

Strategy for Carers

Preface

The following draft strategy was developed as a working document by Wirral's multi-agency Carers Development Committee between October 2007 and February 2008.

Since it was written, the new National Strategy for Carers – “Carers at the heart of 21st- century families and communities” – has been launched, during Carers Week in June 2008.

The Standing Commission for Carers has also been established, chaired by Dr Philippa Russell, who has been touring the country, introducing a series of high-profile regional events run by the Department of Health to promote the national strategy and to facilitate mutual learning and good practice in respect of carers.

At a local level the Local Authority has been working closely with NHS Wirral to complete the Joint Strategic Needs Assessment, in which carers are identified as one of a series of priority groups. In addition carers feature in Wirral's Local Area Agreement. This work has further developed the knowledge about local carers – who they are, where they are and what their needs are. A series of local consultation events about the JSNA is currently underway and targets have been set for the 2008-2011 Local Area Agreement.

With so many discussions taking place the temptation is to keep waiting for the next development before finally committing a Strategy for Carers to print but in that case it would never be completed.

Wirral's draft strategy has now been reviewed in the light of the national strategy and CSCI framework (appendix 1) and the main themes identified in the national strategy are reflected in the local one. For example, the national strategy makes reference to NHS Wirral's carer identification project as an example of close interagency working to support carers. The attached plan is a working document, and is being presented here as work in progress which will continue to develop and move forward in partnership with local carers.

The national strategy envisages that :

'by 2018 support will be tailored to meet individuals' needs enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen'.

and that:

'carers will be universally recognised and valued as being fundamental to strong families and communities.'

In Wirral the critical role which carers fulfil in supporting vulnerable individuals is already recognised and valued. This Strategy will strengthen their role and contribution within families and local communities.

10.10.08

Strategy for Carers

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1 INTRODUCTION

'A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'.¹

1.1 Why is a new Strategy necessary?

This Strategy has been drawn up to refresh the last Carers Strategy that was approved in 2006, and to take account of changes to legislation and guidance. It is intended as a statement of how services could be developed for carers in Wirral over the next three years. It has been developed with carers and sets down a number of proposals and recommendations which will be subject to further detailed exploration. This strategy will be subject to a full equality impact assessment which will ensure any developments reflect the needs and aspirations of a range of people living in Wirral.

There are many reasons why carers should be supported:

- Our life expectancy is improving. The number of people aged 85 and over grew by 69,000 in the year to 2006, reaching a record 1.2 million². This significant demographic shift means that more and more people are finding themselves in the position of being the main carer for a close friend or family member. A recent national survey³ has found that in addition to the current 6 million UK carers, there will be an additional 3.4 million by 2034. Every day, another six thousand people take on a caring responsibility. In Wirral the number of people identifying themselves as carers in the 2001 Census was 37,454, i.e. 12% of the population, compared with 10% nationally.
- Carers are cost-effective and make a vital contribution to the lives of those they support. One in five carers gives up work to take up caring on a full-time basis⁴. Research⁵ shows the value of unpaid support that carers provide has now reached £87 billion a year. This is more than the annual total spend on the NHS. In the 2001 census nearly a quarter of Wirral carers were providing over 50 hours care per week. In the words of one Carer, "Without Carers the National Health and Social Care system would collapse".
- If appropriate support is not provided, the inevitable result is that the caring role becomes unsustainable, or carers themselves become ill. At that stage, the situation requires crisis management which is costly in emotional terms for the individuals concerned and in financial terms for the support agencies.
- The changes to our society are likely to mean that more people become dependent on health and social care and financial support. Consequently, it is more important than ever to make sure that available resources are targeted appropriately and used to support carers in the way that they themselves perceive to be the most beneficial.

¹ Carers at the heart of 21st-century families and communities - Summary

² <http://www.populationageing.co.uk/demographics.htm>

³ <http://www.carersuk.org/Newsandcampaigns/News/1190237139>

⁴ <http://www.flexibility.co.uk/flexwork/general/flexible-carers.htm>

⁵ <http://www.carersuk.org/Newsandcampaigns/Valuingcarers/Fullreport>

1.2 Who is this strategy for?

This document will be of particular interest to carers themselves, or to anybody who uses services whether provided by health or social services, the voluntary or private sector. It will provide an overview of the approach to developing services and may therefore also be of interest to companies who provide services for carers and the people they care for.

