

	<p><b>And 4 priority areas:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Enabling those with caring responsibilities to fulfil their educational and employment potential.</li> <li>• Personalised support both for carers and those they support, enabling them to have a family and community life.</li> <li>• Supporting carers to remain mentally and physically well.</li> </ul>
<p><b><i>Breaks for Carers of Disabled Children Regulations 2011</i></b></p>	<p>Prescribes how local authorities should carry out their duty to provide a short breaks service to carers of disabled children. Sets out the matters to which local authorities must have regard when performing their duty, the range of breaks which must form part of an overall service, and the way in which local parents must be informed of that service.</p>

**Other Acts, Policy and Guidance with a bearing on support for carers include:**

- The Community Care (Direct Payments) Act 1996
- Children Act 2001
- Fairer Charging Policies for Home care and other non residential services LAC (2001) 32
- Health and Social Care Act 2001
- The Children Act 2004
- Work and Families Act 2006
- Health and Social Care Act 2008
- Safeguarding Adults – “No Secrets” 2010
- NHS White Paper 2010
- A Vision for Adult Social Care 2010
- Carers and Direct Payments Act (Northern Ireland) 2002
- Community Care, Services for Carers and Children’s Services (Direct Payments) Guidance England 2003
- Children and Young Persons Act 2008
- A Vision for Adult Social Care 2010

## Appendix 3: Outcome Measures for carers

The Coalition government is in the process of developing new outcome measures for carers, linked to health and social care. We will adopt these once they are agreed and in place, and in the meantime we shall continue to use a set of local indicators.

### Our local approach

A 'balanced scorecard' (see below) has been developed, showing how we are doing on a set of measures for carers. It will need to be adapted to reflect changing national performance frameworks. We will continue to use this and will include new measures as they are developed locally and nationally.

<b>Carers Balanced Scorecard – monitored quarterly</b>	
<b>1</b>	<p><b>NI 135</b> – a measure of how many adult carers of adults receive a needs assessment or review <i>and</i> a specific carer's service, or advice and information. Includes:</p> <ul style="list-style-type: none"> <li>• Adult Social Care assessments resulting in a break for the carer, other service for the carer and / or information and advice</li> <li>• Mental Health Carers Team assessments resulting in a service</li> <li>• PDSI Carers Team assessments resulting in a service</li> <li>• ILC assessments for direct payments</li> <li>• Carers one off direct payments</li> </ul> <p>This measure features in Sandwell MBC's Corporate scorecard.</p>
<b>2</b>	<p><b>Adult Social Care Carers Assessments</b> – a measure of how many adult carers of adults are offered or receive an assessment:</p> <ul style="list-style-type: none"> <li>• Carers assessed separately</li> <li>• Carers assessed jointly</li> <li>• Adult Social Care Assessments Offered or Declined</li> <li>• Mental Health Carer Assessments</li> <li>• External Assessments completed by voluntary sector</li> </ul>
<b>3</b>	<b>Number of emergency cards issued to carers</b>
<b>4</b>	<p><b>Respite Provision</b></p> <ul style="list-style-type: none"> <li>• Number of service users receiving respite for the benefit of their carer during the period</li> <li>• Number of episodes of respite during the period</li> </ul>
<b>5</b>	<p><b>Satisfaction and quality of life</b></p> <ul style="list-style-type: none"> <li>• National Carers survey (awaited 2012-13)</li> <li>• Carers Local survey (to be agreed)</li> <li>• Providers satisfaction survey</li> <li>• Service Reviews</li> <li>• Total number of complaints received from carers</li> </ul>

## Supporting Carers – the national performance framework

Measure	Rationale	Definition	Reporting	Longer-term development goals
<b>Carer-reported quality of life**</b>	Carers can balance their caring roles and maintain their desired quality of life.	<p>This is a composite measure which sums responses to seven questions measuring different aspects of quality of life, with equal weight given to each question. The seven questions are:</p> <ul style="list-style-type: none"> <li>• Are you able to do things you value and enjoy?</li> <li>• Do you have time and space to be yourself?</li> <li>• Do you have control over your daily life?</li> <li>• Do you have time to look after yourself?</li> <li>• Do you have worries about personal safety?</li> <li>• Do you have as much social contact as you would like?</li> <li>• Do you feel you have encouragement and support?</li> </ul>	Data Source: Carers Survey (Deferred to 2012/13)	The Carers Survey that was conducted on a voluntary basis will be reviewed to look at potential for reducing length and burden. There is potential for moving to annual collection if burden can be reduced significantly, subject to agreement of local government.
<b>Overall satisfaction of carers with social services**</b>	People who use social care and their carers are satisfied with their experience of care and support services.	<p>Numerator: Those that answer extremely or very satisfied in response to the question "How satisfied are you with the care and support services that you and the person you care for have received from Social Services in the last 12 months?"</p> <p>Denominator: All those that answered the question</p>	Data Source: Carers Survey (Deferred to 2012/13)	
<b>The proportion of carers who report that they have been included or consulted in discussions about the person they care for**</b>	Carers feel that they are respected as equal partners throughout the care process.	<p>This would be based on a question from the carers survey: "In the last 12 months, do you feel you have been involved or consulted as much as you want to be, in discussion about the support or services provided to the person you care for?"</p> <p>Numerator: Those that answer, "I always felt involved or consulted" to the question.</p> <p>Denominator: All those that answered the question excluding those that reported there had been no discussions they were aware of in the last 12 months.</p>	Data Source: Carers Survey (Deferred to 2012/13)	
<b>NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information</b>	Support for carers is a key part of support for vulnerable people. Support for carers also enables carers to continue with their lives, families, work and contribution to their community. This measure provides a measurement of engagement with, and support to, carers.	<p>The number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.</p> <p>Numerator: Number of carers receiving a 'carer's break' or other specific carer's service, or advice or information, during the year following a carer's assessment or review.</p> <p>Denominator: the number of adults receiving a community-based service during the year.</p>	Data source: Referrals, Assessment and Packages of Care Data (RAP).	<b>This indicator will continue to be monitored during 2011/12</b>

## **Appendix 4: Terms of reference: Sandwell Carers Partnership and Carers Joint Commissioning Team**

### **Carers - definition**

“Carers spend a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems”

### **AIMS**

Partners work together to achieve the outcomes important to carers, including to:

- be actively planning and delivering carer support
- have easy access to information and advice
- be able to get support that is timely and flexible, and that fits their personal and family situation
- be enabled to maintain a balance between their caring responsibilities and a life outside caring
- feel safe, recognised, valued and supported as partners in care, at the heart of strong families and stable communities

### **OBJECTIVES**

In striving to achieve the above, the Partnership will:

1. Develop and promote the borough-wide Carers Strategy
2. Develop and implement the plan and performance framework
3. Oversee implementation and monitoring of the borough-wide Carers Strategy
4. Regularly receive and report progress on implementation of the delivery plan and equalities action plan
5. Consult and involve relevant stakeholders including carers in strategic decision-making
6. Establish strong links with other relevant strategic forums, agencies and services, ensuring that carers are reflected in strategies, policies and procedures and actively supported across all ages and need groups.

## **REPRESENTATION**

The Partnership will have a core membership comprising the following:

Organisation representatives (one):

- CARES Sandwell
- Sandwell Young Carers
- Children, Young People and Families
- Sandwell Adult Services
- Primary Care NHS lead (currently via Sandwell PCT)
- Sandwell & West Birmingham Hospitals NHS Trust
- Black Country Partnership NHS Foundation Trust

Individual representatives:

- Carer representatives – 3 places (under review 2011)
- Carers Programme Budget Holder
- Carers Commissioning and Service Development Manager
- Carers Services Provider Forum representatives – 2 places

Other service areas such as Leisure, Housing, Economic Development, Welfare Rights etc to be invited as and when required.

## **CHAIR AND ELECTIONS**

The Carers Strategy Partnership will be chaired by a senior manager from one of the main agencies. Our ambition is to have a chair who is an elected local carer.

Carer representatives will be elected and supported annually via CARES

Carers Service Provider Forum representatives will be elected annually.

## **VOTING**

Decisions made by vote will require a minimum 25% membership attendance.

No representative may exercise more than one vote.

All decisions will be passed by a simple majority rule. In the case of a tied vote, the Chair will have the casting vote.

## **CARERS JOINT COMMISSIONING TEAM**

This team will follow on from the partnership meetings. It will include all client group commissioning leads (young carers, parent carers, older people, learning,

physical and sensory disabilities and mental health) to develop coherent commissioning activity that responds to the borough-wide Carers Strategy and that delivers the improvements set out in the Joint Commissioning Plan and supports:

- carer-led commissioning as an ambition
- an accurate picture of carers' needs and wants
- involvement of carers in commissioning decisions and service monitoring and review
- clear commissioning priorities for carers
- clear investment priorities and plans across all sources.
- effective and efficient services (including shared generic services) that deliver value for money
- improvements in performance and quality
- market development to support local needs
- promotion of best practice and continuous improvement across all agencies and providers (including organisational development / learning)
- compliance with legislation, quality standards and guidance
- regular progress and performance reports to the carers strategy partnership.

