



Caerphilly Social Services & Aneurin Bevan Locality Health Board

Local Carers Strategy 2013 - 2016



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SECTION 1

INTRODUCTION

Through this local carers strategy, we aim to bring continued improvements in the quality of life, health and wellbeing of carers and provide improved support and services to enable them to carry out and maintain their caring role. We want to focus on the things that mean the most to carers; and those that make the biggest difference, by doing this we will move towards supporting carers to have better outcomes and as a result, hopefully improved quality of life.

Central to this local strategy is the belief that carers are people first, with the same rights as everyone else to have choice and control, quality of life, and equal opportunities to achieve their potential. Supporting this is the aim that, wherever possible, services provided will be responsive to individual need and circumstances, and will be appropriate to the needs of the person that is being cared for.

Supporting carers is a key element of the Welsh Government's health and social care agenda. Welsh Government are introducing a comprehensive package of measures to enhance support to carers that is testimony to their recognition of the enormous contribution that they make. These measures, such as the Carers Strategies (Wales) Measure 2010 and the Social Services and Wellbeing (Wales) Bill, place specific duties upon health and social care to meet the needs of carers.

Whilst Social Services Departments have long had responsibility for meeting carers needs, under the Carers Strategies (Wales) Measure 2010, Local Health Boards are designated as the lead authority for ensuring delivery of a 'Carers Information & Consultation Strategy'. This sets out how organisations will work together to provide appropriate information and advice to carers. In establishing the NHS as lead agency, the Measure recognises that the NHS plays a vital role in identifying carers, offering them information and signposting or referring them to sources of advice and support.

In January 2013 the Welsh Government introduced the draft Social Services and Wellbeing (Wales) Bill and intends that implementation will commence in 2015-2016. Contained within the Bill are specific sections on the duties to meet and assess the needs for carers. One of the key features of the Bill is that it aims to provide "equivalent" rights for carers, putting them on a similar legal footing as those they look after. Although at the time of producing this document we are awaiting further details on the Social Services and Wellbeing (Wales) Bill, we are in no doubt that the Bill will bring about fundamental changes in the way that social care is delivered in the future.

Caerphilly County Borough Council and Aneurin Bevan Locality Health Board have produced this Local Carers Strategy that encompass the key pieces of legislation integral to supporting carers, (as set out in Appendix A of this document). This demonstrates our commitment to carers and responds to the invaluable feedback we have received from unpaid carers within the borough. It also gives direction for the development and delivery of support services for carers over the next three years, until the implementation of the Social Services and Wellbeing (Wales) Bill.

We would like to offer our sincere thanks to all those involved in the production of this local strategy document and the invaluable contribution received from carers and past carers within Caerphilly.

SECTION 2

WHO ARE CARERS & WHY THEY NEED SUPPORT

Who is a carer?

A carer can be defined as someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.

Anyone can become a carer; carers come from all walks of life, all cultures and can be of any age. Carers don't choose to become carers, it happens out of a feeling of duty and it is done because of an overwhelming concern and compassion for the person they care for. Many carers do not consider themselves to be a carer, they are just looking after their parent, child, partner or best friend, just getting on with it and doing what they feel anyone else would do in the same situation.

Carers usually fall into one of the three following categories:

- **Adult Carers:** an adult caring for another adult such as a husband, wife, partner, son, daughter, friend or relative.
- **Parent Carers of Children with Disabilities:** an adult who cares for a child with a long-term illness or a disability.
- **Young Carers:** a young person under the age of 18, who is in some way affected by the need to take physical, practical and/or emotional responsibility for the care of another person, usually taking on a level of responsibility that is inappropriate to their age or development. (Within Caerphilly, young carers can receive support from the Young Carers Project up to the age of 25).

It is recognised that these three types of carer stated are broad groups and that all carers are individuals and as such have differing and diverse needs.

The term carer should not be confused with care worker, or care assistant, who receives payment for looking after someone.

Caerphilly have adopted the following as a definition of a carer -

A carer is an individual who unpaid, provides support on a regular basis, which impacts on their normal life and without the support the person being cared for would not be able to cope alone because they are frail, elderly, have a disability, mental health or substance misuse needs.

Why do carers need support?

Caring for someone can be both physically exhausting and emotionally stressful. Carers often feel isolated, unsupported and alone. Many carers may themselves have a stress-related illness or long-term health problem brought on by caring for someone over a period of time. Carers often experience a lack of financial security because of the cost of caring.

There are particular difficulties for carers in obtaining the support they need to help them balance caring with work.

Analysis of the census figures shows that carers who provide over 50 hours care per week are statistically twice as likely to suffer from poor health as other people. Research by the Office of National Statistics, shows that carers who do not get a break, are twice as likely to suffer from mental health problems as those that do. The Social Policy Research Unit also found the health of carers is more likely to deteriorate over time compared with non-carers. Taking on a caring role can mean facing a life of poverty, isolation, frustration, ill health and depression.

- Many carers give up an income, future employment prospects and pension rights to become a carer.
- Many carers also work outside the home and are trying to juggle jobs with their responsibilities as carers.
- The majority of carers struggle alone and do not know that help is available to them.
- Carers say that access to information; financial support and breaks in caring are vital in helping them manage the impact of caring on their lives.
- Young carers take on inappropriate levels of care at a young age, which can have an adverse effect on their education, wellbeing and future attainment.
- Caring can often have an adverse impact on the wider family (including other children and siblings) due to demands of caring.

Carers and Social Exclusion

When a person becomes a carer they give up many of the opportunities that non-carers take for granted. Carers' lives also become increasingly synonymous with the person they care for, which limits the opportunities they have for a life outside their caring role.

Social exclusion is a reality for many carers. They lack full access to services, leisure, paid work, and to general involvement in their community. They find themselves outside the mainstream of society, simply because of their caring role. Carers can be socially excluded in a number of ways:

- Long-term receipt of benefits and self-reporting difficulties in managing financially
- Living in families with very high costs of disability and/or care
- Caring for person/s who have conditions/illnesses, which carry a high level of social stigma such as mental health problems or substance misuse
- Caring full-time
- Losing friendships
- Long-standing illness or disability
- Not had a break since they started caring

Number of Carers within the UK & Wales

The 2001 Census included, for the first time, a question on the provision of unpaid care:

'Do you look after or give any help or support to family members, friends or neighbours or others because of: long-term physical or mental ill-health or disability or problems related to old age?'

It revealed that in the UK 10% of the population, 5.2 million people, provided unpaid care. Ten years later, the 2011 Census revealed this had risen to 5.8 million.

Nationally: The 2011 Census indicated that there are approximately 5.8 million unpaid carers throughout the UK, which is around 10% of the total population and has risen from 5.2 to 5.8 million between 2001 and 2011.

The biggest rise has been seen in the hours of care being provided, with 2.1 million, over a third (37%) providing 20 or more hours care a week, an increase of 5% (473,000) on the 2001 census figures.

The national Survey of Carers in Households 2009/10 provided the following information:

- Carers were more likely to be women than men
- 60% of carers in the UK were women
- Carers were most likely to be aged 45-64 (42%)
- A quarter (25%) were aged 65 or over
- Around half (46%) were in paid employment and 27% retired from employment

Of the 5.8 million unpaid carers 175,000 are young carers. However, the Census figures were from parental responses to the questionnaire, rather than children and so the figure is estimated to be much higher. A BBC survey in 2010 revealed that the number could be four times the official Census figures, at around 700,000. This figure resulted from a survey of 4,029 secondary school children, where one in twelve children stated that they had caring responsibilities.

Research by Carers UK suggests that nationally, there are an estimated half a million Black, Asian, Minority, Ethnic (BAME) carers in the UK.

Carers UK estimate that unpaid carers currently save the economy £87 billion a year in care costs, which is further broken down as £495 million for Caerphilly.

The true value of the care and support provided by unpaid carers cannot be fully or objectively quantified.

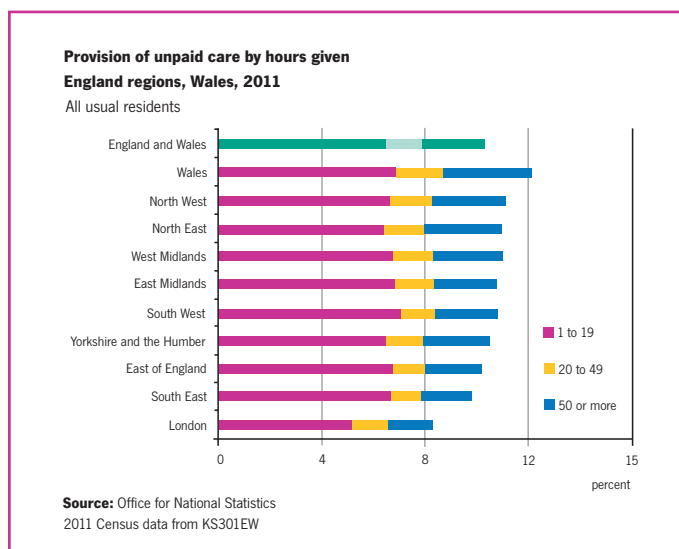
However it is important to recognise the contribution that unpaid carers provide to society and demonstrate the need to recognise that unpaid carers are key partners in the delivery of care and supporting their involvement, as a carer, is central to the sustainability of care provision in the community.

