Joint Commissioning Strategy

For Supporting People
in an Unpaid Caring Role

"Valuing People who Care"

2015 - 2020

March 2015

CONTENTS

Executive Summary

This Strategy is for "Supporting People in an Unpaid Caring Role 2015 -2020," caring for adults and those approaching adulthood. It takes account of the needs of people who care and responds to the priorities in the Bracknell Forest Health and Wellbeing Strategy, legislation (in particular the Care Act[1]), research and best practice.

In the 2011 Census[2] 9,601 people in Bracknell Forest identified themselves a carer, of which the majority were between the ages of 25 and 64. There are also a number of "hidden carers," as people do not always see themselves as carers. As the population within Bracknell Forest ages, it is anticipated that the number of people in an unpaid caring role will grow. Whilst nationally unpaid carers save the economy billions of pounds per year, this can be to the detriment to their own health and wellbeing. It is therefore, important that people who care have equality of access to assessment and support, the same as the person they care for, so that they can live a life that they choose. It is also essential that the joint needs of the people in a caring role, family members and people being cared for are supported. Partnerships between individuals, communities, social care, health, housing and the voluntary and private sector are vital for delivering the range of support required.

In producing the strategy, local people in a caring role were asked for their opinions. The opinions of people who are caring for Bracknell Forest residents who completed the National Carers Survey were also taken into consideration. The feedback from local people has been core to developing the strategy, which is also underpinned by legislation, national and local policy, research and best practice.

The priorities identified for supporting people in a caring role are as follows :

1. To have equal access to support as the person they care for

2. To have better understanding of their rights as a carer

3. To be involved more in planning of support for the person they care for, where appropriate

4. To have better continuity and quality of care for the person they care for and better communication between teams

5. To have access to timely, up-to-date information and advice

6. To improve access to Carers Assessments and support plans and ensure that carers are involved in their assessment and planning of support

7. To support young carers approaching adulthood

8. To support parent carers when their child is approaching adulthood

9. To improve support for carers to access to education and training enabling them to assist the person they care for and have a fulfilled life.

10. To support carers in finding and staying in employment

11. To implement of Personal Budgets and Direct Payments for carers

12. To improve access to and flexibility of respite services

13. To inform carers about the benefits of assistive technology

14. To further assess and identify how the barriers to accessing support/services, the community and transport can be reduced.

15. To inform carers how the safeguarding process can protect people from harm

16. To improve access for carers to social and emotional support

17. To support carers to maintain their health.

This strategy proposes the above evidence based priorities which the Carers Issues Strategy Group will incorporate into an action plan.

If you need help to understand the language in this document, there is a "Glossary of terms" on page 32 to explain what some of the words and terms mean. Words in this document that are explained in the glossary are underlined.

Introduction

This joint health and social care commissioning strategy is for people who are caring for an adult, or young person approaching adulthood, and living in the Bracknell Forest area. It is also for young carers approaching adulthood, supporting adults who are resident in this area.

This strategy builds on the development of services which were planned in the previous strategy "Caring about Carers. It is essential that in this new strategy people in a caring role continue to be put at the centre of both commissioning and planning of support in order to achieve services which are sensitive and appropriate to individuals' needs. The Care Act 2014[1] states that people in a caring role have the same rights to assessment and services as those they care for. Those who are eligible for support from the Council will be able to access personal budgets and direct payments to manage their own support. In the 2011 Census[2], 9,601 Bracknell Forest residents identified themselves as carers. The Council currently supports approximately 900 people who are in a caring role. With the implementation of the Care Act[1] it is anticipated that more carers will be assessed and may be eligible for support.

A commissioning strategy is a plan which sets out how support and services for individuals will be developed at a local level. In order to decide what outcomes need to be achieved and how the strategy will be implemented the following have been taken into account:

- people's views from the consultation 24th July 2014 – 23rd October 2014

- views of carers supporting Bracknell Forest residents from the National Carer Survey 2014

- relevant legislation and national guidance

- an analysis of the needs of the local population

- an overview of current support and services

- resources currently available.

Who is a carer?

The definition of a carer in the Care Act[1] is as follows:
"An adult who provides or intends to provide care for another adult".

The Care Act Fact Sheet[3] on Carers states:
"A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation."

The person that they care for may rely on them for support due to their age, mental or physical illness and or disability. Types of support given may be emotional support or help with daily living tasks such as going to bed, shopping, cleaning and getting out and about.

Many people do not identify themselves as carers but if they provide, without payment, help or support to a partner, son, daughter, relative, friend or neighbour, who could not manage without that support, then they are in a caring role and this strategy is for them.

The Care Act Fact Sheet[3] on carers re-states the following vision, first set out in Carers at the Heart of 21st-century Families and Communities[4].

"Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen."

In line with that vision, this strategy will focus on people in a caring role, providing care for adults in Bracknell Forest to ensure that carers have a life of their own, the work that they do is recognised and valued and they have the opportunity to live fulfilling and rewarding lives. As part of this approach, partners in Bracknell Forest will support the council to? identify the hidden carers, who do not recognise their caring role.

KEY FACTS

General Statistics:

- There are approximately 6.5 million carers in the UK[2]
- The number of carers has risen by 11% in the last 10 years[2]
- By 2037 the number of carers could increase to 9 million[5]
- Carers save the economy an estimated £119bn per year[6]
- Most carers are of working age, peaking at age 50 - 64[2]
- 58% of carers are women and 42% are men[2]
- 1 in 4 women and 1 in 6 men aged 50 -64 have caring responsibilities[2]
- 1.4 million people provide over 50 hours of care per week[2]
- 1 in 9 workers in the UK have caring responsibilities[2]
- Over 1 million people care for more than one person[7]
- 3 in 5 people will be carers at some point in their lives[8]

Impact of Caring:

Work
- Of the 3 million people in England and Wales who combined caring with paid work, 1.6 million work full time, 863,000 are part time and 512,000 are self-employed[9]
- Part time work is more common amongst carers than non-carers[2]
- Over 2 million people have given up work at some point to care[10]
- Women aged 45 – 54 are more likely to give up work or reduce their hours in order to care[11]

Income
- Half of working age carers live in a household were no-one is in paid work[11]
- The drop in household income for 30% of carers has been £20,000 or more a year[11]
- Disabled carers are more likely to be on lower incomes[11]

Health
- People providing 50 hours or more care are 2-3 times more likely to say they are not in good health[2]
- 92% of carers said that their role had a negative impact on their mental health[12]

Social Networks
- 75% of carers say it is hard to maintain relationships and social networks[13]
- 49% of carers in 2014 said they feel society does not think about them at all[5]

National and Local Context

National Picture

Legislation

The Care Act 2014[1]
The Care Act is the most significant piece of legislation underpinning how services are developed for people who care. It requires local authorities to focus on the health and wellbeing of individuals (this includes people who care) rather than just their need for practical support. It highlights the importance of early intervention and prevention to reduce acute needs, and putting people in control of their care and support. There is a requirement for co-operation and the promotion of integration of care and support with local authorities, health and housing services and other service providers to ensure best outcomes are achieved. The Act makes the following provisions for carers:

- Carers having as equal rights to care and support as the person they care for
- Access to information, advice and preventative services
- For local authorities to identify carers
- Assessing the impact of the caring role on a person's health and wellbeing when they appear to have a need for support
- Ensuring the needs of the whole family are considered
- Personal budgets and direct payments for carers
- The provision to potentially charge carers for carers services
- Supporting young carers approaching adulthood and parent carers whose children are approaching the age of 18
- Advocacy for carers when there is no-one to help them express their views
- Working in partnership and integrated care

Detailed statutory guidance for the implementation of the Care Act was published in October 2014.

Children and Families Act 2014[14]
The Children and Families Act has many similarities with the Care Act; including outcome focused services, promoting personalisation, giving people choice and control and preparing for adulthood. With local authorities having a duty to support people from the age of 0 – 25 in the Children and Families Act and from 18, as adults, in the Care Act, it is important that there is an integrated approach to providing support through this period of change. Under the Children and Families Act, local authorities have a duty to identify young carers, assess the impact of their caring role, consider if they are a child in need and provide support. They also have a duty to assess and provide support to parent carers if it appears they may have needs. As with the Care Act, the focus is on the health and wellbeing of the person and the carer.

Health and Social Care Act 2014[15]
This legislation changed the way the National Health Service (NHS) works to deliver person-centred healthcare by:

- Giving patients greater choice, control and involvement – "no decisions about me without me"
- Improving the health of people
- Removing unnecessary bureaucracy, cutting waste and making the NHS more efficient
- Creating Clinical Commissioning Groups (CCG) where local General Practitioners (GPs) commission (the delivery of) health services based on their community's needs.

