



Stockton-on-Tees Borough Council
NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Joint Strategy for
**Carer Support Services for Adults,
Children and Young People
2013-2017**



*Hartlepool and Stockton-on-Tees
Clinical Commissioning Group*



Stockton-on-Tees
BOROUGH COUNCIL

Big plans, bright future

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Foreword

Stockton-on-Tees Borough Council and NHS Hartlepool and Stockton Clinical Commissioning Group's Joint Commissioning Strategy - Carers Support Services for Adults, Children and Young People 2013-17, has been developed in line with national guidance "Recognised, Valued and Supported: Next Steps for the Carers Strategy" (Department of Health 2010). It ensures that Stockton residents have access to appropriate advice, support and guidance in their caring role.

Based on the wealth of information provided by carers, the new Strategy ensures services deliver seven local priorities, these are:

- helping carers identify themselves as carers and seek support if they need it
- involving carers in shaping the provision of local care services
- involving carers in planning the care of the person they care for
- keeping carers healthy and well
- providing advice and information to carers
- develop respite opportunities
- accessing employment, education and work related training

The Joint Commissioning Strategy sets out a clear pathway for staff to commission services designed to provide support to carers of all ages in their caring role, whilst at the same time enhancing the opportunity for greater choice and control over their lives.

We therefore formally endorse the Strategy for Carers Support Services for Adults, Children and Young People 2013-17.



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Cllr Jim Beall

Cabinet Member for
Adult Service, Stockton
Borough Council



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Jane Humphreys

Corporate Director of
CESC, Stockton Borough
Council



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Dr Paul Williams

Governing Body Member
- Stockton GP Lead, NHS
Hartlepool and
Stockton-on-Tees CCG



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Ali Wilson

Chief Officer,
NHS Hartlepool and
Stockton-on-Tees CCG

1.0 Executive Summary

- 1.1 **Definition of a Carer** – a Carer is someone who provides a significant amount of care on a regular basis to people who require support to maximise and/or maintain their independence. This could be a family member or friend who is ill, frail, disabled or has mental health or problems associated with substance misuse.
- 1.2 In Stockton-on-Tees there are just under 20,000 providing unpaid care (source: 2011 Census) which equates to 10.4% of the population. It is likely that the real number is greater than this as many people don't see themselves as Carers and see their supporting role as just being part of family life or friendship.
- 1.3 Carers provide a valuable service not only to the people they care for but to the community they live in.
- 1.4 In 2010 the government undertook a consultation in order to update the National Carers Strategy and published "Recognised, valued and supported: next steps for the Carers strategy" which identified four priorities for Carers for the coming decade.
- Supporting those with caring responsibilities to identify themselves as Carers at an
 - early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
 - Enabling those with caring responsibilities to fulfil their educational and employment potential
 - Personalised support both for Carers and those they support, enabling them to have a family and community life.
 - Supporting Carers to remain mentally and physically well.
- 1.5 In 2011 the Council commenced an Efficiency, Improvement and Transformation review of Independent Living and Carers services which was completed in 2012. Following this a joint consultation between Stockton Council and the NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group was carried out with Carers and the general public to identify the services that adult and Young Carers felt were of most value to them in helping them with their caring role and improving their quality of life in order to update the Stockton Carer Support Services Strategy (2009-2013).
- 1.6 **Outcomes for Carers**
- This strategy aims to ensure Carers will
- have personal dignity maintained
 - have improved health and well-being
 - have improved quality of life
 - have economic well-being
 - have improved choice and control
 - be able to fulfil their personal, educational and employment potential
 - have freedom from discrimination
 - feel involved in the development and evaluation of services
- and
- Young Carers are protected from excessive or inappropriate caring
- 1.7 **Priorities identified by local Carers**

Although this strategy is very much a local strategy it incorporates the priorities of the national Carers strategy as these priorities were also identified as priorities by local Carers.

The priorities identified by local Carers were:

Priority Identified	What Carers said the main issues are	What we will do
Helping Carers identify themselves as Carers and seek support if they need it.	<ul style="list-style-type: none"> • easily accessible information available about caring • more awareness of Carers and Carers' issues amongst health and social care professionals • removal of the stigma that is perceived around Carers of some specific client groups e.g. people with mental health problems or who misuse alcohol or drugs. 	Provide information in a wide variety of locations and work with health and social care professionals to raise awareness and understanding of Carer issues and remove any stigma around some client groups.
Involve Carers in shaping the provision of local care services	<ul style="list-style-type: none"> • direct access to commissioners and providers of services to allow them to give their views • to be able to give their views in as many ways as possible to suit their needs. 	Ensure Carers are directly involved in shaping local services by involving them in a variety of ways to enable them to give their views.
Involvement of Carers in planning the care of the person they care for.	<ul style="list-style-type: none"> • full involvement by health and social care professionals in the planning of care and treatment of the person they care for throughout the full care pathway • to better understand the condition of the person they care for. 	Work with health and social care professionals to ensure they involve Carers in decisions about the care and treatment of the person they care for and make information more readily available about health conditions.
Keeping healthy and well as a Carer	<ul style="list-style-type: none"> • GPs, hospital staff and other health care professionals to be more proactive in identifying and supporting Carers, to better understand Carer issues and to involve Carers more in the planning of care and treatment. • Effective support put in place for the Carer and cared for person as soon as possible • A back up plan in place for when the Carers is not able to provide care • Regular health checks for Carers individually and with the cared for person • Healthy lifestyle information • Respite to allow Carers to "re-charge their batteries" • Training for Carers in the condition of the cared for person and how to care more effectively. 	Work with health and social care staff to improve the assessment of Carers' needs and put effective supporting place as soon as possible
Providing advice and information to Carers	<ul style="list-style-type: none"> • GP surgeries are more aware of and understand Carer issues and provide good quality information and support as Carers are most likely to turn to their GPs in the early stages of their caring role for advice and information. • Specialist support for specific groups e.g. mental health, dementia, substance misuse • Information displayed in a wide variety of locations • Information available in different formats • Carers need targeted relevant information 	<p>Work with GPs to improve understanding Carers issues and quality of information provided.</p> <p>Ensure Carers are able to access information relevant to their needs.</p> <p>Information will be available in a wide variety of locations and in different formats</p>

Priority Identified	What Carers said the main issues are	What we will do
Respite	<ul style="list-style-type: none"> • Regular respite to help Carers stay healthy • Confidence in quality of alternative care provided while Carers take a break • A variety of length of breaks available • Carers want to be able to pursue hobbies, have trips away and attend seasonal occasions 	<p>Provide a variety of ways to enable Carers to take breaks.</p> <p>The Council is currently reviewing the quality of respite provision</p>
Employment, education and work related training	<ul style="list-style-type: none"> • It is difficult to be a Carer and work or study • Employers were not understanding or accommodating of their caring responsibilities and were not flexible to allow Carers to combine caring with work 	<p>Work with employers to raise awareness of Carers issues to promote more flexibility in the workplace for Carers</p> <p>Work with educational establishments to raise awareness of Carers issues to promote more flexibility around studying.</p>

1.8 Black, Asian and Minority Ethnic (BAME) Carers

More work needs to be done to increase awareness of issues faced by BAME Carers and provide appropriate support.

Consultation with BAME Carers identified the following issues:

- Language and literacy barriers
- Greater access to information needed
- Lack of knowledge of services and entitlements
- Lack of cultural and religious knowledge among many providers of care which not only hinder access but also affect take up of services from the BAME communities.
- The lack of culturally appropriate practical services
- Lack of time to pursue own interests
- Diverse communities needing targeted approaches
- Breaking down the barriers and stigma of some illnesses, e.g. mental health
- Increasing knowledge and skills among Carers to help them understand different conditions / disabilities, particularly dementia
- Need for First Aid training
- Providing a range of Carer support to increase accessibility

The Council will continue to work with BAME community to improve support for BAME Carers.