Wales: The 2011 census shows that Wales has 370,230 unpaid carers, an increase of 9% since the 2001 census. Of this number –

- 212,436 (6.9%) provide between 1 - 9 hours of care a week
- 54,046 (1.8%) provide between 20 - 49 hours of care a week
- 103,748 (3.4%) provide between 50+ hours of care a week

The 2011 census shows that the number of unpaid carers in Wales is 12% higher than any region in England.

Provision of unpaid care by hours given – the graph below from the 2011 census shows that a higher percentage (12%, 370,000) of usual residents in Wales were unpaid carers than in any England region, and that Wales also had the highest percentages of carers providing 20 - 49 and 50 or more hours of care 2% (54,000) and 3% (104,000) respectively.



Breakdown of Carers by Local Authority Area as provided by the Census 2011 figures:

Local Authority Area	Total Persons Providing Care	Provides 1-19 hours unpaid care a week	%	Provides 20-49 hours unpaid care a week	%	Provides 50+ hours unpaid care a week	%
Blaenau Gwent	8,752	4,333	6.2	1,611	2.3	2,808	4.0
Bridgend	17,919	9,653	6.9	2,763	2.0	5,503	4.0
Caerphilly	22,721	12,254	6.9	3,507	2.0	6,960	3.9
Cardiff	35,005	21,671	6.3	4,729	1.4	8,605	2.5
Carmarthenshire	23,989	13,390	7.3	3,485	1.9	7,114	3.9
Ceredigion	8,603	5,234	6.9	1,144	1.5	2,225	2.9
Conwy	13,605	7,813	6.8	1,814	1.6	3,978	3.5
Denbighshire	11,631	6,470	6.9	1,765	1.9	3,396	3.6
Flintshire	17,643	10,680	7.0	2,487	1.6	4,476	2.9
Gwynedd	12,443	7,266	6.0	1,680	1.4	3,497	2.9
Isle of Anglesey	8,042	4,677	6.7	1,180	1.7	2,185	3.1
Merthyr Tydfil	7,427	3,779	6.4	1,285	2.2	2,363	4.0
Monmouthshire	11,491	7,509	8.2	1,433	1.6	2,549	2.8
Neath Port Talbot	20,365	10,380	7.4	3,273	2.3	6,712	4.8
Newport	16,604	9,548	6.6	2,549	1.7	4,507	3.1
Pembrokeshire	15,195	9,006	7.4	2,128	1.7	4,061	3.3
Powys	16,154	10,250	7.7	2,084	1.6	3,820	2.9
Rhondda Cynon Taf	29,640	15,671	6.7	4,580	2.0	9,389	4.0
Swansea	30,349	17,346	7.3	4,495	1.9	8,508	3.6
The Vale of Glamorgan	15,575	9,939	7.9	2,050	1.6	3,586	2.8
Torfaen	11,929	6,714	7.4	1,757	1.9	3,458	3.8
Wrexham	15,148	8,853	6.6	2,247	1.7	4,048	3.0

SECTION 3

THE AIMS & VISION OF THE STRATEGY

Purpose of the Strategy

Historically, meeting the needs of carers has been seen primarily as the responsibility of the local authority and the priorities and actions in this Strategy will help explore how the local authority and the health service can work together to support carers.

It concentrates on distinct ways of supporting carers, whilst also recognising that almost everything the local authority, health service, and community do, can impact on people with caring responsibilities.

Carers are a key partner in the delivery of care and supporting their involvement as a carer is central to the sustainability of care provision.

Recognising this central role, we will seek to fully engage carers in:

- decisions relating to the care of the 'cared for' person
- developing generic information, advice and guidance services
- determining service priorities with relevant commissioning strategies
- identifying and shaping collaborative approaches with organisations that work in partnership with carers and the Authority

Our Aims

The overall aim of this strategy is to recognise the immense value that carers provide in the care of others and put simply, the strategy 'aims to offer appropriate support to improve the lives of carers'. Supporting this is the emphasis on, wherever possible, providing services that are responsive to individual needs and circumstances, and appropriate to the needs of the person who is 'being cared for'.

Our Key Principles

The key principles supporting this strategy are that carers will be treated with dignity and respect and in achieving this we will adopt the following principles of **"respect"** -

Recognise carers

Empower carers

Support carers

Promote carers

Engage with carers

Consider the views of carers

Take time to listen to carers

Recognise Carers - we will actively support carers to recognise their caring role and encourage them to come forward to receive the support they require. We will also promote the need to ensure that professionals have the skills and competency to recognise carers when they come into contact with them.

Empower Carers - we will ensure that carers are provided with accessible, up-to-date meaningful information that is responsive to their individual needs and available locally within their community to enable them to make informed choices.

Support Carers - we will support carers to receive a range of services that are flexible, of good quality, tailored to meet their individual needs and that will provide them with the support they require to maintain their caring role for as long as they wish.

Promote Carers - we will actively promote carers as people first, with the same rights as everyone else to have choice and control, quality of life, and aspirations in their own right, and separate to those of the person being cared for.

Engage with Carers - we will ensure carers have a voice and are consulted and engaged with in respect of the planning and design of the services that affect them and those they care for.

Consider the views of carers - we will ensure carers are actively involved in the assessment and care planning processes that will consider their views, recognise their contribution, knowledge and their rights.

Take time to listen to carers - we will actively promote the availability and rights of carers to an assessment of their own needs that will focus on listening to the carer, valuing their experience and applying a carer-centred process with realistic outcomes.

Our Vision & Commitment

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 role and a life outside of caring.

The commitments offered will be measured against all current and future national strategic directives.

Our Vision Statement:

“Carers will receive the information, services, support and recognition needed to carry out their caring role and remain living as full a life as possible within their community.”

SECTION 4

CARERS WITHIN CAERPHILLY

The 2011 census information states that there are 22,721 carers within Caerphilly, an increase of 1,865 (9%) since 2001.

Of this number -

- 12,254 (6.9%) provide between 1 - 9 hours of care a week
- 3,507 (2%) provide between 20 - 49 hours of care a week
- 6,960 (3.9%) provide between 50+ hours of care a week

Based on the percentage of the total population within the Borough, Caerphilly was ranked as 8th highest out of the 348 local authority areas within the UK for the number of unpaid carers providing 50+ hours of care a week.

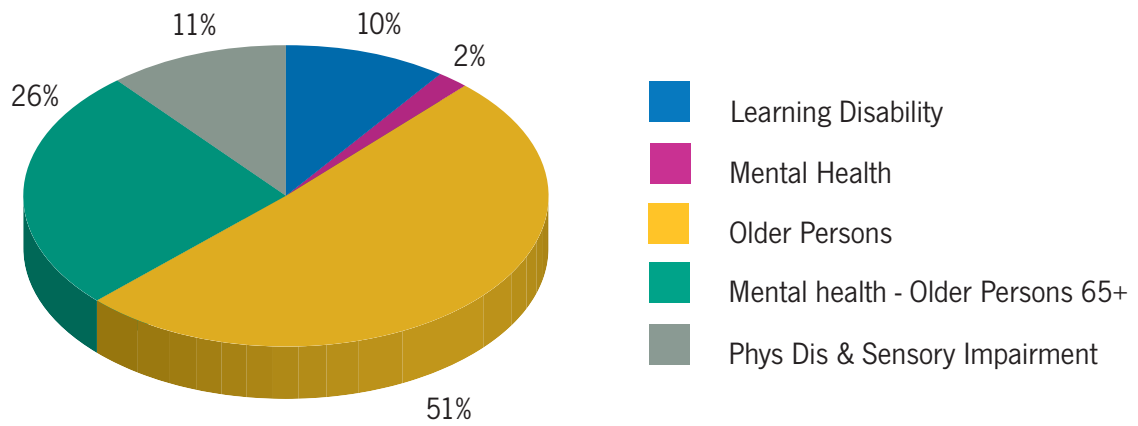
As at April 2011, there were 1,362 adult carers and 191 young carers known to Caerphilly Social Services, either because they are in receipt of support services, have been offered a 'Carers Assessment', or have identified themselves as a carer.

