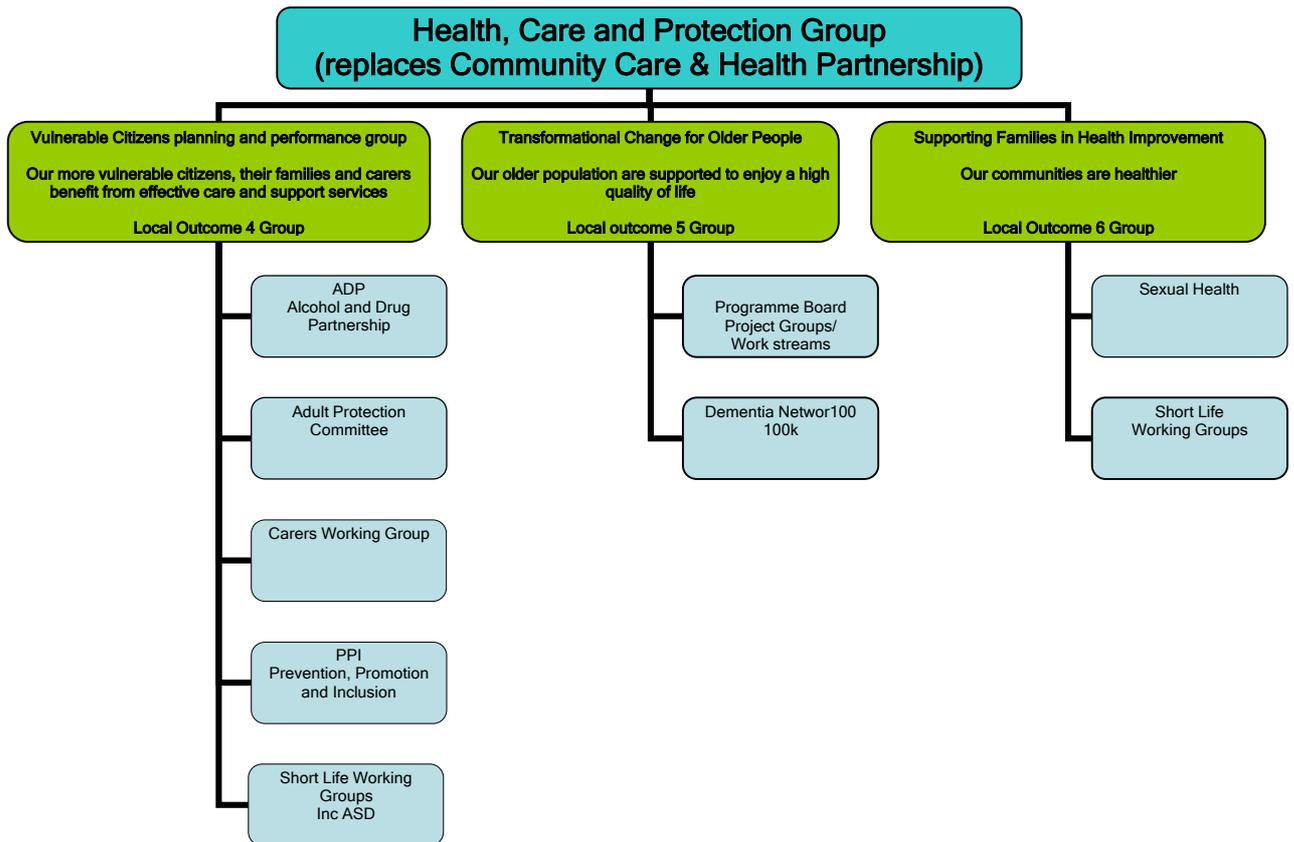
ACRONYMS

BVA	Best Value Audit
CAB	Citizens Advice Bureau
CHP	Community Health Partnership
COSLA	Confederation of Scottish Local Authorities
CROD	Customer Relations & Organisational Development
EDAMH	East Dunbartonshire Association of Mental Health
EDVA	East Dunbartonshire Voluntary Action
IAF	Integrated Assessment Framework
JIT	Joint Improvement Team
IDPS	Information Development & Performance Support
NHSGG&C	NHS Greater Glasgow and Clyde
PSP	Public Social Partnership
SCSWIS	Social Care and Social Work Improvement Scotland (known as "the Care Inspectorate")
SOA	Single Outcome Agreement

Health, Care & Protection Partnership Group

Appendix D

Within East Dunbartonshire’s Community Planning Structure, the three Planning Groups in the Health, Care and Protection Partnership Group have specific remits and responsibilities in respect of Local Outcomes 4, 5 and 6.



