HEALTH SCRUTINY REVIEW

Lichfield District Health (Overview and Scrutiny) Panel

IMPROVING SUPPORT FOR CARERS

2008
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Chairman’s Foreword

From time immemorial people have sacrificed careers, ambitions and social activities to look after loved ones who need 24 hour care. They are carers, although many do not recognise themselves as carers – it is their duty.

To one in every seven families across the country they are a vital necessity attending to the needs of their loved ones. They span an age range from the elderly to children caring for parents, siblings and grand parents as they surrender their independence, childhood and social activities with their peers.

However throughout this research, all these carers revealed their love, concern and commitment and occasional frustration in accessing support for both their families and themselves.

The committee members were moved by the evidence placed before them and wished to explore every avenue of support available, particularly in order to help our local district carers.

We were very aware that there are many carers who have not been identified on the local register. Many carers spoke of their appreciation of the help and advice they received from the Carers Association of Southern Staffordshire (CASS) and particularly mentioned Gill Wyatt and Sharon Braacx, while the young carers clearly valued the friendship and understanding of Liz Partridge.

In conclusion I acknowledge the important part played by the many “expert witnesses” in giving their time and professional advice during the interviews which proved enlightening.

To the committee and the officers for health and Joan Bramall, I place on record my appreciation for their dedication to the project and valuable time given.

Finally to the many carers across the age range whose honest and forthright presenting their views greatly helped the research we and the country owe a great debt of gratitude.

Councillor Mrs Brenda L. Constable
BA, RGN, RCNT, DN, Cert.EdFE
Chairman of Lichfield District Health (Overview and Scrutiny) Panel

August 2008
Local authorities with Social Services responsibilities were given the powers to scrutinize health issues and health services following the introduction of the Health and Social Care Act 2001. The power came into force on 1 January 2003 and subsequent guidance on the implementation of this function was given by the Department of Health in May 2003, spelling out the underlying principles behind these new powers:

"The overview and scrutiny of health is an important part of the Government's commitment to place patients and the public at the centre of health services. It is a fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond. In this way, local authorities can assist to reduce health inequalities and promote and support health improvement."

"The Government's intention is that the focus of health scrutiny is on health improvement, bringing together the responsibilities of local authorities to promote social, environmental and economic well-being and the power to scrutinise local services provided and commissioned by the NHS. This will be achieved by addressing issues of health inequalities between different groups, and working with NHS and other partners to develop a dialogue to achieve health improvement."

"It is recommended that best use of these powers will depend on committees scrutinising a health issue, system or economy, not just services provided, commissioned or managed by the NHS."

The Staffordshire Health Scrutiny Committee is made up of 16 elected Members - eight County Councillors and eight District/Borough Councillors. The Staffordshire Health Scrutiny Committee currently meets monthly in public at County Buildings, Martin Street, Stafford. Members are not experts in health; rather they see themselves as 'critical friends'.

The Staffordshire Health Scrutiny Committee has agreed joint working arrangements with local District and Borough Councils in Staffordshire devolving some of their health scrutiny powers to local district and borough councils. The Lichfield District Health (Overview and Scrutiny) Panel has been established to scrutinize issues relevant to their local area and reports back monthly to the main Scrutiny Committee.

The Lichfield District Health (Overview and Scrutiny) Panel identified the subject of this review as a result of recommendations from officers regarding the following:

The Healthier Communities and Older People Block of the 2007 Staffordshire countywide Local Area Agreement (LAA) had identified “Enabling Carers” as a key outcome with the following sub-outcomes.
• Increase the number of carers receiving one off payments

• Increase the percentage of patients identified as carers and offered Carers Health Checks and key information through the development of the use of Carer Registers and Protocols in GP practices

• Increase in key organisations examining and providing HR policies with a “carer friendly” focus

However, in a report to the District Council Health leads, David Goodfellow (Planning and Partnership Officer [Carers], Social Care & Health Directorate) and Gill Wyatt (Chief Officer Carers Association South Staffordshire) commented that in addition to these specific outcomes, they hoped that partnerships would develop at a district level to plan services together whereby organisations that can, deliver and/or commission services which improve the quality of life of carers and their ability to care. In particular they drew attention to data from the 2001 Census which showed the relatively poor health of carers, and which is set out in a table on page 18 of this report.

In response to this, the Delivery Plan of the Lichfield District Lifestyle and Wellbeing Partnership (a sub group of the Lichfield District Local Strategic Partnership) also included its own locally determined sub-outcome:

• To provide support, services and respite to improve the overall health and wellbeing of carers.

Consequently, officers from the District Council, County Council Social Care and Health Directorate, South Staffordshire Primary Care Trust and the Carers Association met to work together to begin to tackle some of these outcomes and raise the profile of carers. It quickly came apparent that there were potentially a lot of areas where agencies could work together to provide better support to carers, and that a thorough review would greatly assist further development of actions to improve services for carers. As such they agreed to ask the Lichfield District Health (Overview and Scrutiny) Panel if they would be prepared to undertake such a review.

The aims of the review were to:

- Identify the needs of carers living in Lichfield District, to include the number and distribution of carers and their socio-economic characteristics including age/employment status, health status etc
- Identify the services available to support carers including: a) services which are specifically aimed at carers and b) universal services
- Identify the strengths, weaknesses and gaps in current services, including ease of access, available information, responsiveness and the extent to which agencies work together to support carers
- Consider the extent to which services for carers are adequately reflected in strategic and service delivery plans of statutory and voluntary agencies
Identify the financial investment in services for carers
Assess the likely impact of the planned interventions in the LAA Delivery Plan
Consider the support provided to carers from the perspective of statutory agencies as key employers
Make recommendations to statutory and other bodies aimed at improving support to carers

For the purposes of this review, a carer was defined as someone who has the responsibility for providing or arranging care for someone else who because of long term illness, disability or old age is not able to care for him or herself. In this context it does not mean a professional care-worker in a nursing home, for example, or someone employed by a disabled person. A carer is not paid for the work they provide and can be:

- a parent
- a son or daughter
- a brother or sister
- a husband, wife or partner
- a relative, friend or neighbour

The Lichfield District Health (Overview and Scrutiny) Panel established a Subgroup to undertake this review:
The Subgroup was supported by officers from Lichfield District Council and Staffordshire County Council. Information on the subject was gathered from interviews with carers and expert witnesses, who provided both factual information and informed opinions, from national and local publications and guidance, and from sources on the Internet. Additional information was obtained from a survey of adult carers.

Contributors to the review were consulted on the report and further consultation with a wider group of stakeholders took place following approval of the report for consultation by the Lichfield District Health (Overview and Scrutiny) Panel. The consultation period lasted from ..... to .... and some xx responses were received from a range of stakeholders, spanning statutory agencies, voluntary and community groups and also from members of the public who had seen the draft report on Council’s website.

It is anticipated that this report will be considered by the Carers Delivery Group, a subgroup of the Lifestyle and Wellbeing Partnership of the Lichfield District Strategic Partnership. This group will lead on taking forward the implementation of the recommendations contained in this report. The Lichfield District Health (Overview and Scrutiny) Panel will continue to take an interest through monitoring progress.

A glossary of terms used in this document can be found at Appendix 5.
Summary

The Lichfield District Health (Overview and Scrutiny) Panel identified support to carers as an area of concern, and established a Subgroup with a remit to:

- identify the needs of carers living in Lichfield District
- identify the services available to support them
- identify the strengths, weaknesses and gaps in current services
- consider the extent to which services for carers are adequately reflected in strategic and service delivery plans of statutory and voluntary agencies
- Identify the financial investment in services for carers
- Assess the likely impact of the planned interventions in the LAA Delivery Plan
- Consider the support provided to carers from the perspective of statutory agencies as key employers
- Make recommendations to statutory and other bodies aimed at improving support to carers

The Subgroup gathered evidence from expert witnesses from organisations and agencies involved with providing information and support to carers and also from adult and young carers themselves.

Contributors were consulted on the first draft of the report in order to check the accuracy of the content, and then an amended draft was circulated to a wider group of stakeholders for comment, leading to the production of the final report.

Conclusions:

The Panel concluded that the situation in relation to support to carers is mixed.

A picture emerged of high levels of satisfaction among carers in relation to some services, and agencies expressed a commitment to support carers. The Panel found evidence of active engagement in work at grass roots level aimed at improving support to carers

There was a range of services which support carers both directly through services to carers themselves, and indirectly to the people they care for, provided in both the statutory and independent sectors.

With regard to Health Services, GP practices have a target to establish carer registers and protocols for their use, although use of registers to benefit carers is variable and patchy.

Other services are not specifically or solely targeted at carers but offer carers support and advice, for example the Citizens Advice Bureau, which has
considerable expertise in relation to benefits for carers, and which will refer carers on, where necessary, to more specific services.

Funding for services comes both from mainstream budgets and through the Carers Grant, which is paid by the Department of Health to Local Authorities with Social Care and Health responsibilities, i.e. Staffordshire County Council. It is difficult to quantify spending on carers from mainstream budgets as it may not be categorised specifically as spending on carers and will often be part of a broader budget for services for older people, children or people with disabilities.

Carers can receive financial assistance through the Benefits System, although the criteria are tight. Income emerged as an important issue for many carers – both adult and young carers.

Carers themselves clearly valued some of the services provided. Carers Association South Staffordshire (CASS), the CASS Young Carers Project and Age Concern were particularly mentioned.

However, for many carers, support was difficult to find. Support comes from different agencies – the District Council, County Council and Health, and carers often found it difficult to find their way around, and felt they were passed from one agency to another when trying to find out about what support they may be entitled to.

Identification of carers emerged as a key issue for carers and for those working with them. The earlier carers are identified, the sooner they can get support, but many carers were well into their caring roles before they received any help at all, or even were aware that support might be available.

Information also emerged as a key issue for carers and concerns pointed to the need for a single point of contact. However, the Panel found that there were different views about where this service could be provided – and concerns as to whether it was indeed realistic. The Panel heard that perhaps what was needed was a “virtual” one stop shop, whereby carers would get a consistent response and relevant information wherever they first enter services. This would require Data Protection issues be identified and addressed.

Many issues were common to adult and young carers, especially financial concerns, the Benefits system and finding appropriate and timely information. For both groups, their caring responsibilities impacted on their lives, often restricting social activities and holidays.

With regard to services, the Panel found that adult carers’ concerns tended to be about the services provided for the people they cared for more so than services provided directly for themselves, and some were anxious about future plans for residential care and the impact these might have on access to respite care.
Adult carers also raised concerns that the physical environment in Lichfield is not very disability-friendly and were unhappy that they had to travel to Tamworth to buy equipment for people with disabilities. Carers felt that more use could be made of their experience and knowledge in the design and planning of the physical environment.

Many adult carers felt that caring had a negative impact on their health, and some had had to give up work in order to care. Some spoke of isolation and depression, and the emotional impact of caring.

The Panel found that young carers were generally able to balance their education and their social lives with their caring roles. However, they were faced with difficult choices when it came to further education and the possibility of studying away from home.

Dealing with medical services was frustrating for some young carers, and they felt they received little recognition from GPs of their knowledge of the person they cared for, and their capabilities. They received no training on medical issues and felt they were not always given information relevant to the care of the person they were caring for.

The Panel heard that transfer from Children’s to Adults Services could be problematic. Adults Services are generally designed and geared up for an older age group and may not appeal to young people.

Examples of good practice from elsewhere in relation to supporting carers offer a number of useful learning points.

These include the importance of meaningfully involving carers and carers’ organisations at all stages in planning and delivering services – and committing resources to support carers to be involved; gaining the full support of partners to develop a strong multi agency approach to developing, delivering and reviewing the carers strategy; having powerful carers’ champions in all agencies; ensuring clear accountability to carers and carers’ organisations and having a communication strategy which includes mechanisms for ensuring that the voice of carers can be heard, accessible information in different formats and languages and a variety of media to communicate clear messages to carers.

Taking all of this into account, the Panel identified a number of areas where action could be taken to improve support for carers in Lichfield District. While some of these actions are essentially about changes ways of working, others inevitably have resource implications.

However, it may well be that considerable improvements could be achieved for a fairly modest additional investment, and supporting carers to be able to continue caring is a wise investment in the long term.
Recommendations:

In making the following recommendations, the Panel is mindful that these recommendations relate predominantly to actions required by individual statutory agencies, but in order to bring about real improvements in support for carers, the Panel is aware that a partnership approach is essential, and in particular one which has partnership with carers themselves at its heart.

Partnership

1. The recommendations contained in this report become part of the Business Plan of the Carers Delivery Group.

2. Develop a strategy to assist in self-identification of carers in non-emergency situations.

3. Explore the feasibility of establishing a single point of contact or virtual one stop shop for carers to include:
   - Information
   - Signposting
   - Out of hours response
   - Helpline
   - Consideration of whether a single contact point could respond to both adult and young carers.

4. Develop an information strategy for carers to include:
   - Standardisation of information
   - Regular updating of information
   - Effective methods of disseminating information
   - Targeting of information both at carers and at people in contact with carers
   - Maximising existing channels of communication
   - A laminated leaflet containing key information
   - Linking into proposed development of “Elephant Kiosks” across South Staffordshire PCT area
   - Linking in with proposed expanded role of Fire& Rescue Service in visiting households

5. Explore the feasibility of developing and maintaining single database of carers.

6. Create opportunities for carers to form Self Help/Support Group(s) and meet periodically with decision makers in order to influence policy and practice.

7. Explore options for creating or encouraging the creation of a Disability Shop (such as “Here 2 Help” in Tamworth) in Lichfield.
8. Identify training needs of carers including young carers especially in relation to First Aid and medical issues.

9. Consider arrangements to provide a back up support system when young carers are ill and temporarily unable to provide care.

10. Explore feasibility of a dedicated post for working with GPs and GP practices to promote awareness of carer issues and encourage use of carer registers.

11. Review Human Resource policies and amend as necessary to ensure that they respond to carers’ needs.

**Health**

1. Undertake an audit of carer registers and protocols in GP practices and take appropriate action in the light of the outcome.

2. Promote the benefits of use of carer registers to GP practices.

3. Provide awareness training for GPs and practice staff in relation to carer issues, and especially issues raised by young carers during the Review.

4. Review and evaluate the pilot signposting project at Westgate surgery and consider how this improves services for carers.

5. Review hospital discharge protocols and information given to patients and adult and young carers on leaving hospital.

**Staffordshire County Council**

1. Clarify Health and Safety issues relating to provision of care services and ensure that information for service users and carers reflects policy and practice.

2. Clarify eligibility for Direct Payments for carers and review information provided to carers relating to Direct Payments.

3. Review policy and protocols for coordinating care plans when several careworkers/agencies are involved.

4. Explore the feasibility of a transitional service for young carers age 18-30.

5. With relevant agencies, promote take up of carers’ assessments.

6. Review support available to young carers within schools, including primary schools.
Lichfield District Council

1. Establish a mechanism to consult with carers regarding changes to the physical environment.

2. Promote the availability of free Leisure Activities Passports for carers within Leisure Centres and in Council front offices. Ensure Information is available to use in single access point/virtual one stop shop.

3. Include caring responsibilities in criteria for allocation of housing and in application form. Ensure that people identified as carers receive appropriate information and referral to other agencies.

4. Council Tax and Housing Benefit staff to collect statistics on number of carers identified and referred for appropriate support.

