



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
27 FEBRUARY 2018

**REPORT ON:** EQUAL, EXPERT AND VALUED – INVOLVEMENT OF CARERS IN THE  
WORK OF DUNDEE INTEGRATION JOINT BOARD

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB10-2018

**1.0 PURPOSE OF REPORT**

To advise the Integration Joint Board of the outcome of assessment against “Equal and Expert” – Best Practice Standards for Carers Engagement.

**2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the assessment undertaken;
- 2.2 Instructs the Carers Strategic Planning Partnership (supported by the Communication and Engagement sub-group of the Integrated Strategic Planning Group) to address the identified gaps in relation to carer engagement;
- 2.3 Instructs the Communication and Engagement sub-group to take the Best Practice Standards for Carers Engagement into account in the ongoing development of engagement and participation mechanisms.

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 MAIN TEXT**

- 4.1 The Coalition of Carers in Scotland (The Coalition) developed ‘Equal and Expert’, 3 Best Practice Standards for Carer Engagement, as a bridge to help planning officers and commissioners of services move from good intentions to better practice in relation to engagement of carers. The standards were developed jointly with carers and carer organisations, with support from the Scottish Government’s carer policy unit and the Scottish Health Council and are attached as appendix 1.

## **The standards**

### **Standard 1 – Carer engagement is fully resourced**

To fulfil a representative role on any strategic group takes time and effort in the preparation for, attendance at and follow up to meetings. To ensure carers are able to give of their best they need training, induction, mentoring and support with clear structures to exchange views and information with a strong network of carers. In addition to the reimbursement of normal expenses such as travel that are provided for volunteers on strategic groups, there needs to be a commitment on the part of statutory authorities to meet the costs of any substitution care that carers require to put in place to fulfil their roles. They also need to invest in local structures for carer engagement, such as carer forums and social media platforms

### **Standard 2 – Carers on Strategic planning groups represent the views of local carers**

Carers fulfilling a representative role need to engage with a strong, healthy network of carers from different caring backgrounds. This network needs to be sustained and developed by a carer organisation, properly resourced for this task. Without this, carers cannot speak with authority and may be viewed as an unrepresentative lone voice

### **Standard 3 – The Involvement of carers on strategic planning groups is meaningful and effective**

It is critical to avoid tokenistic involvement of carers on strategic groups. For carers to be assured that their voices will be heard and acted upon, all those involved in the operation of strategic groups need to be ready to accept carers as equal and expert partners. This means having a commitment to listen and respond appropriately to the views of carers. As with other members of the strategic groups, carers need to know that their involvement is meaningful and elective. This will be evidenced when the work produced by these groups is demonstrably leading to an improvement in services and support for carers and the people they care for.

*Equal and Expert – 3 best practice standards for carer engagement, Coalition of carers in Scotland*

- 4.2 The Best Practice Standards identified work in Dundee as a best practice example for Standard 2.
- 4.3 Following publication of the standards The Coalition assessed the evidence for the extent to which the three engagement standards have been met by IJBs to date. The generated report did not give detailed local feedback, but highlighted areas of good practice and examples of practice to be improved. The Summary report is attached as Appendix 2 and a full report can be found at:  
  
<http://www.carersnet.org/wp-content/uploads/2014/06/Equal-Expert-and-Valued-Full-Report-.pdf>
- 4.4 The standards clearly give the Integration Joint Board a benchmark against which it can assess its engagement with carers, but may also provide some guidance on our wider user engagement (particularly in relation to representation of stakeholder groups on the IJB). The standards will be used alongside other existing guidance and standards which guide our engagement and participation with service users and the public (i.e. NHS Scotland Participation Standards and The Community Engagement Standards). This work is overseen and supported by the Communication and Engagement sub-group of the Integrated Strategic Planning Group.
- 4.5 A group of key officers from the Health and Social Care Partnership, the Chief Executive Officer and involvement worker from Dundee Carers Centre and the Carer representative on the Integration Joint Board used the template contained within the National Report to assess how well Dundee meets the standards and to identify areas for improvement and this is attached as Appendix 3. Areas for improvement identified are:

- Identification of Health & Social Care Partnership Officer support for the Carers' Representative;
- Provision of "business" e-mail address for carers' representative;
- Encouragement of all IJB members to place items on the agenda and raise concerns;
- Carry out further work to ensure that impact assessment is carried out effectively and includes the impact on carers;
- Ensure that evaluation of carers' engagement is integrated with the wider evaluation of participation and engagement via the Integrated Strategic Planning Group.

