

Carers (Scotland) Act 2016

**Implementation Plan 2021-2023
(March 2021)**

September 2021

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The Carers (Scotland) Act 2016 came into force on 1 April 2018. This plan sets out outcomes and actions in relation to six key priorities for implementation of the Act in 2020/21, 2021/22 and 2022/23.

The six key priorities are:

- Strategy and leadership
- Legislation and guidance
- Workforce and systems support and development
- Raising awareness
- Carer involvement and choice
- Measuring progress and impact

The plan has been developed by the Carers (Scotland) Act Implementation Steering Group to guide its work supporting implementation. It will be kept under review (with progress updates at group meetings) and updated as required.

Context

Carers in Scotland¹

1 in 6 adults have unpaid caring responsibilities for someone with a longstanding illness or disability. Caring responsibilities affect many carers' physical and mental health. Nearly half of carers have long-term conditions themselves.

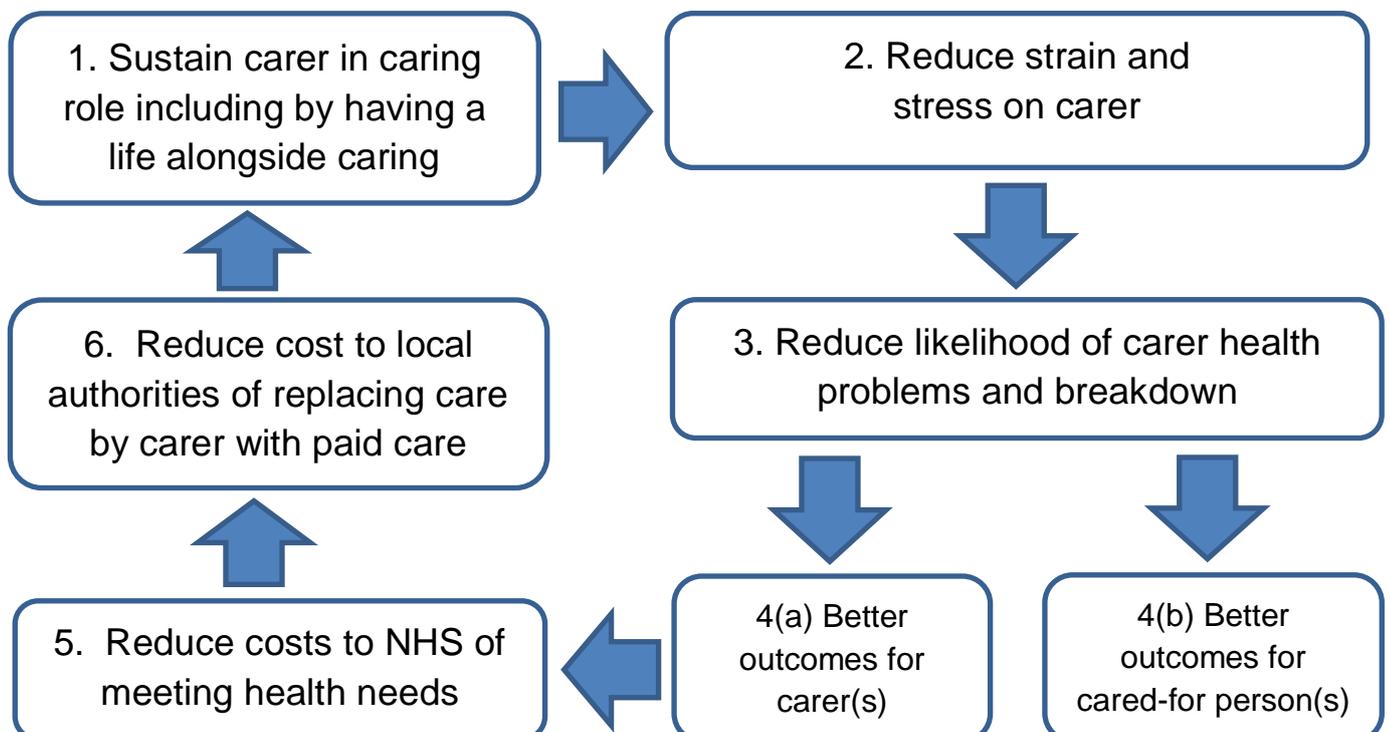
Many carers are looking after people with complex needs. There are more older carers and a higher number of carers looking after more than one person. The time individuals spend caring is also increasing. Almost half of carers in the most deprived areas care for 35 hours a week or more. This is almost double the level in the least deprived areas where 24% of carers care for 35 hours a week or more.