Health and Wellbeing Boards have also been created in each local authority area with the specific role to improve health and wellbeing for all, and reduce health inequalities between different people.

Equality Act 2010[16]
The Equality Act 2010 exists to protect the rights of people and to promote equality of opportunity for all. The Act applies to people who have 'protected characteristics' as defined by the Act. These 'protected characteristics' are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Some carers, and the people they care for, experience discrimination or harassment because of the above or because they are associated to people who have the protected characteristics. Discrimination could affect people's ability to work, make it more difficult to get involved in leisure activities or access services that should be available for everyone.

The Flexible Working Regulations 2014[17]
All employees who have continuously been in employment for 26 weeks, including carers, have the right to request flexible working. Employers will have a duty to consider the request in a reasonable manner, which includes considering whether the request can be accommodated on business grounds. ACAS has produced a code of practice[18] for handling requests in a reasonable manner.

National Policy and Guidance

Carers Strategy: National Carers Action Plan 2014[19]
This document identifies the following outcomes of support:

- 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 and to enjoy positive childhoods.

The four priority areas for action are:

1. Identification and recognition
"Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset in designing local care provision and in planning individual care packages"

2. Realising and releasing potential
"Enabling those with caring responsibilities to fulfil their education and employment potential"

3. A life alongside caring
"Personalised support both for carers and those they support, enabling them to have a family and community life"

4. Supporting carers to stay healthy
"Supporting carers to remain mentally and physically well."

NHS England's Commitment to Carers 2014[20]
This document sets out a series of commitments that NHS England will do to support carers, reflecting what NHS England has heard from carers during a number of engagement events. It recognises that carers are a hugely important asset to the NHS as well as to the people for whom they provide care for.

The engagement process highlighted a number of themes that were important to carers:
- Recognise me as a carer (this may not always be as 'carers' but simply as parents, children, partners, friends and members of our local communities);
- Information is shared with me and other professionals;
- Signpost information for me and help link professionals together;
- Care is flexible and is available when it suits me and the person I care for;
- Recognise that I also may need help both in my caring role and in maintaining my own health and well-being;
- Respect, involve and treat me as an expert in care; and
- Treat me with dignity and compassion

The document also highlighted eight priority areas for action
1. Raising the profile of carers;
2. Education, training and information for NHS staff;
3. Service development;
4. Person-centred, well-coordinated care;
5. Primary care;
6. Commissioning support;
7. Partnership links; and
8. NHS England as an employer.

Better Care Fund [21]

The Better Care Fund combines existing NHS and Local Authority funding, including funding for carers, which will now be jointly invested to:

- Ensure health and social care work together, for example by sharing data and improving continuity of care
- Ensure services act earlier so that people can stay healthy and independent at home, and avoid going to hospital or A&E where possible.
- Deliver care that is centred on individual needs – such as NHS and social care staff completing joint assessments
- Move towards whole system provision of 7 day working.

It is important that the population is happy, healthy and active for longer. The Better Care Fund programme will support this through having better information, better access to health and care services when required and support to make the right choices.

Performance Indicators

The Department of Health sets a number of outcomes and indicators to hold local authorities and local National Health Services to account. These are called Outcome Frameworks. The key Adult Social Care[22], Public Health[23] and National Health Service[24] outcomes and indicators which will have an impact on people who care are detailed in **Appendix 1**.

Local

Carers Issues Strategy Group

The Carers Issues Strategy Group works in partnership with representatives from the private, voluntary, health and social care sector who commission and deliver services for people in a caring role. The purpose of the group is to take an integrated approach, co-ordinating service delivery and improvement for people who support adults living with frailty, ill health or disabilities within Bracknell Forest.

Carers Forum

The Carers Forum was re-established in February 2014 by the Council. This forum is led by people in a caring role and the purpose is to scrutinise and inform the development of support and services within Bracknell Forest. To enable it to retain independence, it is now run and supported by the voluntary sector.

Joint Health and Wellbeing Strategy[25]

The local Health and Wellbeing Strategy was published in 2012. The objective of the strategy is to "make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place and gets good services and support when they need them." There are key underpinning principles in the strategy which should be considered when planning support for people who are in a caring role:

1. People should be supported to take responsibility for their own health and wellbeing as much as possible

2. Everybody should have equal access to treatment or services

3. Organisations should work together to make the best use of all the resources they have to prevent and treat ill-health

4. The support and services that people get should be of the best possible quality.

Local Strategies

This strategy relates to a number of commissioning strategies developed by the council and its partners. For example Joint Commissioning Strategies have been developed for:

- Long Term Conditions[26]
- Learning Disabilities[27]
- Mental Health[28]
- Dementia[29]
- Sensory Needs[30]
- Autism[31]
- An Approach to Prevention and Early Intervention[32]
- Older People[33]
- Young Carers[34]
- Intermediate Care[35]

The Local Picture

Number of carers

The national Census in 2011[2] showed Bracknell Forest had 113,200 residents, of which 9,601 (8.5%) were unpaid carers.

Number of Unpaid Carers by Ward in Bracknell Forest
(Source: Office of National Statistics)
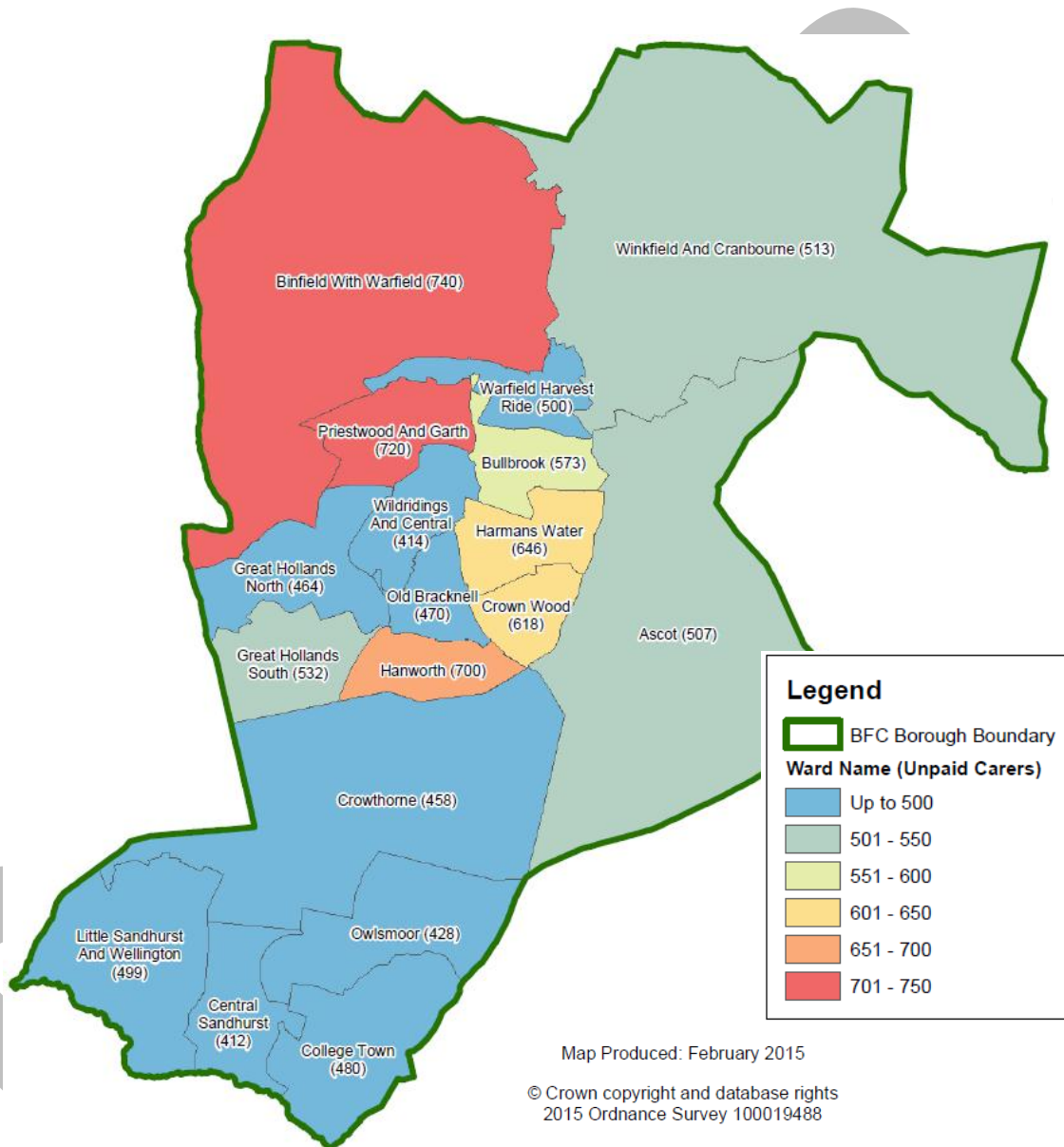
- The ward with the highest number of carers is Binfield with Warfield (739) and the one with the lowest is Central Sandhurst (412).