2.0 Introduction

- 2.1 The provision of unpaid care in England and Wales is becoming increasingly common as the population ages, with an expectation that the demand for care provided by family members will more than double over the next thirty years. The provision of unpaid care is therefore an important social policy issue because it not only makes a vital contribution to the supply of care, but can also affect the employment opportunities and social and leisure activities of those providing it.
- 2.2 Carers are a very socially and demographically diverse group and as the demand for care is projected to grow, people are increasingly likely to become providers of care at some point in their lives.
- 2.3 The 2011 Census shows there are approximately 5.8 million people providing unpaid care in England and Wales, representing just over one tenth of the population (10.3 per cent); in 2001 it was 10.0 per cent). Of these, around 3.7 million provide 1-19 hours per week, 775,000 provide 20-49 hours and 1.4 million provide 50 hours or more unpaid care.
- 2.4 At any one time, one in ten people in Britain is a Carer and from the consultation undertaken over the years here in Stockton, it is known that they continue to need services and support that is both individual to their circumstances and flexible and reactive to their changing needs.
- 2.5 It is important that people recognise themselves as a Carer in order to access the range of services provided by many local organisations all aimed at supporting them, and keeping them fit and healthy, to enable them to manage their own unique and individual caring responsibilities.
- 2.6 In Stockton we are committed to providing the support that Carers need to carry out this essential role and this new strategy focuses on the outcomes Carers have identified as essential to them in order to maintain their caring role whilst also living a life of their own.
- 2.7 The health and wellbeing of Carers is a high priority for the Council and NHS in the Stockton-on-Tees area and this strategy covers all Carers, whether adults or children, and builds on work that has already been carried out. The purpose of the strategy is to ensure there is a joint approach to meeting needs and improving outcomes.
- 2.8 This strategy covers all Carers, whether adults or children, and builds on the work that has already been done and which continues to take place. The purpose of the strategy is to ensure there is a joint approach to meeting needs and improving outcomes and recognises that in view of the current economical climate, and increasing levels and complexities of support needs, no single agency or organisation can meet the needs of Carers alone and that in the future, a collective and collaborative approach will be essential.
- 2.9 Our overall vision for Carers in Stockton is that every Carer in Stockton will:
 - Know what support is available to them as a Carer to help them deliver care more effectively and to have life of their own alongside caring.
 - Feel valued and supported by local agencies for their caring role.
 - Be able to choose services that meet their individual needs as a Carer
 - Have a positive experience of the services they use
 - Have a voice in how services for Carers are developed in future
 - If they are a young person, be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.
- 2.10 The last few years have been financially challenging for all with significant savings having to be achieved within local authority and health services budgets. The result of these budgetary constraints has inevitably impacted on Carers and the people they care for.

- 2.11 Additionally, the Government, as part of the NHS reforms took the decision to transfer responsibility for commissioning local health services from Primary Care Trusts to Clinical Commissioning Groups from 2013.
- 2.10 Preparations for this change been underway for some time and the Council has been working closely with the newly formed Clinical Commissioning Groups to ensure they are fully informed and aware of the importance of supporting Carers.
- 2.11 The local Clinical Commissioning Group has prioritised the needs of Carers to promote their health and wellbeing through specific commissioned services and we will continue to do so in line with the local joint Council and NHS Carers Strategy.
- 2.12 We recognise Carers play a vital role in supporting those they care for to remain part of their community. Our intention is to work in ways which give people real control and choice over how they are supported and at a time of great change for both the NHS and Council we will remain committed to making sure Carers needs are not forgotten
- 2.13 The Stockton Strategy for Carer Support Services and the Stockton Young Carers Strategy have both been in place for over three years. They were developed following the publication of the Government's National Carers' Strategy "Carers at the heart of 21st century families and communities" in 2008 and a programme of consultation with local Carers.
- 2.14 In 2010 the Government carried out a consultation with Carers in order to update the National Carers' Strategy and in November 2010 published "**Recognised, Valued and Supported: Next Steps for the Carers Strategy**" which identified the stated priorities of Carers and how the Government will work with Carers and Carers' organisations to meet their needs.

This updated National Strategy identified four priority areas:

1. Supporting those with caring responsibilities to identify themselves as Carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
 2. Enabling those with caring responsibilities to fulfil their educational and employment potential
 3. Personalised support both for Carers and those they support, enabling them to have a family and community life.
 4. Supporting Carers to remain mentally and physically well.
- 2.15 Following the publication of the updated National Strategy Stockton-on-Tees Borough Council undertook a consultation with local adult Carers, in February 2011, to look at what services Carers in Stockton wanted and how they should be delivered. The responses received from these Carers were then fed back to Commissioners of Adult Social Care Services and providers of Carer support services in order to obtain their views on how best to effectively deliver Carer support services.
- 2.16 In 2011, as part of the Council's Efficiency, Implementation and Transformation (EIT) a review of Carers and Independent Living Services was undertaken. The development of the Carers Strategy was therefore put on hold until completion of the EIT review.
- 2.17 Following the completion of the EIT review of Carers and Independent Living Services Cabinet agreed to a further consultation which commenced in September 2012 to again look at the services Carers would most value in helping them improve their quality of life.
- 2.18 An analysis of the responses received during this consultation has been instrumental in the production of this updated and joint Adult and Children and Young People's Carer Support Services Strategy.
- 2.19 It should be acknowledged that the Council and the CCG is extremely grateful to all those who contributed their views during the consultation period.

3.0 About this document

- 3.1 This document outlines Stockton-on-Tees Borough Council and NHS Hartlepool and Stockton-on-Tees CCG's joint strategy for Adult, Children and Young People's Carer support services over the next four years.
- 3.2 The strategy does not refer to specific client groups of the cared for person e.g. people affected by mental health problems, people with physical disabilities, people affected by drug or alcohol misuse etc. Rather it is designed to act as a framework for those designing, developing and delivering services, to make sure that there is a consistent approach that:
- Fits the needs of Carers in Stockton
 - Ensures that the services that are delivered are of high quality
 - Fits with national and local policy on Carers
 - Is consistent with other Council and CCG policies
 - Delivers good value for money

Within this framework support for all Carers caring for people in specific client groups will be addressed and Carers will be involved in deciding the specification for all services.

- 3.3 A move away from traditional models of commissioning Carer support services may be needed in order to best make use of available resources particularly in the present challenging financial climate which is expected to continue during the life of this strategy.

4.0 Who do we mean by 'Carers'?

- 4.1 Carers are people who provide (or intend to provide) a substantial amount of care on a regular basis to people who require support to maximise and/or maintain their independence.
- 4.2 `What is 'substantial' and 'regular' is not defined in legislation or guidance. In Stockton, we take a common-sense approach which considers the potential impact on the person cared for if the care is not provided. If there is a significant potential impact on their safety, health or well-being, we consider it substantial. In many cases the potential impact is self-evident.
- 4.3 Most Carers will be adults themselves, but we know that there are many children and young people acting as Carers for adult family members and that they can be doing this from a very early age.
- 4.4 The term 'Young Carer' includes children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

(This definition is further clarified in that the term Young Carer would not apply to the everyday and occasional help around the home that may often be expected of or given by children in families and is part of community and family life.)

A Young Carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her own emotional or physical well-being or educational achievement and life chances.

- 4.5 In this document, we refer to the person for whom the Carer is caring as the 'client' (although we recognise that this may not be how the Carer thinks of them). For the Carer, the client may be:
- A parent
 - Their spouse

- Their grown-up child
 - A child or young person under 18 who has a disability
 - Another family member
 - A neighbour
 - A close friend
- 4.6 Every Carer and client has their own unique relationship which should be recognised by those who provide support for the Carer. This strategy tries to identify a vision for Carers' services that is relevant to the whole range of Carers in Stockton, and the kinds of services that should be developed to provide flexible and responsive support for them.

5.0 Why do we need a Carers' strategy?

- 5.1 The importance of Carer support services to the whole system of health and social care is recognised
- 5.2 Many adults and young people do not recognise that they are Carers as for them, the caring relationship is simply part of normal, everyday family life. Carers make a vital contribution to promoting the wellbeing and independence of the people they care for. However, providing care is not easy, and can lead to huge physical, mental or emotional strain for the Carer. Carers' own health and well-being can be put at risk, with a negative impact both on the Carer and on the client. Young Carers are at additional risk from excessive or inappropriate caring as this can not only have a negative impact on their well being but also on their development, educational achievement and life chances.
- 5.3 Carers should not have to ignore their own health concerns and needs because their caring responsibilities do not allow time to address them. Carers deserve the right kind of help and support that recognises them as individuals with their own needs as well as people supporting others. It is essential that they have appropriate support available to them to help them deliver care effectively and also have a life of their own away from caring.
- 5.4 Having a Carers' strategy is important. It sets out the identified needs of Carers, the outcomes they want to achieve and the support required to meet those needs and achieve those outcomes. A strategy helps commissioners plan and develop support services in a way that meets local Carers' needs.
- 5.5 Having a strategy can also help to improve the effectiveness and efficiency of health and social care and educational services.