## 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Carers are not engaged effectively in the work of the Integration Joint Board
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 2 = Risk Scoring 8 (High)
<b>Mitigating Actions</b> (including timescales and resources )	Strong evidence that Carer engagement is fully resourced Strong evidence that Carers Representative represents the views of local carers Evidence that engagement is meaningful and effective – some gaps identified
<b>Residual Risk Level</b>	Likelihood 2 x Impact 2 = Risk Scoring 4 (Moderate)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 2 = Risk Scoring 2 (Low)
<b>Approval recommendation</b>	Given the low level of planned risk, the risk is deemed to be manageable

## 7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report. This report was developed in Partnership with the Dundee Carer's Centre and the Carer Representative of the Integration Joint Board.

## 8.0 BACKGROUND PAPERS

None.

David W Lynch  
Chief Officer

DATE: 2 February 2018

Allison Fannin  
Planning & Development Manager  
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# EQUAL AND EXPERT

## 3 best practice standards for carer engagement



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## INTRODUCTION: Why we need standards for carer engagement

No one would argue that unpaid family carers should not be equal partners in care, as their care constitutes over 50% of all care provided in every local authority and NHS region of Scotland. Consistent and meaningful carer engagement must therefore be at the heart of all good health and social care policy.

But a great gulf remains between good intentions and good practice.

The Coalition of Carers in Scotland is pleased to offer the carer engagement standards in this document as a bridge to help planning officers and commissioners of services move from good intentions to better practice. The standards were developed jointly with carers and carer organisations, with support from the Scottish Government's carer policy unit and the Scottish Health Council.

Investment in carers and carer engagement will bring many valuable returns - stronger planning and policy, improved services, more creative use of resources and improved outcomes for carers. In short, better care for people with support need. We commend these standards to all planning partners.

## STANDARD ONE: Carer engagement is fully resourced

To fulfil a representative role on any strategic group takes time and effort in the preparation for, attendance at and follow up to meetings. To ensure carers are able to give of their best they need training, induction, mentoring and support with clear structures to exchange views and information with a strong network of carers. In addition to the reimbursement of normal expenses such as travel that are provided for volunteers on strategic groups, there needs to be a commitment on the part of statutory authorities to meet the costs of any substitutionary care that carers require to put in place to fulfil their roles. They also need to invest in local structures for carer engagement, such as carer forums and social media platforms.

### OUTCOMES

1. Carer representatives will feel confident in undertaking the responsibilities of their role and be able to express clearly and fully the views of other carers.
2. The strategic groups will benefit from the views of carers being regularly and directly represented and will produce work which address the needs and meets the aspirations of carers more fully.

### EVIDENCE OF IMPLEMENTATION

Carers in representative roles will:

1. Receive training and a full induction.
2. Be supplied with the information they require timeously.
3. Be mentored.
4. Be able to obtain the views of other carers via a strong network of carers.
5. Have the full costs of their work in and for the strategic groups met – this includes the costs of any substitutionary care that is required.

### BEST PRACTICE EXAMPLE: TRAINING FOR CARERS ON PLANNING GROUPS

The Coalition of Carers in Scotland provides training for carers who are representatives on strategic planning groups, or who are interested in getting involved in local community planning. Courses have been held both nationally and locally, providing carers with the opportunity to develop their knowledge and skills and learn how best to promote the carers' voice.

The course includes information on policy and legislation relating to community involvement, preparing for meetings, speaking with intent and how to challenge effectively. The training provides carers with the confidence and authority to fully participate in meetings. It also increases the number of carers who are involved in community planning, so that the responsibility doesn't fall on one or two people.

As one carer commented after attending the course: "I now know the amount of work and preparation which is needed and I feel confident in taking on such a role. I'm looking forward to being able to make a difference to benefit other carers."

## **STANDARD TWO: Carers on strategic planning groups represent the views of local carers**

Carers fulfilling a representative role need to engage with a strong, healthy network of carers from different caring backgrounds. This network needs to be sustained and developed by a carer organisation, properly resourced for this task. Without this, carers cannot speak with authority and may be viewed as an unrepresentative lone voice.

### **OUTCOMES**

1. Carers on strategic groups will be:
  - (a) representative of the various communities of carers
  - (b) able to express in informed ways the views of a range of carers
2. The other partners on the strategic groups will know with confidence that they are learning of the views of a range of carers.
3. The work produced by the strategic groups will fully take into account the views of carers

### **EVIDENCE OF IMPLEMENTATION**

1. Carer organisations will be properly resourced to establish and support a strong carer network, which offers a variety of ways for carers to get involved
2. The number and carers involved in exchanging views through the network will grow
3. The diversity of carers involved in the network will be broad
4. There will be a continual emergence of new carers willing to undertake representative roles
5. The information provided through and by the supported network will be of a high quality