The number of carers in Scotland appears to have increased significantly as a result of the 2020 Covid 19 pandemic. The actual number of unpaid carers living in Scotland is not known but it was estimated that there were around 700,000 to 800,000 before the Covid-19 pandemic. Recent polling suggests that number could have since grown to over a million.²

Rationale for carer support

Prevention is pivotal in supporting carers and the people that they care for. Intervention and support (including by providing information) at an early stage in a carer's journey can promote quality of life, independence and engagement with their communities and prevent deterioration in their situation – sustaining caring relationships.

The social, human rights and economic case for supporting carers can be summarised as follows:



¹ Scotland's Carers, Scottish Government, 2015 - www.gov.scot/Publications/2015/03/1081

² [CW 2020 Research Report WEB.pdf \(carersuk.org\)](#)

Scotland's National Health and Wellbeing Outcomes recognise the importance of supporting carers. These outcomes are set in legislation and provide a high level statement of what health and social care partners are seeking to achieve through integration and quality improvement across health and social care. National health and wellbeing outcome 6 states:

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Carers (Scotland) Act 2016

The Act extends and enhances the rights of carers. The aim is to better support carers on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring. In relation to young carers, the intention is similar to that for adult carers but also that young carers should have a childhood similar to their non-carer peers.

The Act gives all carers rights to an adult carer support plan or young carer statement to identify each carer's personal outcomes and needs for support. This reflects a general **preventative** approach, which also underpins the duty on local authorities to provide information and advice services to carers.

The Act also seeks to ensure more **personalised** delivery of carer support in order to improve wellbeing and deliver positive outcomes for carers. The Act requires local eligibility criteria to be set in each local authority area. These frameworks will help local authorities determine the level of support to provide to carers, based on their identified needs.

Carer involvement is a key principle of the Act. It is intended to recognise carers as equal partners in care, to empower them with more useful information about the support that may be available to them and to ensure that they can share their caring experiences and knowledge with those responsible for providing support or services. Carers should be involved in individual level decisions which affect them, including in hospital discharge processes. They should also be involved in strategic decision making, including in setting local eligibility criteria, in preparing local carer strategies and short breaks services statements and in planning carer services.

Wider context

Shared Principles

The Carers (Scotland) Act 2016 contributes to a wider effort to build a fairer Scotland and a strong, sustainable economy; tackle inequalities; deliver public services with communities; and build systems based on dignity and human rights. It is closely related to and is underpinned by the same principles as other public service reforms, notably integration of health and social care and reform of adult social care, which incorporates work to embed Self-directed Support.

Early intervention and prevention underpins the integration of health and social care and the effort to shift the balance of care from residential settings to support at home and in the community enabling people to be supported at home and in the community for longer.

Impacts beyond health and social care

Carers play a vital role in supporting the individuals they care for and, collectively, their support is vital to the sustainability of the health and social care system. Caring roles can affect many other aspects of carers' wellbeing including social and financial inclusion and the ability to participate in education and employment. Improved support for carers under the Carers Act can therefore improve outcomes beyond health and social care.

The consultation draft Carers Strategic Policy Statement set out the Scottish Government's priorities and the overall outcomes it is working to achieve for unpaid carers across all policy areas, including social security, fair work and social inclusion. Work on the CSPS is currently paused due to the pandemic.

Need for Social Care Reform

Carers are both partners in care and users of social care support. Demand for adult social care support continues to grow faster than traditional services were designed for. Reform is needed to ensure people have access to high quality, person-centred care and support when they need it. It's also important to attract and retain the right people to work in social care support and social work, and raise the status of social care as a profession. As part of the reform of adult social care programme, people who use social care support, carers, and the social care sector worked together with Scottish Government and COSLA to develop a shared vision of what adult social care will look like in future, and a set of priorities for making the changes required to achieve that.