6.0 Aim of this Strategy

- 6.1 The aim of this Joint Strategy is to:
- Make clear who this strategy is for and about
 - Make explicit the outcomes to be achieved for all Carers
 - Outline relevant national and local guidance relating to Carers
 - Provide an overall picture of Carers in the Stockton Borough
 - Consider the future demand for Carer services
 - Outline the support services Carers have said they most value in meeting their needs
 - Outline how the needs of Carers will be met
 - Explain the monitoring arrangements for the commissioned Carer support services

7.0 Vision and Principles

7.1 Our overall vision for Carers in Stockton is:

Every Carer in Stockton will:

- know what support is available to them as a Carer to help them deliver care more effectively and to have life of their own alongside caring.
- feel valued and supported by local agencies for their caring role.
- be able to choose services that meet their individual needs as a Carer
- have a positive experience of the services they use
- have a voice in how services for Carers are developed in future
- and if they are a young person, be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.

7.2 In delivering our vision, we are committed to the principles of:

- Good communications
- Treating people with dignity and respect
- Increasing choice and control for Carers
- Inclusivity: effective involvement of Carers, providers and other stakeholders in shaping services
- Supporting equality and diversity

8.0 Who is this strategy for and about?

- 8.1 This strategy is about adults, children and young people who have caring responsibilities and the support services they need to allow them to deliver effective care and help them maintain their own health and well being and quality of life.
- 8.2 The strategy helps commissioners of support services develop a commissioning plan to put in place the services Carers really need in a cost effective way.
- 8.3 The strategy also helps support providers understand the objectives the Council and the Clinical Commissioning Group require them to achieve in their delivery of their service.
- 8.4 It helps Carers and the general public understand the aims of the Council and the Clinical Commissioning Group have in relation to Carer support services.

9.0 Young Carers

- 9.1 The impacts of caring on Young Carers can be considerable and the support needs of Young Carers vary greatly throughout different stages of their lives. Young people are not always seen as Carers and in need of support and often their identified needs often falls well below the existing thresholds for services.
- 9.2 In some households there may be a number of adult family members who are able to share the physical and emotional burden or they may be able to facilitate help from outside agencies, but in others the younger family members may be the only ones available to offer this support which can severely impede their normal opportunities for social, psychological and emotional development.

- 9.3 Many young people are involved in giving what may be considered inappropriate levels of care for a child to undertake. They might be offering practical assistance around the home, undertaking physical care such as lifting, or personal care such as dressing, washing and toileting. They may assist with therapy or giving medication. Many also undertake care and responsibility for younger siblings.
- 9.4 Research has also highlighted the fact that caring has a high emotional element for children. Many have described the worry and anxiety that they experience when someone who is close to them is ill or disabled. Those who do not give any practical or physical care may still be giving emotional support, and experiencing a range of emotions, anxieties and stress which can have a profound effect on their everyday lives.
- 9.5 In 2009 “Working together to support Young Carers: a model local memorandum of understanding between statutory Directors for Children’s Services and Adult Social Services” was published which set out aims about how to deliver better integrated support for families with care needs that ensures protection from harm and improved outcomes for Young Carers.
- 9.6 The Council’s Young Carers Strategy and Action Plan which was launched in 2009 after consultation with Young Carers and their families dealt specifically with Young Carers issues and reflected the objectives of this memorandum.
- 9.7 Following the latest round of consultation in 2012, the actions planned for supporting Young Carers have been refreshed and included in this new strategy to ensure changing needs of Young Carers are met.
- 9.8 The strategy aims to ensure the support services offered to Young Carers and their families continue to work to minimise the effect of caring responsibilities on Young Carers’ lives and enable them to achieve their full potential as young people.

10.0 Outcomes for Carers

10.1 Commissioners and service providers will work to ensure Carers will:

- have personal dignity maintained
- have improved health and well-being
- have improved quality of life
- have economic well-being
- have improved choice and control
- be able to fulfil their personal, educational and employment potential
- feel involved in the development and evaluation of services

and that

- Young Carers are protected from excessive or inappropriate caring

11.0 National Policy and Guidance

11.1 There is a large number of national policy and guidance documents which either relate directly to Carer support or to more generalised community services which may impact on Carers. The Stockton Carers Strategy takes into account the issues local Carers have while ensuring a strategic fit into national policies.

The main principles are contained in the policies below:

11.2 **National Carers Strategy**

“Recognised, Valued and Supported: Next Steps for the Carers Strategy”

This document was published following the government’s consultation in 2010 to update the National Carers Strategy – “Carers at the heart of 21st century families and communities” published in 2008.

The strategy provides a major platform for development at local level, emphasising as it does the importance of effective individualised support to Carers to meet their individual needs.

11.3 **Working together to support Young Carers: a model local memorandum of understanding between statutory Directors for Children’s Services and Adult Social Services.**

Aims to promote and improve the health and well-being of Young Carers and their families by delivering better integrated services to families with care needs, preventing and protecting children and young people from undertaking excessive and inappropriate caring roles and responsibilities and achieving better outcomes for Young Carers.

Promotes better integrated support for families with care needs that ensures better protection from harm and improved outcomes for Young Carers.

11.4 **The Adult Social Care Outcomes Framework (ASCOF) 2013/14.**

Sets out the quality outcomes for social care services covering:

- Enhancing the quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring people have a positive experience of care
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

11.5 **Carers (Recognition and Services) Act 1995.**

Entitles Carers providing “regular and substantial care” to have an assessment of their needs when the needs of the cared for person are being assessed or reviewed.

11.6 **Carers (Equal Opportunities) Act 2004.**

Ensures councils have a duty to consider employment, life long learning, leisure and social activity when carrying out a Carers’ needs assessment.

11.7 **Carers and Disabled Children Act 2000.**

Gives Carers who provide regular and substantial care the right to an assessment of their ability to provide care.

11.8 **NHS National Operating Framework**

Recognises the vital role Carers have and their need for support and acknowledges the experiences of patient and Carers should drive everything the NHS does.

11.9 **Equality Act 2010**

Protects Carers of elderly or disabled people against direct discrimination or harassment because of your caring responsibilities. This is because Carers are counted as being ‘associated’ with someone who is protected by the law because of their age or disability. Carers are protected from direct discrimination and harassment at work due to caring responsibilities. The Act also protects Carers of disabled people from direct discrimination or harassment:

- when shopping for goods

- when asking for services
- when receiving services
- when using facilities like public transport.

11.10 **Health and Social Care Act 2012.**

Promotes the involvement of Carers in decisions which relate to the prevention or diagnosis of illness in patients or their care or treatment.

11.11 **The Children Act 1989**

Specifies the need to take the views and interests of children into account. In discharging these duties it is essential that councils take account of the cumulative effects of responsibility of family members within the household and where necessary adult and children's services should work together to protect children from having to undertake unreasonable levels of care. In the course of assessing an individual's needs councils should recognise that adults with parenting responsibilities for a child under 18 years may require help with these responsibilities.

11.12 **The Framework for the Assessment of Children in Need and their Families**

Highlights the importance of and need for good practice in assessing the needs of Young Carers in relation to the needs of the whole family and that "an assessment of family circumstances is essential".

11.13 **Half a Million Voices: Improving support for BAME carers. (Carers UK)**

BAME Carers face the same challenges as all other Carers but can also have additional challenges. This guidance identifies those challenges and looks at how to deliver better outcomes for BAME Carers by delivering culturally competent services.

11.14 **National Mental Health Strategy (No Health without Mental Health) and Implementation Plan**

Aims to improve the mental health of the population and achieve better outcomes for people with mental health problems. The involvement of Carers in decisions around care and treatment of people with mental health problems and shaping of mental health services will help reduce stress on Carers and contribute towards Carers being able to maintain their own mental health.

11.15 **Supporting Carers: An Action Guide for General Practitioners and their Teams. (Royal College of General Practitioners and the Princess Royal Trust for Carers).**

GPs are often the first point of contact for Carers to access support. Using the guide will enable GP Practices to identify Carers, ensure they and the person they care for are in better health and sustainable caring is supported.

