

CITY OF LONDON CORPORATION

**DEPARTMENT OF COMMUNITY &
CHILDREN'S SERVICES**

CARERS STRATEGY 2011

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FORWARD

To be inserted

The Reverend Dr Martin Dudley

CONTENTS

EXECUTIVE SUMMARY	4
1. INTRODUCTION.....	6
WHO IS A CARER?	6
WHAT DO CARERS DO?	7
WHY DO WE NEED A CITY OF LONDON CARERS STRATEGY?	7
BASIS OF THE STRATGY	7
2. BACKGROUND CONTEXT	9
POLICY CONTEXT.....	9
TRANSFORMATION OF ADULTS SOCIAL CARE	9
LOCAL STRATEGIC CONTEXT	10
LOCAL PROFILE	11
PROFILE OF CITY OF LONDON CARERS	11
3. CURRENT PROVISION	13
4. STRATEGY THEMES AND ACTIONS.....	16
THEME 1: Identifying and Referring Carers	16
THEME 2: Personalised Approach to Looking after Carers Health and Wellbeing ...	17
THEME 3: Providing Respite Care	18
THEME 4: Providing Relevant Training	19
THEME 5: Offering Financial Guidance	20
THEME 6: Helping Carers to Plan for Emergencies.....	20
THEME 7: Involving Carers	21
THEME 8: Embedding accurate recording processes	22
Monitoring	22
5. CONCLUSIONS	23
6. APPENDICIES	24
Appendix A: List of Consultees for Draft Strategy Consultation	24
Appendix B: Policy Context	26
Appendix C: Action Plan	29

EXECUTIVE SUMMARY

The City of London recognises the significant contribution that carers make to the wellbeing of service users and residents. There are currently 57 known Carers of adult clients within the city. It is estimated that, if a live in Carer was not available 60% of city residents currently supported would require residential or nursing home care.

The City aims to support carers to continue to provide care and experience a decent quality of life.

The City of London fully recognises the differing social and emotional impacts of providing care. Carers should be able to design and direct their own support and be engaged in the support plan of those they care for, to ensure that support is tailored to their specific needs.

This document revises the previous 2009-12 Carers Strategy, drawing on recent research into Carers needs and embedding the strategy in the current national and local context of the transformation and personalisation of Adult social Care Services.

Consultation with carers and providers will ensure that the strategy objectives and actions accurately reflect carers' needs, and that they are endorsed by local partner agencies.

An outline of the report is provided below:

Introduction:	Provides the rationale for the Carers strategy, explaining who Carers are and what they do
Background Context:	Details the policy context and the current transformation of Adult Social Care. Explains the local demographic context and profile of known carers in the City of London
Current Provision:	Explains the current activity of the City of London and the support it provides to Carers
Strategy Themes and Actions:	<p>Explores a number of themes that have been highlighted in consultation with Carers. Details the actions and monitoring arrangements, which will be undertaken by the City of London, to ensure that all carer's contributions are acknowledged and to improve outcomes for City carers. The themes covered are:</p> <ul style="list-style-type: none"> • Identifying and Referring Carers • A Personalised Approach to Looking after Carers Health and Wellbeing • Providing Respite Care • Providing Relevant Training • Offering Financial Guidance • Helping Carers to Plan for Emergencies • Involving Carers • Embedding Accurate Recording Processes

Conclusion	Summarises the strategy and next steps
Appendix A: List of Consultees for Draft Strategy Consultation	Provides details of engagement to date and the planned consultation activity during Summer 2011
Appendix B: Policy Context	Gives more details on recent relevant national policy and guidance regarding Carers
Appendix C: Action Plan	List of the proposed actions with timeframe for delivery and review

1. INTRODUCTION

The City of London recognises the significant contribution that carers make to the wellbeing of service users and residents. It aims to support carers to continue to provide care and experience a decent quality of life.

This strategy sets out actions, which will be undertaken by the City of London, to ensure that all carer's contributions are acknowledged and to improve outcomes for City carers.

This document builds on the previous 2009-12 Carers Strategy, revising the themes and recommendations to ensure they remain fit for purpose. To do this, the report draws on recent research into local Carers needs, and embeds the strategy in the current national and local context of the transformation and personalisation of Adult social Care Services.

Consultation with carers and providers will ensure that the strategy objectives and actions accurately reflect carers' needs, and that they are endorsed by local partner agencies.

WHO IS A CARER?

A carer is someone who is unpaid and provides care to a spouse, partner, parent, relative, friend or neighbour. The person they care for may not be able to manage all aspects of daily living due to a physical or mental health difficulty, a learning disability or issues relating to the misuse of drugs or alcohol. A carer assists a person on a regular or substantial basis, with care that helps them to remain living in the community.

At any one time 1 in 10 people in Britain is a carer¹. Currently 3 million people in the UK juggle paid work with unpaid caring responsibilities and this number is set to increase by 50% in the next 25 years².

Carers can be of any age and can include children and young people. They may or may not be related to the person they care for and can either live with or apart from them. The role and experience of each carer will be different, influenced by a variety of factors such as age of cared for/carer, culture, and needs of cared for.

The role of carer should not be confused with a paid care worker who is paid as part of their employment. This also does not apply to a volunteer attached to a voluntary organisation. This distinction is made in law through the Carers (Recognition and Services) Act (1995).