5. Explore feasibility of extending concessionary travel fares to young carers aged between 16 and 18 (and not in employment).

Citizens Advice Bureau

1. Explore the feasibility of routinely including questions about caring responsibilities in relevant contacts with the service and providing appropriate information and referral.

Lichfield District Health (Overview and Scrutiny) Panel

1. Review and monitor implementation of action plans arising from the recommendations of this review, in conjunction with CASS.

2. Councillors raise issue of needs of and support to young carers in schools, in their role as School Governors.
Methodology

Stage 1 – selection of subject of review

Identification of an issue of mutual interest and concern for the Local Authorities and Primary Care Trust and partners.

Stage 2 – scoping the subject

Development of a project plan including identification of information required, from which organisations and framing of sets of questions.

Stage 3 – collecting the evidence

Member interviews with Expert Witness including adult and young carers, literature search.

Stage 4 – collating the evidence and information

Contributions from interviews summarised with key issues and considered by the Panel at each meeting.

Stage 5 – validation of draft report

Draft report circulated to all contributors to check and comment/make amendments.

Stage 6 – finalisation of draft report

Format and recommendations agreed by a meeting of the Lichfield District Health (Overview and Scrutiny) Panel.

Stage 7 – approval of draft report by Lichfield District Health (Overview and Scrutiny) Panel

Meeting of Lichfield District Health (Overview and Scrutiny) Panel to comment and approve for draft report for consultation.

Stage 8 – consultation with Expert Witnesses and Staffordshire County Scrutiny Committee

Draft report considered by contributors and Staffordshire Health Scrutiny Committee and feedback collated.

Stage 9 – consideration of feedback

Lichfield District Health (Scrutiny and Overview) Panel consider comments received on draft report and agree amendments.
Stage 10 – revision and production of final report

Lichfield District Health (Scrutiny and Overview) Panel agree final report, make recommendations on format for publication and circulation and request formal response from key stakeholders within a specified timescale.

Stage 11 – response to recommendations

Lichfield District Health (Overview and Scrutiny) Panel receives responses of key stakeholders to the Recommendations and requests Carers Programme Board to consider how actions can be taken forward.

Stage 12 – action plans

Action plan drawn up in response to recommendations, identifying timescales and contributors.

Stage 13 – Implementation of the recommendations

Lichfield District Health (Overview and Scrutiny) Panel receives action plan from key stakeholders/partners

Stage 14 – Monitoring implementation and outcomes

Carers Delivery Group feed back to Lichfield District Health (Overview and Scrutiny) Panel on progress on implementation and any improvements arising from the Review, after 6 months and after 12 months.

Stage 15 – Evaluation

Lichfield District Health (Overview and Scrutiny) Panel evaluates the process of the review – what worked well, what could have been done better, and uses this to inform and improve future reviews. Lichfield District Health (Overview and Scrutiny) Panel evaluates the implementation of the recommendations.
Support to Carers

National picture

The 2001 census for the first time asked people if they cared for relatives or friends on an unpaid basis, and how many hours they spent each week caring. The census defined unpaid care as any unpaid help, which involves looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age.

The census revealed that one in ten of the population of England and Wales – some 5.2 million people – were providing unpaid care. Of these, 68% (3.56 million) were providing care for up to 19 hours a week, 11.5% (0.57 million) for 20 to 49 hours and 21% (1.09 million) for 50 or more hours per week.

2.5 million people in England and Wales were combining unpaid care with paid work, of whom 1.5 million were working full time and the remainder working part time or self-employed. Around a quarter of carers in full time work were providing 20 or more hours of care each week, and around 3.5% were providing 50 or more hours of care per week.

The census showed that caring could have an impact on carers' health - people with the heaviest caring responsibilities were 2 to 3 times more likely to report poor health in the past year.

Although it is thought that these figures underestimate the true position, the census revealed that around 175,000 young people aged 15 to 17 were providing unpaid care for relatives, friends or neighbours. Of these, 30,000 were providing care for 20 hours or more per week, and most of these were in full time education. Nationally, it has been estimated that approximately one in ten schoolchildren are carers.

Staffordshire County Council is the Local Authority with the responsibility to administer Social Care and Health. The Department of Health monitors Local Authorities' performance annually through its Performance Assessment Framework. This includes a specific indicator for carers, “PAF 62”, which is defined as the number of carers receiving a carer's break or specific carers’ service during the year following an assessment or review. This is expressed as a percentage of all clients using a community based service during the year, and performance has been improving nationally year on year since the Indicator was first introduced:

<table>
<thead>
<tr>
<th>PAF 62 – average Council performance 2004/5 to 2007/8</th>
</tr>
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<tbody>
<tr>
<td>Ave performance</td>
</tr>
<tr>
<td>Banding</td>
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Bandings mean:

- investigate urgently
- ask questions about performance
- acceptable, but possible room for improvement
- good
- very good

This Performance Indicator was changed to NI 135 for 2008/09, and the definition now includes advice as a service.

The Government introduced the Carers Grant in 1999 in recognition of the support carers need for breaks and services. Nationally, the grant was worth £185m in 2007-08 and £224m in 2008-09, including £25m which councils can use to provide emergency cover for carers.

The allocation for subsequent years is

- £240m in 2009/10
- £256m in 2010/11

From 2008, the Grant will be paid to councils as part of the Area Based Grant. This continued funding means that, by March 2009, the Government will have invested over £1.2 billion which councils can use to support carers. The Government has stated that the grant will continue throughout the next spending review period.

The main purpose of the Grant is to:

- enhance provision of community care and children’s services to allow carers to take a break from caring by stimulating greater diversity of provision
- stimulate a greater awareness by authorities of the need for services in their area to be more responsive to the needs of carers; and
- provide carers with services other than breaks, in keeping with the 2001 Carers and Disabled Persons Act.


Following a period of consultation, the Government’s new strategy for carers, “Carers at the heart of 21st century families and communities” was published in June 2008. The strategy sets out the Government’s vision for supporting carers, its priorities and desired outcomes, and the resources it intends to make available for supporting carers. An overview of the strategy is provided at Appendix 3 to this report.
Local picture

At the time of the 2001 census, the population of Lichfield District was approximately 93,200, with around 16,500 young people of school age (5 to 18 years) and around 14,400 people age 65 and over.

In line with national statistics, the 2001 census revealed that just over one in ten (11.1% or 89,734) of the population of Staffordshire described themselves as an unpaid carer. The figure for Lichfield District was 11.03%, equating to 10,287 individuals.

Across Staffordshire as a whole, age and gender of carers was as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0&gt;18</td>
<td>1023</td>
<td>1189</td>
<td>2212</td>
</tr>
<tr>
<td>18&gt;45</td>
<td>10094</td>
<td>15870</td>
<td>25964</td>
</tr>
<tr>
<td>45&gt;65</td>
<td>19815</td>
<td>26452</td>
<td>46267</td>
</tr>
<tr>
<td>65+</td>
<td>7527</td>
<td>7545</td>
<td>15072</td>
</tr>
</tbody>
</table>

With regard to carers aged 18 and under, the census showed the following age distribution of young carers in Lichfield District:

<table>
<thead>
<tr>
<th>Age</th>
<th>5&gt;10</th>
<th>10&gt;15</th>
<th>15&gt;18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lichfield</td>
<td>20</td>
<td>130</td>
<td>99</td>
<td>249</td>
</tr>
</tbody>
</table>

No young carers under the age of 5 were identified, although this does not mean that there were not any. Children of that age would not be making an input into completion of the census form and parents may have concerns about disclosing this information.

If national estimates are correct and around one in ten schoolchildren are carers, this would suggest that in fact there could be as many as 1,650 young carers in Lichfield District.

At the time of writing this report, Carers Association Southern Staffordshire had 3,787 adult carers and 420 young carers on its database, of whom 435 and 53 respectively were resident in Lichfield District.

The 2001 census reveals some of the health impacts of caring on carers in Lichfield District and this was one of the concerns that led to this review:

<table>
<thead>
<tr>
<th>Hours of Care</th>
<th>% of carers “Not in good health”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1&gt;20</td>
</tr>
<tr>
<td>0&gt;18</td>
<td>203</td>
</tr>
<tr>
<td>18&gt;45</td>
<td>1912</td>
</tr>
<tr>
<td>45&gt;65</td>
<td>4496</td>
</tr>
<tr>
<td>65+</td>
<td>918</td>
</tr>
</tbody>
</table>
Although many carers reported their health as being fairly good, this table shows that large numbers of carers whose own health was not good were providing substantial amounts of care.

According to the Performance Assessment Framework, Staffordshire’s performance against the Performance Indicator for carers services was as follows:

<table>
<thead>
<tr>
<th></th>
<th>2004/5</th>
<th>2005/6</th>
<th>2006/7</th>
<th>2007/8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffordshire CC performance</td>
<td>3.2%</td>
<td>11.5%</td>
<td>6.1%</td>
<td>8.4%</td>
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Banding

<p>| |</p>
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<tr>
<td>Unbanded*</td>
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</table>

*new indicator – previous indicator was D42.1 total number of carers assessed or reviewed during the year.

This Performance Indicator was changed to NI 135 for 08/09, and the definition now includes advice as a service. Staffordshire County Council has set a target of 13% for 08/09 and at time of writing of this report, the Council is expecting to achieve this target.

Direct Payments are among the services available for carers, and Staffordshire Social Care and Health measures its performance in respect of this. In 2007/08, 70 one off Direct Payments were made to carers:

<table>
<thead>
<tr>
<th>Category</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people</td>
<td>45</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>4</td>
</tr>
<tr>
<td>Physical/Sensory impairment</td>
<td>16</td>
</tr>
<tr>
<td>Mental Health</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
</tr>
</tbody>
</table>

Funding for carers services comes both from mainstream budgets and from the Carers Grant. From the national allocation of Carers Grant, Staffordshire County Council has been allocated:-

<table>
<thead>
<tr>
<th>Year</th>
<th>Allocation (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/9</td>
<td>£3,100,000</td>
</tr>
<tr>
<td>2009/2010</td>
<td>£3,350,000</td>
</tr>
<tr>
<td>2010/2011</td>
<td>£3,599,000</td>
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Of Staffordshire's total allocation for 2008-09, 20% was allocated to Children & Lifelong Learning.

The remaining £2,488,000 was allocated to Social Care & Health to fund services for adult carers age 18 years and over. Of this, £1,154,900 was committed to existing projects, mainly through contracts with different providers, for example Carers Associations services, Dementia Support projects, Stroke Association service, Carers Emergency Support Service.
£1,199,000 was allocated to fund short breaks in Residential and Nursing Homes, Domiciliary Care & Home Based Respite Care Breaks, and Carers Direct Payments, on an individual basis.

Lichfield District’s allocation from the grant for 2008/9 is £176,174, which is broken down to £100,027 for older people and £76,737 for people with disabilities. Some goes towards funding the committed projects serving that area, with the majority allocated to fund individuals’ breaks and Carers Direct Payments.

Some mainstream funding is also used to fund contracts which aim to support carers, and other contracts and services also often provide carers with breaks and support.

In January 2008, Staffordshire County Council carried out a survey of 1098 carers who had had a carer’s assessment between April and September 2007. The Council received 416 replies, including 45 from Lichfield District. Headline results show that 99% of respondents felt that Social Care & Health staff had shown them respect and understanding. 88% felt that Social Care & Health understood the impact caring had on them and 84% considered that Social Care & Health has helped to improve their quality of life.

Responses from Lichfield District Carers are set out at Appendix 1.

In response to the survey, Staffordshire County Council Social Care & Health have developed an action plan to address the issues raised.

In addition, following publication of the new national strategy for carers, Staffordshire County Council has produced a new local multi-agency carers’ strategy, which at the time of writing of this report was going through partnership approval processes.

Subject to approval by the Lifestyle and Wellbeing Partnership of the Local Strategic Partnership, Lichfield District Council for Voluntary Service is planning to map out voluntary sector services, which will include organisations directly involved in supporting carers as well as organisations which support carers as part of a range of activities – e.g. Alzheimer’s Society, Multiple Sclerosis Society and Parkinson’s Disease Society. This will help to establish a comprehensive directory of services which support carers directly and indirectly.
Summary of evidence

Evidence was provided to the review by a range of Expert Witnesses, who gave both factual information and informed opinions. These included representative groups of adult carers and young carers, staff from Staffordshire County Council Social Care and Health, Lichfield District Council, HomeZone Living (Housing Association) and Tamworth and Lichfield College, South Staffordshire Primary Care Trust, and voluntary organisations such as the Citizens Advice Bureaux and the Carers Association Southern Staffordshire.

Adult carers

Evidence was provided by adult carers through Expert Witness interviews and also through a questionnaire. Some carers were caring for elderly parents, whereas others were caring for grown up children with learning and/or physical or sensory disabilities. Most of the carers were caring long term, but one had experienced a relatively short period of caring for someone following a serious accident. Although the main focus of the review was on carers providing long term care, this carer’s comments were informative and helpful, and served to remind the review that anyone can, at any time, become a carer and this needs to be taken into account as part of any communication plan.

Questionnaires were completed and returned by 9 carers. Although such a small number means that the results of the survey are not statistically significant, they provide a useful insight into the experience of carers.

Analysis of questionnaires revealed that most carers were undertaking a wide range of tasks, including personal care, money management, household tasks and shopping, and giving medication. Many were providing round-the-clock care with a consequent impact on health, employment and social/family life. Many carers commented that they felt tired and stressed, with some reporting depression and isolation. Some had had to give up work as a result of taking on caring responsibilities and most felt that they had had to curtail social activities and were no longer able to take holidays.

Most carers were receiving support from statutory agencies (Health and Social Care) and some were also receiving support from voluntary organisations such as CASS, or from friends and family. Carers valued the support they received and felt they would be unable to cope with their caring responsibilities without it. However, concerns were expressed at waiting times for equipment, that home care allocation was insufficient to undertake all necessary tasks and timing of calls was not always appropriate to the tasks required. Access to comprehensive, up to date and timely information emerged as a key issue from the questionnaires and many carers felt disadvantaged by the Benefits Agency’s rules relating to Carers Allowance and Mobility Allowance. A summary of responses to the questionnaire can be found at Appendix 2.
Comments from adult carers in the course of Expert Witness interviews were wide ranging and reflected their varying experiences of caring. They can be organised under the following headings:

- Identification of carers
- Access
  - Information
  - Support services
  - Physical environment
- Emotional support
- One stop shop

**Identification of carers**

Many carers commented that they themselves had not realised that they were “carers” – they were simply looking after someone, a relative or friend, who needed help, help that they were able and willing to give. There seemed to be no system for picking up when people become carers and no proactive way of coming forward with information. Carers had to find out for themselves what support and services might be available.

“Nobody picks it up. You have to find it all out drip by drip.”

It was often only when they made contact with a service that they discovered that they were a “carer” – and that there is help available. Once they accessed help, they found that there are some useful services:-

“Once you get help, it’s fantastic – but it’s finding your way through the labyrinth that’s so difficult.”

“Carers Association Southern Staffordshire and Age Concern are brilliant once you find out about them, then you can contact one person who will tell you what you need to do and fill in the forms for you.”

There have been poster campaigns to encourage carers to identify themselves, but carers may be too preoccupied with caring to notice these, and if they do, they do not necessarily recognise that the posters relate to them.