11.16 **The Draft Care and Support Bill 2012**

The government has recently taken steps to strengthen the rights of adult Carers under this Bill acknowledging that the intention is not to weaken Young Carers' rights but to separate them in law from adult Carers.

The introduction of the draft Care and Support Bill in March 2013 and the Children and Families Bill in February 2013 presents a significant opportunity to amend and clarify the legal framework for Young Carers.

The National Young Carers coalition is seeking national support from Young Carers to ensure that steps be taken to reform and consolidate the law for Young Carers so that there is:

- Clarity in the law for both adults and children's services for identifying, assessing and supporting Young Carers and supporting the wellbeing of the whole family
- Young Carers are not left with unequal rights compared with adult Carers

- Clear interface between the proposed draft Care and Support Bill and children's legislation

The coalitions states that Young Carers' needs and the needs of their families should be met under children's legislation because Young Carers are children first, however prevention of harmful caring undertaken by children can only be achieved if adults' services help to identify young Carers and meet adults' needs for care and support.

The National Young Carers Coalition is therefore recommending amendments to the Children and Families Bill which include:

1. Consolidation of existing law and guidance (Carers Acts and Children Act 1989) for assessing and supporting the needs of Young Carers and new entitlements to assessment and support so that Young Carers have equal rights to adult Carers and the legal framework is simplified.
2. As part of an assessment of a child or young person undertaking inappropriate caring responsibilities, local authorities should consider whether parents require additional services under adult's care and support legislation (proposed draft Care and Support Bill).

and amendments to the Draft Care and Support Bill which includes:

1. As part of an adult's needs assessment there should be a duty on local authorities to identify whether there are children (under 18 years old) in the family and for additional services and support to be provided to the adult so that inappropriate caring responsibilities undertaken by children are prevented. (This should be provided for in primary legislation and the benefit of referring the child to a Young Carers service should be included in guidance).
2. In undertaking a whole family assessment local authorities should consider whether additional services are required under the Children Act 1989 in order meet the needs of the child and the whole family and enhance the ability of the adult to fulfil their parenting responsibilities.

12.0 Local Policy and Guidance

12.1 Stockton Joint Strategic Needs Assessment (JSNA).

The purpose of the Joint Strategic Needs Assessment is to highlight the main health and wellbeing needs for Stockton-on-Tees, taking account of data and information on inequalities within and between communities. It helps commissioners decide priorities to improve outcomes and reduce health inequalities.

12.2 The Vision for Adults: A Strategy for Adult Health and Care Services in Stockton-on-Tees 2009/2014.

Stockton-on-Tees Borough Council's own strategy for adult care services.

The strategy is based on eight key outcomes:

- Improved Health and Wellbeing
- Improved Quality of Life
- Making a Positive Contribution
- Increased Choice and Control
- Freedom from Discrimination and Harassment
- Economic Wellbeing
- Maintaining Personal Dignity and Respect
- Leadership and Commissioning Resources

12.3 **Good Health, Everybody's Business A Plan for Commissioning Health Services 2012 – 2017 (Hartlepool and Stockton-on-Tees NHS Clinical Commissioning Group [CCG]).**

Sets out how the CCG plans to improve health services and includes how services must involve Carers in developing services.

13.0 Carers in Stockton

13.1 The national census in 2011 included questions about caring responsibilities. However, only some of the data has been analysed and much of the information required to provide a current picture of Carers in Stockton-on-Tees will not be available until after this strategy is published.

Similarly the Projecting Adult Needs and Service Information (PANSI) and Projection Older People Population Information (POPPI) services are being updated from the 2011 census and information will not be available until after this strategy is published.

Some figures are therefore based on the 2001 census which can be used as a basis for projections.

The sections below provide some basic facts about Carers locally, based on the 2011 census and where information from the 2011 is not available the 2001 will be referred to, but there are still some significant gaps. Improving information continues to be a priority throughout the lifetime of this strategy.

13.2 **Numbers of Carers.**

In the 2011 census, 19,924 people in Stockton said that they provided unpaid care. This is a rise of 931 from the 2001 census.

This equates to 10.4% of the total 2011 population: roughly equivalent to the overall figure for the North East (11.0%) and slightly higher than the England average (10.2%).

Looking at those who provided unpaid care in 2011, the breakdown of caring hours is as follows:

- 11,683 people provided 1-19 hours per week (58% of Carers)
- 2,933 people provided 20-49 hours per week (14.7% of Carers)
- 5,308 people provided 50+ hours per week (26.6% of Carers)

13.3 **Carers – age, ethnicity and time spent caring**

There is relatively little published information available on how the overall total of Carers in Stockton is made up in terms of age, sex, ethnicity and so on.

The 2001 census showed the following:

Older Carers

In 2001, there were approximately 3,000 Carers in Stockton aged 65 or over and the projected increase for 2010 being 3310. (source: POPPI). This was approximately 11% of the total population aged 65+.

Assuming there is still 11% of the total population over 65 with caring responsibilities this would mean there are currently 3652 older Carers in Stockton. However, the likelihood is that the number is greater than this.

Within this older group, those aged 65 to 74 were more likely to have been acting as Carers (14% of the total did so) than the 75-84 age group (9.1%) and the 85+ age group (3.9%). This reflected the likelihood that 'younger older' people were caring for a spouse/partner. The oldest age groups were more likely to be either widowed or in long term residential care.

Young Carers

The national total of Young Carers in the 2001 census was approximately 175,000 (0.3% of the population). Assuming that the position in Stockton was roughly the same as the national average, this would equate to around 560 younger people in Stockton acting as Carers (including those caring for another child as well as those caring for an adult). Assuming the same percentage of the population the projected number of young Carers in Stockton in 2010 was around 600 (based on mid year population figures 2010).

The Carers Trust, a new charity which has formed by the merger of The Princess Royal Trust for Carers and Crossroads Care in April 2012 states that following a survey in 2010, the BBC estimated that there are 700,000 Young Carers in the UK, (more than four times the official figure of 175,000 taken from the 2001 census) 290,369 who are aged 16-24 and 13,000 who care for over 50 hours per week.

If the BBC estimate of 700,000 Young Carers nationally (1.1% of the population) is correct this could indicate there may be up to 2,100 Young Carers in Stockton.

Working age Carers

Although there have little information about them, we do know that most Carers are of working age. In the 2001 census, 16,000 of the 19,000 Stockton residents reporting that they provided care were below 65.

Ethnicity

Information on the ethnicity of Carers is scarce nationally as well as locally: Carers UK suggest that those from black, Asian and minority ethnic (BAME) communities may be proportionately more likely to act as Carers. (Source: www.Carersuk.org)

The 2011 census shows the black and Asian population in Stockton has increased by over 5,000 since the 2001 census which would indicate that there has been an increase in Carers in these communities.

Age of client

Neither the 2001 or 2011 census asked for information on the age of the person being cared for. Older people will obviously form the largest group of clients given the increased incidence of long term health problems and disability with increasing age along with the ageing population generally.

Time spent providing care

The 2011 census shows the number of hours per week that Carers spend providing care.

No of hours spent providing care	Number of Carers	% of total number of Carers	% of total Stockton population
1 – 19	11,683	58.6	6.1
20 – 49	2,933	14.7	1.5
50 or over	5,308	26.6	2.8

14.0 Future Demands

- 14.1 The numbers of Carers in the Borough of Stockton is expected to increase steadily each year. Over the lifetime of this strategy it is reasonable to assume that the increase in those requiring care will produce a significant increase both in the numbers of people providing unpaid care and in the number of hours of care provided by these Carers.
- 14.2 Factors that influence the potential number of Carers, include an increase in the overall population in the borough, an ageing population, levels of disability and long term illness and increasing rates of inward migration and ethnic diversity.
- 14.3 Stockton's population is ageing more quickly than the national average, with particular growth in the oldest age groups. The table below shows the projected increase in the population 65 or over from 2012 to 2020.

Total population, population aged 65 and over. (Stockton-on-Tees).

