



West Dunbartonshire
Community Health & Care Partnership



**West Dunbartonshire
Community Health & Care Partnership
Strategy for Carers**

***Carers are equal partners in the
provision of care.***

2012 – 2017

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An electronic version of this document can be downloaded from the WD CHCP website:

www.wdchcp.org.uk

1. OUR AMBITION

1.1 Vision

West Dunbartonshire Community Health and Care Partnership's (CHCP) vision for the provision of Carers' services across the West Dunbartonshire Council area is to provide and commission services that improve the outcomes for carers and young carers who live in West Dunbartonshire. We believe that by working together, and in partnership with carers, we can support them to maximise their potential and develop the knowledge and skills they require to continue in their caring role.

1.2 Scope of the Strategy

The focus of this Carers' Strategy reflects the requirements of the Scottish Government as they relate to carers' services and lays out the commitment of West Dunbartonshire Community Health and Care Partnership (CHCP) to work with carers as partners rather than as recipients of health and social care services.

The CHCP has created a suite of commissioning strategies covering the breadth of its operational responsibilities (developed jointly on behalf of NHS Greater Glasgow and Clyde and West Dunbartonshire Council). The aim is to provide a strategic framework for on-going activity to project and address changes in demand for local community-based services over the course of the next decade within the context of policy/legislative requirements, emergent best-practice and available resources.

1.3 Values

There are four core values that underpin the CHCP's approach to strategic commissioning, namely Quality, Fairness, Sustainability and Openness.

These values are manifested through a systematic concern for the following principles:

- Optimal outcomes for individual service users.
- A client-centred approach appropriate to individual needs through an emphasis on informed self-care, co-production and personalisation of services.
- Effective and safe services that draw upon the best available evidence and local feedback from service users.
- Equalities-sensitive practice.
- Acceptability of service provision informed through constructive engagement with local stakeholders – including staff, community groups and elected representatives.
- Affordable and efficient services that continue to be reflective of the relative demands across the West Dunbartonshire population as a whole.

This document provides the important framework to ensure that these values and principles are explicitly reflected as part of the routine review of all services and the development of new models of care.

1.4 Aim of the Strategy

This strategy lays out the commitment of West Dunbartonshire Community Health and Care Partnership (CHCP) to work with carers as partners to harness the knowledge and skills of carers to make decisions about the shape and structure of services.

There are approximately 13,000¹ carers living in West Dunbartonshire who are providing differing levels of support and care. This Strategy reflects the increased prominence at a national level of carers' issues since our previous Carers Strategy for 2009-2013.

Carers have consistently highlighted that they can derive considerable benefit from support in their caring role and that services delivered to patients and carers can help them enjoy a quality of life out-with their caring responsibilities, and enable them to sustain the caring they provide.

The CHCP aims to build on and improve support to carers, it is necessary to articulate a clear vision of the future for carers. To achieve consistent expectations of what carers can reasonably and safely provide, when supporting loved ones at home, and greater flexibility in responding to the needs of individuals. For young carers, in particular, we aim to identify and reduce the numbers of young carers undertaking inappropriate roles; by raising awareness of young carers to improve their ability to access help and support.

The CHCP will work to support carers of all ages with their caring role through assessing their needs for health and social care services. Carers have a vital role in the way in which we develop social and health care services in West Dunbartonshire and we are extremely fortunate to have regular dialogue with carers.

¹ Carers Of West Dunbartonshire 2012

2 Who is a Carer?

A carer can be person of any age who provides help and support without payment to a relative, friend or neighbour who has problems with activities of daily living and needs help from the carer because of physical or mental illness, frailty, learning or physical disability, impairment or addiction. Certain legal rights and considerations apply to carers who provide substantial amounts of care on a regular basis for either an adult or a child, who is eligible to receive support under the Social Work (Scotland) Act 1968 or the Children (Scotland) Act 1995.