2 The purpose of this strategy

It is clear from national carer campaign groups that as a result of their caring responsibilities, carers experience ill-health, poverty and discrimination. Anecdotal and statistical evidence demonstrates that carers often feel invisible and forgotten. One carer in Wirral described her experience in terms of feeling *'like the woman who opens the door'*.

The Association of Directors of Adult Social Services (ADASS) has expressed determination to change this situation and visualises a future in which *'carers will have confidence in the support available to them, freedom from financial insecurity as a result of caring and be secure in the knowledge that should they be unable to continue caring, the person they care for would receive the care they need'*.

The vision for carers in Wirral is therefore one of a consistent and accessible programme of support. The pathway into the system will be straightforward: anybody who becomes a carer will be able to find accurate and up-to-date information quickly and easily and they will have access to the level of support they want from the outset. Each carer will be able to talk to a specialised worker if they want to, who can point them in the direction of support agencies specific to their individual circumstances. All of the agencies in Wirral will work in harmony, and the crossover between the Department of Adult Social Services, Health and the voluntary sector will be as seamless as possible. Agencies will have enough information to feel comfortable in cross-referring carers to other agencies where this is appropriate.

It is recognised within the recently published protocol *Putting People First*, that *'real change will only be achieved through the participation of users and carers at every stage...sustainable and meaningful change depends significantly on our capacity to empower people who use services and to win the hearts and minds of all stakeholders', especially front line staff'*

Accordingly, the vision for carers in Wirral is also one in which carers are actively encouraged to participate at all levels in the decision making processes, in respect of issues that affect them or the person they care for.

3. THE BACKGROUND TO THIS STRATEGY

Recent legislation, guidance and recommendations from professional and voluntary sector bodies have all been taken into account in writing this strategy.

3.1 Legislation

- Carers (Recognition & Services) Act 1995
- Carers and Disabled Children Act 2000
- Carers (Equal Opportunities) Act 2004
- Work and Families Act 2006

3.2 Guidance and other requirements

- **Our Health, Our Care, Our Say**, the government White Paper 'which establishes four main goals:
 1. Better prevention services with earlier intervention;
 2. Giving people more choice and a louder voice;
 3. Tackling inequalities and improving access;
 4. Providing more support to those with long-term needs.
- **New Deal for Carers**, which makes a commitment to updating and extending the National Strategy for Carers. In it, the Government has announced a package of measures which will address some of carers' top priorities. It consists of three elements:
 1. £25 million to be allocated to local authorities in England to provide emergency support consisting of short term, home-based support for carers in crisis or emergency situations
 2. £3 million to be spent on a national advice and information helpline to provide reliable, detailed information
 3. £5 million for an Expert Carers Programme in England to provide training for carers to better self manage their own health and the health of those they are caring for.
- **Putting People First**, a concordat published in December 2007 establishes the collaboration between central and local government, the sector's professional leadership, providers and the regulator. It focuses on the delivery of personalised services which have carers and the people who use services at the heart.
- **Transforming Social Care**, the Local Authority Circular published in January 2008, develops the vision for delivering personalisation set out in Putting People First. This means empowering citizens to shape their own lives and the services they receive.
- **Local Area Agreement (LAA)**, which set out the priorities that have been agreed between the partners in the local area and central government. In Wirral, support for carers is one of twenty five improvement areas for the new LAA which will commenced in April 2008, and is part of one of twelve stretch targets which will run until March 2011.
- **Carers Grant 2007/08 Guidance** sets out good practice guidance about the use of the Carers Grant to provide flexible and innovative support to carers to assist them in their caring role, as well as cover in an emergency.
- **Joint Health and Commission for Social Care Inspection**: It was identified in the Joint Inspection of Older People's Services in February 2006 that carers experienced a lack of public information to guide them on the availability of local services.

- **The Commission for Social Care Inspection's (CSCI) Outcomes Framework for Performance Assessment of Adult Social Care** sets out nine outcomes by which the delivery of social care support can be measured and puts the experience of people who use services and their carers at the centre of performance measurement.