In some cases, especially where an episode of caring may be relatively short term, for example following a road traffic accident, carers may be identified too late and not get any of the help and support they need and may be entitled to. One carer only discovered after his mother had died that he could have been eligible for financial help with caring for her.

Most carers felt that GP surgeries were ideally placed to identify carers. Most people cared for have health issues and so the GP is the common factor for many carers. For example, people with Learning Disabilities have higher than average rates of cancers and other health problems, and so are in regular
contact with Health services. Carers felt that GPs should be considering whether a person may need to be cared for as part of their assessment of patients.

However, carers reported mixed experiences with GP services. Some felt unsupported by their GP practices and one felt that the system in operation at his GP practice made it difficult to get to see his GP at all:–

“The triage system currently in place does not help. You have to get past the receptionist first and you don’t often get to see the GP anyway”.

Another felt his GP practice was excellent and this was a great support to him in carrying out his caring role, and another carer reported that it was only when she became ill and went to her GP that she received any help with her caring role.

Carers also recognised that each carer’s experience was unique and that people find different routes into support services.

Access

To Information

Access to consistent, up to date and relevant information was an issue for some carers. They were aware that there was information available for GPs to give out, but felt that it was not standardised and was not kept up to date.

Carers also commented that information needs to be current, as people will have forgotten about posters and leaflets they have seen if the time they need help is later on. Posters need to change regularly or else they become “invisible” and people no longer notice them.

Carers felt that the best way of disseminating information may be via the free press and other publications which are delivered through every letterbox.

It was also felt that information should not just be aimed at carers – who may not see it as relevant to them – but at relatives, friends and neighbours too so that they can help identify carers and encourage them to seek support.

Some carers began their caring role following the illness and hospitalisation of the person they care for, and some thought that better information on support for carers could be provided by hospital staff at the point of discharge.

To support services

Carers felt there is a lack of support outside normal office hours. Some felt the support available within normal office hours was also lacking.

Direct Payments were particularly mentioned with carers experiencing difficulty in accessing them for the people they cared for. One carer had been
trying to get Direct Payments for her daughter for several months but had still not got it. She commented that Social Services were advertising Direct Payments but did not appear to have the manpower, funding or staff to come out and visit. Another carer criticised inconsistency in approach between Social Workers in relation to Direct Payments, stating that her 2 daughters had different Social Workers and one had Direct Payments but the other did not.

Some carers were concerned about the County Council’s “Changing Lives” programme, which aims to promote independence and enable older people and people with disabilities to live in "an ordinary house in an ordinary street". The change programme involves the closure of some residential homes and it was feared that this may impact on respite services, which give carers a much needed break, or may indeed directly increase the number of individuals expected to become full time carers to look after their loved ones at home.

Other carers commented on the way services are delivered. For example, Health and Safety rules sometimes mean that careworkers are unable to carry out tasks that carers undertake as a matter of course, and carers feel they are left to get on with it. Also, whereas in the past it was generally one careworker going into a person's home, increasingly it is several different people and they all have their rules about what they can and cannot do.

Carers also expressed concerns at the time taken to access equipment from Occupational Therapy services. One carer said his Occupational Therapist had told him that items are ordered in block, so people have to wait for the order to go in. However, he commented that if carers need something, they need it straight away, not 3 months later. One carer commented on the difficulty in obtaining items for disabled people locally, as there is no disability shop in Lichfield and she has to go to Tamworth when she needs anything. She also commented on the high cost of items, even for simple things. She gave the example of a special beaker for her husband which had cost £7 – then when she went to Tamworth to get another one she found it had gone up in price by another pound.

**Physical environment**

Carers made several comments on issues related to the physical environment in Lichfield which impacted on them as carers and on the people they were caring for.

One carer commented on the state of public toilets which he said were shabby and unsuitable for disabled people who need assistance. He was unable to take his daughter out as she is doubly incontinent and there are so few suitable toilet facilities.

Another carer said that her mother had fallen outside a Building Society in Lichfield but apparently the premises were exempt from the provisions of the Disability Discrimination Act as it was a listed building. She felt reasonable
facilities should still be provided for people with disabilities irrespective of the building’s listed status.

Other carers commented on the new road system in Lichfield City which they felt was unsuitable for people in wheelchairs, and also for people with visual impairment as they cannot easily see the low kerbs and may trip over them.

Carers felt that they had a lot of experience between them but that it isn’t tapped into, and problems such as these could have been resolved at the planning stage if they had been consulted.

**Emotional support**

As well as information and practical support, carers talked about the need for emotional support in their role as carers.

Being a carer can be a lonely and isolating experience, and it is easy for carers to feel that they are coping alone with the pressures of caring. Some carers felt it would be good to meet with other carers to gain the emotional support they need, or even just to have a moan sometimes. They expressed an interest in meeting again as a group, maybe to discuss specific issues such as health. One commented that increasing numbers of older people will mean that the issues for carers will grow.

Some carers expressed the need to sometimes be alone and just have some time for themselves. This can be difficult – carers are often with the person they care for 24 hours a day, 7 days a week – professionals can walk away from the situation but carers cannot.

**One stop shop**

Carers found it frustrating that they have to go to different agencies for different services – Lichfield District Council, Staffordshire County Council and the Health Service. The fact that there is a 2-tier system (the County Council and the District Council) complicates things and carers would like clarity about:

- who is accountable
- who helps them

At present they can’t go to someone directly for help, there isn’t a single point of contact.

“When you get there, people are normally very good – it’s getting there that’s the problem. It’s difficult with a 2-tier system – you really need a route through one point.”

One carer commented that the multi-agency approach to disability does not work. She gave an example of the impact on her phone bill of having to make
several calls to different agencies to get what she needed for the person she is caring for.

“Carers need time, money and energy to just get over one issue, it can be battle after battle and they get fobbed off.”

There was general agreement amongst carers that a recognised, single point of contact would be helpful, preferably also available outside normal office hours. They discussed the concept of a One Stop Shop but had mixed views about where this One Stop Shop could be located – some thought the GP practice was the ideal location, whereas others – perhaps in the light of their personal experience of GP services - felt that the Carers Association Southern Staffordshire or Citizens Advice Bureau could provide this service.

Other issues

Carers spoke of the need for honesty from agencies – some felt they were being fobbed off and would prefer to be told honestly what is available and what support they are entitled to – and what cannot be offered.

One referred to a Mencap report, "Death by Indifference", pointing out that when a person with a learning disability is admitted to hospital, their carer has to stay with them 24/7 because of the ignorance of the caring professions when it comes to providing appropriate care and meeting their needs.

One point which came through clearly from discussions with carers is that they all have different backgrounds, that they come to their caring role from different routes and that they have their own ways of caring and each carer’s experience of caring is unique. This may have implications for the way support services are organised and accessed.
Young carers

Young carers are defined as people under the age of 18 who look after someone with a chronic/terminal illness, disability, mental health problem or an alcohol or drug addiction/dependency (Carers Association Southern Staffordshire Young Carers Project).

Interviews took place with a representative group of young carers, supported by the Young Carers Support Team Manager and a Young Carers Project Outreach Worker. Many of the young carers were caring for a parent experiencing mental ill health, and some were caring for siblings who had conditions such as severe autism. Some were caring for both parent/s and siblings. For many of the young carers, the issues were more mental than physical – making sure that medication was taken, providing emotional support and generally trying to ensure the health and wellbeing of the person or people they were caring for.

The interview covered a wide range of topics and young carers were open and articulate about the issues they face. These can be grouped under the following headings:

- Identification of young people as carers
- Impact of caring
- Support to young carers
- Transition to Adults Services
- What would make a difference

Identification of young people as carers

Identification of young people as carers is as complex as it is with adult carers, sometimes more so, as they may not have the same level of knowledge, experience, skills or support to seek help.

Young people found varying routes into support services, and like adult carers, did not see themselves as carers until they came into contact with agencies providing support to the people they were caring for. Some young people were concerned about coming forward as carers and wished this aspect of their lives to remain private. Not recognising themselves as carers and reluctance to come forward as carers contributed to a feeling that young carers were invisible:

“Our issues are hidden because we aren’t out causing trouble”.

The Young Carers Project provides a key role in identifying young people as carers and in supporting them both in their caring role and in accessing support services. The Project does not always itself directly identify young carers but responds to referrals from other agencies which come into contact with young carers. However, it does seek to work proactively with schools as resources allow, and this work can lead to a flurry of referrals.
Many of the young carers present could not recall how they had got to hear about the Project, especially as for some of them it had been quite a long time ago. One recalled that the school nurse had been called in when she was having difficulties with bullying at school and the nurse made the referral. Two were aware that they had been referred by Social Services and another was referred by her mother’s counsellor.

The Young Carers Project Manager explained that referrals come mostly from Social Services, with some from schools, Education Welfare Officers and Community Psychiatric Nurses, and increasingly self-referrals. There are a limited number of referrals from GPs, who are hard to reach and do not seem keen to come on board. Also, young people do not seem keen to identify themselves as carers to their GP.

Impact of caring

Young carers said they were generally keeping up with their school work. Schools are mostly quite supportive once they know a pupil is a young carer but were not so tolerant before they were made aware of this:

“Once people know you have a caring role, they are quite supportive.”

Most of the young people present said their schools knew they were carers, but two said their schools did not know. It was apparent that it can take a while for a young person to develop sufficient trust in school staff before they feel able to confide in them.

With regard to the impact of caring on their social lives, most of the young carers present were able to maintain friendships, although they did not have as much time for going out as their friends.

“I don’t get to go out after school. I have to make sure that they (i.e. family members cared for) are OK.”

Friends did not always understand about their caring role and they valued their involvement with the Young Carers Project and the opportunity to meet with young people who are in the same position as themselves.

“School friends are good, but they don’t understand what I’m doing, why I’m in a mood etc. People in the young carers group understand this.”

Many of the young carers present did not have regular holidays and one had not had a holiday for 10 years.

Most of the young carers present had plans for their futures. Many wanted to go to university but were facing the difficult problem of deciding whether to study away from home and were anxious about the impact of their decisions on their families. Some had chosen career paths which would enable them to stay at home and continue their caring roles.
Support to young carers

Young carers said they did not receive any medical training, although most of them said they took responsibility at least at times for ensuring that medication was taken consistently. The Young Carers Project is trying to get First Aid training for young carers but the cost is prohibitive at present.

Under the new GP contract, GP practices are expected to maintain registers of carers. However, it was not clear what positive change could be effected by having names on a list. What was needed was for GPs to recognise young people as carers. Young carers who accompany the person/people they care for to GP appointments or to hospital often find that their comments are largely ignored by the Doctor, because of their age. Some of the young carers confirmed this experience although one gave examples of excellent understanding and support from the family GP. Some young carers spoke of their frustration at having to explain the family situation every time when visiting different GPs in group practices.

The young carers present said they just had to get on with it and cope if they were ill themselves – there was no one to take their place.

The Mental Health Crisis Response service was not always able to respond when needed:

"More commitment is needed from the Health Service. Crisis Response’s usual response is that there is no one there - and then you have to deal with it on your own."

In some situations, the only recourse the young carer has is to call for police assistance – which may result in a response which is unhelpful for the mental wellbeing of the family member.

Transition to Adults Services

Transition to Adults Services can be problematic as Adults Services are very different and not geared up to the needs of younger carers. The Young Carers Project starts working with young carers long before their 18th birthday, but Adults Services are so different that there is a culture shock when young carers transfer. The Project is trying to get funding for a service for 18 to 30 year olds to respond to the specific needs of this age group, who are facing lifestyle choices such as going away to university or moving in with their girl/boyfriend.

At 16 to 18 years of age, young people cease to be compulsory scholars, and many go on to Further Education or Apprenticeships. At the age of 16 to 17, young carers can get Carers Allowance but the criteria are tight and if they are at college they won’t get the full amount.
What would make a difference

The young carers present at the interview felt that the following would make a difference to their lives:

- Assistance with transport costs – a free bus pass or even half fare would make a big difference to many young carers who have to pay full fare as they are too young to drive and depending on their health issues, their parents may not be able to drive.
- Financial assistance – in many households, all available money goes on household bills and the extra expenses associated with the needs of the person/people cared for. When a young person starts work, if their parents are on benefits, those benefits are reduced.
- Access to holidays.
- More commitment from Health in a crisis situation, in particular in relation to mental ill health issues and Crisis Response.
- Carers Allowance after 16 whilst in further education.

Young Carers Project

The Carers Association South Staffordshire Young Carers Project aims to help young carers to care by:

- Raising awareness of young carers and their needs.
- Providing advice, information and support to those working with young carers.
- Offering information, guidance and emotional support to young carers and their families, taking the whole family approach.
- Providing daytrips/outing and other respite opportunities to tackle issues of isolation and social exclusion experienced by young carers.
- Highlighting services available to young carers and their families and encouraging their use so that young carers have opportunities in life available to other young people.
- Helping professionals develop and adapt services to meet the needs of young carers.
- Providing training opportunities for those working with young carers.
- Helping professionals identify and close gaps in provision for young carers.

The Young Carers Project receives funding from the County Council via Carers Association Southern Staffordshire for core activities only. For additional activities such as young carers meetings, leisure activities and its summer programme, the Project has to submit bids for funding. The Project has to fund-raise to be able to provide its holiday and leisure activities, summer programme and monthly meeting zones. The Project gets no funding from Health, although it is reported that nationally informal carers save the Health and Social Care systems £87 billion.
The project has 6 staff, 2 of whom are part time, to cover 750 square miles and a caseload of 420. Project workers come from a range of backgrounds, including Social Work and Substance Misuse. The Project is in touch with younger carers than those present at the Expert Interview meeting and there have recently been referrals for children as young as 4 or 5.

Although the Project is in touch with 420 young carers in the Carers Association Southern Staffordshire area (53 in Lichfield), research suggests that actually as many as 1 in 10 of the school population will be young carers. A lot of young carers do not see themselves as carers, so part of the work of the Project is to raise awareness. The Project tries to facilitate young people to talk to trusted professionals but they need the young person’s permission before they make any referral to other agencies.

The Young Carers Project works in partnership with other agencies and the quality of referrals is improving. Partnership working is good with many statutory and voluntary agencies. Positive working is experienced with Education Welfare Officers and nurses but Social Services don’t always follow up after referral. The 32 Community Learning Partnerships in the area are ideal bodies for the Project to work with but with their current resources they cannot cover all 32 fully. The Project does not have a helpline and struggles to meet the level of need with the current number of staff.

The Project would like to make an input into the GPs’ protected training time to raise GPs’ awareness of young carers and to address some of the issues raised by young carers concerning GPs’ responses to them when accompanying a parent to an appointment.

Staffordshire County Council Social Care and Health

Staffordshire County Council both directly provides and commissions information and services for carers and the people that they care for. Services are provided subject to assessment of need and relevant criteria being met. Carers are service users in their own right and are entitled to an assessment of their own support needs. Following assessment and if criteria are met, carers may get assistance by means of a break or breaks from caring, practical help, equipment or adaptations to the home and/or emotional support.

Information

The County Council funds 2 Carers Associations in Staffordshire – one in the north of the county and the other in the South – the Carers Association Southern Staffordshire which covers the Lichfield District area. Their role is to provide information to carers both by telephone and outreach work and to raise awareness of carer issues.

The County Council organises events for carers, in conjunction with other agencies, to raise the profile of carers and to provide information about services and support available to them. For example, the Carers Rights Day in Lichfield in December 2007 was attended by over 70 carers, following a thorough publicity campaign.