Summary of key strategies, plans and legislation

Appendix E

The strategy is influenced and underpinned by a number of key policies, plans, strategies and proposals as well as particular legislation that has been enacted since the 2007-10 Joint Strategy for Carers, or is likely to be (list not exhaustive):

Local

Within its 2011-2014 Single Outcome Agreement (SOA) East Dunbartonshire Council and East Dunbartonshire Community Health Partnership have committed to a number of outcomes that will make a difference to the people of the area. In particular, Social Work, Health and Partners will deliver jointly in relation to three outcomes within the SOA, namely:

- No 4 Our more vulnerable citizens, their families and Carers benefit from effective care and support services
- No 5 Our older population are supported to enjoy a high quality of life
- No 6 Our communities are healthier.

Further, in line with its service priority in its Business & Improvement Plan 2011, Social Work will ensure safety, effective care and support, and positive outcomes for our most vulnerable children, young people and adults.

National

The Future of Unpaid Care in Scotland' (Scottish Executive 2006), also known as 'Care 21' made a total of 22 recommendations to improve the lives of carers across Scotland. Most of the 22 recommendations applied to young carers.

Perhaps the key national drivers are Caring Together: The Carers Strategy for Scotland 2010 – 2015 and Getting it Right for Young Carers: The Young Carers Strategy for Scotland 2010-2015

Caring Together: The Carers Strategy for Scotland 2010 – 2015

aspires to

- local implementation of the vision for Carers in Caring Together, and
- the monitoring of the impact of Caring Together at a local level in order to inform the review of the Strategy in 2013

The headline message is 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. Activity should focus on identifying, assessing and supporting Carers in a personalised and outcome-focused way and on a consistent and uniform basis. The Scottish Government's headline actions are:

1. Prioritising Support to Carers
2. Equalities
 - Equality Groups
 - Caring in remote and rural areas
3. Carers Rights
4. Carer Involvement in Planning, Shaping and Delivering Services and Support
5. Identification of Carers
6. Carers Assessments (Carer Support Plans)
7. Information and Advice
8. Carer Health and Well-Being
9. Short Breaks (Respite)
10. Training
 - Carer training
 - Workforce training
11. Housing and Housing Support
12. Use of Assistive Technology

13. Telecare
 - Equipment and Adaptations
14. Advocacy Support
15. Employment and Skills
16. Tackling Poverty: Financial Inclusion

Getting it Right for Young Carers: The Young Carers Strategy for Scotland 2010-2015 recognises that many young people can benefit from providing care to a relative or friend affected by illness, disability or substance misuse. It expresses the Scottish Government's commitment to ensuring that Young Carers are relieved of inappropriate caring roles and are supported to be children and young people first and foremost. It outlines how the Scottish Government is taking important steps to improve earlier identification of young carers and support within schools, colleges and the health service. The strategy also endorses an approach which organises services around the child or young person so that all their needs (and/or outcomes) will be assessed and addressed; assessment will be based on the principles with Getting it Right for Every Child and include the impact of caring on their health, well-being and education. To assess the full scale of the caring role for young people in Scotland and to assess the impact of this caring role, The Scottish Government added a "young carers" question in to the 2011 census.

Getting it Right for Every Child (2008), the overarching ethos of which is to ensure each child is put at the centre of decisions which may affect them. This also includes young carers. With the approach being adopted by all East Dunbartonshire Community Planning Partners, young carers will benefit from increased support, earlier.

The Education (Additional Support for Learning) (Scotland) Act 2004. The Act provides the legal framework to support children or young people who have additional support needs, to ensure they reach their full educational attainment. The Act specifically highlights young carers as a key

target group who may experience barriers to learning, due to their caring role. The Act was amended in 2009.

‘More Choices, More Chances: A Strategy to Reduce the Proportion of Young People not in Education, Employment or Training in Scotland (2006)’ This strategy outlines the Scottish Governments commitment to tackle young people who do not have a positive destination after leaving school, in other words, not in education, employment or training (NEET). The strategy recognises that young carers are at risk of such outcomes.