(source: POPPI – www.poppi.org.uk) (source: 2011 Census)

Age	2012	2016	2020
65 - 69	9,700	11,000	10,500
70 - 74	7,400	8,100	10,000
75 - 79	6,100	6,400	6,800
80 - 84	4,500	4,800	5,100
85- 89	2,400	2,800	3,300
Over 90	1,200	1,600	2,000
Total	31,300	34,700	37,700

- 14.4 Even without analysing trends for other age groups, this suggests a significant rise in the potential demand for care.
- 14.5 In addition, historically, many Young Carers have struggled on in their caring roles without ever being identified and, despite improved awareness and support, only a minority of Young Carers actually receive support. The needs of these Young Carers are therefore not captured in current planning systems and needs analysis processes and remain unknown to agencies, providing potentially increasing levels of care which over time can lead to a range of negative outcomes including poor educational achievement and damage to their own health and wellbeing.
- 14.6 Implications in planning services
- The great majority of Carers are of working age
 - Working age Carers are less likely to be in employment than non-Carers, and more likely to be permanently sick or disabled themselves, with implications for household incomes, deprivation and quality of life.
 - The known number of Young Carers is relatively small, but they require particular types of support due to their age and the sometimes complex or hidden nature of their caring roles.
 - The early intervention and support that many Young Carers need is not always available through statutory service priority frameworks which results in costly crisis interventions being implemented which could have been avoided through more proactive service identification and planning processes.

15.0 Strategic Priorities

- 15.1 In order to provide a framework for working towards our vision for achieving positive outcomes for Carers strategic priorities have been identified which will help commissioners and providers co-ordinate their future plans and support improvements in services for Carers.
- 15.2 The priorities set out for Carers in Stockton are based on national priorities identified in the National Carers Strategy and those identified by local Carers in the 2012 consultation.

National priorities

15.3 **PRIORITY 1 - Supporting Carers to identify themselves at an early stage.**

Many Carers do not see themselves as Carers and are not aware of or do not access the support services available.

Increased actions are needed to enable Carers to identify themselves as Carers and to enable health and social care professionals and providers to more easily identify Carers to make them aware of available support.

What we will do.

- Provide easily understood information for Carers in a wide range of easily accessible public places throughout the Borough.
- Promote Carers' issues to raise public awareness and the understanding of what a Carer is
- Support GP surgeries in developing systems to identify Carers and signposting to appropriate support.
- Ensure protocols exist in hospitals to enable staff to easily identify Carers and provide information to Carers about support available.
- Work with educational establishments to help them identify students who are Carers
- Work with employers to help them identify employees who are Carers.

15.4 **PRIORITY 2 - Recognising the value of the contribution Carers make and involving them in designing local care provision and in planning individual care packages.**

Consultation with Carers shows that Carers feel angry and frustrated about the way health and social care professionals treat them. Carers often feel they are not recognised as experts and equal partners in care and their contribution is not valued.

Carers need to be involved in planning and designing local care provision, hospital discharge arrangements and individual care packages as they are the key to effective delivery of care at home. By ensuring effective services and effective care and support packages are in place, the well-being of the cared for person and the Carer can be optimised. This will help reduce the need for further demand on health and social care services.

What we will do.

- Improve training for health and social care professionals so they have a better understanding about the role of Carers.
- Involve Carers in the care planning for the cared for person and decision making.
- Consult with and involve Carers in the commissioning/procurement of care services and the evaluation of service delivery.

15.5 **PRIORITY 3 - Enabling Carers to fulfil their educational and employment potential.**

Carers should be supported to pursue education, training, work or leisure activities. Young Carers' educational achievements are likely to suffer as result of their caring role and they should be supported to achieve their potential and have the same opportunities as other young people.

What we will do

- Support Young Carers to achieve their potential by protecting them from inappropriate caring, supporting their families and working with schools and colleges.
- Support Carers who want to access education/training.
- Provide support for Carers who want to enter/re-enter employment
- Work with employers to promote Carer issues and benefits of employing Carers

15.6 **PRIORITY 4 - Personalised support for Carers and those they care for, enabling them to have a family and community life.**

A personalised approach (Personalisation) and a whole family approach can provide Carers and families with more choice, control and flexibility in the way care and support are provided. No assumptions should be made about the Carers' ability and willingness to care and Carers' views should be sought when considering how best to support a family.

The Quality, Innovation, Productivity and Prevention (QIPP) and reform plan which each Strategic Health Authority is required to put in place puts patients and Carers at its centre.

There is increasing evidence of improved outcomes for Carers through the use of personal budgets and the increased control and choice they offer.

What we will do.

- We will never make assumptions about the care a Carer is willing or able to provide.
- Always involve Carers and the cared for person in discussions and decisions about their care and support and about their goals and how they want to live their lives.
- Provide support which meets the needs of individual Carers, the person they care for and consider the needs of the whole family where appropriate.
- Make sure Carers are aware of benefits of personal budgets and support them in managing budgets where necessary.

15.7 **PRIORITY 5 - Supporting Carers to stay healthy.**

Caring can be emotionally and physically draining and there is a clear relationship between poor health and caring which increases with the duration and intensity of the caring role.

Carers providing high levels of care are twice as likely to be in poor health than people without caring responsibilities.

Carers neglect their own health because they are so busy supporting the cared for person. In addition to this health problems directly related to caring arise such as stress and anxiety from concerns about the person they are caring for, frustration with the "system" when trying to obtain help and support and depression caused by having to deal with a wide variety of issues related to caring.

What we will do.

- Ensure access to relevant information at the right time such as in the early stages of caring (time of diagnosis) and at key stages in the care pathway e.g. hospital discharge.
- Provide access to training to help in the caring role e.g. lifting and handling
- Support Carers in accessing employment and training.

- Support Carers in accessing the “Improving Access to Psychological Therapies (IAPT) Programme.
- Ensure Carers are offered an emergency support plan.
- Provide a variety of respite breaks for Carers suited to their particular needs.
- Provide information to Carers on how to look after their own health and encourage them to seek help at the earliest opportunity with any health problems that develop.
- Offer health checks at least annually.

15.8 **Local priorities identified by local Carers.**

Local consultation identified the same concerns as those identified in the national consultation on the national strategy.

Additional local concerns were also identified.

15.9 **LOCAL PRIORITY 1 - Helping Carers identify themselves as Carers and seek support if they need it.**

What local Carers said they wanted.

- Easily understood information about caring and what a Carer is as well as support available accessible in a wide variety of locations.
- Health and social care professionals to be more aware of and respectful of Carers and their role and be more proactive in identifying Carers, providing information about support available or referring Carers to people who can provide information. .
- Health and social care professionals are more aware of and understand Carers’ issues.
- Removal of the perceived stigma around Carers of some specific client groups e.g. people with mental health problems or who misuse alcohol or drugs and this can prevent Carers coming forward to ask for support. Carers feel professionals need more education around the effects on family and Carers.
- Many Carers do not want to be labelled as “Carers” but see themselves as family members with caring responsibilities.

What we will do.

- Provide easily understood information about caring and the support available in a wide variety of locations
- Improve training for health and social care professionals so they have a better understanding of the role of Carers, Carers’ issues, are able to identify Carers more readily and provide information about the support available.
- Work with health and social care professionals to address any stigma surrounding specific client groups.
- We will work towards Carers feeling they are not labelled as “Carers” by information focussing on family and friends who look after and support others.
- We will involve Carers in planning and delivery of actions to address these issues.

15.10 **LOCAL PRIORITY 2 - Involving Carers in shaping the provision of local care services**

What local Carers said they wanted.

- Local Carers want to be involved in the shaping of local care services.
- Involve Carers in as many different ways as possible to enable them to give their views.
- Many Carers want to be able to speak directly to the people responsible for commissioning and providing services as they feel this is the most effective way of putting their views forward.

- Carer support groups, Carer focus groups and GP practice patient groups were also considered very effective ways ensuring Carers were able to put their views forward.
- Targeted work groups for Carers of people from specific client groups e.g. mental health, addictions

What we will do.

- Commissioners and Carer support providers will involve Carers using a wide range of involvement methods to suit their requirements to help them give their views
- Commissioners will always speak to Carers directly whenever possible to obtain their views.
- Commissioners will work closely with Carers groups and develop Carers' focus groups for generic and more specialised support services.
- Work with health and social care professionals to ensure they receive regular feedback from Carers to help them provide services that meet the needs of Carers and the people they care for.

15.11 LOCAL PRIORITY 3 - Involving Carers in planning the care of the person they care for.

What local Carers said they wanted

- Carers are a valuable source of information about the cared for person. Carers want health and social care professionals to consult Carers more in planning and decision making regarding the care and treatment of the cared for person from the outset and throughout the full care pathway.
- Carers want to be able to better understand the condition of the cared for person to enable them to care more effectively.
- Professionals to listen to the things Carers say about the cared for person
- Caring agencies should have Carers and client's consent before altering care.
- Carers want to be respected for their role and the knowledge they have and not alienated by professionals

What we will do.