4 CARER OPINIONS AND SURVEYS OF CARERS

4.1 The national picture

National research repeatedly demonstrates that carers simply want access to the same basic rights that everybody has; they want to be able to work if they choose to; they want as far as possible to be free from worry; they want access to reliable information; and they want respect and recognition for the support they provide. Carers want their opinions to be listened to.

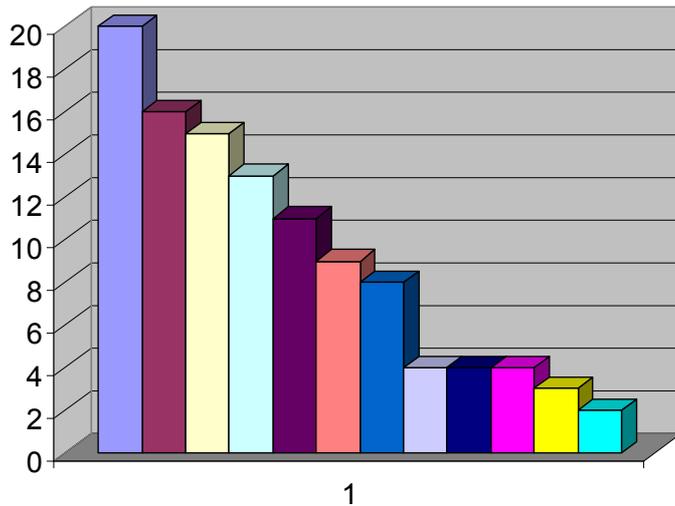
Carers UK has been instrumental in raising awareness of these issues amongst others. Of particular note, are the following campaigns.

- **'Back Me Up'** campaign called for local areas to provide emergency respite schemes that can offer immediate support at times of crisis. The study produced as part of this campaign found a cohort of carers *'whose lives are held back by worry. The very thought of having an emergency causes anxiety for many carers. [The campaign] found that 96% of carers worry about what will happen if something unexpected happens to them'*⁶
- **'Make Work Work'** campaign which address some of the employment issues faced by carers. 80% of carers are of working age and 3 million already combine work and care. Research shows that 1 in 3 non-working carers would return to work if the right support was available. If carers are forced to give up their jobs because of their caring responsibilities that can end up isolated and living in poverty.
- In February 2007, Carers UK published a briefing⁷ on carers' priorities for the revised National Strategy for Carers. The following table shows the percentage of carers who voted each of the listed factors as their number one priority.

⁶ <http://www.carersuk.org/Newsandcampaigns/BackMeUp/Thefindings>

⁷ <http://www.carersuk.org/Newsandcampaigns/Valuingcarers/Fullreport>

Carers UK survey 2007



- Recognition from professionals (20%)
- Income from benefits for the under 65s (16%)
- Better services for disabled/older/chronically ill people (15%)
- Income in retirement (13%)
- Carers' health (11%)
- Breaks (9%)
- Long term care (8%)
- Employment issues (4%)
- Housing (4%)
- Carers' services (4%)
- Opportunities for leisure and training (3%)
- Status (2%)

Source: Caring Future Briefing, Carers UK December 06/January 07

(Carers UK received 2,950 completed online and paper questionnaires from across the UK. When asked which issue was most important to them, Carers cited the above priorities)

4.2 Local Priorities

Information from the last census (2001) shows that in Wirral there is 22.52% of the population who have a limiting long term illness, compared to 17.93% nationally. As a result, there are also proportionately more carers in Wirral than there are nationally, with 23.75% of carers in Wirral providing care for 50 hours or more per week, compared to 20.48% of carers nationally, who are providing care at that level.

- **Carers Week**

During carers Week in June 2007, partners from the Carers Development Committee hosted advice and information stands throughout Wirral. These events provided an opportunity to gather anecdotal evidence from carers about the services that they felt would be most helpful. Further details are contained within the report from WIRED (Appendix 2) but in summary, comments received related to

- Lack of information
- The feeling of isolation as a carer
- Confusion and poor communication about carers assessments
- The need for a counselling service
- Information about holidays
- Support groups
- Financial advice
- Advice about employment issues
- Information about specific illnesses

- **Survey**

A survey was undertaken in September 2007 of 670 carers in Wirral⁸, which aimed to establish basic information and to identify their priorities for the provision of support services. Surveys were distributed via the voluntary sector and GP surgeries, with the aim of ensuring that responses were as representative as possible of the cross-section of carers in Wirral. In total, 126 responses were received, which was a response rate of 19%. As with all surveys, the statistics arrived at do not always add up to 100%. This is due to rounding; not all respondents answered all questions and people provided multiple responses. Although there was a low response rate, the returns are broadly in line with national data.

