



DERBY CITY COUNCIL

Derby Carers Strategy 2009-2012



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Urdu

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Punjabi

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Polish

Aby ułatwić Państwu dostęp do tych informacji, możemy je Państwu przekazać w innym formacie, stylu lub języku. Prosimy o kontakt: 01332 255527 Tel. tekstowy: 01332 256666

Latvian

Mēs varam pasniegt Jums šo informāciju jebkurā citā veidā, stilā vai valodā, kas atvieglotu Jūsu pieeju tai. Lūdzu, sazinieties ar mums pa tālruni 01332 255527 vai Minikomu (sistēma, ar kuras palīdzību notiek sazināšanās, izmantojot internetu) 01332 256666



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1. Acknowledgements

1.1 The following groups and organisations have contributed to the formulation of this Carers Strategy through the efforts and input of carers, volunteers and staff members. Contact details are provided within Appendix 2.

- Action for Children - Derbyshire and Derby Young Carers Project
- Age Concern Derby and Derbyshire
- Alzheimers Society
- Derby Caribbean Association of Carers
- Derbyshire Carers Association
- Derby City Carers Planning Group
- Derby City PCT
- Derby City and South Derbyshire Mental Health Carers' Forum
- Derby CVS
- Derby Hospitals NHS Foundation Trust
- Derby Millennium Network
- Derbyshire Stroke Network
- Disabled Children's Carers Group
- Parkinsons Disease Society
- Umbrella

2. Foreword

2.1 "An increasing number of us (one in ten) is likely to find ourselves providing care and support for a family member or friend at some point in our lives. So I am delighted to endorse this new local strategy for carers and to demonstrate our commitment to improving the support available for carers across the city. Our Strategy is timely, because there is an increasing emphasis at national level on placing carers right at the heart of family policies.

Here in Derby, we will work with partners to translate our commitment into practical action. Our aim is to value our carers and help them have a life of their own alongside their caring role.

We need your views and comments about this Carers Strategy so that we can plan our next steps. Please take a few minutes to complete and return to us (by Freepost) the questionnaire at the end of this document. **Your views matter.**"

Councillor Ruth Skelton
Cabinet Member for Adult Services and Health
Derby City Council

If you would be interested in receiving further information about the Carers Strategy following the consultation period, please give your contact details below:

Name: _____

Address: _____

Postcode _____ Email _____

What was your age on your last birthday?

Please tell us your age in years _____

To which group do you consider you belong? Please select one option.

Asian or Asian British - Indian	<input type="checkbox"/>	Dual Heritage - White and Black Caribbean	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>	Dual Heritage - White and Black African	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Dual Heritage - White and Asian	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	Any other Dual Heritage background	<input type="checkbox"/>
Black or Black British - Caribbean	<input type="checkbox"/>	White - British	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other background	<input type="checkbox"/>

To help us assess whether we have provided clear information, please let us know if this consultation was easy to understand. Please select one option

Yes ☐

No ☐

For any questions or further information about this survey, please contact:

Thank you for taking the time to give us your views

AGE
Concern Derby & Derbyshire

action for
children

DERBYSHIRE
CARERS
ASSOCIATION

DERBY CITY COUNCIL



- Extra help with house/garden
- Information/training

3.3.4 More needs to be done across the city in order to provide up to date written evidence of carers' views about their experiences, their needs and wishes. Our action plan will address this in a systematic manner through implementation of a Carer Consultation and Participation Strategy.

3.4 Mapping of service provision

3.4.1 Few local services focus specifically on carers issues in isolation from the needs of the people cared for. Most services are designed for a particular target group together with their families and carers. Information sources are scattered and details of services are often incomplete. A major problem is the absence of a single source of information about carers' services across the city. This deficit is addressed within the Statement of Intent and will involve a full and detailed mapping exercise.

3.5 Gap analysis

- 3.5.1** The themes emerging from the gap analysis undertaken to date focus on the following:
- Access to comprehensive and culturally sensitive information and advice.
 - Emergency support particularly in situations when the carer is ill.
 - Specifically targeted and culturally appropriate support for carers from black and minority ethnic communities.
 - Improved access to carer breaks.
 - More flexible 'day' respite provision.
 - Provision for service users that takes account of specialist needs.
 - Regular contact with carers.

3.6 Vision and strategic direction

- 3.6.1** The City Council's vision is that the provision of accurate and timely information for carers, together with advice and support, will enable carers to feel recognised and valued and will help them to live full and healthy lives.
- 3.6.2** Derby City Council is committed to working in partnership with health and other social care agencies towards achievement of the seven adult social care outcomes described in the government's 2006 White Paper *Our health, our care, our say*²⁸. These outcomes are central to the direction of travel that the City Council has agreed with its partners in developing the following strategic themes for the Carers Strategy.

5 Do you wish to suggest any amendments to the Strategy?

Yes ☐ No ☐

Comments

6 How would you describe your interest in the Derby Carers Strategy?
(Tick all relevant boxes and add comments, if needed)

As a carer

A family member is a carer

Involvement in a voluntary or community organisation/group

Involvement in local government or NHS

Other

Please state _____

☐☐☐☐☐

Comments

If you are a carer:

7 Do you live with the person you care for? Yes ☐ No ☐

8 What is the age group of the person you care for?

Under 18 ☐

18-24 ☐

25-49 ☐

50-64 ☐

65+ ☐

2 Does the Statement of Intent address the local gaps in services and support for carers?

(Note: The Statement of Intent is described in the full Derby Carers Strategy. The key points are listed on page 6 of this Summary document.)

Yes ☐ No ☐

Comments

3 Will the Strategy create any equality issues that need to be addressed? For example - will the Strategy create particular difficulties for any community or group of people?

Yes ☐ No ☐

Comments

4 What would you like to be included in an ACTION PLAN that will address carers' concerns?

Strategic Themes for the Support of Carers

- Recognition of carers and their needs
- Public information
- Partnerships
- Consultation and participation
- Prevention of carer breakdown
- Carers' health
- Training and skills development [for carers and for those working with carers]
- Support for carers in employment
- Access to information and advice
- Work life balance
- Access to work and training opportunities
- Quality service provision
- Equality of access and culturally and age appropriate support
- Quality management information

3.6.3 A Statement of Intent together with initial action points has been formulated for each of the strategic themes. These will be developed into a more detailed Action Plan following an eight week consultation process.

3.7 Meaningful engagement

3.7.1 Derby City Council together with its voluntary/community sector and health partners is committed to the principle of meaningful engagement with carers and to ensuring they are directly involved in the shaping of carers' services. Our intention is to create a range of opportunities for carers to make a real difference to strategic direction in terms of support for carers, and to help carers exercise influence on service design, delivery and review.

3.8 Consultation arrangements

3.8.1 This Carers Strategy document is subject to a formal eight week period of public consultation. Carers groups and forums, voluntary and community sector organisations, local statutory agency partnerships (including health), and the general public are invited to submit comments. The following key questions are pertinent:

- Does the Strategy capture the major concerns of carers across Derby?
- Does the Statement of Intent address the local gaps in services and support for carers?
- What should be included in an ACTION PLAN in order to address carers' concerns?
- Are any amendments to the Strategy needed?

3.8.2 Comments and submissions need to be received no later than **November date ?**
A form is provided for this purpose, see Your Views Matter at the back of this Strategy document. Completed forms should be sent by **Freepost** to:

Director of Corporate and Adult Services
Derby City Council
FREEPOST MID 24259
Derby DE1 2BR
f.a.o. Marilyn Hambly

3.8.3 The following contact details are provided for use in the event of any queries about the Derby Carers Strategy or for requesting help with submission of comments:

Email - Marilyn.Hambly@derby.gov.uk
Telephone - 01332 255527
Minicom - 01332 256666



4. Introduction

- 4.1** This Carers Strategy is concerned primarily with adult carers who spend a significant proportion of their lives providing help and support to family members, neighbours and friends with a disability, frailty, physical or mental health difficulty, or substance misuse problem. The needs of young carers and those of parent carers of disabled children are addressed, as appropriate, by services that focus on children and young people. However, there is a cross over with adult services that is recognised nationally both within the development of Strategy and in the practical application of carer specific funding. This has been acknowledged in the development of the Derby Carers Strategy and, in particular, within the Statement of Intent.
- 4.2** Over recent years the needs of carers have been given an increasingly high profile on the national agenda. There is an expectation that local authorities and their partners will make continued and real progress in supporting carers, who play a vital role in meeting the community care needs of disabled people.
- 4.3** Carers have the same rights to a full and healthy life as other members of the population. Yet the very nature of caring and the associated commitment to the cared for person can often act as a barrier that can prevent carers accessing opportunities for leisure, social interaction, training, education and employment. Furthermore, there is much nationally researched evidence that suggests caring can have a negative impact on health and personal finance.
- 4.4** Derby City Council, together with its health and voluntary sector partners has considered available evidence about carers' needs, their wishes and aspirations. We are keen to ensure that a comprehensive range of support services is available for carers in Derby ranging from basic information to intensive support. Many carers offer care over an extended period of time and increase the level of their support in line with the needs of the person cared for. The Derby Carers Strategy aims, therefore, to pursue a preventive approach that addresses the needs of carers who are providing a comparatively low level of support as well as those carers providing intensive support. The overall goal is to maximise the resources available across local agencies in order to provide carers support services that can prevent an early breakdown of caring arrangements.