### **BEST PRACTICE EXAMPLE: DUNDEE CARERS VOICE**

In Dundee carer involvement was highlighted as a priority for development in the local Carers Strategy. Carer involvement also featured strongly in NHS Tayside's priorities for implementing the Scottish Government's Carer Information Strategy (CIS). A paper was drawn up outlining a proposal to take this forward, which involved building the capacity of the Dundee Carers Centre to increase the level and quality of carer involvement through the recruitment of a new Deputy Manager post. It was felt that a post at this level would place strategic importance on the development of carer involvement, while also allowing a number of other local CIS priorities to be met: e.g. developing counselling, carers support, and carers training. CIS funding initially met the whole cost of the Deputy Manager post, with the expectation that as capacity was increased so the Carers Centre would commit progressively more core funding towards the position and the involvement agenda.

The funding has enabled the creation of the Carers Voice group which engages carers in a variety of ways, both locally and further afield, and acts as a reference group bringing carers together from all backgrounds to exchange information and discuss issues that are important to them. This ensures that carer representatives on planning groups are able to represent not just their own views, but also the views of the wider carer community. Carers from the group also sit as representatives on the local Carers Strategy action group and have taken part in a number of initiatives including consultation around the development of the new Dundee Carers Strategy.

## STANDARD THREE: The involvement of carers on strategic planning groups is meaningful and effective

It is critical to avoid tokenistic involvement of carers on strategic groups. For carers to be assured that their voices will be heard and acted upon, all those involved in the operation of strategic groups need to be ready to accept carers as equal and expert partners. This means having a commitment to listen and respond appropriately to the views of carers. As with other members of the strategic groups, carers need to know that their involvement is meaningful and effective. This will be evidenced when the work produced by these groups is demonstrably leading to an improvement in services and support for carers and the people they care for.

### OUTCOMES

1. Carers will be treated as equal and expert partners in strategic groups
2. The views of carer representatives will be evident in the strategic decisions taken and the plans that are developed.
3. Carers will be treated as equal and expert partners in the provision of care.

### EVIDENCE OF IMPLEMENTATION

1. Carers will be placed on the right strategic planning groups including at the top level of governance structures.
2. Other partners in strategic groups will have had Carer Awareness training so that the perspectives brought by carers is understood and accepted as the statements of people who are "equal and expert" partners.
3. Meetings will be open and inclusive, allowing time for discussion and contributions from all members of the group. Language will be accessible and jargon will be avoided.
4. Sufficient time will be given for preparation. Papers will be sent out in advance in a timely fashion and carer representatives will have the opportunity to clarify any information in advance.
5. The agenda will be jointly owned with all group members having the opportunity to place items on it or raise issues of concern.
6. All plans and policies produced by strategic groups will be 'carer proofed' so that the impact on carers is explicitly stated to ensure that carers needs and aspirations have been fully considered.
7. Through their network carers will be supplied with information about the opportunities for participation in strategic planning groups.
8. The outcomes of carer engagement will be evaluated.

### BEST PRACTICE EXAMPLE: PAUL'S STORY

Paul Weddell, Carer, West Lothian says:

"My involvement in the West Lothian Community Health and Care Partnership was a really positive experience. I was genuinely welcomed into the process and my expertise, views and ideas were valued by everyone involved. Before joining I received an induction which included information on the design of services and local structures. I had on-going support from the Patient Involvement Officer and attended a pre-meeting, prior to each Board meeting, with the Chairperson and the Director of the CHCP Board. This allowed me to bring up any information that I needed clarification on in relation to the papers which were sent out 7 days in advance.

If you want ordinary people to get involved in strategic planning groups, you have to make sure that they are made to feel welcome in what is often a new and intimidating environment. Carer representatives need to feel valued and convinced that their views are treated equally to other members of the group. The use of specialised language and acronyms should be kept to a minimum and where they have to be used explanations should be given on first use.

It is absolutely clear to me that those leading the process in West Lothian were genuinely committed to carer and patient involvement at the strategic decision making level and that it was their attitude that was fundamental to making the system work."





**EQUAL,  
EXPERT**  
*and*  
**VALUED**

Enhancing Carer Representative involvement on  
Integration Joint Boards

**REPORT SUMMARY**



## Background

The Carers Collaborative is a project that seeks to

- Research the current landscape in relation to Carer Representation on Integration Joint Boards (IJBs)
- Develop and facilitate a forum for Carer Representatives on IJBs
- Make recommendations for future work in relation to ongoing support and training of Carer Representatives, and support for local Integration Authorities in relation our [Equal and Expert Best Practice Standards for Carer Engagement](#).

