

Carers Strategy 2011-2016:

The next steps for carers in Croydon

CONTENT	PAGE
Introduction	3
Policy context	4
National policy context	4
Local policy context	4
About Croydon	4
We are Croydon	4
Carers in Croydon	5
Carers in Croydon	5
Young carers in Croydon	6
What carers do	6
Impact of caring	6
Black and Minority Ethnic carers	7
Caring in the future	7
Our progress so far	8
The Strategy	10
Aims	10
Meeting our aims	11
Our Priorities	12
1.Assessments	12
2.Breaks and Emergency Respite	13
3.Information, Advice and advocacy	14
4.Health, Wellbeing and support	15
5.Recognition and involvement	16
6.Young carers	16
7.Safeguarding	17
8.Service Quality	18
9. Implementation, monitoring and review	18
Next Steps :Implementation, monitoring and review	19
APPENDICES	
Appendix 1- Carers legislation	20
Appendix 2- New National Performance arrangements for Local Authorities	22

INTRODUCTION

Informal carers – people who look after their relatives, friends and neighbours when they are vulnerable through old age, disability or long-term conditions and illnesses – are important, and equal partners, in our society. They save the state money by providing the care which would otherwise be the responsibility of local authorities or the health service. A report in 2011 by Carers UK and University of Leeds calculates the value of care provided by carers in the UK to be a staggering £119bn per annum. This replaces the previous 2007 calculation of £87bn.

Croydon has about 30,000 carers, 5,000 of those providing more than 50 hours of care each week. The saving to the public purse locally is in the region of £541 million a year¹. This replaces the previous 2007 figure of £400 million. Carers enable the people they care for to remain at home rather than move into residential care. This way, they are more likely to live full, safe, healthy and even longer lives, affording them their dignity and independence.

Some carers cope very well with their caring responsibilities and are determined to themselves provide support to their loved ones. But others need help whether because their caring responsibilities are very onerous impacting on many aspects of their lives, or because they too are vulnerable, frail, sick or disabled. It is in the interests of those carers, of the people they look after, and of the state, that we provide carers with timely help and support, and sometimes just recognition, to help them to carry on caring.

Croydon's previous strategy was published in 2008. Since then, the council has funded a wide range of services, including 83,585 respite breaks, has tested and evaluated some new projects, and has progressed a good way along the road to giving carers control over the resources available for their support. Three years later, the needs and priorities of carers remain much the same, but we are working within a very different financial climate. Croydon carers strategy 2011 to 2016 updates the earlier strategy by confirming the original objectives whilst setting out the priorities for action in a time of public sector spending constraint.

This strategy has been drawn up in close conjunction with commissioners, BME Forum, service managers and the Croydon Carers Partnership Group (CPG). The CPG brings together carers, providers of services for carers and statutory organisations. We have taken into account the results of the national consultation with carers and the findings of a local survey of carers undertaken in December 2010.

The statutory sector is not the only provider of funding for carer services, and our thanks go to those third sector providers who raise their own funds and co-ordinate the work of volunteers to ensure a decent level of local provision. And we recognise the invaluable contribution of carers who give up their precious time to share their views on services in Croydon through the partnership groups and through other events and consultation opportunities.

¹ Valuing carers 2011 Carers UK, Circle and University of Leeds

POLICY CONTEXT

National policy

Various pieces of legislation give carers specific rights: the right to an assessment, the right to a direct payment if entitled to assistance, and employment rights such as flexible working (see appendix 1). Local authorities must make available a range of breaks for the carers of disabled children. The policy context, however, goes much further in its recognition of what central government and other statutory bodies should do to help and recognise the role of informal carers.

Social and health care as well as housing are undergoing radical transformation. This is spurred on by demographic change and the challenge of how the country pays for care, by the aim of personalisation (greater choice and control for service users), and by different approaches, for example a firm emphasis on preventing the need for care or at least the need for more intensive forms of care. This transformation is as important for carers as it is for people who need support. In 2010, the government published a refresh of the national carers strategy, *Recognised, valued and supported: next steps for the Carers Strategy*, confirming its commitment to protecting carers, and meeting their needs. The aims of this strategy are to:

- Help people to identify themselves as carers at an early stage, recognise their contribution and involve them in designing local care provision and in planning individual care packages
- Enable carers to fulfil their educational and employment potential
- Enable carers to have a family and community life through personalised support
- Support carers to remain mentally and physically well

Local context

About Croydon

Croydon is an outer London borough, located in the south of the capital. With 341,800 residents, it is the most populous of the London boroughs, and this population is projected to increase by 16,000 residents by 2026. Amongst those groups most likely to need informal care, 60,000 people are aged 60 and over, over 6,000 people have a learning disability, nearly 5,000 a serious physical disability, and over 4,000 a severe mental health problem. Croydon's population is very diverse; black and ethnic minority residents make up almost 42% and more than 100 languages are spoken; services such as those for carers need to be culturally sensitive.