- The ward with the highest proportion of unpaid carers is Winkfield and Cranbourne (10.7%). The one with the lowest is Warfield Harvest Ride (6.2%).

- All carers have equal access to assessment and support, regardless of where they live.

Age

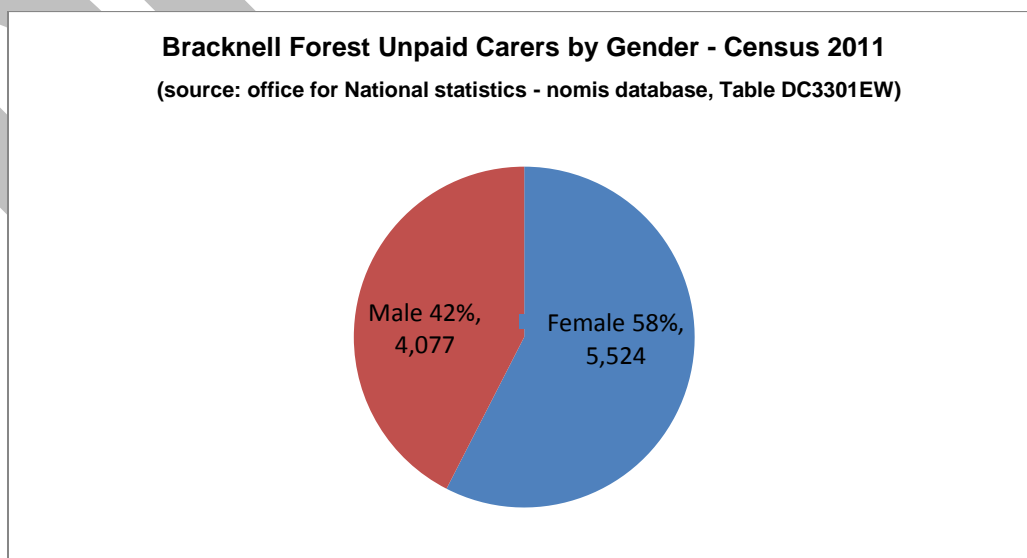- As is the case nationally, the number of older people in Bracknell Forest is likely to increase over the next 10 years.

- There will be proportionately more older people in the population. This will have an impact on the number of carers needed and the age of the carers.

- The current age structure of unpaid carers is shown in the table below which shows the majority of unpaid carers are aged between 25 and 64 years.

- The highest proportion of unpaid carers is the 50 to 64 year old age group with 18% of the people in this age group being unpaid carers.

- 28% of carers in the 25 to 64 year old age group are spending 20+ hours a week in caring responsibilities. 17% are providing more than 50+ hours care a week. This may have an impact on their ability to take up paid employment. *(See Employment section below).*

Age of Unpaid Carers in Bracknell Forest - (Census 2011)				
Age group	Number of unpaid carers	1-19 hours unpaid care per week	20-49 hours unpaid care per week	50+ hours unpaid care per week
Age 0 to 24	592	465	80	47
Age 25 to 49	3,587	2,435	434	718
Age 50 to 64	3,595	2,770	356	469
Age 65 and over	1,827	982	225	620
Source: Office for National Statistics[36] (Table: KS301EW)				

Gender

The chart below shows that in Bracknell Forest, women are more likely to be unpaid carers than men.[37]

Bracknell Forest Unpaid Carers by Gender - Census 2011

(source: office for National statistics - nomis database, Table DC3301EW)

Male 42%, 4,077

Female 58%, 5,524

Ethnicity

Evidence from the Census suggests that people from minority ethnic groups are slightly less likely to be unpaid carers. This may be due to a number of reasons, such as:
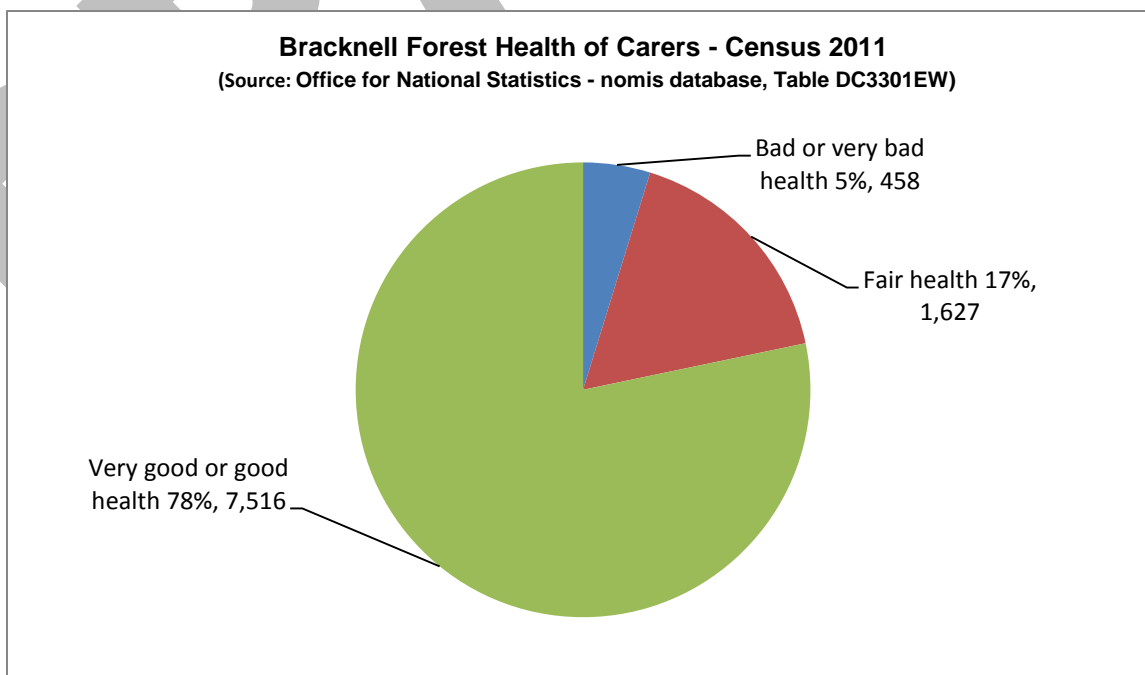
    i.   Fewer older relatives living in the area. *(Older people are more likely to need care support)*.

    ii. Financial reasons

    iii. People not recognising or declaring themselves as a carer. This could be due to a number of reasons including people not understanding the term carer, cultural reasons or language barriers.

Carers by Ethnicity - Census 2011						
	White: English/ Welsh/ Scottish/ Northern Irish/ British	White: Irish	White: Other White	Mixed/ multiple ethnic group	Asian/Asian British	Black/African/ Caribbean/ Black British	Other ethnic group
Population in Bracknell Forest	84.9%	0.9%	4.8%	2.0%	5.0%	1.9%	0.4%
Unpaid Carers	89.7%	0.9%	3.0%	1.3%	3.5%	1.3%	0.3%
Source: Office for National Statistics[36]						

Health

458 (5%) carers in Bracknell Forest reported that they were in bad or very bad health[2]

Bracknell Forest Health of Carers - Census 2011
(Source: Office for National Statistics - nomis database, Table DC3301EW)

Bad or very bad health 5%, 458

Fair health 17%, 1,627

Very good or good health 78%, 7,516

Employment

The following table shows the employment of carers in comparison with those in the general population of Bracknell Forest. It shows unpaid carers are less likely to be in employment and, when they are employed, are more likely to have part-time rather than full-time employment. However, they are also more likely to be retired or looking after home or family. Those who categorised themselves as being unemployed were the same for both those who provide unpaid care and those who did not.