The Collaborative ran events and research activities between March and October 2016, involving 38 Carer Reps from 27 local authority areas, leading to this report.

## AIM

The report offers positive and constructive insights in order to:

- Help improve carers' involvement in IJBs
- Help planning officers and commissioners to move from good intentions to better practice
- Start conversations and stimulate further progress by sharing good practice.

## Equal and Expert?

In 2013 The Coalition of Carers developed 'Equal and Expert' 3 best practice standards for carer engagement. The standards were co-produced by carers and local carer support organisations, with support from the Scottish Government and the Scottish Health Council.

The report assesses evidence for the extent to which the three 'Equal and Expert' carer involvement standards have been met by IJBs to date:

### STANDARD ONE:

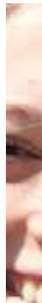
#### **Carer engagement is fully resourced**

Practice varies. Carer Reps have found training and induction beneficial, particularly where it involves the full Board. Meeting papers are rarely sent in time to allow proper preparation. Where replacement care is provided for carers, it tends not to include time spent preparing for meetings.

### STANDARD TWO:

#### **Carers on strategic planning groups represent the views of local carers**

This was the best evidenced of the three standards. Carer Reps have worked hard to be 'representative', but their visibility to other carers remains an issue. Some carers' centres support Carer Reps to represent local carer networks. Some areas struggle to engage carers, and most would like more carers in networks 'underneath' IJB board level. Where carers have been able to make contributions these appear to be valued (writing strategies, supporting consultations, improving governance, assisting inspections, contributing to commissioning etc.). It is important to note that strategic plans should reflect the issues which have been identified as priorities by Carers, not just carers' responses to consultation on pre-determined issues.



### STANDARD THREE:

#### The involvement of carers on strategic planning groups is meaningful and effective

Carer Rep effectiveness appears to increase when they are included on Strategic Planning Groups, Carer Forums and IJB Agenda groups. Those with access to agenda-setting meetings report feeling more included and productive. There are some good examples of IJBs being trained in Carer Awareness (e.g. Dumfries and Galloway, North Ayrshire). However across Scotland Carer Reps' equality and expertise are still far from universally accepted.

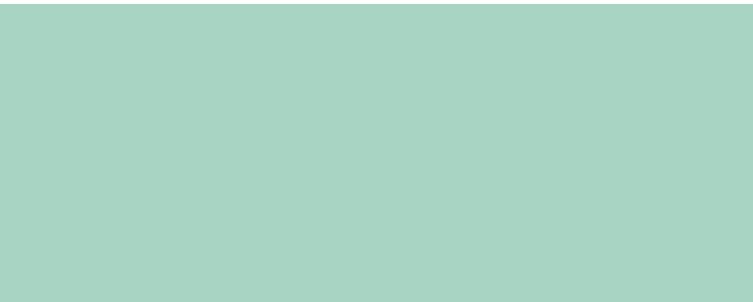
### Experience so far

Between May and October 2016 we analysed IJB Strategies and meeting minutes to determine how easily accessible information was and to identify any references to unpaid carers. 27 out of 30 Strategies include carer outcomes. 28 IJBs make their meeting minutes publicly available, and 26 publish meeting dates in advance. Between April and October 2016, 17 IJBs discussed carers or carer-specific issues.

Carers Collaborative meetings shared more detailed information on local practice. Although these focused on good practice examples, they highlighted some common gaps:

- Being listened to
- Agenda setting
- Consultation on plans
- Paperwork
- Power
- Process
- Voting
- Resourcing
- Engagement

The report gives more detail on these, and of good practice from around the country, leading to the recommendations listed below.



## Sharing experience: Good practice notes from around the country

This section of the report is based on mapping and scoping activities carried out during the three Carer Collaborative meetings. It aims to put a spotlight on good practice and to draw attention to practice that can be improved.

RECRUITMENT, INDUCTION AND ROLES	
Examples of good practice	Examples of practice to be improved
Several Carer Reps were appointed after an application process and interview. In one example this was carried out by the Carers' Centre, meaning this was a more open process and the representative role of the Carer Rep was clearly established from the outset. Unsuccessful applicants now form a consultation group, which means their expertise and willingness to engage has not been lost.	Some areas do not yet have a Carer Representative, or have appointed on an interim basis. This risks losing continuity of 'the carer's voice'.
Many IJBs allow for two Carer Representatives. This helps to share the workload and the pressures. If the Carer Rep can't make a meeting, a substitute can be agreed with the IJB Chair.	Some IJBs only allow for one Carer Representative. Others do not allow deputies to take part in meetings, only observe them, sometime without access to all the papers.
A few areas have provided Carer Reps with a role description. A small number of IJB Chairs have given helpful guidance on the Carer Rep's role. For example, about their right to comment on, or challenge, issues that are raised at meetings.	Most IJBs appear not to have identified a description of the Carer Rep's role or purpose.
SUPPORT AND RESOURCES	
Examples of good practice	Examples of practice to be improved
In some areas, carers are provided with travel expenses for attending meetings. In others, replacement care is provided for time spent in meetings.	Some areas do not provide travel expenses or replacement care. Where replacement care is provided, this does not cover time spent reading papers and preparing for meetings.
Some IJBs identify a Carers' Champion or lead officer who can work directly with Carer Reps and Carer Centres.	It is not always know who the local Carer Lead is, or what their role is.
Carer Reps find IJB development sessions beneficial – some IJBs schedule these every other month, between formal Board meetings.	Some Carer Reps have received no induction or training.