A range of terms is used to describe a person who cares for another including: 'unpaid carer,' 'carer,' 'family carer' and 'informal carer.' All partners involved in the development of this strategy prefer to use the term 'unpaid carer' or 'carer.' In this strategy we abbreviate 'unpaid carer' to 'carer,' as do many organisations and carers themselves. It is important that carers are not confused with paid workers, who are sometimes incorrectly called carers too: paid workers are care workers².

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. 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.

Although there are important distinctions to be drawn between young carers and adult carers, there are similarities in the caring experiences. There are also important transition issues, especially with regard to support for older young carers aged over 18.

² Caring Together; The Carers Strategy for Scotland 2010 -2015

3 National Context

Recent years have seen an increasing focus nationally in addressing the needs of carers through support to carers via carers' assessments and by recognising carers as partners in the provision of care and support.

The importance of supporting carers and enabling people to live independently at home are both well established aspects of the Scottish Government's approach to health and social care. The Scottish Government recognises the crucial contribution which unpaid carers make to Scottish society and acknowledges that the levels of unpaid care will grow. As well as understanding the importance of supporting young carers and of relieving them of inappropriate caring roles that can impact on their health, well-being and development.

3.1 Caring Together; The Carers Strategy for Scotland

Caring Together; The Carers Strategy for Scotland³ recognises carers as equal partners in the delivery and planning of care in Scotland and fully acknowledges carers' expertise, knowledge and the quality of care they provide. Caring Together lays out shared aims across Scotland in the national strategy for carers as:-

- Carers are recognised and valued as equal partners in care.
- 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.
- 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. The same principle applies to carers' involvement in the services provided to the people they care for.
- Carers are not disadvantaged, or discriminated against, by virtue of being a carer.

The strategy lays out the local responsibility to identify carers, to help professionals in health and social care to offer carers assessments and the provision of support to carers. There are an estimated 657,300 carers in Scotland⁴;

- 18% of carers are aged 70 and over.
- 19% of carers are aged 60-69.
- 4% of carers care for two or more people.
- 70% of carers have been caring for over 5 years.

West Dunbartonshire has a well-established multi-agency approach to the planning and delivery of carers' services; this underpins the expectations of the relevant legislation and guidance and the joined up approach to carers' services as reflected in this strategy.

This CHCP strategy helps to deliver the priorities identified within the current:

³ Caring Together; The Carers Strategy for Scotland 2010 - 2014

⁴ Scottish Household Survey (SHS) 2007-08

- West Dunbartonshire Community Planning Single Outcome Agreement
- West Dunbartonshire Community Health and Care Partnership Strategic Plan
- NHS Greater Glasgow and Clyde Carer Information Strategy
- Reshaping Care for Older People; The Change Plan
- Early Years Change Fund

3.2 NHS Carers Information Strategy 2006⁵

Detailed guidance on developing an NHS Carers Information Strategy was published by the Scottish Executive Health Department (S.E.H.D) in April 2006. It recommended the strategy be implemented in partnership with carers, carer organisations, local authorities and other stakeholders. The guidance stresses the importance for carers to have appropriate information about the services available for the person they are caring for as well as information on their rights and the services available for themselves as carers. If carers cannot make informed choices they cannot have control over their own lives.

3.3 The Reshaping Care for Older People; Change Fund Guidance⁶

The Reshaping Care Programme; Change Plan in West Dunbartonshire has a strong emphasis on early intervention. A focus on support for carers is essential as part of the programme. Many of the initiatives developed as part of the Change Fund are aimed at supporting support carers, therefore their time is being freed up from caring, resulting in less worry, stress and anxiety linked to caring. Other initiatives aim to help the carer to support the cared-for person for example with guidance on physical activity to help prevent patient/service user falls.

3.4 The Early Years Change Fund⁷

The Early Years Change Fund is responding to the evidence which indicates that a shift in investment to the early years and pre-school services is more likely to bring rewards later in childhood and throughout adult life. The Fund, therefore, support projects designed to deliver effective early intervention in a child's life.