Your views matter

Derby Carers Strategy outlines our commitments and initial plans for the development of local support and services for carers. We are conducting a consultation process and want to make sure that we consider the views of a wide cross section of people and organisations in Derby. **Your views matter.** They will help to clarify whether local people think we are on the right track and will provide suggestions for a more detailed Carers Strategy Action Plan.

Please return your completed consultation feedback form to our offices using the following freepost address:

Director of Corporate and Adult Services
Derby City Council
Freepost MID24259
Derby DE1 2BR
f.a.o. Marilyn Hambly

Closing date for comments and submissions - November 2008

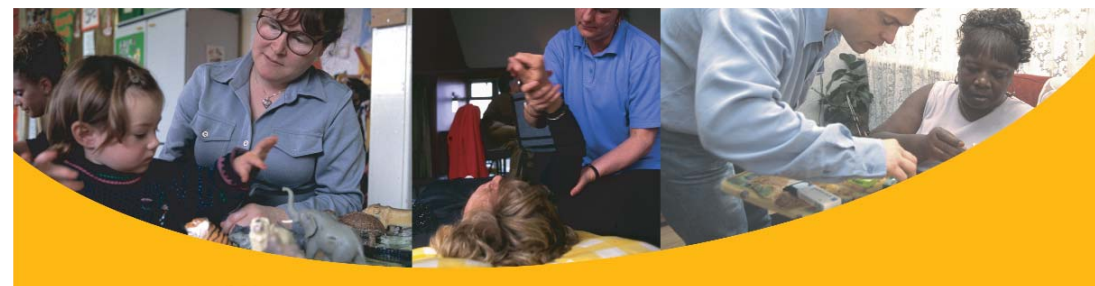
- 1** Does the Carers Strategy capture your major concerns about the support of carers across Derby?

Yes ☐

No ☐

Comments

Organisation	Service description	Contact Name	Telephone number	E-mail / web site
Parkinsons Disease Society	One to one information and support to people with Parkinson's and their families and carers. This may include benefits advice, emotional support, and links to local and other services.	Karen Bown	0844 2253629 or 07876455937	kbowrn@parkinsons.org.uk www.parkinsons.org.uk
Umbrella	Supports parents and carers who have children with additional needs.	Ann Rowlands	01332 785658	Ann.Rowlands@derbyhospitals.nhs.uk www.umbrella.uk.net



5. Legislative and policy context

5.1 Social care legislation prior to 1995

5.1.1 The need to consider the contribution made by carers to supporting disabled people was recognised in legislation as long ago as 1986. *The Disabled Persons (Services Consultation and Representation) Act of 1986*¹² specified that, when assessing a disabled person's needs, consideration must be given to whether a carer is able to continue to care for that person. This requirement was enhanced in 1990 with the introduction of the *NHS and Community Care Act [1990]*²⁶, which required Councils to involve families and carers when making plans for helping vulnerable people in the community. However, it was not until 1995 that specific legislation was introduced that was concerned solely with the needs of carers.

5.2 Carer specific legislation

5.2.1 The *Carers (Recognition and Services) Act 1995*² introduced the concept of a carer's right to request a carer's assessment and contains the Local Authority's core statutory responsibilities. The Act gives carers the right to an assessment of their ability to provide and continue to provide care, if they care for someone who is having an assessment under:

- *Chronically Sick and Disabled Persons Act [1970]*¹⁰
- *Children Act [1989]*⁸
- *NHS and Community Care Act [1990]*²⁶

5.2.2 A carer is defined as someone who provides substantial amounts of care on a regular basis to another person. Carers may request an assessment. The local authority must carry out that assessment. The local authority must take account of the results of that assessment in providing services for the person cared for, e.g. if the carer needs a break from caring, respite care might be added to the care package. The local authority does not have a duty to provide services for carers.

5.2.3 The *Carers and Disabled Children Act [2000]*⁴ is one of a further two specific Acts introduced since 1995 that focus on carers. This Act strengthened carers' rights to an assessment and gave carers rights to receive services. The local authority has the power to provide services but not a duty. Carers, including parent carers, have the right to an assessment independent of any community care assessment if they provide or intend to provide a substantial amount of care on a regular basis for someone for whom the local authority would normally provide community care services. This right to a carer's assessment applies even in circumstances where an assessment or services have been refused by the person cared for. Carers were also given a right by this legislation to receive their services as Direct Payments [this became a duty through the *Health and Social Care Act 2001*]¹⁸. The Act also gave local authorities the power to charge for carers services.



5.2.4 The first two Carers Acts were amended in 2004 by the **Carers [Equal Opportunities] Act [2004]**⁵. This Act placed a duty on local authorities to tell carers of all ages, including young carers, about their rights i.e. that they may be entitled to an assessment of their needs. This includes reaching hidden carers who may not be known to the authority. For the first time local authorities were given a duty to include in the assessment consideration of whether the carer works or wishes to work, and whether they wish to participate in any education, leisure or training activity. The Act also makes provision for other authorities, for example health, housing and education, to consider requests for services as a consequence of carers assessments.

5.3 Recent mental health legislation

5.3.1 The **Mental Capacity Act [2005]**¹⁹ came fully into force on 1st October 2007. It aims to protect people who cannot make decisions for themselves due to lack of capacity and it provides clear guidelines for carers and professionals about who can take decisions in which situations. A lack of capacity could be because of a severe learning disability, dementia, mental health problems, a brain injury, a stroke or unconsciousness due to an anaesthetic or a sudden accident.

5.3.2 The **Mental Health Act [2007]**²⁰ received Royal Assent on 19th July 2007. It amends the Mental Health Act 1983, the Mental Capacity Act 2005 and the Domestic Violence, Crime and Victims Act 2004. The new Act will come into effect in October 2008 but some provisions will be implemented later. The Department of Health has engaged the Care Services Improvement Partnership [CSIP] to plan and carry out the implementation work. Carers from across the East Midlands have expressed concern about the impact on carers, particularly in relation to the introduction of Supervised Community Treatment. This provision has the potential to strain the relationship between the carer and person supported.

5.4 National strategies

5.4.1 The **National Strategy for Carers - Caring about Carers [1999]**²⁴ is an acknowledgement of the value of carers in the community and was designed to stimulate diversity and flexibility in the provision of breaks for carers or direct services to carers to support them in their caring role. Information, support and care to the carers are key features of this Strategy that recognises a break from caring responsibility is essential to enable carers to continue caring. An annual **Carers Grant**³ to local authorities was introduced in 1999 to help implement the Strategy. The funding aimed to stimulate diversity and flexibility of service provision in order to enable carers to take a break from caring, and to help provide carers services to support them in their caring role. The funding was intended to address the needs of adult carers, young carers and the needs of parent carers of disabled children.

Organisation	Service description	Contact Name	Telephone number	E-mail / web site
Derby Millennium Network	Black led initiative that aims to bring together and support Black and Culturally Diverse community groups in Derby.	Community Development Worker	01332 206520	info@derbymillenniumnet work.co.uk www.derbymillenniumnet work.co.uk
Action for Children - Derbyshire and Derby Young Carers Project	Offers support, advice and respite activities to children and young people, the age of 18 who have significant and regular caring responsibilities	Sally Elliott	01332 370430	Sally.Elliott@nch.org.uk
Derbyshire Stroke Network	Provides a support group in the Derby area for stroke sufferers and their partners and carers.	Ida Buist	N/A	ida@buist.force9.co.uk www.stroke.org/in_your area/east_midlands
Disabled Children's Carers Group	Multi-agency planning group that addresses support issues for parent carers in Derby using funding from the annual Carers Grant.	Carole Fogg Linda Powell	01332 256990	carole.fogg@derby.gov.uk linda.powell@derby.gov.uk www.derby.gov.uk

Organisation	Service description	Contact name	Telephone number	E-mail / web site
Derby City Primary Care Trust [PCT]	Provides and commissions healthcare services across the city.	Julieann Trembling [contact for NHS staff] Linda Elliott [contact for carers]	01332 888243 01332 224000 Minicom 01332 369301	Julieann.Trembling@derbycitypct.nhs.uk Linda.Elliott@derbycitypct.nhs.uk www.derbycitypct.nhs.uk
Derby City and South Derbyshire Mental Health Carers' Forum	Monthly forum meetings enable carers to share concerns and positive experiences, which help the forum's involvement with health and social care commissioners and providers [including the voluntary sector].	Janet Rice Jean Ambrose	N/A N/A	janet.rice@btinternet.com Ambrosejean@aol.com www.derbyshirementalhealthcarers.co.uk
Derby CVS	Registered charity that exists to support, develop, promote and represent voluntary and community organizations in Derby.	Kath Cawdell	01332 227733	kcawdell@cvsderby.co.uk www.derbycvs.co.uk
Derby Hospitals NHS Foundation Trust	Provides a wide range of services including general medical, surgical, maternity, rehabilitation care, and accident and emergency services.	Martin Rawson [contact for NHS staff] Stephanie Marbrow [contact for carers]	01332 347141 ext. 2404 01332 340131 Ext. 2270	martin.rawson@derbyhospitals.nhs.uk www.derbyhospitals.nhs.uk

5.4.2 A wide ranging review of the 1999 National Carers Strategy was announced in 2006 as part of the Government's New Deal for Carers in the White Paper *Our Health, our care, our say*²⁸. The New Deal for Carers consists of a range of measures designed to recognise the essential work that carers undertake across the country. The measures include:



- £25 million to be spent on providing short term home based respite care for carers in crisis or emergency situations,
- £3 million towards the establishment of a national helpline for carers
- £5 million to support the development of an 'Expert Carers Programme

5.4.3 The *Carers Grant*³ is continuing from April 2008 until 2011 as part of the new Area Based Grant. The government's objective is to build on the expertise achieved in commissioning carer support and to encourage councils to continue developing personalised, innovative and high quality carers services in response to local needs. The expectation is that this will be done in partnership with carers, relevant voluntary organisations, the local NHS and other statutory agencies.