## STRUCTURES FOR INCLUSION AND REPRESENTATION

Examples of good practice	Examples of practice to be improved
Several Integration Authorities have run 'carer aware' training for members of IJBs and other key partners	In some areas carer reps report a lack of understanding of the contribution of unpaid carers and the value carer reps bring to IJBs through their lived experience.
Some areas have good support structures to encourage different levels of involvement and coordination of carers' views. Carers Reference Groups and Carers Voice Networks have been particularly helpful, as have pre-Board meetings with other public representatives.	These are often facilitated by Carer Centres or Third Sector Interfaces, but not always resourced by Integration Authorities.
'Carer forums' can help ensure Carer Reps hear and represent the wider views of carers. Some IJBs raise Carer Representatives' profiles by including their photos, biographies and an IJB email address on their websites.	Some areas do not have good carer networks to connect carers at different levels.
Some areas are further ahead in ensuring carers are represented at Strategic Planning Groups 'underneath' the IJB and at a locality level and that there are good lines of communication between the different planning structures and the IJB	This work is still developing in some areas and carers are not fully involved at a strategic planning level and locality level

## MEETINGS AND PAPERS

Examples of good practice	Examples of practice to be improved
Meetings are made accessible to Carer Reps. For example, one rural area rotates its meetings around the region. Video links can help, but need careful planning and facilitation.	Barriers to involvement include long or unfocused meetings; jargon; meetings being conducted at high speed; and an emphasis on process.
Papers are made accessible by being provided in time to let carer prepare, in electronic and paper versions. In one area papers can be collected from a local access point. One IJB provides Carer Reps with I-pads. In some areas, Carer Reps receive confidential 'green papers' including financial information, which helps them fulfil their governance role.	Papers are frequently lengthy and sent too late to allow Carer Reps to prepare. Several Carer Reps are not included in 'green paper' circulation.
Carer Representatives are able to request agenda items and submit papers via Agenda Committees, SPG Chairs, IJB Committee Services, pre-Board meetings or under 'Any Other Business'.	Several Carer Reps have no way to influence or contribute to agendas.

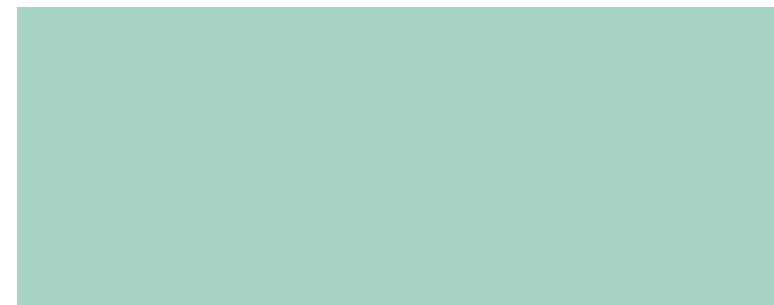
## STRATEGY

Examples of good practice	Examples of practice to be improved
Some IJBs are actively preparing for the Carers Act, for example discussing it at Board level; reviewing their Strategic Plans in readiness; scheduling development days on the Act; and asking Carer Reps to prepare Board papers or presentations on the Act.	Several IJBs have not discussed or begun preparing for the Carers Act.
A small number of Strategic Plans use several indicators for National Health and Wellbeing Outcome 6, giving a rounded measure of carer outcomes. Some IJBs have worked with Carer Reps and carer centres to develop appropriate indicators.	Most areas use just the one indicator (“I feel supported to continue caring”).

## Work in Progress

It became evident during both the scoping activity and the group events that progress was being made. During early scoping (May-June) for example, only 17 IJBs had published meeting minutes, and carers had been mentioned just four times in these. However by October, 28 had minutes available and carers had been mentioned 29 times.