- Work with health and social care professionals to ensure they involve Carers in planning and decision making regarding the care and treatment of the cared for person and have a better understanding of the benefits of involving Carers to themselves, the cared for person and the Carer.
- Work with health professionals to ensure they provide Carers with information about the condition of the cared for person.
- Information about health conditions is made easily available from a variety of different sources
- Work with caring statutory and non-statutory agencies to promote involvement of Carers where appropriate.

15.12 LOCAL PRIORITY 4 Keeping healthy and well as a Carer.

What local Carers said they wanted

- Promote the entitlement of Carers to a free 'flu vaccination each year
- A back up plan in place so the cared for person continues to receive care when it is not possible for the primary Carer to give it.
- GP surgeries to be more proactive in keeping the Carers' register up to date and always be aware when a patient is a Carer.
- GP surgeries to offer flexible appointments to suit Carers and allow more time.
- GP surgeries to have someone with knowledge of Carer issues and needs and who can provide information on support and benefits available to Carers.

- GPs to have a better understanding of issues around mental health.
- More involvement of Carers by hospital staff when planning care, treatments and discharge of the cared for person.
- More involvement of Carers by GPs when discussing treatments of the cared for person.
- More involvement of Carers by social workers when planning care of the cared for person.
- Carers would like to be involved in delivering training to health professionals in mental health issues.
- Health and social care professionals to have a better understanding of the role of Carers and the stress involved.
- Effective support for the Carer and the cared for person to be put in place as soon as possible.
- Regular health checks for Carers individually and with the person they care for.
- Healthy lifestyle advice and information.
- Training for Carers in how to care more effectively and around the condition of the person they care for.
- Respite to allow Carers to have a life away from caring and to “recharge their batteries”.
- More Carer support groups.
- Many Carers feel Carers’ assessments discourage Carers from asking for support and suggest they should be called “support plans”.

What we will do.

- Improve the assessment of Carers’ needs and putting effective support plans are put in place as soon as possible.
- Work with GP surgeries and hospital staff to improve identification and registration of Carers and ensure Carers are involved in decisions regarding the care, treatment and discharge of the person they care for.
- Work with GP surgeries to promote awareness of Carer issues to enable them to provide information and support where needed.
- Work with GPs to promote more flexibility around appointments for Carers
- Work with social workers to ensure they involve Carers in planning care of the cared for person.
- Work with health care professionals to promote the availability and uptake of regular health checks for Carers.
- Make healthy lifestyle advice and information easily accessible in a wide range of locations.
- Provide training for Carers to help them care more effectively.
- Provide a range of respite opportunities.
- Involve Carers in the delivery of training of health and social care workers to increase awareness and understanding of Carers’ issues, the stress involved in caring and how the condition of the cared for person can affect the whole family.
- Work with Carer support service providers to promote Carer support groups.
- Work with health and social care professionals to promote more uptake of Carers’ needs assessments and the understanding amongst Carers that the assessment is about identifying the support needs of the Carer to help them in their caring role. All published information will refer to “Carers support needs assessment

15.13 **LOCAL PRIORITY 5 Providing advice and information to Carers.**

What local Carers said they wanted

- Carers are most likely to turn to their GPs in the early stages of their caring role for advice and information. Carers feel it is vital that staff in GP surgeries are aware of and understand Carer issues and provide good quality information and support.
- Specialist support is available for specific client groups such as mental health, alcohol and drug misuse and dementia.
- Information should be displayed in as many places as possible particularly in places where people go regularly.
- The most popular method of making information available was in easy to read leaflets.
- Information should be available in many different formats.
- Consideration should be given to those who cannot read or do not have English as their first language.
- Carers do not want to be bombarded with information but need targeted relevant information.

What we will do.

- Information will be displayed in a wide variety of locations throughout the Borough
- Work with GP surgeries to ensure awareness and understanding of Carers issues and that good quality information is available from GPs and surgery staff to support Carers.
- Carers are able to access information, advice and support relevant to their specific needs.
- Make information available in different formats and in a wide variety of easily accessible places.
- We will work with the specialists in the Council's Communication Team to address how best to reach people who cannot read.
- Ensure printed information is easy to read and all information is easy to understand.

15.14 **LOCAL PRIORITY 6 Respite**

What local Carers said they wanted

- Regular respite as this was very important to Carers to help them stay healthy.
- Carers wanted to be confident in any alternative care provided while they took respite. (Many Carers do not take respite as they don't feel confident enough in alternative care).
- Any respite would be welcome with the length of breaks from caring ranging from odd half days up to one or two weeks perceived as helpful.
- Carers wanted to be able to pursue hobbies, have trips away and attend seasonal occasions e.g. Diwali parties, Christmas parties.

What we will do.

- Provide a variety of ways to enable Carers to take breaks.
- The Council is currently reviewing the quality of respite provision

15.15 **LOCAL PRIORITY 7 Employment, education and work related training.**

What local Carers said

- The majority of Carers found it difficult or very difficult to be a Carer and work, study or complete work related training.

- Many found their employers were not understanding or accommodating of their caring responsibilities and were not flexible to allow Carers to combine caring with work and work related training.

What we will do

- Work with employers to raise awareness of Carers issues to promote more flexibility in the workplace for Carers
- Work with educational establishments to raise awareness of Carers issues to promote more flexibility around studying.

16.0 Black, Asian and Minority Ethnic (BAME) Carers

- 16.1 In 2009 it was highlighted by studying statistics of Carers accessing Carer support services that Carers from the BAME community were not coming forward to access the available services in any significant numbers.
- 16.2 In 2010 the Council funded a post which is was aimed at engaging with BAME Carers to look at the issues that may be preventing Carers accessing support services and a second post specifically aimed at supporting BAME Carers who are caring for people with dementia.
- 16.3 The challenges of caring are the same for BAME Carers as all Carers but they also face additional barriers such as cultural barriers, stereotypes and language barriers which can increase the susceptibility to poorer health, poverty and social exclusion.
- 16.4 The 2011 census does not supply data regarding the number of BAME Carers in Stockton although information regarding ethnic group by general health of Carers by provision of care will be released towards the end of 2013. Using data from the 2001 census gives a conservative estimate of 566 Carers in Stockton from a BAME background but it is acknowledged that this figure will have increased significantly. It is also acknowledged that there is likely to be under reporting by Carers from some sections of the BAME community due to language barriers, immigration status and where the 'state' is viewed with fear or suspicion (Carers UK).
- 16.5 Britain's population is ageing which is placing increased pressure on funding of social care. The BAME population is currently younger than the white British population but we will see a rise in the numbers of BAME older people in the next few decades and a corresponding rise in BAME Carers.
- 16.6 Consultation took place with a group of 27 BAME community members in June 2011 and the main issues identified were:
- Language and literacy barriers
 - Greater access to information needed
 - Lack of knowledge of services and entitlements
 - Lack of cultural and religious knowledge among many providers of care which not only hinder access but also affect take up of services from the BAME communities.
 - The lack of culturally appropriate practical services
 - Lack of time to pursue own interests
 - Diverse communities needing targeted approaches
 - Breaking down the barriers and stigma of some illnesses, e.g. mental health
 - Increasing knowledge and skills among Carers to help them understand different conditions/disabilities, particularly dementia

- Need for First Aid training
 - Providing a range of Carer support to increase accessibility
- 16.7 The commencement of the Council's EIT review of all services meant further development of Carers' services was put on hold until the completion of the review and subsequent review of the Carers strategy
- 16.8 The Council will continue consulting and working with the BAME community to improve support for BAME Carers.

17.0 The key messages for strategic planning

- 17.1 Stockton Council and the CCG is committed to improving services for adult and young Carers, both to support their own quality of life and to ensure that they can care as effectively as possible.
- 17.2 More innovative ways are needed to provide effective cost efficient support to Carers.

18.0 Safeguarding

- 18.1 Adult and Young Carers and the people they care for are at risk of abuse including physical, emotional and financial.
- 18.2 According to "Prevention in adult safeguarding: a review of the literature, adult services report" (Institute for Excellence May 2011), the risk to Carers can be increased if the Carer is isolated.
- 18.3 There is also increasing awareness of the risk factors that may lead to harmful behaviour by Carers themselves, intended or not.
- 18.4 The Association of Directors of Adult Services (ADASS) published an advice note "Carers and safeguarding adults – working together to improve outcomes" (April 2011). This highlights the importance of the Carers' role in reporting concerns about people they care for and ensuring Carers themselves are safeguarded.