5.5 Family policy

5.5.1 The latest statement of government Strategy about carers sets it firmly within a family policy context. *Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own*⁶ was published in June 2008 and sets out the government's vision and the action planned over the next ten years. The overall aim is to ensure that carers needs are right at the centre of family policy and that carers receive the recognition and status they deserve.

5.5.2 A Cabinet Office Social Exclusion Taskforce review *Think Family: Improving the life chances of families at risk* [2008]³⁰ sets out components of a system that improves the life chances of families at risk through more effective services. There is a focus on improving outcomes for the whole family, both adults and children. The review highlights the need for an increased emphasis on the role of adult services and the need for such services to join up better with children's services in order to provide support around the needs of the whole family. This is particularly relevant in relation to the users of adult services who have parental roles and responsibilities.

5.6 Quality standards

5.6.1 The *National Service Framework for Mental Health* [1999]²¹ was the first of a series of national service frameworks, which are long-term strategies for improving specific areas of care. They set measurable goals within set time frames. **Standard Six** is concerned with caring about carers and states:

"to ensure health and social services assess the needs of carers who provide regular and substantial care for those with severe mental illness, and provide care to meet their needs". Carers of people using mental health services on the care programme approach should have an assessment of their caring needs which should be reviewed at least every year. Carers should have their own written care plan given to them and discussed with them. Carers should be involved in the assessment and care planning taking into account their ability to care and their mental and physical health."



5.6.2 Specific quality standards for all carers support services were set out by the Department of Health during the following year in Quality standards for local carer support services [2000]. These standards address the service outcomes which carers say are important to them i.e. to be informed, to have a break, to be emotionally supported, to be supported to care and maintain their own health, and to have a voice and a say in the services they use. Local authorities should ensure no assumptions are made that caring roles can be sustained without assessment and the possibility of support for the carer.

5.6.3 Since the establishment of the *Commission for Social Care Inspection [CSCI] in 2004*¹¹, the annual assessment of the performance of each local authority includes a range of issues relating to the provision of support to carers and the use of the annual Carers Grant. More recently, the Health and Social Care Act 2008 has received Royal Assent and establishes the Care Quality Commission, a new health and adult social care regulator. The Care Quality Commission will bring together the expertise of the Health Care Commission, Commission for Social Care Inspection and the Mental Health Act Commission to create a more consistent approach to regulation across the health and social care sectors.

5.7. Carers and employment

5.7.1 New powers in the *Work and Families Act [2006]*³² give the right to request flexible working to employees who are carers of certain adults. These are defined as carers who care, or expect to be caring, for a spouse, partner, civil partner or relative or who live at the same address as the person being cared for. A relative for this purpose is a mother, father, adopter, guardian, special guardian, parent in law, son, daughter, brother, brother in law, sister, sister in law, uncle, aunt or grandparent. Step relatives and half blood relatives of also included.

5.7.2 The carer has to be an employee and have worked for their employer continuously for 26 weeks at the date the application is made. Agency workers are not eligible, neither are members of the armed forces. The regulations currently omit daughter in law and son in law from the definition of relative. The government is now reviewing how to include more carers within the scope of this law.

5.7.3 The Strategy and action plan set out in *Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own [2008]*⁶ recognises the wish of many carers to return to work and to successfully combine work with caring. The Strategy includes a commitment to develop a carer-specific programme at Job Centre Plus that will improve the help and advice available to carers who wish to re-enter the job market. The action plan includes the development of a good practice guide for local employers to emphasise the business case for employing carers.

16. Appendix 2 - Contact details of agencies that contributed to the Carers Strategy

Organisation	Service description	Contact name	Telephone number	E-mail / web site
Age Concern Derby and Derbyshire	Information service for older people, their families and carers.	Katy Pugh	01773 768240	Katy@ageconcernderbyshire.org.uk www.ageconcernderbyshire.org.uk
Alzheimers Society	Provides support and information for people with dementia and their carers. Holds regular carers' meetings.	Jacqui Marsh	01332 623740	jaqui.marsh@alzheimers.org.uk www.alzheimers.org.uk
Derby Caribbean Association of Carers	Provides care and support to carers of adults and children.	Olga Marr	N/A	Olga.Marr2005@wanadoo.co.uk
Derbyshire Carers Association	Offers help & support to anyone who cares for a relative or friend, young or old, who is disabled due to physical or mental impairment, can also provide advocacy for carers.	Roland Brown	01773 743355	roland@derbyshirecarers.co.uk or derbyshirecarers@btconnect.com
Derby City Carers Planning Group	Multi-agency planning group that addresses the development of services for carers of adults across Derby.	Marilyn Hamblly	01332 255527 Minicom 01332 256666	marilyn.hamblly@derby.gov.uk www.derby.gov.uk
Derby City Council, Corporate and Adult Services Department	Strategic commissioning of services for carers.	Marilyn Hamblly	01332 255527 Minicom 01332 256666	marilyn.hamblly@derby.gov.uk www.derby.gov.uk

28. **Our health, our care, our say: a new direction for community services**
[2006] www.dh.gov.uk

White Paper sets a new direction for the health and social care system. Confirming the vision set out in the Green Paper *Independence, Well-being and Choice*, the intention is to create a radical and sustained shift in the way in which services are delivered. The White Paper outlines plans to give people a stronger voice so that they are the major drivers of service improvements. The aim is to move towards fitting services around people rather than people around services.

29. **Quality standards for local carer support services** [2000]
www.valuingpeople.gov.uk

Standards address the service outcomes which carers say are important to them i.e. to be informed, to have a break, to be emotionally supported, to be supported to care and maintain their own health, to have a voice and a say in the services they use. The standards were published by the Department of Health and, in line with Fair Access to Care Services, it was pointed out that local authorities should ensure no assumptions are made that caring roles can be sustained without assessment and the possibility of support for the carer.

30. **Think Family: Improving the life chances of families at risk** [2008]
www.cabinetoffice.gov.uk

Cabinet Office Social Exclusion Taskforce review sets out components of a system that improves the life chances of families at risk through more effective services. There is a focus on improving outcomes for the whole family, both adults and children. The review highlights the need for an increased emphasis on the role of adult services and the need for such services to join up better with children's services in order to provide support around the needs of the whole family. This is particularly relevant in relation to the users of adult services who have parental roles and responsibilities.

31. **Valuing People** [2001] www.valuingpeople.gov.uk

The government's plan for making the lives of people with learning disabilities and their families better. The plan is based on people exercising their rights as citizens, inclusion in local communities, choice in daily life and real chances to be independent.

32. **Work and Families Act** [2006] - www.opsi.gov.uk

New powers in this Act give the right [as from April 2007] to request flexible working to employees who are carers of certain adults. These are defined as carers who care, or expect to be caring, for a spouse, partner, civil partner or relative or who live at the same address as the person being cared for. A relative for this purpose is a mother, father, adopter, guardian, special guardian, parent in law, son, daughter, brother, brother in law, sister, sister in law, uncle, aunt or grandparent. Step relatives and half blood relatives of also included.

An error has occurred in the regulations omitting daughter in law and son in law from the definition of relative. This will be rectified as soon as possible. The carer will have to be an employee and have worked for their employer continuously for 26 weeks at the date the application is made. Agency workers are not eligible, neither are members of the armed forces.

5.8 Further information

5.8.1 Website addresses for all of the documents included in section 5 of this Carers Strategy are listed in **Appendix 1, Summary of legislation and key policy documents**.

5.8.2 Appendix 1 also includes a brief summary of the following legislation and national policy documents that have relevance to meeting the needs of carers and cared for people within a health and social care context.

Children Act [1989] ⁸

Disability Discrimination Act [1995] ¹³

NHS Plan [2000] ²⁷

Valuing People [2001] ³¹

National Service Framework for Older People [2001] ²²

Employment Act [2002] ¹⁵

Every Child Matters [2004] ¹⁶

National Service Framework for Long Term Conditions [2005] ²³

Disability Discrimination Act [2005] ¹⁴

Childcare Act 2006 (Provision of Information to Parents) ⁹

Every Parent Matters [2007] ¹⁷





6. Listening to carers

6.1 It is clear from the limited local survey evidence from carers in Derby that much needs to be done across the city in order to provide up to date written evidence of carers' views about their experiences, their needs and wishes. Our Statement of Intent makes a specific commitment to addressing this deficit in a systematic manner through implementation of a Carers Consultation and Participation Strategy [see section ten of this Strategy document].