The Children’s Disability Service has pulled together relevant information for carers for the whole of the county, and a team member keeps in touch with all the relevant organisations to maintain up to date information. The Adults Disability Team is also undertaking a similar exercise and looking at the most effective ways of disseminating the information.

With regard to the Children’s Disability Service, there are Social Workers attached to Child Development Centres, so there should be a Social Worker involved at the point of diagnosis to offer advice and information to carers.

At a recent Partnership event, the need for an information point – a living signpost – came up, and in response, the Adults Disability Service are beginning to set up a website for Lichfield carers, linking to the City Council website and beyond.

Services

Direct Payments may be made to the individual being cared for and since the implementation of the Carers and Disabled Children Act 2000, have been available for carers to purchase the services they have been assessed as needing for themselves. They can be used to buy services from an organisation or to employ somebody to provide assistance. This includes support that may help maintain the carer’s health and well-being.
Carers are assessed in the normal way and then given the option to have directly provided services or a Direct Payment to buy their own care. There are 2 routes for Direct Payments for carers – one-off payments and also payments of up to £40 per week, based on outcomes. Carers can usually have no more than one one-off payment in any financial year.

One-off payments may be used by carers wanting to have a day away for themselves, or to purchase an item of equipment to make caring easier and safer. For example, one carer used a one-off Direct Payment to purchase a fold-away hoist, which he could use for lifting his wife both at home and away on holiday. Direct Payments can be used for day opportunities too – people can have a day service or cash to achieve the same outcomes.

People receiving Direct Payments open a specific bank account and Social Care pay into the bank account an amount equal to the cost of the assessed care package minus the carer’s contribution. Social Care also fund part of the Rowan organisation to provide advice and support to people using Direct Payments.

The Payments are monitored - people receiving Direct Payments have to keep records of how they are spending the money, and keep invoices, which are audited. There are 80 carers receiving Direct Payments in Lichfield against a target of 100.

Carers can also get help with Short Breaks through the Carers Short Break Fund, which is funded from the Carers Grant. The Carers Association Southern Staffordshire administers the fund for the County Council, and this can offer up to £200 per caring household per year. Applications have to be signed by a professional or a CASS staff member. However this fund is very oversubscribed and currently only available to those carers who have not received a grant before.

Planned respite care is available in both local authority- and privately-owned residential homes for older people, and in a local authority-owned residential home for people with learning disabilities. For older people, 12 beds are provided at Meadowyrthe Home and 2 beds are commissioned in independent sector homes, to give people a choice of locations so they can be closer to family and friends for visiting. People with learning disabilities are able to book respite care at Scotch Orchard, a local authority residential home.

Emergency respite is a new service which aims to provide support if the carer is unable to care at short notice, for example due to illness, accident etc. The service is provided through a contract with an agency which holds a database of contingency plans so that it knows what needs to be done in an emergency. The carer notifies the agency and the agency then executes the plan or puts in place a back up service. The service is provided via a grant to the County Council, which stood at £337,000 for 2007/8.

In terms of back up support for carers, the County Council’s Rapid Response Team can provide extra support, for example, to avoid hospital admission.
District Nurses, GPs and Social Workers have access to the team, which is made up of both nurses and care workers and the team can provide support pending the arrangement of mainstream services.

Many carers are supported by a package of home care which is provided for the person they care for. Although carers sometimes feel that Health and Safety concerns impact on the care the individual receives and that paid careworkers sometimes do not undertake tasks they as unpaid carers have to do, appropriate risk assessment is a legal requirement and aims to minimise the risk of injury to the worker. Employers have a duty to protect their employees, and careworkers go in to many people and will repeat the manoeuvres several times which puts them at greater risk of injury, which is not the case with carers. Risk assessments may indicate that careworkers may need to do things in a specific way – perhaps differently from the way the carer would undertake the task – in order to ensure they do it safely. Careworkers are trained to lift and move people safely - and to recognise when they shouldn’t lift or move people but should call for assistance.

Carers also often express concerns about the number of careworkers going into the home of the person they care for to provide care. Managers try to always use a single agency to cut down on the number of different people going into people’s homes, but sometimes this is not possible. Sometimes, a lot of different professionals will need to go in to an individual’s homes but they do try to coordinate this. They try to ensure co-ordination of care plans via a folder in each service user’s home with relevant information which is available for consultation by any worker going into the home.

Where ongoing services are provided, the circumstances of both carer and the person cared for can change, and so reviews are undertaken at least annually, sometimes more often. Following initial assessment, a plan is agreed and reviewed after 6 weeks. If all is well, the case will be closed. The carer is informed of this and told that they will be reviewed annually and that they should contact the office if things change. If this happens, they are treated as a new referral and the case is reopened. Where possible, the case goes back to the original worker. Copies of the review are sent out to everyone who attended. Other services involved with the case, for example day care or Occupational Therapy, will also keep the Social Worker informed if there are any changes. The Occupational Therapy service will keep a case open if the person is likely to deteriorate rapidly.

The Council can provide a range of services geared up to meet the needs of people with a physical or sensory disability.

For people suffering sight loss, the Council’s Visual Impairment Team can provide training in practical skills of daily living, and can also provide support for the individual and their wider social group, including carers, in adjusting to sight loss.

Items of equipment can be provided to assist the carer where they are providing physical care. Assessments are carried out by the Occupational Therapy service and 30,000 items of equipment are delivered each year in
(this includes equipment both for carers and for people cared for). 85% of items are delivered within 7 days. The budget for equipment in 2007/8 was £1.34 million, for new and recycled items. The Aids and Adaptations budget for Lichfield District in 2008/09 was £173,470 (£93,610 equipment and £79,860 adaptations). Equipment can also be funded through Direct Payments and where the need is urgent, people can buy the items themselves and will be reimbursed at the level Social Services would have paid.

**Disabled Facilities Grant** may be available to fund adaptations to homes in order to accommodate the needs of people with disabilities, and these can assist carers by improving the facilities in the home and making caring easier. This can include widening doors and installing ramps, providing or improving access to rooms and facilities, for example by installing a lift or providing a downstairs bathroom, improving or providing a heating system suitable for the person’s needs and improving access to and movement around the home.

Although the actual grant comes from the District Council, provision of the grant is subject to assessment by a member of the Staffordshire County Council’s Occupational Therapy service. The Occupational Therapist will determine whether the criteria for allocation of a grant are met and will advise on appropriate adaptations to meet the individual’s specific needs.

Staffordshire County Council provides Welfare Benefits Advice, and a pilot project for carers is being carried out in Lichfield. Referrals for which come from Social Workers, day services, Community Psychiatric Nurses, GPs and Health professionals. The cases they get tend not to be simple – they usually get cases when thing have gone wrong. Take up of Carers Benefits in the area seems not to be too high whereas the take up of benefits which give access to Disability Living Allowance is the second highest in the country. The service is trying to unpick this and it seems that Carers Benefits can be linked to other benefits and therefore can be disguised. The take up of Pensioner’s Credit with Carers Premium is very high, which suggests that a lot of carers locally are older and therefore do not qualify for Carers Allowance itself, but if on a low income will qualify for Carers Premium.

**Contact point for carers/One Stop Shop**

Carers had raised the issue of where they could go initially when they first start caring and Health and Social Care staff discussed the option of a first point of contact or One Stop Shop.

The County Council does have a single access point both for its Children’s Team and for the Adults Service, however, it was recognised that things needed to be more joined up and that carers want easy access to information and services across all agencies. This is not easy to provide and a One Stop Shop would be a great benefit. However, it would be difficult for one place to cover all issues and expertise on specific areas, for example benefits and representation at tribunals – and this area is becoming more prominent as
more carers take on responsibility for managing their cared-for’s financial affairs.

As GP contracts include a target to identify carers and refer them to Social Services for assessment, perhaps GP practices could provide a one stop shop. They are provided with information for carers and are encouraged to identify carers. However, not all practices as yet have registers of carers and they have a mass of information targeted at a wide range of issues – it can be a problem teasing out information relevant to carers from the mass of information that there is.

There are other options for providing a first contact point such as the Carers Association Southern Staffordshire, as carers say they want not just a point of contact but to be able to go back if they don’t get the response they want, and have someone to advocate for them. CASS is already doing this to some extent. They have the knowledge and expertise and already do signposting and advocacy and representation, for example at case conferences, and they also get involved in partnership and networking. However, they only have part time staff to cover the Lichfield district and so they are not able to be proactive and go out and identify carers. Any additional responsibilities would require additional resourcing.

It is also important to recognise that people come to caring from different points and not always from the medical angle. The issue is about co-ordination – making sure that people going anywhere for support get pointed to the right places for information and help. Perhaps it is a “virtual” one stop shop that is needed or a First Stop Shop, which ensures that people get a consistent response and accurate signposting, where necessary, to services and support relevant to their circumstances.
Lichfield District Council and other local organisations

Expert Witness interviews took place with representatives from Lichfield District Council Leisure, Housing and Housing Benefits services, Lichfield College and HomeZone Living (Housing Association).

In relation to Leisure services, since 1st August 2007, carers have been added to the Leisure Activities Passport membership free of charge. This gives them access to all Lichfield’s leisure facilities at reduced prices, giving a saving of around £2 to £2-50 at off-peak times and more during peak times. Carers can book 7 days in advance which enables them to better plan activities around their caring responsibilities.

Carers have to be referred by CASS and at the time of the Expert Witness interview in February 2008, there were 29 carers using the scheme, of whom 2 were male, 1 was aged 19 and the remainder were aged between 22 and 85 years old. However, the scheme is not currently widely publicised and at the time of writing the report some months later there were only 8 carers using the service, all of whom were aged between 28 and 74 years of age.

Following transfer of its housing stock to HomeZone in 1997, Lichfield District Council Housing Service no longer directly manages social housing. It does, however, retain strategic responsibility for identifying local housing needs and setting housing investment priorities. It also sets the housing allocations policy, and it provides a range of advice and support to tenants, landlords and homeowners.

With regard to the housing allocations policy, the Council is moving to a sub-region scheme along with seven other Local Authorities which will involve a common application form and allocations policy. Caring responsibilities are not currently considered as part of the allocation process and there is no question on the housing application form asking about caring. It could be possible to include caring responsibilities in the policy and on the form but any change would require the agreement of all the other participating Local Authorities.

The Housing Service can also provide Disabled Facilities Grants for adaptation of properties, such as stair lifts and walk-in showers, which can benefit carers as well as the people they are caring for. Although the grant is administered by the District Council, it is subject to an assessment by a Staffordshire County Council Occupational Therapist which is based on the Social Services' priority criteria:

Priority 1 is where there is an identified risk which may result in danger or harm, or where discharge from hospital is dependent on adaptations being done.

Priority 2 is where there is a long term risk of deterioration, which would result in risk of harm.
**Priority 3** is where the resident has an essential need which if met could improve their quality of life.

The amount paid to an individual is subject to financial assessment. Generally, the maximum grant the Council is required to pay is £30,000 minus any assessed contribution, but Councils do have discretion to increase the amount where they feel this is appropriate. The Government funds part of the grant and in 2007/8 its allocation to Lichfield District Council was £221,000 and in 2008/9 was £286,000.

Lichfield District Council provides **Council Tax Benefit and Housing Benefit**. Application forms for these benefits do ask if the applicant is a carer and if so, Benefits staff will signpost them to the Department of Work and Pensions to follow up any other benefits they may be entitled to. However, it is thought that some carers do not mention that they are carers as they fear that Carer’s Allowance may prevent them getting other benefits, when in fact the opposite may apply.

The criteria for Carer’s Allowance are tight, and the person cared for must be in receipt of Attendance Allowance or middle or higher rate Disability Living Allowance, and the carer must be 16 or over and available to care for 35 hours per week in order to qualify. People cannot get Attendance Allowance until 6 months after they start needing care – so their carers cannot get Carer’s Allowance until this time.

However, Carer’s Allowance is not payable if the carer is in full time education with 21 or more hours of supervised study, as they would not be deemed available to give the qualifying amount of care. The current weekly rate is £50.55, although this may be reduced by the amount of certain other benefits, including State Pension. If the carer receives certain other benefits at £50.55 or more a week, Carer’s Allowance cannot be paid as well.

If a young carer gets a paid job and their parents are on benefits, the Benefits system assumes that any adults in the household contribute to the household income, therefore there is an impact on the parents’ benefits, with the exception of Attendance Allowance.

There is no facility in the Benefits system to provide a loan or advance while a person is awaiting approval of an application for Attendance Allowance – they would only have access to a crisis loan and would need to be on benefits to qualify for this.

The council also provides **Concessionary Travel Fares** via Bus Passes. The criteria for these currently apply only to people aged over 60 or registered as disabled, however, any Local Authority can extend its scheme as long as it funds it itself. Lichfield District currently operates an extended scheme with regard to increasing the times of day that the concessionary travel applies. Staffordshire County Council leads the administration of Lichfield District’s scheme on behalf of Lichfield and six other Local Authorities – it is a single
scheme for all seven Authorities. This does not, however, prevent Lichfield from further extending the scheme for its area if it chose to do so.

Young carers have told the Review that financial assistance with transport costs – a free bus pass or even half fare - would make a big difference to many of them who have to pay full fare once they have left school, and they are as yet too young to drive.

The situation in relation to concessionary travel for young people may change if compulsory educational training up to 18 years old is introduced. In the meantime, if Lichfield wished to include young carers in its scheme in response to their concerns, there would be a cost to the Council, which would depend on the number of young carers eligible and the amount of subsidy provided – for example free travel or half fare. At present there are 53 young carers registered with CASS in Lichfield.

**HomeZone Living (Housing Association)**

HomeZone Living is the largest Registered Social Landlord in Lichfield District, managing around 4,500 homes, shops and garages. They develop and manage rented, leasehold and shared ownership homes, providing affordable housing and support services.

HomeZone Living operates its own “one stop shop” which can deal with a range of enquiries from tenants and their carers. For example, if someone had problems paying their rent, HomeZone Living has a Debt Adviser who would signpost them to the appropriate Benefits service. They also have a support worker attached to older people’s accommodation who can refer for benefits check and other support. HomeZone Living also has a tenant incentive scheme for older people living in family accommodation who wish to move to smaller accommodation. This involves assisting them financially with the move.

**Tamworth and Lichfield College** provides some higher level courses so depending on the chosen subject, young carers may be able to remain at home and study locally for one year rather than going away to college or university. Young people aged 16 to 18 in further education do not have to pay fees and may be eligible for an Educational Maintenance Allowance of up to £30 per week. Colleges and universities have bursaries for special circumstances and may be able to offer additional financial support.

The College is currently running an arts course for people recovering from various illnesses, and including carers. The pilot was a 6 week free art course, 2 hours per week at Crook House, Lichfield and at Burntwood College. Feedback indicated that participants found it helped with relaxation and provided time for themselves, and even helped some to discover their own talent.

The college is now running a 10 week course fitting in with term times. They have funding for the tutor and for materials but are now seeking additional
funding so that they can move students on to something else at reduced rates.

For the initial pilot, only referrals from Health were accepted but now it is anticipated that referrals will be taken from a wider range of agencies.

The College is exploring the feasibility of providing First Aid and Food Hygiene training for the young carers group which meets at Curborough.

