

Thurrock Carers Strategy

2012 to 2017

THURROCK CARERS STRATEGY 2012-2017	4
EXECUTIVE SUMMARY	4
PURPOSE	4
BACKGROUND	4
CARERS IN THURROCK	5
CONTEXT FOR DELIVERING CARER SUPPORT	5
WHAT WE PLAN TO DO	6
CONCLUSION.....	10
THURROCK CARERS STRATEGY 2012 TO 2017	13
OUR VISION	13
BACKGROUND AND KEY THEMES.....	14
WHO IS A CARER?	17
SOME FACTS ABOUT CARERS	18
THE NATIONAL PICTURE.....	19
THE THURROCK CONTEXT	26
THE BALANCE OF POPULATION AND IMPLICATIONS FOR CARERS.....	26
THE LEVEL AND LOCATION OF CARE PROVISION	27
SUPPORTING CARERS: THE ECONOMIC POSITION	28
CARERS AND SAFEGUARDING	29
THURROCK CARERS SURVEY 2010	31
HOW WE CURRENTLY SUPPORT CARERS IN THURROCK	32
1. CARER RECOGNITION, ASSESSMENT AND SUPPORT	33
2. INFORMATION AND COMMUNICATION.....	33
3. HEALTH AND WELL BEING	36
4. A LIFE OF YOUR OWN.....	37
5. INTER-AGENCY WORKING	44
6. PARTNERS IN CARE	45
7. MANAGEMENT INFORMATION SYSTEMS.....	46
8. YOUNG CARERS	47
9. EQUALITY	50

Appendices

Appendix 1: Review of where we are now and how we can improve.....53

Appendix 2: Action Plan69

Thurrock Carers Strategy 2012-2017

Executive Summary

Purpose

This executive summary has been produced to inform carers, staff and the public of the key issues from the Thurrock Carers Strategy.

Background

The Council's vision is for Thurrock to be "A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish"

There are five strategic priorities to achieve this vision:

- Create a great place for learning and opportunity
- Encourage and promote job creation and economic prosperity
- Build pride, responsibility and respect to create safer communities
- Improve health and well-being
- Protect and promote our clean and green environment

The Thurrock Carers Strategy set out a plan for supporting carers in Thurrock which puts the Thurrock vision at the forefront of how we work with this crucial group of local people. Carers spend a significant proportion of their life providing unpaid support to a relative, partner, friend or neighbour who is ill, frail, elderly, disabled or has mental health or substance misuse problems. They are a diverse and significant group of people – over 3 in 5 people in the UK will become carers at some time in their lives and nationally 1.4 million carers provide more than 50 hours of care per week. This equates to a workforce greater than the NHS and saves the Government up to £119 billion per year. It is therefore clear that local services and the national economy needs carers and that replacing all unpaid care with formal care services is neither possible nor desirable.

Caring can be a rewarding experience but many face isolation, poverty, discrimination, ill health, frustration and resentment as a result of their caring role.

Thurrock Council recognises that carers are crucial partners in delivering social care and believes they should not pay a penalty for the valuable contribution they make. We want to work in partnership with Thurrock carers by recognising and respecting them in their own right. We are committed to supporting carers in their caring roles, in their health and well-being and in their wider aspirations.

Carers in Thurrock

Census data that reports that on average 1 in 8 adults will be carers. The 2011 Census showed that there are 14,600 carers in Thurrock, however there are currently only around 800 known to the Council (just 5% of the local carer population) and not all of these are receiving services. Thurrock's Community Strategy describes how Thurrock is changing fast. With its population projected to increase and age further there is likely to be an increase in the demands upon carers who are themselves becoming older and are already providing the bulk of care.

The 2011 Census also provides details about the level and location of caring responsibilities in Thurrock. Relatively heavy caring responsibilities ie 20 or more hours of unpaid care per week are undertaken by 41% of carers in Thurrock. This is higher than both the Regional and National average. The Wards of Belhus, Chadwell St Mary and Stanford East and Corringham Town each have over 300 carers providing 50 plus hours of unpaid care per week. With such high levels of care being provided in these areas it is likely that there will be a greater requirement for services and a higher risk of carer breakdown.

It is clear that Thurrock Council will need to make proficient and targeted use of limited resources if it is to successfully support its carer population in the future. Services must also be sensitive to the diverse needs of communities and areas of special need.

Context for Delivering Carer Support

There is a range of legislation and national policy that impacts upon the Council and its partners in the NHS to ensure carers receive the support and services they require. Included in this are:

- The National Carers Strategy published in 2008 and refreshed by the Government in December 2010
- Putting People First published in 2007 – future service development will be directly influenced by the preferences of service users and their carers
- Department of Health (DH) (1995) The Carers (Recognition and Services) Act – gives carers a right to an assessment of their own needs and ability to continue caring
- The Health and Social Care Bill (2011) – details a restructuring of the NHS and creates a separate NHS Commissioning Board. The Bill creates a new role for Local Authorities in Public Health and leads to a re-defining of the relationship between the Council and its health partners. In particular, the Council will be working more closely with GP's

The full strategy gives full details of these and other legislation and policies which have implications for carers.

What We Plan To Do

A description of how we currently support carers together with a summary of where we can improve and an action plan for change is included in the full strategy. The description, summary and action plans are each divided into nine themes which reflect what local carers are telling us they need:

1. Carer Recognition, Assessment and Support

We want to have a clear and strong carer focus and have carer identification systems that are robust and allow for early intervention. There will be an emphasis upon outcomes for carers.

There needs to be close working between teams with responsibilities for assessing and supporting carers and information shared as a matter of routine

We will help specific groups of carers who are currently under-represented.

Staff will become more informed about carer identification, the challenges carers face and how we can support them through carer awareness training. This is being developed and delivered in conjunction with Thurrock carers.

We will reach out to carers in their own community and help them at an early stage in their caring role before they reach crisis point.

An annual carers survey will be carried out to determine the impact of caring on people's lives and their perception of how services have helped them in their caring role and with their own health and needs. We will also use the survey (as well as other ways of gathering carer's views) to find out what carers want from services in future and identify carers who wish to participate in developing services for carers in Thurrock.

2. Information and Communication

The Thurrock Carers Survey 2010 revealed that 51% of respondents said they had been provided with information they needed for their caring role. For the majority of respondents, this information came from either a social worker or the Carers Centre. However 38% of respondents said they had not been provided with any information to help them.

We need to identify and signpost carers to good quality information and support at the time that it is needed.

Printed and web-based information for carers will be updated and modernised.

A stronger presence in the community will be needed to reach out more effectively to carers and to ensure that information is targeted to areas of particular need.

The Thurrock Carers Survey 2010 revealed that only 5% of respondents had received information about their caring role at the time of hospital discharge. We will be working with our NHS partners to ensure that appropriate information is provided when the person they care for is discharged from hospital.

3. Health and Well Being

94% of respondents to the Thurrock Carers Survey 2010 said that caring had either a big impact or some impact upon their day-to-day life and 34% said that their health was worse now than it was 6 months ago.

We need to help maintain the emotional and physical health and wellbeing of carers and their families.

We will continue to provide a range of health-promoting schemes such as therapy and training sessions, group and individual support.

Carers emergency plans will be developed for all carers who wish to participate.

We will forge closer links with local health services such as GP practices and pharmacies and will work with NHS colleagues to provide health checks for carers.

Closer working with local groups such as the Alzheimer's Association, the Stroke Network and Thurrock Parkinson's Network will identify opportunities for improvement through joint working and early carer identification.

The current provision of residential respite services in Thurrock will be reviewed and a plan developed for future respite provision.

4. A Life of Your Own

The Thurrock Carers Survey 2010 revealed that 49% of respondents had been helped by Thurrock Council to have a break from their caring role. 77% of respondents said that this had helped them to continue caring.

In line with the aspirations detailed in the Community Strategy to encourage and promote job creation and economic prosperity Carers will be supported to

have a life of their own through access to work and financial security, education and leisure.

Close working with our Jobcentre Plus Care Partnership Manager will enable us to explore areas for joint working where we can help carers who wish to return to or remain in work.

We will continue to provide a flexible and responsive short-break service and will review the residential respite service as described in section 3.

Assessing teams will be encouraged to identify opportunities for Direct Payments and be more creative in finding better outcomes for carers. This will be included in carer awareness training.

5. Inter-Agency Working

We will promote joint working between social care, housing, health, carers and third sector groups and other stakeholders who have an impact upon carers' issues in Thurrock.

In partnership with South Essex Partnership NHS Foundation Trust (SEPT), two carer support posts have been funded by Thurrock Council through the Mental Health Grant. They have supported carers via assessments and support plans, information and advice.

We will continue to support the work of the Thurrock Multi-Agency Carers Strategy Group which has helped to develop this strategy and will have a key role in monitoring its implementation and effectiveness in achieving agreed targets. Members of the Group come from health and social care, the third sector and, crucially, Thurrock carers themselves.

We will work closely with our NHS partners and in particular NHS S Essex and SEPT on all issues relevant to carers and will identify opportunities where joint working can improve outcomes for carers.

6. Partners in Care

We will ensure all services and service developments are carer-led and, where possible, are in line with what carers say they want and need.

We will increase carer membership of the Carers Strategy Group as more carers become aware of its role. We will continue to support carers' involvement in this Group and will encourage the development of an independent Carers Forum run by carers for carers.

Carers will be encouraged and supported to become peer supporters and volunteers. We will lead new innovations which promote a collaborative approach and help carers to set up and run their own services such as support groups and training.

Carers have been, and will continue to be involved in developing, presenting and monitoring Carer Awareness and other carer-related training for professionals. They will continue to be invited to attend relevant team meetings and will be encouraged to take an active role in designing their services and influencing how carer support is provided in future.

The results of the annual carers survey will be used to influence the design, planning and delivery of services leading to positive changes for carers. The survey will also include questions which will enable individual carers to identify that they would like to get involved in shaping services in Thurrock.

7. Management Information and Systems

A comprehensive recording and reporting system for carer information needs to be implemented in order that we may provide evidence of services provided and outcomes achieved and identify gaps in services and areas for development.

Better information needs to be collected and recorded which gives a comprehensive and complete profile of carers in Thurrock (by age, ethnicity, economic activity, caring hours provided, condition of the person they care for etc).

8. Young Carers

Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against 'Every Child Matters' outcomes.

We will continue to work closely with Carers of Barking and Dagenham (the service commissioned by Children, Education and Families to provide a Young Carers service in Thurrock) on joint initiatives including carer awareness training and intergenerational activities

A whole family approach during the referral and assessment process which takes into account the family situation on Young Carers will be adopted as standard practice and will be included in the Carer Awareness Training.

Transitional support for young carers moving into adulthood will be reviewed and improved.

We will increase the number of referrals to the Young Carers Project from Adult Services.

Strategic Leads in Adults and Children's Services will work together to improve the service.

9. Equality

We will provide equitable services all carers can access.

While there has been some progress in raising awareness of carers issues and the services available to support carers, there is little evidence so far pointing to increased engagement by Black and Minority Ethnic carers.

Of the total respondents to the Thurrock Carers Survey, only 2% stated that they were of Black or Black British ethnic origin.

Carers from BME communities mostly have the same needs as others but culturally sensitive ways of enabling and encouraging people to access services are needed. Some services may need to adapt the way they are provided to meet the needs of particular communities.

Close working with partners in Thurrock Racial Unity Support Taskgroup (TRUST) will help to identify hidden carers, determine demand for specialist provision for minority groups and address any barriers to equality.

We will explore how to engage closely with major local employers to encourage carer-aware and carer-friendly policies.

Partnership working with local voluntary organisations, community and faith groups will be developed in order to better support carers who remain 'hidden'.

Information about carers' services will be provided in accessible and understandable formats for BME Groups.

Conclusion

The Thurrock Carers Strategy provides an overarching framework which will be used as the basis for providing high quality and accessible services for Thurrock carers. It draws upon the shared vision and priorities of the Thurrock Community Strategy and the information about the Thurrock carer population from the JSNA and 2011 Census whilst also referencing national drivers for carer support. Local priorities and action plans, developed in partnership with carers, will ensure a common direction and help partners involved in delivering services to meet the aspirations of local people and achieve Thurrock's vision for carers.

For further information on this document or the full Thurrock Carers Strategy please contact Alison Nicholls on Telephone 01375 652945 or e-mail anicholls@thurrock.gov.uk

As you read this Strategy, bear in mind that if you are not already a carer, it is very likely that you will be at some point in your life.

Over 3 in 5 people in the UK will become carers and nationally 1.4 million carers provide more than 50 hours of care per week.

***This equates to a workforce greater than the NHS
- The economy clearly needs carers***

Carers are crucial partners in delivering social care, yet many face isolation, poverty, discrimination, ill-health, frustration and resentment as a result of their caring role.

Thurrock Council believes that carers should not pay a penalty for the valuable contribution they make

Thurrock Carers Strategy 2012 to 2017

Our Vision

The Council's vision is for Thurrock to be “A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish”

There are five strategic priorities to achieve this vision:

- Create a great place for learning and opportunity
- Encourage and promote job creation and economic prosperity
- Build pride, responsibility and respect to create safer communities
- Improve health and well-being
- Protect and promote our clean and green environment

The Thurrock Carers Strategy set out a plan for supporting carers in Thurrock which puts the Thurrock vision at the forefront of how we work with this crucial group of local people.

We intend to make this local vision a reality for Thurrock carers by working in partnership with them, by recognising and respecting both adult and young carers in their own right, by training and supporting staff to fulfil the Strategy's aims and objectives and by working to support carers in their caring roles, in their health and well-being and in their wider aspirations.

By 2017, carers in Thurrock will be:

- Respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
- Able to have a life of their own alongside their caring role
- Supported so they are not forced into financial hardship by their caring role
- Supported to stay mentally and physically well and treated with dignity and;
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against the Every Child Matters outcomes

Case Study: A Life of My Own

Mr T lives in Thurrock and cares for his wife of over 50 years who has Parkinson's Disease and severe dementia. He wants to be able to continue to do so until "the day when it is no longer possible". Mr T is in his seventies but is very active and enjoys many different hobbies. A package of support including home care, day care and a sitting service provided by the Council enable him to continue with his hobbies, giving him a break and a life outside of his caring responsibilities. Although he sometimes feels "low and tired" and recognises that "life has changed" he appreciates that this "crucial support" helps him to continue with his own pursuits while also making it possible to continue living with his wife in their family home.

Background and Key Themes

This Strategy replaces the "Thurrock Carers Strategy Update" of August 2005 and builds upon and develops some of the themes outlined in the "Review of Thurrock Carers Centre" carried out by Charlton Associates in March 2007.