We are Croydon: a vision for the borough

We are Croydon, an ambitious vision of the borough in 2040, was drawn up by Croydon Strategic Partnership after extensive local consultation. Croydon's Community Strategy sets out the steps we will take over the next five years to give life to this vision. Of particular importance in relation to the carers strategy is the aim of creating a "caring city" in which individuals and

communities are supported to fulfil their potential and to help themselves and each other. Our priorities are to improve health and well-being, encourage independence amongst vulnerable people, and support and encourage volunteers.

The provision of informal care by a large army of relatives and friends is central to these objectives. Indeed, carers are natural contributors to the concept of the “big society”. Through their expert knowledge and experience, they can help achieve improved outcomes for themselves and the people they care for: this can be from setting up something as simple as a new social support network to forming a social enterprise which create personalised solutions for them.

The council has in place, or is developing, strategies relating to the different vulnerable client groups (older people, mental health and so on), and these make reference to carers because their role is integral to the overall care and support for the person cared for. These strategies recognise, in particular, the need for carers to be fully involved in the assessment of the vulnerable person, both as contributors of care and expert partners when it comes to making decisions about someone’s care, and as people in need of support themselves. Information and advice, flexible breaks provision and support are seen as essential in enabling people to provide care well and to have lives of their own.

CARERS IN CROYDON

Carers in Croydon

At the time of the 2001 census, there were 29,400 people in Croydon who were providing regular unpaid care for family members or friends who are sick, frail or disabled – these people are known as carers. Carers are protected under the Equality Act 2010 by association of the person they care for because of their age or disability.

Data on disabled children in Croydon is available on the I Count Disability Register. This data shows geographical spreads, age group and category of disability (see report May 2010 for further details). This is a voluntary register and we currently have approximately 1,200 families who have registered their children. Over the past 30 years the disabled population has grown by 62%. Children aged 0 to 16 have formed the fastest growing group in the U.K. There has been a significant rise in the number of children with complex health needs and autistic spectrum disorders.

Government population projections indicate that the number of older carers has increased by 250 over the last 10 years to 5,000² although there are no estimates for the number of carers under 65.

² Projecting Older People Information System, Department of Health

The vast majority of carers do not come into contact with the council because they are either not aware of services available or do not want or need support from the council. A proportion of carers do come into contact with the Council when they or the person cared for applies for help with social care and support whilst others will contact carers organisations

According to our local carers survey, the most common types of service used are advice and information, and breaks (including activities). Quite small proportions use training, education and employment support, emotional support and befriending – possibly, a consequence of not knowing where services are to fully support them.

Young Carers in Croydon

The 2001 census also reveals that there were more than 700 carers under 25, including 555 aged five to 14³. Information from Croydon Young Carers Project gives us a picture of what it means to be a young carer. A young carer may begin their caring role from the age of 5 onwards. Bullying is still a serious concern; younger children are unable to go to school if their parent is too ill to take them; taking a family member to an appointment can take precedence over taking a break or attending activities; some are experiencing bereavement following the loss of one parent and having to cope with the frailty of the remaining parent. BBC survey of secondary school pupils published in November 2010 reveals that the National Census 2001 data of 175,000 young carers (aged 18 and under) in the UK could be a vast underestimation. The survey estimates that there could be as many as 700,000 young carers in the UK. Locally, we can see that there is an increase in sibling care, particularly for siblings suffering from autism and attention deficit hyperactivity disorder.

What carers do

Carers have a long and wide - ranging list of responsibilities: from providing help with day-to-day living such as cooking, shopping, personal care which might involve heavy lifting to just being there in case help is needed. According to the census data, over 5,000 people provide more than 50 hours care a week and nearly 3,000 provide between 20 and 49 hours.

Impact of caring

Carers may themselves be ill, frail or disabled, and they themselves could fall within the protected groups under the Equality Act 2010. The 2010 survey of adult carers found that a quarter (26%) have a long-term illness, 24% a sight or hearing loss, 21% a physical disability, and 11% a learning disability or mental health problem (some had more than one of these characteristics). In other words, the carers are not so very different from the people receiving the care. In some cases family members are looking after each other, for example a daughter with a learning disability and her elderly mother. Almost one in 10 carers (9%) said they were in

³ Census

bad or very bad health. Indeed, the caring role can cause or exacerbate health problems. The (national) general household survey in 2009/10 found that half (52%) reported that their health had been affected, 42% said their personal relationships, social life or leisure time had been affected, and 26% their ability to take up or stay in employment. Not surprisingly, 72% of those providing 20 or more hours of care a week reported poor quality of life. There is a significant correlation between carer burden and increased use of mental health services⁴.

Many studies attest to the wide-ranging benefits for carers of interventions. There is no universally effective intervention, and interventions need to be tailored to different condition groups, carer communities and stages of caring⁵. Moreover, the preventative role of good informal care is well-documented. People without a carer are more likely to be admitted to nursing or residential care: carer stress accounts for 38% of admissions, and family breakdown (including loss of a carer) for 8%.