¹ HM Government (2008) Carers at the Heart of 21st Century Families and Communities, page 2

² HM Government (2010) Recognised, Valued and Supported, page 42

WHAT DO CARERS DO?

Providing care can cover a wide range of tasks. Examples include continuous personal care such as helping someone to wash, bathe or dress or physical care such as assisting someone to the lavatory, in and out of bed or helping them negotiate the stairs.

Carers are often the main reason why the cared for person can remain living at home and stay out of hospital or residential care. This provides many benefits for the quality of life for the cared for, but also for society as a whole. Nationally, the contribution of unpaid carers has been calculated to be worth as much as £87 Billion per year³ Within the city of London it has been estimated that 60% of those currently with live in carers would otherwise require residential or nursing care⁴.

Being a carer can bring little status or financial reward. Carers can miss out on employment, education and leisure opportunities. Carers can also face social exclusion and financial hardship whilst performing a vital role in society.

WHY DO WE NEED A CITY OF LONDON CARERS STRATEGY?

The City believes that a strategy is necessary for the following reasons;

- To highlight and recognise the work and contribution that carers make to the City
- To raise awareness of carers in the City
- To ensure that carers are listened to and can take part in decision making regarding their needs and issues
- To enable carers in the City to get the right help when they need it and have a fair deal when accessing services
- To respond to changes and developments in legislation and policy
- To communicate a clear plan of actions to carers and agencies involved in working with carers
- To bring together the agencies that work with carers in the City to ensure that they make a joint response to their needs

BASIS OF THE STRATGY

In 2008 consultation was undertaken with known City of London carers to understand the issues and themes that needed to be addressed at that time. This formed the basis of the Carers Strategy (2009-12).

Early in 2011, the Carers Assessment Project was delivered to re-examine this understanding of carers' needs and characteristics. During this project, interviews were conducted with 39 out of 61 carers who received the City of London Carers Grant in 2010/11. Another 7 were assessed before the study, meaning that in total, 46 assessments were conducted, covering 75% of known adult carers.

³ibid page 47

⁴ Colin Sowerby (2011) Report on Carers Assessments, page 6

The themes and recommendations contained within this report are based on the findings of these two studies. Carers within the City of London have therefore been directly involved with the development of the Strategy. Further consultation will be undertaken with carer, user and partner forums and the wider public. A list of proposed consultees can be found in Appendix A.

2. BACKGROUND CONTEXT

POLICY CONTEXT

This strategy and its recommendations are firmly embedded in the current policy context and responds specific legislation regarding Carers. Some of the key policies are shown in the table below. Further information on these and additional policies can be found in Appendix 1.

Government Policy	Overview
Carers Assessments: the background. Under the terms of the Carers (Recognition and Services) Act (1995)	Carers are allowed to request that they be assessed in the light of their caring responsibilities and local authorities were given the duty to take into account the needs of carers when assessing the support needs of service users.
Carers Equal Opportunities Act (2004)	Local authorities have a duty to inform carers of their right to an assessment and consider carers work, study and leisure needs when undertaking such an assessment.
The National Carers Strategy: Carers at the Heart of the 21st Century Families and Communities (2008)	Vision for 2018: Carers should be valued as fundamental to strong families and stable communities. They should have access to integrated and personalised services help them to maintain their mental and physical health and a balance between caring and life outside their caring responsibilities.
Recognised, Valued and Supported: the next steps for the Carers Strategy (2010)	Builds on the vision through four priority areas: <ul style="list-style-type: none"> - Supporting carers to identify themselves as carers, recognise their contribution and involve them in design of care provision. - Personalised support, helping them to have a life outside/alongside caring - Supporting carers mental and physical health - Enable carers to fulfil education and employment potential

TRANSFORMATION OF ADULTS SOCIAL CARE

Adult Social Care within the City of London is undergoing a transformation towards personalised services. This is in response to the Government paper 'Putting People First' (December 2007) which outlines the new personalised approach, where services and support are focused on the individual, providing for their specific needs for independence, wellbeing and dignity.

The City of London are currently introducing a system of **Self Directed Support (SDS)**, where people are offered an allocation of resources and are given the flexibility to decide how they want to use these resources, in order to achieve personal outcomes and meet their assessed needs.

Service users within the City of London will be provided with **an Individual Budget (IB)**. This is an amount of money allocated to a person based on an estimation of how much it will cost to meet their needs. The money can be used to buy support from a wide range of different options, ensuring that support is tailored to their specific needs. IBs build on the **Direct Payments (DPs)** process to ensure that choice and control is available for all, including those whose are unable to manage their money through a DP. An IB can be made up of one or more of the following:

- Contribution from the Corporation, for which eligibility is based on information regarding needs, identified within the **Supported Assessment Questionnaire (SAQ)**
- Service user’s personal contribution based on a financial assessment
- Other funding sources

This revision of the City of London Carers Strategy has been undertaken in order to bring activity in line with the recently approved changes to personalisation approaches and IBs. The Strategy ensures that the principles of personalisation and Self Directed Support can be applied to the City of London’s interaction with Carers as well as those that they care for.