The Strategy makes reference to the National Strategy for Carers and its thematic areas broadly reflect the national priorities. The key themes are:

- i. Carer Recognition, Assessment and Support
- ii. Information and Communication
- iii. Health and Well Being
- iv. A Life of Your Own
- v. Inter Agency Working
- vi. Partners in Care
- vii. Management Information Systems
- viii. Young Carers
- ix. Equitable Services All Carers Can Access

The local direction and priorities for developing carers services are set out in this Strategy and have been identified through consultation with carers and professionals. It has been developed as part of a multi-agency collaboration. Contributions from Adult Social Care and Children, Education and Families in Thurrock Council, South West Essex Primary Care Trust (NHS S Essex) and South Essex Partnership NHS Foundation Trust (SEPT), Third Sector organisations and local carers have been key to the development of the document and ongoing contributions from each of these areas will be critical during its implementation to ensure the achievement of agreed targets and also the ongoing monitoring of its effectiveness.

The Thurrock Carers Strategy is carer-led and where possible incorporates what carers have told us they want and need. The development of the Strategy and its

future monitoring will be overseen by the Thurrock Carers Strategy Steering Group which includes members from the following groups:

Thurrock Carers
Thurrock Council Adult Social Care
Thurrock Council Children, Education and Families Directorate
NHS S Essex
SEPT
Thurrock Coalition for Disabled People
Housing
Thurrock Racial Unity Support Taskgroup (TRUST)
Thurrock Young Carers

The evidence that provides the basis for this strategy is:

- What carers in Thurrock tell us is important to them and what we can do locally to help improve their quality of life
- The unique social, cultural, economic and geographic aspects about Thurrock and the carers who live here
- What is important locally, what is working locally and what could be improved by changing services and by better partnership working between social care and NHS partners
- National policy and particularly how carers work cross-cuts many different agendas
- The Regional priority as set out in the Carers Strategy for the East of England

How The Strategy Will Be Used

The Thurrock Carers Strategy will be overarching. It relates directly to carers of adults and parent carers and links to a separate Young Carers Strategy. Partners have their own internal plans and strategies.

The Thurrock Carers Strategy is a working document and will be continually reviewed and updated. It provides a framework for action to support carers in Thurrock in line with the Council's Corporate Plan and Community Strategy as well as the National Carers Strategy. It builds upon existing work and progress made but also plans for the future and takes into account social, economic and demographic changes as they affect the population of Carers. The focus in the future will try to give carers and the people they care for more independence and empowerment through more control of their care and budgets. Partners will jointly deliver the action plans detailed in Appendix 2 to support the commitments in this strategy and they will report on progress to the Carers Strategy Group, the LD Partnership Board, the Older Peoples Partnership Board, the proposed Carers Partnership Board, the Young Carers Group and NHS S Essex and SEPT Carers Strategy Groups

The Expected Benefits of the Strategy

Benefits for Carers: involvement in the planning and delivery of services; more power to plan and deliver services in line with the “Big Society” philosophy; seamless services; unified assessment processes; avoidance of gaps between services; continuity of care pathways; expansion and development of carers services; increased choice and independence; more personalised services.

Benefits for Staff: better identification of opportunities for collaboration and joint working across organisations; sharing of expertise and multi-professional learning; increased skills and skill mix; improved motivation through new ways of working.

Benefits for Providers: improved vision of service; opportunities to re-design services and tailor services to meet effectively future demand; development priorities shared with other organisations.

Benefits for Commissioners: opportunity to break down professional and organisational barriers; better use of resources – statutory, independent and voluntary; improved communication between organisations leading to better service planning and managing of demand in future.

Case Study: Carers Helping to Design Care Services

Mrs A lives in Thurrock and cares for her son who has autism. He is now living away from the family home in a specialist residential facility but returns home on a regular basis. Mrs A is an intelligent and outgoing woman who feels that she may now have the opportunity to get back to work at some stage. She is keen to get involved in having in say in how carer’s services are run in Thurrock. Mrs A has never felt that the support groups and coffee mornings that are currently running for carers have been right for her but she is enthusiastic about working alongside the Council to develop services which may be more appealing to carers of her age group and where she can use the experience she has gained in her caring role. She is currently talking to the Council about the potential for new services and is helping to provide carer-specific training for Council staff and other professionals in contact with carers. This is helping to build her confidence which will be valuable when she looks to get back into work.

Who is a Carer?

‘A carer is someone of any age who spends a significant proportion of their life providing unpaid support to a relative, partner, friend or neighbour who is ill, frail, elderly disabled or has mental health or substance misuse problems’¹

Carers can be described as :

- Family Carers
- Informal Carers
- Parent Carers
- Young Carers

Carers should not be confused with paid care workers, care assistants or with volunteer care workers. Many people who care dislike the label “carer” altogether believing it can detract from their identity as parent, child, partner or sibling to the person they care for². Many carers in Thurrock (in common with carers elsewhere) do not recognise themselves as carers or take a long time to do so.

Parent carers are carers with parental responsibilities for a disabled or ill child (or children) under 18. This group of carers often care for many years, sometimes for a lifetime.

Young Carers are children and young people under the age of 18 who take responsibility for a family member (usually a parent or sibling) who suffers from an illness, disability, mental illness or problematic substance or alcohol misuse, which they cannot manage alone. The Princess Royal Trust for Carers describes young carers as *“carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult”* The caring role carried out by young carers often impacts upon their education, social development and emotional and/or physical health.

Young adult carers (young people aged 16-25) often have specific needs and support may be needed during the transition from young person to adulthood.

¹ Carers at the Heart of 21st Century Families and Communities, HM Government, 2008

² Princess Royal Trust for Carers, www.carers.org

Some Facts About Carers³

Carers are a diverse group of people. Their needs are governed by their own circumstances, yet their interaction with services is usually related to the condition of the person for whom they care.

Over 3 in 5 people in the UK will become carers at some time in their lives. Caring can be a rewarding experience yet may face isolation, poverty discrimination, ill health, frustration and resentment as a result of their caring role. The 2001 census was the first to collect information about carers and provides most of the information available currently. The 2011 census provides the first opportunity for comparative data on changes in the caring population over a 10 year period

Over 6 million people are carers across the UK (one in eight adults)

- 42% of carers are male, 58% female and 3% of total carers are children
- The number of carers aged over 65 is increasing more rapidly than the general carer population
- 3 million people combine work with caring responsibilities, roughly one in eight workers in the UK, however each year 1 in 6 carers give up work or cut back on their hours to care
- 1.4 million carers provide care for more than 50 hours per week
- Around 2 million people (one third of the 6 million national carers) move into and out of caring every year. In Thurrock that would equate to nearly 5,000 carers which is a big challenge for services as there is a continual change of people with caring responsibilities
- Around 20 million people can expect to become carers in the next decade

³ Taken from:

www.statistics.gov.uk

www.carers.org

Census 2001 and 2011

Carers UK, Facts About Carers, Dec 2012

Carers UK, Health Inequalities, 2004

Carers UK, Carers Allowance Statistics, 2008

Caring is likely to have a detrimental effect upon people:

- The overwhelming majority (83%) of carers say that caring has damaged their physical health. 87% say that caring has had a negative impact on their mental health including stress and depression
- Long term carers are at particular risk of both poor mental and physical health which is likely to deteriorate the longer the Carer has been caring
- Carers not receiving respite were far more likely to suffer mental health problems : 36% compared to 17% of those getting time away from caring
- Nearly two thirds of carers spend their own income or savings to pay for care for the person they look after
- Giving up work means a loss of income and pension rights and the economy loses a substantial workforce annually
- 28% of young carers have serious problems in secondary school
- The Princess Royal Trust for Carers confidential online support service for young carers www.youngcarers.net has found unusually high levels of self harm amongst the young carers it supports

But society benefits:

- Nearly 1.4 million carers provide more than 50 hours of care per week. This equates to a workforce greater than the NHS
- It is estimated that carers save the Government up to £119 billion per year.

The National Picture

The National Carers Strategy

Over the coming years the demand for care will continue to grow. Care and caring are critical issues for our ageing population. Most people are living longer and many are developing clinical conditions. People in the “sandwich generation” often have to balance work with childcare and caring for an ageing parent. Others who are older themselves may care for partners and grandchildren. Parent carers of children with complex health needs know that they may be lifetime carers. All of these facts, when combined with the shift towards care in the home, means that the demands on carers will increase.

In 2008 the new National Carers Strategy was published entitled “Carers at the heart of 21st Century Families and Communities: a caring system on your side, a life of your own”. The vision detailed in the Strategy is that by 2018 carers will be recognised and valued as being fundamental to strong families and stable communities. Carers should receive personalised services and tailored support to help them in their caring role, sustain their own health and well being and to minimise the negative impact caring may have on their lives. Carers should be supported to maintain a balance between their caring responsibilities and a life outside caring whilst enabling the person they support to be a full and equal citizen. In 2010, a refresh of the National Carers Strategy entitled “Recognised, Valued and Supported: next steps for the Carers Strategy identified the following priority areas for supporting carers:

- i) Identification and Recognition – supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them in designing local care provision and the planning of individual care packages
- ii) Realising and releasing potential – enabling carers to fulfil their educational and employment potential
- iii) A life outside caring – personalised support for carers and those they support enabling them to have a family and community life
- iv) Supporting carers to stay healthy – support for carers to remain mentally and physically well

The National Strategy and Government policy relating to carers has signified a cultural shift away from seeing carers as just a ‘resource’. As well as supporting the contribution carers make in assisting people to live independently, Government policy is targeted to ensure that carers enjoy good health, have their economic needs met and can access the same life opportunities as other people. This means that every aspect of carers lives need to be considered and services to carers need to be personalised and offer choice and flexibility.

More recent initiatives from the Government are designed to empower communities to have greater control over the planning and delivery of services. These “Big Society” initiatives will need to be reflected locally if carers are to have a more influential role in determining how carers services are run in Thurrock in future.

The carers agenda is multidisciplinary and cuts across a number of national policies. Consequently issues of importance to carers are referenced in several national policies, laws and frameworks. The following highlights some of the policy drivers that impact upon carers

Transforming Social Care

In 2006 the “Our Health, Our Care, Our Say” white paper set out the vision for a reformed health and social care system that could respond to the demographic changes and rising aspirations in England. The paper pledged to help people stay healthy and independent; give people choice and a voice in their care services; deliver services closer to home and to tackle inequalities ensuring fair access. In response to this paper “Putting People First” was published in 2007 which set out what needs to be achieved for a transformed adult social care system to be realised over the next 10 years and beyond. By 2011 all local areas will be expected to have ‘made significant steps towards redesigning and reshaping their adult social care services’⁴. This will have a major influence over how services are commissioned and developed.

Key elements of “Transforming Social Care” which impact upon carers include:

- Recognition of family members and carers as ‘expert care partners’
- The development of individual personal budgets
- Universal, joined up information and advice services
- Person-centred planning and self directed support
- Access to advocacy, brokerage and peer support
- Better and more joint working between the NHS and local authorities

As a result of this transformation, future service development including those for carers will be directly influenced by the preferences of service users and their carers

Ageing Society Strategy

Published in July 2009 “Building a Society for All Ages” is the Government’s cross-department strategy for responding to the significant demographic shift in the age of the country’s population. The section on ‘older people at the heart of families’, contains a detailed set of proposals that both reference and extend the targets in the National Carers Strategy. The overall aims of the strategy focus on:

- People having the later life they want
- Older people at the heart of families
- Engaging with work and economy
- Improving financial support
- Better public services for later life
- Building communities and a society for all ages

End of Life Strategy

⁴ Department of Health, Transforming Adult Social Care, March 2009

Published in July 2008 “Promoting high quality care for all adults at the end of life” is the Department of Health’s end of life care strategy. Carers are deeply involved within the ‘end of life pathway’ and this strategy acknowledges this vital role and recognises that support for family and carers is often inadequate impacting negatively on carers’ health, wellbeing and ability to provide care.

NHS Constitution

The NHS Constitution launched in January 2009, was one of a number of recommendations in Lord Darzi’s report “High Quality Care For All”. It brings together what staff, patients and public can expect from the NHS and includes a number of rights, pledges and responsibilities for staff and patients. From January 2010 all providers and commissioners of NHS care are under a new legal obligation to have regard to the NHS Constitution in all their decisions and actions⁵. Significantly, for carers, they are given prominence as key partners in the delivery of care for the first time. The pledges and principles make specific reference to carers that could have a positive impact upon carers interactions with the NHS, notably in personalised services, emphasis upon self-care and prevention and quality measurement.

NHS Operating Framework

The operating framework for the NHS for 2010/11 sets out the priorities for the NHS for the year ahead to enable them to begin their planning. This framework recognises carers as “expert partners in care” and highlights that carers may benefit from additional support including breaks for carers.

In 2009/10 PCT funding allocations were £50m to provide breaks for carers. In 2010/11 a further £100m will be shared by the PCT’s. In November 2010 the Government makes available to the NHS £400 million over 4 years to support carers to take a break from their caring responsibilities

PCTs are required to work with their local authority to publish joint plans on how they will support breaks for carers in a personalised way

Valuing People Now

The ‘Valuing People Strategy’ was first published in 2001 with the aim of improving outcomes for people with learning disabilities. This document was updated in 2009 in ‘Valuing People Now – Making it Happen for Everyone’. A section in this document is devoted to the needs of carers and makes a commitment to “increase the help and support carers received from all local agencies in order to fulfil their

⁵ The NHS Constitution: securing the NHS today for generations to come, January 2009

family and caring roles effectively". It recognises that carers of people with learning disabilities need:

- Better information and assessments of their needs
- Improved access to support services such as day services and short breaks (respite care) especially for those with more severe disabilities
- To be treated as valued partners by professionals and not as barriers to their dependent's greater independence

The challenge is to ensure that carers:

- Receive timely and appropriate support to help them in their caring role
- Are able to easily obtain relevant information about services
- Know who to approach for advice and help
- Are respected and treated as individuals in their own right
- Are able to make their voices heard at local and national level

Every Child Matters

Launched in 2003 and underpinning the Children's Act 2004, Every Child Matters set out a programme of change to improve outcomes for children and young people.

The aims of the Every Child Matters programme are to give children and young people the support they need to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Young carers are featured in the Children's Plan, however this was launched prior to the launch of the National Carers Strategy and states "We will set out our plans to support young carers once the review of the Department of Health's Carers Strategy has concluded". As an interim measure, the Children's Plan proposed to build upon existing plans for Family Pathfinders to model more effective preventative support around families affected by illness, disability or substance misuse and which relies upon the care of a child.