COVID-19 Response and Recovery

The 2020 Covid-19 pandemic brought and continues to present unprecedented challenges which demand co-ordinated effort across Scottish society to respond and recover. The pandemic has highlighted both the vital role played by carers and the importance of social care in ensuring that the needs of some of Scotland's most at risk people are met.

Independent Review & Reform

On the 3 February 2021 the Independent Review of Adult Social Care published its report, making 53 recommendations for improvement of adult social care in order to provide better support for people who use adult social care support, their families, their carers and the workforce.

The report includes a chapter on carers and recommendations which affect the Carers Act. Many of the wider recommendations in the report are under further consideration. Alongside that consideration, the shared outcomes and actions in this plan can make an immediate contribution to delivering some of the recommendations, particularly recommendations 11 and 13. Recommendation 11 is for better and more consistent carer support and recommendation 13 is about better

involvement of carers in planning support. Both of these recommendations are also aims of the Carers Act and will be supported by the actions set out in this plan.

Implementing the Carers (Scotland) Act 2016

Roles and Responsibilities

The Act came into force on 1 April 2018. Many individuals and organisations across Scotland worked together in producing the new legislation, guidance, systems and tools to raise awareness of the Act and support authorities in meeting their duties towards carers.

The Act represents a significant change. Many different factors remain important to help achieve that change. Local authorities, Integration Joint Boards and Health Boards now have legal duties and have put systems and services in place to support carers. Many of the frontline services which provide information and support to carers are provided by third sector carers centres on behalf of local authorities and integration authorities. Meaningful improvements in outcomes for carers will continue to depend on actions and effective partnership working across a wide range of organisations, including all those represented on the Implementation Steering Group. We have shared interests in improving support to carers.

Organisations represented on the Implementation Steering Group have agreed to use their influence to support delivery of this implementation plan by:

- collaborating and supporting one another to deliver the actions in the plan;
- listening to one another and aiming to find common ground on what can be done and on what can be achieved;
- working in a transparent way, sharing our views and conclusions;
- working to the governance arrangements agreed by the group.

Pace of change

It is taking time to embed new approaches to supporting carers. We want to accelerate the pace of that change while managing the risks and recognising other pressures on the system. These pressures include ongoing impacts of COVID-19 and the EU Exit, both of which may affect capacity at local and national level.

We recognise that implementation of the Act takes place in a challenging landscape for all the organisations and individuals involved. We will continue to work together and keep the situation under review, particularly in the context of monitoring and evaluation.

Structure of this plan

This plan is structured around 6 key priorities. For each priority, the plan sets out specific outcomes, recognises particular challenges, highlights intersections and dependencies with other areas and identifies specific actions.

Outcomes

This plan includes short, medium term and longer term outcomes, which have been drawn from different sources.

Some are drawn from the pre-commencement Carers Act Implementation Plan, which set out outcomes to be jointly owned by all partners³. Where those outcomes remain key to successful implementation they are incorporated here.

Some longer term outcomes are drawn from a key outcomes framework for the Carers Act which was developed via the Monitoring and Evaluation Group using a logic model approach. That framework is also attached at appendix 1.

³ SG, COSLA, SLGP, integration authorities, third sector, education sector, adult and young carers

Priorities for 2021-23

Priority 1

Strategy and Leadership

Outcome

There is visible, long term commitment at national and local level to ensuring the Carers Act makes a real difference to all carers, with and without one or more protected characteristics, and those they look after, including by:

- recognising and supporting carers
- fostering connected and collaborative approaches to achieve the necessary cultural shift to deliver real change for carers across Scotland
- building strategic understanding of how wider areas of policy can support carers.

Challenges

Ongoing response and recovery from COVID-19 pandemic, alongside other competing priorities

Complex system with lots of local variation

Wider pressure on health and social care

Links to other areas/initiatives

The Carers Act forms part of a wider agenda of reform of adult social care; personalisation of support; and a shift towards prevention.