Lichfield District Council and all of the other local organisations send out regular information, and this could include information targeted at carers. For example, HomeZone Living send out a regular newsletter to all tenants and the Council sends out its “In Touch” magazine. The Housing Benefits service writes out annually to all claimants and they always try to enclose some useful information. This could include information for carers. Information for carers could also be displayed in the Council’s front office at Frog Lane.

However, information campaigns need to be coordinated and the annual Carers Week in July and the annual Carers Rights Day in December provide a good opportunity for all organisations to work together to put out a consistent message for carers.
Health agencies

Expert witness interviews took place with representatives from South Staffordshire Primary Care Trust and Samuel Johnson Community Hospital.

South Staffordshire Primary Care Trust

The Primary Care Trust (PCT) contributes to joint working on carers’ issues through the Local Area Agreement (LAA) and Partnership structures. The PCT representative on the Carers Programme Board has the authority to make decisions on behalf of the PCT in respect of carers. The LAA is the main document that specifically mentions carers; however, carers are referred to in many of the PCT’s plans and documents, reflecting this as a priority area of work that the PCT is committed to. The PCT is actively engaged in a number of ways at a grass roots level and works closely with CASS and other partner agencies.

The PCT does not have specific funding identified for carers but does fund 2 mental health carers posts within CASS through a contract. As part of the annual Local Delivery Plan process, the PCT writes out to all existing service providers (and any other organisations that approach the PCT for funding) asking if they require funding for the next financial year. All bids are considered by Practice Based Commissioning Consortia and if they meet the funding criteria and if there are funds available they will be successful, but funding cannot be guaranteed.

The Primary Care Trust (PCT) manages the contract for GPs in its area. There are additional standards in the national Quality and Outcomes Framework (QOF) for which GPs can get additional pay. However, there is only one indicator relating to carers – “the practice has a protocol for identifying carers and a mechanism for referral of carers to Social Services”. The PCT expects GP surgeries to tell them how they achieve this.

It is not a very useful tool; however some practices do have systems for identifying and referring carers and see the benefits of doing so. There is, however, no contractual mechanism to make practices do this.

The PCT is looking at how it can identify the extent to which GP practices are using their carer registers. Although as part of the Quality and Outcomes Framework GPs have to have a carers register and a protocol, there is nothing to say they have to populate the registers. The PCT is working with practices to encourage this but sometimes it falls down the agenda because of other priorities. There are some practices who are very good at populating the registers and work closely with their carers, but not all. All GP practices in Lichfield except one do have carers’ registers.

There are benefits to GPs in recognising carers in that they may have fewer people presenting at their surgeries if they can divert people to more appropriate services. Some surgeries will use the carers’ register to flag up carers and offer flu jabs and health checks. One surgery uses 2 methods to
identify carers – encouragement to self identify and also raising awareness of carers within the surgery and flagging them on the information system. However, practices cannot do much if carers do not come forward and do not want to be identified.

The PCT, through its Practice Based Commissioning Consortia, has commissioned a signposting service from Lichfield CVS, which operates from Westgate Practice one day per week. The service is designed to introduce to patients and carers a more holistic approach to services during periods of illness and life changing events. The service is able to provide appropriate advice, support, information and on-ward referral to services in the third sector that would help patients to recover in a more holistic way, beyond that of a clinical or medical nature. The service is fully supported by the practice's partners and is a 6 months pilot. Discussions are taking place regarding a similar arrangement in the planned Health and Wellbeing Centre at Chase Terrace. If successful, this could provide a blueprint for future developments.

The Expert Witnesses commented on issues raised by carers in relation to the way they feel GPs respond to them. It was recognised that it is easy for carers - young carers in particular – to feel disempowered by GPs. There can also be difficulties in getting GPs to acknowledge services in the voluntary sector, as some do not recognise it as a trained workforce and therefore may be reluctant to discuss patients with them.

It was acknowledged also that GPs have a massive agenda with many target areas, and that there can be legitimate concerns about patient confidentiality. However, GPs do not have to do it all themselves – there are other agencies they can refer on to. Also, identification of carers is not just a GP responsibility but the responsibility of all staff in the practice.

Practice Managers have overall responsibilities for surgeries, and carers issues are discussed at Practice Managers meetings. However, there are also clinical issues relating to carers. Sometimes the carer and the cared-for are not registered at the same surgery and this can cause communication difficulties.

There is a need to raise awareness among GP of carers’ issues, especially in relation to young carers who raised particular concerns about feeling ignored and uninvolved when attending GP appointments with the person/people they are caring for. GP Education Leads at the PCT may have a role in advising how this can best be done. Examples of carers’ experiences could be powerful in demonstrating the issues. CASS has tried to access Keele University’s training programme, which is offering places for GP trainees. However, the 2-hour slots offered did not match CASS’s availability.

The proposed development of “polyclinics” in each PCT area, and the database going into them as part of the contract may provide a good opportunity to set standards for the rest of the area and this could include a positive approach to involving carers. South Staffordshire PCT’s “polyclinic” is to be located in Burntwood. This first, temporary Burntwood Health and
Wellbeing Centre, covering South Staffordshire area, will be sited adjacent to the Burntwood Leisure Centre in Chasetown. The site for the permanent facility will also be in Burntwood, but discussions as to the final location are still taking place at the time of writing this report. CASS, Burntwood Live at Home and the Alzheimer’s Society are all third sector organisation that are currently in discussion with the PCT about their involvement with the Health and Wellbeing Centre, particularly with regard to issues about respite care.

With regard to the PCT’s role as an employer, it aims that all its policies should be carer friendly. It has a flexible working policy which should be of benefit to carers and its special leave policy is being reviewed to ensure it is specific about carers leave and includes all elements, i.e. caring for children, elderly people etc.

The PCT’s Strategic Public Engagement Committee has given approval to a survey of staff who are carers. This will be coordinated through CASS and the PCT will be asking in the survey if carers want a support group established to help them in their caring role. If this proves popular, it will go ahead, with the support of CASS. The PCT is recruiting an Equity and Diversity Officer to its Human Resources department and then once the post is filled, this piece of work will start.

**Samuel Johnson Community Hospital**

Carers start to be identified when patients are assessed by a hospital based team. If it is deemed appropriate, a referral is made to Social Services, and at this point a box indicating the need for a Carer’s Assessment can be checked. However, much of this is done in consultation with the patient who may not have the same view as the professional as to how much care will be needed, or may not recognise that their carer will need support. In this way, it may be the patient who inhibits the carer from being recognised as such at this point.

The criteria for requiring an assessment can be difficult to judge as it depends very much on the level of care package required. In practice, this tends to mean that the less severe or obvious the need, the greater the possibility of not getting an assessment. The response time for assessments is meant to be three days, but in reality it can take longer. This is not a problem in the community hospital where stays are often longer than three days but may be an issue in acute hospitals where there is greater pressure to free up beds quickly.

On discharge, a letter goes to the patient’s GP but this does not usually identify the carer of a patient. At one time, CASS leaflets and cards were widely distributed in wards, but this seems to have lessened recently.
Voluntary Organisations

Interviews took place with representatives from Lichfield and Burntwood and District Citizens Advice Bureaux (CAB) and Carers Association Southern Staffordshire, including their Young Carers Project and Learning and Leisure Project.

Voluntary sector organisations have an important role to play in supporting carers as many carers find it less intimidating to approach a voluntary organisation rather than the statutory sector.

A key role of Citizens Advice Bureaux in relation to carers is the provision of advice on Welfare Benefits. Carer’s Allowance is one of the most under-claimed benefits. Carer’s Allowance is £50.55 per week and carers can also earn up to £95 per week without losing the Allowance. However, the person cared for must have a qualifying benefit – Disabled Living Allowance or medium or high rate Attendance Allowance, and the carer must be available to provide at least 35 hours of care per week.

The Benefit would be affected if, for example, a young carer worked part time and was therefore not available to care for the required 35 hours. Care provided at night times can sometimes be included in the 35 hours but this is not straightforward and there are lots of factors involved.

Older carers lose Carers’ Allowance after they reach the age of 65. For people cared for, their benefits may be affected too when they reach the age of 65. There are 2 elements of Disabled Living Allowance, one for mobility and one for care. If the mobility component has not been claimed before the age of 65 and they do not meet the criteria they will lose that part of the Allowance. Criteria for Carer’s Allowance are set by Government and go back to 1974 when Carer’s Allowance was first introduced. There are lots of overlaps with the Benefits system and sometimes when a person gets one benefit, another is taken away.

People can become carers overnight; however they can only get Carer’s Allowance if the person they care for is receiving qualifying benefits, and to get the qualifying benefits, they need to have been needing care for at least 6 months. There is a fast track system, for example where the person is terminally ill and not expected to live.

CAB staff get regular updated information from Head Office and they have good access to information. They also have specialist case workers who work especially with Welfare Benefits. They do home visits and out of hours visits where necessary. However, project funding is short term so they have to keep looking for funding. The Burntwood funding ends in March so they are looking now for replacement funding.
The CAB does ask people who come in for Welfare Benefits advice if they are carers and do keep a record of this, but they do not routinely ask this of people who come in for other types of advice.

CAB also deals with Housing issues and has have someone based at Lichfield Council Office, and also works closely with HomeZone Living.

CAB does not receive any Government funding, and all funding is from local sources.

The **Carers Association Southern Staffordshire** provides a range of support for carers. This includes the Young Carers Project and the Learning and Leisure Project. The role of the Young Carers Project is set out in the section of this report on Young Carers.

CASS also runs an **Outreach Service** for carers living in Southern Staffordshire. The Service offers free and confidential information, advice and, most importantly, emotional support to carers. An outreach worker provides home visits or telephone contact to carers in each of the following districts: Stafford; Cannock; Tamworth; Lichfield; South Staffs; Burton/Uttoxeter.

The service provides a skilled worker to actively listen to the concerns of an adult carer who is looking after someone of any age suffering from:

- Physical disability
- Learning disability
- Sensory impairment
- Dementia in younger people
- The effects of old age
- Mental health problems in the over 65’s

Outreach workers work closely with other organisations from different sectors and different disciplines. They are innovative in their approach and have a ‘can do’ mentality in solving problems, providing support that best fits in with the carer’s individual needs and values.

In addition, CASS provides a **Mental Health Carers Outreach Service**. Two Mental Health Carers Workers, employed by CASS, provide a service to carers of people of working age with a mental illness.

At the time of writing of this report, across the South Staffs PCT area, 470 carers were being supported at varying levels through one to one telephone support and home visits, regular newsletters, meetings and access to the drop-ins where they receive peer as well as staff support.

Staff act as an initial point of contact for carers and to provide them with appropriate support, advice and information to meet their individual needs. This includes the provision of emotional support and active listening. With their permission, they act on behalf of carers in dealing with statutory and voluntary agencies. Information, through a variety of means, is provided to
mental health carers, on a range of subjects including carers’ rights, local services, and how to access them, and adequate information and practical resources are maintained to deal with day-to-day requests from carers and professionals.

Referrals to the service come from a variety of sources including carers themselves and health and social care professionals, however the permission of the carer is always required for third party referrals.

The Young Carers Project receives most of its referrals from Social Services with no referrals coming from GPs. This echoes the experience of young carers who felt that GPs did not recognise them as carers when they attended surgery with the patient. Young carers can be discriminated against because of their age, and there are issues with GPs for example not telling them what to look for in relation to medication, changes in behaviour, how to keep younger siblings safe from their parents’ medication etc.

Young carers looking for help can be daunted when they face “authority” – forms to fill in and delving questions, especially if they have had a negative experience elsewhere. Some young carers refer themselves to the Project but where they are referred by professionals, the Project often has to do a lot of work with them to gain their trust, and their parents also often need a lot of reassurance.

The Project arranges outings for young carers, but rarely has funds to pay for someone to sit with the person cared for – they have to make their own arrangements. Young carers often don’t want to tell their friends that they are carers but once they have the skills and support, they are happy to share information. It is common for young carers to miss out on holidays and although the Project does not itself provide overnight breaks, it can access the Harvest Trust and Youth Hostels etc.

There are issues for young carers in relation to schools. Some young carers do not want their school to know that they are carers, and schools may fear they will have to make a lot of changes to accommodate young carers. Education Welfare Officers will pick up if a child is in difficulty at school and will make a referral to the Project. The Young Carers Project is working with Community Learning Partnerships in the area to build up better working relationships with schools and other agencies.

The Learning and Leisure Project comprises 3 people plus administrative support and provides learning and leisure activities for carers. These are held at different locations around Southern Staffordshire and are planned as far as possible around carers’ expressed preferences. These can include opportunities for carers to try out a new activity or hobby or learn ways to support their own health and wellbeing. There is also a monthly drop-in carers support service held at several venues around South Staffordshire, where carers can access information and advice, take part in activities or just chat with other carers.
The Project’s experience with Lichfield GPs is very good and Practice Managers are cooperative about putting information in surgeries. There is a poster for GPs’ surgeries and this helps at the time but eventually they get taken down to make way for new information – the information needs to be sustained and this needs someone to check and update it. At present there is no dedicated time to do this.

The Project sends out a questionnaire about once a year to GP surgeries in South Staffordshire asking if they want leaflets and information. However, there are capacity issues and there is no one currently funded to undertake a GP liaison role. GP practices have carers’ registers but not all carers come forward to register.

Amongst other services for carers, CASS issues carers with emergency cards which say that there is someone at home needing care, and also a contact number.

Total funding for all CASS services in 2008/09 is around £870,000. Around £264,000 of this is top-sliced from Social Services’ mainstream budgets and this essentially funds back office functions and the Outreach Service.

CASS in addition receives funding for specific services from Staffordshire County Council via the Carers Grant. This includes around £96,000 for the Learning and Leisure Project, £18,600 for a Volunteer Organiser, £31,600 for the provision and management of a carers' website and £71,100 for carers’ breaks. The Young Carers Project receives funding of £140,000 from Children’s Services and Lifelong Learning.

Funding of £56,000 is received from the PCT for the Mental Health Outreach Project and CASS receives funding from Health and Social Care for a number of short term projects.

CASS has 31 staff, of whom 12 are full time and 9 are part time, plus 67 volunteers. It covers 6 districts although it is not district-based.

Funding is often tied to specific targets that funders need to achieve. Voluntary agencies sometimes identify needs which may not fit into the funding criteria.

With regard to other sources of funding, there is less Lottery money available now and there is more competition for what money is available – and bids have to meet criteria. The Young Carers Project has accessed funding from Children in Need and from the Lottery in the past.

**First point of contact**

The success of Lichfield’s carers’ event on 7th December 2007- when carers felt it was good to be able to accomplish so much in one day - suggests a One Stop Shop approach.
However, different carers will go to different sources, and maybe what is needed is a joined up approach with all agencies keeping statistics on carers. There are issues around confidentiality which mean that agencies cannot share their databases and there are therefore pockets of information existing in different places.

In the experience of the Learning and Leisure Project, GPs are finding it difficult to get carers to register and one surgery only has 6 people registered as carers out of 3000 patients. There are Carers’ Packs at all surgeries, but the issue is people knowing where to go for information and feeling confident to ask.

One option would be to have a central register of carers, with the appropriate Data Protection wording, which all agencies could feed into. However, this would need constant updating and there would need to be some value in having a register - i.e. it would need to be used to benefit carers, such as by offering Annual Health checks and flu jabs.

**Coordination**

CAB and CASS both provide advice and support to carers but they work in different ways and refer to one another when someone needs specialist help.