SUMMARY OF RESULTS

Carer details

- 23% of respondents were male,
- 76% female
- 24% of respondents in the 70+ age range
- 30% of respondents were in the age range 61-70
- 25% of respondents were in the age range 51-60
- 21% were unemployed
- 54% were retired
- 22% were in full-time or part-time paid employment
- 32% of those who worked part-time or were unemployed had given up some or all of their paid employment in order to become a carer

⁸ The full evaluation of this survey is available on request

- 56% of respondents had not had a carers assessment
- 70% are not in receipt of any carer related benefits
- The survey struggled to reach a representative proportion of carers from the black and racial minority population. Work needs to be undertaken to ensure that carers in the BRM population are not excluded either from involvement or from the direct provision of carer support services.

Information about the person the carer supports

- 23% of carers supporting a person with a physical disability
- 17% of carers supporting a person with a learning disability
- 14% of carers supporting a person with mental health needs
- 13% of carers supporting an elderly or frail person
- 11% caring for people with a sensory impairment, dementia or another disability
- 36% caring for a spouse/partner
- 36% caring for a son/daughter
- 29% caring for a parent
- 6% caring for a brother or sister
- 2% caring for another relative within the extended family.
- None of the respondents were caring for a friend/neighbour or grandparent

Type and level of care

- 92% providing care seven days per week
- 53% providing care in eight categories, including personal, practical, social and emotional care.
- 92% feel their own life is adversely affected to at least some degree
- 88% felt that their social life was affected
- 86% felt that their own mental or emotional health was affected
- 83% felt their physical health had suffered
- 39% of respondents were getting no regular break, either formal or informal, from their caring responsibilities. However, the 47% who did get a regular break were four times more likely to feel that at least one aspect of their own life remained unaffected by their caring responsibilities than those who got no break.

Support required

In the main, the results of the local survey confirmed findings from national surveys. The following figures are the percentage of carers who identified each of the things listed as either a first or second priority for supporting carers. (please note that people were able to rate more than one type of support service so percentages do not equal 100%)

- 86% rated accessible information about the help and support services as a priority
- 71% rated accessible information about benefits and allowances as a priority

- 38% rated practical help around the home as a priority
Of these, 57% specified a particular type of help
 - 36% specified help with gardening
 - 15% specified help with housework/laundry
 - 6% specified help with shopping
- 30% viewed training in connection with their caring role as a priority
- 28% viewed access to recreational/relaxation classes as a priority
- 20% viewed training/qualifications for employment as a priority
- Breaks were also viewed as being important for carers to sustain their caring role, with the most valuable types of break being
 - somewhere for the person that is cared for to go, to take part in meaningful activities (56%)
 - somewhere for the carer to go for the weekend (49%)
 - somewhere for the carer to go for a week (48%)
 - somewhere to go for a holiday/short break together with the person they care for (42%)

5 MAPPING OF EXISTING SERVICES

A mapping exercise⁹ was undertaken to identify agencies who work with carers. There is a range of organisations across Wirral providing support and services for carers and one specifically for former carers. Organisations vary in size, some with paid employees whilst others rely on volunteers. There are organisations which offer help to particular client groups and their carers i.e. mental health, learning and physical disabilities, older people and parent carers of children with disabilities. Two organisations support all carers. The range of services include day care for older people; carers support groups or social gatherings; short courses for carers; one-off conferences; short breaks for carers. All responding agencies listed information, advice and signposting to other services as an important role that they provide, which confirms the view that the existing system needs improved co-ordination. A key outcome for this strategy is for carers to be able to access advice, relevant information and support. This includes the collation and maintenance of an up-to-date directory of groups which provide carer support services.