6.2 In spite of the limitations of the evidence available at the time of writing this Strategy, a great deal of important information can be drawn from the views expressed by local carers. We have tried to address carers' concerns within the strategic themes and Statement of Intent detailed in sections ten and eleven of this Strategy document.

6.3 It is interesting to note that many of the issues identified in carers' surveys and discussions with carers in Derby over the last two to three years reflect some of the results of national consultations with carers. For example, in 2007 the Government commissioned an engagement programme with adult and young carers as part of a review of the national Carers Strategy. An analysis of the first stage of the engagement programme has revealed a series of overarching themes that are relevant to both adult and young carers alike. These themes are:

- Knowledge, guidance and information
- Variability in service provision [postcard lottery and variability of quality]
- Cohesion between services [delays and bureaucracy]
- Recognition of carers' role
- Attitude of others
- Lack of opportunities
- Financial impact
- Physical and emotional impact of caring

6.4 Another example comes from Carers UK. A survey of 3,500 carers conducted in June 2007 uncovered the negative impact that the role of caring can have on the relationship a carer enjoys with their partner.

- 66% of those surveyed said their relationships had suffered as a result of caring.
- 60% said they had little quality time together with their partners.
- 63% felt a loss of identity as a direct result of their caring role.
- 75% of carers had not had a regular break from their caring activities in the past twelve months including 38% who had not enjoyed a single day off.
- 21% used the time they managed to get for relaxation to catch up on their sleep.
- 67% of carers considered they were financially worse off as a result of being a carer.

Standard Six is concerned with caring about carers and states:

"to ensure health and social services assess the needs of carers who provide regular and substantial care for those with severe mental illness, and provide care to meet their needs". Carers of people using mental health services on the care programme approach should have an assessment of their caring needs which should be reviewed at least every year. Carers should have their own written care plan given to them and discussed with them. Carers should be involved in the assessment and care planning taking into account their ability to care and their mental and physical health.

22. National Service Framework for Older People [2001] www.dh.gov.uk

NSF for older people sets the new national standards and service models of care across health and social services for all older people whether they live at home, in residential care or are being cared for in hospital.

23. National Service Framework for Long Term Conditions [2005] www.dh.gov.uk

NSF for long term conditions aims to improve the lives of the many people who live with neurological and other long term conditions by providing them with better health and social care services.

24. National Strategy for Carers - Caring about Carers [1999] www.dh.gov.uk

Government Strategy acknowledges the value of carers in the community and was designed to stimulate diversity and flexibility in the provision of breaks for carers or direct services to carers to support them in their caring role. Information, support and care to the carers are key features of this Strategy that recognises a break from caring responsibility is essential to enable carers to continue caring.

25. New Deal for Carers [2007] www.dh.gov.uk

Consists of a range of government measures designed to recognise the essential work that carers undertake across the country. The measures include:

- £25 million to be spent on providing short term home based respite care for carers in crisis or emergency situations,
- £3 million towards the establishment of a national helpline for carers
- a wide ranging review of the 1999 National Carers Strategy
- £5 million to support the development of an 'Expert Carers Programme'.

26. NHS and Community Care Act [1990] www.opsi.gov.uk

Requires councils to involve families and carers when making plans for helping vulnerable people in the community.

27. NHS Plan [2000] www.dh.gov.uk

Plan outlines the vision of a health service designed around the patient. It provides for a new delivery system for the NHS as well as changes between health and social services, changes for NHS doctors, for nurses, midwives, therapists and other NHS staff, for patients and in the relationship between the NHS and the private sector.

16. Every Child Matters [2004] www.everychildmatters.gov.uk

Every Child Matters: Change for Children outlined the national framework for local change programmes to build services around the needs of children and young people in order to maximise opportunity and minimise risk. The aim was to promote strong partnerships within local communities that would work together to shift the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place.

17. Every Parent Matters [2007] www.teachernet.gov.uk

Document, published by the Department for Education and Skills. Sets out what the government is doing to promote both the development of services for parents as well as their involvement in shaping services for themselves and their children. It was intended to mark the beginning of a national debate about how parents can best be supported and engaged.

18. Health and Social Care Act [2001] www.opsi.gov.uk

The Act provides a duty for local authorities to make Direct Payments to all eligible people in respect of services under section 2 of the Carers and Disabled Children Act 2000 (Carers Services).

19. Mental Capacity Act [2005] www.opsi.gov.uk

The Act came fully into force on 1st October 2007. It aims to protect people who cannot make decisions for themselves due to lack of capacity and it provides clear guidelines for carers and professionals about who can take decisions in which situations. A lack of capacity could be because of a severe learning disability, dementia, mental health problems, a brain injury, a stroke or unconsciousness due to an anaesthetic or a sudden accident.

20. Mental Health Act [2007] www.opsi.gov.uk

Received Royal Assent on 19th July 2007. Amends the Mental Health Act 1983, the Mental Capacity Act 2005 and the Domestic Violence, Crime and Victims Act 2004. The new Act will come into effect in October 2008 but some provisions will be implemented later. The Department of Health has engaged the Care Services Improvement Partnership [CSIP] to plan and carry out the implementation work. Carers from across the East Midlands have expressed concern about the impact on carers, particularly in relation to the introduction of Supervised Community Treatment. This provision has the potential to strain the relationship between the carer and person supported.

21. National Service Framework for Mental Health [1999] Standard Six www.dh.gov.uk

First of a series of national service frameworks, which are long-term strategies for improving specific areas of care. They set measurable goals within set time frames.

The NSF for mental health was launched in 1999 and is a comprehensive statement on how mental health services will be planned, delivered and monitored until 2009. The NSF lists seven standards that set targets for the mental health care of adults aged up to 65. These standards span five areas: health promotion and stigma, primary care and access to specialist services, the needs of those with severe and enduring mental illness, carers' needs, and suicide reduction.

- 28% considered they were unable to financially support their family properly.
- 57% of carers felt that their financial situation was likely to be weaker because they were less able to focus on their career. Key problems were reduced promotion prospects and being unable to take up training opportunities and activities.
- 40% of carers found it difficult to get back on the job ladder when returning to the work force.
- 74% of carers described their experience of being a carer as stressful.
- 71% described their experience as demanding.
- 31% of carers found their role rewarding.
- 20% of carers found their role fulfilling.

6.5 For comparison, the outcomes of work undertaken in Derby are summarised below:

Carers in contact with Derbyshire Carers Association and other voluntary organisations

6.5.1 The outcome of a consultation exercise with older carers carried out by Derbyshire Carers Association was reported in early 2004. The following themes and issues emerged.

Information

6.5.2 Social Services information did not outline the various flexible options that are available to carers within the city. Lists of what is available and who to contact would be of benefit. Carers are unsure of who does what and where to go for help. Information from voluntary sector of organisations was considered to be very useful and a comprehensive source of reference. Newsletters were regarded as informative and a good way of keeping in touch. Publications from voluntary organisations were regarded as a non jargonistic, easy to read and understand. It was suggested that leaflets in supermarkets would be beneficial although it was recognised that supermarkets generally do not encourage this.

Day services

6.5.3 Carers felt that there were very few facilities within the city at resource centres although there are increased opportunities to gain extended respite periods within people's own homes.

Black and minority ethnic [BME] communities

6.5.4 Carers felt that more needs to be done to raise awareness and reach local BME communities. Communication issues were considered still to be problematic for older carers within the Asian and African Caribbean communities. It was suggested that working in partnership with in the voluntary sector would be beneficial to address some of the problems.

Short term breaks

6.5.5 Carers commented that fewer respite beds are available which proves difficult for carers who want regular respite and wish to book holidays. The lack of consistency in the service was causing concern and anxiety. However, carers valued the respite breaks provided by Crossroads where there was continuity of care support workers.

Emergency support

- 6.5.6** It can be difficult to gain access to Social Services out of hours services. It was pointed out that voluntary organisations offer alternative numbers in case of emergency. Carers were very fearful of having a fall and were concerned about what would happen to the cared for person if they became ill.



Involvement in care planning

- 6.5.7** Carers commented that they are still not all being offered and provided with a carer's assessment. It was pointed out that hospital consultants are eager to discharge people from hospital but carers are often unaware of the intermediate care options. Voluntary sector organisations involved in packages of care are not automatically invited to reviews. It was felt that this would be beneficial.

Strategic planning

- 6.5.8** It was felt to be essential that the voluntary sector continues to have a voice within strategic planning.

Training for workers who work with carers

- 6.5.9** Feedback comments highlighted the importance of training for workers who work with carers and the need for carers themselves to be involved with this training.

Training for carers

- 6.5.10** It was pointed out that carers are at constant risk due to moving the cared for person inappropriately and coping with the stress of caring. Disabled people are not always able to access training packages. Local voluntary sector organisations, for example Alzheimer's Society, Crossroads and Derbyshire Carers Association, all offer training to carers although this is dependent on these organisations being able to obtain funding for this.