Year - 2011/12	No.
Estimated number of adults and young carers+	22,721
The number of adult carers known to social services	1,362
% of adult carers who were offered an assessment or review of their needs in their own right	87.9%
The number of young carers known to social services	191
% of young carers known to Social Services who were offered an assessment or review of their needs in their own right	100%

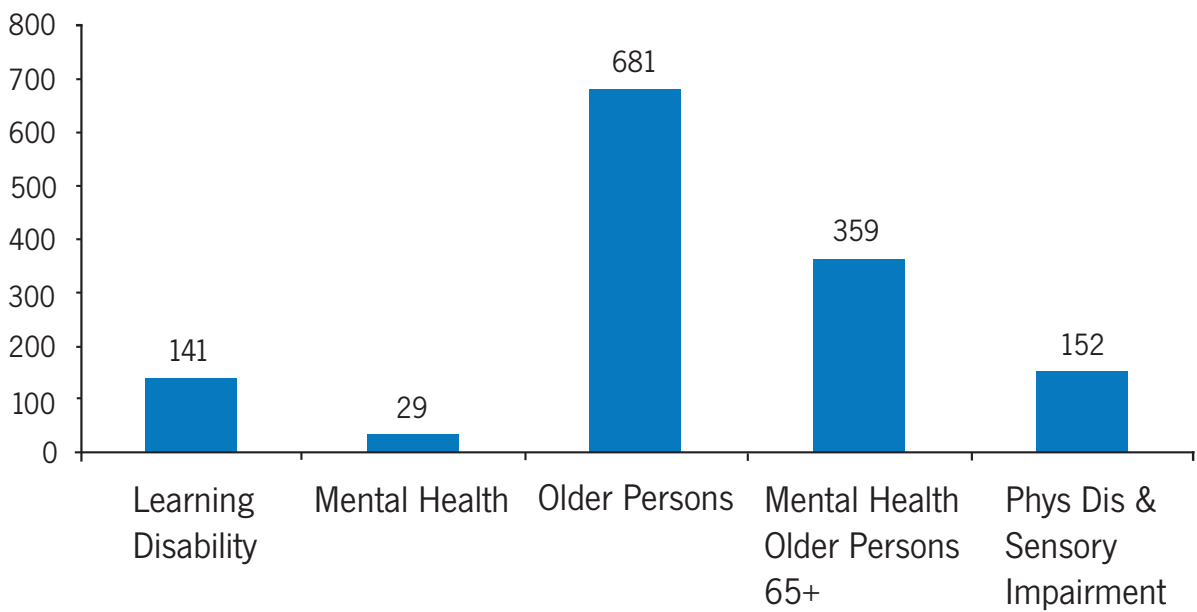
+ Information obtained from 2011 Census data

It is acknowledged that the number of actual carers in Caerphilly is in reality much higher and it is hoped that over time more people will recognise themselves as a carer and come forward to receive the support they deserve.

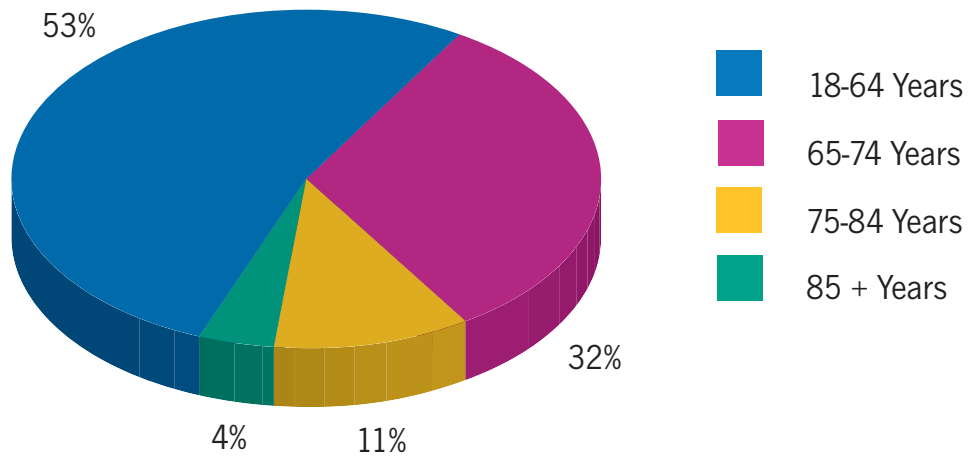
Breakdown of unpaid adult carers by those they care for



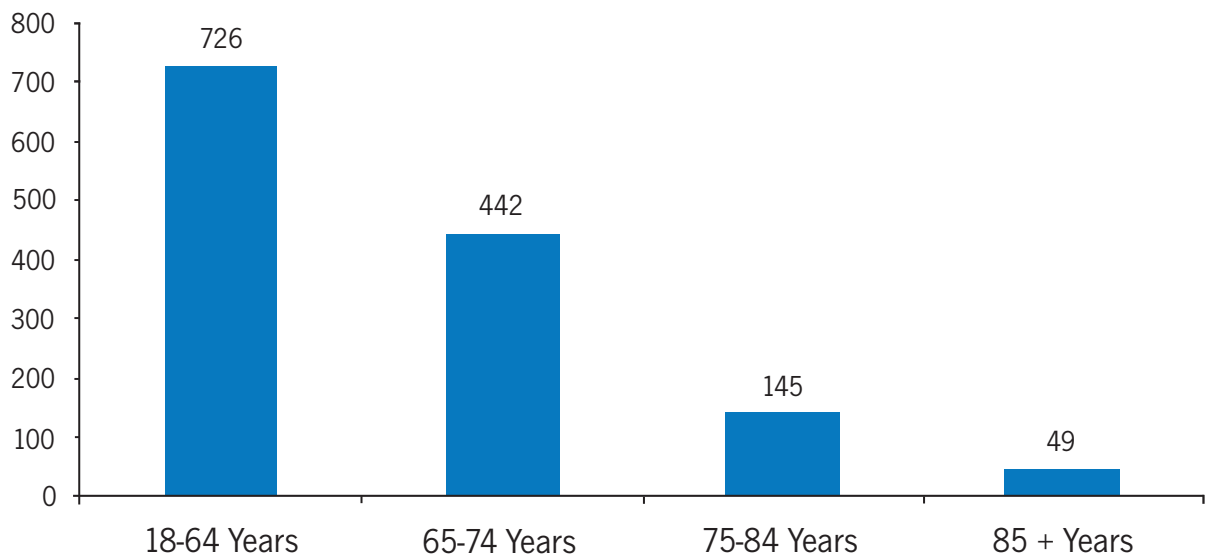
Breakdown of unpaid adult carers by those they care for