Black and Ethnic Minority Carers

A 2010 Carers UK report, *Half a million voices: Improving support for BAME carers*, indicated that ethnic minority carers provide more care than average. They face additional difficulties because of language barriers and stereotyping. Feedback from local groups supports the need for culturally-appropriate services.

Caring in the future

Demographic, economic and cultural trends are all pointing the way towards greater levels of informal caring within our society:

- The number and proportion of people who need care are growing, as are the proportion who need more extensive levels of care:
 - The older population is growing. Moreover, longer life expectancy is not yet matched by better health expectancy and we are seeing higher levels of age-related conditions such as dementia and circulatory and respiratory diseases. We can also expect increased level of demand for suitable, appropriately adapted or supported housing.
 - The population of both younger adults and children with disabilities and long-term illnesses is growing as life expectancy increases through medical advances. Increasing numbers of children have autistic spectrum disorders, conduct disorders, and behavioural issues.
 - The general household survey indicated that 22% of carers cared for 50 or more hours a week in 2010, compared with 10% in 2000.
- Increasing life expectancy is fundamentally changing the profile of our society. The ratio of working people to people of retirement age has fallen from 5:1 in the 1940s to 4:1 today, and will fall further to 2:1 by 2059. This presents us with a major financial challenge and the government-appointed Dilnot Commission is currently considering how the country can

⁴Supporting carers – early interventions and better outcomes (DH, May 2010)

⁵ National Carers Strategy Refresh 2010

afford social care. We can expect that the state will increasingly look to families and society to take on the responsibility for caring for older people. And it is likely that vulnerable people may well wish to pursue informal caring arrangements, perhaps backed up by relatively low-cost community-based care, rather than high-cost residential care.

- At the same time as this demographic impact, the cost of care is increasing and the global economic downturn has pushed the government into significant cuts to public spending with local authorities everywhere seeking financial efficiencies.
- We know that most vulnerable people would rather stay at home than move into residential care. Technological developments e.g. home aids and telecare as well as appropriate local housing provision are making that a far more realistic option than in the past. Self-directed support also facilitates the staying put at home choice. However, as more people remain at home, the more likely they are to call on family and friends for at least some of their care. This, together with the message of the Big Society that we should find our own solutions, is likely to significantly increase the number of carers.
- Nearly a third of carers in our survey said that they need a bit or a lot more support hours or days than they were being offered (slightly higher in Croydon than the London average).

OUR PROGRESS SO FAR

This section sets out some of the most important achievements since the first strategy came into effect in April 2008. It is very difficult to know how much money has been spent on support for carers; firstly, spending on vulnerable people through mainstream social care budgets clearly helps carers and is often committed because of the need to step in when a carer is unable to care for a time; secondly, many of the third sector organisations providing carers services in Croydon undertake their own fund-raising or use volunteers to run their services. Total expenditure by the council against its dedicated carers budget amounted to £3,721,317 over the three years from April 2008. South West London NHS Croydon Borough Team fund a number of services to support carers, the total investment in 2010/12 was £ 817,500.

Services include respite for children with a disability, young carers of people with a mental health problem, respite for carers of people in receipt of continuing care, or learning disability and support for carers of people at end of life.

Evaluation of this last service has demonstrated that for every £1 spent at least £4.50 is saved as without the support provided the carer would require more intensive and expensive care for example night sits, respite beds or hospital admission.

Breaks

- The council has funded a grand total of 83,585 respite breaks. The annual number of breaks has increased from 11,000 in 2005/06 to 30,000 in 2010/11. Short breaks to parent carers increased from 22,000 hours of breaks in 2009/10 to 47,500 in 2010/11, helping an additional 500 families.

- An event has been held each year to coincide with national carers week and recognise carers whilst providing them with breaks, activities and pampering

Advice and information

- The *How To...* guide for carers has been distributed widely, supplemented by online information on the Carers Information Service website. 12,286 copies of the *Carers News* to carers and professionals were distributed and 9,069 e-bulletins *What's New for Carer* were distributed to carers
- The annual *Carers Rights Day*, at which a large number of organisations set out their stalls and provide advice and information, has gone from strength to strength, with 400 people attending the 2010 event
- Our dedicated carers advice, advocacy and support service for carers has seen a 39% increase in the numbers of carers supported from 2009 to 2011

Assessments

- The procedure for assessing carers' needs has been simplified, and voluntary organisations have been funded to help carers through the process and to signpost them at the same time to the most appropriate services where necessary.

Health and well-being

- Via the GP Liaison Project, we developed a partnership with the local Lloyds pharmacy. Lloyds pharmacy work in partnership with Carers UK and support carers with their own health needs and those of the person they care for (e.g. professional health checks and managing medicines).

