

# **Carers Strategy**

**Making Change Happen**

**2008- 2011**

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## 1.Executive Summary

The Carers Strategy sets out our plans for working with and supporting carers over the next three years.

Carers play an essential role in providing help and support to a large number of people. They carry out a range of tasks for the people they care for, that are essential to the cared for person's well being and quality of life.

### 1.1 Vision

The vision we have adopted in Harrow is the one stated in *Our health, our care, our say: a new direction for community services. (Jan 2006)*

**The care and support that we provide for people should enable them to make the most of their lives.**

Our vision is of a new strategic direction for all the care and support services that people use in their communities and neighbourhoods.

The vision is underpinned by three themes:

#### i. **Putting people more in control of their own health and care**

The fundamental aim is to make the actions and choices of people who use services the drivers of improvement. They will be given more control over and will take on greater responsibility for their own health and well-being.

#### ii. **Enabling and supporting health, independence and well-being**

We know the outcomes that people want for themselves: maintaining their own health, a sense of personal well-being and leading an independent life.

#### iii. **Rapid and convenient access to high-quality, cost-effective care/support**

When people access community services, they should do so in places and at times that fit in with the way they lead their lives. Organisational boundaries should not be barriers.

## 1.2 Key Principles

There are four key principles established for working with carers. These principles underpin the strategy and are to be at the forefront of work with carers. These are:

- Value and recognition
- Choice
- Personalised service
- Working together

## 1.3 Priorities

The key priorities for the strategy are to :

1. Increase carers breaks and carers' services.
2. Identify and support hidden carers including carers from black and minority ethnic communities
3. Build partnership working

4. Ensure a good quality service is provided to the person cared for by supporting carers to influence service development.
5. Provide appropriate information and support to enable carers to access services
6. Increase training available to carers
7. Develop support for carers to balance working and their caring role

The support and services provided to young carers aim to achieve the outcomes stated in Every Child Matters (2004) . Priorities for young carers in the strategy are:

- to support young carers undertaking inappropriate levels of caring
- identify and support hidden young carers with the support of professionals in frontline services
- encourage young carers to come forward for the help they need
- provide activities and support for young carers to have a life outside of caring
- develop effective joined up, whole family support to families affected by illness, disability or substance misuse who have young carers.

This strategy will help to deliver the seven outcomes stated in the Health and Social Care White Paper and supports the vision stated in the National Carers Strategy 2008. It will also work toward the aim of Every Child Matters (2004) outcomes for carers of children with disabilities and young carers.

Partnership working will be key to achieving this. We will work in partnership with carers and service users and our partners in the voluntary and community sector, the statutory and independent sector. People with health and care needs and their carers have been active in informing us about the issues that affect them and these have been used to inform the priorities for this strategy. These are shown below and are to be addressed over the three years of the strategy. The detailed actions to support these outcomes are listed in the annual action plan (Appendix 1).

### **Outcomes for carers**

The outcomes and vision this strategy aims to achieve for Harrow residents are those set out in the following policy documents:

DfES, Every Child Matters, 2004

White Paper '*Our Health, Our Care, Our Say: a new direction for community services*' (January 2006)

Putting People First: A shared vision and commitment to transformation of Adult Social Care (2007)

National carers strategy 'Carers at the heart of 21<sup>st</sup> century families and communities: A caring system on your side. A life of your own.' 2008

### Outcomes

- **Improved health:** enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. Opportunities for physical activity.
- **Improved quality of life:** access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.

- **Making a positive contribution:** active participation in the community through employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision making.
- **Exercise of choice and control:** through maximum independence and access to information. Being able to choose and control services. Managing risk in personal life.
- **Freedom from discrimination or harassment:** equality of access to services. Not being subject to abuse.
- **Economic well-being:** access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.
- **Personal dignity:** keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

Every Child Matters Outcomes for young carers and children with disabilities and their carers:

- **Being Healthy**
- **Staying Safe**
- **Enjoying and Achieving**
- **Making a positive contribution**
- **Achieving Economic Well being**

The strategy will be implemented through an annual action plan, which will be monitored by the Carers Partnership group, which is made up of representatives from the statutory and third sector agencies and carers.

## 2.Introduction

### Definition

The term carer has been defined as, 'someone who looks after a person who cannot manage without help because of sickness, disability or frailty. The person they care for can be a relative (husband, wife, sister, brother, parent etc.) friend or neighbour. Carers are not paid to be carers, and they do not always live with the person for whom they care. Carers can be any age, some are children. Carers may have community care needs of their own. Carers include the parent and guardians of children and young people with disabilities.'

Harrow Carers Partnership Group has agreed this definition as a local definition.

Many people, who are caring for someone who is disabled, ill or frail, do not see themselves as a carer. They see the assistance they provide as part of their normal role as a family member or friend. In some cases, such as older couples, who provide care and support for each other, it can be difficult to distinguish the carer from the cared for person. It is important that carers are identified and informed about their right to a carer's assessment and offered support and access to services.

The Carers Strategy sets out a shared vision for carers in Harrow. It sets out a strategic framework for working with carers over the next three years.

This strategy has been developed in the context of significant changes enforced and planned across the health and the well-being agenda both at a national and local level. These include practice based commissioning, new deal for carers, national Carers Strategy, self-directed support, personalised services and focus on prevention.

This is a working document that aims to provide a framework for developing and maintaining good practice that supports carers with the caring role and to have a life outside of their caring role and supports people with health and well-being needs. The Strategy is a tool to ensure that within the resources available appropriate services are developed and provided to carers and people with health and well being needs. The document will be revised and amended as local and national circumstances and guidance change. The annual action plan lists the action planned to achieve the strategy outcomes.

The strategy also details how, in Harrow, we will aim to reflect current thinking of national and local government and other local strategies in the development and delivery of services for carers.

This strategy focuses on the development and commissioning of personalised services. These are services that support people and their carers in their own homes and communities. This strategy embraces the key aims of the wider personalisation agenda. This strategy also links closely and builds on the Adults and Older Adults Partnership Plan and the Children and Young People's Plan.

### Key Issues – What carers told us

Key issues for carers highlighted in consultation with local carers and in the National Carers Strategy 2008 have been used to set strategic priorities. Carers told us they wanted:

- A good quality service for the person cared for
- Breaks from caring
- Freedom to have a life of their own

- Maintain their own health
- A say in service provision and service development
- Better information about carers' services
- Better communication with professionals
- Access to quality carers' needs assessments
- Financial support
- Support for young carers
- Sensitivity to cultural issues
- Flexible working and support for working carers
- More outreach and advocacy support

These key issues raised by carers will be used to prioritise resources and monitor outcomes for local carers' services.

### **Development of a Carers Strategy**

This strategy has also been developed in partnership with carers and service users and people and organisations working with carers, including Harrow Council, Harrow Primary Care Trust, Independent Sector organisations and voluntary groups.

A Consultation workshop was held with carers in April 2007. This raised the issues carers wanted to see addressed locally. These issues are reflected in the local strategic priorities. Carers have also been consulted through the Carers Action Group, carers week activities held during June 2008 and the carer reference group. The health and social care partnership groups, older peoples reference group and adults and children's service providers have been consulted on the strategy development. Scrutiny Challenge Panel was held on 4th June 2008 for members to engage with and comment on the development of the carers strategy. The Carers strategy development sub- group developed the carers strategy and the Carers Partnership Group oversaw the development process.

Good practice from beacon councils, CSCI carers toolkits and carers balance scorecard have been used to develop the strategy to ensure we significantly improve outcomes for carers in Harrow.

We continue to value the contribution made by carers in Harrow and other key stakeholders in supporting local people and helping to develop a comprehensive, co-ordinated approach to developing local services.

### 3. Strategic Vision and Priorities

The vision we have adopted in Harrow is the one stated in *Our health, our care, our say: a new direction for community services. (Jan 2006)*

**The care and support that we provide for people should enable them to make the most of their lives.**

Our vision is of a new strategic direction for all the care and support services that people use in their communities and neighbourhoods.

The vision is underpinned by three themes:

**i. Putting people more in control of their own health and care**

The fundamental aim is to make the actions and choices of people who use services the drivers of improvement. They will be given more control over and will take on greater responsibility for their own health and well-being.

**ii. Enabling and supporting health, independence and well-being**

We know the outcomes that people want for themselves: maintaining their own health, a sense of personal well-being and leading an independent life.

**iii. Rapid and convenient access to high-quality, cost-effective care/support**

When people access community services, they should do so in places and at times that fit in with the way they lead their lives. Organisational boundaries should not be barriers.

#### **Key Principles**

There are four key principles established for working with carers. These principles underpin the strategy and are to be at the forefront of work with carers. These are:

- Value and recognition
- Choice
- Personalised service
- Working together

#### **Priorities**

This strategy will help to deliver the seven outcomes stated in the Health and Social Care White Paper and supports the vision stated in the national Carers Strategy 2008. It will also work toward the aim of Every Child Matters outcomes for carers of children with disabilities and young carers.