The tone of conversation had also changed. At the first Collaborative meeting in May, there was some frustration about lack of training, level of involvement, quality of governance etc. But by October, positive improvements were being reported. For example, some Carer Reps had been able to ensure that the Carers Act appeared on the agenda.



# Recommendations to improve Carer Representation

The report shares five recommendations and 12 straightforward suggestions for improving carer involvement, all drawn from real life experience of what works for Carer Representatives across the country.

## 1. INCLUDE CARERS' REPRESENTATIVES IN DECISION MAKING

### 1.1 Find ways to involve carers in consultation and decision-making

It is important to recognise the demands on carers' time. Frequent or formal meetings can be a barrier to attracting or retaining carers. IJBs would benefit from sessions that enable carers to contribute more effectively, such as ideas exchanges. They should also consider ways to provide appropriate recognition and reward for Carer Reps.

### 1.2 Include Carer Reps in different groups

Ensure carers are represented on different groups within the wider structures of the Integration Authority, particularly groups that set agendas or agree decisions. Arrange collective voice meetings for service user reps, service provider reps, Carer Reps, and third sector reps – before agenda deadline dates. If you don't have one, establish a carers' advisory group.

## 2. INCREASE AWARENESS AND PROFILE

### 2.1 Raise profile of Carer Reps

Ensure that the Carer Rep's identity and role are clearly signposted on relevant websites, with contact details so other carers can get in touch. Give Reps an email address so they don't have to use their own. Business cards are a nice touch. Use locality groups to ensure carer issues are accessed and represented.

### 2.2 Raise IJB awareness of carers

Chairs, Chief Officers and other partnership staff can learn a lot about the impact of their decisions by attending carers' centres and meetings. Making Carers Awareness Training available for all IJB members has also been a popular and effective way to do this.

## 3. VALUE AND RESOURCE CARER REPRESENTATIVES

### 3.1 Value Carers Representatives and their contributions

Valuing Carer Reps can be as simple as inviting, minuting and acknowledging their contribution to meetings. The real test is then to listen, act and follow through.

### 3.2 Train and support Carer Representatives

Carer and User Representative training is essential to good involvement – and governance. Arrange regular training or development days for the whole IJB. Arrange inductions for new members, for example meetings with key officials. Supportive mentoring increases confidence.

### 3.3 Resource representation

Take steps to make sure Carer Representatives are not worse off as a result of contributing to the IJB's work. Provide travel costs and replacement care for the time they spend carrying out their IJB duties.

### 3.4 Ensure Carer Representatives have a clear remit

Agree clear roles for and with Carer Representatives. Make sure everyone knows what is expected of them.



## 4. SHARE PRACTICE AND LEARNING

### 4.1 Share practice between IJBs

Arrange exchanges with other IJBs to improve each other's practice. Support IJB Carer Reps to meet up to share ideas from different areas (it's where everything in this report came from!).

### 4.2 Improve communication

Ask what Carer Reps need. Make sure your agendas and minutes are publicly available. Carers can be fantastic conduits for 'bottom up' and 'top down' communication when supported by the right networks and structures.

## 5. MAKE MEETINGS BETTER

### 5.1 Create structures to allow agenda items to be raised

If you don't already, establish a pathway for agenda items to be raised. Set clear deadlines, establish an agenda setting meeting, committee or process. Join the dots between IJB and Strategic Planning Group meetings.

### 5.2 Make meetings, minutes and papers accessible

Produce minutes, agendas and meeting papers as promptly as possible. This lets representatives get feedback to and from their carer networks. It's especially helpful when officers identify issues affecting carers and seek advice before papers are tabled.

## Spotlight: SHETLAND

A Carers Forum facilitated by a carers support worker gives carers the opportunity to voice individual concerns

## Spotlight: FIFE

Carer Rep was appointed through interview by the Carers' Centre. Others applicants now form a consultation group.

## Spotlight: MORAY

issues papers 7-10 days ahead of meetings, giving carers time to prepare.





Spotlight:  
on best practice:  
**HIGHLAND**

The role of Carer Voice Coordinator in Highland was created as a self-employed consultant role to be carried out by a carer. The ethos behind the role being self-employed was to allow the carer to have complete flexibility to fit the requirements of the role around their caring responsibilities.

The remit is to increase the engagement and involvement of carers in the planning and delivery of services that affect their lives and the lives of the people they care for.

‘The vision for Highland to have carers involved in the planning and delivery of all services that affect their lives is a work in progress, however with the creation of this role, we now have someone who has that ambition at the core of their role and is dedicated to making the vision a reality.’

Karen Anderson, Carer Voice Co-ordinator



In North Ayrshire, carers were on the shadow board and helped to establish how the IJB structures and meetings would operate. All board members received the same training, which reinforced the feeling of equality among partners. Councillors also received carer awareness training.