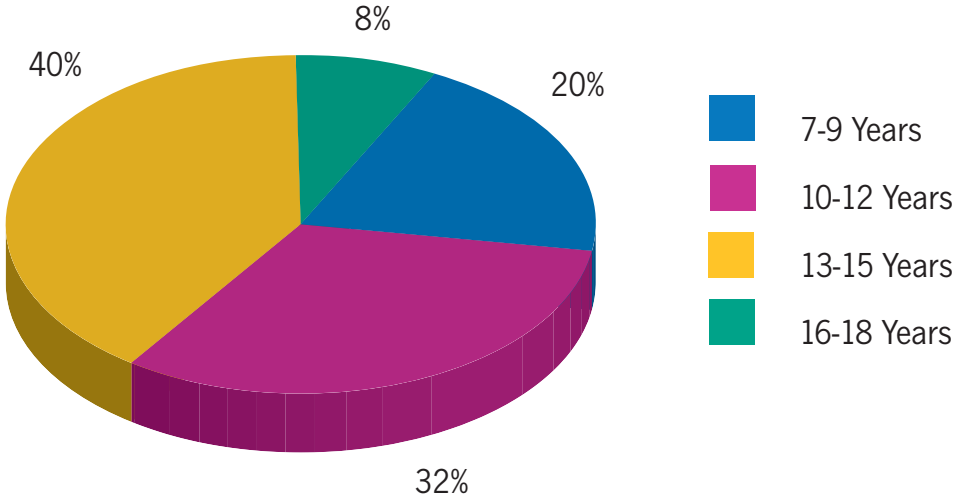
Breakdown of unpaid adult carers by age



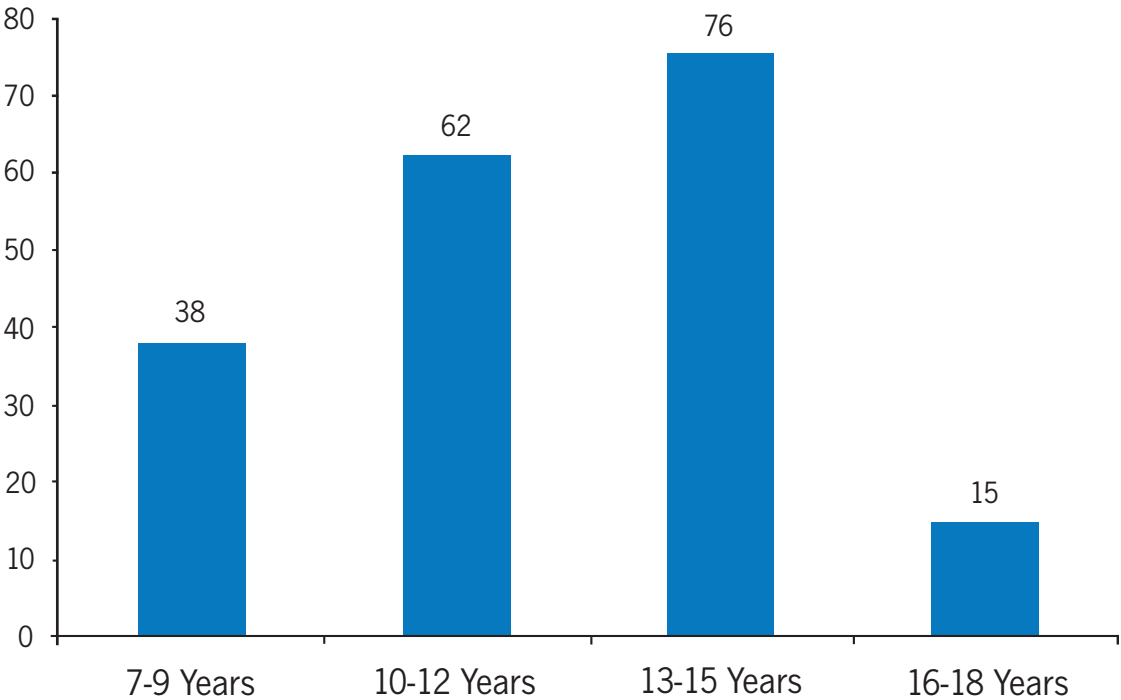
Breakdown of unpaid adult carers by age



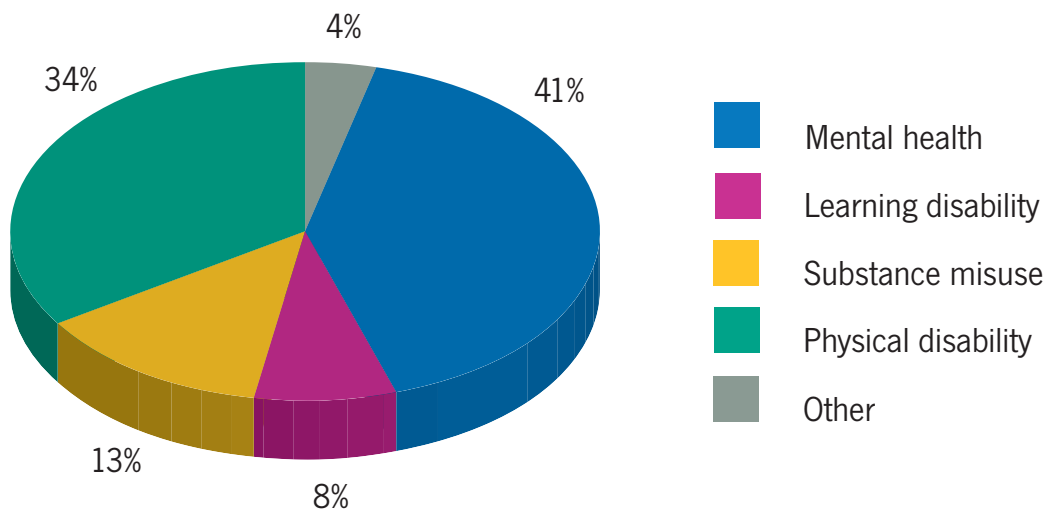
Breakdown of Young Carers by age



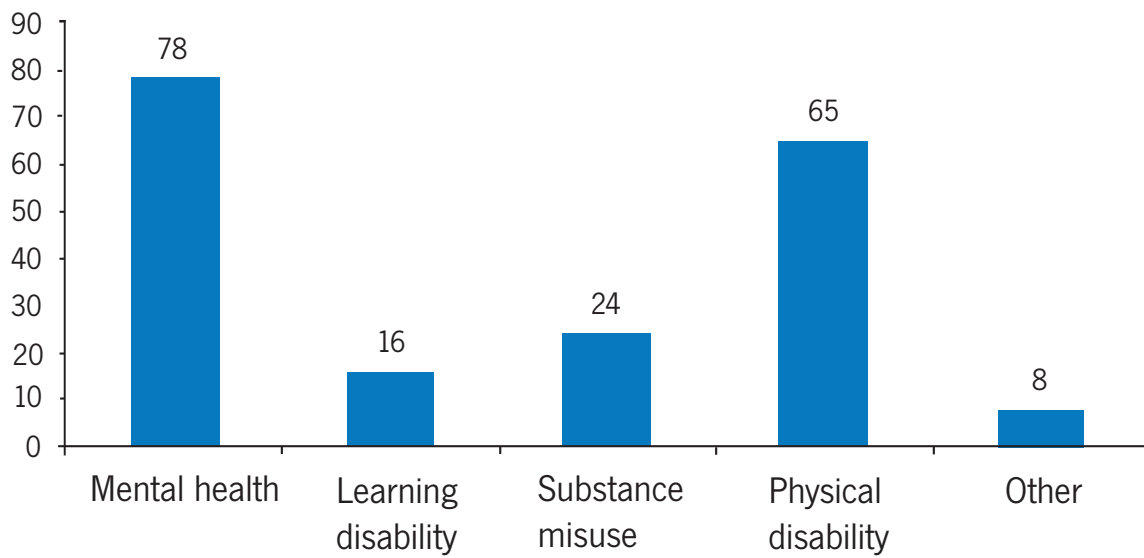
Breakdown of young carers by age



Breakdown of Young Carers by those they care for



Breakdown of young carers by those they care for



SECTION 5

IMPLEMENTING & MONITORING THE STRATEGY

Implementation of the Strategy

The contents and actions set out in the Strategy must form the basis of the Service Improvement Plan (SIP) and Team Plans. The Strategy sets out the strategic direction in line with national strategies set by the Welsh Government, as agreed with partner agencies and carers. This will ensure there is a direct link between strategic priorities and the implementation of service improvements and delivery.

In implementing this strategy all partners will work together to achieve the following outcomes:

- carers will be respected as care partners and will have access to the 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 health and wellbeing will be promoted to assist them to stay mentally and physically well and their dignity respected;
- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to optimise their abilities.

Monitoring and Reviewing the Strategy & Action Plan

It is very important that we can measure clearly what progress is being made during the lifespan of the Strategy and what difference it is making. Monitoring the performance levels of individual service areas will evidence the implementation of service improvements, provide an understanding of the effectiveness of service delivery and demonstrate where further change is required.

There is a clear need for accurate, reliable information on service performance but there should not be too much reliance on quantitative data alone to measure social care performance. Consultation with service users and carers highlight the importance they attach to the quality of the service received and the way in which the service is delivered. There must be a sufficiently robust analysis of the underlying quality of service provision and practice.

Reports will be produced on activity to track progress on actions and to identify barriers, issues and opportunities for further development. An Action Plan will be developed that will be reviewed and updated as appropriate.

Progress reports will be provided to the Health Social Care & Wellbeing (HSCWB) partnership, Divisional & Senior Management Teams and also included within the Service Improvement Plan and relevant Team Plans where relevant.

Carers within the Borough will be given feedback on progress and achievements made at regular intervals, via Carers Forums, Carers Events and newsletters etc.

In monitoring and measuring the merits and successes of the strategy we will consider whether:

- There has been a common concern for the wellbeing of the person being 'cared for' from all agencies involved with the individual/family
- Carers have been supported, should they choose, to access short breaks from the caring role
- Carers have had a degree of freedom to have a life outside their caring role
- Maintaining the carer's health has been considered, promoted and acted upon
- Carers and the person being cared for have confidence in the services provided
- Carers have been listened to and had a say in service provision.

We need to ensure that realistic and meaningful measures and indicators are identified and agreed to determine whether the actions taken are having the desired outcomes for carers. The following national performance indicators provided by Welsh Government will assist in helping form the basis for measurement:

- The percentage of carers identified by the partnership
- The percentage of staff within the partnership area who have undertaken training in relation to carers
- The percentage of carers who had an assessment or review of their needs in their own right during the year
- The percentage of carers that have been referred for assessment by health staff during the year
- The percentage of carers that report they have received appropriate information within the year
- The percentage of carers that report they have been involved in decisions that affect them and the person they care for in discharge and care planning during the year

- Partnership is defined as a Local Authorities and Local Health Boards

- Carers are defined as both adult and young carers in Wales who consider or are considered to provide, or intend to provide a substantial amount of care on a regular basis

Engagement and Consultation on the Strategy

Stakeholders were engaged with, informed and consulted with throughout key stages of the development of the Strategy. The purpose of the strategy was fully explained and stakeholders able to influence and input into the strategy from an early stage via various engagement events.

Feedback on the consultation has been made available to stakeholders through various appropriate communication methods, such as Forums, Working Groups, Carers Groups, Carers Newsletter, Carers Webpages.

stakeholders engaged with:

- Current and past unpaid carer
- Young Carers via Barnardos Young Carers Project
- Professionals and practitioners within social services and the local health boards
- Third sector/voluntary groups providing support and services to unpaid carers
- Stakeholders with a strong connection to carers services

- Community Partnerships and local forums
- Local carers groups and forums
- Caerphilly Carers Strategy Groups

Ongoing engagement & consultation: All engagement and consultation with carers will be through their involvement as partners and will be in recognition of the knowledge they have gained through their caring role.

Engagement and consultation will be available through a variety of media and in relevant languages and formats, all targeted at ensuring carers have access to the information, understand the purpose of what they are being asked to engage/consultant upon and what will happen as a result of their response.

This process will also be replicated when engaging and consulting with third sector carer organisations and providers of services. Many community groups and third sector organisations represent the interests of carers and so this will help to ensure that carers' voices are heard.

Appendix F gives some examples of the feedback and comments received during the engagement and consultation period.