Provision of unpaid care by economic activity - Census 2011		
Economic Activity	Provides no unpaid care	Provides unpaid care: Total
Employed Total	70.1%	62.2%
Employee: Part-time	12.0%	16.1%
Employee: Full-time	46.7%	35.6%
Unemployed: Unemployed (excluding full-time students)	3.1%	3.1%
Economically Inactive - Total	26.2%	34.5%
Retired	15.6%	22.1%
Student (including full-time students)	3.6%	1.3%
Looking after home or family	3.5%	7.0%
Long-term sick or disabled	2.0%	2.6%
Other	1.5%	1.5%
Source: Office for National Statistics[36]		

National Carers Survey

In 2014, a total 483 carers in Bracknell Forest were sent the National Carers Survey about their experience about being a carer of which 49.1% responded.

- 50.4% of carers stated that they were 'extremely satisfied' or 'very satisfied' with the support or services that they and the person they care for has received from Social Services.

- 40.4% of carers stated that they were 'quite satisfied' or 'neither satisfied not dissatisfied' with the support or services that they and the person they care for has received from social services.

- 9.2% of carers stated that they were 'fairly, very dissatisfied' or, 'extremely dissatisfied' with the support or services that they and the person they care for has received from Social Services.

Stakeholder Engagement

The development of this strategy was informed by a twelve week stakeholder consultation. This began with a public event on 24th July 2014 and closed on 23rd October 2014. People consulted included:

- Adults who care for other adults
- Parent carers who are supporting young people approaching adulthood.
- Young carers approaching adulthood.
- Organisations and people who support carers.
- People who were interested in supporting carers.

The consultation event and the paper and on-line questionnaires were promoted through local media. Invitations to the public event were sent to people who had been identified as carers by the local authority. In addition to this feedback was gained from people who attended the
- Carers Forum
- Carers Lunch
- Coffee morning for people who care for people with learning disabilities.

Local people were consulted on the following eleven themes:

1. Equal rights
2. Information and advice
3. Carers Assessments
4. Personal Budgets and Direct Payments
5. Social and Emotional Support
6. Respite
7. Assistive Technology and Telecare
8. Maintaining health
9. Employment
10. Safeguarding
11. Involving you in decisions about the person you care for

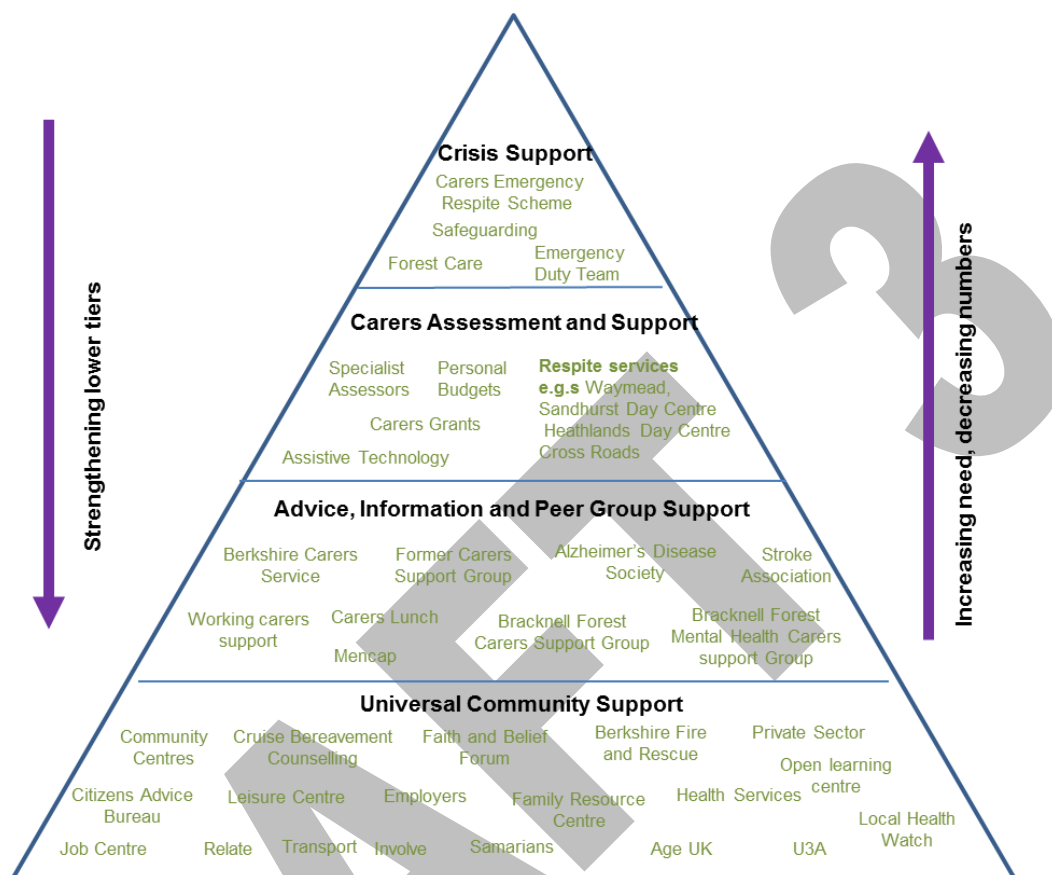The numbers of people who were involved in the consultation are as follows:

- 120: Carers Conference
- 38: Questionnaires
- 12*: Carers Forum
- 7: Carers of people with learning disabilities Coffee Morning
- 60*: Carers Lunch   *Approximate numbers

Many people in a caring role valued the services that specifically support carers in Bracknell Forest. In particular they valued the support from Berkshire Carers Services (Commissioned by Bracknell Forest Council), Involve (Bracknell Forest Voluntary Action), and the dedicated assistant care manager within the older people and long term conditions team. People also mentioned that they received good support from their GP, social care practitioner, occupational therapist, Parkinson's disease specialist nurse and other voluntary sector organisations such as, Mencap, BADHOGS and Triple A.

The feedback from local people on how services should be developed has informed the priorities for future development which are detailed on pages 19 – 29.

Current Services

The triangle below illustrates the levels and types of support which are available to people who are in a caring role in Bracknell Forest.

Strengthening lower tiers (left vertical arrow, pointing down)

Increasing need, decreasing numbers (right vertical arrow, pointing up)

Crisis Support
- Carers Emergency Respite Scheme
- Safeguarding
- Forest Care
- Emergency Duty Team

Carers Assessment and Support
- Specialist Assessors
- Personal Budgets
- **Respite services e.g.s** Waymead, Sandhurst Day Centre, Heathlands Day Centre, Cross Roads
- Carers Grants
- Assistive Technology

Advice, Information and Peer Group Support
- Berkshire Carers Service
- Former Carers Support Group
- Alzheimer's Disease Society
- Stroke Association
- Working carers support
- Carers Lunch
- Bracknell Forest Carers Support Group
- Bracknell Forest Mental Health Carers support Group
- Mencap

Universal Community Support
- Community Centres
- Cruise Bereavement Counselling
- Faith and Belief Forum
- Berkshire Fire and Rescue
- Private Sector
- Open learning centre
- Citizens Advice Bureau
- Leisure Centre
- Employers
- Family Resource Centre
- Health Services
- Local Health Watch
- Job Centre
- Relate
- Transport
- Involve
- Samarians
- Age UK
- U3A

- The lower tier gives examples of support that can be accessed by all residents, including people who care within Bracknell Forest.

- The second tier contains examples of community based support that is more specific to people who care.

- The third tier is for people who have more in-depth health and social care needs where an assessment and plan for support is required. If social care support is required at this tier then the person would need to meet the eligibility criteria for support.

- The fourth tier is the support that requires and immediate response and is high intensity.

- Organisations can work across tiers.

Organisations that provide support to carers are many and diverse. Services can be run by the private sector, voluntary sector, health service or the Council. The examples given are a significant cross section of provision but do not represent an exhaustive list. Some private and voluntary sector organisations are funded or supported via grants from the Council and funding arrangements can change during the life time of the strategy.

Development of Services

In order to enable carers to have as equal access to support as the person they care for, councils are now required to

- Assess all people who appear to be in a caring role. Previously councils were only required to assess people who are providing 'substantial' or 'critical' care.

- Implement new national eligibility criteria[38]. It is likely that more carers, caring for people in Bracknell Forest, will be eligible for support.

People will need to be informed about the new lower threshold for assessment and the changes to the eligibility criteria for support.

A model for equal access to assessment and support for carers is detailed in **appendix 2**. It builds on current practice and has been developed based on people's views, legislation, policy, evidence and best practice. It sets out a vision for delivery of future assessment and support planning.