## STRATEGY

The IJB Strategy has an accessible summary, and includes a section on carers, which was approved by carers before going to print. The Carers Strategy sits underneath this, written with carers.

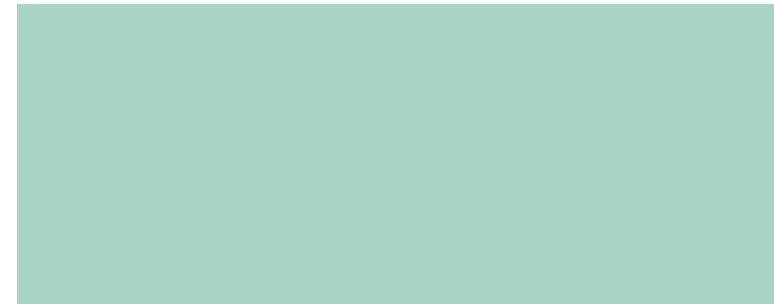
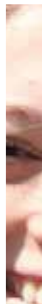
## STRUCTURE

To provide a link between communities and the IJB, a Carers Advisory Group brings carers together from different localities and carer groups. It is chaired by a 'Carer Champion', a councillor with a remit for social work. Carers from the Carers Advisory Group populate other strategic planning groups, which helps provide a network of support underneath the IJB Board. In these and other ways, community members can raise issues and get items on the agenda.

## SUCCESS FACTORS

Marie McWaters, a Carers Rep, puts these successes down to the positivity of councillors and council leaders towards involving carers. Other carers could see the benefits that involvement was having, so more signed up.

'Once you make the pathway it's easy – you just keep using the same path.'



## NEXT STEPS

Members would like to continue the Collaborative's work, though providing regional events alongside national ones would be an improvement for several members. The practice-sharing format has built Carer Reps' confidence and their ability to understand their IJB's practice in the context of developments elsewhere. However a next step might be to explore whether a common or agreed role specification for Carer Reps would be useful.

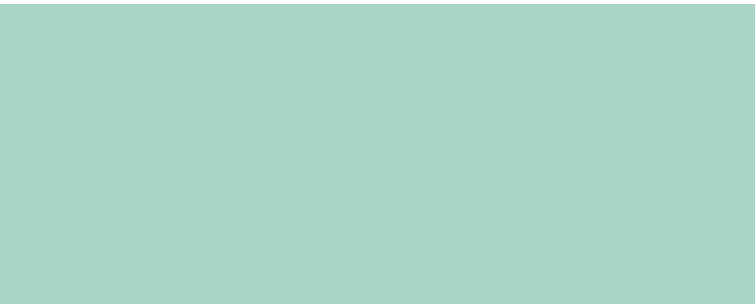
## Thanks and acknowledgements

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<b>Standard one: Carer engagement is fully resourced</b>	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Carer representatives will feel confident in undertaking the responsibilities of their role and be able to express clearly and fully the views of other carers</li> <li>2. The strategic groups will benefit from the views of carers being regularly and directly represented and will produce work which addresses the need and meets the aspirations of carers more fully</li> </ol>	
Evidence of implementation	
Carers in representative roles will:	
Receive Training and a full induction	All Board members (including Carer’s representative) receive the same training and induction. Support is available from the Carers’ Centre for the Carers Representative.
Be supplied with the information they require timeously	Board papers are sent out to all members electronically one week in advance and are available in hard copy on the day of the meeting. The Carers Representative receives hard copies in advance.
Be mentored	The Chief Executive and the Involvement Worker at Dundee Carers Centre provides mentorship support. <b><i>It would be useful to identify a lead officer to provide additional support</i></b>
Be able to obtain the views of other carers via a strong network of carers	The Carers representative links into a local carers network, supported by Dundee Carers Centre and the Carers Strategic Partnership. The Network is currently being redeveloped following the recruitment of a new involvement worker. The Carer’s representative attends “Carer’s Blethers” and other

<b>Standard one: Carer engagement is fully resourced</b>	
	events including the Carer’s Centre AGM to hear the views of carers.
Have the full costs of their work in and for the strategic groups met – this includes the costs of any substitution care that is required	All costs incurred as a result of sitting on the IJB are met