LOCAL STRATEGIC CONTEXT

This Carers Strategy aligns to and supports the wider City of London aims and objectives as communicated in a number of policy documents:

Document	Carers Strategy Aligns To:
Corporate Plan	To provide modern, efficient and high quality local services and policing within the Square Mile for workers, residents and visitors with a view to delivering sustainable outcomes. To provide valued services to London and the nation. (in particular KPP2 and KPP3)
City of London Community Strategy, Local Strategic Partnership	Supporting Our Communities theme
Department of Community and Children’s Services, Business Plan April 2011- March 2012	Departmental Strategic Aims: <ul style="list-style-type: none"> • To enhance and promote a better quality of life for residents • To increase stakeholder involvement/partnership working to drive service improvement

	<ul style="list-style-type: none"> • To improve the department's value for money, efficiency and performance. • To build on the reputation of the City and the department by actively promoting the department's good work.
	<p>Objective:</p> <ul style="list-style-type: none"> • Improved Health and Wellbeing for the City's population • Implementing Outcomes (improving ways of measuring what difference our service makes) • Increased Value for Money

LOCAL PROFILE

The City of London serves a resident population estimated at 11,487 (in 2009). Most are of working age with only 8% aged under 18 and 10% over the age of 65 years. There are slightly more men (55%) than women (45%) in the City.

The City's is currently experiencing a high rate of population growth compared to other areas of London and the UK. A study completed in 2007 suggested growth rates of 3% per annum slowing to 1.5% per annum by 2030⁵. The biggest growth over this period is expected to be in the 40-59 age group, while the growth rate of the 60+ population is set to increase to around 3% after 2020. An increase in population, particularly the older age groups, will inevitably result in an increase in carers.

The City's population is not diverse, although 19% of the population do not identify themselves as White British. Within this group 9% are of Asian ethnicity, 4% are of Black ethnicity and 3% are of 'mixed' ethnicity⁶.

PROFILE OF CITY OF LONDON CARERS

In the 2001 Census 562 City residents identified themselves as being carers, providing care from 1 to over 50 hours per week.⁷ The City of London provided services to 222 adults during 2010-11, and undertook assessments or reviews of 55 carers. The Carers register lists 57 known Carers of clients over 18 years old.

Data collected within Carers Assessment Project 2011 suggested that most carers are supporting people who would otherwise be in residential or nursing home care and do so by virtue of being 'live-in' carers, whether spouse, civil partner son/daughter or parent. 85% of people were living in and 54% of these were either

⁵ City of London (2007) City of London Resident Population Analysis, page 11

⁶ City of London (209-10) Adult Social Care Team plan

⁷ City of London (2009) Carers Strategy 2009-12, page 5

husband/wife or civil partner. Women represent 59% of the carer population and 40% of the cared for and supported.

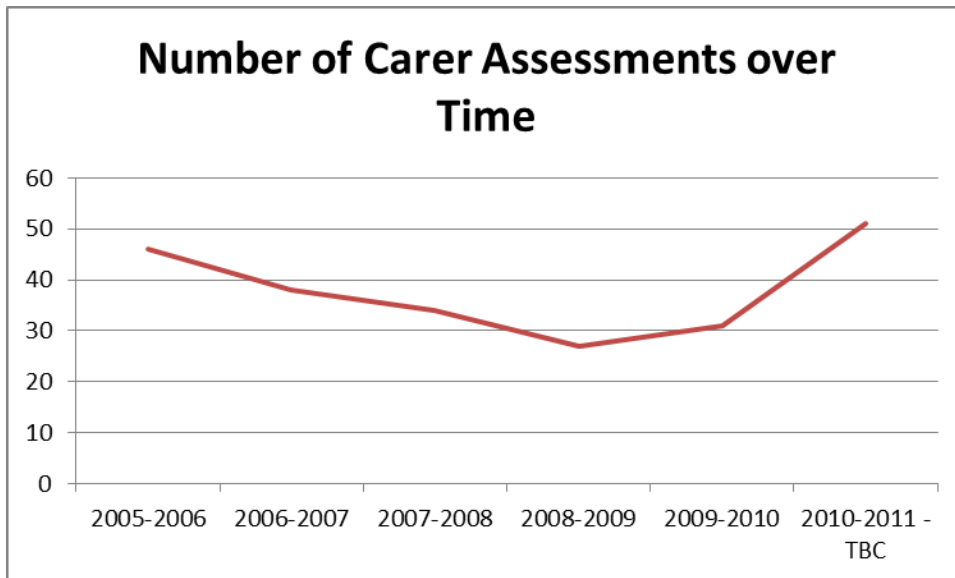
The average duration of care is 14 years but this figure is skewed by a small number who have only been carers for a short period of time. The average age of both carers and cared for is 64 years. However, these averages hide a more complex picture where a significant number of carers are both very elderly and have been caring for decades. 31 % have been caring for over 20years. Carers in the younger age groups have usually been supporting a son or daughter who has a long term disability and have therefore been caring for a very long time.