Priorities for Development

The following priorities for people who are in an unpaid caring role have been identified based on comments from people in a caring role who participated in the consultation and or National Carers Survey, the views of commissioners and providers of services, and national and local policy or best practice.

1. ***Equal access to assessment and support to the person they care for***

    To enable people who care to have equal access to assessment and support as to the person they care for.

    Evidence

    A key element within the Care Act[1] is equality of access to support for people who are in a caring role as to those they care for. This is because nationally, at present, people who are in a caring role do not feel that they are treated equally to the person they care for. This is reflected in the views of people within Bracknell Forest. Some people in a caring role felt there was an imbalance - "as long as the cared for is alright" - and that people who care were considered a "burden" on the services. Access to advocacy was identified as needed to support people in a caring role.

    > **Outcomes Identified**
    >
    > 1.1 People in a caring role will feel that they are treated and supported equally to the person they care for.
    >
    > 1.2 People in a caring role will have support to have their voice heard if they need it.

2. Carers' rights

To inform people in a caring role about their own rights and their rights to be involved in the planning of support for the person they care for where appropriate.

Evidence

During the consultation, not all people in a caring role knew their rights e.g. right to an assessment or what rights they had to be involved in planning of support for the person they care for. The issue of the right to a private and family life also arose when there were many practitioners involved, visiting the home and asking questions.

Outcomes Identified

2.1 People in a caring role will know their rights about being involved in planning of support for the person they care for and their rights to assessment and support.

2.2 Rights of people in a caring role, their families and the people they care for will be respected by practitioners when performing their duties.

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3. Involvement in planning of support for the person they care for

Training and development of health and social care staff to enable carers to be involved in the planning of support for the person they care for.

Evidence

People in a caring role were asked if they felt that they had been involved or consulted as much as they would want to be in discussions about the support or services provided to the person they cared for in the last twelve months. Of those who replied

22% said that they were not aware of any discussions

31.9% said that they always felt involved

25.8% said that they usually felt involved

16.6% said that they sometimes felt involved

4.8% said that the never felt involved or consulted

(People who care for Bracknell Forest residents' response to National Carers Survey 2014)

Many people who participated in the consultation regarded highly the ease and quality of communication with teams and with practitioners when they were

involved in the planning of support for the person they care for. However, people in a caring role did not always feel that they were appropriately included in the planning of support for the person they care for and they are left to "pick up the pieces". This was a particular issue in health services. People in a caring role need to be involved as they have experience of caring for the individual and using health and social care services. Some people also said that some practitioners blamed them for things that go wrong but as one person put it, "no one trains you to be a carer for someone with profound and complex needs – you take it day by day."

Outcomes Identified

3.1 People in a caring role will be involved in planning of support for the person they care for where appropriate.

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4. *Continuity and quality of care*

To work with providers to improve the continuity and quality of care and support for people they care for.

Evidence

People in a caring role expressed concerns about the turnover of staff and ensuring a regular time for visits, especially when receiving home care. They were also concerned about ensuring a consistent quality of home care services and communication between teams which was not always effective. Often this meant both the person in a caring role and the person they care for waiting in for carers, placing restrictions on them. People in a caring role were being an "arbiter" of care, negotiating care provision between the person they care for, health and social care practitioners and providers of support.

Outcomes Identified

4.1 People in a caring role and the people that they support will have consistent, timely, high quality support.

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5. *Accessible information and advice*

Providing accessible, timely, up-to-date information and advice to support people in their caring role and maintain their health and wellbeing. This includes improving ways to direct information and advice to people who do not recognise themselves as carers, who are new to caring, young carers approaching adulthood and parent carers whose children are approaching age of 18.

Evidence

People in a caring role were asked how helpful has the information and advice been in the last 12 months. 89.5% said that the information that they received was either very or quite useful.

(People who care for Bracknell Forest residents' response to National Carers Survey 2014)

Information and advice is provided by a range of services including health and social care, the voluntary sector and private sector, During the consultation, many people stated that they found information and advice to support them in their caring role and for their health and wellbeing was accessible. The next challenge is to make sure that people can access information in a timely way. This is particularly important to identify people who did not recognise themselves as carers, people who were new to caring, young carers approaching adulthood and parent carers whose children are approaching age 18. People in a caring role were concerned that information was not always put in accessible places, especially as many people do not have access to the internet. They expressed the importance of having information that is up to date. Finally, they identified the need for more advice and support when filling in forms.

Outcomes Identified

5.1 People in a caring role will have access to information and advice to enable them to identify themselves as carers.

5.2 People in a caring role will be supported by having accessing high quality, up to date information and advice in a timely way.

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6. *Assessment and support planning*

Ensuring Carers Assessments are completed in a timely way and that people in a caring role are involved the assessment and in planning of their support.

Evidence

Those people who had received an assessment generally felt that the support from the voluntary and statutory sectors was good and the forms were easy to complete. Not all people in a caring role were aware that they were entitled to an assessment; or the benefit of assessment; or where to go to get an assessment. When the assessments were completed as a joint assessment with the person they care for, some people were uncertain that they too had an assessment. There were concerns that "the problems are too big (for health and social care practitioners) to solve with the tools at their disposal" and that getting support took too long.

Outcomes Identified

6.1 People who appear to be in a caring role will be identified, made aware of their right to an assessment of their own needs, the benefits of assessments and will be offered assessments.

6.2 People in a caring role and the people they care for will be less dependent on intensive services through prevention and early intervention.

6.3 People will work with practitioners to produce their carers assessments and support plans, which will be completed in a timely way and in line with National Guidance.

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7. *Young Carers*

To work with children's services in the development of services to identify and support:
- *young carers*
- *children in need and*
- *young carers approaching adulthood.*

Evidence

The Children and Families Act states young carers' needs assessments must identify when the child is under 18 whether the local authority considers the person to be a child in need. They must also have regard to the extent to which the young carer is participating in or wishes to participate in education, training or recreation and the extent to which the young carer works or wishes to work. As well as this there is specific provision in the Care Act[1] to support young people in a caring role as they approach adulthood and into early adulthood. Adult social care and children's services are working together with the voluntary sector to develop services to identify young carers, assess if they are a child in need and the impact of their caring role and support them through transition.

Outcomes Identified

7.1 Young people in a caring role will be identified and have the information, advice and support they need to safeguard them, avoid inappropriate caring responsibilities and to have a fulfilled life.

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8. *Parent Carers*

To work with children's services to support parent carers as their son/daughter approaches adulthood.

Evidence

The Care Act[1] states that parent carers should be supported through the period when the person they care for is becoming an adult. Through the consultation parent carers have asked for information and advice about adult services and what support will be available to them.

Outcomes Identified

8.1 Parent carers and the children they care for will have the information, advice and support they need as their child approaches adulthood.

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9. Access to training and education.

To review access to training programmes, advice and support to enable people carry out their caring role and to have a fulfilled life.

Evidence

During the consultation, people in a caring role said that they would like more support and training to enable them to provide support to the person they care for. In addition, some carers enjoy educational and training activities to enable them to socialise and have a fulfilled life.

> **Outcomes Identified**
>
> 9.1 People in a caring role will be supported to access training and education to have a fulfilled life.
>
> 9.2 People in a caring role will have access to advice and training, identified in the support planning process, to enable them to assist the person they care.

10. Support for and in employment

Working with job centres and employers to review and develop support available to people in a caring role to enable them to find and maintain employment.

Evidence

> People in a caring role were asked to think about combining paid work and caring:-
>
> 28% of those asked were in paid employment of which
>
> 45.8% said that they felt supported by their employer
>
> 23.7% said that they did not feel supported by their employer
>
> 30.5% said that they did not need any support from their employer.
>
> Of those who were not in paid employment 26.7% said that they were not in employment due to their caring role.
>
> (People who care for Bracknell Forest residents' response to National Carers Survey 2014)

For some people who were consulted, work was seen as a form of respite and some people felt that they were given flexibility in their work. The voluntary sector was identified as being a good source of information and advice on employment issues. However they found that some smaller employers could

not allow sufficient flexibility to juggle work and caring responsibilities. As well as this some people identified difficulties in gaining employment whilst undertaking caring. Barriers to employment included insufficient time out from caring. A person providing support to someone who required care 24 hours a day asked, "how can I do anything else but care?" As well as this some people who have been caring for a long time and have not been in employment lose their confidence in being able to work.

> **Outcomes Identified**
>
> 10.1 People in a caring role will have support to help them find and stay in employment if they wish.