Partnership working will be key to achieving this. We will work in partnership with carers and service users and our partners in the voluntary and community sector, the statutory and independent sector. People with health and care needs and their carers have been active in informing us about the issues that affect them and these have been used to inform the priorities for this strategy. These are shown below and are to be addressed over the three years of the strategy. The detailed actions to support these outcomes are listed in the annual action plan (Appendix 1).

The key priorities for the strategy are to :

1. Increase carers breaks and carers' services.



2. Identify and support hidden carers, including carers from black and minority ethnic communities
3. Build partnership working
4. Ensure a good quality service is provided to the person cared for by supporting carers to influence service development.
5. Provide appropriate information and support to enable carers to access services
6. Increase training available to carers
7. Develop support for carers to balance working and their caring role

Over the three years (2008-2011) of this strategy, we aim to contribute to the health and social outcomes through development and commissioning services in the key areas listed below.

#### **i. Health and emotional well being**

Provide additional breaks for carers to support them in their caring role.

Make support available to reduce carers' stress.

Provide support to carers in an emergency, through the Carers Emergency Support Service (CESS).

Provide advice and training for carers on moving and handling and first aid.

Provide training for carers to manage the cared for person's condition and to manage difficult behaviour.

Address carers' needs in hospital discharge procedures.

Work with GPs and primary care professionals to identify and support carers to maintain their health and emotional well being.

Provide information and support to carers to enable them to maintain their well being.

Provide better access and communication for carers with health professionals and social workers

#### **ii. Improving Quality of life**

Provide a range of flexible breaks to enable carers to have a life outside of caring, to enable them to access leisure, education, training activities and work.

Ensure respite breaks provide a good quality service for the person cared for.

Specific outreach support for older carers to ensure the person cared for has access to mainstream services.

Build on support for young carers providing inappropriate levels of caring.

Raise awareness of young carers and their needs in schools and colleges and with health professionals.

#### **iii. Having your contribution recognised**

Ensure carers have a voice in services development and improvement, specifically in the Self Directed Support agenda, which will transform the way social care is provided over the next three years.

Support carers to engage in leisure, education and community activities.

Work with professionals to ensure carers are valued as partners in care as set out in 'Putting People First'.

Review and develop systems to ensure carers help shape future services.

#### **iv. Increased Choice and Control**

Provide appropriate and relevant information for carers.

Provide quality and accessible carers needs assessments.

Provide training to staff to support carers and to undertake carers needs assessments and ensure agreed outcomes are shared with carers.

Provide personalised support for carers.

Increase provision of direct payments and carers break vouchers for carers.  
Make greater use of assisted technology (telecare and telehealth).  
Raise awareness of carers' advocacy services.  
Ensure carers are involved in transition planning.  
Provide support for young carers aged 18 – 24 years.  
Increase counselling services for carers.

#### **v. Freedom from discrimination and harassment**

Ensure carers from black and minority ethnic communities are supported and any diversity issues addressed.  
Provide services and support, which are sensitive to cultural issues

#### **vi. Economic well being**

Work with organisations to provide flexible working to support carers to combine caring and paid employment.  
Support carer to return to work and undertake vocational training.  
Ensure carers are routinely offered benefits advice.  
Ensure access to health and social care support is available to carers beyond core working hours.

#### **vii. Personal dignity and respect**

Treat carers as individuals in their own right.  
Ensure carers' views are consistently respected.

This strategy also supports the mental health action plan developed by the Mental Health Carers Task Group and the Young carers action plan developed by the multi agency young carers working group.

For young carers caring can be a positive experience, helping foster maturity, and independence and strengthen family ties. However extensive and inappropriate caring can be damaging constraining young people's time and contributing to poor outcomes.

The support and services provided to young carers aim to achieve the outcomes stated in Every Child Matters (2004) . Priorities for young carers in the strategy are:

- to support young carers undertaking inappropriate levels of caring
- identify and support hidden young carers with the support of professionals in frontline services
- encourage young carers to come forward for the help they need
- provide activities and support for young carers to have a life outside of caring
- develop effective joined up, whole family support to families affected by illness, disability or substance misuse who have young carers.

## 4. Background

### i. National Policy

Health & social care white paper

The outcomes the Carers Strategy is aiming to achieve for Harrow residents are set out in the White Paper *'Our Health, Our Care, Our Say: a new direction for community services'* (January 2006). These seven outcomes are:

- **Improved health:** enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. Opportunities for physical activity.
- **Improved quality of life:** access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.
- **Making a positive contribution:** active participation in the community through employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision making.
- **Exercise of choice and control:** through maximum independence and access to information. Being able to choose and control services. Managing risk in personal life.
- **Freedom from discrimination or harassment:** equality of access to services. Not being subject to abuse.
- **Economic well-being:** access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.
- **Personal dignity:** keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

These outcomes underpin the Carers Strategy and will be at the forefront of all work with people who live in Harrow.

### National Carers Legislation

#### **Carers Services and Recognition Act (1995)**

This is the first Act specifically about Carers. It gave them the right to ask for and receive an assessment of their own needs. The carer does not have to be related to the person for whom they provide care, nor do they have to live in the same household. The right to an assessment only applies if the carer provided, or intends to provide, care on a "substantial and regular" basis and when the person being cared for is:

- Being assessed for the first time,
- Being reassessed
- Having their care plan reviewed following a change in their own, or their carer's circumstances.

The Act does not place any duty on social services to provide services to carers, but does give them the duty to take the circumstances of the carer into consideration when decisions are being made about the cared for person, and support services they require.

## **The National Carers' Strategy 'Caring about Carers' 1999**

A National Strategy for Carers' was published in 1999. The strategy introduced a number of measures for carers. It highlights three strategic elements within its approach for working with carers; these are Information, Support and Care.

The strategy also sets out measures for carers in employment and young carers. These individual strategic elements continue to inform the development of Harrow's multi agency Carers Strategy.

The national strategy states carers want:

- Well-being of the person being cared for
- Freedom to have a life of their own
- Maintain their own health
- Confidence in services
- A say in service provision

## **The Carers and Disabled Children's Act (2000)**

This Act came into effect on 1<sup>st</sup> April 2001. It builds on the Carers (Recognition & Services) Act 1995 and gives local councils the power to supply certain services directly to carers following a Carers assessment.

- The legislation gives a new right to Carers aged 16 and over providing a substantial amount of care on a regular basis to a person aged 18 and over, to ask for an Assessment of their own needs in relation to their caring role, even if the person they care for has refused either to be assessed or to accept social care services.
- Where there is more than one carer providing substantial and regular care, each carer is entitled to their own assessment.
- Those with parental responsibility for a disabled child will have their support requirements considered as part of an overall needs assessment of the child and family.
- The Act also allows councils to make Direct Payments to carers to meet their own assessed need for carers services instead of receiving services from the Local Authority.
- The Act also permits local councils with social services responsibilities to develop voucher schemes as an alternative to Direct Payments, to give carers and those they care for greater freedom to choose when and where to take a short break.

## **Carers (Equal Opportunities) Act 2004**

This Act came into effect on April 2005. It places a number of duties on local authorities to inform carers about their rights. It also places a duty on local authorities, when they are carrying out a carer's assessment, to consider whether the carer works or wishes to work, wishes to study or have some leisure activities. The Act gives local authorities strong powers to enlist the help of health, housing and education authorities in providing support for carers.

## **New Deal for Carers 2007**

New Deal for Carers was mentioned in the Health and social care white paper (January 2006). The New Deal for Carers was formally announced in February 2007. A range of measures designed to recognise the essential work that carers carry out across the country were announced.

The three elements of the New Deal for carers were :

1. Short term emergency home based respite

2. Advice line for carers
3. Expert Carer programme

1. Short-term emergency home based respite

In September 2007, nationally an additional £25 million was provided to local authorities to provide short-term home based respite care for carers in crisis or emergency situations. In Harrow a Carers Emergency Support Service (CESS) has been set up. Carers are able to plan ahead and complete an emergency support plan for what they would like to see happen to support the person they care for in the event of a carer emergency. A carer's emergency card is given to the carers which has a 24 hour contact number to be used in an emergency, which will activate the carers emergency plan.

2. Advice line for carers

Nationally £3 million will go towards the establishment of a national helpline for carers. The helpline will provide a single number for carers on which to get information about national rights and entitlements. The helpline is to have links to local information.

3. Expert Carer programme, now called 'Caring with Confidence'.

£5 million will be used to support the development of an experts carers programme. It is to provide information on carers' rights, stress management, services for carers, information for carers, communication skills, advocacy as well as skills to care safely and effectively such as moving & handling, first aid, medication. This will be developed locally with Harrow Primary Care Trust (PCT).

**National carers strategy 'Carers at the heart of 21<sup>st</sup> century families and communities: A caring system on your side. A life of your own.' 2008**

The Government updated national carers strategy was published in June 2008. This is a ten-year strategy, which sets out a vision and commitment over the next ten years. The vision is that by 2018, 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, whilst enabling the person they support to be full and equal citizen.