6 RECOMMENDATIONS

6.1 Making the system accessible

In national and in local terms, there are well recognised concerns about how carers are identified. Clearly, if a carer is not identified as such, it becomes impossible to put the appropriate support systems in place for him or her. At present in Wirral identification of carers is inconsistent and there is no systematic method in place. Making the system accessible is therefore one of the priority areas for development. This should include a campaign to raise carer awareness across all sectors, not just health and social care. There should be one well advertised point of access, so that at the outset of their journey, carers know where to find advice and support.

⁹ Details of this mapping exercise are available on request

6.2 Giving carers peace of mind

One of the biggest concerns that carers have is that if there is a crisis or they need to go into hospital, there will be nobody to provide support to the person they care for. As part of the New Deal for Carers, Wirral has been given additional Carers Grant funding to boost the provision of home-based support in emergency situations, to provide peace of mind for carers. Initial multi-agency discussion has identified a range of different services in place. These are, however, poorly co-ordinated. Carers who are already known to services – or “in the system” – tend to find a way to get support when needed. However, those outside the system or who manage their own care -through direct payments for example – find it difficult to access support in crisis and out of hours. The Carers Development Committee accepted that the situation with emergency cover was indicative of the whole system around carer support, and that it would therefore be more appropriate to incorporate a response to that area of demand into the overall commissioning plan. This is a priority area for development.

6.3 Co-ordinating current services

The mapping exercise of services in Wirral has demonstrated that there are already a good number of support services and agencies available in the local area. However, they tend to be fragmented and carers do not always know where to go to get the right advice. Co-ordination of existing services is therefore a priority area. There needs to be better communication between agencies and cross referral where this is appropriate.

6.4 Improving facilities

Carers should have access to a full range of facilities and support services. Where there are identified gaps in services, work needs to be undertaken to make sure that provision is developed in such a way that carers feel fully supported. Improving facilities is therefore a priority area.

6.5 Valuing carers contributions

National and local data clearly indicates that one of the key concerns of carers is recognition of their hard work. They provide an invaluable service to the person they care for but in spite of this, they often feel that they are forgotten about or ignored by professionals. Valuing the contribution of carers is therefore a priority area. It is important that carer support agencies listen to what carers tell us and utilise their experiences effectively. Carers should be involved with the development of services and should play a greater part in the decision making processes.

7 OUTCOMES

This strategy aims to take a systematic and inclusive approach to carers, recognising the need for them to participate fully as citizens in their local communities. The business of caring is not an issue for health and social care only. The needs of carers should be recognised across all agencies - in leisure services, lifelong learning and employment. The aim is get carers on everyone’s radar. This would ensure that a range of interventions from universal carer services through to individually assessed packages of care should be evident. As self-directed support progresses the need for carers to be taking a more central role as expert carers will become even more critical.

The outcomes set out below are derived from local carer feedback– evidenced through the local survey and supported by evidence from national surveys. In identifying the following outcomes this strategy seeks to incorporate the breadth and flexibility required to progress the carers agenda over the next three years.

7.1 Carers know how to access advice and information when they need it

*CSCI outcomes 4 and 6**

7.2 Carers receive relevant and appropriate information to enable them to make choices and remain independent

*CSCI outcomes 2 and 4**

7.3 Carers feel confident that, should anything happen to them in an emergency, the person they care for will be supported

*CSCI outcome 4**

7.4 Carers feel appreciated and that their contribution in the caring role is valued and recognised

*CSCI outcome 3**

7.5 Carers are consulted and involved at a local level in the development and evaluation of services designed to meet their needs, and the needs of people they care for

*CSCI outcome 3**

7.6 Carers are able to participate fully and equally as citizens

*CSCI outcome 3**

7.7 Carers from black and racial minority groups are pro-actively engaged, and supported to access culturally appropriate support services which meet their needs

*CSCI outcome 5**

7.8 Carers are supported to remain in employment or participate in training to promote future employment prospects

*CSCI outcome 6**

8 AREAS FOR FURTHER DEVELOPMENT

8.1 Making the system accessible:

- A single well-publicised point of access for carers to be established
- Regular updates about financial support available to carers to be briefed out to carers via the carers newsletter..

8.2 Giving carers peace of mind:

- A single, simple, voluntary scheme for registering Wirral carers to be adopted (Voluntary registration schemes to be extended and unified)
- A pathway for carer support services - to include emergency cover for carers – to be developed
- Review and build on existing emergency support for carers, including Fast Response Service.