SECTION 6

TOP PRIORITIES FOR SUPPORTING CARERS

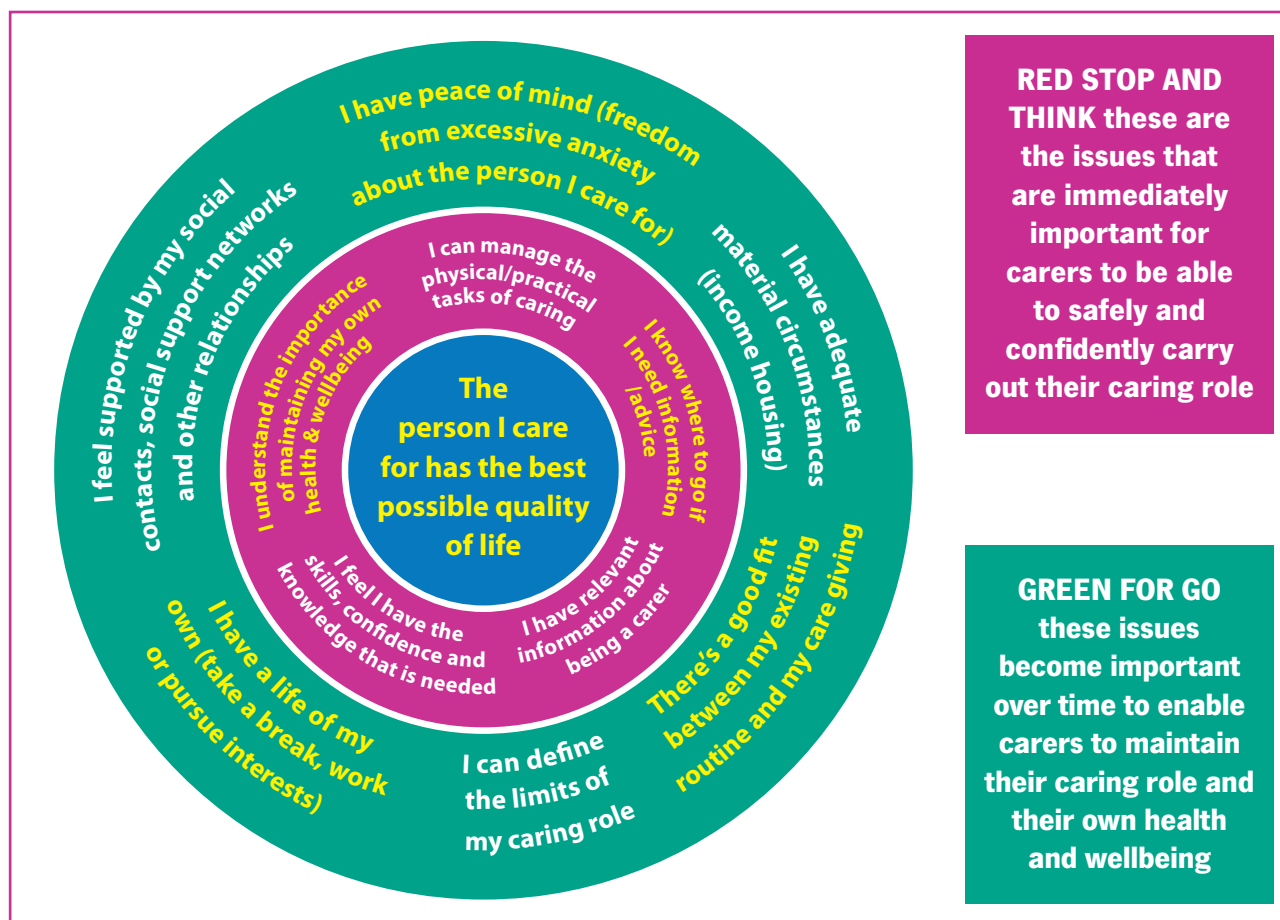
We have gathered feedback from and listened to a cross section of carers within the Borough, including young carers and past carers; and the key messages are:

- Carers need improved information and advice that is easily accessible
- Carers need a range of support services for the person they care for
- Carers need flexible respite and breaks from caring
- Carers want support groups where they can share experiences, form friendships and feel part of their community
- Carers want to be listened to and supported to have their say
- Carers want to be consulted with and involved in the decision making and care planning process for the person being cared for
- Carers need to have a life of their own, alongside their caring role
- Carers need to be supported to stay mentally and physically well and to be treated with dignity and respect
- Carers need to feel there is a common concern for the wellbeing of the person being cared for
- Carers and those being cared for need to have confidence in the services provided

We acknowledge that the above encompasses a wide range of support and services, some of which will be achievable in the near future and others in the longer term. We therefore have set out some short-term priorities for improving and developing the support and services provided to carers over the next three years. This demonstrates a shared commitment to providing better services for carers, whilst being realistic and honest about what can be achieved and when.



The Carers Wheel below helps to demonstrate the areas that are important to achieve now and those that we will work towards and achieve over time.



1. Carers Health & Wellbeing

Caring can be rewarding but it can also place demands on carers physical and emotional wellbeing.

We will support carers to think about their own health and provide appropriate opportunities, within their own communities to enable them to engage in activities that will maintain or improve their health and wellbeing and choose healthy lifestyle options. This will include access to education, training and leisure opportunities.

Action Required	Timescale
Continue to organise and hold events that offer carers an opportunity to participate in activities that positively promote and impact on their health and wellbeing	2013/14
Undertake a more detailed review of the barriers carers experience in accessing education, training and leisure opportunities	2013/14
Work with relevant organisations/providers to identify and develop ways to improve access to education, training and leisure opportunities	2013/14
Provide relevant information to carers to enable them to make healthy lifestyle choices and understand the impacts and benefits of maintaining their own health	2013/14
Explore options for carers to access free or subsidised support and or services that will enhance or maintain their health and wellbeing, such as relaxation and leisure opportunities	2014/15
Work with GPs to promote the health & wellbeing of carers and encourage the provision of holistic support to carers, such as counselling, health checks, flu jabs etc	2015/16

2. Carers Support & Social Networks

We know that social exclusion is a reality for many carers and that they often feel very alone, isolated and uncertain as to whom to approach for emotional support.

We will provide opportunities for carers to form relationships with other carers who are understanding and sympathetic to their issues, learn from and support each other. Such support will help relieve some of the tensions and difficulties many carers experience, whilst also encouraging and supporting carers to maintain and or develop new relationships and participate in wider social activities within their community.

Action Required	Timescale
Carry out a comprehensive mapping of carer support groups currently in place, including commissioned services, those operated by the voluntary/third sector, other organisations and those that are run by carers themselves	2013/14
Organise carers support and friendship groups to enable individuals to meet and share experiences with others who have similar issues and needs	2013/14
Develop a directory of support groups and facilities that will enable carers to identify opportunities for engagement in developing their own social networks	2014/15
Further develop respite services to enable carers to have “time out” in the confidence that the cared for person’s needs will be fully met	2015/16

3. Training & Workforce Development

There are two elements to this priority. The first is to develop the skills of staff that work in support of carers and the second is to assist carers to undertake their caring roles appropriately.

Staff: We will ensure that relevant and appropriate training is available to help staff identify and understand the needs of carers. It is important that staff are able to recognise and understand the demanding role that carers often undertake to ensure that full and proper account is taken of the needs of carers. Within this, assist staff to structure their assessment around the right of carers to have a life of their own; how to assist the carer in maintaining good health; provide appropriate advice and information.

Carers: We will develop structured information and training sessions, that informs and prepares carers for the caring role by giving them the core information and practical skills needed to enable carers to feel confident to carry out and maintain their caring role.

Action Required	Timescale
Further develop training for all health & social care professionals to raise awareness of carers rights, responsibilities and the ability to recognise and support carers	2013/14
Ensure all carers have the opportunity to develop an individual training support plan to enable them to carry out their caring role	2014/15
Develop stronger links with organisations and partner agencies to meet the training needs of carers	2014/15
Further develop innovative opportunities for carers to participate in carrying out awareness raising, such as digital stories	2014/15

4. Carer Information, Advice & Advocacy

We will ensure that with partnership organisations and agencies that we will provide meaningful consistent high quality information that carers are able to access as and when they need it. Such information will be available in a variety of formats and the use of appropriate available technology will be explored to ensure such information is kept up to date and relevant.

Advocacy plays a vital part in supporting people to raise concerns and help make the appropriate choices and decisions. We believe that advocacy has to be as independent as possible, to facilitate individual or group support and we will ensure that carers know how and where to access appropriate advocacy support.

We will create a partnership between relevant organisations and agencies, to ensure that staff are able to 'sign post' carers to appropriate information, support and advocacy services at the time of contact.

Action Required	Timescale
Continue to provide a central source of timely, relevant and updated information through Council/Carer website	2013/14
Continue to engage with carers to ensure we understand the types of information they require, how and when they want to access it	2013/14
Use local and all forms of media, including voluntary sector newsletters to deliver specific messages (bilingually, and in any other language or format as identified)	2014/15
Work with partner organisations and agencies to further develop the carers information book/folder	2014/15
Develop a central register of all known carers within Caerphilly and develop appropriate mechanisms for partner organisation and agencies to refer carers onto the register	2014/15
To raise awareness of advocacy services available and how these can be accessed	2014/15

5. Identification of Carers

Agencies will actively work together to identify 'hidden carers', and in so doing enable carers to report that their status as a carer has been acknowledged and that they have been offered appropriate information, help and support.

Action Required	Timescale
Provide publicity to all agencies and organisations with regards to carers issues & rights	2013/14
Use local and all forms of media, including voluntary/third sector newsletters to deliver specific messages to carers	2013/14
Develop innovative ways to reach out to 'hidden' carers to enable them to identify and acknowledge their role	2013/14
Identify opportunities for carers to be involved in the organisation, (inclusive of both health and social care organisations) via membership on forums, committees, working groups etc to ensure carers are given the opportunity to 'have their say' and highlight those issues important to them	2014/15
Develop a central register of all known carers within Caerphilly and develop appropriate mechanisms for partner organisation and agencies to refer carers onto the register	2014/15
Work with GPs to develop a standardised system of identifying carers and sign-posting them to appropriate services	2015/16

6. Having a break

Appropriate support and services will be in place to ensure that carers are able to take a break, either through support provided in the home, or through residential or day care, which is acceptable to them and the person they care for.