## **MEETINGS**

The meetings of these two groups will be held consecutively on the same day. They will meet every two months.

Meetings will be timetabled annually, and where possible, paperwork circulated to members seven days in advance.

The Chair will agree the agenda in advance. The agenda will include standing items, e.g. performance reports, equalities etc. One meeting per year will focus on young carers.

If a representative is absent for 3 meetings without explanation or apology, the relevant service area or forum will be asked to appoint an alternative representative.

## **ACCOUNTABILITY / REPORTING**

Performance monitoring of the delivery plan will be reported to the meeting every four months – i.e. every other meeting. The chair will report progress to the Sandwell Health & Well-being Board; Cabinet Member(s), Carers Services Provider Forum and Carers Forum.

## **COMMUNICATION AND ENGAGEMENT**

A separate communication and engagement plan sets out the main ways in which

the strategy partnership team will ensure that carers views inform the development of services in Sandwell. The main elements of this include:

- Web-based information about all local carers' services
- Carer Aware online training and information
- Training and support for carers wanting to get involved
- Local information points in Libraries and carers services
- Two Carers Forum meetings a year for all carers at which carer representatives can be elected
- Two provider forums a year for all service providers supporting carers
- A quarterly newsletter for all carers

### **CARERS' SERVICES PROVIDER FORUM**

The forum will meet six-monthly and will elect two representatives to sit on the carers strategy partnership.

Membership is open to any organisation providing support to carers of local people. See separate Terms of reference.

### **REVIEW ARRANGEMENTS**

The Carers Strategy Partnership and Joint Commissioning Team will review these terms of reference annually.

#### **Note**

Specific governance and leadership arrangements will be in place to support local improvements for carers in different service areas, including Children, Young People and Families; Adult Services and Healthcare. These are likely to change over time.

## Appendix 5: References and useful contacts

### References

- Recognised, valued and supported: Next steps for the Carers Strategy, HM Government, 2010
- Survey of Carers in Households in England 2009/10 (NHS Information Centre)
- Strategic Review of Carers Services in Sandwell, Sandwell Health and Wellbeing Unit 2009
- Sandwell's Forgotten Children, Sparrowhawk, 2008
- Sandwell Joint Strategic Needs Assessment, 2008
- Sandwell Housing and Support Plan for People with Learning Disabilities, 2008
- Sandwell Young Carers Strategic Statement 2011
- Independent Review of Carer Services September 2010 – March 2011, S Callens for Adult Services, 2011
- Children and Young People's Thematic Partnership Plan 2010/2011 – Refresh
- Carers, Employment and Services in Sandwell, S. Yeandle and others, University of Leeds, 2007

### Useful contacts

#### **CARES Sandwell**

*Local advice, information and support for adult carers*

**Tel: 0121 558 7003**

**[www.carers.org/sandwell](http://www.carers.org/sandwell)**

#### **Sandwell Young Carers**

*Local advice, information and support for young carers*

**Tel: 0121 525 7667**

**[www.sandwellyc.org.uk](http://www.sandwellyc.org.uk)**

#### **Sandwell Parents for Disabled Children**

*Local charity focusing on play and leisure opportunities for disabled children and their families in Sandwell.*

**Tel: 0121 544 8880**

**[www.sp-dc.org](http://www.sp-dc.org)**

#### **Carers UK**

*Carers rights, direct payments, benefits advice, workplace support*

**Tel: 0808 808 7777**

**[www.carersuk.org.uk](http://www.carersuk.org.uk)**

#### **Carers Direct**

*Carers support and information online. Advice on carers' breaks, Carer's Allowance, carers' assessments. Helpline, email and post.*

**0808 802 0202**

**[www.nhs.uk/carersdirect](http://www.nhs.uk/carersdirect)**



## Appendix 6: Young Carers Strategic Statement

*This document has already been produced in consultation with young carers and has been approved by the Cabinet member for Children and Families. It is provided for information.*

# SANDWELL'S YOUNG CARERS STRATEGIC STATEMENT

2011

### Acknowledgements

I would especially like to thank all the people who were involved in the development of the Young Carers Strategic Statement, Young Carers, the Voluntary Sector, the Young Carers Strategy Steering Group and the Scrutiny Panel for Children and Young People.

### Foreword

Sparrow Hawks carried out a review of young carers in Sandwell in 2008 (Sandwell's forgotten Children). The review identified that there were, 2127 young carers in Sandwell; of these 1339 young carers were primary age school children and 833 young carers were secondary age children and young people. The review revealed that there is approximately 3.5 times more young carers than previously identified. We feel that being a young carer is a big deal for those children and young people in Sandwell. We recognise that young carers are an extremely vulnerable group; the Strategic Statement acknowledges that being a young carer with caring responsibilities is not easy. We will therefore make a commitment to reach out and support all young carers in the Borough.

Young carers can face additional challenges in their lives and it is essential that Sandwell Council, Health Services and all partners both statutory and in the voluntary sectors work together to support this vulnerable group to achieve their aspirations, make informed decisions and fulfil their true potential.

I am delighted that this draft strategy for young carers takes forward the themes of national strategies such as "Carers at the heart of 21<sup>st</sup> century families and communities". An essential element in meeting the needs of young carers is to ensure that colleagues in health and social care services are aware of the role a child/young person has in a home where there is a family member requiring care and that assessment of all the individuals in that family are undertaken.

I look forward to seeing the progress made over the life of this strategic statement and ultimately the improvement of the outcomes for young carers and their families.

“In working together to support young carers it is important to respect the family, understand how the family works and find ways of targeting resources to work to the best effect for the child and family concerned”



Councillor B Badham MBE

## **Cabinet Member for Children & Families**

### **1. Purpose of the strategy**

In 2009 the council worked closely with Carers and partners in the local NHS, voluntary and community sector to review of all our carers services in Sandwell. That review led to a set of recommendations being made, and these were agreed by the joint Health and Wellbeing Board in March 2010. Support for young carers has been examined specifically, and a draft Young Carers strategic statement has been produced.

The new Sandwell “young person friendly” draft Young Carers Strategic statement 2011-2014 has been developed by Young Carers and the Young Carers Review Group.

The overall outcome of this statement is to ensure that young carers are recognised and valued, receive support for their caring role, and are safeguarded against taking on responsibilities which prevent them achieving their full potential. Our vision is that children and young people will be supported in situations where they take on caring roles to enjoy positive childhoods and achieve against the Sandwell’s Children, Young People and Families’ Plan 2011-2014 outcomes:

- ✚ Children and Young people make positive health and lifestyle choices
- ✚ Children and Young People have emotional health and well being
- ✚ Children and Young People are safe and feel safer
- ✚ Children and Young People engage in positive activities
- ✚ Children and Young People engage in Education and Young People achieve economic well being
- ✚ Valuing Family life and helping families build resilience

We aim to achieve this by:

1. Ensuring that a young carer is seen as a child/young person **first**
2. Listening and responding to young carers and their families and recognising that they are the “experts” on their situation
3. Identifying and reducing the incidences where the reliance on the caring role provided by a child or young person impacts negatively on their well being and life chances
4. Reducing the incidence of families with unmet care needs
5. Ensuring all professionals are aware of what it means to be a young carer and work to improve the outcomes for young carers
6. Encouraging young carers and their families to come forward for the help they need
7. Ensure all agencies coming into contact with families carry out their duty to safeguard children and young people, have the knowledge they need to identify problems early and arrange for effective support to be provided for the young person and the person being cared for
8. Ensuring full access to the current range of services and developing other services as required that meet the diverse needs of young carers
9. Delivering better, joined up, whole family support

## 2. Who are young carers?

**2.1 ADASS and ADCS agree that , “young carers” should be taken to include children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances”.**<sup>4</sup>

**2.2** Sandwell Children’s Services Directory provides a definition of young carers as:

**“Young carers are children and young people under the age of 18., whose lives are restricted with the need to take responsibility for a person who is either: chronically ill, experiencing a mental illness, has alcohol and substance use related difficulties, has a physical disability, is elderly or infirm or is experiencing HIV/AIDS.**

**The parent being cared for is usually a parent, but may be a sibling, grandparent, neighbour etc. The child/young person will usually be involved in the provision of care, either as a primary or secondary carer.”**

---

<sup>4</sup> A Guide to Inter – Agency Working to Safeguard and promote the Welfare of Children: DCSF March 2010

### **3.0 Facts about Young Carers in Sandwell**

**3.1** To inform this strategic statement and establish a comprehensive overview of services and support available for young carers, a needs analysis was commissioned by the young carers review group (appendix 1 review group members). The needs analysis was entitled “Sandwell’s Forgotten Children.”