Welfare Reform Bill

The Government published the Welfare Reform Bill in February 2011 which confirmed that Carers Allowance would remain outside of the Universal Credit. Carers Allowance remains a non means-tested benefit giving carers a unique place in the benefits system. Nationally approximately 245,000 carers receive this benefit which is currently £233 per month.

Nationally, approximately 250,000 carers who are already in receipt of means-tested benefits such as Income Support or Jobseekers Allowance will be moved onto the Universal Credit. As these carers are already means-tested, they could potentially

be better off if they are able to juggle work and care.⁶ However if Carers Allowance had become part of the Universal Credit, carers who may have given up work to care would have faced a means test and the risk of losing their right to Carers Allowance.

Disability Living Allowance (DLA) Reform

Part 4 of the Welfare Reform Bill 2011 is currently going through Parliament and contains proposals to introduce Personal Independence Payments (PIP). These reforms will mean that DLA will be replaced by a PIP for those of working age from 2013-4. DLA is important for carers as they can only claim Carers Allowance if they are caring for someone who gets the middle or higher rate care component of DLA (or Attendance Allowance which is not affected by the proposed changes).

The new disability benefit reduces the care component rates from 3 to 2, although the Government have confirmed that both of these rates will be used as a criterion to determine the entitlement to Carers Allowance. However, alongside plans to replace the DLA, the Government has announced a 20% cut (around £1billion) of the DLA Budget. These cuts could result in substantial numbers of carers losing their entitlement to Carers Allowance as the people they care for face changes to their DLA.

The Dilnot Commission on the Funding of Care and Support – July 2011

Members of the Care and Support Alliance (CSA) whose 23 members include Carers UK, Counsel and Care, Crossroads Care and National Network for Family Carers, issued a joint statement in response to the launch of the final recommendations of the Dilnot Commission's Report.

They welcomed the Commission's acknowledgement of carers as "the foundation of the care and support system" and recognition that carers need to be supported to live their lives and work alongside caring. Details singled out as being particularly relevant to carers were:

1. Additional public funding
2. Recognition of the needs and costs of younger disabled adults as well as older people
3. Clarity about costs and capping the costs of care
4. A national system of assessments and eligibility
5. A universal advice and information offer
6. Recognition that universal benefits such as Attendance Allowance need to be retained

Other Key Legislation

⁶ Carers UK, March 2011

In addition to the policy drivers mentioned above, there are a number of key legislations which influence how policies and services are developed for carers. Most notably these include:

Department of Health (DH) (1995) The Carers (Recognition and Services) Act – gives carers a right to an assessment of their own needs and ability to continue caring. Applies to carers of all ages.

DH (2000) Carers and Disabled Children Act – carers gain the right to an assessment even if the person they care for refuses an assessment or services. The Act also enables local authorities to give a direct payment (ie cash instead of services) for carers' services.

DH (2004) Carers (Equal Opportunities) Act – a major cultural shift in how carers are viewed, no longer just as care providers, but as people in their own right with their own aspirations for work, study, training and leisure. The Act also places a duty on local authorities to inform carers of their right to an assessment.

Work and Families Act (2006) – extends the right to request flexible working to carers of adults. Employers may only refuse a requested change in work pattern if it will damage the business or have a detrimental impact upon other employees.

DH (2007) The New Deal for Carers – set out 4 key developments, funding for Carers Emergency Short Term Support, Expert Carers Training (the Caring with Confidence Programme), National Carers Information Helpline, the new Carers Strategy and also set up the Standing Commission on Carers.

Aiming High for Disabled Children: Better Support for Families (2007) – new package of support for severely disabled children and their families over 3 years, including major investment in short breaks by 2010/11, pilot accessible childcare, transition support programme, funding for parent carer forums.

Attridge Law v Coleman 18/7/08 – following a test case by parent carer Sharon Coleman, the European Court of Justice ruled that the laws which protect disabled people against discrimination in the workplace not only apply to the person themselves, but also by association to their carer.

Pensions Act 2007 – reduced the number of qualifying years carers need for a full base state pension; introduced a new Carers Credit for those caring for 20 or more hours per week for someone who is severely disabled.

The Thurrock Context

The information in this section is based upon the 2011 Census, the Thurrock Profile and the JSNA Refresh 2012.

Thurrock's population at the 2011 Census was 157,700 an increase of 10% in 10 years which outstrips the increases of both the Eastern Region (8.3%) and England and Wales (7.1%) Thurrock is predicted to see a significant ageing of its population among the key older care groups. By 2021 it is predicted that the number of people aged 50-64 will increase by 5569 which represents a 20.9% increase while the number of people aged 85+ will increase by 966 which is an increase of 36.5%. This is likely to result in increasing demand for health and social care and an increase in the demands upon carers who are becoming older themselves and are already providing the bulk of care.

The 2011 Census reported that there were 14,606 unpaid carers in Thurrock which represents around 9% of the population. With a growing and ageing population, this figure is likely to increase significantly. **With around 800 carers known to the Council we are currently reaching just 5% of carers in Thurrock.**

The Balance of Population and Implications for Carers

With the older age groups (those that have the greatest need for health and social care needs) seeing the largest proportional increases, the balance between those of working age and the 'dependent' population will shift, changing the proportion of economically active people in relation to the proportion supported by the State. In Thurrock in 2011 there were 5.2 people aged 15-64 for every person aged over 65. As with much of the UK, this ratio is forecast to drop and in Thurrock the ratio is predicted to decrease by 15% to 4.4 people by 2021 meaning that there will be less people of working age available to care for and support older people.⁷

Services in Thurrock will therefore need to recognise and respond to both the needs of older carers and also provide support for working carers who wish to remain in or return to work as their contribution will be increasingly vital to the community

⁷ ONS, SNPP, 2012

The Level and Location of Care Provision

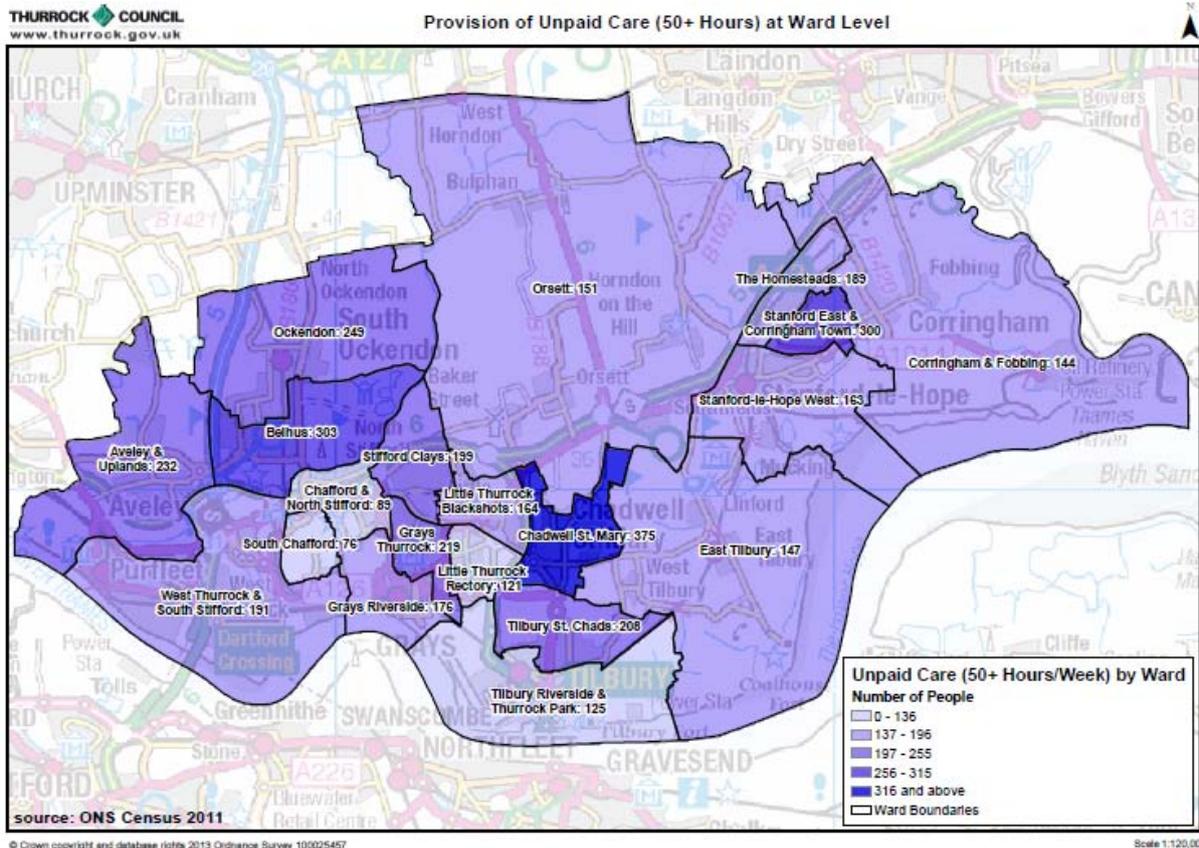
It is important to note that many people do not see themselves as carers but as parents, family, friends or good neighbours and one third are new to caring each year. Carer population data is therefore likely to underestimate significantly the numbers of carers.

Unpaid Care

	Level of Unpaid Care Provided by Carers		
	1-19 hours a week	20-49 hours a week	50+ hours a week
Thurrock	59%	15%	26%
East of England	66%	12%	22%
England and Wales	63%	13%	23%

ONS, 2011 Census

The above table shows the degree of unpaid care being provided due to long-term physical or mental health or disability or problems relating to old age. In Thurrock, 59% of people provided between 1-19 hours per week of care in 2011 which is lower than the regional and national average of 66% and 63% respectively. However the percentage of people who provide 20-49 or 50+ hours per week of unpaid care is higher than both the regional and national average.



The above figure shows the location of people providing 50 or more hours of care per week. Carers providing this level of caring are more than twice as likely to be in poor health as non-carers⁸ and therefore much more likely to require support. The ward with the fewest carers providing 50+ hours of care per week is South Chafford (76 carers) and the ward with the most carers is Chadwell St Mary (375 carers).

The 2011 Census found that Thurrock has become more diverse since 2001 and has a Black and Minority Ethnic (BME) community of 19.1%, slightly smaller than the national average. Thurrock's travelling community is quite small with White Gypsy or Irish Travellers representing only one fifth of one percent of the population. However, relative to other authorities, this proportion is relatively high – Thurrock is ranked 41st of 348 for the group as a proportion of population.

It is clear from the information above that Thurrock needs to facilitate smarter more focussed targeting of limited resources if it is to successfully support its carer population in the future. Services must be sensitive to the diverse needs of communities and targeted to areas of special need. Carer involvement and improved information about local needs are key to prioritising best use of limited resources.

Supporting Carers: The Economic Position

Caring can be a rewarding experience and as it is an expression of care, respect and affection for another person, it is impossible to fully and objectively quantify its value. However if the importance of the contribution carers make is to be highlighted and understood, it is important to determine and recognise the full scale of unpaid carer support.

In May 2011, Carers UK published Valuing Carers 2011, Calculating the value of Carers' Support. This estimated that the value of carer support in Thurrock in 2011 is £290million (based upon an estimated 16% increase in carer numbers since the 2001 census and a unit cost of replacement care of £18 per hour⁹

Clearly the costs of failing to support carers are significant and it is vital that the Council reaches out to more carers and provides support that often enables carers to continue with their caring role. Problems which might otherwise escalate are often resolved, if support is provided at an early stage, thereby avoiding or reducing the need for Council provided packages of support.

The current economic climate has led to financial pressures and budget cuts in Councils across the country. Thurrock faces challenges in meeting Government and local agendas and expectations and an increasing demand for health and social care, whilst operating in tightened financial circumstances.

⁸ Carers UK (2004) In Poor Health: the impact of caring on health

⁹ Unit cost for adults and older people receiving home care, NHS Information Centre, PSS EX1 Return for 2009-2010

However this economic climate also highlights opportunities for working differently and should not be a barrier to finding new and innovative ways of supporting carers. The approach to supporting carers in Thurrock has been quite traditional, centre-based and provider led. Low carer engagement figures suggest that this has not appealed to carers who are either reluctant to take up the services that have been on offer or are unaware that they exist. A radical change from this traditional approach to a modernised way of working is now required. By working together with carers to understand what they need and by working in partnership with them and partners in the NHS and Third Sector it is possible to deliver services which are personalised and flexible without the need for additional funding. It will mean using existing resources creatively and with the backing of an enthusiastic and energetic carers service skilled in facilitating joint working, exploring areas of alternative funding and inspiring local carers and service users to contribute to the planning and running of their services.

Flexible thinking and a willingness to contribute to new initiatives will make better use of limited resources.

Carers and Safeguarding

Carers have a range of roles regarding safeguarding: as partners and informants; themselves as vulnerable to harm and abuse; as abusers

The vast majority of carers strive to act in the best interests of the people they support. However, sometimes the carer may themselves experience abuse from the person they are caring for or from the local community. Conversely carer stress, tiredness, lack of information, skills or support can lead to risk of harm to the supported person. On rare occasions, harm is intended.

Carers Speaking Up

Carers are often in a position to be able to see and report their concerns and this recognition of harm or harmful behaviours can help to prevent such behaviours and protect people. However many carers do not report their concerns.

It is important that professionals in contact with carers understand potential barriers to carers reporting their concerns, work to overcome them and encourage carers to speak up.

As expert partners in care and sometimes as an advocate for the person they support, carers can help to scope and manage risks in a proportionate, enabling and sustainable way.

Carers are often best placed to be able to identify distress and offer support during a safeguarding investigation, where appropriate.

Carers At Risk of Harm

Caring often has a detrimental effect upon a carers health and well-being. However there is a point at which the behaviour of the person being cared for can fall into the category of abuse, whether intentional or not. Risk of abuse increases where a carer is isolated and risk factors tend to be greater where the carer lives with a person with dementia (where carers are often faced with escalating demands and/or is a partner or close relative. There may be risks of financial abuse where carers are trying to support someone involved in serious substance misuse. Some carers (and the person they support) may be subjected to anti-social behaviour by the people in their community.

Thurrock Council's procedures and training must ensure that professionals are aware that a carer may also be an adult at risk. Early interventions and careful assessments are critical.

