

Local Government Information Unit (LGIU)

Briefing Note on:

Recognised, valued and supported: Next steps for the carers strategy

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Overview

Recognised, valued and supported is a cross-government publication involving Business, Innovation and Skills (BIS), Communities and Local Government, Education, Health, Work and Pensions and the Government Equalities Office.

Over the summer the Government undertook a consultation seeking views on what was important for carers. The following factors were identified as priorities: timely information, breaks from caring, respect from professionals, streamlined assessments and more comprehensive services, keeping healthy, and a benefits system that facilitates, rather than penalises, employment.

Based on this feedback, the government identified four priority areas for improving support to carers.

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 both in designing local care provision and in planning individual care packages'.
2. *Realising and releasing potential*: 'Enabling those with caring responsibilities to fulfil their educational and employment potential'.
3. *A life outside of 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'.

Each of the priority areas includes the next steps that government departments will take, working with carers and their organisations. There are also messages about where local authorities and local organisations need to focus their activity.

The strategy is supported by additional funding over the next four years: £400 million via the NHS for breaks, £6 million to improve carer support in primary care, and £1 million in 2010/11 in the Reaching out to Carers Innovation Fund to promote carer support in user/condition-specific voluntary organisations.

Carers' priorities remain the same over time, and this strategy commits to the ongoing aims of improving information, breaks, and opportunities for employment. One new feature is that carers are described as embodying 'the spirit of the Big Society.'

Government themes of localism and greater choice of provider are reflected in the strategy, with carers viewed as having the potential for shaping a wider range of organisations providing personalised care.

Briefing in full

Priority area 1: Identification and recognition

This section points to the importance of well-managed hospital discharge, and the recent Association of Directors of Adult Social Services (ADASS) guide *Carers as partners in hospital discharge*. Carers should be routinely involved in Joint Strategic Needs Assessments and local strategies – re-ablement is identified as a particularly important area. The National Network of Parent Carer Forums, recently piloted by the DH to cascade information and champion parent carer participation, is referenced as good practice, as is a ‘whole family’ approach to assessment. Carers’ experiences can be used in developing social enterprises for personalised care and support – ‘the combination of direct payments and growth in local delivery models could create a local *care economy* where by carer-led services enable fellow carers to retain employment and independence’.

Next steps

- The information strategy for health and social care (currently being consulted on) will involve carers.
- In 2011, Skills for Care and Skills for Health will publish a learning and training framework for employers and commissioners on how to support carers.
- In 2011/12, revised guidance on Joint Strategic Needs Assessment will include the importance of identifying carers’ needs.

Priority area 2: Realising and releasing potential

The Government indicates that there should be more awareness of the needs of young carers, particularly in schools. The ADASS/Association of Directors of Children’s Services memorandum of understanding *Working together to support young carers* should be embedded in schools and other organisations. The Government points to a range of initiatives currently under way to support young carers such as young carer projects broadening their support to include accessing employment. There are also new ‘fully-funded learning entitlements’ for priority learners in colleges.

Flexible working to enable carers to combine work with caring is a priority, while assistive technology is seen as a key means of facilitating this. In welfare reform, the recent White Paper *Universal Credit: Welfare that Works* recognises that the current earnings limit may trap people on benefits, through them losing entitlement to Carers Allowance. Carers receiving universal credit will have improved opportunities to work part time by keeping more of their income.

Next steps

- From April 2011 a Department of Education (DE) Early Intervention Grant will bring together a range of funding streams relating to young people and families.
- DE and BIS will work with stakeholders to create the first careers service which provides continuity of advice from child to adult.
- In 2011 there will be a consultation with business on how best to extend the right to request flexible working to all carers.
- Non-legislative proposals to extend family friendly working will be pursued.
- BIS and the DH will examine how to promote small, flexible enterprises that can support more carers to stay in employment; they will also look to market growth in assisted living technology.
- Skills for Care will publish a workforce development strategy promoting personalisation, and a Personal Assistant strategy will be published next year.

- DWP will continue to invest in supporting carers into work through flexible arrangements at Jobcentre Plus.