**3.2** Responses from over 5300 children and young people in primary and secondary schools across Sandwell, were collated. This makes it the largest young carers survey in Sandwell and possibly the second largest survey following Dearden and Becker (2004)

#### **3.3 Key Findings from “Sandwell’s Forgotten Children”:**

- The 2001 Census figures indicated there were approximately 610 young carers in Sandwell during this period.
- The 2008 needs analysis carried out by Sparrow Hawk (“Sandwell’s Forgotten Children”) identified 2172 young carers in Sandwell; of these 1339 young carers are primary aged school children and 833 young carers are secondary school aged children. Therefore there are approximately 3.5 times more children and young people than identified by the 2001 census, in fact there may be far more children and young people who are young carers.
- The findings present a clear picture of the caring responsibilities that young carers in Sandwell carry out. In addition we are able to understand their family make up (who they are caring for).

**3.4** The following table demonstrates the caring roles young carers in Sandwell provide in comparison to the national picture:

<b>A breakdown of the caring roles that young carers in Sandwell undertake in comparison to the national picture.</b>
Compared to the national average of 10%, more young carers in Sandwell spend over 20 hours per week caring (18%)
11-17 year old young carers from Sandwell provided less domestic care support (49%) and emotional support (54%) and general care (34%), than the national figures propose (68%, 82% and 42% respectively). However Sandwell's young carers provided more support than nationally for 'intimate care', 'childcare' and 'other' care.
The amount of young carers missing school was higher than the national average for primary schools (23% compared to 13%), but lower than the national average for secondary schools (19% compared to 27%)
A significantly higher amount of young carers in Sandwell belong to black minority ethnic (BME) groups, both secondary (40%) and primary (33%) aged groups far above the national average (15%), and higher in comparison to the overall ethnic demographic breakdowns for the borough (20%)
Of note is young carers in Sandwell aged 11-17 years are half as likely to be living with lone parents (26%) compared to the national average of (56%) whilst young carers of 5-10 years of age are more likely (38%)
The proportion of young carers who care for an individual with physical disabilities is very similar to the national average (48% Sandwell, 50% nationally). This pattern is also evident with learning difficulties (20% Sandwell, 17% nationally), and sensory impairment (4% Sandwell, 3% nationally). However it appears that the numbers of young carers in Sandwell are lower for looking after someone with a mental illness (18%) compared to national figures (29%).
Mothers were identified as the individual most likely to be receiving care from young carers in Sandwell, both for 5-10 year olds (47%) and 11-17 year olds (52%).

### 3. Shared Values and Principles of Practice

#### 4.

Key Principles of Practice supports agencies to respond to the recommendations of national policy that affect young carers and their families in ways that are sensitive to their needs. These are fully endorsed by the Sandwell Young Carers' strategic statement:

- There is a need to safeguard children by working towards the prevention of children undertaking inappropriate care of any family member.
- The key to change is the development of a whole family approach to needs led assessments, to ensure that service provision is child focussed and family orientated.

IL0: UNCLASSIFIED

- Young carers and their families are the experts in their own lives and as such must be fully involved in the development and delivery of support services.
- Young carers will have the same access to education and career choices as their peers.
- It is essential to continue to raise awareness of young carers and to support and influence change effectively.
- Work with young carers and their families must be monitored and evaluated regularly.

## **5. The voice of Young carers and their families**

At the heart of this statement is the voice of young carers and their families. It is vital that they are key partners in the implementation of this strategy.

Nationally and locally young carers have told us:

- They want schools to respect and understand the issues they have to deal with at home
- They want health professionals to communicate with them about the medical care of the person being cared for in a clear and simple way
- They want professionals from all agencies to recognise that it is vital to consult with young carers and their families because they know their situation best
- They want all workers to consider all the family members needs not just one member and to provide flexible services
- They want good information, advice and guidance that is easily accessible and flexible, responsive services

Research with young carers has consistently shown negative impacts to several aspects of their lives: namely- their personal life, their social interactions, their physical and emotional health, their educational attainment and their employment opportunities.

### **Their personal life**

- Young carers may have limited horizons and aspirations as a result of their reluctance to leave the family home

## IL0: UNCLASSIFIED

- They are often limited in terms of their opportunities to take part in social or leisure activities
- A fear of professionals is quite common with young carers and their families often reluctant to share their situation for fear of judgment or the young person being taken into care
- Young carers are often forced to grow up more quickly than their peers as a result of their responsibilities. This sets them apart and isolates them
- Young carers may feel tension between their own needs and the needs of the person they care for, potentially resulting in feelings of guilt
- Young carers may have low self esteem

### **Their social interactions**

- The differences in life experience between young carers and their peers can result in difficulties, causing restrictions on friendships and lack of empathy. Being bullied is a common feature in the lives of young carers
- Isolation and feelings of being an outsider can lead young carers to avoid discussion with adults about their caring role, resulting in their role going unnoticed
- Young carers may also face bullying or other negative treatment due to the type of condition or illness present in their family. This “stigma by association” can be particularly prevalent where mental health or substance misuse are issues
- In cases where young carers are responsible for their own care, cleanliness and hygiene may be issues

### **Their physical and emotional health**

- Health problems may develop for young carers due to their role. These may be physical health problems for example back problems brought on by lifting, or mental health problems due to high levels of anxiety and worry
- The emotional well being of young carers can be negatively affected by seeing a loved one in pain or dealing with behaviour from a family member which may be irrational, unpredictable and hurtful. Bereavement and fear of bereavement can also impact on young carers
- The presence of problematic drinking and drug use within the home can confuse young people’s perceptions of safe practice

## **Their educational attainment and employment opportunities**

- Many young carers leave school with low grades or no qualifications. This can be the result of missing school, not completing homework, or being tired and distracted whilst at school
- Many young carers face major difficulties in making the transition into the world of work, due to low self esteem, reluctance to leave the family home and qualifications well below their potential
- Young carers often have limited access to extra- curricular activities due to their responsibilities at home
- Caring responsibilities often influence views on the future leaving some with a perception that further studies beyond the age of 16 are not feasible
- Many young carers use their experience to access employment in the care sector. This must not be seen as the only career option available
- Employment opportunities may be reduced due to caring responsibilities and there may be an impact on benefits claimed in the household if a young carer earns a wage

### **These are some of the things they've told us:**

*"I asked for support but no one turns up so I have to do it"*

*"When my sister became 19 Mum couldn't afford to pay for respite so I have to care more"*

*"My brother is a handful and it's hard for my Mum and sometimes I have to support Mum and him. I help my brother with his homework and then I have to do household tasks"*

*"I care for my Mum more than myself. There isn't the correct support out there for us. I provide personal and emotional support and don't go to school"*

*"Not everybody understands. They don't understand the seriousness and the lifestyle"*

*"You're more of a parent than they are"*

## **6. Scrutiny Panel Report 2011**

The Children and Young People's Scrutiny produced a report titled Young Carers in Sandwell: Everyone's Business. The report provides a thorough and comprehensive overview of the needs and requirements of young carers the cared for and their families. The report highlights key issues which include:



- The need to identify hidden Young Carers and provide appropriate family support
- Key agencies and professionals need to adopt the ‘think family’ approach
- GP’s to become more proactive in identifying and supporting Young Carers, signposting them to appropriate services when necessary.
- The need for schools to identify and support Young Carers
- All organisations are able to identify and support Young Carers accessing their services.
- Young Carers should access universal services as well as specialist provision.
- The need to improve the support for young carers, where the cared has palliative care needs.
- The need to support young carers to develop life skills

## **7. Why do we need a strategic statement?**

The research and the voices of young carers and their families in Sandwell tell us clearly that we have to improve outcomes for children and young people. It is vital that we have to address these issues and this strategy embraces that challenge.

We will use the Key Principles of Practice defined earlier alongside other legislation and guidance already in place to enable agencies to respond to the recommendations of national policies.

This strategic statement demonstrates our commitment to other strategies and plans including the Children Acts, Every Child Matters, The Children’s plan, Aiming High for Disabled Children, Think Family, The Carers strategy, Carers practice guidance, LSCB and the Adult Safeguarding Board plans and Sandwell’s Children, Young People and Families’ Plan. (See Appendix 2 for details)

In 2009, a joint memorandum of understanding between statutory Directors for Children’s services and Adult Social services “Working together to support young carers” was agreed. Sandwell’s Corporate Director – People will adopt this memorandum.

It is important that we develop practice which will enable young carers to be identified and for families to feel able to ask for support. Professionals working with a family should consider not just what the young carer does, but why they do it and what impact it is having on their life.