Carers Who Harm

Recognition and reporting of carers who harm can be difficult although understanding common risk situations can be helpful. Risks tend to be greater where the carer:

- has unmet or unrecognised needs of their own
- are themselves vulnerable
- has little insight or understanding of the vulnerable person's condition or needs
- has unwillingly had to change his or her lifestyle
- are not receiving practical and/or emotional support from other family members
- are feeling emotionally and socially isolated, undervalued or stigmatised
- has other responsibilities such as family or work
- has no personal or private space or life outside the caring environment
- has frequently requested help but problems have not been solved
- are being abused by the vulnerable person
- feels unappreciated by the vulnerable person or exploited by relatives or services

Professionals should be aware of common risk situations which can lead carers to harm. Early intervention, information, sensitive assessment and skills in carer support and recognition can help to minimise the potential for harm by carers. An attitude towards safeguarding by professionals as a person-centred, proportionate and protective process as opposed to process-driven or criminalising, is also critical.

Thurrock Carers Survey 2010

In May 2010, a Carers Survey was sent to all carers known to the Council (537). Of these, 244 surveys were returned completed. The full results of the survey are highlighted throughout the pertinent sections within this Strategy. In summary, the following findings help to provide an overall picture of the impact of caring on people's lives and their perception of how services have helped them in their caring role and with their own health and needs.

The Extent of Caring and its Overall Impact

57% of respondents had been looking after or helping the person they care-for for over 1 year but less than 10 years. However a significant proportion of 24% have been caring for 20 years or more. Many of the respondents have heavy caring roles with 48% providing 100 or more hours of care per week. 44% of respondents said they had received a Carer's Assessment. In terms of whether the assessment had effectively assessed their needs as a carer, 75% said that it had fully or partially met their needs as a carer.

Caring and Health Implications

94% of respondents said that caring had either a big impact or some impact upon their day-to-day life and 34% said that their health was worse now than it was 6 months ago, yet 85% said that Thurrock Social Care had not helped them to stay fit and healthy.

The Economic Effect of Caring

40% of respondents said that caring had caused them financial difficulties in the last 12 months and although 41% said that it had been very or fairly easy to find information about advice, support, services or benefits, 20% said that it had been fairly or very difficult to find.

11% of carers responding to the survey were in paid employment and felt supported by their employer, 15% were not in paid employment due to their caring responsibilities and 50% were self-employed or retired.

Access to Support

Carers were asked how easy it had been to get support or services they need as a carer in the last 12 months. 29% of respondents said that they didn't need support or services, 45% said it had been very or quite easy to find support and services and 26% said it had been quite or very difficult.

Carers and Direct Payments

In terms of how services were financed, 15% of respondents said that they received a direct payment however, 41% said that they did not receive a direct payment and that no-one had told them about direct payments (the remaining respondents had either chosen not to have a direct payment or did not know whether they had been informed about direct payments).

How We Currently Support Carers In Thurrock

“The Council helped me to face honestly my feelings and practical needs. Suggestions were made for further help in talking over problem issues”.¹⁰

The Directorate of Adults, Health and Commissioning and the Children’s Services Directorate have a joint responsibility to support carers in Thurrock. Adults, Health and Commissioning will have the majority of contact with carers of adults, parent carers of disabled children and carers aged 14-25 who are in transition from childhood to adults.

Children Services have the majority of contact with children and young people with caring responsibilities who are under the age of 18

The two areas must work closely to support all Thurrock carers and to address whole family and transition issues for parent carers and young carers. The Carers Strategy Group includes representatives from both Directorates. Each Directorate supports carers by providing information, breaks and services for carers in their own right and develops their own commissioning strategies.

Thurrock Carers Centre

This is fully funded by Thurrock Council and falls within the responsibility of Adult Social Care. Thurrock Carers Centre is located in a residential area of Grays, a 10 minute walk from the town centre. The Centre acts as a hub for carers providing advice and information and hosts support groups, training and therapeutic activities. Short breaks and sitting (respite) services are managed by staff based at the Centre and some short break services are held at the Centre itself with the cared-for person either being transported to the site by the Centre’s own transport or arriving with their carer. Centre-based staff also manage day care services (for the cared-for) enabling carers to have a break. In line with this Strategy’s key themes, the following provides a summary of how we currently support carers in Thurrock:

¹⁰ Carer quote from the Thurrock Carers Survey 2010

1. Carer Recognition, Assessment and Support

In Adult Social Care, the Community Solutions Team (CS) provides a single front door to information and services. CS helps the carer to identify and describe the outcomes they would like and in conjunction with the carer (and the cared-for person if necessary) they build up a Support Plan. Carer's Assessments can be provided jointly with the cared-for person or they can be provided separately even if the person they care for declines an assessment or services. CS will provide advice and information and will signpost to the Carers Centre if appropriate. If specialist support is needed, CS will refer to the relevant Locality Assessment Team who will speak to the Carer or Service User and will visit them in their own home if required.

Completed Support Plans are presented to panel for consideration before any services are commissioned or a Direct Payment is made.

Young Carers assessments are undertaken by Childrens Services. See Section 8 for further information on Young Carer recognition, assessment and support.

A second point of entry for adult carers is directly to the Carers Centre. Carer Support Workers will assess "walk-ins" to the Centre and will also follow up on referrals from GP's, District Nurses, Third Sector organisations and other agencies. They do not however undertake full Carers Assessments and must therefore liaise with assessing teams to ensure a full assessment is carried out where appropriate.

Good communication between assessing teams and the Carers Centre is required to ensure that services provided to support carers are appropriate and information is shared which will improve outcomes for carers.

2. Information and Communication

The Thurrock Carers Survey 2010 revealed that 51% of respondents said that they had been provided with information they needed for their caring role. For the majority of respondents (57%) this information came from either a social worker or the Carers Centre. However 38% said they had not been provided with any information to help them.

"We simply do not know what is available from Social Services or wherever - we feel there may be more information and help but don't know how to obtain this"¹¹

The Thurrock Council website provides basic details about the Carers Centre and provides links to other websites which are likely to be of interest to carers eg Carers UK and Age Concern. The site needs to be modernised and updated and links included to NHS Choices Carers Direct and the Who Cares? Website. NHS Choices Carers Direct is a national online information and advice resource for carers

¹¹ Carer quote taken from Thurrock Carers Survey 2010

launched in October 2008. It was subsequently supplemented by a telephone advice line in April 2010. Carers can also e-mail Carers Direct for confidential information and advice. The Who Cares? Website was launched by SEPT and NHS SW Essex in March 2010 and offers practical help, support and advice for carers looking after someone with a mental health illness, learning disability or physical illness. It includes a section for professionals working with carers to register and start a network with other professionals and to access latest government guidelines and publications relating to carers.

The Carers Centre produces and distributes a quarterly newsletter to all carers registered with the Centre. The circulation of the newsletter needs to be widened to include third sector and primary care organisations and consideration given as to whether it should be re-launched to provide targeted information for specific groups. The Thurrock Enquirer is used to advertise events such as activities during Carers Week.

There is a Carers Centre Information pack which details all services available to carers, however this requires updating and the current mass produced format does not allow for much flexibility to change information quickly or target specific groups.

Many of the respondents to the Thurrock Carers Survey felt that information should be provided at GP surgeries, hospitals, libraries, diabetes clinics, and the Carers Centre. A few thought that Post Offices, housing complexes, supermarkets/shops and the internet were good sources for information.

A programme of assertively outreaching carers needs to be implemented. Support from local press and events to raise awareness will help with the challenges of identifying carers in Thurrock

A thorough review of all the information currently produced promoting the Carers Centre (ie web and print-based) is needed to bring it up to date, improve its flexibility and ability adapt to changes to ensure that it is provided at the appropriate point of contact between carers and services. The review should also consider how the information we produce may better reach out to new carers and hard to reach groups.

Specialist support for carers has been provided from the Carers Centre by Carer Support Workers who have developed specialist knowledge in mental health, drug and alcohol misuse and disabilities. This has included establishing specialist carer support groups. However due to staff leaving and retiring, there are currently no specialist support workers in post for older people, drug and alcohol, disabilities or BME/hidden carers.

In general there is little outreach into the community and telephone contact with individual carers is carried out in an unplanned ad-hoc manner. Most of the carer activities in Thurrock are centred around the Carers Centre itself and are used by a relatively small group of mainly older carers (and a number of ex-carers). However, the concentration of carers providing high levels of care are spread much wider (see Figure 1 on Page 28) A study is needed to determine whether it might be more appropriate to offer services at various locations in the community (see also Section 9 Equitable Services all Carers Can Access).

“It would be nice if, now and then, someone called to ask how you are!”¹²

Carer awareness training for key frontline staff has been provided in conjunction with NHS S Essex and SEPT and local carers themselves. This has been attended by Council staff as well as those from SEPT and third-sector partners who are in contact with carers. It is anticipated that this will help the process of establishing carers champions or leads in the social care teams who will be able to cascade information about developments in carer services. The Workforce Development Team is currently devising an ongoing programme of carer awareness training and is exploring how to develop e-learning and make use of DVD's to raise awareness of carer's issues amongst professionals. Carer involvement is being sought at all stages from planning through to delivery and evaluation.

The message from carers feeding back to the Strategy Group is that information upon discharge of the person they care for from hospital is limited.

The Thurrock Carers Survey 2010 revealed that only 5% of respondents had received information about their caring role at the time of hospital discharge

“When my husband was discharged from the stroke unit at Orsett, nobody asked if I could cope with looking after him and his everyday needs. I already had degeneration of the spine and sciatica and I was left to do all of his personal care, plus everything else, for 3 months, and it made my condition worse”.

“In the beginning of my husband's stroke I should (everybody should in my position) have been told I was entitled to a break whereby you have the person you are looking after placed in residential care home for a complete break, no one is given this information, I think it should be done before leaving hospital. I looked after my husband for 3 years 24/7 without a break”¹³

¹² Carer comments, Thurrock Carers Survey 2010

¹³ Carer comments, Thurrock Carers Survey 2010

We need to work closely with health colleagues to explore home from hospital initiatives or other carer-focussed discharge procedures to improve this situation. Investigate extending this to carer identification and support schemes following attendance at Accident and Emergency and specialist appointments

3. Health and Well Being

The Thurrock Carers Survey revealed that 94% of respondents said that caring had either a big impact or some impact upon their day-to-day life and 34% said that their health was worse now than it was 6 months ago.

Carers should be supported to maintain their own health and well-being through training, health promotion, emotional support and personal development opportunities.

Therapeutic and health promoting schemes are organised from the Carers Centre on an ad-hoc basis. These are popular and well-attended and could be useful in encouraging new carers to the Centre, including those from under-represented groups such as younger adult carers, those in outlying areas, BME carers and those that might be lonely, isolated and at risk.

Emotional support is provided on both a one-to-one basis through counselling services (provided in partnership with the local college) or through group sessions. Group based support sessions have been run by Carer Support Workers from the Carers Centre and have had enthusiastic carer support and attendance.

There were several requests for specialist autism training for carers from the respondents to the Thurrock Carers Survey.

Training for carers which helps them to maintain their own physical and emotional health, takes the form of the Caring with Confidence programme, Dementia Awareness, Relaxation Groups and Monthly Speakers.

Caring with Confidence: This is a Department of Health backed knowledge and skills based learning experience and is being provided in South Essex by SEPT. Support is provided either in local group sessions or from the carers own home using workbooks or the internet. However, funding for this programme has been withdrawn by the Department of Health. Alternative funding is being investigated but in the meantime the Department of Health have made available all of the session materials and training information to download from the NHS Choices website so it is possible to continue to deliver the programme locally.

Dementia Awareness: Run from the Carers Centre, this provides support and guidance specifically for carers of people with dementia in order that they may better understand, prepare for and cope with this condition.

Relaxation Groups: Run by the Carers Centre, these provide carers with the opportunity to learn relaxation techniques. They are also provided with information to take away in order that they may follow up at home, on the techniques they have learned. This is an 8 week course run every 3 months. Carers attend once a week for an hour.

Monthly Speakers: Sessions have been arranged by the Carers Centre, including those topics requested by carers. Speakers have covered subjects such as assistive technology and how this could benefit carers as well as sessions on stroke prevention and dementia awareness.

In 2009 NHS SW Essex and SEPT were successful in bidding for the Department of Health Demonstrator Site "Better NHS Support for Carers". The client focus was for adult and young carers of people with mental illness and/or dementia or learning disabilities based in South West Essex. This project finishes in March 2012 but legacy continues under the banner of the "Who Cares?" project with the following workstreams:

1. Carer Recognition Workers worked with local authorities, Basildon and Thurrock University Hospital, GP Surgeries, Primary Care Teams, pharmacies and voluntary organisations such as the Alzheimer's Society and Carers UK training their staff to ensure that carers are recognised and supported as soon as possible after their first point of contact with services.
2. Mobile roadshows resulted in the identification of carers not previously known and information about the support to which they are entitled was distributed.
3. A "Who Cares?" website was launched in March 2010 providing information and advice for carers and a carers' forum as well as an information section for professionals who are involved in supporting carers.
4. A workstream looked at carer pathways with the objective of integrating them into primary care, acute care and secondary care. This led to improvements in the early identification, recognition and support of carers across different agencies.
5. The project was underpinned by a workforce training programme delivered via e-learning, DVD's, workshops and on-site sessions.

4. A Life of Your Own

Breaks/Carers Respite Services

The Thurrock Carers Survey 2010 revealed that 49% of respondents had been helped by Thurrock Council to have a break from their caring role. 77% of respondents said that this had helped them to continue caring.

“Caring is a 24/7 responsibility which is very draining and we don’t feel like there’s any time for us as a couple and our family”

“Respite Care has helped me enjoy my family more as I have no worries about my son”¹⁴

A variety of short break options are available for carers enabling them to have a break from caring during the day, evening or at weekends, either in or away from their own home.

- Older People’s Day Care – currently managed by staff from the Carers Centre and comprises 5 centres, one specialising in working with people with advanced dementia, two work with people with milder dementia and two work with people with physical disabilities and very mild memory loss

“Day care for Mum helps her socially and allowed us peace of mind knowing Mum was having opportunities to interact with people other than us”¹⁵

- Outreach Services – arranged and managed from the Carers Centre. Comprises either care for the cared for person in their own home while their carer has a break away from the home or the carer remains at home while the person they care for is taken out into the community.