By 2018 :

- Carers 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;
- Carers will be able to have a life of their own alongside their caring role;
- Carers will be supported so that they are not forced into financial hardship by their caring role;
- Carers will 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, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

This vision is a shared vision and responsibility between central and local government, the NHS, the third sector, families and communities.

The strategy also sets out 10 commitments over the next three years 2008-11 and there is to be an investment of over £255million over this time.

**National Service Frameworks (NSFs) and National Strategies** define service models and set standards that are to be applied nationwide. They are specific to defined service user groups and provide a systematic approach to improving standards and quality. There are specific objectives within many of the NSFs and National Strategies that apply to carers and for which a joint approach to service delivery is required.

### **Work and Families Act 2006**

This act extends the right to request flexible working to employees who care for an adult. It currently applies where the person cared for is a spouse, partner, civil partner or specific relative of the carer or the person cared for lives at the same address as the carer. The national Carers Strategy 2008 states that the government will review the definition of carer, with a view to extending the right to flexible working to all carers.

### **Every Child Matters (2004)**

Every Child Matters sets out the Government aims that all children, whatever their circumstances will have the support they need to its 5 outcomes. These are

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

The strategy aims to support young carers and families of children with disabilities and will contribute to these outcomes.

**Communities and Local Government , the Department of Health and the Department of Work and Pensions, published the Lifetime Homes, Lifetime Neighbourhood Strategy** in February 2008. It attempts to confront the challenges posed by England's rapidly ageing society. It sets out the importance for housing to be properly integrated into the future of the care system for older people and emphasises the need for joined up strategy. The strategy will be used to feed into the social care green paper and the new independent living strategy.

### **Putting People First : A shared vision and commitment to transformation of Adult Social Care (2007)**

Across Government, the shared ambition is to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity. This ministerial concordat establishes the collaboration between central and local government, the sector's professional leadership, providers and the regulator.

Policy changes are taking place against a backdrop of increased demand for services due to demographic changes and the fact that generally people are living longer with more complex needs. At the same time there are likely to be fewer family carers available to support an increase need for care and support.

In the next decade there will be major and substantial change in the everyday lives of carers and the family members and friends they support. The government's Independent Living Strategy, the social care reform programme set out in 'Putting People First ' and reforms to NHS, children services and welfare reforms will impact on carers. It is crucial to ensure these reforms provide a system, which supports carers. The success to achieving change is largely dependent on the ability to work more inclusively across and within organisations and recognising the user and carer perspective.

In future, organisations will need to offer people more choice and control whilst delivering on priority areas such as; efficient and effective use of available resources, ensuring that services are local to people, empowering people to live as independently as they can in the community, and keeping people safe whilst enabling risk.

## **ii. Local Policy context**

The Local Area Agreement in Harrow includes an indicator to support carers. This will ensure carers issues remain a corporate priority over the next three years. The indicator is to be monitored and reported to the Harrow Strategic Partnership. The indicator is :

‘Carers receiving needs assessments or reviews and a specific carer’s service or advice and information’.

## **Harrow Sustainable Community Strategy .**

This is a borough wide strategy developed with local communities and stakeholders. The document acknowledges the contribution carers make to the local community and encompasses a range of initiatives to address a number of local issues

Carers is also a flagship action in the Corporate Plan 2008- 2011. As part of the objective to improve the well being of adults and children and the care of those who most need our help, there is a carers target to provide 13,500 breaks for adults and children in 2008/09 an increase of 8% over the current year.

**The NHS Local Delivery Plan** is an overarching strategic plan for Harrow Primary Care Trust (PCT) and its partners. It highlights the priorities for change in health and social care over three years. The priorities for improvement identified by the document will impact on support for service users and carers. There are six priority areas and these include:

- MRSA
- Reducing cancer waits
- Health Inequalities
- Choose & Book
- 18 week waits
- Sexual Health & Gum Clinics

## **Self-Directed Support**

Self Directed Support (SDS) will be a key driver in the approach taken in delivering social care service in the next three years. There is central role for carers in this transformation process to ensure the approach is successfully implemented and reflects carers’ needs.

A system of SDS offers a way of improving the value of public expenditure and enhancing the citizenship of vulnerable people. The efficiency rises not from pooling funding but from enabling vulnerable people themselves to get the best possible value (on their terms) from fixed levels of public finance.

Key features of a SDS system will include:

- Supported decision making - Getting decisions as close to the person as possible
- User friendly systems – Rules that make it clear and easy to navigate the social care system
- Brokerage – support to plan and organise an individuals own support
- Modernised care management – reforms to the system of assessment and care management

- Outcomes focused monitoring – a move away from a complex web of regulations that poorly serve vulnerable people

### Standing Scrutiny Review

In April 2007 Overview Scrutiny undertook a Standing Scrutiny Review of NHS finances. Amongst the recommendations made by the review were some to improve partnership working with partner agencies to support carers. These recommendations will be taken forward as part of the strategies annual action plan.

### Transformation Programme Plan (TPP)

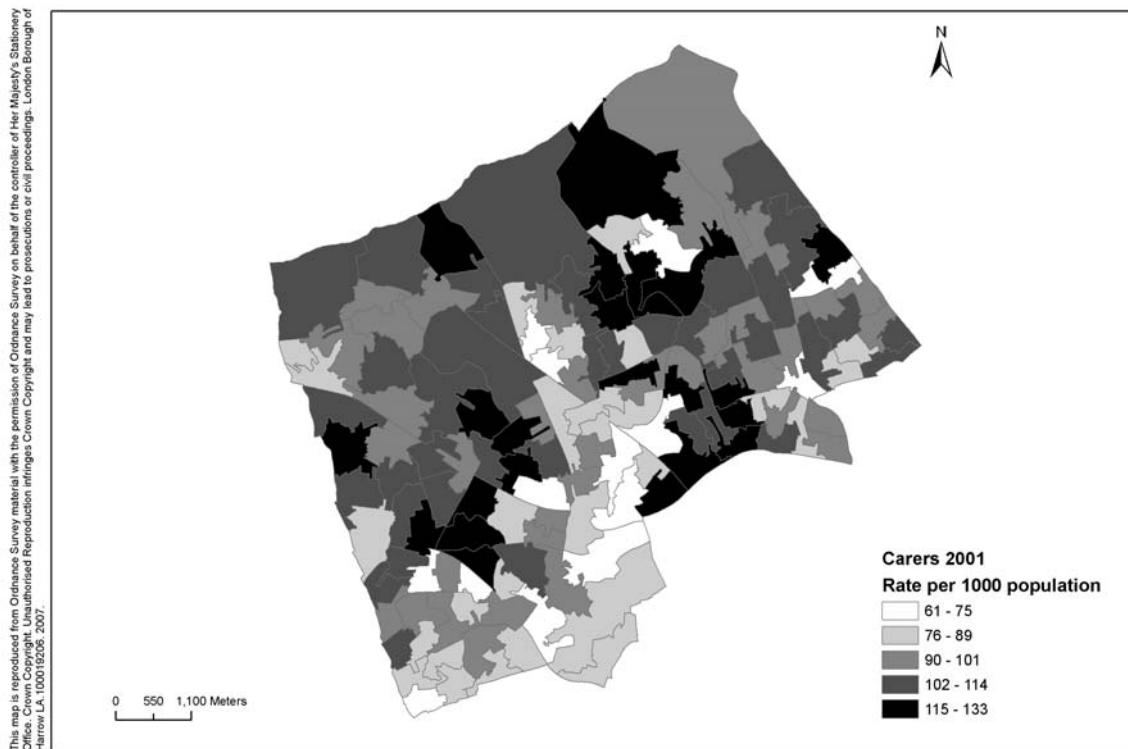
The Adults and Housing Directorate have developed a Transformation Programme Plan ‘Your future, Our Future’, to improve social care and housing services over the next three years. It includes the development and implementation of the carers strategy and recognises it as a key component to improving adult social care services.

The local authority will continue to provide social care support to people who have critical and substantial needs under the Fair Access to Care Services criteria (FACS).

## 5. Carers in Harrow

The strategy aims to support all carers. The number of carers in the borough will vary over time, with people becoming carers for the first time for someone who is disabled, ill or frail and some people not continuing their caring role or their caring role ending.

**Carers - Census 2001**



Source: Census 2001



There were 20,550 carers in Harrow in 2001, 1 in 10 of all Harrow's residents. The level of carers is higher than the level for London, but the same as the national rate. Headstone North has the highest proportion of carers at over 112 per 1,000 population, with the lowest level in Roxeth, at 84 per 1,000 population.



At SOA (Super Output Area) level the rates are more extreme, with SOAs in Kenton East, Marlborough and West Harrow having levels of over 130 carers per 1,000, down to a low of 60 per 1,000 in a SOA in Harrow on the Hill.

The 2001 Census also showed that 71% of carers provide 1-19 hours of care a week, 12% provide 20-49 hours and 17% provided 50+ hours. Most carers are aged 45-55. There were 634 young carers aged 5-17 in Harrow. The majority of these young carers (84%) provided 1-19 hours of care per week. 9% of young carers provided 20-49 hours and 7% provided 50+ hours of care.