The need for change in social care was highlighted by the COVID-19 pandemic. This led to the Independent Review of Adult Social Care, which engaged with carers and made wide ranging recommendations which affect carer support.

There are multiple links to other areas which affect carers (including social security, children's services, education, fair work and employment, loneliness and social isolation, reform of primary care, and support for people with particular needs or conditions including mental ill health, dementia, autism, palliative care, neurological conditions).

These broader national policies and approaches to support unpaid carers in Scotland have been considered whilst developing the outcomes contained in the draft Carers Strategic Policy Statement (CSPS). The CSPS was intended to assist local and national strategic planning and policy development by detailing the shared ambitions for carers to maximise benefit from policies by connecting them and building a better understanding of the system as a whole. Work on the CSPS is currently paused in response to the COVID-19 pandemic.

Actions

1. Continued communications and involvement, including supporting consistent, on-going reinforcement by local (and national leaders) of their commitment to supporting carers (all ISG members) [See also priority 4, action 1.]
2. Commitment to ongoing work of ISG (all ISG members)
3. Promote and understand use of the Carers Strategic Policy Statement, when published, to inform and guide strategic planning at local and national level
4. Review and revise local carer strategies under section 33 of the Carers Act (Integration Joint Boards/Local Authorities/Health Boards with involvement of local carers, carer organisations and carer representatives, in line with national guidance and equality requirements)
5. Take a systematic approach to collecting, sharing and embedding good practice across the system by:
 - Delivering a National Learning and Sharing event
 - Young Carer Working Group to facilitate development, sharing and embedding practice in relation to young carers, recognising the need to connect young carers policy with services across education and wider children's services. The group will provide updates to the ISG. The ISG will also feedback anything they feel would be appropriate for the Young Carer Working Group to discuss.

Priority 2

Legislation and Guidance

Outcome

Carers, practitioners and organisations can draw on clear guidance and legislation relevant to carers, to develop local standards, processes and procedures, including on terminal illness and waiving of charges.

Challenges

Ongoing response and recovery from COVID-19 pandemic

Local variation.

Links to other areas/initiatives

[COSLA homecare charging guidance.](#)

[Self-directed support options](#) – as applied to provision of carer support which includes a break from caring.

[Supporting disabled children, young people and their families](#)

Development of updated Getting it Right for Every Child guidance.

Evolving Covid restrictions, response & recovery guidance which affects carers

Work in response to the Independent Review of Adult Social Care is also likely to be closely connected to the actions below in relation to the Carers Act.

Actions

1. Develop terminal illness regulations (including drafting and laying regulations). (SG)
2. Review and update statutory guidance to:
 - incorporate local eligibility criteria guidance into main guidance;
 - reflect terminal illness regulations; and
 - incorporate material on waiving charges examples. (SG with consultation/co-production)
3. Review, consult on and update Carers' charter to:
 - account for terminal illness regulations (SG)
 - supplement the Carers' charter with additional rights (SG, NCOs, COSLA, SWS)
4. Maintain guidance in relation to Covid-19 and sections 16 and 17 of the Coronavirus Act as these affect carers (SG) and cross-reference other relevant guidance e.g. SDS.
5. Any further changes following the Independent Review of Adult Social Care.

Priority 3

Workforce and Systems Support and Development

Outcome

People who work in health and social care and education have the skills, knowledge and confidence to identify, support and involve carers as equal partners and understand the implications of the Carers (Scotland) Act 2016 for their practice, culture and ways of working⁴.

Third sector provider organisations have the capacity to deliver flexible, personalised support to carers⁵.

Local authorities, HSCPs and social care providers have proportionate, person-centred systems and participatory processes which enable carers to achieve the outcomes that matter to them⁶.

Local authorities, HSCPs, Health Boards and third sector social care providers empower and promote partnership working, collaboration and innovation, including recognising the role of community assets and building resilient communities.

Challenges

Ongoing response to and recovery from COVID-19 pandemic

EU Exit

Issues associated with social care workforce are well articulated in the Health and Social Care Workforce plan part 2⁷. The actions in this plan relate to specific activity connected to introduction of the Carers Act.