‘UN Convention on the Rights of a Child (2007)’ The UN Convention on the rights of a child, sets out to ensure children understand the rights they have. Information specific on policy and legislation for young carers was included in the Charter. For example, giving children who have a caring role the right to a tailored assessment of their support needs, putting responsibility to health and local authority to ensure this is achieved.

Legislation

The key changes for Carers made by the **Community Care & Health Act 2002** are:

- Carers (including young Carers) are entitled to an assessment of their ability to care, independent of any assessment of the person they care for, and local authorities are to ensure Carers are made aware of this right
- Local authorities are required to take account of the contribution of Carers, and the views of the person in need and their Carer, before deciding on the provision of services
- Requirement to draw up (with NHS Boards) Joint Carer Information Strategies

The **Protection of Vulnerable Groups (Scotland) Act 2007 (PVG)** (as amended) is an Act of the Scottish Parliament enacted to, in particular:

- Bar certain individuals from working with children or certain adults
- Require the Scottish Ministers to keep lists of those individuals
- Make further provision in relation to those lists
- Establish a scheme under which information about individuals working or seeking to work with children or certain adults is collated and disclosed.

If enacted, the **Self-directed Support (Scotland) Bill (SDS)**, currently being consulted on, will:

- Introduce the language and terminology of self-directed support into statute
- Provide a consistent, clear framework in law
- Impose firm duties on local authorities to provide the various options available to citizens - making it clear that it is the citizen's choice as to how much choice and control they want to have
- Widen eligibility to those who have been excluded up to this point, such as Carers and people on compulsory treatment orders, and
- Consolidate, modernise and clarify existing laws on direct payments.

Self-directed support: A National Strategy for Scotland has been developed to help take forward the personalisation of Health and Social Care Services in Scotland and is backed up by a legislative programme which will see an SDS Bill enacted from around the end of 2014.

PVG and **SDS** have implications for Carers, in particular those who employ a personal assistant in their own right or on behalf of a person for whom they are a carer. Since it is an offence if a barred person does regulated work, in addition to the risks associated with this, good practice therefore would be for personal employers to ask to see a prospective employee's Scheme Membership Statement before they begin work.

Joint NHS Carer Information Strategies explore how Carers are identified within a health setting, how they are provided with the information needed and ensures that training is provided to both staff (in raising awareness) and Carers (with regards to their caring role).

The **Work and Families Act 2006** enacted in 2007 extended the right to all Carers to request flexible working whereas previously this applied only to parent Carers.

Reshaping Care for Older People: A Programme for Change 2011-2021 recognises that Scotland's older population is likely to increase by around two thirds in the next twenty years. Since unplanned admissions to hospitals and care homes currently account for nearly one third of the combined spending on health and social care for older people, changing the way we plan and deliver care is essential. Further, Health and Social care Partnerships charged with delivering "transformational change" must ensure that Third and Independent sectors are involved as equal partners and that Carers too are engaged in this process.

Transitional funding provided by the Scottish Government to achieve this change is contingent on a percentage of that spend being for the direct benefit of Carers of older people. Whilst the optimum way of supporting Carers is likely to be through a planned combination of direct carer support and support for the cared-for person, Scottish Government guidance emphasises that it is necessary for Partnerships to set out what constitutes support to Carers so they are able to clearly ensure and demonstrate that at least 20% of total investment is of direct benefit.

Involving Carers in Strategic Planning Groups

Evidence supports the view that effective engagement leads to better outcomes for Carers. Building on work that has been done (Highland

Community Care Forum and the Coalition of Carers in Scotland) and in line with the outcome of discussion at the Involving Carers in Strategic Planning event on 26th June 2012, there will be exploration of, amongst other things, the following areas of work:

- Further development by the Coalition of Carers of outcome-focused draft standards for Carer participation across Scotland
- Ensuring carer engagement is central to the new structures and best practice standards are adopted within the development of emerging integrated health and social care partnerships.

Further information

The East Dunbartonshire Strategy for Carers Strategy will be available on the East Dunbartonshire Council website at www.eastdunbarton.gov.uk

If you would like additional information or clarification on the content of this Strategy please contact:

Planning & Development Team
Social Work Department
East Dunbartonshire Council
Southbank House
Southbank Business Park
Kirkintilloch G66 1XQ

Tel: 0141 777 3000

Other Translations & Formats

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