Identification of carer needs, recognition and involvement

- Via the Citizen Leadership Training, users and carers were trained to facilitate and promote co-production/equal partnership between citizens & local organisations. They received training on policy and plans affecting vulnerable people, especially in respect of self-directed support.
- Involved carers in the 2008 and 2011 commissioning process
- We raised awareness of carers' needs and services through having a carers representative in every school in Croydon
- Via the GP Liaison Project, we achieved 89% of coverage of GP practices to raise awareness of carers issues and of best practice such as having a carers' register

Work, money and housing matters

- Through the Carers into Work Project, nine support groups and 140 training sessions were held for working carers

- Croydon Council has adopted carer friendly policies which offer carers flexibility in working arrangements and were offered opportunities to join support groups as part of the Carers into Work Project
- Sound working arrangements were forged with Croydon Jobcentre Plus which has seen the jobcentre becoming involved in local services and events
- We raised £7.5million of benefits for all age groups. These included disability living allowance and attendance allowance

Young carers

- Almost 500 young carers and their families were supported in 2010 by the Young Carers Project compared to 350 in 2008
- 600 breaks were provided for young carers; 13 families received financial assistance to go on holiday together

Personalisation

- Time4me was set up in 2010 in order to give carers greater control over how they can use the resources available for their support; in the first year, 93 carers were given direct payments and helped to develop their own support plans.

Customer service – carers

- Findings from the national survey of carers in 2010 indicated that satisfaction levels in Croydon are higher than the average for London. Satisfaction with support lasting 1 to 24 hours is 84% in Croydon, higher than both the inner and outer London averages (80% and 82%). The picture for support lasting more than 24 hours is similar - 83% in Croydon, higher again than the London averages.

THE STRATEGY

Aims

The types of intervention which are provided to carers are, for the most part, fairly minimal. They are intended, through a little help at the right time and in the way which best suits the individual, to help carers to continue with their caring role. In part the help is of a practical nature enabling carers to carry out essential everyday tasks such as shopping or attending appointments. And in part, the support is intended to better equip carers by ensuring that they get enough rest, stay healthy and emotionally resilient, and become expert in the provision of care. Ultimately, the intention is to ensure that the people cared for are supported in the most appropriate way and that their welfare and independence are not placed in jeopardy. Over the next two years, the strategy will also look into providing individual budgets to the person cared for that will be paid to or used by carers to directly provide services or to micro commission from organisations. In commissioning carers services, the aim will be to ensure that there is a market to buy such services.

The aims of the strategy are to:

- Enable carers to provide as much care as they want to and are able to, and to afford them respite when necessary
- Equip carers with the right skills and tools to carry out their caring role in a way that meets the needs of the person cared for, and reduce the risk of detriment to the vulnerable person which may arise from carer stress, exhaustion or illness
- Promote the physical and mental health and well-being of carers, enabling them to have time for themselves and their own interests, and to protect children from inappropriate caring roles
- Ensure the financial inclusion of carers through help with maximising incomes, managing budgets, and taking up and maintaining employment
- Give carers control over the resources at their disposal, and choice in local services
- Ensure that services are of a high quality and directly meet the needs of carers.

Meeting our aims

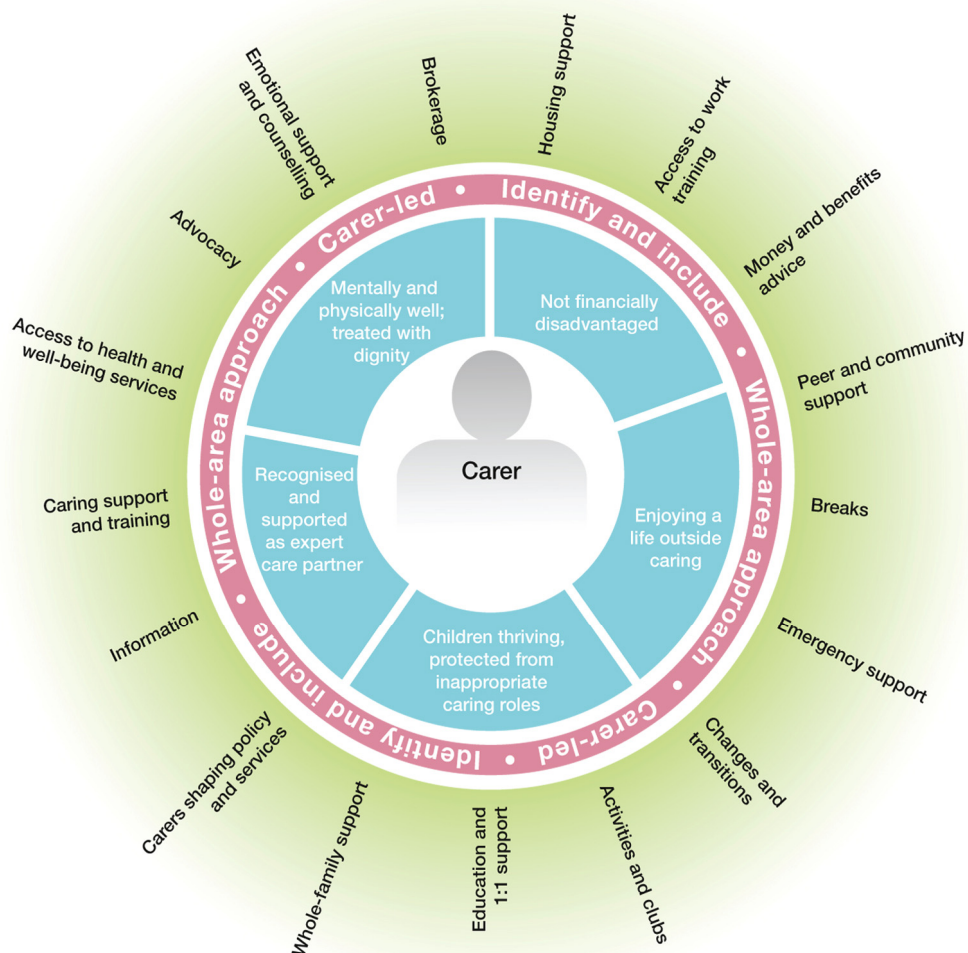
Caring can impact on all aspects of carers' lives. For this reason, we are committed to providing and encouraging the development of a wide range of support services, under the priorities set out below, which recognise the need for holistic solutions. The diagram below, showing a good practice model of comprehensive carer support, describes this mix of universal and specialist services (*Commissioning for Carers: an Action Guide for Decision-Makers*, Innovation and Development Agency). It is essential that professionals providing these universal services understand the needs of carers, are flexible in their approach and can knowledgeably signpost people to appropriate services.