“The Carers Centre provided a sitting service for my mum which is a great help both to me and mum, they go out of their way to help us both, they are a wonderful group of helpers”¹⁶

- Holiday Respite – arranged and managed from the Carers Centre. A care worker will visit the cared for person while their carer is away on holiday for a pre-assessed and agreed number of times per day
- Weekend Day Support – carers take their relative/friend to the Carers Centre to be cared for by trained staff for up to 6 hours while they have a break

¹⁴ Carer comments, Thurrock Carers Survey 2010

¹⁵ Carer comment, Thurrock Carers Survey 2010

¹⁶ Carer comment, Thurrock Carers Survey 2010

- Regular weekly carers respite services are run on Tuesday and Wednesday at the Carers Centre which enable carers to have a break for the afternoon while their relative/friend is being cared for.
- A council-run planned short break provision for adults with learning disabilities is situated at Hathaway Road in Grays. This provides residential and non-residential stays for disabled people while promoting their independence, inclusion and skills development
- East Living run Breakaway which is a residential short break service in Aveley for people aged 18-65 who are disabled or have more complex needs. This includes learning disabilities, people with challenging behaviour and/or those with physical/sensory impairments. Eligibility for this service is determined through the Council's assessment and support planning process. The service user, with their carer's input, is allocated a number of nights residential break to use during the course of the year. Thurrock carers who have had a full Carer's Assessment are able to use the service for their cared for person.

An evaluation of the Hathaway Road and Breakaway short break services is currently underway. This will be review the quantity, availability and access to respite provision in Thurrock for people with a learning disability and their carers. Progressively more breaks will be provided as direct payments to give carers more choice and control. It is therefore important that a formal process for evaluating the success of carers' breaks is established as this will enable carers to make an informed choice about the break they might wish to choose.

Benefits Advice

- Staff at the Carers Centre have well established links with the central Financial Assessment and Benefits Advice Team (FABA). In addition, the FABA Team performs presentations for carers on benefits and provides advice face-to-face with carers during carers week and at other carers events.

Assistive Technology

- Where telecare equipment is installed in the home of a person needing care or support, it often offers significant benefits for carers as well. Available equipment includes personal alarms, fall detectors, smoke,

gas and spillage/flood alerts and in the case of an older person with dementia, detectors to indicate they are wandering. Response centres are able to react to somebody requiring help or assistance and may be alerted to contact their carer. Alternatively, equipment may be carried by a carer which will alert them if the person they care for needs help. Clearly telecare has the ability to offer carers peace of mind and more freedom in their everyday lives. In 2009 a project was initiated by Health and Social Care to increase both the take up and range of assistive technology on offer in Thurrock. Training has been provided for assessment staff and the assistive technology pathway agreed. In order to promote awareness of this technology among service users and carers, demonstration equipment is currently displayed at the Carers Centre and at a local day centre.

Emergency Planning

Case Study: Where to turn to in an emergency

Mr and Mrs Y are carers for their adult son who has a learning disability. They are now retired and their son is able to attend several training and part-time voluntary work opportunities. He also regularly attends short term residential respite provided by Thurrock Council which enables his parents to have a break.

Mr and Mrs Y enjoy travelling and often take the opportunity to have a break away from the family home while their son attends the residential respite service. However a recent trip highlighted how dependent they are upon other family members and neighbours if they are delayed and unable to return home at the planned time to care for their son. While an informal system of contacting family and neighbours is usually sufficient, it has become apparent that a more formalised emergency plan would be a crucial back-up. This would provide reassurance and peace of mind for Mr and Mrs Y and would mean that a system of support could be activated in an emergency thereby avoiding a crisis which may be costly for the Council and place unnecessary anxiety and emotional stress upon all involved. Mr and Mrs Y are now talking to the Council about implementing this emergency scheme.

- The Thurrock Carers Emergency Plan is under development and has been piloted. The aim is to ensure that carers can summon help if they become ill or have an accident or personal crisis and are unable to carry out their caring role. Carers complete an Emergency Plan which asks for information about them, the person(s) they care for and details of people who could step in if there is an emergency. It outlines what should happen and who will help to ensure the person they care for is safe. It is intended that this information will be held at the Carers

Centre and by the Emergency Duty Team and the carer given a card or key fob with an emergency telephone number and identification number which links to their support plan and details which alert others to the fact that they are responsible for providing care for somebody else. In an emergency, the carer or someone else could ring the emergency telephone number and give the number of the Emergency Plan. The Plan would be read and the Carer's Plan followed. If there are named people who can help in the plan, they are contacted by the Emergency Duty Team. If the named contacts cannot be reached, help will be provided by Social Care in line with the details given about what the carer does for the cared-for person contained in the Emergency Plan.

Although the Emergency Plan has been developed and successfully piloted it has not been progressed further and needs to be extended to all carers who wish to participate as soon as possible.

Carers and Employment

A key part of Thurrock's vision is to encourage and promote job creation and economic prosperity. Thurrock is currently undergoing a regeneration programme which will bring new jobs and fresh opportunities for the future. It is vital that Thurrock's residents are in the best place to take full advantage of these opportunities. This will involve improving the skills of local communities so they are in the best position to get the new jobs on offer.¹⁷

Many carers learn valuable skills whilst they are caring and some of these skills can be transferred to work. However carers may sometimes need support to re-adapt to the work environment to build up their confidence and skills. The National Carers Strategy pledged up to £38m to be invested in JobCentre Plus (JCP) services for carers. As a result, Care Partnership Managers have been appointed to each JCP district in England. Thurrock shares its Care Partnership Manager (CPM) with Essex and Southend. Their role is to:

- Increase the number of JCP customers who are carers moving into paid employment
- Build and maintain local and regional strategic partnerships to ensure that carer employment issues are appropriately identified
- Co-ordinate learning and development for Personal Advisors

¹⁷ Shaping Thurrock Community Strategy Towards Thurrock's Centenary, 2011

- Develop an expert knowledge of carers and the barriers to work which they face to influence other stakeholders
- Have a strategic role to represent JCP in forums involving carers and make an expert contribution on carers and employment
- Develop the knowledge of JCP staff with customer and employer facing roles to improve how they deal with carers looking for work and making sure that vacancies which are carer-friendly are flagged up
- Identify where there is demand for learning and development within carers' occupations and seek to work with others to fill that gap
- Work with local authorities and other providers of care to understand what types of care provision exist, where and how they might be accessed
- Work with local authorities and other providers to manage the supply and demand for replacement care especially for those carers seeking to take up training opportunities

Funding for replacement care for carers is available from JCP subject to conditions for "approved activity" such as attending interviews, undertaking training or attending a JCP advisory session.

Working in partnership with our own CPM will be key to ensuring that Thurrock carers' employment issues are appropriately identified and addressed. Initial meetings have been held with our CPM to share information on carers' services and support available in Thurrock. The CPM has attended the Carers Strategy Group and a process of information sharing established in order that we establish and maintain this vital local partnership

Carers and Housing

Suitable and affordable housing and related services are critical to the well-being of carers and their families. Housing issues relevant to carers include:

- Availability of suitable information and housing advice
- Lettings policies which address the needs of carers

- Inheritance rights of carers, particularly if the carer has not been made joint tenant (a tenancy can only be inherited once). This could be a problem for people caring for elderly parents if joint tenancy has not been agreed before the death of the parents)
- Equipment, repairs and adaptations can be vital in enabling a carer and their family to remain living together at home
- Housing support may enable carers and their families to remain in their home and avoid moving. Similarly, assistive technology or telecare may help with the caring situation at home and enable carers to live a normal and less stressful life whilst enabling the person they care for to live more independently.
- Knowledge surrounding the options available should a carer want to move home with their family or should the person being cared for want to live separately from the family home
- Funding issues for some carers if the person they care for moves into a care home (ie the person's home being sold to pay for required care). Carers and the people they care for may also face challenges if they want to change tenure from owning to renting in order to move into more appropriate housing as they may not be regarded as a priority even though they may have an urgent need for re-housing

Thurrock Council and its partners have already recognised the need to offer more housing options to older people. By 2013, around 60 units of purpose-built extra care housing will be available in the area. This development will offer different tenure options, care and support on site and facilities that can be used by the wider community. Importantly for carers, the majority of properties will be of a minimum 2 bedrooms so that family members and carers can be accommodated.

Support for parent carers of learning disabled children

There are currently no specific carer services or support groups for parents of learning disabled children. Several local carers have been asked whether they would be prepared to participate in a group looking at what services or support is required and the best way to provide this ie via the Third Sector, direct payments or direct council provision. Their findings will be reported back to the Carers Strategy Group.

End of Life

Support for carers who are caring for someone approaching the end of their life is currently provided by both outreach services managed from the Carers Centre and SPDNS Nurse Care CIC (SPDNS) . SPDNS work in conjunction with St Luke's Hospice (Basildon) to run a Hospice at Home service for patients with terminal illnesses and their families who choose to be cared for at home. There are overlaps in the two services and there have been occasions when SPDNS and the outreach service have been supporting the same carer

It has been agreed that the Carers Development Manager and SPDNS jointly review existing support packages and any new carers coming into the service to determine which organisation should be providing support for the carer. Once this is complete, a view to any future funding for specialist end of life provision for a carer-specific service will be taken.

Discussions are taking place between the Thurrock Council's Carers Strategy Officer and the Commissioning Manager responsible for End of Life care at NHS S Essex to ensure alignment of the respective strategies and investigate joint working opportunities.

5. Inter-Agency Working

Collaboration with colleagues in SEPT and NHS S Essex has improved greatly in the last two years at both a strategic and operational level. Support from Thurrock has been evident with the Caring with Confidence programme and the demonstrator site – Better NHS Support for Carers. Joint meetings are held between all agencies and Thurrock's Carers Strategy Group has multi-agency representation. The third sector is also represented by Thurrock Racial Unity Support Taskgroup's (TRUST's) involvement in the Strategy Group and while other third sector organisations have not yet attended, they are kept informed of the Group's work and are consulted on areas of specific interest to them.

In partnership with SEPT, two Carer Support Worker posts have been funded by Thurrock Council through the Mental Health Grant. The aim is to reduce the number of carers of people with mental ill health who decline carers' assessments in Thurrock by identifying and assessing carers' needs and ensuring that carers receive the appropriate information and support they need to continue caring. Support workers have also referred carers to the Caring with Confidence programme and to the Carers Centre for further support.

Partners in the Strategy Group were consulted on the content of the Carers Survey and this Carers Strategy is a joint strategy with contributions from all members of the Strategy Group. Similarly the SEPT Joint Carers Strategy has been developed together with Thurrock and other partners. An ongoing multi-agency commitment will be important to implement and monitor local strategies in response to the National Carers Strategy.

Close working with Young Carers services has been achieved and is ongoing. The Carers Strategy Officer in Adult Social Care liaises with the Young Carers Strategy Manager in Children Education and Families. In addition, the Thurrock lead for Barking and Dagenham Carers (who have been appointed by CEF to run Young Carers services in Thurrock) is a member of the Strategy Group and works closely with the Carers Strategy Officer in Adult Social Care (see Section 8 for more information on Young Carers).

Partnerships continue to widen to include Housing, Jobcentre Plus, NHS South Essex's Patient Advice and Liaison Service and colleagues with responsibilities for carers services in neighbouring authorities such as Essex and Southend-on-Sea. Thurrock is an active partner in the East of England Regional Carers Lead Meetings and attendance at their Regional Carers Conference included Thurrock carers, staff from the Carers Centre, the carers' strategic lead and the Young Carers service.

6. Partners in Care

¹⁸“Local people want to have more influence over Thurrock and what public organisations like the council and health provide. In a recent borough-wide survey nearly three-quarters of respondents felt they had no influence over decisions that affect their area and nearly a third said they would like to be more involved.” A number of initiatives have started in Thurrock to enable us to understand what carers want and need and to begin to empower carers to control their own care. It is critical that we involve local carers in the design of services as this approach will ensure that we are able to offer sustainable, quality personalised care. We should recognise carers both for their caring role and their need for support particularly in relation to the “Putting People First” agenda.

A formal carers' survey was carried out in May 2010. One of the questions in the survey asked whether carers felt that they had been involved or consulted as much as they wanted to be in discussions about the person they care for in the last 12 months. 67% said that they either sometimes, usually or always felt involved; 9% said they were never involved and 25% were unaware of any such discussions.

¹⁸ Shaping Thurrock Community Strategy Towards Thurrock's Centenary, 2011

In order to put carers in a position of control, a Carers Strategy Group was established and carers were invited to join. So far, we have 3 carer members of this group and it is intended to extend this further as more carers become aware of its role. Current carer members represent a diverse range of age and carer responsibilities but this will be extended further as new members are encouraged and recruited through carer awareness training, carer events and through the carer support groups.

As carer membership of the Carers Strategy Group grows and carer representatives become more informed about strategic issues, it is intended that this group (with continued Council support) becomes an independent Carers Forum run by carers for carers. This will be able to influence and comment upon Council carer policy and the development of carers' services. This will require an investment of time and training by the Council to ensure that participating carers are fully supported to take this forward.

Carers have been included in planning, delivering and evaluating the success of carer awareness training for professionals which is now an ongoing programme of training. We will be including carers in formulating plans for future training and events such as Carer Workshops and Conferences. Carers were also part of the Thurrock Team that attended the East of England Carers Conference in March 2010.

7. Management Information Systems

The recording and reporting of carer assessments and services in Thurrock has been historically inconsistent and, in some areas, is largely lacking. Information and advice is frequently given to carers without appropriate recording and consequently carers data shows poor performance in terms of the numbers of carers identified and supported in Thurrock. It is likely that poor recording of information means there is a degree of under-reporting which distorts the true picture of support provided, however it is also true that the actual extent of service provision is low for the reasons detailed throughout this Strategy.

As accurate and comprehensive carers data is not currently being recorded, there is a corresponding lack of management information. This means that it is difficult to make informed decisions surrounding the planning and commissioning of carer services.

Better information needs to be collected and recorded which gives a comprehensive and complete profile of carers in Thurrock (by age, ethnicity, economic activity, caring hours provided, condition of the person they care for etc). We should also record the needs of carers and what outcomes they seek from services.

A comprehensive recording and reporting system for carer information needs to be implemented in order that we may provide evidence of services provided and outcomes achieved and identify gaps in services and areas for development.

The Performance, Quality and Information Team are undertaking a review of carers data recording and reporting and are due to publish their findings in early 2011.

8. Young Carers

“Young carers are children and young people under 18 who provide, or intend to provide care, assistance or support to another family member who is disabled, physically or mentally ill or has a substance misuse problem. They carry out on a regular basis, significant or substantial tasks, taking on a level of responsibility that is inappropriate to their age or development”¹⁹

The 2001 Census recorded that there were 400 young carers in Thurrock but there are now likely to be considerably more than this. In common with all carers, young carers are often slow or reluctant to self-identify so the numbers will always be under stated.

In 2009, following a commissioning process by the Children, Education and Families Directorate, Carers of Barking and Dagenham (COBD) were appointed by Thurrock Council to be the provider of young carers’ services in Thurrock. COBD are a registered charity and are members of the Princess Royal Trust for Carers.