Priority area 3: A life outside of caring

This section stresses the importance of personalisation, choice and control for carers. It advises that no assumptions should be made about a carer's ability and willingness to care. As outlined in the *Vision for Adult Social Care*, personal budgets will be the norm, but carers should not have to manage financial arrangements or procure their own services unless they wish to – an anxiety particularly among older carers. One of the health budget pilots is specifically looking at personal health budgets for carers. The Common Assessment Framework for adults demonstrator programme is considering how assessment and care planning information can be more easily shared with carers, including web-based access to documents through 'Citizens Portals'.

In order to reduce waiting times for assessments, some local authorities involve carers in training people in the voluntary sector as 'trusted assessors' to speed up response times and provide access to a range of support. ADASS and the Princess Royal trust for Carers have developed a carers support pathway and a self assessment audit tool:

Commissioning better outcomes for carers – and knowing if you have.

Next steps

- Personal budgets for all, preferably as a direct payment, by 2013.
- The Whole Systems Demonstrator Programme evaluation of telecare and telehealth will be published in 2011; carers will influence future development.
- The Law Commission review is considering greater flexibility and portability of assessment; the Commission on Funding and Support will impact on carers.
- A new national campaign targeted at families with multiple problems will be launched, underpinned by local Community Budgets (pooled funding streams).
- The government will publish more details on the relationship between GP consortia and councils.
- The NHS will continue to develop quality and improvement plans and the Standing Commission on Carers will be asked to prepare advice for further improvement.

Priority area 4: Supporting carers to stay healthy

Studies show that people providing high levels of care are twice as likely to have poor health as those without caring responsibilities. However, much of this is avoidable or can be minimised. Supporting carers is a key element of the prevention and public health agendas, as evidenced in the Public Health White Paper (2010). The 25 carer demonstrator sites established in 2009 by the DH are examining how the NHS can offer better support to carers, including through breaks, health and wellbeing checks and access to psychological therapies. An interim evaluation is on the website of the Centre for International Research on Care, Labour and Equalities (CIRCLE) at the University of Leeds. Breaks are extremely important for maintaining good health, but mainstream provision tends to be still one-size-fits-all; the majority of carers who have experienced a good break have organised this themselves through direct payments.

Next steps

- Publish independent evaluations of the carer demonstrator sites and dementia demonstrator site programmes in autumn 2011 and autumn 2012 respectively.
- A new mental health strategy in 2011 will include support for carers.
- The Social Care Institute for Excellence will produce information on the preventative potential of telecare and telehealth including outcomes for carers.

Developing the evidence base on supporting carers

There is good evidence about the problems associated with caring responsibilities, particularly for older carers, and some evidence of financial savings from supporting carers e.g. preventing caring breakdowns. Considering carer support in the context of the major care pathways, e.g. discharge, falls, dementia and stroke could generate system-wide efficiencies. However, research shows that effective support to carers involves a range of measures such as good mainstream services and well-integrated services, so it is difficult to evaluate single interventions. Employers for Carers have produced a business case for supporting carers in work (annex B of the strategy). The government is seeking views on repeating the carers' experience survey as part of the consultation on the Transparency in Outcomes Framework for Adult Social Care. The census question on carers from 2001 will be repeated in 2011.

Carers and personalisation: improving outcomes

A separate document on carers and personalisation was published alongside the strategy. It covers the following topics:

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

The document provides examples of good practice in each of the topics. Many are familiar interventions and services (such as carer-led organisations and co-produced consultation). However, the sections on market and provider development and self-directed support processes (e.g. the difference between the carer and user in resource allocation systems) may be less familiar.

Comment

There is much to welcome in this strategy which builds on and extends previous strategies based on carers' priorities. Carers' organisations have welcomed the direction of the document, but remain concerned that service cuts will reduce support to carers, regardless of good intentions.

In April 2010 the right to request flexible work was extended to include carers of spouses, partners and near relatives. The proposal to extend this to people who are not close relatives or who do not live with the person they care for is estimated to help around 75,000 carers.

One of the most important developments for carers is not in this strategy, but the work of the Law Commission, which, hopefully, will streamline the process of carers' assessments.

The document does not generate new responsibilities for councils, but stresses the importance of personalisation for carers, and the role of local government as a 'catalyst for local action' encouraging community/volunteer approaches such as time banks.

The Care Services Minister has said that the NHS operating framework will make carers' respite a priority, and PCTs will receive specific allocations from the £400m additional funding. This is good news, since research by Carers UK and others found that many PCTs could not account for how the previous £150m allocation from 2009-11 had been spent.