The two organisations network with one another and with other agencies and refer to one another as appropriate. The Council for Voluntary Service co-ordinates groups, there are Chief Officer meetings, networking meetings at various levels and there is the Compact. However, some of the statutory agencies do not always link into the voluntary organisations very well and the various agencies aren’t necessarily coterminous. There are also time pressures for all involved. The various agencies do sometimes access training together.

A definitive list of agencies may help all organisations involved with carers, and there is a mapping project taking place which aims to identify all agencies involved in social care.

**Publicity and promotion**

CASS run events which get into the media, such as open days, courses etc and they sometimes get new carers through those. However, they attract carers without publicising their services and have as many customers as they can cope with. It comes down to funding – agencies would like to help more people but resources are limited.

One outcome of the Carers Review could be increased awareness of CASS and other agencies, leading to increased demand for their services. For example, there is an opportunity to put information in Council documents advising carers to contact CASS.
If this were to happen, the impact would depend on what exactly was done. CAB and CASS would not turn people away but people may just have to wait longer to access services and services would be spread more thinly. As CASS try to help other agencies to support carers and to raise awareness, not all the impact would be on CASS directly but also on other agencies.

If agencies’ caseloads increased as a result of the Review’s focus on carers, it would not necessarily lead to an increase in funding – at least this is not how it has worked up to now. However, if there were additional funding, say for one worker, this would make a big difference.
Examples from other areas

In 2005/6, the theme for the Government’s Beacon scheme was carers. The objectives for the Beacon were:

- The importance of considering carers’ needs when designing services that promote independence and choice for carers
- The benefits of involving and consulting carers from the outset in the design and delivery of services
- The benefits of supporting carers in the workforce
- The benefits of innovative practices, such as telematics, and the strategic and operational toolkits

The four sites selected as beacons were Hertfordshire County Council, Rochdale Metropolitan Borough Council, Sefton Metropolitan Borough Council and Sunderland City Council, and all worked with a range of partners, including carers, Health and voluntary sector organisations.

Hertfordshire’s key achievements centred on its multi-agency carers' strategy which led to the creation of:

- A network of informed managers and front-line staff across a range of agencies whose services impact on carers.
- Information strategy to support front-line staff in helping carers to access web-based and other information using Hertfordshire Council website.
- Flexible carers’ services provided to carers under the most stress: provided in the way carers choose, usually through simple direct payments.
- Effective use of carers grant to increase range, flexibility and equity of distribution of breaks services across the county.
- “Carewise” – the council’s work-life balance policy aimed at supporting carers to stay in work through flexible employment practice.
- Listening to the views of young carers work through Speakeasy Days and the Young Carers’ Council.

Rochdale’s key achievements were built on a long history of partnership working with Health and other agencies, and a focus on carers going as far back as the mid 1980’s when Rochdale appointed its first dedicated carers’ worker and produced a Carers Charter. Beacon status was awarded for its development of:
• **Young Carers Service**

A joint funded service located in the voluntary sector, offering assessments, advice, information, advocacy and support to carers aged 5 to 18. It also plays a vital role in awareness raising and advice on young carer issues amongst professionals in health, social care and education settings.

• **Carers Resource**

The Carers Resource provides a one-stop shop enabling carers to ‘pick and mix’ according to their individual requirements. The Carers Resource was developed in consultation with carers, and was established through the innovative use of external funding from a range of sources.

**Sefton Council’s** Beacon status related to its strong multi-agency partnership approach to developing its carers’ services, and in particular improvements to management and planning systems, including finance, employees and performance. Key achievements include:

• Working with The Princess Royal Trust Sefton Carers Centre to establish support for all council employees who are carers for friends, relatives and neighbours who are ill, disabled, vulnerable or having difficulty coping in their private lives.

• Support for employees who are carers through flexible working hours (where possible, special leave, and support for staff through the supervision policy and staff counselling.

• The investors in people structure which offers everyone the chance to express any difficulties or concerns they have to their line managers on a regular basis. One of the many challenges facing carers is first realising

**Sunderland City Council’s** key achievements centred around strong partnership working and a person-centred approach to services.

• ‘PeopleFirst’ – one-stop-shops where there is open door access to services, geographically spread throughout the council. These give many opportunities for joint working and spreading carers’ awareness to points of service delivery.

• A highly person-centred approach to carers’ services, strongly weaving carers into all of its key processes.

• Excellent partnerships based on stable, well funded and well supported relationships with carer agencies.

• Effective consultation based on an underpinning investment in briefing, training, respite and transport.
• Strong feedback mechanisms, and carers’ agencies accepted as ‘critical friends’ by the council.

• Modernisation and Reform Groups providing a platform for accountability and transparency in work with service users and carers by including them at the highest level of service planning and strategic development.

• Work/life balance policies and practices and initiatives to support carers into work.

Key learning points from the Beacon schemes include:

• Develop powerful carer’s champions in all agencies
• Ensure clear accountability to carers and carers’ organisations
• Gain multi agency support for delivery of strategy and plans, and multi agency auditing of progress
• Regularly review and update carers strategy
• Ensure multi agency commitment to involving carers and resources allocated to support this
• Establish mechanisms for ensuring that the voice of carers can be heard
• Provide accessible information in different formats and languages
• Use a variety of media to communicate clear messages to carers
• Try alternative ways of working
• Allow time to build trust, and be honest with carers
• Ensure that carers and carers’ organisations are involved throughout the strategic planning and delivery of services

In addition to the Beacon schemes, Guidance issued to Local Authorities relating to carers grant for emergency respite care highlighted examples of good practice in relation to provision of emergency respite.

For example, Sefton Council commissions Sefton Carers Centre to provide its Carers Emergency Respite Team, which provides home-based respite support to carers in crisis or emergency situations for a period of up to 48 hours.

During the 48 hour period the team can provide a series of ‘pop in’ calls or, if necessary, will arrange live-in care to support the person being cared for.

An important feature of the service is the advanced care planning which is carried out when a carer registers with the service, so that everyone in the team is clear about the individual’s needs and support that would be required in an emergency.

The care plan includes an exit strategy, which considers how support will continue to be provided beyond the 48 hour period if this is required. Typically the exit strategy will include the carer’s network of support, and if this is limited, the service links in with the local authority social services department.
Similarly, the **London Borough of Merton** commissions Carers Support Merton, Mascott (telecare services) and Merton Crossroads – Caring for Carers, to provide its emergency respite scheme. The service aims to support carers who are unable to continue in their normal caring role due to sudden injury, illness or unplanned hospital admission. The home-based service is designed to either replace the carer in total or support the nominated person in their caring role.

Initial contact to the scheme is via Carers Support Merton who provide the carer’s alert card. This process initiates the essential planning element required for any emergency response. The card is carried by the carer and gives the 24-hour telephone number run by Mascott. In an emergency anyone using the card can contact Mascot who keep the details of the person the carer has nominated to provide care for the cared for in this situation and contact them to alert them of the situation.

The nominated person can be a relative, friend or neighbour. However, where there the carer is unable to provide a nominated person, Merton Crossroads are commissioned to provide care for the cared for in the short term during the emergency until more permanent arrangements can be made.

This short-term emergency home-based care is provided for periods up to 48 hours and during this time long-term arrangements can be developed if necessary. Merton Crossroads provide an on call care support worker 24 hours per day who can in an emergency provide pop in calls, substantial care hours or a live in care for a period of 48 hours.

**Lewisham Council** and the Lewisham Carers’ Centre have worked in partnership to ensure that there is a comprehensive response to carers’ needs both for urgent help and to deal with real emergencies.

All carers in touch with the Centre are given a “Coping with Emergencies” leaflet which explains how they can get help in an emergency. There are 3 mechanisms available:

1. An emergency card for carers who want to have one, which gives information about the carer and cared-for with contact details of relatives/friends who could help in an emergency.

2. A flexible pot of money, funded through the Carers’ Grant and managed by the Carers Centre, which staff can use to buy in occasional domiciliary care support for carers. Help can be provided at short notice where members of staff are aware of an urgent need for support.

3. In real emergency situations where neither of the above is applicable, the Borough Council can arrange appropriate care for the cared-for person – either in the home or through residential placements.
Warwickshire County Council commissions a combined emergency and planned respite service known as "In Your Place".

The emergency service can be in place within two hours and provides home-based respite support for up to 72 hours. During this period the service provides a live-in support worker who aims to ensure that normal routines continue.

Carers can register for the service which entails completing a comprehensive emergency care plan which includes details of the normal daily and weekly routines, visitors who may call, usual activities, pet care, etc. The service can be extended beyond 72 hours if necessary.
Conclusions

The Scrutiny Panel concluded that the situation in relation to support to carers is mixed.

A picture emerged of high levels of satisfaction among carers in relation to some services, and evidence that carers were considered as a priority group by most agencies. This is reflected in key local strategies, especially the Local Area Agreement, which in addition to national Performance Indicators, contains local indicators relating to carers.

Agencies expressed a commitment to support carers and there was evidence of active engagement in work at grass roots level aimed at improving support to carers. Agencies were willing to offer their own usual channels of communication to put out information aimed for carers.

The Panel found there is a range of services which support carers both directly and indirectly. Direct support services include those provided directly by Staffordshire County Council, such as assessment and review of carers’ needs, Direct Payments to purchase services to meet assessed needs, emergency respite care and back up support from the Rapid Response Team in crisis situations.

In addition, the Carers Association South Staffordshire provides a range of support services, including advice and information, and emotional support. It provides support to young carers through its Young Carers Project and has a Learning and Leisure Project for adult carers which runs regular drop-ins and event to reduce social isolation and introduce carers to new skills and interests. Lichfield District Council provides free Leisure Activities Passports for carers, although this is not publicised in Leisure Centres.

Other services support carers indirectly by providing assistance to the person cared for. These include home care services, provided via Staffordshire County Council, and Disabled Facilities Grant which is provided by Lichfield District Council, and can assist carers in providing physical care for the people they care for by providing adaptations to the home.

With regard to Health Services, GP practices have a target to establish carer registers and protocols for their use, and South Staffordshire Primary Care Trust has a Carers Lead who is working with GP practices to promote the registers and encourage their use to identify and support carers.

Other services are not specifically or solely targeted at carers but offer carers support and advice, for example the Citizens Advice Bureau, which has considerable expertise in relation to benefits for carers, and which will refer carers on, where necessary, to more specific services.

Tamworth and Lichfield College provides some higher level courses, which may assist some young carers by enabling them to study locally, at least for
the first year of their course, and bursaries may be available to assist financially in certain circumstances.

Funding for services comes both from mainstream budgets and through the Carers Grant, which is paid to Local Authorities. The Grant is intended to be used to provide breaks from caring and to provide carers with other support services as well as to raise awareness of carers’ needs.

The Carers Grant allocation to South Staffordshire for 2008/9 is £3,110,000. Part of this goes into direct service provision for carers and part of it goes to CASS as core funding and funding towards services. CASS also receives mainstream funding from Staffordshire County Council and from time to time, receives funding from Health for specific projects and pieces of work.

It is difficult to quantify spending on carers from mainstream budgets as it may not be categorised specifically as spending on carers and will often be part of a broader budget for services for older people, children or people with disabilities. It is even more difficult where carers benefit indirectly from services provided for the people they care for.

Carers can receive financial assistance through the Benefits System, although the criteria are tight and the rules relating to Carer’s Allowance are complex, which may be why Carer’s Allowance is under-claimed. Older carers lose Carer’s Allowance when they reach the age of 65.

Carers themselves expressed appreciation of some of the services they received and clearly valued them. Carers Association Southern Staffordshire and Age Concern were particularly praised.

However, for many carers, support is difficult to find. Carers often found it difficult to access the information and support they needed especially when they first started caring, and found it time consuming and confusing to try to find their way into services.

Support comes from different agencies – the District Council, County Council and Health, and carers felt they were being fobbed off sometimes when they were passed from one agency to another. Some felt the 2-tier system, with the County Council and the District Council both involved in providing support, complicates things. Carers felt they needed a single point of contact which could deal with all of their concerns and also needed support outside normal office hours.

Identification of carers emerged as a key issue for carers and for those working with them. The earlier carers are identified, the sooner they can get support, whereas many carers only get support when there are problems such as their own health being affected, and they come into contact with professionals. Indeed, carers often do not recognise themselves as carers until they seek help, and the Panel found that there are no systems for carers to be systematically identified as carers by statutory agencies and offered relevant information. The situation is especially sensitive with young carers,
some of whom may not wish to be identified as carers and may therefore slip through the net.

Some carers provide short term care, for example following an accident, and unless information is provided at the start of the episode of caring, it may be too late to be of any help.

Carers felt that information is not standardised and that although publicity campaigns raise awareness, posters and leaflets can become invisible unless they are changed and updated regularly. Also, posters get taken down and replaced with other information. In addition carers often are too busy with the day to day responsibilities of caring to be able to look around for support, and so information should also be targeted at friends and neighbours who can draw it to their attention.

Carer’s concerns pointed to the need for a One Stop Shop. However, this raises the issue of who could provide this service. As GP practices have a target to establish carer registers, this could be one option. However, not all practices as yet have registers, and carers have different backgrounds, experience and needs, and not all of them would see the GP surgery as the obvious point of contact. Some carers, especially young carers, do not feel that GPs understand their caring role and maybe the GP practice is not the best location for a One Stop Shop for carers for them.

Other services may be able to provide this. For example, in Social Care and Health, both Children’s and Adults Services already have a single contact point for their services, and CASS has a database of carers and already provides advice and signposting. However, agencies involved with carers queried whether a One Stop Shop is realistic, and whether it is really feasible to have all relevant expertise in one place.

Perhaps what is needed is a “virtual” one stop shop, whereby carers would get a consistent response and relevant information wherever they first enter services. Data Protection issues would need to be identified and addressed.

The issues of identification of carers and easy access to information are common to both adult and young carers. However, consideration has to be given as to whether a One Stop Shop – real or virtual – could meet the needs of both adult carers and young carers. Although there is an overlap between the agencies and professionals who may be involved with both groups of carers, some are specific to young carers, such as Education Welfare Officers and School Nurses, and some of the issues they face are different.

The Panel found that adult carers had a range of other issues and concerns.

With regard to services, the Panel found that carers’ concerns tended to be about the services provided for the people they cared for rather than services provided directly for themselves.
They had concerns about the length of time it takes to get equipment through the Occupational Therapy service following assessment. They felt that support was sometimes limited due to Health and Safety issues, and that there was sometimes a lack of coordination between different workers going in to provide care. Some had problems accessing Direct Payments for the people they were caring for. Some were concerned that changes to residential care as a result of the County Council’s “Changing Lives” programme may impact on the respite care provided to the people they care for.

With regard to services for carers themselves, some thought there is an apparent lack of funding for carers' services and for Direct Payments for carers.

The Panel learned that the physical environment in Lichfield does not always make it easy or practical for carers to take their cared-for out, especially if they have physical or sensory disabilities, and the lack of a shop selling equipment for people with disabilities in Lichfield means that carers have to go to Tamworth to purchase items. Carers felt they have the experience and knowledge to contribute their perspective to the design and planning of the physical environment.

There were a number of issues specific to young carers.

On the positive side, the Panel found that young carers were generally able to balance their education and their social lives with their caring roles, keeping up to date with their school work and maintaining friendships, although they had less time for going out than their friends. Problems arose when it came to thinking about further education and making difficult choices about whether to go away to university or college, or whether to study locally.