8.3 Co-ordinating current services:

- Advice and Information to support carers to be comprehensive, widely available, easily accessible and co-ordinated.
- Carers emergency card scheme to be linked to carers register.
- Mainstream community care services providing care breaks to continue
- Quantify spending from mainstream community care budget and other sources on carer support services.

8.4 Improving facilities:

- Short-break voucher scheme to be expanded into new service areas
- The role of Assistive Technology to support carers to be further developed
- Staff training in carer assessment to be offered across all agencies
- Carers to be involved in development of self-directed support
- Options for practical and preventative services e.g. housework and gardening to be explored

8.5 Valuing carers contributions

- Carers to be offered regular health checks
- Employment and training needs of carers to be addressed through links with relevant agencies and local employers
- Training to support carers in their caring role to be made available (e.g. moving and handling)

- The development of carer-led groups such as forums/panels to be proactively facilitated
- All carer services will adhere to equal opportunities policies to ensure that all carers are properly supported.
- Services should proactively take due regard of faith and cultural issues.

9 FINANCE

Support for carers is currently financed from a variety of sources. The primary source is currently from the Department of Adult Social Services which funds services provided directly to vulnerable individuals and which support carers at the same time, for example by admission to respite care in local authority residential facilities. In addition the Carers Grant has been provided to local authorities since 1999. This is designed to supplement existing resources and to stimulate diversity and flexibility in the provision of breaks for carers or direct carer services.

Carers funding for Wirral's Department of Adult Social Services for three years is set out below:

2008/9	2009/10	2010/11
£1,398,400	£1,492,000	£1,585,600

NHS Wirral funds the Fast Response Service for Carers and supported a number of carer initiatives through its Third Sector Innovations Fund in 2008/9, as set out below: -

Name of group	Activity	Maximum amount awarded
Crossroads in Wirral Caring for Carers Ltd	Preventative care programme for older people and their carers in their own home.	£21,980
Lonsdale Trust Wallasey	Extended care programme to support carers to remain in employment. Implementation of 'innovative life coaching' sessions to support carers.	£50,000
Alzheimer's Society	Dementia outreach service for people with dementia and their carers. Service delivered throughout Wirral which also supports the involvement of volunteers as part of the befriending service.	£47,198
Family Tree	Family intervention programme supporting carers of people with schizophrenia and other psychotic illnesses.	£50,000

PSS Wirral Young carers	Project to support young carers across Wirral to improve their health and well-being. Young people will be equipped with skills to recognise their own health needs, lifestyles, mental health and emotional needs.	£48,612
Wired Carers (counselling coordinator)	Carers counselling coordinator will coordinate and manage volunteer's counsellors in training and development. Service delivered to carers across Wirral within GP practices.	£43,428
Wirral Former Carers	One off event to raise groups profile to other carers who are about to finish their role as a carer.	£2,095
Wirral Holistic Care Services	Nutritional awareness training for people with cancer and their partner carer. The course programme will include looking at the nutritional components of food, healthy eating guidelines, food intolerance testing. Course is held at Wirral Holistic Care Services Centre.	£25,011
	Total Funding	£288,324

Carers also receive a range of support services through the voluntary sector. Many of our local voluntary sector organisations are able to fund raise or to access funds which are not available to the local authority and are thus able to increase overall resources available to Wirral carers.

This strategy provides a foundation for a more co-ordinated approach to commissioning carer services across all agencies. This will ensure that available funds are directed where they are most needed, and that maximum external funding opportunities are identified.