We will create a more flexible respite arrangement which will better meet the needs and individual situations of the carer and the person being cared for. The type and range of respite provision needs to be extended to include: residential and nursing respite provision; day and night sitting provision, time out, relaxation initiatives, adult placement schemes and a more flexible day care arrangement.

Action Required	Timescale
Ensure carers are informed of their right to request 'time out' and the merits of doing so on their health and wellbeing	2013/14
Continue to raise awareness amongst statutory agencies to recognise the important contribution carers make and are therefore committed to working with them to identify how flexible quality services can be developed and delivered to meet their needs	2013/14
Further develop existing respite services to enable carers to have 'time out' in the confidence that the cared for person's needs will be fully met	2015/16
Identify gaps in provision and work with colleagues from across the statutory and voluntary sectors to look at expanding the choice of respite provisions available	2015/16

7. Quality Services

Arrangements will be in place to ensure that reliable quality services are being offered and received by the person being cared for that meets their assessed needs. Carers will be offered opportunities to give feedback on services being received, both routinely and when they wish to make a complaint, offer suggestions or praise service provision and that carers comments are taken seriously to ensure the quality of services continues to improve.

Action Required	Timescale
Commissioned services will be regularly monitored to ensure the standard, quality and relevant performance indicators are being met and address the needs of carers	2013/14
Look at innovative ways of consulting and engaging with carers to ensure we take account of the issues and needs identified as important to carers, when planning and commissioning future services	2013/14
Continue to raise awareness amongst statutory agencies to recognise the important contribution carers make and are therefore committed to working with them to identify how flexible quality services can be developed and delivered to meet their needs	2013/14
Identify opportunities for carers to be involved in the organisation via membership on forums, committees, working groups etc to ensure carers are given the opportunity to 'have their say' and highlight those issues important to them	2014/15
Further develop mechanisms for carers to be involved in the monitoring of service provisions	2014/15
Encourage partnership working between all agencies to help develop complementary and appropriate services that meet the needs of carers	2015/16

8. Young Carers

This strategy encompasses both adult and young carers and as such young carers are included in the above points. However, we also recognise the different needs of young carers and the need to ensure that relevant services and agencies work together to address those issues specific to them.

We will continue to ensure that wherever possible we reduce the impact of caring upon young carers to enable them to reach their full potential and to maximise their life chances and positive experiences.

We will encourage young carers who are capable of forming their own views to have the right to express those views freely in all matters concerning them and the person being cared for.

Action Required	Timescale
Continue to strengthen links with other services and agencies to ensure the needs of young carers and their families can be met holistically	2013/14
Put arrangements in place to ensure that more targeted initiatives are carried out to help identify and promote support for young carers in schools, colleges, youth projects etc	2013/14
Develop opportunities and innovative ways for young carers to participate in awareness raising, such as via digital stories	2014/15
Develop support groups to assist and support young adult carers through the transition from childrens to adult services	2015/16

SECTION 7

APPENDIX A

CARERS LEGISLATION

There are a number of key pieces of legislation, that will be integral to any work undertaken to ensure that carers receive the support and services they are entitled to, the most significant are outlined below –

Carers Strategies (Wales) Measure 2010

The purpose of this Measure is to enable the National Assembly for Wales to legislate to introduce a new requirement on the NHS and Local Authorities in Wales to work in partnership to prepare, publish and implement a joint strategy in relation to carers.

Carers (Recognition and Services) Act 1995

This was the first piece of legislation that gave rights to carers of all ages who provide regular and substantial care. This contains the core statutory responsibilities and requires local authorities to carry out an assessment of a carer's ability to provide and to continue to provide care, if the carer requests this, at the time of the assessment of the person they care for.

Carers and Disabled Children's Act 2000

This Act gave carers a right to ask for an assessment even when the person they were caring for refused an assessment. It also gave Local Authorities the power to provide services directly to carers and to provide Direct Payments to carers.

Community Care (Delayed Discharges) Act 2000

It states that when a carer asks for an assessment, Social Services in consultation with their partners in the NHS, must determine what service it will provide for the carer when the person being cared for is ready for discharge.

Carers (Equal Opportunities) Act 2004

This places a duty on Local Authorities to inform carers of their right to a carers assessment. It also ensures that carers leisure; lifelong learning and employment opportunities must be taken into account when carrying out an assessment. It gives Local Authorities the power to enlist the help of Housing, Education and Health in providing support to carers.

Children Act 1989

Young Carers can be identified as a 'child in need'.

Children and Young Persons Act 2008

This requires local authorities to make adequate arrangements for short break provision for Disabled Children.

The U.N. Convention on the Rights of the Child 1989

Gives children political, civil, welfare and protection rights. The articles are broadly categorised into rights for provision, protection and participation.

Disabled Persons (Services, Consultation and Representation) Act 1986

This requires local authorities to have regard to the ability of the carer to provide or continue to provide care when deciding what services to provide to the disabled person.

Education Act 2002, Section 175

Section 175 concerns the duties of Local Education Authorities and governing bodies in relation to the welfare of children

Rights of Children and Young Persons (Wales) Measure 2011

The purpose of this Measure is to impose a duty upon the Welsh Ministers and the First Minister to have due regard to the rights and obligations in the United Nations Convention on the Rights of the Child (UNCRC) and its Optional Protocols, when making decisions of a strategic nature about how to exercise functions which are exercisable by them. The Welsh Government has adopted the UN Convention on the Rights of the Child as the basis of all its work for children and young people. This is expressed in 7 core aims that all children and young people:

- Have a flying start in life;
- Have a comprehensive range of education and learning opportunities;
- Enjoy the best possible health and are free from abuse, victimisation and exploitation;
- Have access to play, leisure, sporting and cultural activities;
- Are listened to, treated with respect, and have their race and cultural identity recognised;
- Have a safe home and a community which supports physical and emotional wellbeing; and
- Are not disadvantaged by poverty

Mental Health (Wales) Measure 2010

Part 2 of the Mental Health (Wales) Measure places statutory duties on mental health service providers in Wales (LHBs and local authorities) to ensure that all patients in secondary mental health services have a care and treatment plan of a prescribed type, which is developed and reviewed, in partnership with the patient, by a care coordinator. Regulations made under this Part of the Measure require care coordinators to consult with certain other persons (including the patient's carer(s) in developing and reviewing care and treatment plans, and that certain persons (again, including the patient's carer(s)) should be provided with a copy of the plan, or relevant parts of the plan. The care coordinator has some discretion as to whether carers should be consulted and receive copies where the patient has not given their consent, against the patients wishes.

In addition, this legislation enables carer(s) to request a review of the patient's care and treatment plan if they believe that this is necessary (although the care coordinator has some discretion as to whether a review is conducted following such a request).

The Mental Health (Wales) Measure also places statutory duties on mental health service providers to make certain information available to patients in writing when they are discharged from secondary mental health services (including the reason for their discharge, and the actions to be taken in the event that the individual's mental health should deteriorate at some point in the future). Chapter 7 of the Draft Code of Practice which has been issued by the Welsh Government to support this Part of the mental Health (Wales) Measure states that service providers should consider providing this information to the individual's carer if it is believed that this would be appropriate and the individual is in agreement.

Work and Families Act 2006

The Work and Families Act 2006 enables more people with caring responsibilities to request to work flexibly.

National Health Service Reform and Health Care Professions Act 2002

National Health Service Reform and Health Care Professions Act 2002 are now contained in the National Health Service Act 2006. It places a duty on each Local Authority and Local Health Board to devise and put in place a Health and Wellbeing Strategy for the local authority area. Caerphilly's Health, Social Care and Wellbeing Strategy is in place and central to our joint planning and partnership working.

Equality Act 2010

This introduced a new area of discrimination called associative discrimination, where someone may have been subjected to less favourable treatment by reason of their association with a person against whom it would be unlawful to discriminate, for example a carer for a disabled partner or elderly family member. In Wales, the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 placed a duty on Local Authorities to produce Strategic Equality Plans, which include associative discrimination in their scope.

Breaks for Carers of Disabled Children (Wales) Regulations 2012

The Regulations require local authorities to: ensure that, when making short break provision, they have regard to the needs of different types of carers, not just those who would be unable to continue to provide care without a break; provide a range of breaks, as appropriate, during the day, night, at weekends and during the school holidays; and provide parents with a short breaks services statement detailing the range of available breaks, and any criteria by which eligibility for services will be assessed.

Social Services and Wellbeing (Wales) Bill

On the 28th January 2013 the Welsh Government introduced the draft Social Services and Wellbeing (Wales) Bill and intends that implementation will commence in 2015-2016.

The principles behind the Bill are to:

- Develop sustainable social services in Wales
- Give the people who use social services, including carers, a strong voice and real control over the services they may receive by focusing on the personal outcomes that people wish to achieve
- Enable earlier intervention and prevention for carers and for people who need care and support in order to improve their wellbeing



APPENDIX B

NATIONAL & LOCAL STRATEGIES

Set out below are the national strategic priorities for carers services from the Welsh Government together with the local strategic priorities developed with partnership agencies and organisations.