Again on the positive side, the young carers clearly valued the support given to them by the Young Carers Project and it was evident that this had helped them to be more confident and articulate, as well as providing peer and professional support.

However, the Panel found that young carers faced particular problems when dealing with medical services, especially when accompanying a parent to a GP appointment. They felt they received little recognition from GPs of their knowledge of the cared-for's problems and capabilities, and crisis responses from Health were not always helpful.

The Panel found that young people also face problems when they transfer from Children's to Adults Services. Adults Services are generally designed and geared up for an older age group and may be unappealing for young people.

The Panel found that young carers had financial worries. Young carers between the ages of 16 to 18 cannot access Carers Allowance if they are in full time education or employment. If young carers are employed, their parents' benefits may be affected. Young carers had additional expenditure
related to their caring, for example fares to GP surgeries, shops etc and accompanying their parent or sibling to other appointments. The household budget is often stretched and all available money goes on household bills and the extra expenses associated with the needs of the people they are caring for.

The Panel also found that young carers often have very limited access to holidays. Although the Young Carers Project provides access to breaks and activities, it was unable to fund replacement care for the people that young carers care for. The Panel also found that there is no back up for young carers if they are ill – they just have to carry on with their caring responsibilities.

The Panel also found that young carers often have received no medical training to support them in their role, for example first aid training.

Young people themselves identified a number of things which would make a difference to them. These included help with transport costs and access to financial assistance such as Carer’s Allowance after the age of 16 whilst in further education, access to holidays and more recognition and commitment from Health.

In relation to Health, the Panel found that while GP practices have a target to establish carer registers, not all have them have registers and where they are in place, they are not always used to identify and offer support to carers. Some practices do have registers and see the benefits of them and do use them for example to offer flu jabs. There is, however, no contractual mechanism to make practices do this, and there is little they can do if carers do not wish to come forward and be identified. The PCT is actively working with practices on this issue and is planning an audit of the use of registers.

Consideration of examples of good practice from other Local Authorities in relation to supporting carers offers a number of useful learning points.

The success of Beacon authorities was based very much on ensuring meaningful involvement of carers and carers’ organisations at all stages in planning and delivering services. This had to be supported by adequate resourcing to enable carers to fully participate.

Partnership working emerged as a key requirement for success in improving services. It was evident that the full support of partners was essential and that a strong multi agency approach was needed to successfully develop and deliver the carers strategy. Having powerful carer’s champions in all agencies was a great help, as was having mechanisms that ensure clear accountability to carers and carers’ organisations.

Effective communications were equally important. A communications strategy including mechanisms for ensuring that the voice of carers can be heard, accessible information in different formats and languages and a variety of media to communicate clear messages to carers, was a must.
Having considered the evidence from carers and Expert Witnesses, the Panel made a range of recommendations aimed at improving support for carers in Lichfield District.

Many improvements can be achieved by changes in working practices. However, some will have resource implications. If this review is successful and the recommendations are adopted, there would inevitably be resource implications for the agencies involved.

However, more funding could enable a more proactive approach to identifying carers and facilitate earlier, timelier access to support and services.
## Recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Intended outcome</th>
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<tbody>
<tr>
<td><strong>1. Partnership</strong></td>
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<tr>
<td>1a. The recommendations contained in this report become part of the Business Plan of the Carers Delivery Group.</td>
<td>Recommendations will be implemented and reviewed with a view to improving support for carers.</td>
<td>Carers Delivery Group</td>
</tr>
<tr>
<td>1b. Develop a strategy to assist in self-identification of carers in non-emergency situations.</td>
<td>Carers will be proactively identified and offered support before reaching crisis point.</td>
<td>Carers Delivery Group</td>
</tr>
<tr>
<td>1c. Explore the feasibility of establishing a single point of contact or virtual one stop shop for carers to include: • Information • Signposting • Out of hours response • Helpline • Consideration of whether a single contact point could respond to both adult and young carers.</td>
<td>Carers will have easy access to information and support whenever they need it. Carers will not need to make multiple calls to different agencies to access the information and support they need.</td>
<td>Carers Delivery Group</td>
</tr>
<tr>
<td>1d. Develop an information strategy for carers to include: • Standardisation of information • Regular updating of information • Effective methods of disseminating information • Targeting of information both at carers and at people in contact with carers • Maximising existing channels of communication • A laminated leaflet containing key information • Linking into proposed development of “Elephant Kiosks” across South Staffordshire PCT area • Linking in with proposed</td>
<td>Information for carers will be consistent, relevant, up to date and easily accessible.</td>
<td>Carers Delivery Group</td>
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<td>Recommendation</td>
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<tr>
<td>expanded role of Fire &amp; Rescue Service in visiting households</td>
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<tr>
<td>1e. Explore the feasibility of developing and maintaining single database of carers.</td>
<td>Agencies will have access to the same information about carers and their needs, and carers will only have to register their information once.</td>
<td>Carers Delivery Group</td>
</tr>
<tr>
<td>1f. Create opportunities for carers to form Self Help/Support Group(s) and meet periodically with decision makers in order to influence policy and practice.</td>
<td>Carers will be involved in service developments. Carers’ expertise will be put to use for the benefit of all carers.</td>
<td>Carers Delivery Group</td>
</tr>
<tr>
<td>1g. Explore options for creating or encouraging the creation of a Disability Shop (such “Here 2 Help” in Tamworth) in Lichfield.</td>
<td>Carers in Lichfield will have easier access to equipment to assist them in caring.</td>
<td>Carers Delivery Group</td>
</tr>
<tr>
<td>1h. Identify training needs of carers including young carers especially in relation to First Aid and medical issues.</td>
<td>Carers will know how to provide care in a manner which promotes their safety and that of the people they are caring for.</td>
<td>Carers Delivery Group</td>
</tr>
<tr>
<td>1i. Consider arrangements to provide a back up support system when young carers are ill and temporarily unable to provide care.</td>
<td>Young carers will feel supported and have access to back up services.</td>
<td>Carers Delivery Group</td>
</tr>
<tr>
<td>1j. Explore feasibility of a dedicated post for working with GPs and GP practices to promote awareness of carer issues and encourage use of carer registers.</td>
<td>Carers will be identified and offered appropriate information and services.</td>
<td>Carers Delivery Group</td>
</tr>
<tr>
<td>1k. Review Human Resource policies and amend as necessary to ensure that they respond to carers’ needs.</td>
<td>Carers who are employees will be better supported in the workplace.</td>
<td>All agencies.</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Intended outcome</td>
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<tr>
<td>2a. Undertake an audit of carer registers and protocols in GP practices and take appropriate action in the light of the outcome.</td>
<td>The County Council and PCT will have baseline information relating to achievement of Performance Indicator NI 135. The profile of carers will be raised among practices.</td>
<td>South Staffordshire Primary Care Trust</td>
</tr>
<tr>
<td>2b. Promote the benefits of use of carer registers to GP practices.</td>
<td>All practices will have and use carer registers. Carers will be identified by practices and offered appropriate services.</td>
<td>South Staffordshire Primary Care Trust</td>
</tr>
<tr>
<td>2c. Provide awareness training for GPs and practice staff in relation to carer issues, and especially issues raised by young carers during the Review.</td>
<td>Carers will feel supported by GPs and practice staff and included in the medical care of the people they are caring for.</td>
<td>South Staffordshire Primary Care Trust</td>
</tr>
<tr>
<td>2d. Review and evaluate the pilot signposting project at Westgate surgery and consider how this improves services for carers.</td>
<td>Outcome of pilot will be used to enhance development of services for carers.</td>
<td>South Staffordshire Primary Care Trust</td>
</tr>
<tr>
<td>2e. Review hospital discharge protocols and information given to patients and adult and young carers on leaving hospital.</td>
<td>Carers will be identified at point of discharge of the people they care for and receive appropriate information and referral to services.</td>
<td>Lichfield District Health (Overview and Scrutiny) Panel</td>
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3. Staffordshire County Council

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<tr>
<th>Recommendation</th>
<th>Intended outcome</th>
<th>For action by</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. Clarify Health and Safety issues relating to provision of care services and ensure that information for service users and carers reflects policy and practice.</td>
<td>Carers will understand any limitations on services provided to the people they care for.</td>
<td>Staffordshire County Council Social Care and Health</td>
</tr>
<tr>
<td>3b. Clarify eligibility for Direct Payments for carers and review information provided to carers relating to Direct Payments.</td>
<td>Carers will understand eligibility and process for accessing Direct Payments.</td>
<td>Staffordshire County Council Social Care and Health</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Intended outcome</td>
<td>For action by</td>
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<tr>
<td>3c. Review policy and protocols for coordinating care plans when several careworkers/agencies are involved.</td>
<td>Carers will understand care arrangements and care will be better coordinated.</td>
<td>Staffordshire County Council Social Care and Health</td>
</tr>
<tr>
<td>3d. Explore the feasibility of a transitional service for young carers age 18-30.</td>
<td>Young carers will receive services appropriate to their needs as they move into adulthood.</td>
<td>Staffordshire County Council Social Care and Health and Children’s Trust</td>
</tr>
<tr>
<td>3e. With relevant agencies, promote take up of carers’ assessments.</td>
<td>Carers receiving assessment and appropriate support services will increase.</td>
<td>Staffordshire County Council Social Care and Health and Children’s Trust</td>
</tr>
<tr>
<td>3f. Review support available to young carers within schools, including primary schools.</td>
<td>Schools will be more proactive about identifying young carers and offering appropriate support.</td>
<td>Staffordshire Children’s Trust</td>
</tr>
<tr>
<td><strong>4. Lichfield District Council</strong></td>
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<tr>
<td>4a. Establish a mechanism to consult with carers regarding changes to the physical environment.</td>
<td>The needs of people with disabilities and their carers will be better met.</td>
<td>Lichfield District Council</td>
</tr>
<tr>
<td>4b. Promote the availability of free Leisure Activities Passports for carers within Leisure Centres and in Council front offices. Ensure Information is available to use in single access point/virtual one stop shop.</td>
<td>More carers will benefit from access to reduced cost leisure activities.</td>
<td>Lichfield District Council</td>
</tr>
<tr>
<td>4c. Include caring responsibilities in criteria for allocation of housing and in application form. Ensure that people identified as carers receive appropriate information and referral to other agencies, and that their needs are recognised in appropriate housing policies.</td>
<td>Carers will have improved access to social housing. Carers will be identified and receive appropriate information and referral and support.</td>
<td>Lichfield District Council</td>
</tr>
<tr>
<td>4d.</td>
<td>Council Tax and Housing Benefit staff to collect statistics on number of carers identified and referred for appropriate support.</td>
<td>Carers will be identified and referred for support. Information on numbers of carers will contribute to the overall picture of carers in Lichfield.</td>
</tr>
<tr>
<td>4e.</td>
<td>Explore feasibility of extending concessionary travel fares to young carers age between 16 and 18 (and not in employment).</td>
<td>Young carers will be able to carry out aspects of their caring role without worrying about cost of travel and will have better access to leisure activities.</td>
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<td>5.</td>
<td>Citizens Advice Bureaux</td>
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<tr>
<td>5a.</td>
<td>Explore the feasibility of routinely including questions about caring responsibilities in relevant contacts with the service and providing appropriate information and referral.</td>
<td>Carers will be identified and receive appropriate information and referral.</td>
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<tr>
<td>6.</td>
<td>Lichfield District Health (Overview and Scrutiny) Panel</td>
<td></td>
</tr>
<tr>
<td>6a.</td>
<td>Review and monitor implementation of action plans arising from the recommendations of this review, in conjunction with CASS.</td>
<td>Recommendations will be implemented and support to carers improved.</td>
</tr>
<tr>
<td>6b.</td>
<td>Councillors raise issue of needs of and support to young carers in schools, in their role as School Governors.</td>
<td>Schools will be more aware of young carers.</td>
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</table>
## Appendix 1

Responses from Lichfield District carers to Staffordshire County Council Carers Survey 2008:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>No.</th>
<th>%</th>
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<tbody>
<tr>
<td>Question 1 – were you aware that you have had a carer’s assessment?</td>
<td>Yes</td>
<td>43</td>
<td>96%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 2- do you feel that Social Care &amp; Health Department has understood the impact that caring has on you?</td>
<td>Yes fully</td>
<td>22</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>Yes partly</td>
<td>19</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 3 – to what extent do you agree or disagree with this statement: When supporting the person I care for the department takes into account my needs as a carer?</td>
<td>Strongly agree</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>17</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>Neither</td>
<td>13</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 4 – have you agreed with the department a plan that helps you to carry on caring?</td>
<td>Yes</td>
<td>28</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>12</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 5 – if yes, did the plan help to make it easier for you to carry on caring?</td>
<td>Yes</td>
<td>23</td>
<td>51%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>7</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>13</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 6 – in their plans to help you has the department taken account of your wish to go back to (or stay in) work?</td>
<td>Yes</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>I’m not of working age</td>
<td>27</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>Work is not important to me</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 7 – has the department made sure that you know how to claim any benefits you are entitled to?</td>
<td>Yes</td>
<td>26</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>8</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>I don’t want to know about benefits</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
<td>No.</td>
<td>%</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Question 8 – has the department helped you to make sure you have some</td>
<td>Yes</td>
<td>27</td>
<td>60%</td>
</tr>
<tr>
<td>free time/a break from caring each week?</td>
<td>No</td>
<td>11</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Free time is not important to me</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 9 – if yes, has this free time/break from caring helped you to</td>
<td>Made a big difference</td>
<td>10</td>
<td>22%</td>
</tr>
<tr>
<td>continue in your caring role?</td>
<td>Made some difference</td>
<td>14</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>Made a small difference</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Has not helped at all</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Has made things worse</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>15</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 10 – has the department helped you to maintain a life outside</td>
<td>Yes</td>
<td>16</td>
<td>36%</td>
</tr>
<tr>
<td>caring by enabling you to pursue leisure, education or other interests</td>
<td>No</td>
<td>19</td>
<td>42%</td>
</tr>
<tr>
<td>and activities?</td>
<td>Don’t know</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>This is not important to me</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 11 – has the department helped you to plan for an emergency in</td>
<td>Yes</td>
<td>17</td>
<td>38%</td>
</tr>
<tr>
<td>case you are ever temporarily unable to look after the person you care</td>
<td>No</td>
<td>25</td>
<td>56%</td>
</tr>
<tr>
<td>for?</td>
<td>Don’t know</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>This is not important to me</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1</td>
<td>2%</td>
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<tr>
<td></td>
<td><strong>Total</strong></td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 12 – if yes has this given you reassurance?</td>
<td>Yes</td>
<td>10</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>To some extent</td>
<td>7</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>26</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 13 – has the department helped you to think about how you can</td>
<td>Yes</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td>stay fit and healthy? (For example, how to reduce stress or how to</td>
<td>No</td>
<td>28</td>
<td>62%</td>
</tr>
<tr>
<td>handle people safely),</td>
<td>Don’t know</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>This is not important to me</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1</td>
<td>2%</td>
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<tr>
<td></td>
<td><strong>Total</strong></td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 14 – do you feel that the department has helped you to think</td>
<td>Yes</td>
<td>17</td>
<td>38%</td>
</tr>
<tr>
<td>through the options and choices available to you as a carer?</td>
<td>No</td>
<td>20</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>7</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1</td>
<td>2%</td>
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<tr>
<td></td>
<td><strong>Total</strong></td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 15 – has the department understood and taken into account</td>
<td>Yes</td>
<td>17</td>
<td>38%</td>
</tr>
<tr>
<td>things that are important to you as a person, for example your lifestyle,</td>
<td>No</td>
<td>14</td>
<td>31%</td>
</tr>
<tr>
<td>religious beliefs and culture?</td>
<td>Don’t know</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>This is not important to me</td>
<td>7</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1</td>
<td>2%</td>
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<tr>
<td></td>
<td><strong>Total</strong></td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
<td>No.</td>
<td>%</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Question 16 – overall has the way in which the department has worked with you helped to improve your quality of life?</td>
<td>Made a large improvement</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Made some improvement</td>
<td>19</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>Made a small improvement</td>
<td>7</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Has not helped at all</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Has made things worse</td>
<td>0</td>
<td>0%</td>
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<tr>
<td></td>
<td>No answer</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 17 – overall have the social services/community care staff who have worked with you shown you respect and understanding?</td>
<td>Always</td>
<td>29</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>Mostly</td>
<td>11</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td>100%</td>
</tr>
<tr>
<td>Question 18 – would you like to further discuss ideas and plans for improving our services?</td>
<td>Yes</td>
<td>12</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>31</td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Health Scrutiny Review - Improving Support for Carers