Most are sole carers with little other support. Almost everyone is wholly committed to the role and has adjusted to what this involves both physically, psychologically and in terms of limitations of life choices. **It is estimated that, if the live-in carer were not available, 21 of the 35 cared for studied (60%) would require residential or nursing home care.**

3. CURRENT PROVISION

Assessments

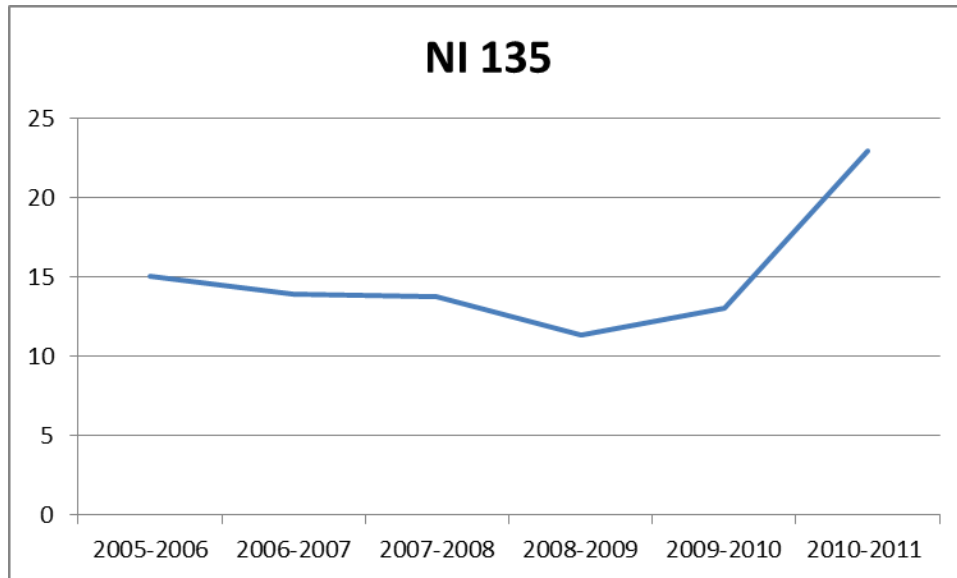
During 2010/11 51 carers received information and advice as an outcome of an assessment or review. The graph below shows the number of assessments undertaken over time. The significant increase in the number of assessments 2009/10 reflects the additional work of the Carers Assessment Project which accessed 39 adult carers over a four week period.



The format of the Assessments has changed over time, so those completed in earlier years may not have been as detailed as those now undertaken. Where previously assessments were made on request, they are now part of a routine process, where carers and those they care for are assessed in order to calculate Individual Budgets based on need. All assessments, both those for new referrals and those for existing service users, will be undertaken using the Supported Assessment Questionnaire (SAQ) tool.

The number of assessments is reflected in the National Indicator for local authorities **NI 135 'Carers receiving needs assessment or review and a specific carer's service, or advice and information'**. This indicator is based on the Referrals, Assessment and Packages of Care Data (RAP). It is calculated as a percentage of people receiving a community based service during the year, with a good performance expressed by higher percentages.

The graph below shows the City of London's performance against the NI 135 indicator over time. It must be noted that NI 135 was only introduced in 2008/9, and though existing data has been used in the same calculation to indicate performance before this time, recording and data capture methods may have varied.



Carers Support – Grants

Currently all carers who are assessed or reassessed are eligible for a one off annual payment of £150, irrespective of their circumstances. This Grant has been in place since 2009/10. 50 carers received the payment 2009/10 and 55 in 2010/11. The total expenditure in 2010/11 was around £8,250.

To be eligible, a carer must be a resident in the City of London, receive a carers' assessment, and the person for whom they care for must fall within the Fair Access to Care Services (FACS) criteria having either 'critical' or 'substantial' need.

The grant is equivalent to £3.00 per week and therefore represents a small part of most peoples' budgets. Some carers refused to accept these payments. It may be desirable to target this payment rather than offer it to all carers.

Other Support

A small number of carers have sought additional help and support in the form of respite care, which has been arranged at an appropriate residential home or nursing home. However, this service has not been actively promoted. A placement was arranged for respite care at St. Joseph's for one person via his general practitioner as this service can only be accessed via the NHS.

Partnership working

The City of London, together with the London Borough of Hackney and City and Hackney PCT, commission services from the City & Hackney Carers Centre, which provides direct support to carers in the local community. The Centre provides advice, emotional support counselling, activities, training and advocacy and awareness-raising of carers needs.

There are a small number of additional day activities operating in and around the City, including the Tuesday Club and St Luke's, which are used by service users and carers.

The Corporation has recently commissioned Toynbee Hall to provide advice to residents and is currently investigating the potential to provide respite care and undertaking discussions with a number of third sector organisations such as the Alzheimer's Society.

There is recognition that more can be done to collaborate with local providers and support services, to encourage referrals and information sharing.

4. STRATEGY THEMES AND ACTIONS

The strategy has been drawn together by identifying issues that were raised through user consultation and is embedded in a context of Personalisation within Adult Social Care. To ensure that these findings are directly linked to the development of personalisation, the recommended actions are listed following each theme.

Appendix B contains a full list of these actions, along with target dates and responsible individuals. Details of monitoring can be found at the end of this section.

THEME 1: Identifying and Referring Carers

In order to ensure carers' health and well-being needs are met, they first have to be identified as carers. The City of London currently has 57 on its Carers register, when the 2001 census identified 562 carers. Though this will cover a wide range of levels of care and will also include carers of children and carers of people resident in other areas, the data suggests that there are likely to be carers that are not known to the City of London. Additionally many people performing caring services may not recognise themselves as a 'carer'. It is vital that these carers are identified so that if necessary support can be provided to them, as well as those they care for. Though the individuals they look after may not be eligible for financial support by the City of London (e.g. are not assessed to be in 'critical' or 'substantial' need), it is important the carers are identified so that any future changes can be monitored.