Pressure on health and social care – particularly due to Covid-19

Recruitment for early learning and childcare impacting on resources

Complexity of systems and workforce – with multiple individuals and organisations interacting with and playing roles in identifying, involving and supporting carers

Links to other areas/initiatives

Embedding Self-directed Support as the mainstream approach to social care.

Ensuring people get the right care at the right time in the right place (through health and social care integration)

National Health and Social Care Workforce Plan

⁴ Drawn from previous implementation plan

⁵ Drawn from previous implementation plan

⁶ Drawn from self directed support strategy

⁷ <http://www.gov.scot/Publications/2017/12/2984>

Support for the mental health and wellbeing of health and social staff

Recognising and supporting the important role of community infrastructure.

Support and flexibility for carers as employees, including health and social care staff who have unpaid caring roles

Connections to wider reform of adult social care

- Actions to develop the capacity of staff working with carers complements the wider work on workforce conditions and skills, including embedding Fair Work principles.
- The skills we are targeting on outcomes-focused conversations, carer identification and on treating carers as equal partners will complement development of a national framework and standards for self-directed support.
- Work in response to the Independent Review of Adult Social Care will also be closely connected to the actions below in relation to the Carers Act.

Actions

1. Legislation and Guidance – see priority 2
2. Facilitate collaboration and conversation through ISG, carers leads and Young Carer Working Group (SG chair).
3. Develop and disseminate training resources and share good practice:
 - a. to support social care workforce, including unregulated carers centre workforce in identifying, supporting and involving carers? (SSSC)
 - b. to support health workforce in identifying, supporting and involving carers, including young carers, including promotion of EPIC, building on learning from s28 projects and exploring a quality improvement approach to involving carers in discharge decision making (NES, HIS and third sector with SG funding)
 - c. to support teachers and other education staff in identifying, supporting and involving young carers (Carers Trust and statutory partners, co-ordinated through YCWG)
 - d. to support health and social care workers, including carer centre staff with their own mental health and wellbeing (NCOs, SSSC, NES)
 - e. to support health and social care workers, including carer centre staff, in providing accessible information and building cultural competency in supporting minority ethnic carers (NCOs – MECOPP & COCIS)
 - f. to support health and social care workers, including carer centre staff to develop person centred solutions for short breaks and promote variety in the breaks available (NCOs – Shared Care Scotland & HIS).
4. Provide support for third sector to build capacity including through
 - a. single carers centre managers network (NCOs with SG funding)

- b. Scottish Young Carers Services Alliance (SYCSA) (Carers Trust with SG funding)
 - c. remote working transition fund and tailored support in 2020 to respond to Covid-19 pandemic (SG)
 - d. Short breaks fund – including additional short-term funding for carer support announced in January 2021 (SG)
 - e. any emerging priorities for support which may be identified in conjunction with centre managers and young carers services
5. Promote collaboration and statutory/third sector partnership:
- a. Support joint meeting between statutory carers leads and carers centre managers to share practice and discuss shared challenges (SG, NCOs, statutory partners)
 - b. Third sector funding to NCOs with focus on promoting collaboration (COCIS post, funded by SG)
 - c. support carers centre managers network and SYCSA as above (NCOs)
 - d. explore further opportunities to promote collaboration (all members)]
 - e. Adopt collaborative approach to identify key gaps and target efforts to address these:
 - i. Short life working group on hospital discharge to be reconvened and remit/membership to be reviewed.
 - ii. Young Carer Working Group
6. Improvement support for cultural and systems change necessary to ensure unpaid carers are identified and supported at all points across the health and social care system (HIS/NES/ potentially Care Inspectorate).

Priority 4

Raising Awareness/Communications

Outcome

Carers are more aware of the choices available to them under the Carers Act, and are empowered to make genuine outcome-focused choices which support them⁸

Carers can obtain relevant, understandable and usable advice and information about their rights under the Act and support available to them⁹

Practitioners, managers, national organisations and the wider public are more aware of carers, the rationale for supporting carers, and carers rights under the Carers Act

These outcomes are achieved equally for carers with and without one or more protected characteristics, including minority ethnic carers.