The council allocates resources each year for the commissioning of specialist services mostly through funding for third sector organisations although these agencies also bring their own resources to bear – charitable donations, money from funding applications, time contributed by volunteers and so on. Universal services are funded through mainstream budgets (the council, NHS, central government)

The personalisation of social care, which provides service users with control over their resources and a choice of service, extends also to carers, specifically through handing over the resources in the form of direct payments.

The recent financial climate that many, if not all, local authorities face means that services need to be delivered in an ever cost - effective way. This will influence how we achieve our priorities in practice.

Figure 1: A model of comprehensive carer support



Our Priorities

The following priorities are designed to minimise the impact of caring on aspects of carers lives whether it is on their housing, home, family life, income, employment or health. They are also designed to support carers in maintaining a balance between their caring role and their desired quality of life; having choices and being in control and enjoying independent lives (see appendix 2).

1. ASSESSMENTS

Local authorities are required to carry out an assessment of a carer’s needs to determine whether he or she is entitled to help. The assessment scans through the carer’s caring role and assesses the impact this has on their lives. Carers assessments can be done as a joint assessment with the cared for, or they can be done as a separate assessment, involving the

carer only.

National and local consultation have identified that carers find the assessment process overly bureaucratic and the level of services offered disappointing, and so they often choose to forgo the offer of an assessment. Clearly this is a national problem - a consequence of the legislation and pressure on resources. Performance in Croydon, however, is relatively quite poor. In 09/10, the number of carers' assessments/reviews were 1,181, representing 13% of eligible carers, compared with a London average of 25% and England average of 26%; In 2010/11, the numbers of carers assessments/reviews were 1,128. There is concern that carers of people with mental health problems, in particular, are missing out as a result of their isolation.

It is possible that the government will reform the legislation relating to carers assessments following the recommendations of the Law Commission. If implemented, we could see carers assessments becoming portable from one local authority to another and more flexible i.e. a duty to assess any carer providing care, not just those providing substantial care regularly with a national eligibility framework for carers.

Our commitments for the next three years are to:

- Monitor the experience of assessments with a view to identifying how we can improve the process and increase the number and proportion of people receiving assessments
- Continue to commission voluntary organisations to support carers through the assessment process through help with form-filling and navigating the social and health care systems, and we will work with agencies which provide this help using their own resources
- Work with South London and Maudsley NHS Foundation Trust (SLAM) to ensure that carers of people with mental health receive timely support and require SLAM to regularly report to the Carers Partnership Group on progress. Progress will include reporting on experience by patients and carers⁶

2. BREAKS AND EMERGENCY RESPITE

In Croydon, breaks for carers are defined in a broad way – it is anything that provides a break from their caring responsibilities. A break for carers can involve providing support for the person being cared for in order to relieve the carer. This could include sitting services, day care or short placements into residential care. It also includes a range of leisure activities as well as financial assistance to have a holiday. Consultation on the new national carers strategy confirmed that carers need breaks from caring, and that breaks should be personalised, timely and culturally appropriate. Feedback from our local consultation tells us that respite should meet different needs, from allowing carers time for important appointments or tasks such as attending a funeral or hospital appointment to maintaining general well-being.