Carers are regularly in contact with the NHS or other primary health care settings, in connection with the health of the person they care for. The City of London should develop existing and new partnerships with health professionals, local service providers and community groups in order to support direct referrals. It is important that front line partners are aware of current policies and processes so that they can relay accurate information to carers and manage their expectations accordingly. Similarly, information provided in SAQs should be used to direct carers to existing local services and any relevant feedback given to local organisations to help develop the right mix of services.

Research undertaken in 2008 suggested that disproportionately few of the known carers were from the City of London's Bangladeshi community. Working with partner organisation Toynbee Hall, the City of London should seek to counter potential barriers such as language and ensure that such 'hard to reach' carers have equal access to support services

It is important that up to date and accurate information is also displayed through other channels, such as the Corporation Website, so that carers would know who to access if they wish to self-refer. Clear signposting to other forms of support (e.g. local community groups or providers) will also help carers to know what additional, services, and facilities are available to them. Awareness raising campaigns could be undertaken to help local businesses and residents to understand the needs of carers and improve responsiveness across the whole community.

No	Action	Success Measure
	Strengthen information sharing with provider organisations to ensure a joined up approach to service provision and encourage signposting and referrals	Increase number of referrals from partner organisations
	Closer working with City and Hackney Carers Centre	Quarterly meetings with CHCC to review activity and carers needs.
	Refresh of information on the Corporation Website to ensure it is up to date	Accurate, user friendly website.
	Bangladeshi carers to be offered same language information and outreach support through partner organisations (Toynbee Hall)	Increase in numbers of Bangladeshi carers identified and supported by March 2012

THEME 2: Personalised Approach to Looking after Carers Health and Wellbeing

Caring can have a huge impact on a carers' physical and mental health. It can be physically demanding and emotionally draining. Although most interviewed in the 2011 Carers Assessments did not express any negative health impacts of being a carer, a significant number of carers did acknowledge experiencing stress and anxiety. It is important that the long-term health needs of carers are met, not only for their benefit, but also for the impact they have on those they care for.

It is possible to paint a typical picture of a City of London carer as female, over 60, living with her partner who she has cared for at least 5-9 years. However, this generalisation hides the wide diversity of individuals that care for City of London residents. Carers' roles and experiences are different, influenced by the age, needs, culture and personal circumstance of both carer and cared for. Consequently, there is no single approach to support that will provide equally for all carers. It is vital that support provided is reflective and responsive to the needs and situation of the individual.

To do this, carers need to undertake the agreed Supported Assessment Questionnaire (SAQ), which will map their caring responsibilities and their own health and wellbeing to ensure that any support provided responds directly to their requirements. This will form the mechanism for providing support to all Carers, both known and new referrals.

Carers should be able to feel confident that the support they are offered will be flexible, dependable, of good quality and tailored to their needs. A wide range of options should be available to carers through their Individual Budget, to allow choice and a tailored, personalised approach to their support. If carers are not eligible for financial support from the City of London, all effort should be made to refer them to other local organisations (such as the Carers Centre) that can provide support,

advice and guidance. At all points in the user pathway carers should be given clear, accurate information to ensure that they understand what help is available to them.

The average duration of care in the City of London is currently 14 years. It is clear that over this time the needs of both cared for and carer will change because of medical need, personal or financial situation of either party. It is important then that carers' needs are assessed annually, or more frequently if required, to ensure regular review of needs and support.

No	Action	Success Measure
	Clear information regarding SAQ process and support options to be provided to carers.	Feedback on information provision collected through survey/ Adults Advisory group
	All City carers will be offered a needs assessment at point of contact.	An increase in the numbers of new carers undertaking a SAQ by March 2012.
	All known carers to undertake a reassessment using an SAQ	Percentage of known carers that have undertaken the SAQ
	City carers offered an Individual Budget with which to plan personalised support which is flexible and tailored to their specific needs.	Increased take-up of Individual Budgets by March 2012
	Undertake annual reviews of carers to identify if their needs have changed. All carers given an annual review date.	Number of carers that have outstanding reviews
	Dialogue with existing and new provider organisations to develop a diverse menu of options available to carers as part of their individual budgets	Develop and maintain a menu of support options available for carers

Also measured through National Indicator - NI 135 'Carers receiving needs assessment or review and a specific carer's service, or advice and information'.

THEME 3: Providing Respite Care

All carers involved in recent consultation in the 2011 Carers Assessment Project indicated that they wished to continue in their role and were the sole carer. When asked what more could the City of London do to help, most were unable to provide a specific response, although a number felt that respite care for the person concerned would be useful.

Many carers do not have sufficient time to themselves in order to have a break from their caring role. If carers do not get adequate breaks from the demands of caring it is common for them to become physically ill, stressed or depressed. It is important

that respite care is available to all carers, even those who currently do not report ill health or stress, in order to maintain their long-term health.

Many carers feel worried or concerned about the person they care for when they leave them with a paid carer. A number of people in the 2011 Assessments reported that the person they cared for got extremely anxious if they were not around. It is essential that the paid care worker is someone the carer and cared for person feel is trustworthy, good at their job, and a safe pair of hands.