Outcome 1. IMPROVED HEALTH AND EMOTIONAL WELLBEING	
Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. There are opportunities for physical activity.	
1.1	People who use services and their carers are helped to understand how to stay healthy and maintain their emotional well-being.
1.2	The CASSR has well-developed, and consistent joint working arrangements with health partners and other relevant agencies or departments.
1.3	Stays in hospital reflect medical need. There is evidence that investment in rehabilitation is preventing further need for medical and social care interventions.
Outcome 2. IMPROVED QUALITY OF LIFE	
Access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.	
2.1	The independence of people who use services and carers is promoted within all services.
2.2	There is a focus on early prevention.
2.3	There is easy access to commissioned but non-care managed, services which meet cultural and other needs. Care is of good quality and produces good outcomes.
2.4	Care managers can and do refer on to relevant non-care managed services appropriately.
2.5	Specialist support is available to small number who need it, with effective relationships with neighbouring authorities and specialist national service providers
2.6	People who use services report feeling safe because their homes are safe and secure, alarms and other aids are easily accessible and fitted for them.
Outcome 3. MAKING A POSITIVE CONTRIBUTION	
Maintaining involvement in local activities and being involved in policy development and decision-making.	
3.1	People who use services and their carers are supported in developing confidence in their own abilities, skills and qualifications and ability to contribute to the workings of the wider community
3.2	People who use services and their carers have been actively involved in development work and planning and review of services.
3.3	There is encouragement for members of the general community to come forward as volunteers to work in social care and welfare services.
Outcome 4. INCREASED CHOICE AND CONTROL	
Through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.	
4.1	Referral, assessment, care planning and review processes are undertaken with respect for the person and in a timely manner.
4.2	Information about services, service standards and the complaints/comments procedure is accurate, accessible, and appropriate.
4.3	Complaints are handled promptly and courteously and action is taken where appropriate. The complainant is kept informed.
4.4	Appropriate out of hours services are available that are effective in meeting needs.
4.5	Effective joint assessment and outcome-based care planning arrangements are in place with records accessible by people who use service and their carers and appropriate access to advocacy.
4.6	There is a broad range of services available that offers choice and meets preferences.
4.7	Independence and choice is promoted by enabling people to continue to live in the environment of their choice and raising awareness of the availability of self directed services that increase control.
Outcome 5. FREEDOM FROM DISCRIMINATION AND HARRASSMENT	
Equality of access to services. Not being subject to abuse.	
5.1	Clear eligibility criteria for all services are published.
5.2	There is universal access to initial assessments.
5.3	The CASSR has fully implemented all five levels of the race equality standard for local government and consistently measures its performance against the standards.
5.4	The CASSR has published a Disability Equality Scheme that has been consulted on with people who use services and is part of a wider strategy of tackling equalities and diversity issues.
5.5	Care Management is undertaken effectively with individual needs clearly identified.
Outcome 6. ECONOMIC WELLBEING	
Access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.	
6.1	There is a clear protocol between the CASSR and the PCT(s) covering continuing care.
6.2	There is a wide choice of pathways to meet diverse economic and employment needs, including for those who are disadvantaged.
6.3	Carers are supported effectively to enable them to continue in their employment or return to work where they choose to do so.
6.4	Preventive services result in people who receive support from them making reduced contributions over time in the form of charges for care.
7. MAINTAINING PERSONAL DIGNITY AND RESPECT	
Keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.	
7.1	People are effectively safeguarded against abuse, neglect, embarrassment or poor treatment whilst using services.
7.2	The CASSR makes sure that internal front line staff as well as staff in external organisations are aware of how to identify vulnerable adults and respond appropriately to concerns.
7.3	There are a wide range of high quality preventative support services leading to an increase in the reporting of incidence of abuse and neglect and a satisfactory closure to almost all of the cases.
7.4	People admitted to care homes or supported living settings have access to single rooms if they choose.
7.5	Interpersonal relationships are innovatively and actively encouraged.
8. LEADERSHIP	
The CASSR has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Service.	
8.1	There is effective leadership resulting in clear vision with effective staff contribution.
8.2	Effective planning arrangements exist that reflect national and local priorities.
8.3	Effective workforce planning arrangement are in place that include attention to professional and occupational standards.
8.4	Performance Management, quality assurance, and scrutiny arrangements are in place and effective.
9. COMMISSIONING AND USE OF RESOURCES	
The CASSR commissions and delivers services to clear standards of both quality and cost, by the most effective, economic and efficient means available.	
9.1	A strategic needs analysis and commissioning plans have been developed and implemented, linked to the outcomes in <i>Our Health, Our Care, Our Say</i> .
9.2	Services are provided taking value for money into account. There is a medium term financial plan in place with competent management of the budget and delivery of annual efficiencies.
9.3	People who use services, carers groups and relevant staff groups are integral to the commissioning process as is information about costs and quality.
9.4	There is a clear understanding of the local social care market and optimum use is made of joint commissioning and partnership working to improve the economy, efficiency and effectiveness of local services.