3.5 Care 21 - Future of Unpaid Carers in Scotland 2005⁸

This report reflected the views of over 5,000 carers. Twenty-two recommendations were suggested in order to provide a strong framework of rights for carers.

Four early priorities were selected for progression via national and local initiatives:

- Young carers:

⁵ NHS Carers Information Strategy 2006

⁶ The Reshaping Care for Older People; Change Fund Guidance 2012 – 2013

⁷ The Early Years Change Fund 2012

⁸ Care 21 - Future of Unpaid Carers in Scotland 2005

To be mainstreamed with improved integration and quality of services for young people

- Carers Training:

To be supported by development of a national “expert carers” training framework

- Carers’ Health:

To be progressed via a range of initiatives e.g. free flu vaccine, review of nursing in the community, GP practice carers registers and a carers information strategy

- Respite:

‘Guidance on Short Breaks (Respite)’ was issued by the Scottish Government in 2008 to Local Authority and NHS Board Chief Executives.

- 3.6 The CHCP Scheme of Establishment clearly states the CHCP’s commitment to engaging with carers within the wider context of its responsibilities for strategic planning and service performance management (i.e. to ensure that the CHCP plans and delivers services that meet the needs of the communities that it serves).

4 Local Context

While it remains the case that people expect and wish to care for and support their family members, caring will continue to be affected by social changes such as:

- the increasing level of family breakdown;
- geographical moves for work or in retirement;
- patterns of employment; and
- an increase in the number of frail elderly people.

The expectation of the quality and responsiveness of public services has increased and is likely to continue to grow. This information supports the need to identify carers of all ages to support them to sustain the level of carer involvement in the future.

4.1 Population of Carers

West Dunbartonshire has an estimated population of 90,570 people⁹. The upward shift in the age range of the population means that there is an increasing older people's population which will have an impact for carers of all ages; as carers get older they take on more caring responsibility. Consultation and engagement with partners and carers presented the CHCP with overwhelming results that older people wish to be considered as active citizens playing a role within their own communities.

It is estimated that there are approximately 13,000 carers living in West Dunbartonshire¹⁰. Just as carers are diverse, so too are the people they care for. It is not straightforward to categorise caring situations. For example, a person with dementia may also be frail and elderly or a person with a learning disability may also have a mental ill health. Many children and young people are carers, they may, for example, look after a parent who is ill, disabled or who is addicted to drugs or alcohol.

There are currently 1,704 carers for people aged 65 and over, of these, approximately 45% live with the cared for person¹¹. There are a total of almost 1,900 carers known to the third sector organisations¹², of those 44% of carers are themselves over the age of 59 and 32% of the cared for are over the age of 59. There is an expected increase of 17% in the over 65 population over the next 10 years.