Some people being cared for are particularly sensitive to changes in environment and routine, e.g. those with dementia such as Alzheimers. The individuals would not suit the traditional form of respite care where the service user is taken out of their own home to give the carer a break. The City of London should respond by developing a dedicated respite scheme for carers of people with Alzheimers, in partnership and consultation with local providers such as the Alzheimer’s Society. For example, specialist professionals could provide support in the home, enabling carers to have a break from their caring responsibilities.

Carers should be encouraged to take respite support as part of their assessment and support plan. Carers should have access to Individual Budgets and Direct Payments to allow them to have the type of breaks that they feel they need. The allocation of Individual Budgets should reflect the level of support provided by the carer. Work will continue to model the budget availability and the allocation process to ensure a transparent and equitable system for allocating resources.

No	Action	Success Measure
	Respite services (including support in their own home) provided as an option within their individual budget.	Increased take-up of respite care provision by March 2012
	Develop dedicated respite scheme for carers of people with Alzheimers	Specialist support for carers of people with Alzheimers approved (December 2011) Specialist support in place by March 2012

THEME 4: Providing Relevant Training

Caring requires development of specific knowledge in a number of areas, e.g. the condition and needs of the person they care for, welfare benefits, first aid, lifting and handling, phases and effects of dementia, and the side effects of medication. Specific training would help support individuals in their caring roles, helping them to provide safer care (e.g. not injure themselves or the person they care for when handling). Training can also build confidence and help support Carers in their role as ‘expert partner’, encouraging them to be actively involved in the decisions regarding the services provided for both themselves and those they care for.

Access to training courses would also provide a break from caring, and opportunity to talk to other carers experiencing similar situations, encouraging development of mutual support networks. As many carers will be very knowledgeable about certain areas it may be possible to encourage Carers to contribute to training and share their expertise, helping both the carers and others recognise the wider community value of their caring role.

No	Action	Success Measure
	Provision of open access training for Carers in relevant areas, such as welfare benefits, first aid, lifting and handling.	Number of carers involved in relevant training course

THEME 5: Offering Financial Guidance

Carers may find that they suffer financially as a result of their caring role. Some carers are not aware of the benefits to which they are entitled whilst others find that taking time off to care can affect their job. Workplaces vary greatly in the support that they give to carers.

Carers' SAQs should identify their current and future employment and training needs and any financial impact of their caring role. It is important to identify any future plans that may influence the level of care they can provide. The assessment should be used as an opportunity to signpost carers to financial or benefits advice.

Employers should be aware of the needs of staff that have caring responsibilities outside work and allow them to combine work and caring, wherever possible. The City of London should raise awareness of the needs of carers within local businesses.

No	Action	Success Measure
	All Carers to be offered financial or benefits advice	Financial advice offered in all SAQs. Number of referrals to cityAdvice following completion of SAQ

THEME 6: Helping Carers to Plan for Emergencies

During the 2008 consultation, City carers were particularly concerned about getting help for those that they care for in an emergency. Carers were concerned about what would happen if they were taken ill or were otherwise unable to care.

The Carers SAQ should be used to encourage carers to develop an emergency respite plan in order to provide peace of mind. Additional mechanisms should be investigated using local partners, such as extending the Emergency Cards currently given out by the City and Hackney Carers Centre and emergency social care contact

phone number. The City should explore the production of a summary card setting out key carer issues, following the completion of the SAQ.

Discussions should be initiated with the City of London Police to explore the potential for carer support via the Pegasus scheme. An assessment of the value of Telecare to carers should also be undertaken.

No	Action	Success Measure
	Encourage completion of an emergency respite plan to support carers	Number of referrals compared to requests in SAQ

THEME 7: Involving Carers

Within the Department a member of staff will be identified as the Carers Champion to provide a consistent link for carers. Recognition of the contribution that carers are making, valuing them and respecting and listening to their views is paramount. Most carers have a good understanding of their needs and the needs of those they care for. Consequently carers should be involved in the design of service provision, asked for feedback about the services they receive, and consulted on any significant changes. To this end, this Carers strategy was based on needs and opinions of carers surveyed during 2011, and will be widely consulted on with local user groups and public open events.

The Adults Advisory Group (AAG) with membership of local user and carers, should represent and champion the views of carers. The AAG will monitor the progress of actions within this strategy, and be used as a sounding board for any future changes.

Carers should feel empowered to influence local services. The assessment process should allow feedback on the services they currently receive and help identify any additional requirements. These views should be captured within the SAQ and fed back to the Carers Champion so that action can be taken where necessary. The Adults Advisory Group should be informed of any important issues highlighted in this process. In addition, the City of London should host an Annual Carers meeting, to provide an opportunity for all carers to discuss matters of importance, ask questions and be involved in the design of future services.

No	Action	Success Measure
	Appoint a Carers Champion. Adults Advisory Group to represent and champion the needs of carers.	Carers Champion appointed Carer representatives on Adults Advisory Group
	Host an Annual Carers meeting to provide opportunity for all carers contribute their experience and views, ask questions and be involved in the design of service provision and actions	Annual Carers meeting held March-April 2012

	Feedback and comments raised in SAQs are noted, feedback to the Adults Advisory Group and action taken (where necessary)	Process for capturing feedback established Carers feedback as rolling agenda item in AAG
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THEME 8: Embedding accurate recording processes

This Strategy has been developed to ensure that carers need for support in their own right is clearly recognised within City of London policies and processes. The Strategy and its recommended actions should therefore be integrated into future Departmental plans and performance management and outcomes monitoring.