Under the terms of their appointment, COBD have provided Thurrock young carers (aged 8 to 18) with:

- i) One to one support
- ii) Information and advice
- iii) Opportunities to participate in activities and trips with other young carers

COBD identified 91 young carers in their first year in Thurrock and by August 2011 were supporting a total of just under 200 young carers in Thurrock.

The majority of referrals received by COBD have been from CEF suggesting that Adults Services need to improve their recognition and assessment of young carers who may be caring for parents or siblings with mental illness, learning or other disabilities. A Young Carers Champion has been appointed in Adult Services to raise awareness and understanding about young carers with colleagues who are working in assessing teams.

¹⁹ SCIE, 2005

COBD are performance managed by the “Thinking Families” Performance Management Framework – an outcomes-based model. All current service users have been given baseline scores and assessments and their progress is evaluated at contract monitoring meetings.

One young carer has been identified to work as a peer model and will mentor and volunteer services to other young carers. COBD are active in bidding for funding from organisations such as the Princes Trust for the Thurrock service which will allow it to expand its range of provision.

From a strategic perspective, CEF are developing a Multi Agency Strategy for Young Carers in Thurrock. Development has been closely linked with the production of this Thurrock Carers Strategy to ensure there are common aims and that services work closely together to achieve the objectives of the Action Plan.

The Strategic Objectives of the Young Carers Strategy are:

- i. To identify young carers in Thurrock who need support and guidance
- ii. Children’s welfare to be promoted and safeguarded by working towards the prevention of any child undertaking inappropriate levels of care and responsibility for any family member
- iii. To develop a whole family approach whereby all agencies work together, including adults and children’s services, to offer co-ordinated assessments and services to the child and the whole family
- iv. To raise awareness of the needs of young carers among professionals in the children’s and adults social care, health service professionals and within all relevant statutory and voluntary agencies
- v. The local Young Carers Project and other direct services will be available to young carers needing them, as well as all other services being accessible and responsive to the needs of young carers on both a practical and emotional level
- vi. To ensure that every young carer will have the opportunity to fulfil his or her potential by being able to take full advantage of school, higher education, sports, cultural and leisure activities
- vii. To give young carers and their families a voice in the design and development of services commissioned specifically to support them as well as in the development of services for children and young people generally
- viii. Young carers and their families to have an active voice in the development of individual packages created to support them and/or their families. A family-based approach is essential and the development of individual budgets and direct

payments are particularly appropriate for families with children who have complex needs.

- ix. To provide appropriate training for school staff to enable them to recognise/identify children who may be young carers
- x. To ensure that counselling/emotional support is available where necessary to young carers to enable them to enjoy and achieve their full potential.
- xi. Regular monitoring and evaluation of Young Carers Services to check the progress against these objectives and the Action Plan (see Appendix 2)

The outcomes to be achieved for young carers as detailed in the Young Carers Strategy are:

- i. Being Healthy – encouraging and supporting good physical, mental and emotional health
- ii. Staying Safe – identifying young carers who could become at risk of physical or emotional harm and offering early or preventative support to both adults and young carers to ensure that, wherever possible, the family can remain united
- iii. Enjoying and Achieving – promoting educational attendance and attainment and providing opportunities for leisure, breaks and play
- iv. Making a Positive Contribution – young carers are able to have choice and control. They are offered opportunities beyond caring and can participate in social activities along with their peers. Young carers have a voice in determining the operational and strategic development of their services
- v. Achieving Economic Well Being – tackling the economic disadvantages often faced by young carers. Supporting young carers with the transition to adulthood and helping them to access further education, employment and training

Both CEF and Adult Social Care have noted the ADASS (Directors of Adult Social Services) and ADCS (Association of Directors of Children's Services) Model Local Memorandum of Understanding between Statutory Directors for Children's Services and Adult Social Services²⁰. This provides a framework within which we can develop and provide personalised and joined -up support for young carers and their families.

Efforts to improve joint working locally have been increased. There is now close contact between operational staff at the Carers Centre and the Project Co-ordinator for Thurrock Young Carers

²⁰ www.adcs.org.uk December 2009

We have worked together in delivering Carer Awareness Training, the Project Co-ordinator attends the Carers Strategy Group meetings and we have held joint discussions about how we can join some adult and children's carers groups together to promote intergenerational activities and greater understanding between the services. The aim is that we are able to promote:

- i) Better joined-up working and communication
- ii) Work together where possible rather than as two separate services
- iii) Communicate and feedback information about support plans, assessments etc between services
- iv) Share information and ideas leading to innovative new services
- v) Encourage transitional support for young carers moving on to adult carer services

The Strategic Lead for the Children's Joint Commissioning Unit has recommended that an operational management lead attend the Thurrock Carers Strategy Group and that a carers' lead in Adult Services attend the Young Carers Strategy Group

9. Equality

The work of the Carers Strategy Group is seeking greater involvement of groups representing BME carers to encourage greater take up of carer services by this part of the community. While there has been some progress in raising awareness of carer's issues and the services available to support carers, there is little evidence so far pointing to increased engagement by BME carers.

Of the total respondents to the Thurrock Carers Survey 2010, only 2% stated that they were of Black or Black British ethnic origin, the remaining 98% stated that they were of White ethnic origin

The centralised nature of the Carers Centre may deter some carers from accessing services as they may feel it is too daunting to approach or that it is inappropriate for their culture.

Having a carers centre located in a single building as a 'carers hub' may therefore be a barrier to some carers. A decentralised outreach model may help to identify carers closer to their own communities and encourage them to take up

services. For example emotional support for carers over the telephone or a befriending service or service connecting carers with other carers in the community may be more attractive to some carers who find a group-based, centre-led approach unappealing.

'Needs are universal; solutions may be different: People and carers from BME and travelling communities mostly have the same needs as others. However culturally sensitive ways of enabling and encouraging people to access services are needed and some services may need to adapt the way they are provided to meet the needs of particular communities. Different communities are likely to require different approaches to meet the same needs'²¹ . While it is true that any carer may view their caring role as part of family life, this is particularly true of BME carers. Cultural differences have a significant impact and different groups and individuals may find different levels or degrees of caring acceptable as part of day to day daily life.

Census surveys confirm that BME communities experience disproportionate disadvantage. They are more likely to live in deprived areas, experience poverty, live in overcrowded and unsuitable accommodation, be unemployed and suffer ill health.

It is more common among people from ethnic minorities and the travelling community, compared with others, to live in the same household as the person they look after. The result is often that there are few opportunities for respite in everyday life.

The personalisation of services to carers in Thurrock will be key to addressing the needs of people from BME communities. If we can tailor services to individual needs and preferences and move away from standardised provision we can go some way to helping people with different cultural needs.

A collaborative approach to future service provision that will be co-produced, co-developed and co-evaluated will also be vital in ensuring our services are addressing the needs of the BME community. BME carers willing to influence service provision need to be identified and empowered to enable them to participate actively and confidently in forums which can determine the shape of service provision in future.

²¹ Afiya Trust for the National Black Carers and Carers Network , Beyond We Care Too Putting Black Carers in the Picture, 2008

Although Thurrock is able to provide translated documents upon request, we do not routinely provide carer information in a culturally appropriate way. People are unlikely to request translated documents as care-giving is perceived to be the family's responsibility.

Research by the Afiya Trust showed that voluntary sector organisations play a key role as gateways to information, support and services.

It is vital for Thurrock to engage with community voluntary sector organisations to ensure the BME and travelling communities are aware of their entitlement to assessment and eligibility for services. Carer awareness training for these organisations will ensure they are skilled in identifying carers and signposting them to services

APPENDIX 1: What Are We Doing Now and Where Can We Improve

Theme 1 : Recognising and Assessing Carers Needs

Aim : To have a clear and strong carer focus
Carer identification systems are robust and allow for early intervention
There is an emphasis upon outcomes for carers

What we are doing now

- A strategic lead for carers has been appointed
- An inter-agency Carers Strategy Group has been established and meets regularly to discuss strategic issues, review progress and identify new opportunities for service development.
- Two Carer Support Workers have been appointed in the Community Mental Health Team and are raising awareness of carers issues in their Teams as well as identifying and assessing carers new to services
- Six Carer Recognition Workers were appointed in South West Essex as part of the NHS SW Essex/SEPT demonstrator site “Better NHS Support for Carers”. Three in GP Practices, one in adult and older peoples secondary mental health, one specialising in learning disabilities and one in dementia. Their expertise in identifying carers has been passed on to the staff working in these health settings as a legacy of the Project
- Carer Champions are working in all teams providing carer expertise to colleagues and promoting good practice
- The Community Solutions Team are trained in the services available for carers and can provide information, advice and assistance with developing support plans for people upon their initial contact with the Council
- The Community Solutions and Locality Teams visit the Carers Centre as part of their induction and carers information is presented at their Team Meetings
- A Carer Support Worker based at the Carers Centre provides targeted support for carers of people with mental health problems
- A Mental Health Support Group is established
- Carer awareness training has been established for staff in contact with carers and will regularly and systematically advise existing and new staff of carer awareness and available services. The training is also offered to Third Sector and NHS partners
- Safeguarding training for staff incorporates carer-specific elements eg recognition of risk factors, carer stress etc
- Personalisation and outcome-focussed assessments are included in carer awareness training

APPENDIX 1: What Are We Doing Now and Where Can We Improve

Where we can improve

- Investigate whether existing services reach a representative group of the Thurrock carer population – this will enable targeting of specific groups who may be under-represented
- Awareness of carer services within the assessment teams has not always been comprehensive and the focus is often upon the cared-for and not the carer – carer awareness training will help to redress this balance of focus
- Following the initial carer survey undertaken in 2010, annual carer surveys need to be established as a regular process to inform service provision and identify areas for improvement and development
- Implement a programme of assertively outreaching carers
- Contact within the Carers Centre is sometimes not made until crisis point is reached – however information is needed at the beginning of the caring role. We need to reach out into the community if we are to support carers more effectively and at an earlier stage in their caring role. Carer support could be provided in GP surgeries, libraries and other places which carers visit on a regular basis
- Current recording and reporting systems make it difficult to determine the number of carer assessments completed. There are particular problems recording carers identified “by association” with the cared-for person which can result in them not being recorded as a carer in their own right
- Young carer referrals are predominantly coming from CEF which suggests that Adult Services need to improve their recognition of young carers.
- The Carers Strategy Group to take on responsibility for monitoring the progress of the Strategy, investigate implementing a Carers Partnership Board
- Better communication between assessing teams and the Carers Centre to ensure information is shared and better outcomes are achieved for carers
- Include safeguarding and how this specifically relates to carers in carer awareness training, provide safeguarding information/ expert speakers at carer events

APPENDIX 1: What Are We Doing Now and Where Can We Improve

Theme 2 : Information and Communication

Aim : To identify, and signpost carers to good quality information and support

What we are doing now

- A Quarterly newsletter is produced by the Carers Centre
- There is a carers section on the Council's Website
- The Carers Centre information pack details all services available to carers
- Targeted support from a carer support worker enables specialist knowledge to be developed and leads to specialist support for the carer
- Staff have been trained in and are more informed about direct payments
- We have begun to establish carers Leads or "Champions" in teams to cascade information about carers services via carer awareness training
- The Young Carers Service is fully aware of services available for carers in Thurrock and are able to signpost carers to support
- Carer awareness training has been established for staff in contact with carers – and will be supplemented by e-learning packages

Where we can improve

- Widen the circulation of carers newsletters and the carers information pack via partners in the NHS, voluntary organisations, groups working with BME carers
- Review how we can make information available in more formats with better access inclusive of minority groups
- The Website needs updating and modernising and links included to NHS Carers Direct and "Who Cares?" websites
- The Carers Centre information pack is out of date and lacks flexibility in its current form. It is currently being reviewed jointly by staff and carers
- There is currently no specialist support for carers of older people, parent carers, those with drug or alcohol misuse, disabilities or BME carers
- The Message from carers is that information upon discharge of the person they care for from hospital is limited and does not signpost to support. We should be linking with NHS partners to improve the home from hospital experience and provide information to carers before their dependant comes home

APPENDIX 1: What Are We Doing Now and Where Can We Improve

- We need to reach out more effectively to new carers & ensure information is targeted to areas of particular need. A stronger presence in the community is required – it is no longer realistic to expect carers to come to the Carers Centre or Civic Offices to seek information. As we are currently reaching out to only 5% of Thurrock carers, it suggests that the current approach is not working
- The majority of activities for carers are based around the Carers Centre itself rather than in the community (see comments above)
- Carer conferences or workshops to be run on a regular basis to raise awareness. Carer volunteers should be sought who may be willing, with support, to plan and participate in delivering such events

APPENDIX 1: What Are We Doing Now and Where Can We Improve

Theme 3: Health and Well Being

Aim : To help maintain the emotional and physical health and wellbeing of carers and their families.