⁶ As proposed by Transparency in Outcomes – a framework for the NHS, July 2010

Our commitments for the next three years are to:

- Provide at least 20,000 breaks a year: they will be provided to carers who are assessed as having a statutory need, but also to people who have not been assessed (and who may or may not have a statutory need via third sector agencies)
- Breaks/respite will be available for different eventualities including those which help people maintain their general health and well-being as well as in emergencies
- Breaks provision will be diverse and include different time periods, sitting services, organised activities or less formal social events for carers; we will also provide a diverse range of activities for parents caring for disabled children as part of the new regulations under the Children Act 1979 and new funding from the Department of Education
- Breaks provision will also be personalised and be made available through a direct payment where possible to enable carers to have increased choice and control
- Review the criteria for determining eligibility for funded carer services with a view to extending provision to a larger number of carers

3. INFORMATION, ADVICE AND ADVOCACY

One of the key messages from carers from the National Carers Strategy Refresh consultation was that carers need better and timely access to information and support on a variety of issues affecting them such as housing, benefits, income maximisation, debt and employment issues.

Locally, the views from carers and carers groups are that: professionals should be referring and signposting to appropriate organisations including GPs; carers need to be identified early; there needed to be awareness raising initiatives to target professionals and members of the public regarding access, as well as equal access, to appropriate services for carers and their cared for; there needed to be a network in which voluntary and statutory services could come together to share information more widely; information services should be funded intelligently - meaning that duplicated services ought not be funded; provision of information and support was not co-ordinated enough; information should be in an easy to understand format which could also be easily understood by, or interpreted to, BME groups; information and support should reach all community groups including those from faith groups and non-western cultures.

Our commitments for the next three years are to:

- Re-commission and re-design services using a hub and spoke service delivery model in order to bring services together. Features will include an information-sharing network of organisations, referrals and signposting procedures, a 'Croydon brand' to help carers recognise services, a common assessment form which is portable from one organisation to another, and a carers register. We will appoint the Carers Information Service website as a central online information point for carers and professionals

- Continue to publish, in an easy to understand format, and promote the *How to...* guide to ensure that for carers and professionals, it remains a useful reference of all carers services in Croydon carers in Croydon
- Commission services which are able to respond to carers general and specialist information, advice and advocacy needs in care, money, health, housing, work and equality issues
- Through the carers register, events, newsletters, website information and training sessions, encourage carers to identify themselves and seek advice and services
- Provide, via Jobcentre Plus and carers support services, advice on returning to the labour market and employment rights, and a back-to-work programme together with replacement care to help carers to take part

4. HEALTH, WELLBEING AND SUPPORT

A key message from the national carers strategy consultation was that carers often neglect their own health and well-being. BME carers face additional difficulties struggling with language barriers, accessing culturally appropriate services and with stereotyping around caring, putting them at greater risk of ill health, poverty, loss of employment and social exclusion.

Local stakeholders tell us that services should help to prevent ill-health, for example through health checks, support groups, befriending schemes, emotional support and counselling.

Stress and anxiety levels amongst carers can be high. In recognition of this, in the National Carers Strategy Refresh, the Government has committed to ensuring that Access to Psychological Therapies (APT) programme will be expanded to support carers' health and wellbeing. These programmes are to be rolled over locally.

Local investment plans for reablement and social care funding have been developed in partnership between South West London NHS Croydon Borough Team, GP commissioners, Croydon Local Authority and other key stakeholders which will provide additional support for carers.

Our commitments for the next three years are to:

- Provide training sessions and run promotional campaigns in order to raise awareness of carer needs amongst professionals such as hospital staff, care managers, social workers and housing officers so that they refer and signpost people for carer-related advice and support; the Department of Health will be raising awareness amongst general practitioners.
- Continue to provide training to carers on the caring role e.g. on lifting and handling, stress management
- Make available additional resources for carers in terms of reablement and for respite and ensure that carers are aware of the availability of reablement support
- Explore the feasibility of making available centrally via a carers hub, a range of health support services such as blood pressure checks, nail cutting services and support groups

- Complement and work with the IAPT programme to ensure carers maintain or improve their mental health and wellbeing and that such services are easily accessible
- Engage with GP clinical commissioners and other health professionals in relation to the development and design of carers services

5. RECOGNITION AND INVOLVEMENT

Carers often report that they feel excluded by clinicians. Both health and social care professionals do not properly involve carers in the care and treatment for the person cared for. They are expected to respond during crises but are not valued as the people who provide support day in, day out. Many carers do not expect to get public services but they do appreciate some recognition of what can be a very onerous contribution to the health and care of the person cared for. 'Big Society' together with the purchasing power that personal budgets offer, open up new and exciting opportunities for carers in shaping and influencing the development of local services and the local care economy.