The Local Carers register held by Harrow Carers has over 2000 carers listed. A priority for the strategy will be to identify hidden carers providing 50 or more hours of care per week and young carers aged 18 and under.

### Cost of caring

In 2007 Carers UK reported that carers save the British economy £87 billion each year in 2007. It showed that for London Borough of Harrow carers saved £279million each year.

### Strategic Needs Assessment

There is a requirement to undertake a Joint Strategic Needs Assessment that was initially flagged up within the Health and Social Care White Paper *'Our health, our care, our say'*, and in the statutory guidance governing the responsibilities of Directors of Adult Social Services. Further (draft) guidance is contained within the recently published consultation document; *'Commissioning framework for health and well-being'* (DH, March 2007). It is hoped this can be used to provide greater details data on local carers demographics and needs.

Table 1

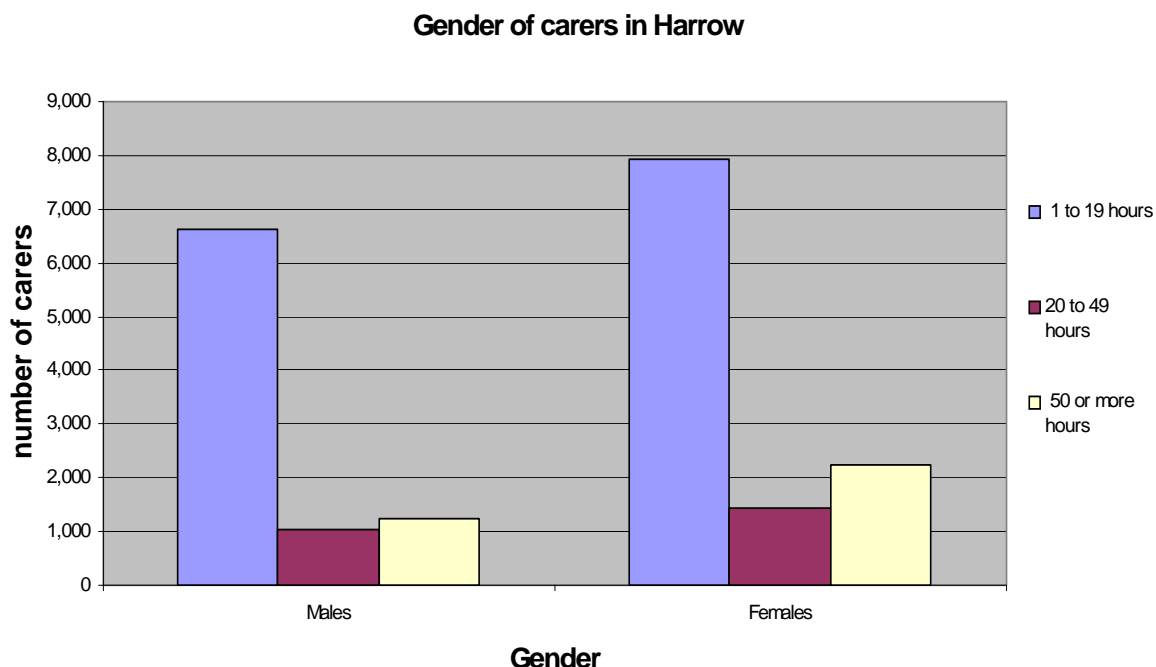
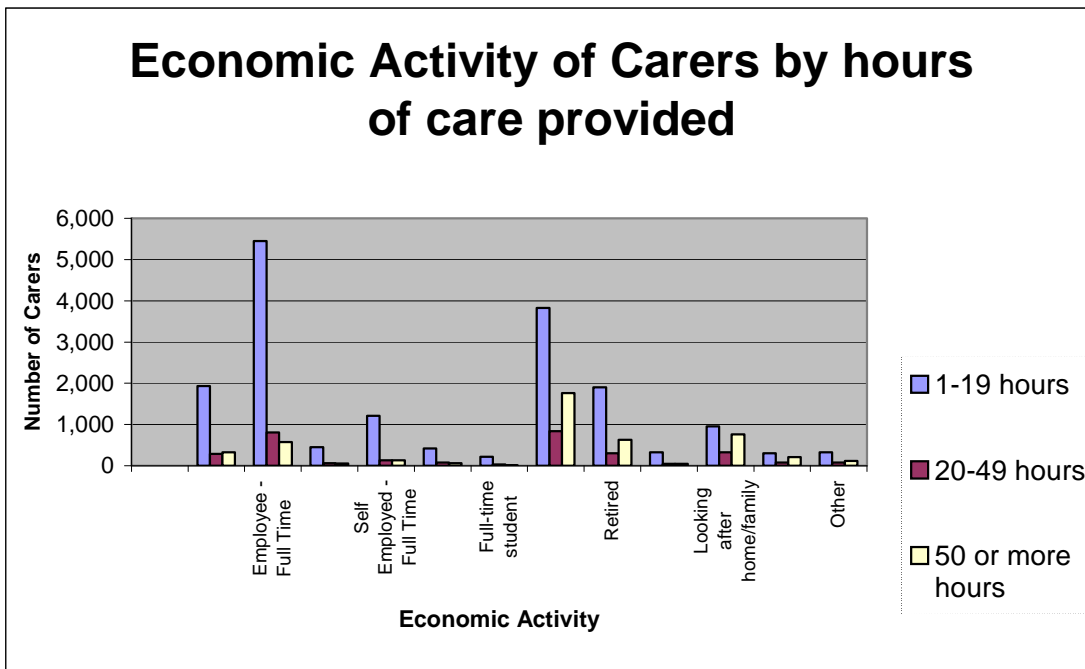


Table 1 above shows that there are more female carers in Harrow than male carers providing 1-19 hours of care and 20-49 hours of care. The difference in gender is greatest for carers providing care for 50 or more hours per week, with almost twice as many female carers than male carers.

Table 2

**Employment**

Table 2 below shows that over half of all carers (56%) were working either part or full time.



Carers providing 1-19 hours are shown to be more likely to be employed. Carers providing 50 hours or more of care per week are less likely to be working. Services for carers need to be flexible to enable working carers to access them outside normal working hours.

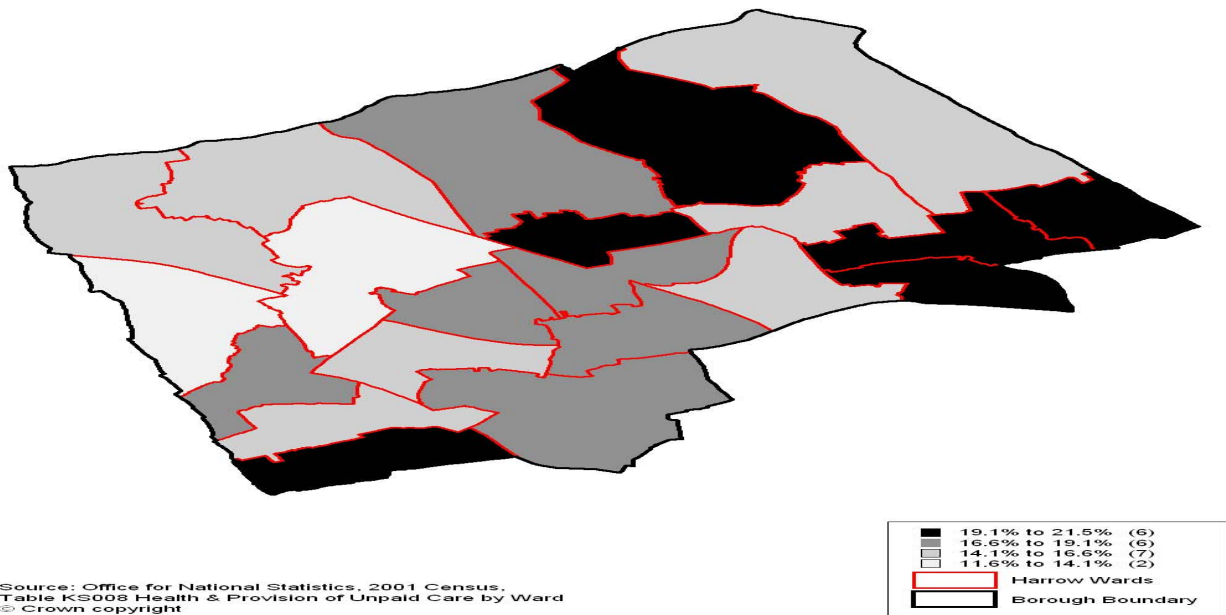
**Ethnic origin**

Overall, Harrow has one of the largest black and minority ethnic communities in the country – approximately 41.3% of the population were defined as being from one of the ‘non – White’ ethnicity categories in the Census 2001. This proportion is reduced to 17% among those aged over 65. By far the largest single ethnic group are those of Indian origin. A breakdown of carers in Harrow by ethnic groups was not available from the census data. Carers from black and minority ethnic communities are likely to reflect the ethnic breakdown across the borough. It is important to ensure that services provided for carers are accessible to all members of the community.