The advice note states:

"Carers are often well placed to spot distress and to offer support during a safeguarding investigation where appropriate. Their knowledge as "expert partners" and often as "advocates" for the person they support can be helpful in scoping and managing risks in a proportionate, enabling and sustainable way. Where carers are not treated as partners who are listened to, the chances of unrecognised or unreported risks and neglect may well increase."

- 18.5 Adult and Young Carers and the people they care for need to know what to do if they want to raise issues or concerns and that these will be taken seriously.
- 18.6 Children and young people become vulnerable when the level of caring responsibility becomes excessive or inappropriate for that child or young person.
- 18.7 Many families and Young Carers affected by caring responsibilities are concerned that authorities will judge them and make assumptions about parenting. We need to work with families to increase their confidence in seeking support and reduce their anxiety about what will happen if they ask for help.

19.0 Monitoring effectiveness of Carer support services

- 19.1 It is important we know how many Carers are receiving assessments of their needs and accessing services. Numerical and demographic information will be recorded to indicate how well we are reaching Carers.
- 19.2 We need to know if the services we provide are effective in meeting the individual needs of Carers. To this end an Outcomes Based Accountability method will be used not only to plan and commission services but to monitor effectiveness of services. Providers of services will be held accountable for the outcomes of Carers who use their services.
- 19.3 Commissioners and contract managers will need to involve Carers in assessing the effectiveness of support services to enable them to maintain effective services.

20.0 Action planning

- 20.1 In order to turn this strategic vision and the priorities into real achievement in improving services for Carers in Stockton, a planned programme of action with identified deliverables and measurable targets is needed.
- 20.2 During 2013 services will be planned and the procurement process undertaken for new services to commence in September 2013
- 20.3 The full Action Plan is set out in Appendix 1

21.0 Feedback and Further Information

21.1 Comments on this strategy

We welcome your comments on anything in this strategy, to inform the development of our action plans and to help us when we review the strategy.

Please send your comments to:

Ian Ramshaw
Lead Commissioner
Working Age Adults
Adult Strategy Team
Tithebarn
High Newham Court
Hardwick
Stockton-on-Tees
TS19 8RH

Appendix 1 - Carers Strategy Action Plan

Key Actions													
1	<p>Provide advice and information in as many locations as possible and in appropriate formats to:</p> <ul style="list-style-type: none"> • Help Carers identify themselves and ask for help if they need it • Let cares know what support is available and where to find it • Inform Carers about the condition(s) of the person they care for • Help Carers keep healthy and well • Raise awareness within the community and other appropriate settings of Carer issues <table border="1"> <thead> <tr> <th>Action</th> <th>Measurable Targets/Outcomes</th> </tr> </thead> <tbody> <tr> <td>(A) Develop programme to raise public awareness and understanding of what a Carer is, Carers' issues and support services available and encourage Carers to ask for help if they need it.</td> <td>(A1) An increase in number of Carers coming forward to access information and support</td> </tr> <tr> <td>Programmes are delivered in accessible and appropriate settings which encourage and enable participation and involvement from all Carers groups.</td> <td>(A2) Information about caring is publicised in a wide variety of locations throughout the</td> </tr> <tr> <td>(B) Assess current cares' information currently available to determine actions to be taken to make necessary improvements to range of information, quality and access.</td> <td>(B1) An assessment has been carried out and reported on</td> </tr> <tr> <td>Consult Carers groups on appropriate formats and communication mediums.</td> <td>(B2) Agreed improvements to information have been implemented.</td> </tr> <tr> <td></td> <td>(B3) Carers feel the information available meets their needs.</td> </tr> </tbody> </table>	Action	Measurable Targets/Outcomes	(A) Develop programme to raise public awareness and understanding of what a Carer is, Carers' issues and support services available and encourage Carers to ask for help if they need it.	(A1) An increase in number of Carers coming forward to access information and support	Programmes are delivered in accessible and appropriate settings which encourage and enable participation and involvement from all Carers groups.	(A2) Information about caring is publicised in a wide variety of locations throughout the	(B) Assess current cares' information currently available to determine actions to be taken to make necessary improvements to range of information, quality and access.	(B1) An assessment has been carried out and reported on	Consult Carers groups on appropriate formats and communication mediums.	(B2) Agreed improvements to information have been implemented.		(B3) Carers feel the information available meets their needs.
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(A) Develop programme to raise public awareness and understanding of what a Carer is, Carers' issues and support services available and encourage Carers to ask for help if they need it.	(A1) An increase in number of Carers coming forward to access information and support												
Programmes are delivered in accessible and appropriate settings which encourage and enable participation and involvement from all Carers groups.	(A2) Information about caring is publicised in a wide variety of locations throughout the												
(B) Assess current cares' information currently available to determine actions to be taken to make necessary improvements to range of information, quality and access.	(B1) An assessment has been carried out and reported on												
Consult Carers groups on appropriate formats and communication mediums.	(B2) Agreed improvements to information have been implemented.												
	(B3) Carers feel the information available meets their needs.												
2	<p>Raise awareness among health and social care professionals of Carers and Carers issues to help them:</p> <ul style="list-style-type: none"> • Understand Carers roles issues • Identify Carers more easily • Understand the support available and signpost Carers appropriately <table border="1"> <thead> <tr> <th>Action</th> <th>Measurable Targets/Outcomes</th> </tr> </thead> <tbody> <tr> <td>(C) Assess current systems in place at GP surgeries for identifying and supporting Carers.</td> <td>(C1) An assessment of the current systems in GP surgeries has taken place and been reported on</td> </tr> <tr> <td></td> <td>(C2) GP surgeries have effective systems in place to identify and support Carers</td> </tr> <tr> <td></td> <td>(C3) GP surgeries have recorded patients who are Carers and support is provided where needed</td> </tr> </tbody> </table>	Action	Measurable Targets/Outcomes	(C) Assess current systems in place at GP surgeries for identifying and supporting Carers.	(C1) An assessment of the current systems in GP surgeries has taken place and been reported on		(C2) GP surgeries have effective systems in place to identify and support Carers		(C3) GP surgeries have recorded patients who are Carers and support is provided where needed				
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Action	Measurable Targets/Outcomes
<p>(D) Work with GP surgeries to improve awareness and understanding of Carers' issues.</p>	<p>(D1) Staff in GP surgeries are trained in Carer issues.</p> <p>(D2) Staff are able to identify Carers and signpost to support as appropriate</p> <p>(D3) Flexible appointments are available for Carers</p> <p>(D4) Carers feel their needs are identified and listened to and appropriate support/signposting is offered</p>
<p>(E) Assess effectiveness of hospital protocols for enabling staff to identify and support Carers and provide information about support available.</p>	<p>(E1) Protocols are effective in identifying Carers</p> <p>(E2) Staff are aware of protocols and implement them.</p>
<p>(F) Work with hospital staff to raise awareness and understanding of Carers' issues and how they can support Carers.</p>	<p>(F1) An awareness programme has been implemented.</p> <p>(F2) Staff are more aware of Carers issues and the support available.</p> <p>(F3) Carers of patients and Carers as patients are being identified routinely and appropriate support offered.</p>
<p>(G) Work with social care staff to raise awareness and understanding of Carers issues and the support available.</p>	<p>(G1) An awareness programme has been implemented.</p> <p>(G2) Staff are more aware of Carers issues and the support available.</p> <p>(G3) Carers are being identified routinely and offered appropriate support</p>
<p>Raising awareness among employers and education providers of Carers and Carers issues to help them</p> <ul style="list-style-type: none"> • Understand Carers roles issues • Identify Carers more easily • Provide flexibility around work and study 	
Action	Measurable Targets/Outcomes
<p>(H) Work with employers to raise awareness and understanding of Carers issues, how flexibility around work can benefit Carers and the employer and how to identify Carers in the workforce.</p>	<p>(H1) A wide range of employers have been engaged with and offered information around Carers and employment</p> <p>(H2) Employers feel they are more aware of Carer issues and are looking at ways to support Carers in the workplace</p> <p>(H3) Carers feel they are supported in the workplace</p>