Commitments from ‘Carers at the heart of 21st-century families and communities’ within the National Carers Strategy¹⁰

Integrated and Personalised Care

Short term: Commitments

- Training and awareness raising for key professionals.
- A carers’ information helpline and website.
- Funding for accessible information provision about the local area for carers.
- Caring with Confidence, a training programme for carers.
- Pilots to look at how the NHS can better support carers in their caring role through developing models of best practice and enabling more joined-up service provision between the NHS, local authorities and the third sector.
- Improvements to the capacity and reach of third sector services at national and local levels.

Longer term: Identified priorities

- Carers’ being able to access specialist carers’ services in every community.
- Consider extending flexibility of the way personal budgets and direct payments can be used.
- Where appropriate, the offer of a lead professional to help carers access services and to ensure early intervention when circumstances change.
- Dissemination of models of best practice to PCTs on how to provide better support for carers.

A Life of their own

Short term: Commitments

- Increased funding for breaks for carers.
- Pilots to assess innovative approaches to the provision of breaks, their quality and their cost-effectiveness.
- Sharing of best practice in supporting carers across local authorities.

Longer term: Identified priorities

- Consideration of further increases in break provision, taking account of evidence about quality and outcomes.
- Dissemination of models of best practice on quality and innovative approaches to break provision, based on evidence garnered in the pilots.

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http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

- In the context of community empowerment and the reform of the care and support system, we will consider how the relationship between local authorities and the third sector and carer-led organisations can be developed to make better use of the expertise of these organisations and to provide carers with greater choice and control over the way in which services are provided to them. as part of this, we will also examine how best to utilise the Carers Grant to the benefit of carers.

Income and Employment

Short term: Commitments

- Review the flexible working definition of a carer.
- An awareness-raising campaign for employers around the right to request flexible working.
- Produce a good practice guide for employers around supporting carers and integrating them into the workforce.
- Improve the support offered to carers by Jobcentre Plus by:
 - improving information about flexible job vacancies in Jobcentre Plus job banks;
 - introducing care partnership managers in every Jobcentre Plus district;
 - introducing specialist training for Jobcentre Plus advisers who work with carers;
 - funding replacement care for those who are participating in approved training;
 - ensuring carers have access to appropriate employment programmes;
 - the DWP and Jobcentre Plus investigating the feasibility of providing return to work support through third sector organisations.
- Ensure that skills training is provided in a flexible manner so it is accessible for carers.

Longer term: Identified priorities

- Reviewing the structure of the benefits available to carers in the context of wider benefit reform and the fundamental review of the care and support system.

Health and Wellbeing

Short term: Commitments

- Piloting health checks for carers.
- GP training pilots.
- Improving the emotional support offered by third sector organisations to carers.

Longer term: Identified priorities

- Develop a full training package for all GPs, dependent on the result of the pilots.
- Consider providing carers across the country with annual health checks.
- Consider providing replacement care for carers to attend hospital appointments and screenings.

- Discuss with GPs and other health professionals the measures which can be taken that will give a sharper focus to the distinct needs of carers.
- Work to establish the legislative or other requirements needed to enable carers to receive appropriate information especially in cases where mental capacity is an issue.

Young Carers

Short term: Commitments

- Funding to embed support and guidance for young carers through our healthy schools programme and to ensure tailored and up-to-date resources are available for staff to draw upon as part of their SEAL and PSHE programmes.
- Funding to support broader awareness-raising across schools and other children's settings on caring in families and the issues this raises.
- Tailored training materials to be used with GPs and hospital discharge teams to build awareness and skills in dealing with young carers.
- Programme of work to ensure that the learning we draw from existing young carers projects and other forms of support feeds into, and helps shape, the planning of provision in the future.
- Preventing children from falling into harmful levels of caring: further action to build effective joined-up support around the family and the person cared for and to shift systems of support towards active prevention.
- An expanded programme of local and regional training on whole-family working for staff in local services.

Longer term: Identified priorities

- Ensuring protections for young carers are fully embedded: further measures to be considered in the light of research findings over the next two years.