Carers at the heart of 21st Century Families and Communities: National Carers Strategy 2008

This national strategy highlights the importance of ensuring social care, housing, education, health and employers recognise and address the needs of carers. It builds on the progress made by the first ever national carer's strategy 'Caring for Carers' published in 1999.

National Strategy for Wales 'Caring for Carers' (2000) & Carers Strategy for Wales Action Plan 2007

This key document provides the framework for carers in Wales. The objective of this strategy is to achieve the long term improvement in the health and well being of carers and those for whom they care. In 2007 the Plan was developed to refocus the original strategy and set out the strategic direction for carers, together with specific action points to be achieved over the next few years.

The five main areas for action are:

- health and social care
- information
- support
- young carers
- carers in employment

The Strategy for Older People in Wales (WAG 2003)

This strategy recognise that there will be demographic changes over the next 20 years resulting in an ageing society. Because of this there is a need to improve the quality, quantity and responsiveness of services for older people. This will have an impact on carers.

Designed for Life, 2005

It defines the services both in health and social care that are priorities and how these will be developed. The main focus of the strategy is health services and health improvement. There is an emphasis on the prevention agenda and it highlights the crucial role Carers play in enabling people to stay in their own homes for as long as possible.

Fulfilled Lives, Supportive Communities, The Strategy for Social Services in Wales over the next decade

Sets out the vision for Social Services over the next 10 years. The strategy stresses that the vision will only be achieved if Social Services work with users, Carers and partnership agencies. It highlights the principle that Carers are 'partners in care' and need support in their caring role.

Sustainable Social Services for Wales: A Framework for Action

Recognises the support that carers provide within their community and the burden this places upon them. Highlights the importance for service users and carers, including children and young people, to have a stronger voice and greater control over their services and in service design and evaluation.

Carers Strategies (Wales) Measure 2010

Sets out the provision of information and advice to Carers and for the effective involvement of Health and Local Authority with Carers when making decisions about the provision of services to or for Carers or the person being cared for.

Current Carers Legislation is set out in Appendix A

Caerphilly Strategies

Caerphilly Health, Social Care and Well Being Strategy

The Strategy is the joint statutory duty of the Local Authority and Aneurin Bevan Health Board and aims to ensure that people living in Caerphilly are able to enjoy a healthy, active and long life, with prompt access to appropriate health and social care services when needed. The Strategy and associated action plan focus on the wide range of client groups across Caerphilly.

Commissioning Strategy for People With a Learning Disability

Sets out a vision of how services to people with a learning disability within Caerphilly will be developed and improve support to carers of people with a learning disability.

Commissioning Strategy for Mental Health Services

Sets out a vision of how services within Caerphilly will be developed and improve support to carers of people with mental health problems.

Learning Disability Strategy 2012 - 2017

The first integrated strategy for people with learning disabilities across Caerphilly, Blaenau Gwent, Monmouthshire, Newport and Torfaen has been developed. The purpose of the new strategy is to provide a clear direction regarding the future planning and delivery of services for adults with a learning disability and their carers across the region. The document describes the core principles that are fundamental to providing effective services and outlines the key issues that need to be addressed in forthcoming years in order to deliver high quality, safe and cost effective services.



APPENDIX C

DEMOGRAPHIC PROFILE OF CAERPHILLY

Year - 2010/11	No.
Total population	173,124
Life expectancy	76.7
Population of Black Minority Ethnic Groups (BME)	3,300
Population aged 65 years and over	28,392
Number of adult services users	6,626
Number of clients aged 18-64 supported in the community	2,022
Number of people aged 65 or over supported in the community	4,105
Number of people suffering from limiting long-term illness (100,000 population)	27,870
Number of people of working age with a disability	26,300
Those aged 16 years and over in employment	69,500
Average gross weekly earnings for those in full time employment	£501.00
Number of households where all those of work age are in employment	26,000 (45.9%)
Number of households where all those of work age are unemployed	15,000 (26.4%)
Number of people claiming unemployment-related benefits (Job Seekers Allowance)	5,600
Number of people claiming Incapacity Benefit	13,110
% of children with parents that are substance or alcohol dependent	28%
% of children with parents that have a mental illness	15%
Number of children registered as a 'child in need'	1,155

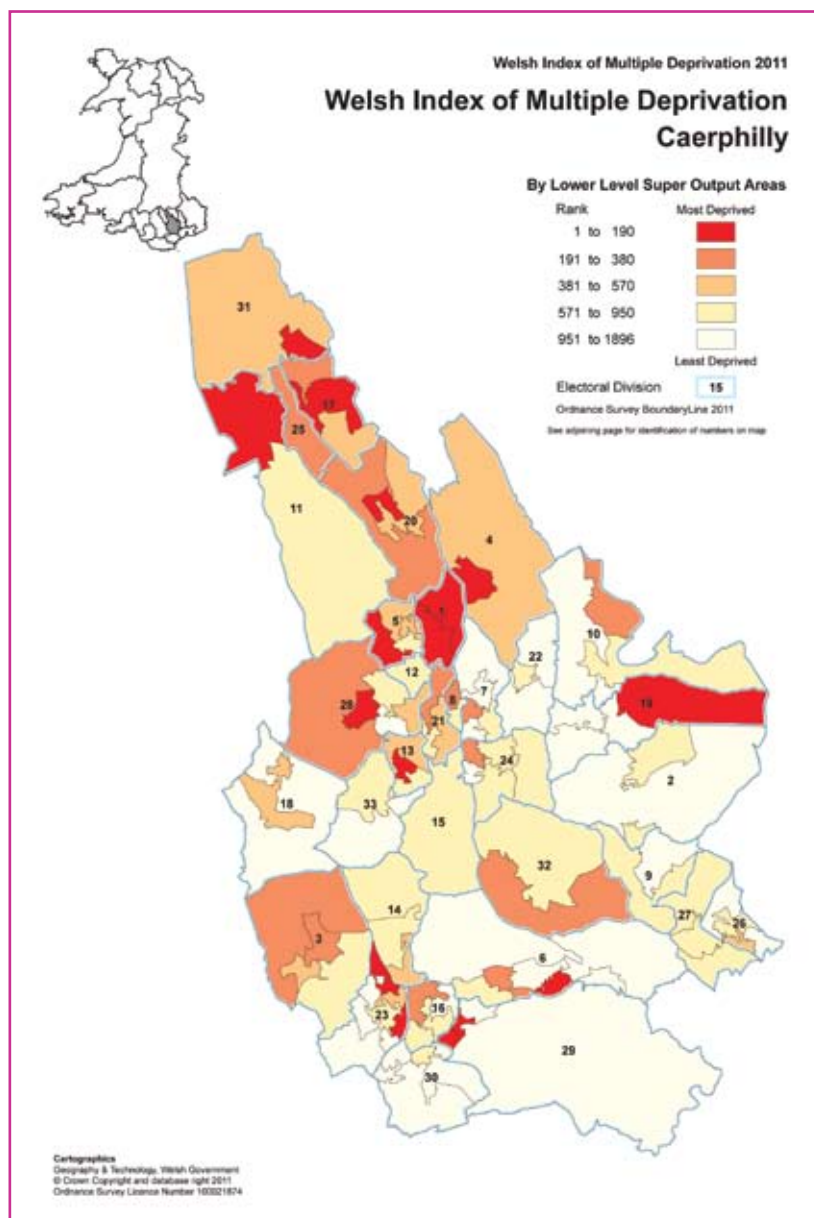
data obtained from statswales

Changing demographics, an ageing population, smaller families and different family structures will result in 3 out of 5 people will end up caring for someone at some point in their lives. It is estimated that the number of carers is set to grow by 50% in the next 30 years.

As a consequence of this demographic profile, the demands for Social Services are consistently high and at a time of financial constraint, we will need to continue to explore alternative avenues by which people's needs can be more efficiently met whilst still providing quality services. This will require creativity, innovation and change in the way services are mobilised and delivered.

The County Borough of Caerphilly was created in 1996 as part of the re-organisation of Local Government in Wales. The borough is situated in the valleys area of South East Wales; it is the fourth largest local authority in Wales comprising of 33 wards, with approximately 50 distinct towns and villages, with a dispersed population of 173,124 people. The population of the Borough is unevenly distributed with the areas at the northern extremes of the North and East localities having geographically large electoral divisions with fewer than 2,750 people living in them. The centre of the Caerphilly basin is more heavily populated with Bedwas, Trethomas and Machen and Penyrheol having 13% of the total population.

From an economic perspective, the past 20 years has witnessed a dramatic decline in the traditional heavy industries of coal and steel, and the Borough now has the third lowest rates of economic activity in Wales. Caerphilly County Borough Council has a number of socio-economic challenges that impact on the work of social services in the area. These include a reducing (through out-migration) and ageing population, low levels of educational achievement, high levels of chronic and life limiting ill health, and low levels of household income. Caerphilly now has the third lowest rates of economic activity in Wales, exacerbated by low levels of skills, educational achievement and lack of qualifications. Although unemployment has declined in recent years, its legacy of poverty and deprivation has clearly had an impact on the health of the population.



APPENDIX D

CURRENT SERVICE PROVISIONS

The services below are commissioned and provided to support carers both in maintaining their own sense of wellbeing and the support they require to carry out their caring role.

Although not included in the list, a variety of services are also provided directly to meet the needs of the person being care for.