In order to monitor the numbers of carers assessments and service provision, the City of London must ensure accurate recording and monitoring processes and systems. Planned future improvements in recording systems, to streamline and prevent duplication should be designed to monitor carers' information and indicators accurately, as well as service users. The Department is currently researching new information systems.

No	Action	Success Measure
	The provision of support for carers should be explicitly referred to in Departmental Indicators and Strategic Documents.	Indicators relating to provision of support to carers are included within new ASC Performance Measures (by March 2012)
	Improvements in recording systems to prevent duplication.	Future improvements in recording meet monitoring requirements for carers.

MONITORING

The above actions will be monitored to ensure that the intended positive outcomes for carers are achieved. Progress towards these actions will be reported on a 6 monthly basis to the Adult Advisory Group. The strategy will be reviewed in April 2012 to ensure that the aims and actions remain relevant and continue to strive for improvements in the quality of life for local carers. The Adult Advisory Group will be involved and approve any future revisions.

Progress against these actions will be reported to Committee in March 2012.

5. CONCLUSIONS

This Carers Strategy has been developed to show City of London's commitment to supporting carers in the local community, and to recognise the valuable contribution carers make to meeting the needs of some of the most vulnerable people in the City.

The Strategy has outlined the current local and policy context and the key themes of activity that have been raised in consultation with carers. The City of London has proposed a number of actions, to ensure that there is appropriate support and assistance in place for carers.

This Strategy and the actions within it will be open for public consultation over the summer of 2011. Feedback from residents, carers and local provider organisations will be incorporated into the finalised Strategy during the Autumn of 2011 to ensure all stakeholders are involved in the development of the approach and actions going forward.

6. APPENDICIES

Appendix A: List of Consultees for Draft Strategy Consultation

This Draft Carers Strategy is currently at the consultation stage. The consultation plan is outlined below. The consultation arrangements will be overseen by the Adult Advisory Group, which is chaired by the Older People's Champion, The Reverend Stephen Haines. Several other members of Community and Children's Services Committee also attend the meetings of the group from time to time. The draft strategy will be circulated to all members of the Community and Children's Services Committee.

The final document will contain a list of consultation activities and numbers of consultees / event attendees. The main themes arising from the consultation will be summarised, and the related changes to the Strategy will be highlighted.

Consultation so far

- **Carers Assessment Project 2011:** Interviews were conducted with 39 out of 61 carers who received the City of London Carers Grant in 2010/11. Another 7 were assessed before the study, meaning that in total, 46 assessments were conducted in spring 2011, covering 75% of known adult carers. Carers were asked about the needs of the person they cared for, the tasks they undertake, impact that caring has on their lives, and what help or services they would like to see provided.
- **Informal conversations** between the Adult Social Care team and carers – highlighting their needs and concerns.

Planned Consultation Summer 2011

- **Adults Advisory Group:** Discussion of draft consultation document and the approach to consultation
- **Public and user/carers consultation events:** Deliver several open sessions at different locations and times throughout the City. Discuss the draft strategy and gain user and public feedback which will be used to revise and refine the strategy and actions. Carers and users specifically invited to events in addition to general publicity to encourage wider attendance.
- **Website:** The main themes of the Strategy will be summarised on the City of London website, along with a link to the full draft report and clear signposting for those wishing to provide comment.
- **Members:** Discussion of draft consultation document
- **Briefings with partner organisations and local provider services:** Raise awareness of wider consultation and gain provider input into the document

and how partnership working can support the themes identified. Briefings could include:

City Comm	Age Concern	St. Luke's Centre
The Alzheimer's Society	The Peal Centre	Positive East
City Volunteering Service	Hackney PCT	Toynbee Hall
City and Hackney Carers Centre	Prospectus (Connexions)	The Tower Project

Appendix B: Policy Context

Government Policy	Overview
Carers (Recognition and Services) Act (1995)	Carers are allowed to request that they be assessed in the light of their caring responsibilities . Local authorities were given the duty to take into account the needs of carers when assessing the support needs of service users.
The National Strategy for Carers (1999)	It emphasises the importance of social care, health, housing, education and employers to take account of carers needs and make sure that they are recognised and addressed. It highlights the needs of young carers to ensure that they are not disadvantaged in accessing education and that caring responsibilities do not affect their general development.
The Carers and Disabled Children Act (2000)	This Act recognised the needs of carers with parental responsibility for a disabled child. It supported a carer’s right to an individual assessment, even if the person they care for has turned down an assessment or services.
The Carers Equal Opportunities Act (2004)	Local authorities have a duty to inform carers of their right to an assessment and consider carers work, study and leisure needs when undertaking such an assessment. The act gives local authorities the power to call on the assistance of other bodies in providing support to carers.
The Families at Work Act (2006)	Provision used to extend right of flexible working to carers of disabled adults. Raised awareness amongst employers
Putting People First (2007)	This document is the concordat with the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), the NHS and others. It is a shared vision and commitment to the transformation of adult social care over a period of three years. Key elements are: prevention early intervention and re-enablement personalisation information, advice and advocacy. Councils will be required to move to a system of personal budgets for everyone who is eligible for publicly-funded adult social care support. They will also be required to provide universal information, advice and advocacy services for all who need services and their carers. This is irrespective of eligibility for public funding.