11. Personal budgets and direct payments

Supporting people in a caring role, who meet the eligibility criteria, to access personal budgets and direct payments.

Evidence

Some people who were in a caring role had experience of using personal budgets and direct payments to support the person they care for. However with the introduction of the Care Act[1], more people in a caring role will have access to personal budgets and direct payments to meet their own needs as a carer. People in a caring role could see the benefits of managing their personal budget, although they would need further information on how they would work and what they could be used for. They were also concerned that managing this way of purchasing support would mean additional work and responsibility for the person in a caring role.

> **Outcomes Identified**
>
> 11.1 People in a caring role, who meet eligibility criteria, will have access to personal budgets and direct payments
>
> 11.2 People in a caring role will be enabled to balance their caring role and maintain their desired quality of life.

12. Access to respite

Improving access and flexibility of respite services.

Evidence

People in a caring role who were involved in the consultation valued the respite that they received, especially as it helped them to maintain their mental health and wellbeing. They are reassured by having access to the Carers Emergency

<u>Respite Scheme.</u> However people wanted to be able to book respite further in advance, have more flexibility as to when and how it was used and for the process for getting planned respite, to be quicker.

Outcomes Identified

12.1 People in a caring role, who are eligible for support, will be able to plan and have access to the respite that they need, when they need it.

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13. *Understanding the benefits of assistive technology*

Informing carers about the benefits of assistive technology. Assistive technology includes:
- *equipment and adaptations such as stair rails, raised toilet seats and bath steps,*
- *telecare such as. community alarm systems and detectors that allow people to call for help when they need it and*
- *telehealth which enables people to have their health monitored without having to visit a healthcare professional*

It can be used by both person who is caring and the person being cared for to relieve worry about leaving someone on their own at home. It can also be used to reduce social isolation.

Evidence

56.5% people said that the person they care for has had equipment or adaptations to support them with every day activities and 31.9% have a life line alarm.

(People who care for Bracknell Forest residents' response to National Carers Survey 2014)

Those people in a caring role found that the technology was helpful and easy to use. However, some carers did not know what assistive technology was and how it can help them to support the person they care for. Some people are also worried about the cost of telecare.

Outcomes Identified

13.1 People in a caring role will be given information and advice on how assistive technology can help them and how to access it.

---

14. *Access to Transport*

To further assess and identify how the barriers to accessing support/services, the community and transport can be overcome.

Evidence

This is seen as a barrier for people to having respite as well as providing support to the person they care for. There were particular concerns about access to transport for health appointments.

Outcomes Identified

14.1 People in a caring role will be informed about the transport options are available to them.

14.2 People in a caring role will have fewer barriers to mobility to accessing support/services, the community and transport.

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15. Safeguarding

To inform people who are in a caring role about the safeguarding process and how it can be used to keep people safe from harm.

Evidence

People in a caring role were asked to think about their personal safety. This was defined as "feeling safe from fear of abuse, being attacked or other physical harm." 11.2% said that they had some worries about their personal safety or were extremely worried about their safety.

(People who care for Bracknell Forest residents' response to National Carers Survey 2014)

Bracknell Forest Council is responsible for co-ordinating responses to concerns when someone with care and support needs is, or is at risk of, being abused. This includes people who are caring as well as the person they care for. Someone who had used the safeguarding system said that the team were "excellent, approachable and knowledgeable" another said "it provided reassurance that I was doing the right thing". However a number of people wanted more information on how the system works and questioned how much it could achieve.

Outcomes Identified

15.1 People in a caring role and the people they care for will be aware of what safeguarding means and how they can access support via the safeguarding process.

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16. Social and emotional support

To review and develop access to peer support and mental health services for people who are in a caring role.

Evidence

> People in a caring role were asked about the social contact they had with people they liked. 55.9% said that they either did not have enough or had little social contact with people.
>
> (People who care for Bracknell Forest residents' response to National Carers Survey 2014)

Many people in a caring role were aware the levels of <u>depression</u> amongst people who care is very high and stated that they valued the support that they had from their peers, voluntary and statutory sector. They highlighted the need to talk to people who are caring for people with similar illness and disabilities e.g. dementia, learning disabilities as well as general peer group support. However gaps were identified in the availability of one to one support and talking therapies. As people in a caring role often have difficulty getting time out and their role is isolating, one of the suggestions was that there is a telephone line (similar to Silverline) so that people can "just phone and talk to someone". Working age carers also have difficulty in attending support groups and alternatives to these such as use of digital technology need to be explored. Those consulted also identified the need to support people with planning for the future (e.g. as they get older they may not be able to continue in the caring role or the person they care for has a deteriorating illness) and bereavement.

Outcomes Identified

16.1 People in a caring role, who require social and emotional support, will have access to the support that meets their needs.

17. Maintaining health

To review and develop health services to enable people in a caring role to maintain their health and wellbeing.

Evidence

> 43.8% of people who are in a caring role said that either sometimes they could not look after themselves well enough or that they felt that they are neglecting themselves.
>
> (People who care for Bracknell Forest residents' response to National Carers Survey 2014)

Many people in a caring role found their GP helpful but were concerned that GPs did not fully understand or recognise the responsibilities in this role. The number of people registered as carers by their GP are low. Due to their caring roles, people have found it difficult to access health services and would like more flexibility in timing, length and type of consultations, e.g. telephone consultation. Carers said that they would like more information and advice in GP surgeries to sign post them to support which is available to them. Concern was raised also about the difficulty in getting <u>Continuing Health Care</u> funding and the need to support carers through the process.

Outcomes Identified

17.1 People in a caring role will be supported to look after their own health and wellbeing.

17.2 People in a caring role will have access to healthcare staff that understand and recognise their caring responsibilities.

17.3 People in a caring role will be supported to access health services which are flexible to meet their needs and support their health and wellbeing.

17.4 People in a caring role will have information and advice from GP surgeries to sign post them to support which is available to them.

Summary of Priorities and Next Steps

Below is a summary of the local priorities against the national priorities for development of services for people in a caring role.

National Priority 1- Identification and recognition
"Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset in designing local care provision and in planning individual care packages"

Local Priorities

1. To enable people who care to have equal access to assessment and support as to the person they care for.

2. Inform people in a caring role about their own rights and their rights to be involved in the planning of support for the person they care for where appropriate.

3. Training and development of health and social care staff to enable carers to be involved in the planning of support for the person they care for.

4. To work with providers to improve the continuity and quality of care and support for people they care for.

5. Providing accessible, timely, up-to-date information and advice to support people in their caring role and maintain their health and wellbeing.

6. Ensuring Carers Assessments are completed in a timely way and that people in a caring role are involved in the assessment and planning of their support.

7. To work with children's services in the development of services to identify and support:
   - *young carers*
   - *children in need and*
   - *young carers approaching adulthood through the transition in to adult services.*

8. To work with children's services to support parent carers as their son/daughter approaches adulthood.

National Priority 2 - Realising and releasing potential
"Enabling those with caring responsibilities to fulfil their education and employment potential"

Local Priorities

9. To review access to training programmes, advice and support to enable people to carry out their caring role and to have a fulfilled life.

10. Working with job centres and employers to review and develop support available to people in a caring role to enable them to find and maintain employment.

National Priority 3 - A life alongside caring
"Personalised support both for carers and those they support, enabling them to have a family and community life"

Local Priorities

11. Supporting people in a caring role, who meet the eligibility criteria, to access personal budgets and direct payments.

12. Improving access and flexibility of respite services.

13. Informing carers about the benefits of assistive technology.

14. To further assess and identify how the barriers to accessing support/services, the community and transport can be overcome.

15. To inform people who are in a caring role about the safeguarding process and how it can be used to keep people safe from harm.

National Priority 4 - Supporting carers to stay healthy
"Supporting carers to remain mentally and physically well."

Local Priorities

16. To review and develop access to peer support and mental health services for people who are in a caring role.

17. To review and develop health services to enable people in a caring role to maintain their health and wellbeing.

The Council and the Clinical Commissioning Group, through the work of the Carers Issues Strategy Group, will develop an Action Plan by July 2015 based on priorities detailed above.