	<p>Action</p> <p>(I) Work with educational establishments to raise awareness and understanding of Carer issues how to identify Carers and how flexibility around study can benefit Carers.</p>	<p>Measurable Targets/Outcomes</p> <p>(I1) A wide range of educational establishments have been engaged with and offered information around Carers and education.</p> <p>(I2) Educational establishments are offering support to Carers to help them achieve their targets.</p> <p>(I3) Carers feel they are supported to help them study while caring.</p>
4	<p>Involve Carers in shaping the provision of local care services by</p> <ul style="list-style-type: none"> • Developing Carers' focus groups for generic and more specialised services • Commissioners and support providers involving Carers in a variety of ways to enable them to give their views <p>Action</p> <p>(J) Development of Carers' focus groups for generic and more specialist support services.</p> <p>(K) Commissioners and Carer support providers will involve Carers in a variety of ways to enable them to give their views</p>	<p>Measurable Targets/Outcomes</p> <p>(J1) Focus groups with terms of reference are in place and meet at regular intervals</p> <p>(J2) Feedback from focus groups is provided to commissioners, providers and health and social care professionals from focus groups</p> <p>(J3) Commissioners providers and health and social care professionals can demonstrate are taking feedback from focus groups into account</p> <p>(K1) Providers seek and record regular feedback from Carers on services and show evidence of appropriate actions taken as a result of feedback</p> <p>(K2) Commissioners involve Carers at each level of commissioning of services</p>
5	<p>Involve Carers in planning the care of the person they care for by</p> <ul style="list-style-type: none"> • Working with health and social care professionals to ensure they involve Carers in planning and decision making regarding the treatment and care of the person they care for. <p>Action</p> <p>(L) Work with health and social care professionals to ensure they involve Carers in planning and decision making regarding the care and treatment of the person they care for.</p>	<p>Measurable Targets/Outcomes</p> <p>(L1) Carers are routinely involved in planning and decision making around the care and treatment of the person they care for.</p> <p>(L2) Carers feel they are valued and listened to during planning and decision making around care treatment of the person they care for.</p>

6	<p>Provide respite for Carers by</p> <ul style="list-style-type: none"> • Providing a wide range of traditional and innovative respite opportunities 	<p>Measurable Targets/Outcomes</p> <p>(M1) Respite opportunities which offer short and longer term benefits to Carers are offered</p> <p>(M2) Carers are reporting an improvement to their well being as a result of respite Opportunities</p>
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Appendix 2 Strategy for Carers Services 2013 – 2017 National and Local Policy Context

Strategy/Policy	Aims	Key Messages
<p>Recognised, Valued and Supported: Next Steps for the Carers Strategy (2010) HM Government</p>	<p>This sets out the government's strategy for providing personalised services that support people and their Carers in their own homes and communities to enable Carers to maintain a balance between providing care and having a healthy life outside of caring.</p>	<ul style="list-style-type: none"> Supporting people with caring responsibilities to identify themselves as Carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning care packages. Enabling those with caring responsibilities to fulfil their educational and employment potential Personalised support both for Carers and those they support, enabling them to have a family and community life Supporting Carers to remain mentally and physically well
<p>The Adult Social Care Outcomes Framework (ASCOF) 2013/14.</p>	<p>Sets out the quality outcomes for social care services covering</p>	<ul style="list-style-type: none"> Enhancing the quality of life for people with care and support needs Delaying and reducing the need for care and support Ensuring people have a positive experience of care Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.
<p>Carers (Equal Opportunities) Act 2004</p>	<p>To place duties on local authorities and health bodies in respect of Carers.</p>	<ul style="list-style-type: none"> Duty to inform Carers of their right to an assessment of their needs Desire of Carer to work or undertake education, training or leisure activities to be taken into account in an assessment There should be cooperation between authorities in the provision of support services
<p>Carers (Recognition & Services) Act 1995</p>	<p>To provide assessments of the ability of Carers to provide care.</p>	
<p>Carers & Disabled Children Act 2000</p>	<p>To make provision about the assessments of Carers' needs; to provide services to help Carers and to provide for the making of payments to Carers in lieu of the provision of services to them.</p>	

Strategy/Policy		Aims		Key Messages	
Health and Social Care Act 2012		Sets out the reforms to health and social care		<ul style="list-style-type: none"> Promotes the involvement of Carers in decisions which relate to the prevention or diagnosis of illness in patients or their care or treatment. 	
Equality Act 2010		Protects Carers from direct discrimination in certain circumstances.		<ul style="list-style-type: none"> Protects Carers of elderly or disabled people against direct discrimination or harassment because of your caring responsibilities. This is because Carers are counted as being 'associated' with someone who is protected by the law because of their age or disability. 	
National Service Framework for Long Term Conditions (2005) Department of Health		Sets out to improve the lives of people with long term conditions and their Carers by giving people choice, supporting people to live independently and coordinating partnership working between health and social care services and local agencies		<ul style="list-style-type: none"> A person centred service Early recognition, prompt diagnosis and treatment Early and specialist rehabilitation Community rehabilitation and support Vocational rehabilitation Providing equipment and accommodation Providing personal care and support Palliative care Supporting family and Carers 	
Improving Life Chances of Disabled People (2005) Prime Minister's Strategy Unit, Cabinet Office		This document sets out the government's strategy for improving the quality of life of disabled people and their Carers.		<ul style="list-style-type: none"> Independent living – increasing disabled people's ability to live independently at home, at work and in the community with support based on personal need, choice and empowerment through a major expansion of Direct Payments in the form of individual budgets. Early years and family support – family-focused support, childcare and early education that enables families with young disabled children to achieve 'ordinary lives' and remain economically and socially included. Transition to adulthood – planning focused on the individual needs of disabled young people, based on smooth provision of support and services during transition and leading to appropriate opportunities and choices in adulthood. 	

Strategy/Policy	Aims	Key Messages
<p>Putting People First: A shared vision and commitment to the transformation of Adult Social Care (2007) Department of Health</p>	<p>Shared agreement which sets out the need for all sectors to share aims and values which will guide the transformation of adult social care and recognises the importance of engaging and involving the local population in shaping services</p>	<ul style="list-style-type: none"> • Employment – early intervention supporting disabled people to stay in touch with the labour market; improving the employment prospects of disabled people through ongoing personalised support, with employers supported in a key role, while providing security for those unable to work. • Build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services. In the future, we want people to have maximum choice, control and power over the support services they receive • Agreed and shared outcomes which should ensure people, irrespective of illness or disability, are supported to: live independently; stay healthy and recover quickly from illness; exercise maximum control over their own life and where appropriate the lives of their family members. • Sustain a family unit which avoids children being required to take on inappropriate caring roles • Participate as active and equal citizens, both economically and socially • Have the best possible quality of life, irrespective of illness or disability • Retain maximum dignity and respect.
<p>“Working together to support young Carers: a model local memorandum of understanding between statutory Directors for Children’s Services and Adult Social Services” (2009) ADASS/ADCS</p>	<p>To support young Carers to achieve their potential and protect them from harm and inappropriate caring.</p>	<ul style="list-style-type: none"> • Young Carers are identified, assessed and their families are supported in ways that prevent inappropriate caring and support parenting roles regardless of which service is contacted first; • Risks to independence, safety and welfare are responded to in line with “Think family” concepts and guidance on “<i>Working Together to Safeguard Children</i>”

Strategy/Policy	Aims	Key Messages
		<ul style="list-style-type: none"> • Earlier, better integrated and effective responses to young Carers and their families are available using “<i>whole family pathway</i>” approaches and during transition to adulthood • Children are protected from undertaking excessive or inappropriate caring roles; further inappropriate caring is prevented; emotional support is available where needed and parents feel supported in their parenting role • No care or support package for a parent or sibling relies on excessive or inappropriate caring being undertaken by a young Carer to make it sustainable • Young Carers are helped to achieve their potential; and, to have the same access to education, career choices and broader opportunities as their peers • There is better recognition and greater participation of young Carers and their families in shaping what we do and in the development and delivery of responses that promote • Greater choice and control and prevent further inappropriate caring
Stockton-on-Tees Joint Strategic Needs Assessment 2010	To highlight the main health and well being priorities for Stockton-on-Tees	<ul style="list-style-type: none"> • Improve healthy lifestyles • Reduce health inequalities • Respond to health and care needs of an increasing ageing population • Improve access to offer care close to home • Enable people to have greater independence, choice and control