Challenges

Ongoing response to and recovery from COVID-19 pandemic

Carer identification – “hidden carers”, removing stigma and improving self-identification

Achieving early intervention

Resources

Risks of exclusion through eligibility criteria

Variation in levels of awareness across healthcare professions which play a key role in identifying carers

Variation in level or effectiveness of local promotion of carers rights to support

Lack of accessible information due to language and literacy barriers

Digital exclusion limiting access to information

Links to other areas/initiatives

Promoting Self-directed Support as the mainstream approach to social care.

Ensuring people get the right care at the right time in the right place (through health and social care integration).

Support and flexibility for carers as employees, including health and social care staff who have unpaid caring roles

[Connecting Scotland](#) – support to get online

⁸ Drawn from previous implementation plan

⁹ Outcome 6 from Carers Act –Outcomes framework developed by monitoring and evaluation group

Actions

1. Maintain a strategic focus and visible commitment to carers at national and local level - through articles, communication materials, engagements, social media, quotes and speeches, (SG and ISG members) including through
 - development and delivery of a national marketing campaign (see Priority 1)
 - Young Scot awareness campaign (Young Scot, funded by SG)
 - materials and activity in response to COVID-19
 - highlighting carers and their rights across other plans and strategies (e.g. Social Care Winter Plan, neurological conditions, MH, dementia (SG and other ISG members)
2. Local authority development and delivery of **information and advice services** and associated leaflets, including tailoring for young carers and equality groups (IJBs/Local Authorities, working with third sector)
3. Continue to work with the statutory sector and carer centre manager network to ensure that relevant information and advice is being delivered, including
 - supporting sector about how to meet statutory requirements regarding carers with one or more protected characteristics (MECOPP, COCIS)
 - understanding and building on lessons learned from adapting information and advisory services to COVID-19 (SG, NCOs, statutory partners, through carers leads and carer centre managers)
4. Review and update **short breaks services** statements, drawing on lessons learned about the first SBSSs and the challenges of COVID-19 (IJBs with scope to draw on template developed by SBSS think tank co-ordinated by SCS)
5. Review and revising of **local carer strategies** (IJBs, with carer involvement and consultation as per section 33 of the Carers Act and with guidance & support from national partners as necessary).
6. Third sector information and awareness raising:
 - supporting carers and carers centres through carers centre managers network, SYCSA and other networks (NCOs)
 - supporting Young Scot in developing and publishing posts on the young carer platform to ensure young carers have access to up to date and easy to digest information (Young Scot with SG funding)
 - support condition-specific organisations to raise awareness and share materials (NCOs)
7. Raise awareness of young carers and their rights under the Act through schools and other channels, including promoting links between child and adult services at:

- national level - building on work of Young Carer Working group (SG/NCOs/Young Scot/ Education Scotland/ADES/GTC/SSSC/CAMHS/ SDS) - see priority 3); and
 - local level – (Local Authorities – non delegated children’s services and education)
8. Raise awareness of carers of all ages, including young carers, at national and local level in the context of the duty to involve carers in hospital discharge – see also priority 3 (Health Boards, NES and other members of short life working group)
 9. Support engagement with health teams, including primary care who have a key role in identifying carers, to raise awareness of carers and building on existing work in this area, including work with health staff highlighted under priority 3 including in relation to EPIC

See also Priority 3 action on raising awareness of carers’ rights among care providers.

Priority 5

Carer involvement and choice

Outcome

Carer's views in relation to the cared-for person are taken into account¹⁰, including in relation to hospital discharge

Carer is involved in personal health and social care decisions¹¹

Caring responsibilities reflect carer's needs and wishes¹²

Carers have a range of choices and a strong role as equal partners in care and in commissioning their own support.

Statutory bodies work in partnership with third sector and carers in strategic development of carer support and in commissioning.

Commissioners have the skills, knowledge and confidence to commission for the personal outcomes desired by carers¹³.

Carers have the skills, knowledge, opportunity and confidence to influence macro commissioning decisions and to make micro commissioning decisions for themselves in the context of Self-directed Support¹⁴.