Our commitments for the next three years are to:

- The annual carers' week event will provide the opportunity to thank carers and recognise their contribution.
- The annual carers rights day will involve existing and new professionals to provide information to carers and for them to learn more about carers in Croydon and their circumstances
- Awareness raising sessions through a training programme for professionals
- Involve carers in the commissioning processes for carers services and development of new initiatives
- Ensure that carers are identified and involved in Council's tenants participation programme and the citizen leadership training. The citizen leadership training essentially promote co-production/equal partnership between citizens & local organisations on policy and plans affecting vulnerable people, especially in respect of self directed support

6. YOUNG CARERS

It is especially important that we identify and support young carers in order to protect them from taking on inappropriate caring roles and to let them lead safe and enjoyable childhoods, and reach full potential. Transition support needs to be available within the education system for example, covering the move from primary to secondary school), and beyond.

The findings of central government consultation included the importance of identifying young carers, carer awareness in schools, and a greater focus by professionals on the implications for children of parents who have a disability, mental illness or substance misuse problem.

Our commitments for the next three years are to:

- Target hard to reach young carers by raising awareness of carer issues within schools
 - by use of Government's carers e-learning module for teacher
 - ensure that each school has a representative for young carers as well as a young carers register
- We will implement the *Working together to support young carers* memorandum - a protocol for effective partnership working between health, social services and the voluntary sector to ensure that no care package relies on young carers taking on an inappropriate caring role.
- Fund a range of breaks and support provision to enable young carers to lead as normal lives as possible
- Support young carers in accessing other community provision in the borough which promote their wellbeing
- Provide educational support to young carers at school as well as supporting them to make the transition from primary to secondary school and from secondary school to higher education
- Help carers aged 16 to 25 to plan for their future education, training or career and ensure that there is appropriate support in place
- Through a named lead within the Children, Families and Learning Department, we will track young carers achievements in schools and ensure they receive timely support

7. SAFEGUARDING

Most of the abuse of people occurs in the home and carers can be those people who have or may have caused harm or indeed, be at risk of harm themselves. Often, however, abuse by carers may result from ignorance or the burden of caring. Advice, support and training on the caring role can help to prevent abuse happening in the first place.

Our commitments for the next three years are to:

- Maintain and further develop strong working relationships between professionals and agencies working with carers on the one hand, and children and adult safeguarding teams on the other
- Continue carer representative attendance at child protection meetings and panels in order to support young carers at risk. ensure that training on safeguarding for professionals is available face to face and through e-learning. (Training on safeguarding is now a requirement for GPs offering enhanced medical services to nursing homes)

8. SERVICE QUALITY

Carers in Croydon deserve to use only the best services to support them. They do not want to go through many hoops to get the help they require. It is recognised that there is a need for local provision to be culturally sensitive for people from ethnic minorities who might otherwise fail to access services.

Our commitments over the next three years are to:

- Ensure that carers services that are commissioned follow and maintain best practice in all their business processes which translate into delivering high quality service. This includes managing resources, safeguarding, effective signposting and referral procedures and managing diversity
- Explore whether the current programme for involving carers in checking the quality of service through mystery shopping can be further expanded

9. STRATEGIC INVOLVEMENT AND JOINT WORKING

Getting the right types and levels of service requires involving carers and carer groups at various stages – developing and monitoring the strategy, and commissioning and quality-checking services – and the messages must get across to statutory bodies. We also need to ensure that carers’ needs are discussed and taken on board by the client group-based partnership groups which make up the Health and Wellbeing Board.

Our commitments over the next three years are to:

- Continue to discuss strategic issues with all stakeholders through Croydon Carers Partnership Group and review membership to reflect new health service commissioning arrangements
- Ensure that carer issues are raised and represented regularly at relevant partnership group meetings and events, including new bodies that are set up in relation to the health services, such as Health Watch
- Regularly map supply of and demand for services and assess gaps in provision, include carers’ needs in client-based chapters of the joint strategic needs assessment, and work the public health service to tackle health inequalities faced by carers including BME carers
- Engage and brief relevant organisations, in particular employers, in order that carers’ needs are adequately reflected in their policies and strategies as part of day-to-day operations.
- Ensure that carers issues are factored in changes or developments in housing policy

THE NEXT STEPS: IMPLEMENTATION AND REVIEW

An action plan will set out the steps to be taken to achieve the aims of the new strategy. We will review and update it annually in conjunction with the carers partnership group, and refer progress reports to the Croydon Health and Well-Being Board. (Responsibility for implementation rests primarily with the council and NHS but requires also the commitment of third sector organisations, not only as commissioning partners but as locally situated charities and agencies which can draw on the resources of the community or of nation bodies and government departments to supplement funding from the council and NHS.