### Summary of Responses to Questionnaire

<table>
<thead>
<tr>
<th>Number of respondents</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Where domiciled</strong></td>
<td>8 in Lichfield, 1 in Burntwood</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>5 male, 2 female, 2 not stated</td>
</tr>
<tr>
<td><strong>Caring for</strong></td>
<td><strong>An older person (aged 65 or over) who has a physical disability – 2</strong>&lt;br&gt;<strong>An older person (aged 65 or over) who has a physical disability, dementia and needs related to incontinence -1</strong>&lt;br&gt;<strong>An older person (aged 65 or over) who has a physical disability and a learning disability – 1</strong>&lt;br&gt;<strong>An older person (aged 65 or over) experiencing mental ill health, dementia – 1</strong>&lt;br&gt;<strong>An older person (aged 65 or over) who has a physical disability and is experiencing mental ill health – 1</strong>&lt;br&gt;<strong>A person experiencing mental ill health (dementia) – 1</strong>&lt;br&gt;<strong>A person who has a physical disability and needs related to Parkinson’s Disease – 1</strong>&lt;br&gt;<strong>A person who has a learning disability - 1</strong></td>
</tr>
<tr>
<td><strong>Time spent caring</strong></td>
<td><strong>Daily – 8</strong>&lt;br&gt;<strong>5 hours per week - 1</strong></td>
</tr>
<tr>
<td><strong>Care provided</strong></td>
<td><strong>Personal care – 7</strong>&lt;br&gt;<strong>Household tasks - 9</strong></td>
</tr>
<tr>
<td>Receiving help and support from</td>
<td>Social Services – 9 (not necessarily all receiving ongoing support) Health – 6 (not necessarily receiving ongoing support) Voluntary Services- 4 Friends and family – 7 (often stated as occasional or minimal)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Impact of own health on caring</td>
<td>Yes – 8 No - 1</td>
</tr>
<tr>
<td>Impact of caring on own health</td>
<td>Yes – 9</td>
</tr>
<tr>
<td>Impact of caring on employment</td>
<td>Yes – 3 No/retired – 5 No response – 1</td>
</tr>
<tr>
<td>Impact of caring on social/family life</td>
<td>Yes – 6 Unclear – 1 No – 1 No response – 1</td>
</tr>
<tr>
<td>Impact of caring on other areas of life – e.g. leisure, holidays, study</td>
<td>Yes – 7 No – 1 No response - 1</td>
</tr>
<tr>
<td>Where would you prefer to go to find information and support</td>
<td>GP – 1 Council reception – 1 Council one stop facility – 1 One centre where all aspects are dealt with – 1 Social Services – 1 Telephone advice line – 1 Don’t mind/they’re all OK – 2 No matter where, the answer would be “no”</td>
</tr>
</tbody>
</table>
**ISSUES AND THEMES ARISING FROM THE RESPONSES:**

<table>
<thead>
<tr>
<th>THEME</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>About services currently received</td>
<td>Reduce waiting time for equipment (Social Services).</td>
</tr>
<tr>
<td></td>
<td>Home carers need to attend at agreed time (Social Services).</td>
</tr>
<tr>
<td></td>
<td>Full day sitting service would be beneficial (Voluntary Services).</td>
</tr>
<tr>
<td></td>
<td>Don’t close day centres (Social Services).</td>
</tr>
<tr>
<td></td>
<td>Undertake annual reviews (Social Services).</td>
</tr>
<tr>
<td></td>
<td>Provide an advice line for emergencies etc (Social Services).</td>
</tr>
<tr>
<td></td>
<td>Better communication (Social Services).</td>
</tr>
<tr>
<td></td>
<td>Staff trained in Learning Disability (Health).</td>
</tr>
<tr>
<td>About provision of information</td>
<td>Discharge from hospital pack – what help is available and where.</td>
</tr>
<tr>
<td></td>
<td>GP to provide information about DLA and Social Services.</td>
</tr>
<tr>
<td></td>
<td>More information about respite.</td>
</tr>
<tr>
<td></td>
<td>More information and transparency about charges.</td>
</tr>
<tr>
<td></td>
<td>List of services available for carers.</td>
</tr>
<tr>
<td></td>
<td>Information on escorted holidays (at reasonable cost) for the disabled.</td>
</tr>
<tr>
<td></td>
<td>Consideration given to setting up an internet information service.</td>
</tr>
<tr>
<td>About what help respondents would like</td>
<td>Mobility Allowance for over 65’s/travel expenses.</td>
</tr>
<tr>
<td></td>
<td>Additional sitting services at low/no cost.</td>
</tr>
<tr>
<td></td>
<td>Professional/semi-professional exercising service.</td>
</tr>
<tr>
<td></td>
<td>Support for emotional problems associated with caring.</td>
</tr>
<tr>
<td></td>
<td>Earlier support when it is needed.</td>
</tr>
<tr>
<td></td>
<td>Advice on physical requirements of caring.</td>
</tr>
<tr>
<td></td>
<td>More respite.</td>
</tr>
<tr>
<td></td>
<td>Financial support to voluntary organisations to provide days out for carer and cared for.</td>
</tr>
<tr>
<td></td>
<td>Access to holidays and care for person cared-for while carer away.</td>
</tr>
<tr>
<td></td>
<td>Continued availability of Aricept on prescription.</td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td><strong>Comments</strong></td>
</tr>
<tr>
<td>---------------------</td>
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</tbody>
</table>
| **How could things be improved** | Continued payment of Mobility Allowance and Carers Allowance after the age of 65  
Strategy for contacting carers, directly or via friends, relatives etc.  
Co-ordination in work of County/District Council, Health and Voluntary Services.  
A “Disabled Shop” in Lichfield with discounts.  
Agreed care plans for the future.  
A regular opportunity (every other month?) to meet with other carers.  
Meetings aimed at specific concerns or issues.  
A point of contact, preferably by telephone, for advice (possibly part staffed by carers). |
Carers at the heart of 21st century families and communities
(National Carers Strategy 2008)

The strategy acknowledges the findings of the 2001 census relating to carers and the significant demographic and social changes anticipated in Britain over the next 10 years which will mean that the demand for care will continue to grow. It sets out the Government’s vision for carers over the next 10 years and is based on the views and concerns of carers themselves:

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 a 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.

In order to achieve this, the Government has made the following commitments:

Information and advice

• Every carer will have the opportunity to access comprehensive information when they need to. The information will be easily accessible for all groups of carers, and specific to their locality.

New break provision

• £150 million to significantly increase the amount of money provided by central government for breaks from caring for carers. This money will be
provided in a flexible way, which meets the personal needs of carers and the people that they support;
• Pilots will help to develop models of break provision that demonstrate the cost-effectiveness of breaks and help identify what constitutes high-quality provision based on carers’ needs.

**Expanded NHS services**

• Pilots to look at how the NHS can better support carers in their caring role through developing models of best practice and enabling more joined-up service provision between the NHS, local authorities and the third sector;
• Pilots to improve the support offered by GPs for carers;
• Piloting annual health checks for carers.

**Employment and skills**

• Up to £38 million to enable carers to be better able to combine paid employment with their caring role and re-enter the job market after their caring role has ended through encouraging flexible working opportunities and increased training provision.

**Emotional support**

• Improving the emotional support offered by central, local government and the third sector to carers.

**Young carers**

Over £6 million to ensure young carers are protected from inappropriate caring and receive the broader support they need. Through:
• strengthening support from universal and targeted services;
• strengthening the quality and join-up of support around families.

**Expert partners in care**

• Training carers to enable them and strengthen them in their caring role and to empower them in their dealings with care professionals.

**Workforce**

• Training professionals across the board, from health to housing, to provide better services and support for carers.

**Third sector**

• Ensure that third sector support for carers is available throughout the country to a larger proportion of carers than is currently reached.
Information about carers

- Provide vital data about carers to aid commissioners and policy makers at a local and national level in providing better support for carers;
- Establishing a standard definition of carers across government.

Total investment over 2008–11: over £255 million in addition to over £22 million previously committed.

As part of the strategy, the Government has announced:

- Consideration of extending flexibility in use of personal budgets and direct payments
- Review of Welfare Benefits for carers
- Review of Fair Access to Care (the eligibility criteria for provision of care services)
- Development of a Common Assessment Framework for adults to share relevant information between agencies
- Training package for GPs based on the outcome of Health pilots
- Review of legislative and other requirements needed to enable carers to receive appropriate information, especially where mental capacity is an issue
- Consideration of how the relationship between Local Authorities and voluntary sector organisations can be developed to better meet carers’ needs
- Review of the use of the Carers Grant
- Investment in training a range of professionals in local authorities to support carers more effectively in their day to day dealings with them
- Provision of an information service via a website and a single national telephone number
- Measures to support carers wishing to remain in or re-enter employment
- Raise awareness of young carers in schools and other children’s settings
- Programme to embed support and guidance on young carers through the National Healthy Schools Programme
Appendix 4

Contributors

Adult Carers

Young Carers

Staffordshire Social Care and Health

Representatives from
  o Services for People with Disabilities
  o Services for Older People
  o Occupational Therapy Service
  o Visual Impairment Services
  o Planning and Partnerships Officer (Carers)
  o Welfare Benefits Service
  o Day Services
  o Children’s Disability Service

Lichfield District Council and other local organisations

Lichfield District Council
  o Leisure Services
  o Housing Services
  o Housing Benefits
  o Organisational development

Tamworth and Lichfield College
HomeZone Living (Housing Association)

Health

  o South Staffordshire Primary Care Trust
  o Samuel Johnson Community Hospital

Voluntary Sector

  o Lichfield Citizens’ Advice Bureau
  o Burntwood & District Citizens’ Advice Bureau
  o Carers Association for South Staffordshire
  o CASS Young Carers Project
  o CASS Learning and Leisure Project
Appendix 5

References and Literature Reviewed

Major publications:


Our Health, Our Care, Our Say – a new direction for community services, Department of Health, 30th January 2006.


High Quality Care For All – NHS Next Stage Review Final Report, Department of Health, June 2008

Miscellaneous guidance:

Guidance to Local Authorities on the use of funding for emergency Respite care which was a new component of the carers grant payable from 1 October 2007 – Department of Health 11th July 2007.


Local Context:


Local Policies and Initiatives


“Elephant Kiosks” - Project to roll out a touch-screen public information service across the South Staffordshire PCT area.

Miscellaneous:

Life in Britain – Using millennial Census data to understand poverty, inequality and place. Sheffield University in conjunction with Joseph Rowntree Foundation and the Policy Press.
Appendix 6

Organisations and bodies who responded to consultation
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beacon scheme</td>
<td>The Beacon Scheme is an award scheme that recognises excellence in local government. Themes for the award change each year (although they may be repeated) and reflect the Government’s priorities at the time.</td>
</tr>
<tr>
<td>Carer’s Allowance</td>
<td>Carer’s Allowance is a taxable benefit to help people who look after someone who is disabled. The current rate is £50.55 per week and it is payable to carers age 16 and over who provide care for 35 or more hours per week for someone who is receiving Attendance Allowance or Disability Allowance.</td>
</tr>
<tr>
<td>Carers Delivery Group</td>
<td>Part of the Local Strategic Partnership arrangements which has a specific remit to look at carers’ issues.</td>
</tr>
<tr>
<td>Carers Grant</td>
<td>Annual grant paid by Department of Health to Local Authorities with Social Care responsibilities for the provision of services for carers.</td>
</tr>
<tr>
<td>Changing Lives</td>
<td>Staffordshire County Council’s change programme which aims to improve services for older people and people with disabilities. The Changing Lives vision is to promote independence, inclusion and well-being for older or disabled residents, by enabling them to</td>
</tr>
<tr>
<td></td>
<td>• have more control over their lives,</td>
</tr>
<tr>
<td></td>
<td>• live safe, healthy and fulfilled lives,</td>
</tr>
<tr>
<td></td>
<td>• have an active role in a stronger and prosperous community, and</td>
</tr>
<tr>
<td></td>
<td>• access the support they need in order to be as independent as they choose.</td>
</tr>
<tr>
<td></td>
<td>The programme involves reprovision of various services for older people and adults with disabilities.</td>
</tr>
<tr>
<td>Direct Payments</td>
<td>Direct payments are made by Social Care and Health services for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from the local council.</td>
</tr>
<tr>
<td>Disabled Facilities Grant</td>
<td>Grant paid by Local Authorities with Housing responsibilities to help towards the cost of adapting homes to enable people to continue to live there. Payment of the grant is subject to assessment by an Occupational Therapist and to criteria being met.</td>
</tr>
<tr>
<td>Local Area Agreement</td>
<td>Local Area Agreements (LAAs) set out the priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership) and other key partners at the local level.</td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
<tr>
<td>Performance Assessment Framework (PAF)</td>
<td>Framework used by the Commission for Social Care Inspection to measure and monitor the performance of Local Authorities with Social Care and Health responsibilities in providing social care for adults. The PAF includes a range of performance indicators, including one for carers, and results contribute to councils’ star ratings.</td>
</tr>
<tr>
<td>Personal budgets</td>
<td>Allocation of social care resources to individuals assessed as needing care, to purchase services to meet their needs.</td>
</tr>
</tbody>
</table>
| Polyclinics | Following a review of NHS service, all PCTs are required to open a “polyclinic” or centre aimed at improving patient access to GP services. Each Centre is to:  
  o Be open from 8am-8pm 7 days a week  
  o Be GP led and include bookable appointments and walk in services  
  o Be located in an easily accessible location  
  o Accept patients who wish to be registered with the practice, see patients who are not registered with a GP practice and patients registered with another GP practice  
  o Integrate with other Health, Social Care and Voluntary services |
| Quality and Outcomes Framework (QOF) | A voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice.  
  The QOF contains five main components, known as domains, which consist of indicators against which practices score points according to their level of achievement. The domains are clinical care, organisational, patient experience, additional services and holistic care. |
| Rowan organisation | An organisation of disabled people which provides services for disabled people and is committed to the empowerment of disabled people. It provides access to appropriate information, resources and support in order to increase their opportunities for independence and enable disabled people to make informed choices about their lives. |