Suggestions for future developments

- 6.5.11** Carers want better understanding of their caring role from their General Practitioners and would like to be linked into other organisations at the point of diagnosis [health diagnosis for the cared for person]. Carers would like to see improved integrated working practices between professionals.
- 6.5.12** Voluntary sector suggestions included the following:
- Increased promotion of Direct Payments
 - GP liaison working
 - older people having champions
 - better communication
 - occasional breaks for social inclusion
 - improved links with hospital discharge
 - secure funding
 - support for work already undertaken by the voluntary sector with carers
 - support to reach more carers

10. Chronically Sick and Disabled Persons Act [1970] www.opsi.gov.uk

Places a duty on local authorities to find out the number of disabled people [as defined within section 29 of the National Assistance Act 1948] living in their area and to publish information about available services. The Act also gives people the right to complain to the Secretary of State for Health if they feel their local authority has not fulfilled its duty towards them.

11. Commission for Social Care Inspection [2004 onwards] www.csci.org.uk

Commission for Social Care Inspection (CSCI) was launched in 2004 and incorporated the work previously done by the Social Services Inspectorate (SSI), the SSI/ Audit Commission Joint Review Team and the National Care Standards Commission. CSCI brings together inspection, regulation and review of all social care services into one organisation. A range of issues relating to the provision of support to carers and the use of the annual Carers Grant are included within CSCI's assessment of the performance of each local authority.

12. Disabled Persons [Services, Consultation and Representation] Act [1986] - www.opsi.gov.uk

Strengthens the provisions of the Chronically Sick and Disabled Persons Act [1970] and requires local authorities to meet the various needs of disabled people. When assessing a disabled person's needs, consideration must be given to whether a carer is able to continue to care for that person.

13. Disability Discrimination Act [1995] www.opsi.gov.uk

Legislation aimed to end the discrimination that many disabled people face. The Act makes it unlawful to discriminate against disabled people in connection with employment, the provision of goods, facilities and services or the disposal or management of premises. It made provision about the employment of disabled people and established a National Disability Council. The Act was subsequently amended by the Disability Discrimination Act 2005, see 29 below.

14. The Disability Discrimination Act [2005] www.opsi.gov.uk

Legislation extended the original 1995 Disability Discrimination Act. The two Acts give disabled people rights in the areas of:

- employment
- education
- access to goods, facilities and services
- buying or renting land or property, including making it easier for disabled people to rent property and for tenants to make disability related adaptations.

The Act now requires public bodies to promote equality of opportunity for disabled people. It also allows the government to set minimum standards so that disabled people can use public transport easily.

15. Employment Act [2002] www.opsi.gov.uk

The Act includes provision for working parents of disabled children under eighteen years of age [i.e. those entitled to Disability Living Allowance] the right to request flexible working arrangements. The Act also gives the right to take unpaid time off for dependents in cases of emergency.

4. Carers and Disabled Children Act [2000] www.opsi.gov.uk

Strengthens carers' rights to an assessment and gives carers rights to receive services. The local authority has the power to provide services but not a duty. Carers, including parent carers, have the right to an assessment independent of any community care assessment if they provide or intend to provide a substantial amount of care on a regular basis for someone for whom the local authority would normally provide community care services. This right to a carer's assessment applies even in circumstances where an assessment or services have been refused by the person cared for. Carers were also given a right by this legislation to receive their services as Direct Payments [this became a duty through the Health and Social Care Act 2001]. The Act also gave local authorities the power to charge for carers services.

5. Carers [Equal Opportunities] Act [2004] www.opsi.gov.uk

The Act amended the two previous Acts relating to carers and places a duty on local authorities to tell carers of all ages, including young carers, about their rights i.e. that they may be entitled to an assessment of their needs. This includes reaching hidden carers who may not be known to the authority. For the first time local authorities were given a duty to include in the assessment consideration of whether the carer works or wishes to work, and whether they wish to participate in any education, leisure or training activity. The Act also makes provision for other authorities, for example health, housing and education, to consider requests for services as a consequence of carers assessments.

6. Carers at the heart of the 21st century: a caring system on your side, a life of your own [2008] www.dh.gov.uk

Strategy sets out the government's vision and the action planned over the next ten years to ensure that carers needs are right at the centre of family policy and that carers receive the recognition and status they deserve.

7. Carers Grant 2008 -2011 Guidance [2008] www.dh.gov.uk

Department of Health Guidance sets out the government's policy intentions for the Carers Grant that will be paid as part of the new Area Based Grant from April, 2008. The government's objective is to build on the expertise achieved in commissioning carer support and to encourage councils to continue developing personalised, innovative and high quality carers services in response to local needs. The expectation is that this will be done in partnership with carers, relevant voluntary organisations, the local NHS and other statutory agencies.

8. Children Act [1989] www.opsi.gov.uk

States that the child's safety and well being are the most important thing and stresses the importance of helping families who are in need. Children in need are those who may not have the opportunities to achieve or develop fully without help from carers or support services.

9. Childcare Act 2006 (Provision of Information to Parents) (England) Regulations [2007] www.opsi.gov.uk

From 1st April 2008, local authorities will have a duty to provide information, advice and assistance to parents and prospective parents of children and young people up to the age of twenty. This duty is being introduced in section 12 of the Childcare Act 2006. In fulfilling this duty, local authorities will need to provide a range of services including the provision of information to parents of disabled children and children with special educational needs about the services, facilities and publications that are available to them.

- befriending service (older people)
- improved day care provision (older people)
- practical and emotional support at an early stage for people experiencing sight loss
- information and availability of daily living equipment plus appropriate training for people who are visually impaired.



6.6 Carers in employment

6.6.1 A child care and family care survey was conducted at the end of 2004 with staff at Derby Hospitals NHS Foundation Trust. 17% [125] of the 728 people who answered the question reported that they had an unpaid caring role for someone outside work, for example an older relative, parent, partner or friend.

6.6.2 The following information from those staff members who described themselves as carers [figures shown as a percentage of 125] has been extracted from the survey.

6.6.3 In answer to the question "What would give you support and help you balance your work and carers' responsibility better?", 46% of carers said they were satisfied with their current arrangements. Other carers referred to the following:

- | | |
|--|-----|
| • The ability to work in a more flexible way | 54% |
| • The chance to meet up with other carers | 7% |
| • More support from managers | 30% |
| • Information on finances and benefits | 27% |
| • Advice and information | 22% |

6.6.4 Only 10% of carers said they were in contact with a carers' support organisation.

6.7 Consultation with carers of adults with learning disabilities

6.7.1 The consultation arrangements undertaken as part of the development of the Derby City Joint Commissioning Strategy for Adults with Learning Disabilities (2006 - 2011) included discussions with family carers. Some of the needs that carers identified were:

- more flexible services to give family carers some respite - evening and week-end activities
- user led services that match need and ability
- better communication

6.8 Carers conference - June 2006

6.8.1 Seventy eight informal carers attended this event held in the Darwin Suite, Derby. General comments received as part of the evaluation feedback highlighted the value that carers placed on being able to obtain information to help with their caring role. Many carers also appreciated the opportunity of meeting other carers in similar situations.

6.9 2007 Survey of carers

6.9.1 A very small random survey of carers was conducted at the Derby May 2007 Liberation Day event for older people. The survey was repeated with attendees at the Annual General Meeting of the Derby Caribbean Association of Carers held in June 2007.



The major concerns expressed by carers were:

- Getting a break from caring [61% of respondents]
- Coping with stress [52% of respondents]
- Health [48% of respondents]
- Money [43% of respondents]
- Finding time for leisure activities [39% of respondents]
- Dealing with emergencies [35% of respondents]
- Combining work with caring [22% of respondents]
- Housing [17% of respondents]

6.9.2 Carers were asked to explain what help and support would really make a difference to carers. 31% of the carers who responded to this question mentioned the need to have someone to talk to, and the need for a break. 23% of the carers who responded mentioned the need for information.

6.10 Black and Asian Mental Health Research Project in Derby 2007

6.10.1 *A Black and Asian Mental Health Research Project in Derby [2007]* ¹ was undertaken by Derby Millennium Network's Community Engagement Research Team. The project focused on the experiences of Black and South Asian adult service users (18+) and their carers in the Derby City area. Carers who responded to the survey indicated the need for the following improvements:

- **Outreach**
More outreach efforts particularly in the black community.
- **Training/culture**
Training of doctors to become more aware/sensitive to the cultural needs of Asian carers and service users. Training and courses for carers.
- **Communication/information**
More information to be made available to carers and the general public about mental health. More focus to be given to the spreading of information using the media, advertising and public service announcements. Information to be provided in carers' own language.
- **Partnership/networking**
Carers should be fully involved in all aspects of partnership working
- **Support**
More support for carers such as BME carers' networks and support groups for carers, more support workers from BME communities, and a 24 hour help line. Support and security in times of crisis was a key issue, together with more support from doctors and advice about who to contact.

6.11 Survey of Carers of People with Mental Ill Health - Spring 2007

6.11.1 This survey was conducted by MWB Consultancy Limited on behalf of Derbyshire Mental Health Services NHS Trust. Members of the Derby City and Southern Derbyshire Mental Health Carers Forum contributed to the survey. The aim was to find out the views and experiences of carers of people experiencing mental health distress aged over 18 years, who were being supported by the Care Programme Approach [CPA]. 111 carers responded to the survey.