The needs of young carers must also be considered within all tiers of Children’s service provision. The application of the ACCESS criteria and use of the Common Assessment Framework (CAF) and Team Around the Family processes, will ensure that the whole family’s needs are being met within a safeguarding framework. The reasons why children undertake levels of care that may adversely

affect their well being and life chances are frequently complex and to resolve them will require a multi agency approach.

## **8. Who is this strategic statement for?**

This statement has been produced for all those who have a responsibility and interest in supporting young carers and their families.

This includes:

- All services within the People Theme Sandwell Metropolitan Council
- Sandwell Schools
- Sandwell Homes
- Health services and professionals in the community and in hospitals
- Drug and Alcohol Teams
- Sandwell Safeguarding Children's Board and Safeguarding Adult's Board
- West Midlands Police
- Voluntary and Community Sector

## **9. How will the vision be met?**

The implementation of this strategic statement is a significant task that requires joint working and partnership both within and between the statutory organisations and voluntary organisations. An event took place with young carers in Dec 2010 and although this was limited there were clear messages, that children needed all professionals:

- To be aware of the issues young carers face
- To work with the family
- To support parents to parent

An Action Plan has been developed detailing 5 specific areas of work:

1. Promoting a positive culture
2. Identification of young carers
3. Using a whole family, interagency approach to assessments and service delivery
4. Supporting young carers and their families in order to reduce the number of young people where caring is impacting negatively on their well being
5. Raising awareness about young carers, their families and their issues

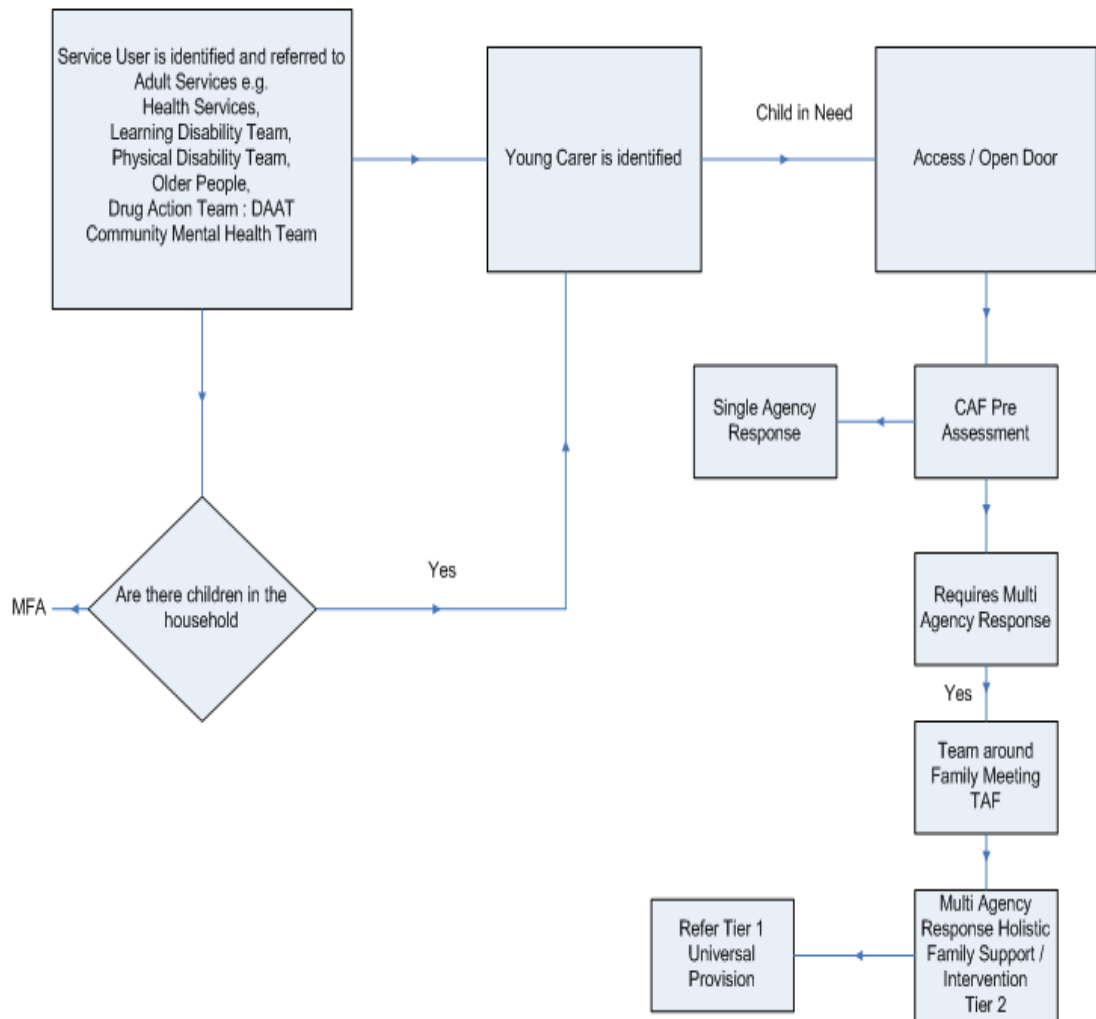
All partners will take forward the action plan in order to carry out their responsibilities in improving the life chances and experience of young carers

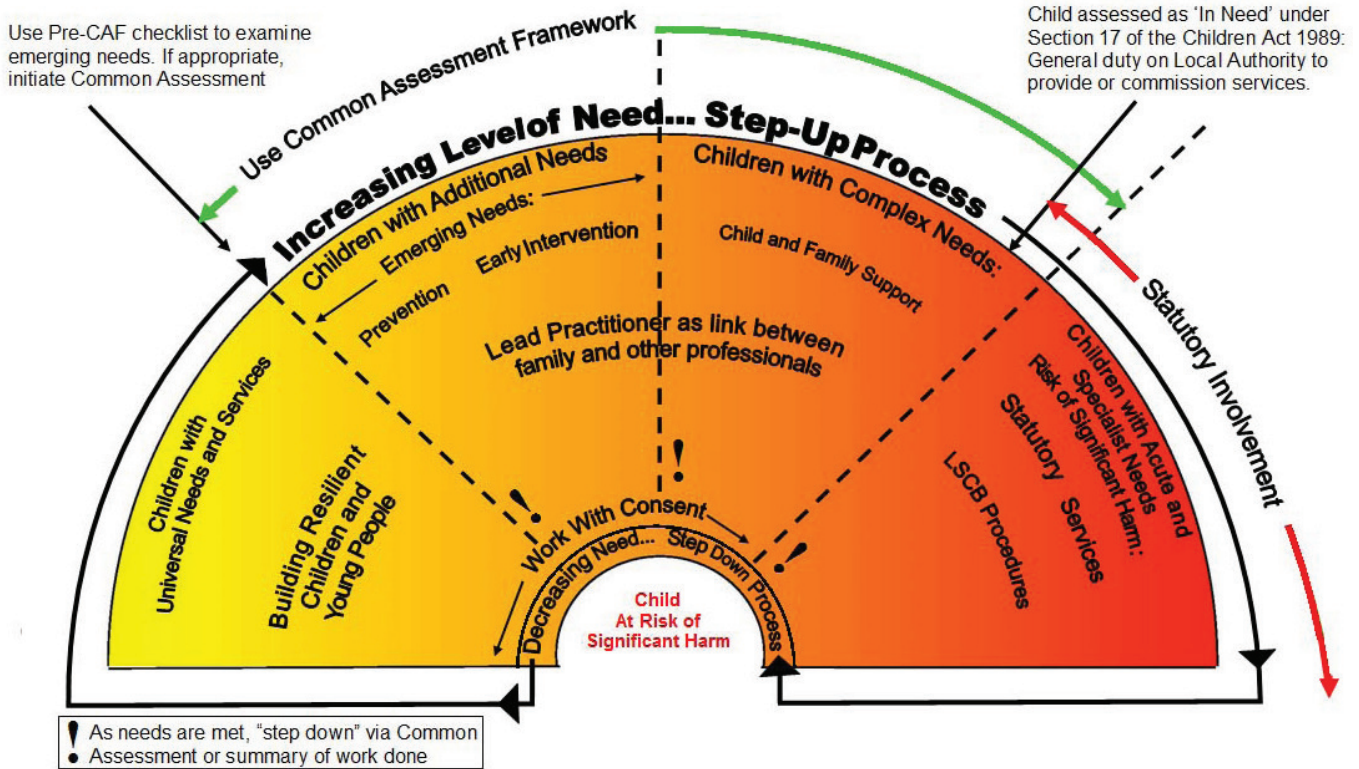
This Strategy will be reviewed in 2014, or before that date if required.