What we are doing now

A good selection of health promoting schemes are offered on a rolling programme basis :-

- Relaxation Groups
- Therapy Days
- Monthly Speakers – often carer health-related subjects e.g. recent topics include Benefits of Assistive Technology for Carers, Stroke Prevention and Dementia Awareness
- Counselling Services
- Dementia Awareness
- Art Therapy
- Support Groups are run regularly for carers of people with mental health problems
- Emergency plans for carers have been successfully piloted
- Two additional carer support workers have been employed in M.H. (joint funded with SEPT) and six Carer Recognition Workers in South West Essex were employed as part of the “Better NHS Support for Carers” project
- Stronger links have been made with local groups, e.g. Stroke Network, Thurrock Parkinson’s Network, TRUST
- The Caring with Confidence learning and development programme has been provided for Thurrock carers

Where we can Improve

- Offer health checks for carers in conjunction with NHS partners
- Improve the home from hospital experience for carers in conjunction with NHS partners
- Forge closer links with local health services, i.e. G.P.s, dentists, pharmacists, podiatrists
- Closer working between the Adults and Children’s Teams with a view to developing a multi-agency approach to identifying and assessing the needs of young carers
- Extend the emergency plan to all carers who wish to participate as a matter of urgency
- Ensure services continue to support individuals through end of life care and bereavement

APPENDIX 1: What Are We Doing Now and Where Can We Improve

- Determine the demand for and investigate extending support groups and providing more specific support group options along the lines of the M.H. Support Group

APPENDIX 1: What Are We Doing Now and Where Can We Improve

Theme 4 : A Life of your Own

Aim : To help support carers to have a life of their own through access to work and financial security, education and leisure

What we are doing now

- A flexible and responsive short break service is provided
- The weekend break service is valued by carers
- Good links have been established between the Carers Centre and FAB Team who carry out presentations 3 times a year on benefits and provide advice during Carers Week and other events
- Information about the value and availability of telecare / assistive technology has been promoted among carers and service users
- Initial meetings have been held with Job Centre Plus Care Partnership Manager (CPM) to explore joint working – the CPM now attends the Carers Strategy Group and will be attending the Fieldwork Services Team Meeting to promote their role

Where we can Improve

- Further training on Direct Payments (DP's) and personal budgets to ensure assessing teams are identifying opportunities for DP's and not following a more traditional route – closer links with the Service Manager for Self Directed Support are being established and results from the carers survey question surrounding direct payments will be followed up jointly. This should identify carers who may prefer to opt for a direct payment for their services in future
- A review of the planned short break provision is being undertaken - findings from the review need to be shared with the Carers Strategy Group and a plan for future respite provision established
- Investigate subsidising local leisure facilities or offering a leisure card scheme for local leisure facilities – link with health as this may be an opportunity for joint funding
- Work closely with Housing to ensure they are aware of carers needs such as;-
 - Information & advice on housing options and services
 - Accessing suitable housing (e.g. problems around letting policies)
 - The need for appropriate/ accessible housing support services, equipment & adaptations initiatives
 - The availability of specialist housing that enables carers and their dependants to remain together

APPENDIX 1: What Are We Doing Now and Where Can We Improve

- Improve support for parents of learning disabled children as they continue to support them into adulthood
- Identify where specialist end of life support is required and commission appropriate services if necessary

APPENDIX 1: What Are We Doing Now and Where Can We Improve

Theme 5 : Inter-Agency Working

Aim : Promote joint working between social care, housing, health, carers and third sector groups and other stakeholders who have an impact upon carers issues in Thurrock. Ensure these groups work in partnership to produce a co-ordinated approach to carer services

What we are doing now

- A multi agency steering group has been established and includes representatives from Adult Social Care, Children Education and Families, Housing, NHS S Essex, SEPT, Third Sector Organisations and local carers
- Thurrock Council have active representation at East of England Carers Lead Meetings and also have regular contacts with colleagues in neighbouring authorities (Essex County Council and Southend-on-Sea)
- We have worked with SEPT to appoint jointly funded support worker posts in mental health
- We had active involvement in NHS Better Support for Carers in conjunction with NHS SW Essex and SEPT
- We have supported the SEPT-led Caring with Confidence programme
- Carers and NHS colleagues were consulted on the content of a Thurrock carers survey
- East of England Carers Lead meetings have been extended to include NHS colleagues
- We have worked with the NHS, third sector and carers on developing, delivering and evaluating Carer Awareness Training

Where we can improve

- Work towards adopting a multi agency approach with health partners, voluntary organisations with clear targets and accountabilities
- Work closely with the carers lead in NHS S Essex to test and develop schemes to provide carers with information about carers services before the person they care for is discharged from hospital
- Work with NHS partners to implement health checks for carers
- Work with NHS S Essex to identify carers breaks funding and implement joint plans to spend the allocation
- Work with the NHS, third sector and carers on using the results of the carers survey to implement changes to service provision

APPENDIX 1: What Are We Doing Now and Where Can We Improve

Theme 6 : Partners in Care

Aim : Ensure all services and service developments are carer-led and where possible in line with what carers say they want and need

What we are doing now

- There is enthusiastic carer involvement and membership of the Carers Strategy Group and in other carer-relevant areas such as the Learning Disabilities Partnership Board
- A series of events held in 2009/10 asked carers for their views including:
 - A Participation Day during Carers Week
 - Carers Week exhibition at the Carers Centre
 - Carers Rights Day
- A Carers Survey was undertaken in 2010
- Early examples of carer's involvement in designing services have been successful
- Carers have been involved in developing the self assessment process resulting in an outcomes-focussed, preventative and personalised approach
- The Caring With Confidence programme helped carers to facilitate and run support groups themselves
- Carers are involved in planning, delivering and monitoring of carer awareness training

APPENDIX 1: What Are We Doing Now and Where Can We Improve

Where we can improve

- Ensure that training to professionals continues to include the principles of co-production – this is included in Carer Awareness training
- Involve carers in delivering training to teams whose staff are in contact with carers eg Community Solutions and Locality Teams – extend the carer awareness training model.
- Involve carers in presenting to Fieldwork Services Team Meetings
- There are limited examples of carer volunteering, a culture of carer volunteering and peer support needs to be actively promoted and supported
- Following further consultation with carers representatives, introduce an independent Carers Forum –run by carers for carers to influence the design, planning and delivery of services
- Carers views must be sought to provide feedback on carers assessments and used to inform assessing teams
- Carers views must be routinely sought to provide feedback on carers short breaks and are used to inform and improve the service
- Carers will be consulted on future annual Carers Surveys to ensure it includes issues important to them. Carers will be involved in analysing the information gathered and consulted on how this information can be used to inform the planning and commissioning of services
- We will seek carers views outside of the restrictions of a survey – for example at workshops/events/conferences where some carers may, with support, be willing to attend
- Build carers training needs into the assessment process
- Work with NHS colleagues to ensure effective staff training to achieve a cultural change and a better understanding of carer's issues

APPENDIX 1: What Are We Doing Now and Where Can We Improve

Theme 7: Management Information / Systems

Aim : To have a comprehensive and effective management information system that will enable statistical analysis, help identify gaps in services and enable evidence of service provision and outcomes

What we are doing now

- The results of the Thurrock Carers Survey 2010 have been used to inform this Strategy and will be used to influence all decisions made by the Council which have an impact upon carers
- A new case management system – IAS (Integrated Adults System) has been introduced – this enables more flexibility during the assessment process and more creativity for staff as there is a movement away from system-led assessments
- A document detailing information that will be required from the system to enable the council to achieve its aim has been produced by the Carers Strategy Officer and circulated to Performance Quality Information Team, Strategic Information Team and Service Managers

Where we can improve

- The recording and reporting of carers assessments and services in Thurrock has historically been poor. A performance recovery plan has been proposed to redress this situation
- Currently there is very little management information available relating to carers. System modifications and changes to recording processes are required to enable statistical analysis, help identify gaps in services & provide evidence of services provided & outcomes achieved
- Information held independently at the carers centre needs to be absorbed into mainstream systems so there is a single source of data and we ensure that we capture all activity relating to carers
- Changes to systems will be developed in conjunction with Carers Centre staff and Carers Champions to ensure that it provides pertinent information which is able to inform the service and identify gaps and areas for development
- Work towards establishing links with NHS S Essex and SEPT systems to prevent duplication of information

APPENDIX 1: What Are We Doing Now and Where Can We Improve

Theme 8 : Young Carers

Aim: Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against Every Child Matters Outcomes

What we are doing now

- A commissioned service run by Carers of Barking and Dagenham (COBD) now provides Young Carer support
- The COBD service is performance managed under the outcomes-based “Thinking Families” framework
- The progress of individual young carers is tracked under the “Thinking Families” framework
- Clear targets have been set to increase the number of Young Carers using the service – COBD expect to exceed this
- Strategic Leads in Adult’s and Children’s Services work together to improve the service and attend the respective Strategy Group Meetings
- Adult’s Services and COBD jointly plan and deliver carer awareness training
- Adult’s and Children’s Services will be using the ADASS and ADCS Model Local Memorandum of Understanding to audit performance
- Representatives from Adult’s and Children’s Services attend the Thurrock Carers Strategy Group and the East of England Regional Carers Leads Meetings
- Intergenerational activities and closer links between the Carers Centre and Young Carers Project have commenced and this is discussed as a regular agenda item at the Thurrock Carers Strategy Group Meetings
- There is a Young Carers Champion working in Adult Services
- The Aiming High Programme has resulted in an increase in respite services for disabled children. 87% of eligible children are receiving a service compared to 44% before the Programme commenced.

Where we can improve

- Few referrals of young carers to the Young Carers project are made from Adult Services – recognition and assessment of young carers needs to improve in this area
- A whole family approach during the referral and assessment process which supports adults who have care needs as well as their parenting role and takes into account the effect of the family situation on young carers needs to be adopted as standard practice

APPENDIX 1: What Are We Doing Now and Where Can We Improve

- Transitional support for young carers moving into adulthood, and therefore Adult Services, is limited
- A combined approach to monitoring the adults and childrens services action plans will ensure a common direction and highlight opportunities for joint working

Theme 9 : Equality

Aim : Provide equitable services that all carers can access

What we are doing now

- We have worked with TRUST and the Diversity Team to inform and seek feedback on issues of equality via the Carers Strategy Group
- TRUST have nominated a worker to focus upon carers issues and will feedback to their organisations representative of the local BME community eg Thurrock Asian Association
- Carer Awareness Training has been provided to groups working with the BME community
- Information about carers' services is available in formats accessible to all carers upon request eg translated documents, large print, etc.
- An Equality Impact Assessment of this Strategy has been carried out

Where we can improve

- Strengthen links with local groups (Diversity Teams, TRUST, Thurrock Asian Association, Thurrock Eastern European Community Group, faith groups), to identify hidden carers and develop partnership working practices to support carers
- Encourage the personalisation of services which will help people with different cultural needs
- Identify and support BME carers who wish to help determine the shape of service provision in future
- Investigate appointment of a BME specific support worker, possibly at Regional level
- Determine demand for specialist provision for minority groups and instigate provision as appropriate
- Work more closely with major local employers to encourage carer-aware and carer-friendly policies
- Promote and encourage whole family approach and practices
- Work with partners to address any barriers to equality
- Develop partnership working with local voluntary organisations, community and faith groups to support carers
- Identify if there is a need to provide information about carers services in other languages at specific location

Appendix 2: Action Planning 2012-2017

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Appendix 2: Action Planning 2012-2017

Theme 1: Recognising and assessing carers' needs - To have a clear and strong carer focus. Carer identification systems are robust and allow for early intervention. There is an emphasis upon outcomes for carers.

<u>Objectives :</u>	<u>Action :</u>	<u>Lead Persons / Agencies</u>	<u>Evidence of Outcomes</u>
<p>Staff understand carers issues. They are able to identify carers and are fully aware of what support and information is available</p> <p>Good quality assessments are undertaken and outcomes for carers are a fundamental part of the assessment process. Carers are supported to self assess and identify own needs / outcomes</p>	<p>Carer awareness training is a fundamental part of regular training provided to new and existing staff. Carer recognition is embedded in staff induction training</p> <p>An annual carers survey is introduced to inform the service</p> <p>Outcomes-based emphasis is incorporated into training on carers issues. Carer-specific safeguarding training is incorporated into staff induction and carer awareness training</p> <p>A robust system of information sharing is introduced between assessing teams and the Carers Centre and via the Carers Champions. Carers assessed for a service are kept up to date with information/news/details of events relating to carers</p>	<p>Workforce Planning and Development/Carers Development Manager</p> <p>Carers Strategy Officer</p> <p>Workforce Planning and Development/ Safeguarding Team</p> <p>Fieldwork Services Managers/ Carers Development Manager/Carers Strategy Officer/Carer Champions</p>	<p>Carers are identified at an early stage minimising the need for crisis intervention later on</p> <p>Carers report that they have more control over their services via annual survey</p> <p>Carers report that following initial assessment, they are routinely informed about information relating to carers events/news etc in Thurrock</p>

Appendix 2: Action Planning 2012-2017

	<p>Spot checks & mystery shopping by carers test the effectiveness of services</p> <p>Close working with Health partners to ensure carers are identified and supported across all services. Investigate setting up a Carers Partnership Board</p> <p>Investigation is needed to determine whether services currently offered are relevant and beneficial to the overall Thurrock carer population. Are they reacting a representative group of carers and do we need to target new areas</p>	<p>Carers Strategy Officer / Carers Development Manager/Carers</p> <p>Carers Strategy Officer, SPT, NHS South Essex, other health partners</p> <p>Carers Strategy Officer/Carers Development Manager/Performance, Quality and Information Team</p>	<p>Positive changes are made to services as a result of the findings of spot checks and mystery shopping exercises</p> <p>Joint working initiatives lead to increases in carers identified and supported</p> <p>The carers survey reports that services are in line with carers needs and that they can make a positive contribution towards achieving desired outcomes</p> <p>Systems are able to demonstrate that services are reaching previously under-represented groups</p>
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Appendix 2: Action Planning 2012-2017

Theme 2: Information and Communication – To identify and signpost carers to good quality information and support			
<u>Objectives :</u>	<u>Action :</u>	<u>Lead Person/ Agencies :</u>	<u>Evidence of outcomes :</u>
<p>Carers have access to a wide range of good quality information in a selection of different formats at the time it is needed</p>	<p>Ensure that Carers Information is regularly updated. Determine whether information is provided in the format carers require eg printed material, web-based, face-to-face, helpline etc</p> <p>Widen the circulation of information and ensure it is targeted to points of need – eg at hospital discharge, following Accident and Emergency and specialist appointment attendance as well as places used by carers regularly eg supermarkets, post office, GP surgeries</p> <p>Expand the activities of the Carers Centre into the community and implement a programme of assertively outreaching carers</p> <p>Raise the profile of carers issues via carers awareness campaigns, carers conferences</p>	<p>Carers Development Manager</p> <p>Carers Strategy Officer/PCT/Third Sector partners/BME Community Groups</p> <p>Carers Strategy Officer/ Carers Development Manager</p> <p>Carers Development Manager/Carers Strategy Officer</p>	<p>Carers report via the annual carers survey that they feel well-informed and have easy access to relevant, up to date and helpful information in the format they require</p> <p>The Carers Strategy Group is able to determine an improvement in the quality and accessibility of information</p>

Appendix 2: Action Planning 2012-2017

	Implement a system to determine where carers are getting their information from and determine whether this has led to services being provided	Carers Strategy Officer/ Carers Development Manager	Systems can demonstrate which methods of information and communication are most successful
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Appendix 2: Action Planning 2012-2017