Glossary of Terms

Action Plan	The steps that must be taken, or activities that must be done well, for a strategy to succeed.
Acute needs	Illness or medical problems that begin and progress rapidly, sometimes causing a serious problem, that needs medical intervention.
Adaptations	Changes to buildings and equipment to make it easier for people with disabilities to use.
Advocacy	The advocate is there to represent your interests, which they can do by supporting you to speak, or by speaking on your behalf. They do not speak for the council or any other organisation. If you wish to speak up for yourself to make your needs and wishes heard, this is known as self-advocacy.
Assistive Technology	A product or service that uses technology to maintain or improve the ability of people with disabilities or illness to communicate, learn and live a full live. Examples include stair rails, raised toilet seats, life line alarms.
Autism or Autistic Spectrum Disorders (ASD)	Autism is a lifelong developmental condition, sometimes referred to as Autistic Spectrum Disorder (ASD). The word spectrum is used because while all people with autism share three main areas of difficulty: 'social communication', 'social interaction', and 'social imagination', their condition affects them in different ways.
BADHOGS (Bracknell Deaf and Hard of Hearing Support Group)	Bracknell Area Deaf & Hard-of-Hearing Support Group is for residents of Bracknell Forest and adjacent areas that are either deaf or hard-of-hearing.
Better Care Fund	A budget to improve the ways health services and social care services work together, starting with services for older people and people with long term conditions.
Care Act	A new law on how local authorities should provide information advice care and support to people and their family carers.
Carers	A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.
Carers Emergency Respite Scheme	The scheme is funded by Bracknell Forest council and delivered by Berkshire Carers Service and aims to give carers peace of mind by enabling them to complete an emergency plan. This plan can be put into operation if the carer is taken ill or involved in an emergency.
Carers' Forum	A group of carers who are supported by the voluntary sector, which have the independence to scrutinise and support the development of carers services. They meet as a group on their own to identify issues that they would like to discuss or resolve. People outside the forum including other carers, people from the council or health service, or

	private or voluntary sector organisations can ask the forum for their help when developing services. The forum then meets with people from various organisations such as the Council, health services, benefits and home care services to look at these issues. The forum is required to communicate with other carers to get their views and feedback to them what they have been doing.
Carers Issues Strategy Group	This is a council led meeting, which includes representatives from the council, health service and the voluntary sector to develop services for people in a caring role. It also includes the Chair of the Carers' Forum. The group supported in running the Carers' Conference, the consultation and the development of the 'Joint Commissioning Strategy for People in an Unpaid Caring Role." The group is responsible for writing the strategy action plan and making sure it is implemented.
Clinical Commissioning Group (CCG)	A Clinical Commissioning Group is group of GP practices that are working in partnership to arrange health services for the local population. The Clinical Commissioning Group for Bracknell Forest is called the Bracknell Forest and Ascot Clinical Commissioning Group.
Commissioners	A person or organisation that commission's services.
Commissioning	Planning of services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Your local council is the commissioner for adult social care. NHS care is commissioned separately by local clinical commissioning groups. Health and social care commissioners' often work together to make sure that the right services are in place for the local population.
Commissioning Strategy	A plan for developing health and social care services within the local area.
Continuing Health Care	Ongoing care outside hospital for someone who is ill or disabled, arranged and funded by the NHS. This type of care can be provided anywhere, and can include the full cost of a place in a nursing home. It is provided when your need for day to day support is mostly due to your need for health care, rather than social care. The Government has issued guidance to the NHS on how people should be assessed for continuing health care, and who is entitled to receive it.
Co-produced	People involved in assessment and planning support should work equally together identify needs. Co-production should always involve the person they are for and anyone else they wish to be involved.
Department of Health	The Department of Health is a part of Government that is responsible for policy and some funding for health and social care services and for improving the country's health and well-being.
Dementia	A set of symptoms associated with an on-going decline of the brain and its abilities. This includes problems with: • memory loss • thinking speed • mental agility • language

	• understanding • judgement How fast dementia progresses will depend on the individual person and what type of dementia they have. Each person is unique and will experience dementia in their own way.
Depression	Low mood which is so bad that it affects a person's life to the extent that they are unable to take part in the things they usually do, like work or social activities.
Direct Payments	Money that is paid to you (or someone acting on your behalf) on a regular basis by your local council so you can arrange your own support, instead of receiving social care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded social care. They are not yet available for residential care. This is one type of personal budget.
Eligibility Criteria	Currently the criteria for council-funded care and support is set by the government but the council can choose which level of support they will provide. If the council assesses you and you are below this threshold, you will not qualify for council-funded care. From April 2015 there will be new criteria for support and the government has set the threshold level for providing support.
Equipment	If you are struggling or disabled, you may need special equipment to enable you to live more comfortably and independently e.g. equipment to help you get on and off a chair such as chair raisers.
General Practitioner (GP)	Doctors who provide medical care for people in the community. They diagnose and treat illness, disease and infection.
Health and Wellbeing	Being in a position where you have good physical and mental health, control over your day-to-day life, good relationships, enough money, and the opportunity to take part in the activities that interest you.
Health and Wellbeing Boards	A forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
Health and Wellbeing Strategy	A plan that sets out the priorities that commissioning organisations need to think about when developing health and social care services.
Home care	Care provided in your own home by paid care workers to help you with your daily life. It is also known as domiciliary care. Home care workers are usually employed by an independent agency, and the service may be arranged by your local council or by you (or someone acting on your behalf).
Integrated	Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family. This may also involve integration with other services for example housing.
Intermediate Care	A structured programme of care provided for a limited period of time to assist a person to maintain or regain the ability to live in their home.

Joint Strategic Needs Assessment (JSNA)	An assessment of the health needs of the local population, which then identifies where there are particular problems that need attention.
Learning Disability	A learning disability happens when a person's brain development is affected, either before they are born, during their birth or in early childhood. A learning disability means a person finds it hard to learn new things in any area of life, not just at school and everyday activities can be difficult.
Local Authority	An administrative body in local government. Also referred to as a council. For this strategy, the local authority is Bracknell Forest Council.
Long Term Conditions	These are health conditions for which a person needs on-going treatment and/or support. They include things like Diabetes, Chronic Obstructive Pulmonary Disease, Epilepsy.
Mencap	The local Branch of Mencap is Wokingham, Bracknell and District Mencap.They are an independent local registered charity supporting adults and children with learning disabilities and/or an autism spectrum condition (ASC), their parent carers and their families.
Mental Health	A persons condition relating to their psychological and emotional health and wellbeing.
National Health Service	The system in the UK that provides healthcare to people free at the point of need and is paid for by taxes.
Occupational Therapist	A professional with specialist training in working with people with different types of disability or mental health needs. An OT can help you learn new skills for everyday life or regain lost skills, and can arrange for aids and adaptations you need in your home. Occupational therapists are employed both by the NHS and by local councils.
Older People	Many councils define people over the age of 50 as 'older', but social care services for older people are usually for people over the age of 65 - unless you have particular needs that make you eligible before this age.
Outcomes	In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen - for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.
Outcome Frameworks	The set of outcomes that all relevant organisations in the country are expected to use to set standards for their work.
Parkinson's Disease	A condition in which part of the brain becomes progressively damaged over time. It mainly affects movement but also can cause other physical and psychological symptoms.
Partnership	An arrangement when organisations or people work together on things that they all have some responsibility for.

Physiotherapist	Physiotherapists help ill, injured or disabled people recover movement and function as far as possible.
Personal Budgets	Money that is allocated to you by your local council to pay for care or support to meet your assessed needs. The money comes solely from adult social care. You can take your personal budget as a direct payment, or choose to leave the council to arrange services (sometimes known as a managed budget) - or a combination of the two.
Personalisation	A way of thinking about care and support services that puts you at the centre of the process of working out what your needs are, choosing what support you need and having control over your life. It is about you as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.
Protected Characteristics	A person cannot be discriminated against, harassed or victimised on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
Reablement	A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. It is similar to rehabilitation, which helps people recover from physical or mental illness.
Respite	Time away from caring.
Respite Care	A service giving carers a break, by providing short-term care for the person with care needs in their own home or in a residential setting. It can mean a few hours during the day or evening, 'night sitting', or a longer-term break. It can also benefit the person with care needs by giving them the chance to try new activities and meet new people.
Rights	What you are entitled to receive, and how you should be treated, as a citizen. If you have a disability or mental health problem, are an older person or act as a carer for someone else, you have the right to have your needs assessed by your local council. You have a right to a service or direct payment if your assessment puts you above the eligibility threshold your council is using. You and your carers have a right to be consulted about your assessment and about any changes in the services you receive.
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them. If you believe that you or someone you know is being abused, you should let the adult social care department at your local council know. They should carry out an investigation and put a protection plan in place if abuse is happening. Councils have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local safeguarding boards.
Sensory Needs	People who have needs because they blind, partially sighted, deaf, hard of hearing or deaf-blind.