# Young Carers Strategic Statement Appendices

## Young Carers Strategic Statement Appendix 1

### Young Carers Protocol





AIMS	ACTIONS	TIMESCALES	OUTCOMES	WHOM
<p>Promote a positive culture</p>	<p>Children and young people receive training about young carers. This should include the support that young carers should receive and where to go for more information and how to identify a young carer.</p> <p>Service providers and agencies will promote resilience and empowerment of young carers by providing information, guidance and support to access services including mainstream services.</p> <p>Young Carers actively participate in Commissioning Decisions</p> <p>Assessments of young carers and the cared for are to ensure that their views are accounted for.</p> <p>Children and Young People's Service directory to include a section on young carers in line with the Family information service.</p>	<p>2011-2014</p>	<p>Young carers are empowered to seek further information and support and access mainstream services</p> <p>Young carers say they can access appropriate services and support for themselves and their families.</p> <p>Young carers are consulted and involved in the commissioning process</p> <p>Assessments will detail the needs of the whole family.</p> <p>A one stop shop providing "child and young person friendly" young carer's information will be kept updated providing information for families about all services available to them.</p>	<p>Advocacy commissioned provision</p> <p>AChildren and Young People's Trust Board</p> <p>Commissioning lead</p> <p>Children and Adult Professionals involved with families</p> <p>FIS</p>
<p>Identification and support of young carers</p>	<p>Schools will keep a record of the number of young carers – each school to identify a young carer's lead. (Young Carers: guidance for schools and education departments The princess Royal Trust for carers :2006, Ofsted supporting young carers: identifying . assessing and meeting the needs of young carers and their families: 2009)</p> <p>Work with the PCT and GPs to ensure they record the number of young carers as part of their carers register and consider the needs of young cares when a parent or other is identified as in needs of additional care and</p>	<p>2011-2012</p>	<p>There will be an increased number of young carers identified. Their needs will inform future commissioning.</p> <p>Assessments will detail the needs of the whole family.</p>	<p>Commissioned Service Raising Awareness</p> <p>Children and Adult Professionals involved with families, Commissioned Service Raising Awareness</p> <p>Children and Adult Professionals involved with</p>

AIMS	ACTIONS	TIMESCALES	OUTCOMES	WHOM
	<p>support</p> <p>Provide training and awareness raising about young carers across children and adult organisations in Sandwell.</p> <p>Assessments of young carers and the cared for are to ensure that their views are accounted for.</p>			families
Using a whole family, interagency approach to assessments and service delivery	<p>CAF training delivered to all partner agencies.</p> <p>All agencies use the single door to establish the needs of a young carer.</p> <p>All partners commit to attending young carers 'team around the child' meetings as required for the individual young carer.</p> <p>Agreed protocol and pathway between adult and children's services to be signed off by SSCB. Protocol to clearly identify the roles and accountability of each department.</p>	<p>Continuous</p> <p>2011</p> <p>2011</p> <p>2012</p>	<p>Families receive an assessment of needs.</p> <p>Young carers are recognised for their caring roles and responsibilities.</p> <p>All the needs of the family are met.</p> <p>There will be a joined up approach to meet all families' needs.</p>	<p>CAF team</p> <p>All agencies/ Children and Young People's Trust Board</p> <p>Corporate Director- People</p>
Support and assess young carers and their families in order to reduce the number of young people where caring is impacting negatively on their well being	<p>Ensure the early identification of children and young people taking on caring responsibilities.</p> <p>Young carers to be informed of the support available to them and their families via awareness raising and CAF assessments to establish needs.</p> <p>Adult services recognising that children and young people take on inappropriate caring roles and put into place appropriate care for the adult.</p> <p>Schools to acknowledge and develop support for young carers to ensure children enjoy and achieve.</p> <p>Agencies/organisations working with young carers are to promote a culture of resilience.</p>	2011-2014	Young carers will not be taking on inappropriate roles.	<p>All services, FIS ACCESS</p> <p>Commissioned Service Raising Awareness</p>

AIMS	ACTIONS	TIMESCALES	OUTCOMES	WHOM
<p>Raising awareness about young carers , their families and their issues</p>	<p>Awareness and training to be delivered in partnership with adult carer's strategy.</p> <p>Targeted awareness sessions to be delivered to organisations within Sandwell including statutory and voluntary sector, adult and children's services.</p> <p>Young carer's awareness training to be delivered for young carers.</p>	<p>2011-2014</p>	<p>Young carers are aware of the support available to them.</p> <p>Organisations understand the impact of caring and develop accessible services and support for young carers.</p> <p>Children and young people understand who young carers are and feel empowered to identify themselves and ask for help.</p>	<p>Commissioned Service Raising Awareness</p> <p>Commissioned Service Raising Awareness</p> <p>Commissioned Advocacy Service /awareness raising service</p>
<p>Commission services that meet the holistic needs of young carers their families and supports agencies to improve their response in meeting the needs of young carers</p>	<p>Commission three discrete service areas</p> <ul style="list-style-type: none"> <li>• Short breaks, positive activities</li> <li>• Advocacy service</li> <li>• Awareness raising and capacity building service</li> </ul>	<p>October 2011</p> <p>2011</p> <p>2011</p>	<p>Improve and increase the access to universal positive activities for young carers.</p> <p>Improve the independence and emotional well- being of young carers</p> <p>Raise the profile of young carers with all agencies, targeting schools</p>	<p>Commissioned Service leads</p>

A Guide to Inter – Agency Working to Safeguard and promote the Welfare of Children: DCSF March 2010

Carers and Disabled Children Act 2000.

Carers (Recognition and Services) Act 1995, S1

Children and Young People’s Plan 2011 – 2014

Children’s Society

Disabled Persons (Services and Consultation and Representation) Act 1986, S8

National Service Framework for Mental Health 1999

NHS and Community Care Act 1990, S47.

Practice guidance to the Carers (Equal Opportunities) Act 2004 (SCIE 2005)

Sandwell’s Forgotten Children: Sparrow Hawk, Needs Analysis 2008

The Carers (Equal Opportunities) Act 2004

The Children Act 1989.

The Children Act 2004

The Common Assessment Framework 2005.

The Framework for Assessment of Children in Need and their Families 2000



**APPENDIX 7: Case studies: why carer support makes good financial sense**

**BUILDING THE CASE: “The Value of Supporting Carers”**

Scenario	Cost without carer support	Cost with carer support	Outcomes achieved
<p>Mr. J decided that he could no longer care for his wife at home due to the effects of her advancing dementia. After 17 months in nursing care Mr. J requested that Mrs. J be cared for again in the marital home.</p>	<p>Mrs. J was placed in a nursing home for a period of 17 months.</p> <p>Cost to Local Authority: £390 p/wk x 68wks = £26,520.</p>	<p>A package of care was implemented supporting Mr. J with the personal care needs of Mrs. J.</p> <p>Cost: £66 p/wk x 68wks = £4,488.</p> <p>Mr. J was anxious about managing the caring role so help was also provided by the Carers Support Team in the form of emotional support, information and advice.</p> <p>Cost: £15 p/hr x wkly hrs spent (estimate 4 hrs monthly - support needs fluctuated)</p> <p>£15 p/hr x 68 wks = £1,020.</p> <p>Mr. J. provided 50hrs+ p/wk unpaid care</p> <p>Total cost: £5,508</p>	<p><i>Financial:</i></p> <p>Net saving to Local Authority = £21,012 in a 17 month period.</p> <p><i>Personal:</i></p> <p>Independent living. Emotional Wellbeing</p>

Scenario	Cost without carer support	Cost with carer support	Outcomes achieved
<p>Mrs. P requested her husband be placed in nursing accommodation as she felt unable to cope any longer in caring for him at home.</p>	<p>Mr. P was placed in a nursing home for a period of 10 months.</p> <p>Cost to Local Authority:</p> <p>£410 p/wk X 40 wks = £16,400</p>	<p>The Carers Support Team provided emotional support, information and advice to Mrs. P whilst searching for a suitable local nursing home. During the visits different options were discussed including home based support and activities offering regular short breaks. Mrs. P decided to try domiciliary care and day opportunities for Mr. P. 10 months later Mrs. P is managing the caring role well and is able to confidently care for Mr. P at home.</p> <p>Cost of care £120 p/wk x 40 wks = £4,800</p> <p>Cost of carer support including emotional support, information and advice: intensive period 30hrs x £15 p/hr = £450</p> <p>Mrs. P. provided 50hrs+ p/wk unpaid care.</p> <p>Total cost = £5,250</p>	<p><i>Financial:</i></p> <p>£11,150 saving over 10 month period</p> <p><i>Personal:</i></p> <p>Independent Living Emotional Wellbeing</p>

## APPENDIX 8: Carers Strategy Consultation Responses

The consultation on the draft strategy ran from 8th August 2011- 31<sup>st</sup> October 2011.

We distributed 4,000 paper copies of the Carers Strategy Summary. This was sent out via providers, libraries, GP surgeries, individual requests and a public meeting.

Officers attended 7 direct consultations with:

- LINK
- Friends and Neighbours
- Board and Staff of CARES
- CARES involvement panel
- Ambassadors
- Staff
- Providers

No other requests were received.