<p><b>Standard two: Carers on the Integration Joint Board represent the views of local carers</b></p>	
<p><b>Outcomes</b></p> <ol style="list-style-type: none"> <li>1. Carers on strategic groups will be             <ol style="list-style-type: none"> <li>a) Representative of the various communities of carers</li> <li>b) Able to express in informed ways the views of a range of carers</li> </ol> </li> <li>2. The other partners on the strategic groups will know with confidence that they are learning the views of a range of carers</li> <li>3. The work produced by the strategic groups will fully take into account the views of carers</li> </ol>	
<p>Evidence of implementation</p>	
<p>Carer organisations will be properly resourced to establish and support a strong carer network, which offers a variety of ways for carers to get involved</p>	<p>Dundee Carer’s centre resourced via the Health and Social Care Partnership to support carer’s engagement, this includes funding for a specific post for involvement work including support for carers representation. The post also supports young carers involvement. Additional staff within the Carer’s Centre (mainly funded via the HSCP) also support this work. A wide range of engagement methodologies are used including Carer’s Voice, Carers Blethers, the Carer Information Network, and the Carer’s of Dundee Website.</p>
<p>The number of carers involved in exchanging views through the network will grow</p>	<p>There is a continuous improvement approach to this element of the network. A development plan is in place within the Carer’s Centre and recently a new “layer”, Carer’s Blethers, has been established to further enable carers views to be heard.</p>

<b>Standard two: Carers on the Integration Joint Board represent the views of local carers</b>	
The diversity of carers involved in the network will be broad	This is now increasing with the addition of Young Carers Voice and discussions have taken place with other organisations who support carers to grow and widen the diversity of the network. Discussions are taking place with the Centres BME Development worker to ensure further representation of BME communities.
There will be a continual emergence of new carers willing to undertake representative roles	Consultation on involvement has identified that there are barriers to being involved in representative roles including the time carers have and confidence. Building confidence is one of the aims of Carers Blethers.
The information provided through and by the supported network will be of a high quality	Information is shared in a number of ways, verbally, via printed/electronic formats, newsletters, and via social media. There are new publicity materials for Carers Blethers and on the Centres website however there is a need for use to make more use of technology to involve people. The new 'Carers of Dundee' website will have a specific area for involvement including identifying all the ways that people can get involved.



<b>Standard three: The involvement of Carers on the Integration Joint Board is meaningful and effective</b>	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Carers will be treated as equal and expert partners in strategic groups</li> <li>2. The views of carers representatives will be evident in the strategic decisions taken and the plans that are developed</li> <li>3. Carers will be treated as equal and expert partners in the provision of care</li> </ol>	
Evidence of implementation	
Carers will be placed on the right strategic planning groups including at the top level of governance structures	Carers represented on the IJB and the Carers Partnership. There are a number of carer’s vacancies (a place on Carer’s Partnership and a place on ISPG). It is a priority of Carers Voice to fill these places. Other SPGs have a range of systems to ensure carers’ voices are heard.
Other partners in strategic groups will have had carer awareness training so that the perspective brought by carers are understood and accepted as the statements of people who are “equal and expert” partners	Partners in HSCP Strategic Planning groups and the IJB have regular updates about Carers matters – both through briefing papers and presentations. Currently there are a series of updates planned about the Carer’s Act and Dundee Carers Strategy. The Dundee Carers Charter has pledged to carers and has been approved by the IJB. Later this year arrangements will be made for all SPGs to consider separate sign-up and to explore the impact of this.
Meeting will be open and inclusive, allowing time for discussion and contributions from all members of the group. Language will be accessible and jargon will be avoided	The Carer’s representative has feedback that he feels respected as an equal Partner

<b>Standard three: The involvement of Carers on the Integration Joint Board is meaningful and effective</b>	
Sufficient time will be given for preparation. Papers will be sent out in advance in a timely fashion and carer representatives will have an opportunity to clarify any information in advance	The Carers’ representative has confirmed that the papers are being received in advance and support is available if required. <b>The representative has identified that a “business” e-mail address would be useful, as would provision of appropriate IT to support access to information.</b>
The agenda will be jointly owned with all group members having the opportunity to place items on it or raise concerns	<b>All IJB members should be encouraged to place items on the agenda and raise concerns</b>
All plans and policies produced by strategic groups will be “carer proofed” so that the impact on carers is explicitly stated to ensure that carers needs and aspirations have been fully considered	<b>Further work required to ensure that impact assessment is carried out effectively and includes the impact on carers. A carers impact assessment has been developed for use by the ISPG – this could be adapted for wider use.</b>
Through their network carers will be supplied with information about the opportunity for participation in strategic planning Groups	This has been circulated through the Carers Centre newsletter and social media. A new presentation describing these roles has been developed and was a feature of a meeting of Carers Blethers. We will also be looking to design a simplified diagram that will be on the ‘Carers of Dundee’ website.
The outcome of carer engagement will be evaluated	Informal evaluation takes place, and this <b>requires to be integrated with wider evaluation of participation and engagement via the Integrated Strategic Planning Group.</b>