## Carers providing 50 hours or more of unpaid care per week

Map

### Carers providing 50 hours or more of unpaid care per week



Source: Office for National Statistics, 2001 Census, Table KS008 Health & Provision of Unpaid Care by Ward  
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Produced by Forward Planning Section, Urban Living

1

Map 1 above show the 6 wards in which there is the greatest concentration of carers providing 50 hours or more of care per week. These are Roxeth, Wealdstone, Stanmore Park, Kenton East, Queensbury and Edgware. These areas are to be targeted to identify hidden carers.

### Future Demand

In future we anticipate there will be an increase in people requiring care and fewer numbers of carers. Projections indicate that Harrow's society is ageing. It is predicted that over the next 10-year period the 65+ age group is to increase by 4% and the 75+ age group is expected to grow by 13% between 2006 to 2026.

There are also likely to be more families requiring paid care for a person with a disability, or who is frail or has an illness. With medical advances more people with long term illnesses and disabilities are living longer and there has been an increase in life expectancy. At the same time changes in household composition has led to smaller household sizes. Women aged 45-65 years who have traditionally carried out the majority of the caring role, are more likely to be working and unable to provide this care. The combined impact of these changes is likely to create more need for carers to care longer for family members and friends. This is likely to lead to greater reliance on external services to provide care. There is also likely to be an increase in people requiring care from the black and minority ethnic communities. These factors need to be considered when planning for future health and social care services.

## 6. Mapping Services

### Resources

The government provides carers grant funding to councils to support local carers. The carers grant has been mainstreamed and is not longer ring fenced. It will be used to address the priorities set out in the annual carers grant plan developed with agencies involved in carers issues and with carers.

Harrow Council received £108,000 for Emergency Respite in September 2007. Future funding for emergency support service is to be included with the carers grant funding. The Comprehensive Spending Review 2007 announced carers grant funding for the next three years.

<b>Harrow Council</b>	<b>Amount (£) of carers grant funding</b>
2008-9	£0.96m
2009-10	£1.033m
2010-11	£1.099m

The main organisations in Harrow providing support to carers, supported by the carers grant are:-

- Attention Deficit Hyperactive Disorder (ADHD) Support Group
- Admiral Nurses
- Alzheimer's Society
- Harrow Carers
- Harrow Council for Racial Equality (HCRE)
- Harrow Crossroads with Outreach Ltd - Caring for Carers
- Kids Can Achieve
- MIND in Harrow
- National Autistic Society Harrow
- Tanglewood
- Vitalise

The services funded by these organisation include: Harrow carers centre, breaks for carers, training for carers, support groups, complementary therapies, trips and outings, work with primary health care providers, outreach work, advocacy, breaks for parent carers, young carers project, direct payments for carers and break voucher scheme. Other organisations also support carers through the services they provide.

### Local Area Agreement

Carers indicators has been included in the 36 indicators for the Local Area Agreement for Harrow. This will ensure carers remain a priority for the borough and the indicators will be overseen by the Harrow Strategic Partnership Board.

Priority		National Indicator(s)	Baseline	2008/09	2009/10	2010/11
Identify and provide support to carers	D	135* Carers receiving needs assessments or reviews and a specific carer's service or advice and information	53 (07/08)	57	59	62
The baseline is based on the current number of carers receiving services plus the number of people provided information and advice. Resources will be applied in the first year to capture 100 additional people in both carers receiving services and advice and information.						

### Adult Social Care

During 2007/8 5,302 received a service from adult social care services of which 76% (4111) were people aged 65 and over. The majority (4,309) receive community-based services and some received residential care (583) and nursing care (329).

Adult social care support carers of people eligible for social care services. They provide service to carers following a carer's needs assessment. They are also responsible for the management of all carers grant funded carers' services.

### Carers Assessments

All carers have a right to a Carers Assessment. This can be carried out as a joint assessment with the service user or can be done as a separate assessment for the carer only.

There has been a significant improvement in the carers Performance Indicators (PIs) over the last year (see below).

Performance Indicators	Outturn	Year	Banding
PI C62	4.2%	2006/7	Orange
PI C62 (as at end Dec 07)	7.9%	2007/8 (Dec 07)	Yellow
PI C62	11.4%	2007/8	Green
	2007/8		
Joint Assessments	2159		
Separate assessments	152		
Assessment declined	428		
Carers by client group	2007/8	Services provided	Information & Advice only
Physical disability, frailty & sensory impairment		429	1671
Mental Health		15	73
Learning Disability		50	65
Substance Misuse		0	1
Vulnerable People		6	1
<b>Total</b>		500	1811

Definition C62: *The number of carers receiving a 'carer's break' or a specific carers' service as a percentage of clients receiving community based services*

### **Direct Payments for carers**

The take up of direct payments by carers has increased over the last year. In 2007-8 64 carers receive one-off direct payment for carers' services.

### **Carers Voucher Scheme**

This scheme originally provided breaks for carers of older people and over the last year has been extended to carers of people with learning disability and physical disabilities. In 2007-8 185 carers received vouchers for upto 25 hours of flexible home care breaks to be provided within a year, at a time that suited their needs.

### **Carers Emergency Support Services**

Harrow Council has set up a carers emergency support service to support carers in the event of an emergency. This helps to give carers peace of mind that should there be an emergency the person cared for will be supported.

This service is free to carers in Harrow who provide substantial and regular care. Carers are able to complete an Emergency Support Plan, this will be activated in the event of an emergency for the carer and it will ensure the contingencies to support the person cared for are set in motion.

## **7. Gap Analysis**

Through the development of the carers strategy carers and partner agencies have helped to inform our analysis of areas for further service improvement and development. These are shown below.

### **Carers Needs Assessment**

Make these accessible for carers and ensure the quality and implementation is consistent across all social care teams.

### **Carers Needs Information**

There is limited data on local carers needs. There is a need to review existing research and undertake a wider local carers needs survey to ensure services are targeted to reach carers in greatest need.

### **Good quality services for the person cared for**

Quality and reliable services for the person cared for.

Provision of greater learning and work opportunities for people with disabilities over the age 18 years.

### **Information and communication**

Provide a wide range of communication with carers, service providers and professionals about local services and support for carers.

## **Breaks**

Extend carers breaks. Breaks from caring are vitally important to enable the carers to maintain their caring role.

Carers' breaks, which are accessible within a short timescale to enable carers to attend meetings and other activities.

Lack of local provision for short break for disabled children.

Lack of local provision for short breaks for disabled adults.

Lack of extended holiday break provision for a period of 4-6 weeks.

Support required for Young carers aged 18 – 24 years.

## **Support and training**

Carers training to manage the health condition of the person being cared for.

Carer training to manage challenging behaviour

Lifting and handling training

Support for carers to remain in work or education or return to work if they wish to do so.

Training for social care staff to ensure carers needs assessment are carried out and implemented in a consistent way.

Support for carers on hospital discharge.

Limited counselling services for carers

## **Having a voice**

Carers to play a central role in training and raising awareness of carers needs and issues with professionals.

Carers involvement in shaping the Self Directed Support agenda.

Carers involvement in transition planning from Children's to Adults services.

## **Identifying hidden carers**

Build on partnership working with GPs to identify and support more local carers.

Mainstream services to ensure they support carers from all black and minority ethnic communities.

Closer working with the PCT, other health partners and children's services to support carers

Encourage all agencies working with carers to register their carers with Harrow Carers.

Develop support for carers of people with drug and alcohol problems in partnership with local agencies.

Build partnership working with schools and colleges to identify young carers.

## **8. Monitoring and Evaluation**

Carers and our partners have told us very clearly through the development of the strategy and its priorities that they want to make sure change happens. Carers and partner agencies will help to ensure that the strategy and action plan is implemented. The Carers Partnership Group will oversee the implementation of the strategy, they will report on and review the action plan every six months. The Carers Action Group will receive regular updates on the implementation of the strategy. The strategy will also be monitored through the Transformation Programme Plan Project Board.