There were two public meetings, both on the 8<sup>th</sup> October, with 58 at the morning session and 11 at the afternoon session.

The consultation was advertised in the Express and Star, as well as via our providers.

We received 117 paper responses and 4 online responses via the council web pages. This response rate for the consultation was low. More work will need to be done to analyse how we could have reached more carers.

The consultation replies that could be quantified are set out in the graphs below. The responses to questions were generally positive, but there were more 'unsure' answers when carers felt that service change could affect them and more information would be needed.

After the consultation we looked at all the "free text" and themed it into areas of concern. We then met with carer representatives from the Carers Strategy Partnership to review the themed comments, and to prioritise the key messages. All responses that appeared to show carers in distress were followed up by the Carer Support Team.

An Equalities Impact Assessment workshop also took place after the end of the consultation period, with provider and carer representatives, to consider this aspect in more detail.

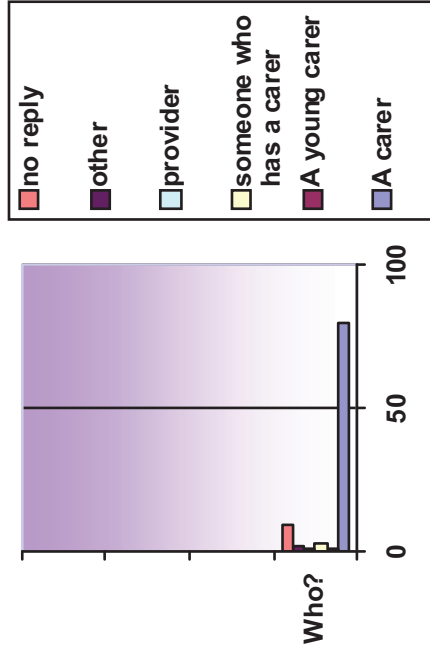
**The themes from the consultation were agreed as:**

- **Cuts and the value of carers:** strong views from many people about the potential impact of cuts on carers themselves and on other services if carers cannot cope. Cuts were often seen as a reflection of the council's respect for the contribution carers make.
- **'Double Whammy':** some anxiety among carers about the multiple effects of service changes and reductions on their lives, as they depend on services for the people they look after as well as support for themselves (which they may need more than ever).
- **Personalisation and Assessment:** responses urged us to offer more responsive, personal and flexible services, with more choice but support for families to manage the choices and challenges of new ways of supporting people (especially personal budgets).
- **Access to support:** many carers described difficulties with accessing the support they need at the right time, with ASSIST featuring in a number of responses. Suggestions about how access could be improved.
- **Engagement and Peer Support:** emphasised the need to communicate well with carers, and involve them positively despite the pressures upon them. Some scepticism about whether carers can support each other.
- **Competitive Tendering:** significant concern among 3<sup>rd</sup> sector provider organisations about their ability to compete, and about the risks of larger scale commissioning.
- **Purpose and impact of the Consultation, and Progress/ Change:** a mixture of desire for change that has been discussed for some time to happen in practice; and cynicism about the consultation and whether comments would make any difference.
- **Existing services:** praise for the support provided by some current services and concerns about their future and whether future services will continue to meet these people's needs
- **Miscellaneous:** a variety of comments about life as a carer and other aspects of the proposals.

# Responses to the consultation

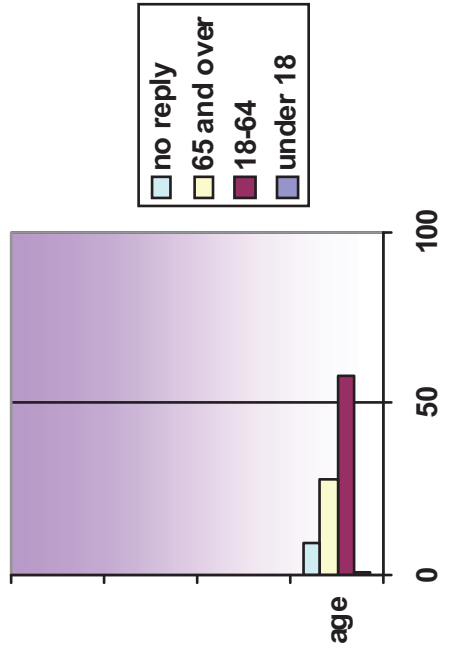
1. Are you: (please tick one)

- A Carer     A young Carer     A someone who has a Carer  
 A service provider     Other    (please say what? .....)



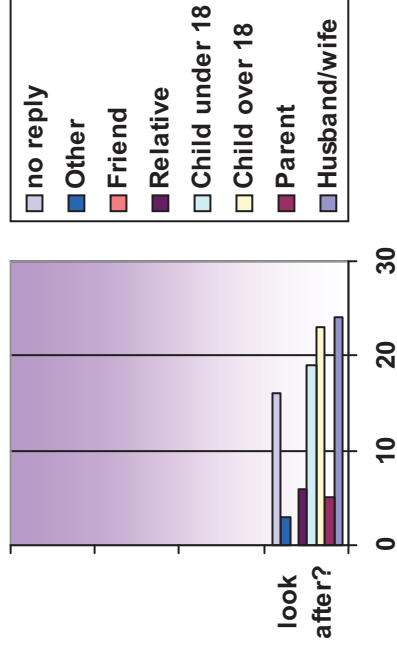
3. How old are you? (please tick one)

- Under 18     18-64     65 and over



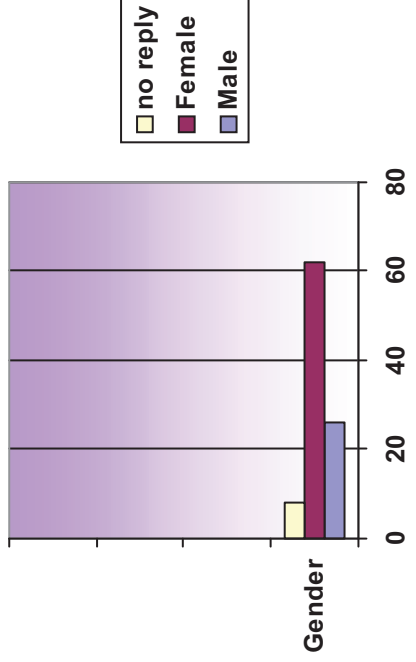
2. Who do you look after? (please tick one)

- Husband/Wife     Parent     Child over 18  
 Child under 18     Relative     Friend     Other



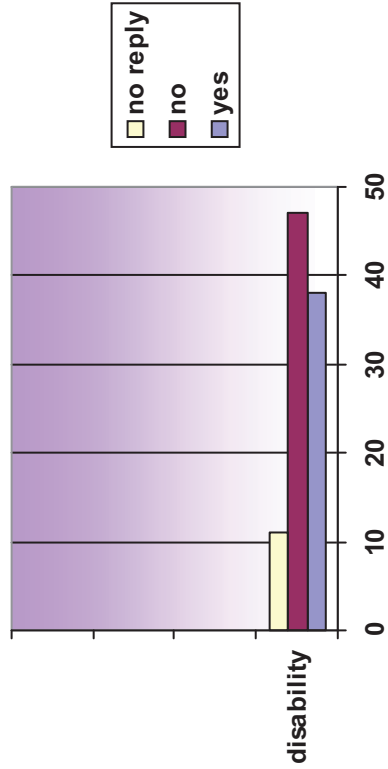
4. Are you: (tick one)

- Male     Female



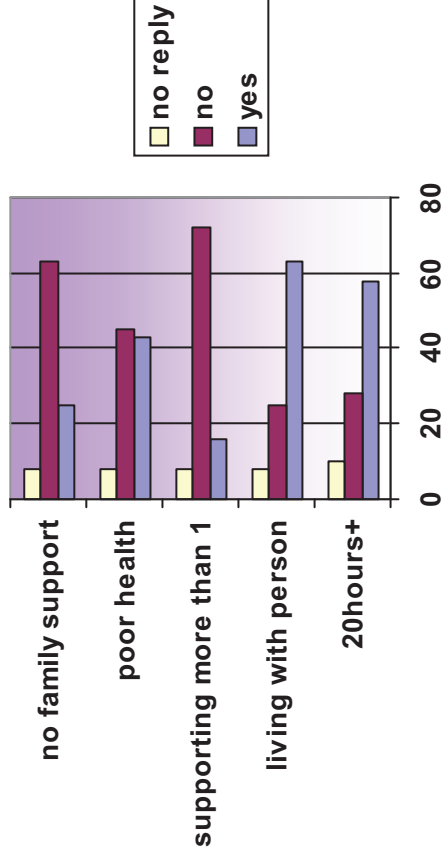
5. Do you have a disability? (tick one)