Social Care	Care and support for people who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. Social care includes assessment of people's needs, provision of services or allocation of funds to enable people to purchase their own care and support. It includes residential care, home care, personal assistants, day services, the provision of aids and adaptations and personal budgets.
Specialist Nurse	A nurse with advanced experience and expertise in a particular area of practice.
Statutory	Something that must happen because it is set out in law.
Telecare	Technology that enables you to remain independent and safe in your own home, by linking your home with a monitoring centre that can respond to problems. Examples are pendant alarms that you wear round your neck, automatic pill dispensers, and sensors placed in your home to detect if you have fallen or to recognise risks such as smoke, floods or gas-leaks. The monitoring centre is staffed by trained operators who can arrange for someone to come to your home or contact your family, doctor or emergency services.
Telehealth	Telehealth equipment helps you to monitor their health without visiting a health care practitioner. It can be equipment to measure your blood pressure, blood glucose levels or weight. You will be taught how to do the tests on yourself. The measurements are automatically transmitted to your doctor or nurse and they will contact you about any concerns they may have.
Triple A (Ascot Area Alzhemiers)	ATriple 'A' is a local voluntary organisation which provides a wide range of support such as: • Local outings for small groups of people with dementia which provides respite for carers • A monthly evening support group for carers with speakers on a range of relevant topics • A montly carers lunch and carers respite on a Sunday • Social outings, quizzes, theatre trips and picnics.
Voluntary Sector	Organisations that are independent of the Government and local councils. Their job is to benefit the people they serve, not to make a profit. The people who work for voluntary organisations are not necessarily volunteers – many will be paid for the work they do. Social care services are often provided by local voluntary organisations, by arrangement with the council or with you as an individual. Some are are run by and for the people the organisation is designed to benefit - e.g. disabled people.
Whole Family	A social unit of people who live or support each other.
Young Carer	A person under the age of 18 in a caring role. They may be supporting a parent, sibling, grandparent or friend.

Some of these definitions were taken from Think Local, Act Personal Care and Support Jargon Buster and NHS Choices.

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DRAFT 3

Appendix 1

National Outcome Frameworks: measures to assess impact on carers

Adult Social Care Outcome Framework 2015/16	Public Health Outcome Framework 2013/16	National Health Service Outcome Framework 2015/16
OF 1A. Social care-related quality of life **Carers can balance their caring roles and maintain their desired quality of life** 1D Carer-reported quality of life. **People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation** 1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like OF 3 - Ensuring that people have a positive experience of care and support. **People who use social care and their carers are satisfied with their experience of care and support services.** 3B. Overall satisfaction of carers with social services **Carers feel that they are respected as equal partners throughout the care process.** 3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for **People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.** 3D. The proportion of people who use services and carers who find it easy to find information about support.	Domain 1 - Improving the wider determinants of health. • Sickness absence rates • Social Isolation Domain 2 - Health Improvement. 2.23i – Self-reported well-being- with a low satisfaction score. 2.23ii – Self reported well-being – with a low worthwhile score. 2.23iii Self reported well-being with a low happiness score. 2.23ii Self reported well-being with a high anxiety score. Domain 4 – Healthcare public health and preventing premature mortality.	Domain 2 - Enhancing quality of life for people with long term conditions. 2.4 Enhancing quality of life for carers

Adult Social Care Outcome Framework 2015/16	Public Health Outcome Framework 2013/16	National Health Service Outcome Framework 2015/16
OF 4A – The proportion of people who use services who feel safe **Everyone enjoys physical safety and feels secure** **People are free from physical and emotional abuse, harassment, neglect and self harm.** **People are protected as far as possible from avoidable harm, disease and injury** **People are supported to plan ahead and have the freedom to manage risks in the way that they wish.** 4B The proportion of people who use services who say that those services have made them feel safe and secure 4C Proportion of completed safeguarding referrals where people report they feel safe		

Appendix 2

A Model for Equal Access to Assessment and Support
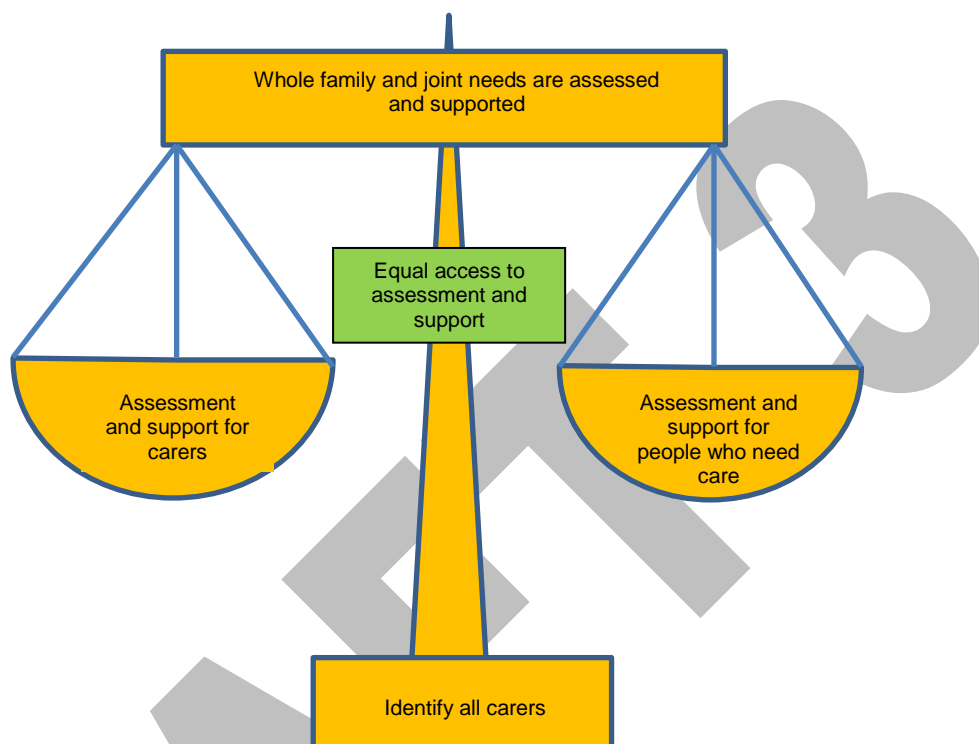
This model builds on current practice and has been developed based on people's views, legislation, policy, evidence and best practice.

Identification

- Identification of all the people involved in caring for a person with long term illness or disability is the basis on which support individuals and the whole family is built.

- Early and timely identification and support for people who are in a caring role, and those who they support, reduces the need and intensity of support they require.

- Carers are identified through the assessment of people they care for and vice versa. People may identify themselves that they are in a caring role or this may be through discussion with friends, family, community contacts or practitioners.

- As people do not always recognise themselves as carers, it is essential that information about who is a carer is available to the public and that practitioners are skilled in recognising people who could be in a caring role.

Assessment

- All people involved in caring for a person have right to an assessment to meet their needs regardless of whether the person they care for wants an assessment or needs one. Once complete, all carers should have a copy of their assessment.

- What is needed to support a person in a caring role as well as maintain their health and wellbeing can be identified through assessment of their own needs and assessment of the person they care for.

- How assessments are completed need to be discussed with the person to whom the assessment relates and they have a number of choices including:

  - who they want to involve in the process
  - whether they want the assessments at the same time as each other or separately
  - how they want to complete the assessment e.g. on line, face to face
  - the location of the assessment.

- Regardless of how the assessments are completed, carers need to have equality of access to assessment and support. All carers should have the time and space to discuss their individual concerns and needs if they wish. The needs and wishes of people who are in a caring role should be considered equally to the person they care for.

- The impact of being in a caring role can vary; for example it can be dependent upon the amount of support a person is providing to others, demands of work or the carers own health and wellbeing.

- Assessments should be proportionate and responsive to people's changing needs.

- As part of the assessment process, people must be asked if they wish to continue all or part of their caring role and support plans should be developed accordingly.

Support Planning

- Support plans should be personalised and completed with the person to whom they relate and others the person wants to involve in the planning of their support. Once complete all carers should have a copy of their support plan.

- Due to the relationships between people who are in a caring role, people being cared for and the whole family, it is also essential that the joint needs of people are also assessed and supported.

- When planning support for the whole family, people's own needs and wants may conflict with each other. The practitioners need to balance the needs of each individual and the whole family, managing conflict as far as possible.

In order to deliver this model of support, practice, processes, partnerships and services need to be developed. The strategy action plan will identify the steps needed to implement positive change.