3. Health and Well-Being - To help maintain the emotional and physical health and well-being of carers & their families.			
<u>Objectives :</u>	<u>Action :</u>	<u>Lead Person/ Agencies:</u>	<u>Evidence of outcomes</u>
<p>Carers are able to maintain an acceptable level of good physical & emotional health</p>	<p>Liaise with the PCT to arrange Health checks for carers within 12 months of becoming a carer & thereafter at 12 monthly intervals</p> <p>Ensure that the legacy benefits and findings of the NHS South West Essex/ SEPT demonstrator site: Better NHS support for carers, continue to deliver improvements for carers</p> <p>Promote & extend availability of existing health and well-being schemes run from the carers centre. Work with BME and travelling communities to increase take-up of services by these groups</p>	<p>PCT/Carers Development Manager</p> <p>PCT/ SEPT/ Carers Development Manager/Carers Strategy Officer</p> <p>Carers Development Manager/ BME Community Groups /Carers Strategy Officer</p>	<p>The numbers of carers taking up the offer of health checks increases.</p> <p>There is a reduction in the number of carers having to give up caring due to ill health</p> <p>Carers report via survey an improvement in the quality and range of training and services related to Health and Well-Being. There is an increase in new and previously hidden carers taking up services related to Health and Well-Being</p>

Appendix 2: Action Planning 2012-2017

	Investigate providing specialist end of life support by working with a palliative care specialist	Carers Development Manager/Carers Strategy Officer	
	The emergency plan is extended to all users who wish to participate	Carers Development Manager	Emergency plans are in place for all carers who wish to participate
	Investigate extending support groups using the mental health support- group model	Carers Development Manager/Carers Strategy Officer	New support groups are established in line with carer requirements
	Performance systems are in place to monitor the effectiveness of all Health and Well-Being services	Performance, Quality and Information Team / Carers Strategy Officer	Monitoring systems report back to the Carers Strategy Group on the effectiveness of health and well-being services & feedback is used to improve services

Appendix 2: Action Planning 2012-2017

Theme 4 :A life of your own - To help support carers to have a life of there own through access to work and financial security, education, training and leisure			
<u>Objectives :</u>	<u>Action :</u>	<u>Lead Person/ Agencies:</u>	<u>Evidence of outcomes :</u>
<p>Enable carers to have more control over their lives in order that they may fulfil their role as full citizens outside of their caring role.</p> <p>Provide carers with better access to support that enables them to have more choice and control of their lives</p>	<p>Information on how direct payments can be used creatively to enable carers to improve their life outside of caring to form part of training for new and existing staff. Carers who stated in the survey that they are unaware of DP's to be followed up and given appropriate information</p> <p>An emergency plan is to be offered to all carers & links made with emergency services on how to initiate an alert system. Systems monitor the effectiveness of plans</p>	<p>Workforce Planning and Development/Carers Strategy Officer/Service Manager for Self-Directed Support</p> <p>Carers Development Manager/Performance, Quality and Information Team</p>	<p>Carers report via survey that direct payments have enabled them to have a life of their own. Carers not normally accessing services(from excluded areas of the population etc are taking up direct payments and accessing breaks</p> <p>Emergency plans are in place for all carers who require them and experiences learned from activations are used to improve the service</p>

Appendix 2: Action Planning 2012-2017

	<p>Undertake a review of the short break provision (Hathaway Road and Breakaway)</p> <p>Introduce a quality checking system to routinely seek feedback from carers following a planned break</p> <p>Investigate opportunities for carers to access local leisure facilities on preferential terms. Link to health and Well-being through access to exercise facilities – swimming pools, gyms, exercise classes etc. Look at testing baseline health (BMI, BP etc) at start, mid point and end of project</p> <p>Ensure colleagues in Housing teams are aware of carers' issues/ needs and can incorporate these into their own planning & strategies. Investigate developing & fact sheet for carers</p>	<p>Respite Review Steering Group</p> <p>Carers Development Manager</p> <p>Carers Development Manager/Carers Strategy Officer/ Impulse Leisure</p> <p>Carers Strategy Officer/Housing Department</p>	<p>Carers report that opportunities for planned breaks are being identified supported & that the breaks are of good quality & appropriate to the needs or the person cared for. Carers feel confident to leave the person they care for in the care of professionally trained care service staff.</p> <p>Carers take up exercise project & provide positive feedback on their experience</p> <p>Carers report that they are fully informed on housing options & services</p>
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Appendix 2: Action Planning 2012-2017

	<p>Develop a joint plan with Job Centre Plus to support working carers & carers who want to enter paid employment. Develop a code of good practice & raise awareness of carer issues with local employers</p> <p>Investigate working with a palliative care specialist to provide improved carer experience as the cared for person approaches the end of their life</p>	<p>Job Centre Plus Care Partnership Manager/ Carers Development Manager/Carers Strategy Officer</p> <p>Carers Development Manager/Carers Strategy Officer</p>	<p>Strengthened links into Job Centre Plus means that carers have information & advice about work Opportunities are created for local employers to work together with Job Centre Plus to support carers to sustain or enter employment. Working carers or those entering employment report that they are receiving good quality advice and support</p> <p>Carers report that they are supported at a critical time where complex & medical intervention may be necessary for the person they care for. This support enables the carer to continue in work /education/raining/leisure activities)</p>
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Appendix 2: Action Planning 2012-2017

Theme 5: Inter – Agency Working – Promote joint working between social care, housing, health, carers and third sector groups and other stakeholders who have an impact upon carers’ issues in Thurrock. Ensure these groups work in partnership to produce a co-ordinated approach to carer services			
<u>Objectives :</u>	<u>Action :</u>	<u>Lead Person/ Agencies :</u>	<u>Evidence of outcomes :</u>
<p>Develop collaborations between stakeholders. Ensure a good exchange of information between groups reducing duplication of effort and increasing opportunities for development</p>	<p>Support & sustain groups which encourage a collaborative approach including multi agency steering groups and carers lead meetings. Develop mutual goals and targets. Instigate a Carers Partnership Board</p> <p>Conclude specific joint projects e.g. health checks, information for carers at hospital discharge, end of life support and leisure passes</p> <p>Extend that carer awareness training across all partners</p> <p>Involve District Nurses, Schools Nurses, GP surgeries, pharmacies, PALS through carer awareness training, specific events and extension of Carers</p>	<p>Carers Strategy Officer/Carers Development Officer/NHS S Essex/Third Sector Organisations</p> <p>NHS S Essex/Carers Strategy Officer/ Carers Development Manager/ Impulse Leisure</p> <p>Carers Strategy Officer/Workforce Planning and Development</p> <p>NHS S Essex/Carers Strategy Officer/Carers Development Manager</p>	<p>Carers experience a seamless service. A joined up approach leads to improvements in carer services. Collaborations with partners in health, the third sector and colleagues across Council departments lead to new ideas and innovations</p>

Appendix 2: Action Planning 2012-2017

	Champions Improve and extend Third Sector participation in Strategy Groups/Carers Forums/Partnership Boards	Carers Strategy Officer/ Carers Development Manager/Third Sector Organisations	
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Appendix 2: Action Planning 2012-2017

Theme 6: Partners in care – Ensure all services & service developments are carer-led and where possible in line with what carers say they want and need.			
<u>Objectives :</u>	<u>Action :</u>	<u>Lead Person/ Agencies :</u>	<u>Evidence of outcomes :</u>
<p>Carers are able to share their views on how services should be developed & have significant input into shaping services for both carers and the people they care for</p> <p>Carers are recognised as partners in care by medical practitioners</p>	<p>Identify support & empower more carers who have an interest in shaping services (including providing support for the person cared -for while the carer attends)</p> <p>Actively promote and support carer volunteering and peer support</p> <p>Undertake comprehensive annual survey & additional spot surveys on recently assessed/ reviewed carers</p> <p>Investigate other methods of seeking</p>	<p>Carers Strategy Officer/ Carers Development Manager</p> <p>Carers Strategy Officer/ Carers Development Manager</p>	<p>Carers surveys inform the planning & commission of services and identify carers who have an interest in shaping services</p> <p>The number of carer volunteers increases</p> <p>Carers events identify areas for development</p>

Appendix 2: Action Planning 2012-2017

	<p>carers views – including carers events or carers workshops</p> <p>Establish an independent carers forum to review carers services and recommend new services to meet carers needs and report to a Carers Partnership Board</p> <p>A Carers Partnership Board is established local carers have full representation</p> <p>The Workforce Development Team involve carers in delivering training. Personalisation and outcome based working methods are embedded in training</p>	<p>Carers Strategy Officer/Carers Development Manager</p> <p>Carers Strategy Officer/Carers Development Manager</p> <p>Workforce Development Team/Carers Strategy Officer/Carers Development Manager</p>	<p>A Carers Forum is established, meets regularly and is able to influence the design, planning & delivering of services.</p> <p>The Board demonstrates leadership in issues important to carers. Carers report that it has a positive influence on carer priorities and can ensure changes are made where appropriate</p> <p>Carers assist in delivering training. Training topics include personalisation and outcomes for carers</p>
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Appendix 2: Action Planning 2012-2017

Theme 7: Management Information systems – To have a comprehensive and effective management information system that will enable statistical analysis, help identify gaps in service, enable evidence of service provision and outcome			
<u>Objectives :</u>	<u>Action :</u>	<u>Lead Person/ Agencies :</u>	<u>Evidence of outcomes :</u>
<p>A management information system to be in place used by both Carers Centre and other assessing teams providing a single source of information in respect of carers' data.</p>	<p>As assessment to be undertaken of what carers data is collected in each area (Carers Centre & central social care. Review this against data requirements & modify systems accordingly</p> <p>Data supports the creation of accurate profiles of carers to ensure all carer groups (eg by gender, ethnicity, condition of the person supported etc) are identified and supported appropriately according to their specific needs gender/ethnic profile</p> <p>A reporting system to be introduced</p>	<p>Performance, Quality and Information Team/ Carers Development Manager/Carers Strategy Officer</p> <p>Performance, Quality and Information Team/ Carers Development Manager/ Carers Strategy Officer</p> <p>Carers Strategy Officer/</p>	<p>A comprehensive management information system is in place which informs the carers service & can be used to identify gaps where service improvement is required & thereby support future planning for carers services</p> <p>A reporting system is in</p>

Appendix 2: Action Planning 2012-2017

	<p>which will routinely inform stakeholders of progress on assessments.</p> <p>Information from the carers survey to be disseminated and used to identify areas for improvement</p> <p>Link up with NHS South Essex and SEPT to share information in the longer term develop a single shared database</p>	<p>Performance Quality and Information Team</p> <p>Performance, Quality and Information Team/ PCT/ SEPT</p> <p>Performance, Quality and Information Team/ PCT/ SEPT</p>	<p>place that routinely advises progress against volume & type of service being provided</p> <p>Findings from the carers survey are used to make improvements to the service</p> <p>Carers report they no longer have to repeat information to different professionals</p>
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Appendix 2: Action Planning 2012-2017

<p>Theme 8: Young Carers</p> <p>Aim: Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against Every Child Matters Outcomes</p>			
<p><u>Objectives :</u></p> <p>Ensure processes are in place which enable the early identification of young carers</p> <p>Comprehensive support and services are available for young carers</p>	<p><u>Action :</u></p> <p>Increase awareness of young carers through carer awareness training Improve access to information and services to young carers</p> <p>Support the emotional and physical well being of young carers Multi-agency protocols are developed between adults and children's services regarding identification, assessment and support of young carers</p> <p>A whole family approach is adopted during the referral and assessment process. Individual budgets and direct</p>	<p><u>Lead Person/ Agencies :</u></p> <p>Carers Strategic Leads/ Workforce Planning and Development/COBD/Open Door</p> <p>Carers Development Manager/Fieldwork Services Managers/ Carers Strategic Leads/COBD</p>	<p><u>Evidence of outcomes :</u></p> <p>Young carers report that they feel recognised, valued and supported</p> <p>Young carers report that their physical and emotional health needs are being met</p> <p>There is an increase in the number of young carers identified and referred to</p>

Appendix 2: Action Planning 2012-2017

	<p>payments to be promoted and supported where appropriate</p> <p>Improve Transitional Support between Children's and Adult Carer Services</p> <p>Implement and develop a programme of intergenerational activities to bring the Adult's and Children's Carer services closer together and help with Transitional Support</p> <p>Young Carers Champions are identified</p>	<p>Fieldwork Services Managers/Carers Strategic Leads/ Carers Development Manager/COBD</p> <p>Strategic Leads/ Carers Development Manager</p> <p>Carers Strategic Leads/COBD</p>	<p>Thurrock Young Carers from both Adult's and Children's Teams</p> <p>Staff in Adult's and Children's Teams work in accordance with the multi-agency protocol</p> <p>A programme of intergenerational activities leads to closer working between Adult's and Children's services and an improved transition experience is reported by carers</p> <p>An established team of Young Carer Champions is in place, identifying new young carers, promoting awareness of young carers with colleagues and arranging appropriate support</p>
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Appendix 2: Action Planning 2012-2017

9. Equality – provide equitable services that all carers can access			
<u>Objectives :</u>	<u>Action :</u>	<u>Lead Person/ Agencies :</u>	<u>Evidence of outcomes :</u>
<p>Services do not discriminate against carers</p>	<p>Assess the impact of this strategy across disadvantaged or diverse groups of carers and address any barriers to equality & impact on human rights</p> <p>Work with TRUST and the Diversity Team to review and reduce barriers to access to services for carers who may be marginalised and vulnerable (eg due to their gender, ethnicity or because they have specific needs) and ensure eligibility is transparent</p> <p>Develop partnerships with local voluntary organisations community and faith groups to support carers</p>	<p>Carers Development Manager/ Carers Strategy Officer/ TRUST/ Diversity Team / Carers Strategy Group</p> <p>Carers Strategy Officer/ Carers Development Manager/ TRUST</p> <p>Carers Strategy Officer/Carers Development Manager</p>	<p>An equality impact assessment is completed</p> <p>Carers report that their diverse & special needs are taken into account in service provision and information (translation, large print etc). Carers report that access to services and eligibility are equitable across carer's services. New carers are identified from the BME community</p>

Appendix 2: Action Planning 2012-2017

	<p>Use the specialist – knowledge of local community groups/ TRUST/ Thurrock Asian Association/ Thurrock Eastern European Community Group/Faith Groups/Diversity team to determine demand for specialist provision for minority groups and provide new services where appropriate</p> <p>Consult with partners on the appointment of a BME specific worker</p> <p>Work with Job Centre Plus Care Partnership Manager and with local employers to encourage carer awareness & carer friendly policies</p> <p>A whole family approach to assessment is adopted and also promoted in training for staff</p>	<p>JCP / Carers Development Manager / Carers Strategy Officer</p> <p>Carers Development Manager / Workforce Planning and Development/Fieldwork Services Managers</p>	<p>Carers report that they are supported by local community organisations working together to identify engage with and support carers</p> <p>Specialist knowledge highlights unmet demand for services and appropriate services are implemented/ commissioned</p> <p>Carers are helped to remain in or return to employment</p> <p>Carers report that the assessment process is appropriate and works for them and that a whole family approach recognises family strengths as well as difficulties</p>
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