14. Appendix 1 Summary of legislation and key policy documents

1. *A Black and Asian Mental Health Research Project in Derby [2007]* www.derbymillenniumnetwork.co.uk

The study aimed to identify gaps in mental health services for Black and Minority Ethnic (BME), Black Culturally Diverse (BCD), and dual heritage service users and carers. The report, which was launched at the Derbyshire Annual DRE Conference in November 2007, focused on the views of 23 service users and 15 carers aged 18 and over.

2. *Carers [Recognition and Services] Act [1995]* www.opsi.gov.uk

Introduced the concept of a carer's right to request a carer's assessment and contains the Local Authority's core statutory responsibilities. The Act gives carers the right to an assessment of their ability to provide and continue to provide care, if they care for someone who is having an assessment under:

- *Chronically Sick and Disabled Persons Act [1970]*
- *Children Act [1989]*
- *NHS and Community Care Act [1990]*

A carer is defined as someone who provides substantial amounts of care on a regular basis to another person.

Carers may request an assessment. The local authority must carry out that assessment. The local authority must take account of the results of that assessment in providing services for the person cared for e.g. if the carer needs a break from caring, respite care might be added to the care package. The local authority does not have a duty to provide services for carers.

3. *Carers Grant (1999 onwards)* www.dh.gov.uk

Carers Grant forms part of the government's National Strategy for Carers, Caring about Carers, published in 1999. The funding is designed to stimulate diversity and flexibility of service provision in order to enable carers to take a break from caring, and to help provide carers services to support them in their caring role. The funding is intended to address the needs of adult carers, young carers and the needs of parent carers of disabled children.

6.11.2 Some of the key issues, which emerged from the survey, illustrate some of the general difficulties many carers experience, and which are not just specific to carers of people with mental ill health. For example:

- 31% of carers had not been informed of their right to a carer assessment and a further 12% did not know or were unsure about this issue.
- 53% of carers had not been offered a carers assessment or review in the previous twelve months and a further 16% did not know or were unsure about this issue.
- 47% of carers knew how to make a complaint.
- 47% of carers reported that they had not been offered a respite service to provide a break from caring.
- 46% of carers had been given information about how to contact services at any time of day or night.
- 20% of carers knew about Direct Payments and how these might help the cared for person.
- 19% of carers said that in an emergency they could not usually get help if needed and a further 31% of carers were unsure about this issue.
- 49% of carers said that they had not had their needs as a carer assessed and a further 16% did not know or were unsure about this issue.
- 77% of carers who had been offered an assessment did not have a copy of their own support plan.

6.12 Conference for Unpaid Carers - 11th September 2007

6.12.1 This conference was aimed at over 70 unpaid carers, who were able to choose from a range of workshop topics throughout the day. Two 'Listening to Carers' workshops enabled 41 carers to vote on caring issues and to express their views so that results could be used for the development of the Carers Strategy.

6.12.2 The main common concerns expressed by carers were:

- Coping with stress
- Lack of support
- Carers' health.

6.12.3 44% of those who voted (18 carers) considered that their existing health problems had worsened since becoming an unpaid carer, and 28% considered that their health problems had occurred since becoming a carer. Other concerns identified by carers including worries about what would happen if they became ill and a perceived lack of support for carers.

6.12.4 Those attending the workshops identified the type of help and support that would really make a difference to carers. The following were the most popular choices:

- Respite care
- Help with benefits/financial support
- Regular check up visit from a professional
- Extra help with house/garden
- Information/training



7. Analysis of carers' needs

Appendices

7.1 Census information - carers

The following information has been extracted from the last census conducted across Derby.

Total number of adults aged 18 years and older who were providing unpaid care	22,769 (13.7% of total adult population of Derby)
Number of carers providing care up to 19 hours per week	15,299 (67.2% of carers)
Number of carers providing care between 20 and 49 hours per week	2,648 (11.6% of carers)
Number of carers providing care 50+ hours per week	4,822 (21.2% of carers)
Number of carers providing care 50+ hours per week who stated they were not in good health	1,094 (4.8% of all carers)
10,211 of all carers were aged between 45 and 64 years	(44.8% of all carers)
175 of all carers were aged 85 and over	
Number of such carers providing care for 50 hours or more a week	87



13. Strategy consultation arrangements

13.1 The contents of this Strategy have been the subject of ongoing consultation throughout its formulation period. Consultation arrangements to date have included carers and their representatives. The full Strategy document is subject to a formal eight week period of public consultation. Carers' groups and forums, voluntary and community sector organisations, local statutory agency partnerships (including health), and the general public are invited to submit comments.

13.2 The public consultation aims to address the following key questions:

- Does the Strategy capture the major concerns of carers across Derby?
- Does the Statement of Intent address the local gaps in services and support for carers?
- What should be included in an ACTION PLAN in order to address carers' concerns?
- Are any amendments to the Strategy needed?

13.3 The next stage of the Strategy will be to incorporate consultation comments, produce a more detailed Action Plan and then proceed with its implementation. It is anticipated that carers and their representatives will play a significant role in monitoring and evaluation arrangements. The aim of such involvement is to measure the outcomes of the Carers Strategy against the strategic vision taking account of the experiences and aspirations of local carers.

13.4 Comments and submissions need to be received no later than **November date?** A form is provided for this purpose, see Your Views Matter, at the back of this Strategy document. Completed forms should be sent by **Freepost** to:

Director of Corporate and Adult Services
 Derby City Council
FREEPOST MID 24259
 Derby DE1 2BR
 f.a.o. Marilyn Hambly

13.5 The following contact details are provided for use in the event of any queries about the Derby Carers Strategy or for requesting help with submission of comments:

Email Marilyn.Hambly@derby.gov.uk
 Telephone 01332 255527
 Minicom 01332 256666

7.2. Older carers caring for 20 hours+ per week	
The last census conducted across Derby revealed that the following wards had the highest number of people aged 65+ caring for 20+ hours per week	
Chaddesden	177
Allestree	167
Mackworth	166
Blagreaves	165
Boulton	161
Chellaston	138

7.3. Older carers with health problems caring for 20 hours+ per week	
The last census conducted across Derby revealed that the following wards had the highest number of people aged 65+ caring for 20+ hours per week, who stated they were not in good health.	
Mackworth	53
Chaddesden	45
Littleover	44
Blagreaves	43
Boulton	42
Chellaston	41
Alvaston	41
Derwent	39

7.4 Carers of adults with learning disabilities

Derby City Joint Commissioning Strategy for Adults with Learning Disabilities (2006 - 2011) indicated that there are 98 known individuals with learning disabilities living with family carers.

54 of these family carers are aged over 60 years.

7.5 Young carers

The last census conducted across Derby indicated that:

856 children aged between 5 and 17 years were providing care for family members

710 of these children were caring for up to 19 hours per week

92 of the total number of young carers were caring between 20 and 49 hours per week

54 of the total number of young carers were caring for 50 hours and over per week.

7.6 Help given by carers

Information from the National Census results indicated that the type of help given by carers to the main person cared for was as follows:

Keeping an eye on person cared for	60%
Keeping company	55%
Taking out	52%
Paperwork or financial matters	39%
Physical help	35%
Personal care	26%
Giving medicines	22%
Other practical help	71%

- We accept that many carers will find it difficult to be actively involved without help being provided such as sitting services and transport. We will seek to provide such help to support carers actively engaged in decision-making forums and strategic planning groups.
- We will examine reward and recognition issues to value the contribution of carers and we will consider the establishment of an expenses scheme to enable carers to participate in planning activities.
- We understand that effective consultation is time consuming and requires adequate resources to reach all sectors of local communities. When planning carer consultation and participation, we will make every effort to build into our plans sufficient resources to address such issues as language, interpretation and support.
- With the help of carers, we will review annually the action taken and the outcomes achieved in pursuit of this Carers Consultation and Participation Strategy.





12.3 Recognition and action

12.3.1 We recognise and value the significant contribution that carers, including young carers, are making in the support of a wide range of individuals living in Derby, who have health and community care needs. Many carers pay a high price in personal terms for the support they provide. We consider it to be essential, therefore, that we maximise opportunities to engage with carers so that their views and experiences can inform the development of services that will better support carers' needs in the future.

12.3.2 The following points summarise the action we will take in pursuit of our commitment to Carer Consultation and Participation.

- We will ensure carer representation on relevant decision-making groups and Project Boards.
- We will ensure carer representation on relevant strategic planning groups.
- We will develop our links with carers' groups and forums across the city to ensure that carers are able to contribute their views about carers' services and our strategic direction.
- We will develop our links with voluntary sector organisations, community groups, and health, social care, housing and training providers across the city to help raise the profile of carers and identify new ways of encouraging carer participation.
- We will develop our links with organisations and groups that focus on people who are likely to be marginalised e.g. BME communities, gay and lesbian groups etc. so that we can create new opportunities to raise the profile of carers and encourage meaningful engagement with carers within 'hard to reach' groups.
- We will explore with health and voluntary sector partners the feasibility of establishing regular carers' forums/events across the city for carers of adults in order to create opportunities for face to face communication with senior personnel from local statutory and voluntary sector agencies.
- We will conduct an ongoing survey of carers and will provide carers with feedback on the survey results and action taken. We will ensure that this information is widely disseminated.
- We will involve carers in quality audits of carers' services including carers' assessments.
- We will ensure carer involvement in Best Value reviews and Service Reviews.
- We will review staff training programmes on carers' issues to ensure promotion of best practice on carer involvement and carer inclusion.
- We will work with our partners and with training providers to ensure that training and mentoring opportunities are available to carers that will help them participate in decision-making forums and strategic planning groups.