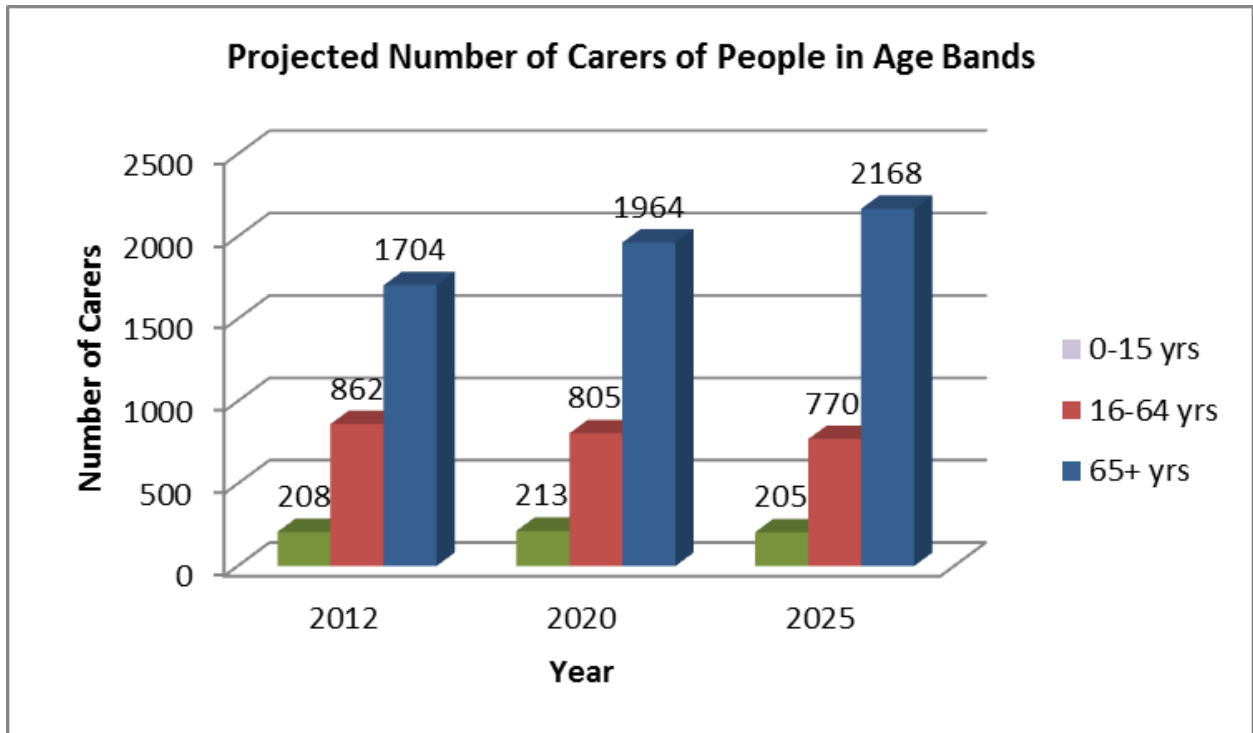
The charts below suggest that in West Dunbartonshire, there will an increase in the numbers of carers of older people over a period in which the need for care and support will be rising considerably, particularly because of the growth in the number of frail elderly people in the area.

⁹ West Dunbartonshire Council Social and Economic Profile 2011/12

¹⁰ Carers of West Dunbartonshire 2012

¹¹ Carefirst April 2012

¹² Carers of West Dunbartonshire 2012



The number of young carers appears to remain consistent over the next ten years with no real changes in the predicted numbers of carers of young people.

As part of the broader work for our commissioning strategies, the data available across the system on carers of all ages is currently being scoped by the CHCP in partnership with third sector services to support the development of this Strategy. This was identified through the Equality Impact Assessment.

The CHCP is committed to improving the uptake and quality of carers' assessments. The strategy recognises that there needs to be improved uptake and delivery of quality assessments.

5 Identifying and Assessing the needs of carers

It has been well documented that carers need; access to good information, to be able to seek assistance timeously, to know how to access support and how to make the best use of it. This is true both for carers of people receiving services and for carers unknown to services.

All carers, including young carers, have the right to an assessment to identify the help that they may need to go on caring. The CHCP works in partnership with all agencies in a family centred approach to assessing and meeting needs of carers of all ages and promoting inclusion whenever possible.

Those carers who are not eligible for a carer's assessment should, as far as possible, be provided with information, advice and signposted towards available community supports. It is necessary to maintain a focus on the provision of timely, accurate and good quality assessment, information and advice not only when someone is new to caring but also whenever information and advice is needed.

- 5.1 Young carers often have mixed feelings about their caring role. For some it can be a positive and rewarding experience, giving them a sense of purpose, building confidence and self esteem. However they may feel angry, guilty or frustrated when caring gets in the way of the life they would like to lead.