Challenges

Complex landscape and systems – particularly around commissioning – challenging for carers to navigate, challenging to change

Lack of understanding and knowledge of entitlement to Self-directed Support

Differences in local approaches to the implementation of SDS, including levels of flexibility in using it

Balancing the rights of carers and cared-for people, including in respect of sharing information

Links to other areas/initiatives

Promoting Self-directed Support as the mainstream approach to social care

Ensuring people get the right care at the right time in the right place (through health and social care integration)

¹⁰ Outcome 1 from Carers Act – Outcomes framework developed by monitoring and evaluation group

¹¹ Outcome 2 from Carers Act – Outcomes framework

¹² Outcome 4 from Carers Act – Outcomes framework

¹³ Drawn from previous implementation plan

¹⁴ Drawn from previous implementation plan

Ensuring reform of adult social care promotes the rights of carers

Carer representative role on IJB boards

Connecting Scotland work

Work in this area connects with the reform of adult social care and integration of health and social care, in particular that people with care needs and unpaid carers are actively involved in decisions about their own support as well as local strategic planning. It also supports work to ensure planning and purchasing of social care support is focused on flexible and person-centred support.

Actions

1. Support and engage with Carers Collaborative – forum for carer representatives on IJBs (COCIS coordination, SG funding)
2. Involve carer organisations and carers in strategic planning, including review and revision of local carer strategies and short breaks services statements (IJBs/Local Authorities/Health Boards – as per Carers Act duties)
3. Commission third sector delivery of carer services under the Act where appropriate (IJBs, LAs, Health Boards)
4. Promote joined up working across teams involved in Carers Act/Self-directed Support/person-centred care and seek to promote greater flexibility in the use of SDS for carers (SG, IJBs, third sector)
5. Build on the collective work of the short breaks think tank to assist LAs/IAs with their responsibility on market sufficiency and provider choice in the provision of short breaks and to build more sustainable short break options in future (SG, Shared Care Scotland, HIS, LAs/IAs)
6. Share and build on learning and good practice from remote digital support to carers during the pandemic in order to
 - a. understand the potential of digital connectivity in identifying, communicating with, involving and supporting carers and
 - b. address digitally exclusion

Priority 6

Measuring Progress and Impact

Outcome

We understand how effectively the Act is implemented and understand its practical impact on carers' lives and in terms of prevention.

We can use this understanding to inform future decisions in relation to carers policy.

Challenges

Lack of baseline data

Inconsistent records of carers

Variations in how data is collected between LA's/Health Boards/ Third sector

Different opinions about estimated costs/demands

Evaluability of key wellbeing outcomes

Difficulties attributing change directly or solely to the implementation of Carers Act

General pressure on health and social care

Differing expectations of national/local accountability

Links to other areas/initiatives

Social care charging

Promoting Self-directed Support as the mainstream approach to social care

Health and Social Care Integration

Getting It Right For Every Child

Mental Health

Education

Improving data and evidence on carer support is an important aspect of wider work to improve data and evidence for adult social care support.