## **Appendices**

### **Appendix 1**

**Carers Strategy Annual Action Plan – 2008-2009**

### **Appendix 2**

**Harrow Mental Health Services Action Plan for Carers 2007- 2010**

### **Appendix 3**

**Young Carers Action Plan 2008-2009**



**Appendix 1  
Carers Strategy Annual Action Plan 2008/9**

<b>Outcomes</b>	<b>Priority</b>	<b>ACTIONS for 2008/9</b>	<b>Lead person /agency</b>
<b>1.Health and emotional well being</b>	P1	Extend breaks for carers	Adults and Housing Directorate, Harrow Council
	P6	Develop training programme for carers and map and evaluate existing training provision	Carers Partnership Group
	P1	Promote Carers Emergency Support Service to all carers, professionals and emergency services.	Adults and Housing Directorate, Harrow Council
	P1	100 carers registered on the Carers Emergency Support Service (CESS) by March 2009.	Adults and Housing Directorate, Harrow Council
	P3	Work with 4 local GP practices to develop an electronic appointment system for carers	Harrow Carers
	P3	Develop support services for carers on hospital discharge	Older Peoples Partnership Board
	P6	Run Expert Carer programme for carers (renamed 'Caring with Confidence in national carers strategy 2008)	Harrow PCT
	P3	PCT and NHS Hospital Trust to identify named leads for carers' issues.	PCT and NHS Hospital Trust

	P1	Increase counselling support for carers	Adults and Housing Directorate, Harrow Council
<b>2. Improving Quality of Life</b>	P1, 7	Increase the number of flexible breaks for carers, including breaks available at short notice.	Adults and Housing Directorate, Harrow Council
	P1	Increase the number of breaks provision for children with disabilities.	Adults and Housing Directorate, Children's Services, Harrow Council
	P1	Increase carers take up of direct payments (baseline 2007-8 64 one off DPs).	Adults and Housing Directorate, Harrow Council
	P1	Increase number of carers using carers voucher scheme (baseline 2007-8 185 carers received vouchers).	Adults and Housing Directorate, Harrow Council
	P3	Develop protocols between local authority and PCT on supporting carers of people receiving continuing care support.	Adults and Housing Directorate, Harrow Council and Harrow PCT
	P1	Develop befriending services to provide breaks for carers	Adults and Housing Directorate, Harrow Council

<b>3. Having your contribution recognised</b>	P4	Set up a Carers' Reference Group to inform the Self Directed Support Project Board and other policy developments.	Adults and Housing Directorate, Harrow Council
	P1	Provide respite support for carers attending training	Carers Partnership Group
	P5	Develop satisfaction questionnaire for carers following carers needs assessment	Adults and Housing Directorate, Harrow Council
	P5	In summer 2008 run training for frontline staff on Carers Equal Opportunities Act and carer needs assessments	Adults and Housing Directorate, Harrow Council
	P5	Review and co-ordinate existing research on carers and undertake a needs analysis of Harrow carers and the take up of carers' services	Carers Partnership Group
	P4	Review and inform the development of Health and Social Care Partnership Boards governance arrangements	Carers Partnership Group
<b>4. Increased Choice &amp; Control</b>	P5	Update all local authority carers information, leaflets and website.	Adults and Housing Directorate, Harrow Council
	P5	Carers to evaluate accessibility and effectiveness of carers' information.	Adults and Housing Directorate, Harrow Council
	P5	Inform carers about Carers Needs Assessment and eligibility criteria through Carers Action Group.	Harrow Carers
	P5	Promote carers' needs and issues through the Transition Board for children and adult services.	Adults and Housing Directorate, Harrow Council

	P2	Increased outreach support to older Carers	Adults and Housing Directorate, Harrow Council
<b>5. Freedom from discrimination and harassment</b>	P2	Extend carers support services to all black and minority ethnic carers.	Carers Partnership Group
	P3,2	Working with Drug Action Team set up services for black and minority ethnic carers of people with drug and alcohol problems	Carers Partnership Group
<b>7. Personal dignity and respect</b>	P4	Provide support and training to carers on Partnership Boards and sub groups and carers who wish to participate in service development.	Carers Partnership Group
	P5	Provide training on carers needs assessment for social work and other frontline staff.	Adults and Housing Directorate, Harrow Council
	P3	Review children's and adults social care joint working protocols for working with young carers.	Adults and Housing Directorate and Children's Services

The key priorities for the strategy are to :

1. Increase carers breaks and carers' services.
2. Identify and support hidden carers including carers from black and minority ethnic communities
3. Build partnership working
4. Ensure a good quality service is provided to the person cared for by supporting carers to influence service development.
5. Provide appropriate information and support to enable carers to access services
6. Increase training available to carers
7. Develop support for carers to balance working and their caring role

## Appendix 2 - HARROW MENTAL HEALTH SERVICES ACTION PLAN FOR CARERS 2007 – 2010

OBJECTIVE	ACTION	BY WHOM	OUTCOME/DUE DATE
<p>Implementation of Carers' Action Plan</p> <p><i>Implementation of the Carers' Action plan will help deliver the seven outcomes of the White Paper 'Our health, our care our say' (2006).</i></p>	<ol style="list-style-type: none"> <li>1. HMHS Newsletter feature on the Carers' Action Plan.</li> <li>2. Implementation of Action Plan</li> <li>3. Launch Carers' Action Plan at next Mental Health Carers' Conference – June 14<sup>th</sup> 2007</li> </ol>	<ol style="list-style-type: none"> <li>1. Carol Harrison-Read</li> <li>2 &amp; 3. Carers' Support Harrow, Harrow Rethink, CNWL Harrow</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed summer 2007</li> <li>2. May 2007 - <b>Review:</b> Six months with annual review</li> <li>3. 14<sup>th</sup> <b>June 2007</b></li> <li>4 <b>Further update Carers Conference June 2008</b></li> </ol>
<p>Information and Recognition Carers' Information Pack</p> <p><i>Implementation will enable choice and control for carers' and the opportunity for making a positive contribution.</i></p>	<ol style="list-style-type: none"> <li>1. Distribute across services: <ul style="list-style-type: none"> <li>• Include Carers' Information Pack on checklist for inpatient admissions</li> <li>• Pack given to all new carers</li> <li>• Pack to be available on display in Acute, Community and Rehabilitation services: the wards at Northwick Park. Atkins House, Bentley House and Honeypot Lane. Roxbourne Complex and Rosedale Court.</li> <li>• Pack to be given directly to all new carers</li> </ul> </li> <li>2. CNWL Carers' Information leaflet distributed across services.</li> <li>3. Provide translation, where available, on request.</li> <li>4. CNWL Glossary of Terms to be included.</li> </ol>	<p><b>Acute:</b> CNWL Harrow in partnership with Carers' Support Harrow and Harrow MH Service Carers Support Worker</p> <p><b>Community:</b> Carer Support Workers, Care Co-ordinators [CNWL / Carers' Support Harrow]</p>	<p><b>Ongoing:</b> additions and amendments to pack as required.</p> <p><b>Distribution:</b> ongoing</p> <p><b>Annual review:</b> CNWL Harrow in partnership with relevant stakeholders, via Carers' Task Group; full review of pack contents.</p> <p><b>Update and review ongoing</b></p>

<p>Communication To improve all aspects of communication between carers and CNWL staff.</p> <p><i>Implementation will enable choice and control for carers and the opportunity for making a positive contribution.</i></p>	<p>1. Written communications to service user to be copied to carer where appropriate and agreed with service user (in accordance with the CNWL CPA and Advance Decision Policies).</p> <ul style="list-style-type: none"> <li>• Appointment letters – including CPA review</li> <li>• Changes to staff (care co-ordinator) involved in service user's care</li> <li>• Copy CPA / care plans</li> </ul> <p>2. Format and content of letters to be improved <b>Appendix 6.</b></p> <p>3. Ongoing staff training in CPA process, communication of information, and use of Trust wide CNWL template.</p>	<p>1,2,3 <b>Implementation:</b> via Harrow CPA Steering Group (Harrow CPA Manager: Julie Adams).</p> <p>1,2,3 <b>Ongoing:</b> Care co-ordinators, Clinic clerks, and Support staff.</p> <p><b>1,2,3 Work going on centrally in CNWL</b></p>	<p>1,2,3 Harrow CPA Steering Group – <b>March 2007 and meetings in 2008</b></p> <p>1,2,3 <b>Ongoing:</b> to be monitored by team managers, reported back to Harrow CPA Steering Group, and CNWL Harrow Clinical Governance Group.</p> <p><b>Audit:</b> annual audit CPA Steering Group</p>
<p>Carers' Assessments For staff, working in partnership with service user, to identify carers and offer carer a carers' assessment.</p> <p><i>Implementation helping to deliver six outcomes of the White Paper 'Our health, our care our say', particularly quality of life and personal dignity.</i></p>	<p>In accordance with national and Trust policy:</p> <ul style="list-style-type: none"> <li>• Identify new and hidden carers and provide information on carers' assessments</li> <li>• Ensure carers are offered a carer assessment</li> <li>• Ensure carers are provided with a carer support plan where appropriate</li> </ul> <p>Annual review of carer assessments and carer support plans.</p>	<p>Care co-ordinators or other appropriately identified member of staff.</p>	<p><b>Ongoing:</b> Team Managers, Consultants, Care Co-ordinators: team meetings/staff supervision</p> <p><b>Ongoing:</b> Process to be monitored through CPA Steering Group</p> <p><b>Audit:</b> annually.CPA Steering Group and</p>