<p>The National Carers Strategy: Carers at the Heart of the 21st Century Families (2008)</p>	<p>Vision for 2018:</p> <p>Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.</p> <p>Outcomes: By 2018 Carers will:</p> <ul style="list-style-type: none"> • be respected as expert care partners • have access to the integrated and personalised services they need to support them in their caring role. • be able to have a life of their own alongside their caring role. • be supported so that they are not forced into financial hardship by their caring role. • be supported to stay mentally and physically well and treated with dignity. • Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.
<p>The New Performance Framework for Local Authorities and Local Authority Partnerships (2008)</p>	<p>Requires that local authorities report on the number of assessments, reviews and services and information that their carers receive.</p>
<ul style="list-style-type: none"> • Recognised, Valued and Supported: the next steps for the Carers Strategy (2010) 	<p>Builds on the vision through four priority areas:</p> <ul style="list-style-type: none"> • Supporting carers to identify themselves as carers at an early stage, recognise their contribution and involve them in design of local care provision and individual care packages. • Personalised support for both carers and those they support, helping them to have a family and community life outside/alongside caring • Supporting carers mental and physical health • Enable carers to fulfil education and employment potential <ul style="list-style-type: none"> • Commitments included: • the Department of Health will give £1million to groups that support carers • Over the next 4 years the NHS will give an extra £400 million to provide respite breaks

**Carers and
Personalisation: Improving
Outcomes (2010)**

Produced alongside the Carers Strategy. It covers the following topics, providing examples of good practice:

- carers as expert care partners and whole-family approaches
- early intervention and prevention
- making self-directed support processes work
- market and provider development

Appendix C: Action Plan

THEME 1: Identifying and Referring Carers

No	Action	Success Measure	Timescale
	Strengthen information sharing with provider organisations to ensure a joined up approach to service provision and encourage signposting and referrals	Increase number of referrals from partner organisations	March 2012
	Closer working with City and Hackney Carers Centre	Quarterly meetings with CHCC to review activity and carers needs.	Meetings every Quarter
	Refresh of information on the Corporation Website to ensure it is up to date	Accurate, user friendly website.	November 2011
	Bangladeshi carers to be offered same language information and outreach support through partner organisations (Toynbee Hall)	Increase in numbers of Bangladeshi carers identified and supported	March 2012

THEME 2: Personalised Approach to Looking after Carers Health and Wellbeing

No	Action	Success Measure	Timescale
	Clear information regarding SAQ process and support options to be provided to Carers.	Feedback on information provision collected through survey/ Adults Advisory group	March 2012
	All City carers will be offered a needs assessment at point of contact.	An increase in the numbers of new carers undertaking a SAQ	March 2012
	All known carers to undertake a reassessment using an SAQ	Percentage of known carers that have undertaken the SAQ	March 2012
	City carers offered an Individual Budget with which to plan personalised support which is flexible and tailored to their specific needs.	Increased take-up of Individual Budgets by	March 2012
	Undertake annual reviews of carers to identify if their needs have changed. All carers given an annual review date.	Number of carers that have outstanding reviews	March 2012
	Dialogue with existing and new provider organisations to develop a diverse menu of options available to carers as part of their individual budgets	Develop and maintain a menu of support options available for carers	November 2011 and reviewed March 2012

THEME 3: Providing Respite Care

No	Action	Success Measure	Timescale
	Respite services (including support in their own home) provided as an option within their individual budget.	Increased take-up of respite care provision	March 2012
	Develop dedicated respite scheme for carers of people with Alzheimers	Specialist support for carers of people with Alzheimers approved	December 2011
		Specialist support in place	March 2012

THEME 4: Providing Relevant Training

No	Action	Success Measure	Timescale
	Provision of open access training for Carers in relevant areas, such as welfare benefits, first aid, lifting and handling.	Number of carers involved in relevant training course	March 2012

THEME 5: Offering Financial Guidance

No	Action	Success Measure	Timescale
	All Carers to be offered financial or benefits advice	Financial advice offered in all SAQs.	November 2011
		Number of referrals to cityAdvice following completion of SAQ	March 2012

THEME 6: Helping Carers to Plan for Emergencies

No	Action	Success Measure	Timescale
	Encourage completion of an emergency respite plan to support carers	Emergency respite plan mentioned in all SAQs.	November 2011
		Number of referrals compared to requests in SAQ	March 2012

THEME 7: Involving Carers

No	Action	Success Measure	Timescale
	Appoint a Carers Champion. Adults Advisory Group to represent and champion the needs of carers.	Carers Champion appointed Carer representatives on Adults Advisory Group	November 2011 Ongoing – reviewed March 2012
	Host an Annual Carers meeting to provide opportunity for all carers	Annual Carers meeting held March-April 2012	March – April 2012

	contribute their experience and views, ask questions and be involved in the design of service provision and actions		
	Feedback and comments raised in SAQs are noted, feedback to the Adults Advisory Group and action taken (where necessary)	Process for capturing feedback established. Carers feedback as rolling agenda item in AAG	November 2011 November 2012

THEME 8: Embedding accurate recording processes

No	Action	Success Measure	Timescale
	The provision of support for Carers should be explicitly referred to in Departmental Indicators and Strategic Documents.	Indicators relating to provision of support to Carers are included within new ASC Performance Measures	March 2012
	Improvements in recording systems to prevent duplication.	Future improvements in recording meet monitoring requirements for Carers.	March 2012