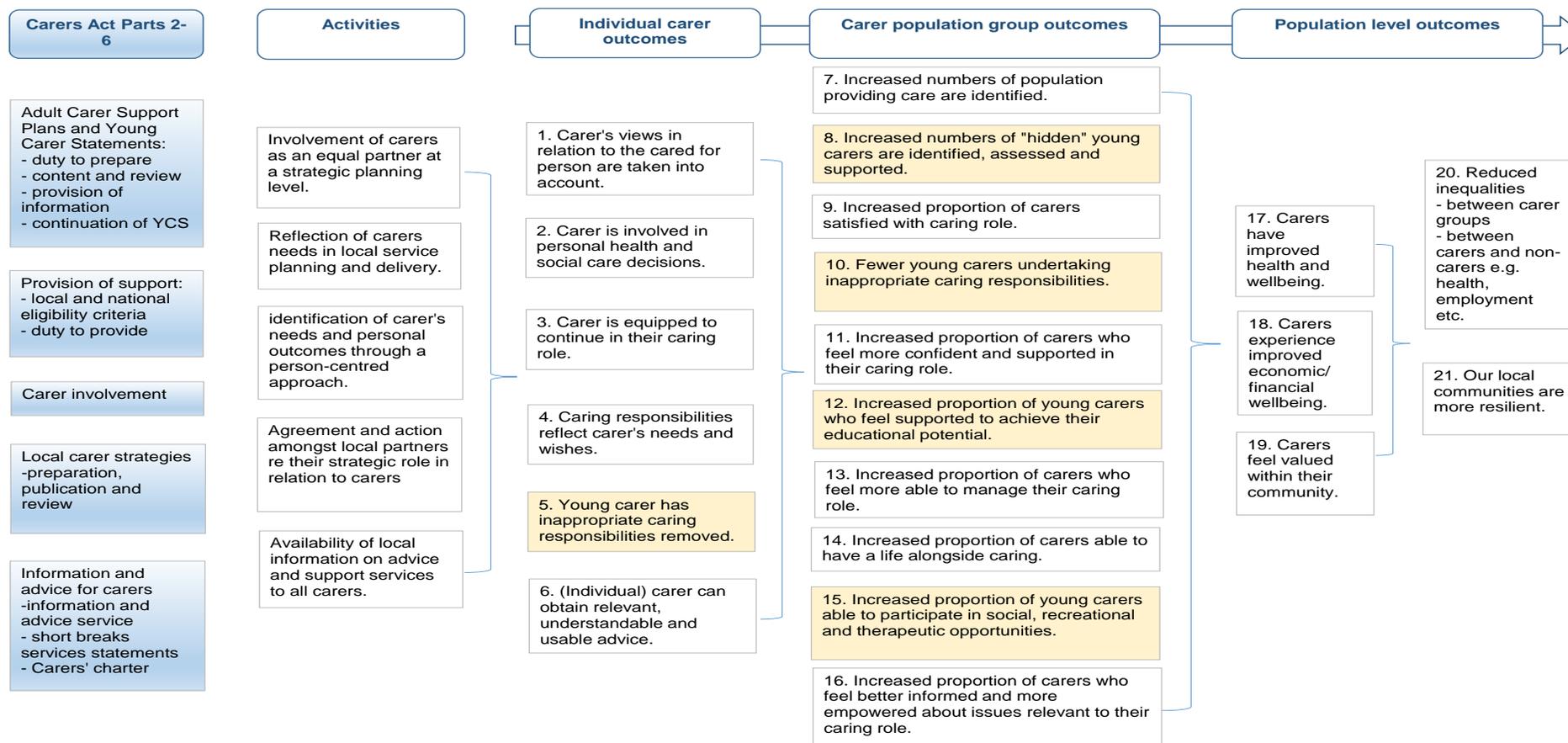
Actions

1. Carers Census

- a. Collect and analyse post commencement data on an annual basis, following disruption to the collection process due to the pandemic (Integration authorities/third sector/ SG)
- b. Continue to work with local authorities and Carers Centres to improve the quality of the data.

- c. Link the Carers Census data to the National Records of Scotland's population spine, in order to improve the de-duplication process and obtain an accurate number of carers being supported by local services in Scotland.
2. Finance Advisory Group (reporting to ISG)
- a. consider options to understand demand for and investment in carer support, in the light of challenges in establishing the census and collecting data during the pandemic
 - b. consider demand, future costs, approach to funding delivery and next steps once census data available
3. Monitoring and evaluation group (reporting to ISG)
- a. Reconvene group
 - b. Build on work of previous group by considering:
 - i. completeness of logic model and whether it should also cover systems and workforce outcomes
 - ii. recommendations in evaluability assessment report for how best to assess progress with the identified outcomes (options include - formative process evaluation; analysis of administrative data; analysis of routine data sets; and opportunities for local evaluation)
 - c. explore scope to establish academic carers group/community

Appendix 1: Theory of change/Logic model - Carers Act - Outcomes framework



Key assumptions: 1) People (adults and young people) providing or intending to provide unpaid care are identified. 2) Young carers are seen as children and young people first and foremost and are relieved of inappropriate caring roles.



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