7.7 Housing

Housing information about Derby indicates that:

9.6% of Derby dwellings were classed in 2004 as unfit compared to 3.7% in the East Midlands and 4.8% across England. (Source: ODPM - "Dwelling Stock by Tenure and Condition - 2004")

12% of dwellings in the owner occupier/private rented sector were classed as unfit. (Source: ODPM - "Dwelling Stock by Tenure and Condition - 2004")

7.8 Benefits

Benefits information about Derby indicates that:

18% of people aged over 65 years in Derby (August 2003) were in receipt of Attendance Allowance compared to 14% across England and Wales.

6% of people aged under 65 years received Disability Living Allowance (August 2003) compared to 5% across England and Wales.

National statistics indicate:

between a quarter and a third of eligible people are not claiming Pension Credit

1 in 10 people are under claiming Housing Benefit

1 in 3 of eligible people are not claiming Council Tax Benefit

7.9 Black and Minority Ethnic (BME) Communities

National research evidence indicates generally poorer health outcomes (both physical and mental) for the BME population in the UK, and that health problems develop earlier.

1 in 10 people aged over 50 in Derby are from a BME background. However, the proportion of people from a BME background increases in the younger age groups.

The largest BME groups in Derby in the 50+ age group are White Irish and Indian Asian (both approximately 1700 people or 2.4% of the total of over 50s). The next largest groups are Pakistani Asian (988 people, 1.4%), and Black Caribbean (907 people, 1.3%).

The largest religions in the 50+ age group (total population) are Christian 59,038 people, 82.7%, Sikh (1,472 people, 2.1%), and Muslim (1,116 people, 1.6%). Over 50s from BME backgrounds are concentrated in Area Panel 3 i.e. Arboretum (39.4% of over 50 population "not White UK"), Normanton (37.3%) and Abbey (17.8%).

The next largest over 50 BME numbers are in Sinfen (15.2%), Blagreaves (12.5%) and Littleover (10.4%).

Older people within Area Panel 3 (total population) are the most likely to be from a BME background, the least likely to say they provide 20+ hours of care per week, the most likely to report they are not in good health and the least long lived.

8. Mapping of service provision

8.1 Initial consideration of local information about services provided across the voluntary sector in Derby reveals that few of these services focus specifically on carers issues in isolation from the needs of the people cared for. Most services are designed for a particular target group together with their families and carers.

8.2 A full and detailed mapping exercise is time consuming. It is clear from the work undertaken in preparation for this Strategy that information sources are scattered and details of services are often incomplete. A major problem is the absence of a single source of information about carers' services across the city. This is needed not only for planning purposes, but also to help carers themselves and to provide a toolkit for local workers across all agencies that aim to inform and support carers. These issues will be addressed within the Statement of Intent [see section 11] and subsequent Action Plan.



12. Carer consultation and participation

12.1 Meaningful engagement

12.1.1 Derby City Council together with its voluntary/community sector and health partners, is committed to the principle of meaningful engagement with carers and to ensuring they are directly involved in the shaping of carers' services. Our intention is to create a range of opportunities for carers to make a real difference to strategic direction in terms of support for carers, and to help carers exercise influence on service design, delivery and review.

12.1.2 We are conscious that many carers are not in touch with statutory and voluntary health/social care services and some may not even identify themselves as carers. For this reason, we will seek to identify and listen to the voice of the marginalised carer as well as that of the activist carer.

12.2 Commitment to quality

12.2.1 Our approach to Carer Consultation and Participation will follow the City Council's corporate consultation standards that aim to ensure consultation processes are meaningful and effective. In pursuit of these standards, we will:

- avoid consultation duplication by checking that the information sought is not already available
- ensure that consultation is well designed
- explain to participants why the consultation is being carried out and how the results will be used
- follow corporate process to make sure consultation and outcomes are transparent
- use appropriate and innovative consultation processes to encourage a good response rate to enable participation
- allow time for the issues to be considered and responses to be submitted
- provide feedback to participants
- make sure that consultation is conducted ethically
- evaluate the effectiveness of consultation and regularly assess how well we are meeting these standards.

11.14 Quality management information

- We will examine and periodically review the quality, scope and reliability of management information about carers and their needs. Our aim is to ensure that the reality of carers' experiences properly informs judgments about services, developments and priorities.

Initial Action Points for 2008-2009

- Improvements to be made to management information about carers and their needs.

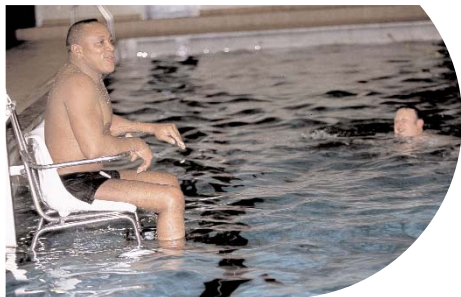


9. Gap analysis

9.1 Consideration of the needs identified by carers and by voluntary sector groups/ organisations together with the initial information collected for the service mapping exercise referred to in section 8, has highlighted the following:

- There is a need for a comprehensive resource directory that can be made available locally for carers and for those workers across all agencies whose role involves supporting carers.
- Easy access to comprehensive and culturally sensitive information and advice for carers remains an issue.
- Carers want arrangements to be in place that will provide emergency support particularly in situations when the carer is ill.
- Specifically targeted and culturally appropriate support for carers from black and minority ethnic communities is limited.
- Improved access to carer breaks is required ranging from an hour or more per week to block periods of one or two weeks to allow a holiday.
- More flexible 'day' respite provision is required to better suit the needs of carers including those who might need a break during the evening (up to 10.00 p.m.) and at week-ends.
- Provision for service users needs to go beyond personal care to include home based activities for stimulation purposes. This would ease the burden for carers who consider that their own caring role is holistic and is wider than the provision of physical care.
- A regular check-up visit from a professional would be welcomed by many carers.
- Better training is required for agency staff so that specialist care needs, such as the needs of people with dementia, can be addressed. This would re-assure carers so that they would feel more confident about taking a carer break.

9.2 Further work is required to better identify gaps in service provision. The issue will be addressed within the Statement of Intent outlined in section 11.



10. Vision and strategic direction

10.1 Statement of vision

- 10.1.1 The provision of accurate and timely information for carers, together with advice and support, will enable carers to feel recognised and valued and will help them to live full and healthy lives.

10.2 Strategic direction

- 10.2.2 Derby City Council is committed to working in partnership with health and other social care agencies towards achievement of the seven adult social care outcomes described in the government's 2006 White Paper *Our health, our care, our say*²⁸:

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination or harassment
- Economic well being
- Maintaining personal dignity and respect

- 10.2.3 These outcomes are central to the direction of travel that the City Council has agreed with its partners in developing the strategic themes for the Carers Strategy. All of the strategic themes for the support of carers link to the adult social care outcome of freedom from discrimination or harassment. Links with the other specific adult social care outcomes are highlighted below.



11.12 Quality service provision

- We will conduct quality audits to assess the quality of the Council's services and support to carers. We will ensure that carers are involved in this process.
- We will design outcome measures to capture both positive and negative feedback from carers about their experience of local carers' services.
- We will examine the range and flexibility of respite care arrangements to improve the level of support and choices available to those carers in greatest need.

Initial Action Points for 2008-2009

- Feedback form to be introduced that will enable carers to comment on the quality of their carers assessment and support plan.
- Improved access to be made to Carers Direct Payments so that carers can design more flexible support arrangements.

11.13 Equality of access and culturally and age appropriate support

- We will take steps to improve access to carer services bearing in mind the needs of Derby's diverse communities.

Initial Action Points for 2008-2009

- Information about carers assessments and carers services to be made accessible in seventeen languages.
- Work to be commissioned that will produce multi media materials in minority ethnic languages.

Initial Action Points for 2008-2009

- Free carers conference to be provided in 2008 to promote access by carers to information and advice.
- Arrangements to be made to access interpretation and translation services, as appropriate, for carers whose first language is not English.



11.10 Work life balance

- We will promote work life balance for carers as part of the information we provide to help carers.
- We will work with partners to improve the range and flexibility of opportunities for carers to take short breaks from their caring role.
- We will promote the development of emotional support services for carers such as peer support networks, buddying and counselling.

Initial Action Points for 2008-2009

- Improvements to be made in the number of carers accessing short breaks.
- Work life balance issues to be promoted through the use of carers check lists.

11.11 Access to work and training opportunities

- We will ensure that carers assessments address carers' aspirations for work and training opportunities.
- We will work with local agencies to identify and remove barriers that may prevent carers from accessing work and training opportunities.

Initial Action Points for 2008-2009

- Carers assessments and support plans to clearly address carers' aspirations for work and training opportunities.
- Discussions with local employers to highlight the barriers that may prevent carers from accessing work and/or prevent retention of employment.