			<b>Aurelie Freeman</b>
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<p>Respite / Breaks (A) Assessment of need and access to respite for carers</p> <p><i>Implementation will enable choice and control, improve quality of life, and improve health and emotional and economic well-being.</i></p> <p>(B) Direct Payments – used for identified social care needs, via ongoing and/or one-off payments.</p> <p><i>Implementation will enable choice and control leading to improved quality of life.</i></p>	<p>(A)</p> <ol style="list-style-type: none"> <li>1. Ongoing identification of MH Carers' need for breaks.</li> <li>2. To identify current schemes available.</li> <li>3. Provide information on access to respite for carers and ensure that resources are used equitably. Applications to the Panel are based on identified need in the carers' assessment.</li> <li>4. Identify and develop access for hard to reach carers – referral to Harrow Council for Racial Equality (HCRE).</li> </ol> <p><b>NB</b> Respite may be available for people who do not meet the council's 'critical/substantial needs' threshold. Budget from the Carers Grant held by Carol Harrison-Read</p> <p>(B) Information on the use of Direct Payments for services to carers based on identified need through the carer assessment process, to be made available to carers, Carers' Support Harrow &amp; CNWL staff.</p>	<ol style="list-style-type: none"> <li>1. Carers, Carers' Support Harrow, CNWL Harrow</li> <li>2. Carers' Support Harrow</li> <li>3. Via Panel: C Harrison-Read &amp; M Hall-Pearson, carer assessment process</li> <li>4. HCRE panel assessment of need.</li> </ol> <p>B) Information from Harrow Council &amp; Social Care - J Perihar.</p>	<ol style="list-style-type: none"> <li>1. <b>Ongoing:</b> via carer networks, community &amp; statutory organisations.</li> <li>2. <b>Ongoing:</b> Produce information on schemes available: annually reviewed.</li> </ol> <p>3&amp;4. <b>May 2007:</b> Information for carers, CNWL staff and Carer Support workers to be made available: updated as required.</p> <p>B) <b>Ongoing:</b> Harrow Council to provide information and updates as required.</p>
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<p>Carer training and skills to care</p> <p>Identify local training and educational developments and initiatives available for carers.</p> <p><i>Implementation will enable carers to make a positive contribution, provide choice and control and improve quality of life.</i></p>	<ol style="list-style-type: none"> <li>1. Carers' Support Harrow in partnership with CNWL, to provide training sessions for carers on various aspects of mental illness on a regular basis, i.e. Drop-in 'Café'.</li> <li>2. Carers Support Harrow and Rethink to develop and implement the CETP (Carers' Education &amp; Training programme – supported by Area Service Manager, Rethink).</li> <li>3. 'Learning for Living' (City &amp; Guilds) - an online learning programme designed specifically for unpaid carers.</li> <li>4. Signposting to training and vocational options across the borough.</li> <li>5. 'Understanding Psychosis' Group for users at Honeypot Lane</li> <li>6. Carer Workshops quarterly for Brent and Harrow Carers</li> <li>7.. Identified training included in <b>Appendix 7.</b></li> </ol>	<p>1. Carer Support Worker and CNWL Harrow.</p> <p>2. Carers' Support Harrow &amp; Rethink</p> <p>3,4&amp;5. Current opportunities to be made available to carers, carer networks, Carer Support Harrow and CNWL Staff</p> <p>Ali Modaresi .</p> <p>Andre Geel and Karen Ward , Harrow Carers</p>	<ol style="list-style-type: none"> <li>1. <b>Ongoing:</b> Carers' Support Harrow</li> <li>2. Rethink</li> <li>3. <b>Harrow Council:</b> J Perihar</li> <li>4&amp;5. <b>Ongoing:</b> information to be made available from Harrow Council, Carers' Support Harrow &amp; Adult Education</li> <li>5. <b>Ongoing:</b> annual review</li> <li>6. Quarterly with ongoing evaluation</li> </ol>
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<p>Staff training Identify local training needs of all staff. Training available should be developed and provided in partnership with Carers' Support Harrow, and appropriate community organizations with carer participation.</p> <p><i>Implementation will enable choice and control, and opportunity for positive contribution.</i></p>	<ol style="list-style-type: none"> <li>1. CNWL Trust induction programme</li> <li>2. Local HMHS induction programme</li> <li>3. Senior House Officer (SHO)/Junior Doctor - induction</li> <li>4. SHO's – Carer awareness &amp; support</li> <li>5. Briefing sessions for staff (Harrow Council)</li> <li>6. All clinical and front-line staff: <ul style="list-style-type: none"> <li>• Carers' Assessments and CPA</li> <li>• Carer Awareness Sessions &amp; Communication</li> <li>• Confidentiality – sharing MH information with carers</li> </ul> </li> <li>7. Identified training included in <b>Appendix 8.</b></li> <li><b>8. Training Needs Analysis to be undertaken</b></li> </ol>	<ol style="list-style-type: none"> <li>1. C Bumstead</li> <li>2. Team Managers</li> <li>3. Dr Husni / Dr Michaelson</li> <li>4. Carer Support Worker Carer Support Harrow, Harrow Rethink, Dr Michaelson</li> <li>5. J Perihar</li> <li>6. CNWL &amp; Carers - A Halsted &amp; Harrow A Halsted &amp; Harrow A Halsted &amp; Harrow</li> </ol> <p>Carers Task Group</p>	<ol style="list-style-type: none"> <li>1.To be established</li> <li>2.<b>Ongoing</b></li> <li>3.To be established</li> <li>4.To be established</li> <li>5.To be established</li> <li>6.<b>Available</b> on request</li> </ol> <p>1 – 6 <b>Ongoing</b>: Team Managers / CPA Steering Group / Carers' Task Group.</p> <p>Summer 2008</p>
<p>Crisis Contact Details – Mental Health Services</p> <p><b>Information for carers on what to do and who to contact, when the cared for, is in a crisis.</b></p> <p><i>Implementation helping to improve quality of life, health and emotional well-being and</i></p>	<ol style="list-style-type: none"> <li>1. Carers should be included in the development of crisis and contingency plans, where appropriate, with a copy of the plan provided to the carer.</li> <li>2. General information and contact numbers should be made available to carers – Duty Team, Out of Hours, A&amp;E and other locally available services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Care Co-ordinators in partnership with Service User and Carers.</li> <li>2. Carers' Task Group</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Ongoing</b>: Staff supervision and team meetings.</li> <li>2. Carers' Task Group - <b>May 2007</b></li> </ol> <p><b>Audit</b>: Annually - HMHS</p>

*provide choice and control.*

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<p>Carer Involvement in Care Planning / CPA process</p> <p>In accordance with Trust policy and National guidelines.</p> <p><i>Implementation will enable choice and control, inclusion and positive contribution.</i></p>	<p>Where carers have been identified in agreement with service user, staff to ensure carer involvement in the care planning and discharge planning process.</p> <p>Information on CPA process and leaflet to be provided to carers.</p>	<p>CPA Steering Group: Julie Adams Care co-ordinators</p>	<p><b>Ongoing:</b> Regularly reviewed through CPA Steering Group / Clinical Governance Group and staff supervision.</p> <p>Supported through staff training</p>
<p>Support and Advocacy</p> <p><i>Implementation will lead to improved quality of life, improved health and emotional well-being, informed choice and control and support positive contribution.</i></p>	<p>Provide information to carers and staff on the support available for carers, and how to access this support.</p> <p>Some support available for carers is time specific and may change overtime.</p> <p>Information to be made available via carer newsletters and to Harrow staff.</p> <p>Overview of current support included in appendices:</p> <ul style="list-style-type: none"> <li>▪ Harrow Carer Support listed in <b>Appendix 9</b>.</li> <li>▪ Harrow Carer Advocacy listed in <b>Appendix 10</b>.</li> <li>▪ National Carer Organisations listed in <b>Appendix 11</b>.</li> </ul>	<p>Carers' Support Harrow in partnership with CNWL and community / voluntary organisations.</p>	<p><b>Ongoing:</b> to ensure information on current support is available.</p> <p>Regularly reviewed and updated – Support worker, Carers' Support Harrow.</p>

<p>Confidentiality</p> <p>To share information with, and to include the carer, as much as is possible and appropriate.</p> <p>To meet the basic needs of:</p> <ul style="list-style-type: none"> <li>• Carers – to enable carers to continue to provide informed support for the service user</li> <li>• Service users – to gain a better understanding of issues of confidentiality</li> <li>• Professionals – to ensure that issues of confidentiality are not used as a barrier to continuity of care.</li> </ul> <p><i>Implementation will enable choice and control and opportunity to make a positive contribution.</i></p>	<p>The use of Advance Decisions (in accordance with the CNWL Advance Decision Policy), to allow:</p> <ul style="list-style-type: none"> <li>• Information sharing (e.g. CPA appointment letters/ CPA care plans).</li> <li>• Appropriate exchange of previously agreed categories of information at all times, including when a service user becomes ill, to ensure continuity of care.</li> </ul> <p>To develop a positive and confident attitude amongst health professionals, service users and carers towards communication and confidentiality.</p> <p>Awareness/information sessions to be arranged in partnership with local carer networks for carers on confidentiality within the mental health services.</p> <ul style="list-style-type: none"> <li>▪ Information on Confidentially <b>Appendix 12.</b></li> <li>▪ Huxley flow chart <b>Appendix 14.</b></li> </ul>	<p>CPA Steering Group: Julie Adams</p> <p>Clinical Governance Group – to ensure quality of services provided.</p> <p>Team Managers: team meetings and staff supervision where appropriate.</p> <p>A Halsted &amp; Harrow MHS</p>	<p><b>Ongoing:</b> Process to be monitored through CPA Steering Group and reviewed within Clinical Governance Group.</p> <p><b>Annual:</b> review of confidentiality through carer and staff feedback and other locally relevant sources of information.</p>
<p>Health and well-being</p> <p>To raise awareness amongst carers and staff of the health and well being of carers.</p> <p><i>Implementation will enable choice and control; improve health and emotional well-</i></p>	<p>In conjunction with national and local initiatives, to encourage carers to identify themselves as carers to their GP for annual health checks.</p> <p>Identify local initiatives that carers can access – information from PCT</p> <ul style="list-style-type: none"> <li>• Vitality Profile</li> </ul>	<p>Carer Support Workers Care co-ordinators, Carers' Support Harrow Links with Harrow PCT – Community Health Worker</p>	<p><b>Ongoing:</b> annual review; provide feedback to PCT.</p> <p><b>Ongoing: May 2007</b> annual review</p>