Young carers and their families need an assessment which will take account of both their individual needs and the needs of the family as a whole. Many families do not realise that there is help available, and take it for granted that they must just "get on with it". They are also often very reluctant to talk to anyone about their problems as they think it will reflect badly on their ability to cope. Parents sometimes fear that if they talk to anyone or ask for help, their child will be taken away from them. A young carer may assume that their family will be broken up, that they will lose control over decision making or that they may be prevented from providing care at all.

- 5.2 Joint reporting protocols are being established between the CHCP and third sector partners to monitor the types and numbers of carers' assessment being carried out, as well as having the opportunity for identifying trends and gaps for analysis. This work will support the development of all our local commissioning strategies.

6 Carers in need of support

There is considerable research and local practice knowledge of the physical and emotional stresses related to caring and evidence of the ill-health experienced by carers as a result.

The CHCP is committed to a unifying approach to working with carers in West Dunbartonshire and ensuring that carers have access to advice, information and support. As such the CHCP works with patients and clients to provide a high quality of care and recognises the need to support carers to continue in their caring role.

6.1 Short breaks

Access to personalised, flexible short breaks provision is crucial. Short breaks (also known as respite services) are a key support for carers. There has been significant investment to increase these services in West Dunbartonshire in recent years.

The CHCP is committed to ensuring flexible initiatives based on individuals' assessed needs and circumstances to support carers to have time away from caring.

6.2 Information

The CHCP is committed to providing the right type of information at the right time to carers, depending on their particular circumstances. Carers want up-to-date information. All CHCP services and partners play an important role in providing information that can help carers to understand and deal with difficult or challenging circumstances.

NHS Carers' Information Strategies address key issues for carers however there are other areas which can be improved for carers with local health and social care services, such as self management programmes for people with long term conditions and reablement services.

6.3 Carers as Partners

In recognition of the key role carers play in providing care, they have access to opportunities for building their confidence and capacity in their caring role. This addresses the broad spectrum of the emotional impact and practical demands of caring, including moving and handling awareness, managing medication and managing carers' own health and well-being.

Carers play an increasingly important role in the support, care and treatment of people with long-term and/or multiple conditions, disabilities, illnesses, including dementia. With appropriate and timely support carers are able to care for longer, and enjoy better health and improved well-being.

The CHCP and the third sector partners have been providing key carer support services within West Dunbartonshire for several years. The organisations have a long standing effective partnership with the CHCP as part of their service level agreements. Third sector partners and local support groups also play a key role in the design and planning of carer services. Through partnership with the third sector,

opportunities continue to be offered to carers to develop their skills and knowledge; encompassing condition specific training and more general issues.

The CHCP is committed to identifying, assessing and supporting carers in a personalised and outcome-focused way and on a consistent and uniform basis (including the provision of short breaks or respite).

6.4 Self Directed Services

The CHCP works with people using our services to offer more flexibility, choice and control over their support so that they can live at home more independently. It is important that our local services create arrangements which will facilitate more choice and control over service provision and promote the opportunities for patients/clients.

This will include ensuring built in flexibility by the introduction of framework agreements that enable individuals to access these services via Self-Directed Support (SDS) options. Direct payments for social care have enabled people who use them to achieve greater independence. West Dunbartonshire Council has a duty to offer a direct payment to eligible people assessed as needing community care services, this payment can be used to purchase all defined community care services and support, except long term residential accommodation.

- 6.5 The emphasis for the CHCP is on early intervention and preventative support; by identifying the most vulnerable carers based on assessment of their need taking account of the nature and level of risk. By working in partnership across services, our preventative approach supports early identification of the most vulnerable within our communities and their carers, thus supporting access and availability to the necessary supports that enable continued quality-of-life and in turn to prevent crisis.

By aligning the development of supported self and carer's support, we aim to bring together our investment from a range of key policy developments to facilitate and expand opportunities for models of co-production and community capacity building.

7 Engaging with carers

West Dunbartonshire CHCP has a strong track-record of engaging and building relationships with carers through existing forums, local organisations and carers groups.