Yes  No

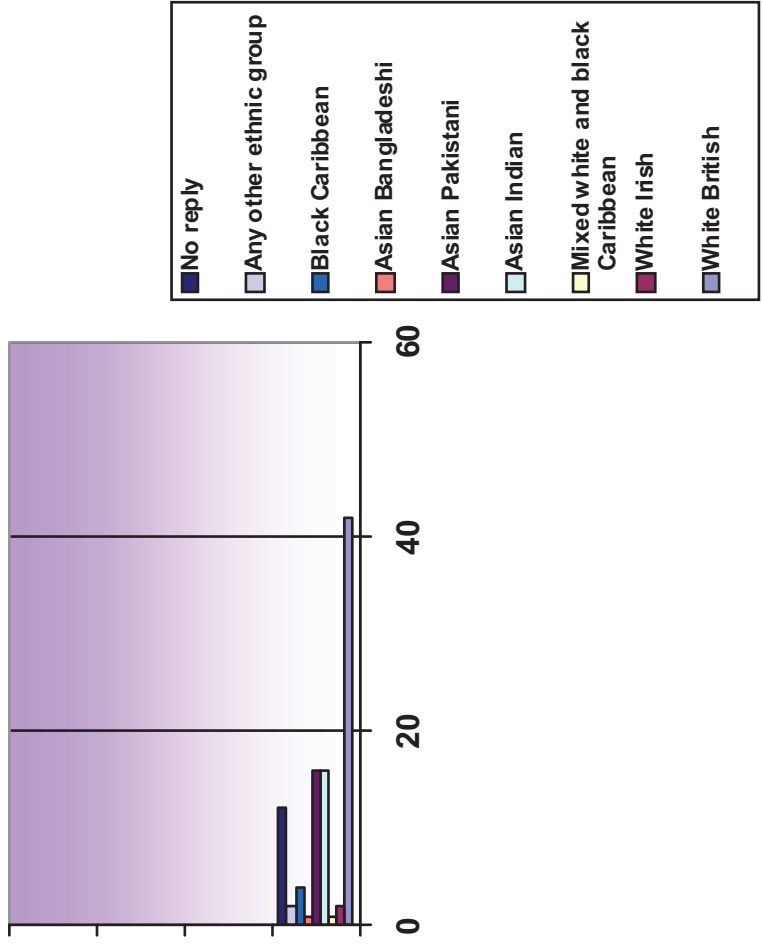


6. Are you... (tick all that apply)

Providing over 20 hours of support a week   
 Living with the person you support  Supporting more than one person   
 In poor health yourself  Caring with no other family support



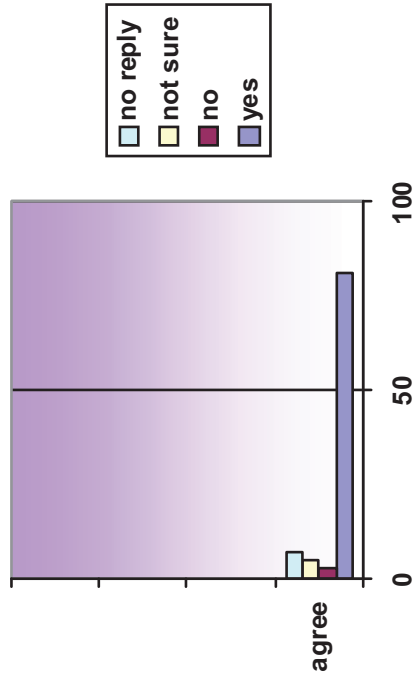
**Ethnicity**



By 2013 we want carers in Sandwell to be supporting each other; to have easy access to information and advice; to be able to get flexible support at the right time, so that it fits their personal and family situation; to be able to care and have a life outside caring; and to feel safe, recognised, valued and supported as expert partners in care.

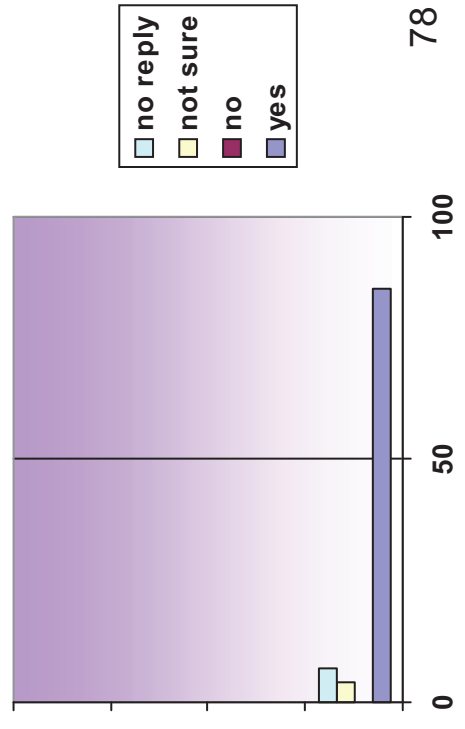
1. Do you agree that this is what we should be aiming for?

Yes  No  Not sure



3. Recognising the value of what Carers do by involving them.

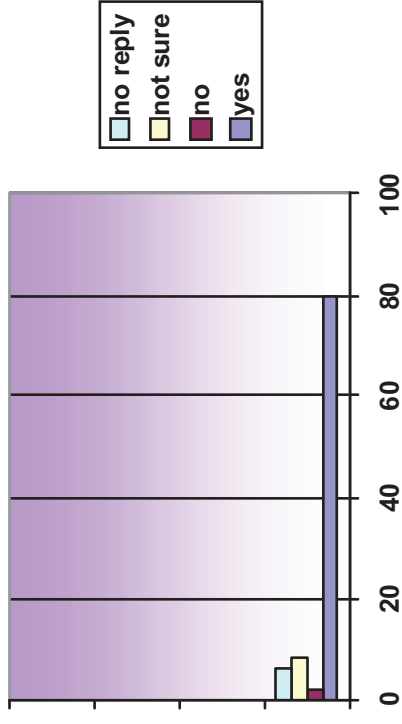
Yes  No  Not sure



78

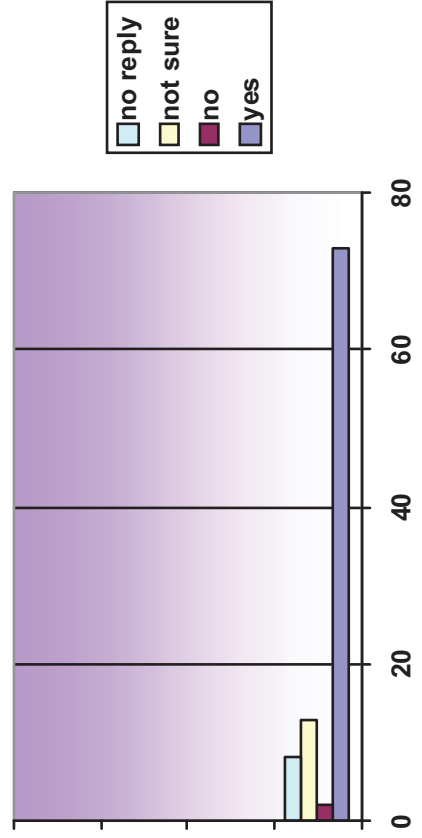
2. Supporting carers to identify themselves early, by improving access to information, advice and support.

Yes  No  Not sure



4. Help young and adult carers to stay in education and find employment.

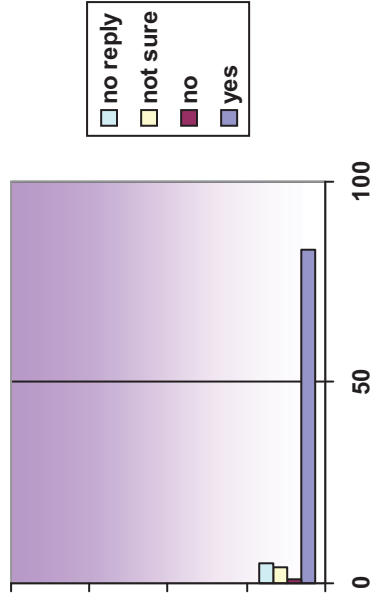
Yes  No  Not sure





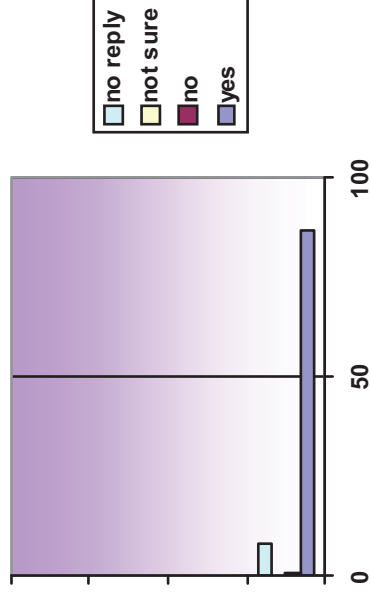
5. Create personalised support for carers and those they support, helping them with their caring responsibilities so they are safe.