*being, and quality of life.*

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<p>BME Carers &amp; Young Carers To ensure that BME Carers and Young Carers are not socially excluded due to their caring role or their cultural or spiritual beliefs.</p> <p><i>Implementation will ensure freedom from discrimination, personal dignity and opportunities for making a positive contribution.</i></p>	<ol style="list-style-type: none"> <li>1. For all staff to identify Young Carers and Carers from BME communities with specific needs, i.e. translation/interpreter required.</li> <li>2. Signpost young carers to appropriate support – Young Carers’ Project (Carers Support Harrow) - and consider welfare of young carer.</li> <li>3. Highlight specific projects within CNWL – Equalities &amp; Diversity, FIS Project – Asian community groups - Sangat / Asian Reference Group.</li> </ol>	<ol style="list-style-type: none"> <li>1. Care Co-ordinators Links with Harrow Council and other relevant community organisations and initiatives.</li> <li>2. Harrow Council initiatives – J Perihar.</li> <li>3. CNWL staff via Equalities &amp; Diversity Project and FIS Project</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Ongoing:</b> staff supervision / team meetings.</li> <li>2. <b>Ongoing:</b> Carers’ Support Harrow, Harrow Council - <b>April 2007</b></li> <li>3. <b>Ongoing: April 2007</b> David Truswell</li> </ol>
<p>Employment/Finances Taking into account National guidelines, Carers’ (Equal Opportunities) Act 2004 and local initiatives.</p> <p><i>Implementation will enable economic well-being, choice and control and improve quality of life.</i></p>	<p>Provide information to carers and staff of local initiatives and national support and guidance for carers.</p> <p>Information resources for welfare – carers’ allowance / CAB Harrow / HAD – Harrow Association of Disabled People.</p>	<p>Identify local Social Services initiatives; ensure information available to CNWL staff, carers and Carer Support Worker.</p>	<p><b>Ongoing:</b> working in partnership with Harrow Council - <b>April 2007</b> – information network to be established.</p> <p><b>Annual:</b> review and update when appropriate.</p>

<p>Carer Representation Encourage and support carers, who wish to become more involved in the strategic planning and development of services.</p> <p><i>Implementation will enable choice and control and support positive contribution.</i></p>	<p>Carers are represented in the following:</p> <ul style="list-style-type: none"> <li>• Mental Health Partnership Board/LIT</li> <li>• CPA Steering Group</li> <li>• Acute Care Forum</li> <li>• Carer Task Group – carer development group</li> <li>• Asian Reference Group</li> <li>• Carer Involvement in staff training</li> <li>• Audit and Monitoring Process</li> <li>• Carers’ Forum (Trust wide)</li> <li>• Future Involvement in appointment of CNWL Harrow staff</li> </ul>	<p>Group facilitators (e.g. Chair) in partnership with carer networks to highlight and support carer involvement.</p>	<p><b>Ongoing:</b> annual review of carer involvement in carer development. Carer Task Group.</p> <p><b>Annual:</b> review of carer involvement in staff training. Carer Task Group.</p>
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## **Appendix 3**

### **Young Carers Action Plan 2008/9**

#### **Harrow Young carers Action Plan 2008/9**

Young carers are children and young persons 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, often on a regular basis, significant or substantial caring tasks<sup>i</sup>, taking on a level of responsibility that is inappropriate to their age or development.<sup>ii</sup>

Government and Local Authorities are increasingly recognising that young carers and their families are a vulnerable group for whom delivering the outcomes of Every Child Matters requires a planned and coordinated approach.

A multi agency group has produced this action plan which sets out a multi-agency action plan for young carers that enables a Local Authority to:

- reduce the numbers of young people who feel obliged to take on or continue with an inappropriate caring role
- deliver the five Every Child Matters outcomes for young people who cannot immediately be protected from taking on an inappropriate caring role
- demonstrate to inspection agencies that it is carrying out best practice as defined in the range of relevant government guidance and legislation

This action plan is structured around the five Every Child Matters outcomes<sup>iii</sup>, The action plan is to be integrated with the authority's

Children and Young People's Plan, Carers Strategy and Children and adults services joint assessment/working protocol.



**Young Carers Action Plan 2008-20099:  
Short term actions 2007-2008 update and actions 2008-2009**

	Lead agency	Action	Progress at May 2008
1.	PCT	Develop Expert Young Carers Programme	Expert Carer Programme is running, specific programme for YC to be established.
2.	Adult and Children's services	Make available appropriate interpreted material and interpreter  Develop compact to meet needs of YC  Review and train staff on joint protocols for Adults and Children's services	All carers information material to be updated in 2008/9 by Support Worker  To be developed in 2008/9 background work is being done  2008/9
3.	Connexions	Training for young carers	During 2007-08 a number of training sessions have been held for YCs led by Harrow Carers working with Connexions workers. 2008/9 further training to be provided
4.	Schools	Identify champion for young carers	Awareness and engagement in schools have improved. Still require a list of named leads for YCs. 2008/9 continue to work with Extended School Clusters.
5.	Young Carers Project	Provide training for lead professionals and frontline staff.  Develop information pack, carer's resource directory and web page.  Put on activities and events for carers week	Talks given to Head Teachers and Governors, Connexions, SENCo,  Information packs including referral forms, sent out as requested; emailed to professionals working with children. Fun Day held for YCs in February 08; regular Saturday Club held once a month; ongoing monthly outings for

		and activity week.	<p>YCs. Counselling service being provided for YCs outside school, at HCs 2007-08.</p> <p>In 2008-09 to increase counselling support with Carers Grant Funding. Worked with YCs to build their confidence to develop peer support and raise awareness about YCs in school assemblies.</p> <p>2008-09 to develop a DVD about YCs, for YCs and Professionals, by YCs.</p>
6.	Children's services	<p>Develop CAF with Young carers</p> <p>Include YC in 'What is Good Safeguarding' document.</p> <p>Continue to include YC in Youth activities, Youth Achievement Awards etc.</p>	<p>YCs is part of CAF and has been raised in training for professionals.</p> <p>2008/9.</p> <p>Nominated for ITV London region Carer of the Year award. Reached finals.</p> <p>Nominated for Youth Achievement Awards, Carers' Recognition category. Reached finals. One won the award.</p> <p>Nominated YC for Harrow Hero's award. Reached finals.</p> <p>Youth Services supported Brain Teenz, encouraged and involvement with Youth Council and Youth Parliament. Young Carers have been invited to be on the panel of Youth</p>

			Services to decide the allocation of grant funding for youth activities. 2008/9 continue to include YCs.
7.	School cluster leads	Develop carers resource directory and web page. Disseminate information on YC events and awareness of YC through schools	2008/9 To be developed  2008/9 Links to be developed and strengthened
8.	Carers Partnership Group (multi agency partnership which co-ordinates work on carers)	Provide carers training for professionals.	Training to be given in June 2008 to Social Workers and members.
9.	Drug Action Team	Share information to identify and support YCs.	DAT team & EACH awarded funding, for 2008-09, to support BME & Young people caring for families with substance misuse problems. 2008/9 build support through EACH for YCs of family with substance misuse issues
10.	Asylum Team	Share information to identify and support for YCs.	2008/9 To be developed.
11.	HE/ Colleges	Support YC through Learning Support fund and Educational Maintenance Allowance	2008/9
12.	Young Carers	Set up steering group  Plan YC conference  Inform training for professionals and schools	Brain Teenz was set up in August 2007. To be held later in 2008.  Start has been made. One Young Carer has spoken in school assemblies to raise awareness about Young Carers issues. Very positive feedback from peers and school professionals. 2008/9 increase Young Carer involvement in delivering training.

13.	Educational Welfare Officers.	To help identify and support Young Carers	2008/9 on going
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<sup>i</sup> Becker, S., Dearden, C. and Aldridge, J. (2001) 'Young carers in the UK: Research, policy and practice', *Research Policy and Planning*, vol 18, no 2, pp 13-21.

<sup>ii</sup> Social Care Institute for Excellence (2005) *Practice guide 5: Implementing the Carers (Equal Opportunities) Act 2004*

<sup>iii</sup> DfES Every Child Matters outcomes framework