APPENDIX 1: Carers Legislation

Carers' rights have been legally established through various acts of parliament:

- The Breaks for Carers of Disabled Children Regulations 2011 (made under the Children Act 1989) – the local authority is under a duty to make a provision for breaks to parent carers who are in need. Local authorities must have
 - (a) have regard to the needs of those carers who would be unable to continue to provide care unless breaks from caring were given to them; and
 - (b) have regard to the needs of those carers who would be able to provide care for their disabled child more effectively if breaks from caring were given to them to allow them to—
 - (i) undertake education, training or any regular leisure activity,
 - (ii) meet the needs of other children in the family more effectively, or
 - (iii) carry out day to day tasks which they must perform in order to run their household.
- The Carers (Recognition and Services) Act 1995 introduced the right to a carers' assessment.
- The Carers and Disabled Children Act 2000 extended these rights to include the right to support services and for these services to be made available with direct payments and vouchers.
- The Carers (Equal Opportunities) Act 2004 promotes more opportunities for carers in areas such as work, leisure and studying. It places a duty on local authorities to ensure that all carers know that they are entitled to an assessment of their needs and to consider carers' outside interests when carrying out an assessment.
- Equalities Act 2010 has strengthened carers' protection against discrimination both in the work place and when accessing services
- The Children Act 1989 gives young carers (under the age of 18) of a disabled parent the right to be regarded as 'children in need'.
- The Children Act 2004 highlights the importance of providing services to children and young people to prevent the escalation of need and there is a direct relationship to the preventative services young carers may require.
- The Children Act 2004 highlights the importance of providing services to children and young people to prevent the escalation of need and there is a direct relationship to the preventative services young carers may require.

- The Mental Health Act 1983 (as amended by the Mental Health Act 2007) gives carers (if they are the nearest relative) of people with a mental health problem the right to ask for an assessment of the person they are caring for.
- The Civil Partnership Act 2004 enables same-sex couples to obtain legal recognition of their relationship. Couples who form a civil partnership will have a new legal status, that of 'civil partner'. Civil partners who are carers will therefore have greater rights in areas such as welfare benefits.
- The Employment Rights Act 2002 introduced the right to request flexible working in April 2003. It gives certain employees the right to ask to work flexibly and employers the duty to consider this seriously.
- National Health Service and Community Care Act 1990 - a local authority social care department has a duty to carry out assessments for people it believes to be in need of services and to assess sick or disabled people. Services following an assessment could include aids and adaptations, meals on wheels, home care, sitting and respite schemes, day care and residential and nursing home care.

APPENDIX 2: New national performance arrangements for local authorities

The government intends to introduce a new performance framework ‘Transparency in outcomes’ for adult social care which will be heavily focused on outcomes aimed at empowering councils and local people. There will be more emphasis on preventative services and early intervention, and better integrated working with the NHS. The following outcomes are relevant for adult carers:

The 2011/12 Adult Social Care Outcomes Framework

1	<i>Enhancing quality of life for people with care and support needs</i>
	People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs
1b	The proportion of people who use services who have control over their daily life
1c	Proportion of people using social care who receive self-directed support, and those receiving direct payments
	Carers can balance their caring role and maintain their desired quality of life
1d	Carer- reported quality of life**
2	<i>Delaying and reducing the need for care and support</i>
	When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence
2c	Delayed transfers of care from hospital, and those which are attributable to adult social care
3	<i>Ensuring that people have a positive experience of care and support</i>
	People who use social care and their carers are satisfied with their experience of care and support
3a	Overall satisfaction of people who use services with their care and support

<p>3b</p> <p>3c</p> <p>3d</p>	<p>Overall satisfaction of carers with social services**</p> <p>Carers feel that they are respected as equal partners throughout the care process</p> <p>The proportion of carers who report that they have been included or consulted in discussions about the person they care for**</p> <p>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help</p> <p>The proportion of people who use services and carers who find it easy to find information about support</p>
<p>4</p>	<p><i>Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm</i></p>
<p>4b</p>	<ul style="list-style-type: none"> - Everyone enjoys physical safety and feels secure - People are free from physical and emotional abuse, harassment, neglect and self-harm - People are protected as far as possible from avoidable harm, disease and injuries - People are supported to plan ahead and have the freedom to manage risks the way that they wish <p>The proportion of people who use services who say that those services have made them feel safe and secure</p>

**Deferred to 2013/13

Young carers' support can contribute to the following indicators:

The government intends to replace the national indicators below with the new Single data list which is currently being consulted upon nationally. The following indicators are relevant for young carers:

NI 69	Bullying
NI 87	Secondary school persistent absence rate.
NI 117	16 to 18 year olds who are not in education, training or employment
NI 114	Rate of permanent exclusion
NI 57	Children and young peoples participation in High quality PE and sport
NI 110	Young peoples participation in positive activities
NI 117	Percentage of 16-18 Year olds who are not in education employment or training (NEET)
NI 80	Percentage of young people achieving a level 3 qualification by age 19
NI 90	Take up of 14-19 learning diplomas
NI 91	The percentage of all those in full or part time education or work based learning at academic age 17
NI 102 ii	Percentage gap between pupils eligible for FSM achieving at least L4 in English and Maths at Key stage 4
NI 116	Proportion of children who live in families in receipt of out of work benefits
NI 75	Percentage of pupils achieving 5 or more A*-C grades (or equivalent) including English and Maths at KS4.