Commissioned Services	'In House' Services
Age Concern Luncheon Clubs	Carers Support Worker (37hrs)
Alzheimers Society Support, Information & Advice Service	Provision of Carers Information & Advice (Webpage, Handbook & Newsletter)
Alzheimers Society Dementia Outreach Service	Carers Assessments (Assessment & Care Management Teams / Children with Disabilities Team)
Alzheimers Society Singing for the Brain	Residential Respite Services
Cancer Support – Cancer Care Line & Support Group	Respite Sitting Services
Care & Repair Safety at Home Scheme	Day Services
Crossroads Care Social Centre for Older People with Dementia	Adult Placement Scheme (respite & sessional support)
Emergency / Self Referral Sitting Service (Crossroads/Care for Carers/Village Homecare)	Volunteer Befriender Scheme
Floating Support Service	Carers Friendship Group
Hafal Carers Advocate & Family Support Service (Mental Health)	Carers relaxation & wellbeing activities
Hafal Resource Centre (Mental Health)	Carers Resource Library
Mencap Family Sitting Service (Learning Disabilities)	Provision of carers training
Mencap Family Aid Service (Learning Disabilities)	Carers Strategy Group
Respite Sitting Service (Crossroads/Care for Carers/Village Homecare)	Income Maximisation & Benefits Advice
Stroke Association Family Support Scheme	Carers Emergency Card Scheme
Young Carers Project	

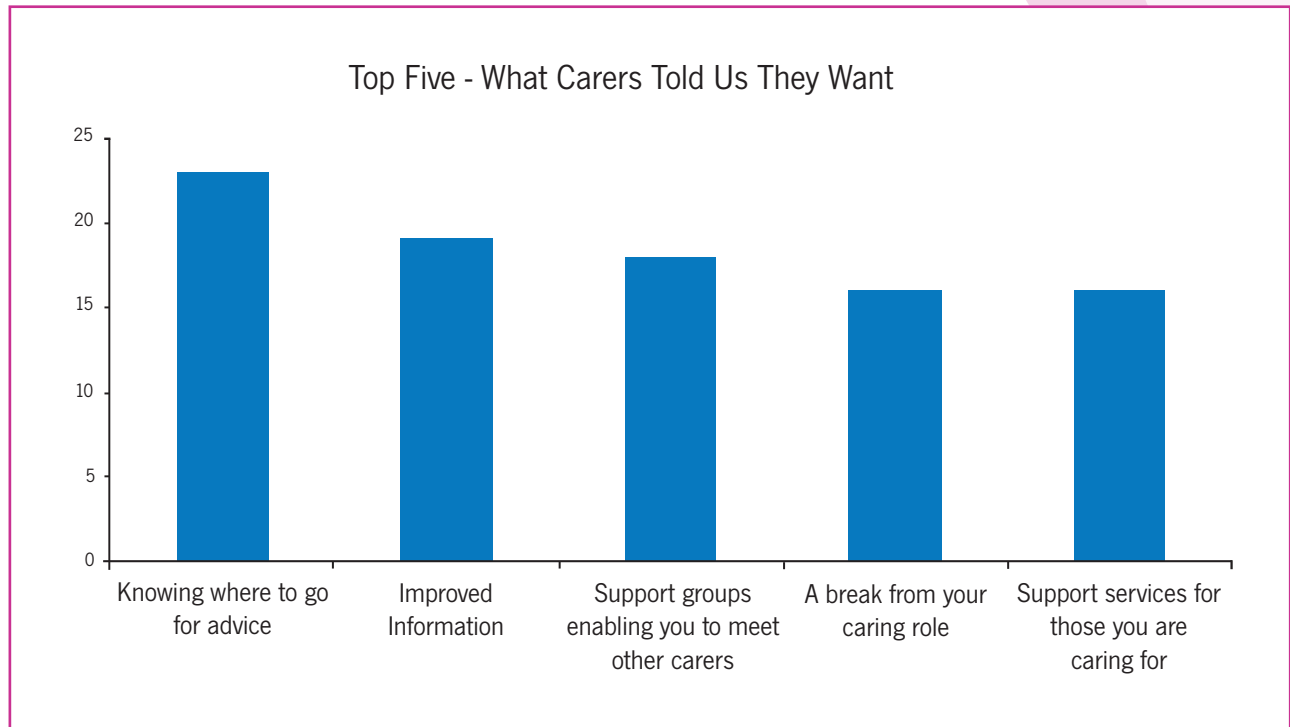
In addition to the above, there are numerous national and local third sector/voluntary organisations that provide support and advice to carers within the Borough.

APPENDIX E

ENGAGEMENT & CONSULTATION FEEDBACK

Carers Engagement Events 2011/12

In order to obtain a better understanding of the support and services required to meet the needs of carers, various engagement events were carried out and views and feedback received used to develop the Strategy.



Help when you want it and somebody to listen to you when you need it

Having time out for myself

Reliable services for my husband

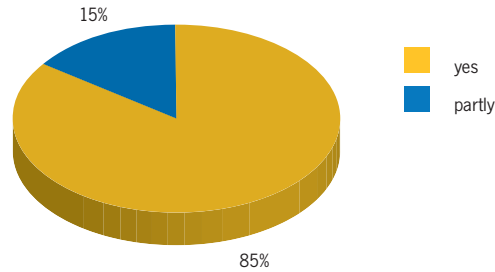
To have support groups to share my worries with

Being able to get advice & information when I need it

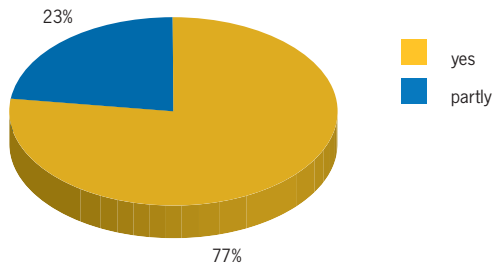
Respite if I am not well enough to cope at some time

RESPONSES RECEIVED ON THE CONSULTATION OF THE STRATEGY

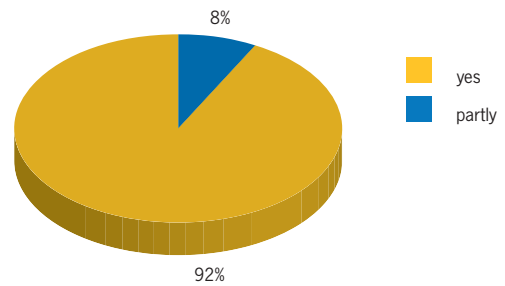
Do you agree that the strategy has captured the needs of carers?



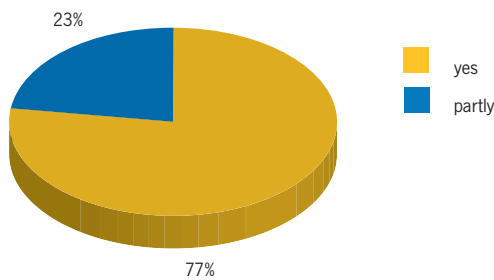
Do you agree that the strategy gives an understanding of the support and services carers can expect to receive?



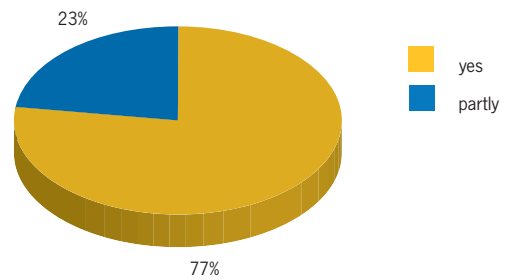
Do you agree that the priorities identified will help to make a difference to the lives of carers?



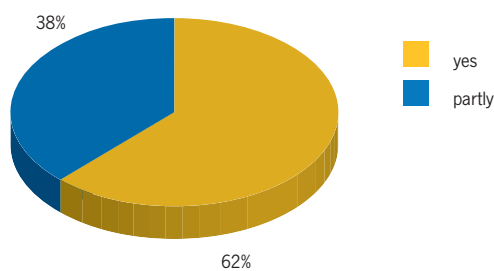
Do you agree that the priorities are appropriate and achievable?



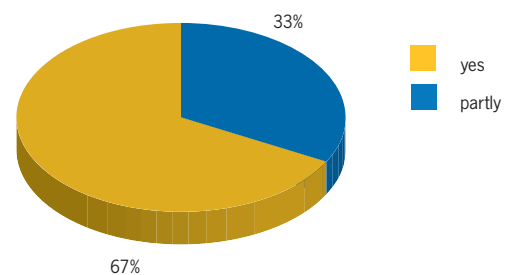
Do you agree that the strategy will give carers and the Authority better opportunities to engage with each other?



Do you think that the current service provision is sufficient to meet the needs of carers?



Is there anything else that you feel should be included within the strategy?



The strategy demonstrates an understanding of the issues faced by many carers

I feel identifying needs is the easy part. Meeting them in the current climate is a different matter

Carers need to feel the “authority’ is not just paying them “lip service”. That the carer view is listened to

This Strategy sounds good - lets hope it's not just on paper

A nice easy to read document. I liked the RESPECT motto and hope that this can be achieved. It was alarming and both reassuring to read the actual number of unpaid carers within Caerphilly

The carer's strategy is important to ALL as more and more people are finding themselves in a caring role young and old alike so information and working together for a better future has to be the best way forward for everyone involved. If everything in the carers strategy could be achieved it would be of benefit

This publication is available in Welsh, and in other languages and formats on request.