- 7.1 The formal vehicle for community engagement for the CHCP is the Public Partnership Forum (PPF), representing individuals from across a range of communities within West Dunbartonshire. The PPF is a strongly integrated forum for community engagement across health and social care; and that there is formal representation of the PPF on the membership of the West Dunbartonshire Council Community Participation Committee (CPC).

A specific CHCP Carers Forum provides a vehicle for CHCP officers and carers to come together to review, plan and analyse performance information relating to the specifics of this strategy and wider carers issues.

Local care specific and support groups also have carers' representatives; therefore carers' issues are broadly represented across a number of structures within West Dunbartonshire, including the Community Planning structures.

- 7.2 In preparation for the review and development of this strategy, consultation and engagement with carers and about carers was carried out to inform the development of the key commitments of the CHCP. Including the Older People's Consultation carried out in 2011, and specific consultation carried out with young carers, in 2011, in partnership with the third sector.
- 7.3 The third sector has been an active partner within West Dunbartonshire for a number of years, prior to integration of health and social work. This joint working is seen as part of a wider integrated approach between third sector and statutory services on issues such as carers' support and carers' assessments accessed via the carers' centres and signposting carers to appropriate services across the system.

8 Measuring Success

There are a suite of measurers dedicated to reporting specifically on delivery of all services within the CHCP, these will directly impact on the levels of support and service provision for all care groups and therefore on the ability of the carer to continue in their caring role. For example, the percentage of carers that request an assessment and receive one.

Performance measures for Carers are included within key workstreams for the CHCP;

8.1 Commissioning Strategy for Older People's Services and Older People's Change Fund

A significant carers' focus can be seen woven throughout all the Commissioning Strategy (which provides an overarching framework for the planning and delivery of older people's services) and throughout all of the Older People's Change Fund workstreams. The organisational and cultural thinking needed to create transformational change across all community health and community care services, can be demonstrated in the whole systems change model. Particularly focused on ensuring successful discharge and/or avoiding crisis and breakdown of carers' arrangements

Performance is evidenced through outputs relating the numbers of carers identified, numbers of carers with support plans, the number of people receiving a short break and total numbers of respite provided.

Outcomes for carers are recorded and reported via carer's support plans; for example percentage of carers who feel supported and capable to continue in their role as a carer.

Specific targets relate directly to the impact of additional investment for example tracking the number of weeks of respite provided for carers of older people with Dementia.

8.2 Commissioning Strategy for Children Services

The Commissioning Strategy provides an overarching framework for the planning and delivery of children's services. The CHCP recognises that when young people are required to take on too many caring responsibilities, or carry out caring roles that are not appropriate, this can have a limiting and adverse effect on their health, well-being, safety and development. The CHCP, with partners is anticipating the risks of young carers who are not achieving positive outcomes; taking action to ensure these risks do not materialise; and make effective interventions where the risk occurs.

As part of the implementation of GIRFEC and the Children and Young People's Bill, the CHCP will be monitoring and reporting on identifying and supporting young carers in their work with other professionals and agencies.

8.3 Carers Information Strategy

The Carers' Information Strategy has provided an opportunity to increase the attention given to identifying carers. There remain variations across the care groups in relation to monitoring carers' experiences. Through evaluation of organisational performance and by measuring outcomes for carers, variance can be addressed.

8.4 Long Term Conditions

By using the Self Supported Care Frameworks, the CHCP is able to measure success on the delivery of the training and peer education support services.

By working with partners, the CHCP is able to monitor the delivery of training to carers including person-centred moving and handling, the safe use of equipment and the numbers and types of assessments carried out by partner agencies.

8.5 More broadly, the CHCP will continue to be recording, reporting and monitoring the numbers of assessments undertaken and the numbers of staff trained in carer assessments.

All of the performance information will be reported through existing Council and NHS structures as required as well to directly to carers through publication at a local and national level.