Strategic themes for the support of carers

Recognition of carers and their needs

Outcome Improved health and emotional well-being
Increased choice and control
Maintaining personal dignity and respect

Public information

Outcomes Improved quality of life
Increased choice and control

Partnerships

Outcome Improved health and emotional well-being

Consultation and participation

Outcome Making a positive contribution

Prevention of carer breakdown

Outcomes Improved health and emotional well-being
Improved quality of life
Increased choice and control
Maintaining personal dignity and respect

Carers' health and well being

Outcomes Improved health and emotional well-being
Increased choice and control
Maintaining personal dignity and respect

Training and skills development [for carers and for those working with carers]

Outcome Economic well being

Support for carers in employment

Outcome Economic well being

Access to information and advice	
Outcomes	Improved health and emotional well being Improved quality of life Increased choice and control
Work life balance	
Outcomes	Improved health and emotional well-being Improved quality of life Increased choice and control
Access to work and training opportunities	
Outcomes	Economic well being Improved quality of life Increased choice and control
Quality service provision	
Outcomes	Improved health and emotional well-being Improved quality of life Increased choice and control
Equality of access and culturally and age appropriate support	
Outcomes	Improved health and emotional well-being Improved quality of life Increased choice and control
Quality management information	
Outcomes	Improved health and emotional well-being Improved quality of life Making a positive contribution Increased choice and control Economic well being Maintaining personal dignity and respect

Initial Action Points for 2008-2009

- DVD based training programme for carers to be piloted.
- Survey of carers to be undertaken in order to identify their views about their training needs.

11.8 Support for carers in employment

- We will ensure that services provided to carers and the people they care for recognise and support carers' working lives.
- We will promote the needs of carers in employment at appropriate opportunities, for example during carers assessment briefings/training for staff.
- We will raise awareness amongst local employers of the benefits of recognising, identifying and supporting employees with a caring responsibility.
- We will encourage local employers to undertake recruitment drives offering family friendly work practices.

Initial Action Points for 2008-2009

- Promotion event to be organised for local employers to highlight the business case for carer friendly employment practices.
- Derby's 2008 conference for carers to include information helpful for carers in employment.

11.9 Access to information and advice

- We will work with partners to identify access and referral routes for carers to ensure they can easily obtain reliable and up to date information/advice on housing, benefits, money, local services and other issues.
- We will promote closer links between carers' services by building on local developments such as the model of 'First Contact Joint Referral' system currently being developed across local advice agencies.
- We will work across agencies to improve the range of practical information available for carers and for those working with carers. We will give attention to the needs of carers with special needs and those whose first language is not English.
- We will work with partners to provide an annual carers conference to help carers access information and advice.

Initial Action Points for 2008-2009

- Emergency planning service to be introduced that will enable all carers to register their contingency plans for implementation in the event of a carer emergency.
- Arrangements to be improved for access to emergency cover in the event of a carer emergency.

11.6 Carers' health and well being

- We will work with Derby City PCT to identify the health needs of carers and to promote greater awareness amongst carers of the action they can take to reduce the risks to their physical and mental health e.g. stress reduction, lifting and handling training, work life balance etc.
- We recognise that children and young people (under 18) who are carers should not be expected to carry inappropriate levels of caring, which have an adverse impact on their development and life chances. We will not assume that children and young people should take on similar levels of caring responsibilities as adults.

Initial Action Points for 2008-2009

- Publicity campaign to be conducted in order to promote greater health awareness amongst carers.
- Additional efforts to be made to identify young carers supporting disabled adults to ensure such young people are offered appropriate help.

11.7 Training and skills development [for carers and for those working with carers]

- We will work with carer organisations and groups to identify carers' training needs.
- We will develop an action plan to ensure carers can access appropriate local training provision.
- We will explore the feasibility of additional specific carers' training programmes being introduced in Derby, for example "Learning for Living" City and Guilds training programme.
- We will support the introduction in Derby of the Expert Carers Programme and other relevant self help courses to promote the health of carers.
- We will review the training arrangements for carers assessments across Corporate and Adult Social Services and Children and Young People's Departments and will take action to address any deficits.
- We will work with partners across the health, social care and housing sectors to promote improved training for those involved in supporting carers.



11. Statement of intent

The following Statement of Intent provides an overview of the action we will take to address each of the strategic themes listed within section 10. A number of initial action points for 2008 are also highlighted. Following a Strategy consultation phase, the Statement will be developed into a more detailed Action Plan to include milestones, targets, timescales and outcome measures.

11.1 Recognition of carers and their needs

- We will develop a Promotion Strategy and support briefing sessions to raise awareness amongst health, local authority and voluntary sector staff of the vital role played by unpaid carers in supporting people with a wide range of physical and mental disabilities.
- We will promote recognition of carers as partner providers of care.
- We will help carers identify their needs as carers by providing a carers checklist for their personal use.
- We will take action to ensure that young carers (i.e. those who are under the age of 18) are routinely identified as part of the assessment process for disabled adults.
- We will undertake further work to improve our knowledge of and mapping of local carers services, and to analyse gaps in provision, so that we can better address service deficits to meet carers' needs.
- We will take action to promote the systematic early identification of carers. Bearing in mind that the majority of carers visit GP practices, our action will include designing and seeking additional funding for a support project that will specifically target carers through GP practices.
- We will promote consideration of carer issues in service developments across the Council and with partner agencies.

Initial Action Points for 2008-2009

- Carers checklist to be made available for carers through local voluntary and statutory sector workers. Checklist also to be published on the Council's website.
- Carers issues to be promoted across the city's key agencies via links with Derby City Partnership.

11.2 Public information

- We will improve Derby City Council's information for carers and members of the public and will ensure that information is shared about local carers' support organisations and carers' forums.
- We will give attention to the access, language and communication needs of Derby's diverse communities.
- We will raise general awareness of carers' rights and increase our efforts to contact "hard to reach" and excluded groups.
- We will develop with partners a range of accessible information for carers and members of the public. An "Information Prescription" project has been designed for this purpose. (Note: funding bid for this project was unsuccessful).

Initial Action Points for 2008-2009

- New City Council Carers Leaflet to be produced.
- Information about support services to be widely disseminated to the general public across the city in order to reach more carers.
- Initial scoping work to be undertaken in partnership with Derby City PCT to determine how best to reach carers through GP surgeries and Health Centres.

11.3 Partnerships

- We will add value to local work in support of carers by developing and strengthening our partnerships with statutory, voluntary, independent and community organisations across the health, social care, housing, education and leisure sectors. Our aim is to increase the choice and range of support available for carers across the city.
- We will work with those responsible for the provision of children and young people's services to ensure that cross over issues that are of concern to young carers and parent carers of disabled children are addressed within plans for carer service developments.
- We will develop working protocols to address transition issues to help smooth the pathway for carers between different services; for example, the transition between children and young people's services and adult services, and the transition between services designed for those under 65 and older people's services.
- We will explore the feasibility of enabling partner agencies in the voluntary sector to undertake carer assessments that can be validated within Adult Social Services. The objective would be to encourage more carers to undertake a carer assessment and to identify their needs.

Initial Action Points for 2008-2009

- Access to carer assessments to be widened through joint working arrangements with a voluntary sector agency.
- Working protocol to be agreed to help smooth the pathway for young carers between Children and Young People's Services and Adult Services.



11.4 Consultation and participation

- We will publish a Carers Consultation and Participation Strategy that will ensure regular and innovative consultation with carers, and that will support and encourage participation.
- We will take action to ensure that the voice of the marginalised carer is heard as well as that of the activist carer.
- We will link with community organisations supporting different ethnic groups in order to promote wider consultation with carers and more inclusive participation.
- We will support and encourage carer representation on strategic planning groups and partnership boards.
- We will examine ways of funding the costs of interpreters and translation of documents to improve participation by carers from black and ethnic minority communities.
- We will ensure that funding agreements with carers' forums/groups take account of the financial implications of improving participation by carers from black and ethnic minority communities.

Initial Action Points for 2008-2009

- Joint working to be undertaken with voluntary sector organisations and groups that are supporting carers with the aim of helping improve access interpreting and translation services.
- Communication links to be established with community organisations supporting different minority ethnic groups about carers consultation and the participation issues.

11.5 Prevention of carer breakdown

- We will ensure that priority is given to identifying and supporting those carers, whose relationship with the cared for person, or whose ability to continue caring, is most at risk of breakdown.
- We will provide information to help carers prepare for potential emergencies.
- We will review emergency arrangements available for carers and develop an action plan to address any gaps and deficiencies. With the help of the government's New Deal funding, we will also develop a fast track system to enable carers to access emergency support.
- We will explore the feasibility of a local holiday placement scheme aimed at supporting carers by providing a short holiday for the cared for person.
- We will support the growth of voluntary and community sector carer support groups/networks and will recognise the additional costs of enabling carer participation.
- We will develop a prevention Strategy aimed at promoting service provision in the voluntary, community and independent sectors that will offer support to carers who are providing a comparatively low level of care. The Strategy will recognise that many carers provide care over an extended period and increase their level of support in line with the needs of the person cared for. Measures designed to support carers in the early stages of their caring experience can prevent undue escalation of difficulties and prevent early breakdown of carer support.