9 Next steps

The priorities identified and specified within this strategy and within other work-streams for the CHCP are issues which affecting carers across a range of community health and social care services.

9.1 The priorities below will be reviewed annually to ensure actions are being progressed.

Key actions	Process	Timescales
Local Context Review of data relating to carers	As identified within the Equality Impact Assessment, there is a need to work with partners to identify hard to reach groups for example refugees, gypsy travellers and BME communities.	2014 - 2015
	Monitor the up-take for access to carers' assessments and carers' plans.	2012 - 2013
	Ensure that assessed needs are met and the impact and outcomes monitored through on-going reporting.	2012 - 2013
	Work with partners at a national and local level to collate and share information and data on carers' issues.	2014 – 2015
Identifying and Assessing the Needs of Carers Articulate and promote the value and benefits of a carer's assessment	Working with partners, provide carer and patient information on for example Hospital Discharge process, Long Term Conditions, specific conditions such as diabetes and COPD.	2014 - 2015
	Implement co-ordinated awareness raising training programme across all staff from statutory, independent and third sector.	2013 - 2014
Identifying and Assessing the Needs of Carers Targeted work within specific care groupings; carers assessments will support sustainable caring, whilst promoting and improving the health and well-being of carers	Identify Older Carers as part of the Early Discharge process.	2012 – 2013
	Identify Carers of people diagnosed with Dementia.	2012 – 2013
	Identify Carers of people with acute mental ill health.	2012 – 2013
	Identify Young carers who are children first and our work with them should promote and safeguard their rights and well-being and support them so that they can take part in normal childhood experiences and activities and enable them to reach their full potential.	2012 – 2013

Key actions	Process	Timescales
Carers in need of support Development of Respite Bureau	The Bureau model is designed to avoid creating artificial divides between carers. Our respite Bureau will eventually work with all patients/clients and all residential services within the area.	2014 - 2015
Carers in need of support Work closely with primary health care	There is evidence to suggest that when carers are provided with appropriate information and engaged in the care planning, the outcomes for the patient and carer are enhanced.	2012 – 2013
Engaging with Carers Work closely with carers with planning structures and fora both nationally and locally	Monitor strategic actions with carers on an annual basis and report through CHCP.	2012 – 2013

- 9.2 The implementation of this Plan will be led by a partnership approach by the CHCP with carers, the third and private sector whose expertise as a collective will be invaluable to ensure the implementation plan is realistic, achievable and inextricably linked to the needs of carers in West Dunbartonshire. In developing effective strategies to support carers, a wider range of partners, beyond health and social care, need to respond to the needs of carers with the aim of enabling carers to continue to live fulfilled lives, notwithstanding their caring responsibilities. Making a reality of the aspirations of the CHCP for carers is only likely if local partners develop robust joint commissioning strategies across care groups which are developed and monitored in conjunction with carers and their representative organisations.
- 9.3 This strategy will be formally reviewed during 2014, with a view to then up-dating the table above with additional actions up to the end of 2016-2017.

Carers' Rights

The Care 21 Report¹³ included a Vision Statement, inspired by a common call amongst carers, that there needs to be a rights-based approach toward carers, drawing on the existing Human Rights framework to which UK government is a signatory. The following vision statement articulates this rights-based vision for carers.

Based on the Universal Declaration of Human Rights, all individuals who care for a relative, friend or neighbour will have an established set of rights which include:

- The right to social security and to economic, social, and cultural opportunities;
- The right to work, to free choice of employment, to equal pay for equal work, to just and favourable conditions of work and to protection against unemployment;
- The right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay;
- The right to a standard of living adequate for health and well-being;
- The right to training and education;
- The right to participate in culture, arts and science and benefit from them;
- The right to take part in governance and to access services.

¹³ The Future of Unpaid Care in Scotland 2007

Model for Enabling Carers in West Dunbartonshire