Yes  No  Not sure



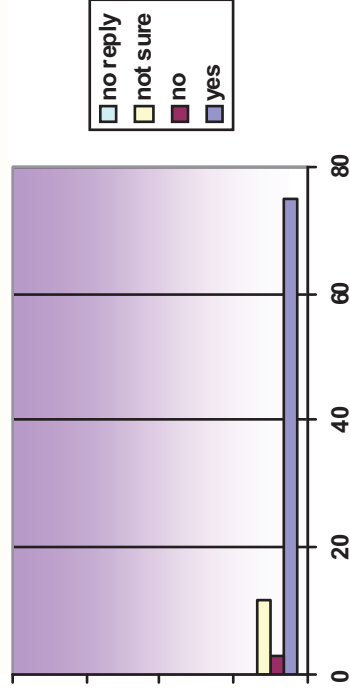
6. Supporting carers to stay mentally and physically well.

Yes  No  Not sure



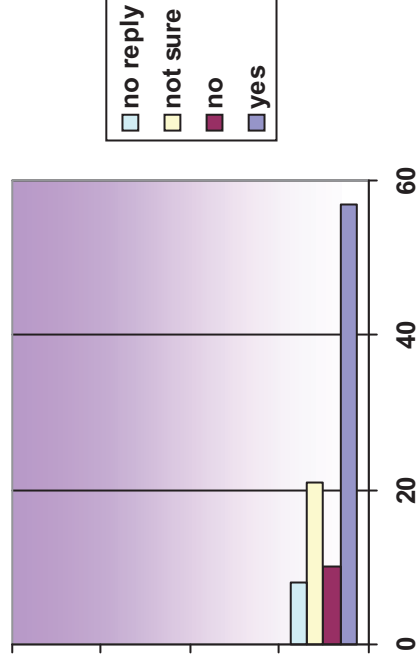
7. Do you think this is a good way of working together?

Yes  No  Not sure



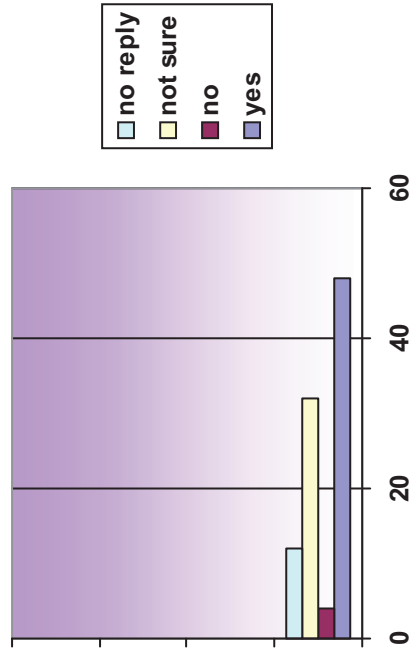
8. Stop funding services that offer poor value for money and poor results for carers, and meet these needs in other ways.

Yes  No  Not sure



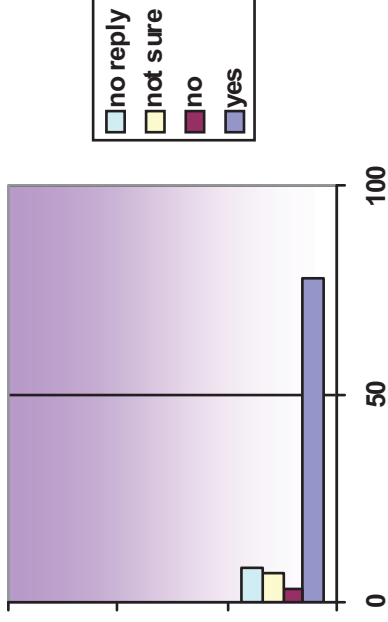
9. Offer fewer, bigger contracts for joined-up services of similar types: Universal, Targeted and Personalised.

Yes  No  Not sure



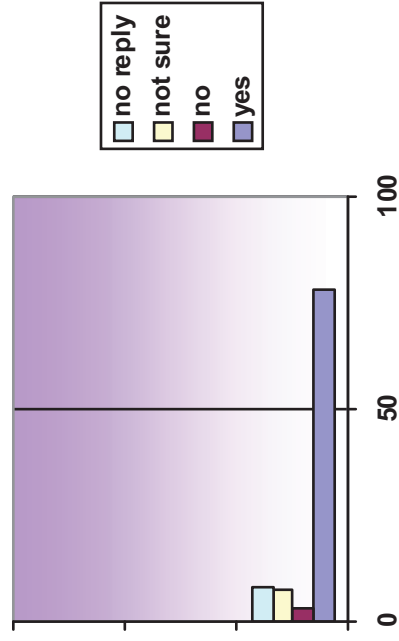
10. Limit how much free support carers can get without assessment, so that more can have it.

Yes  No  Not sure



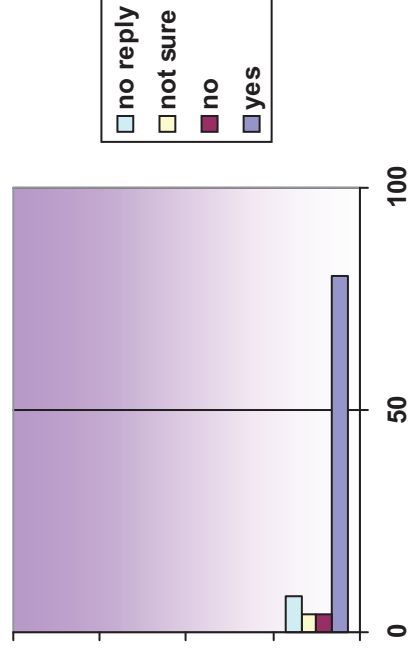
11. Help carers to develop their own ideas, solutions and enterprises.

Yes  No  Not sure



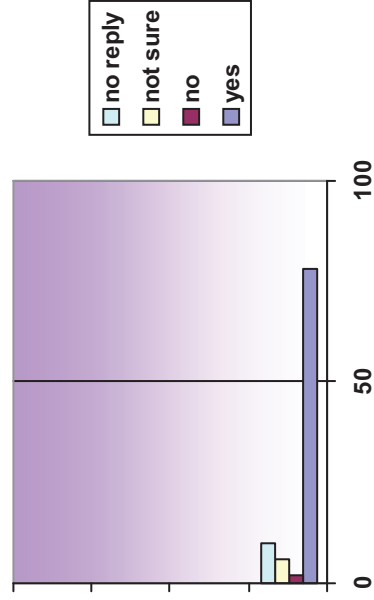
12. Support providers to work together to develop creative business solutions

Yes  No  Not sure



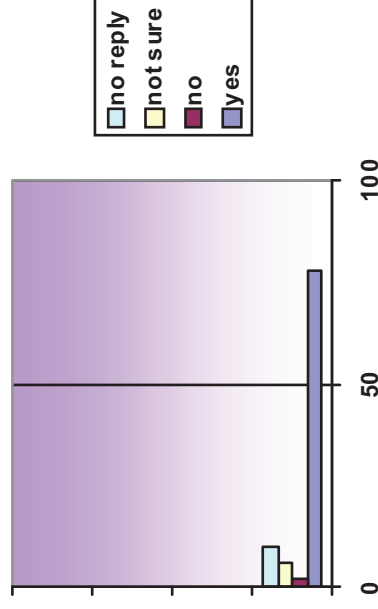
13. Eventually deliver all Personalised carer support through personal budgets and direct payments, reducing respite contracts to allow for this.

Yes  No  Not sure



14. Design contracts to deliver more flexible support and to extend service hours to evenings and weekends.

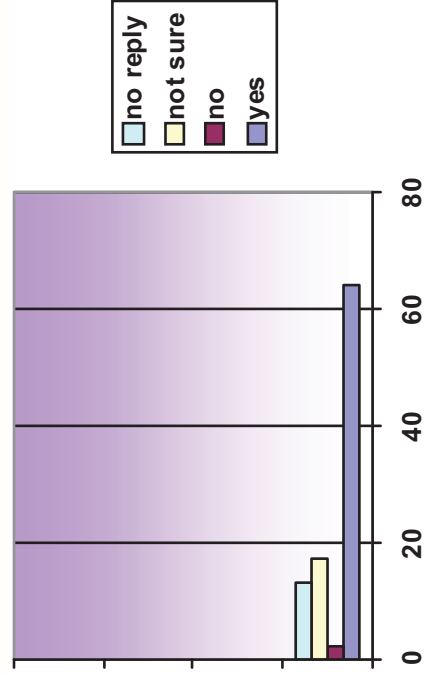
Yes  No  Not sure



15. Do you think we are measuring the right things?

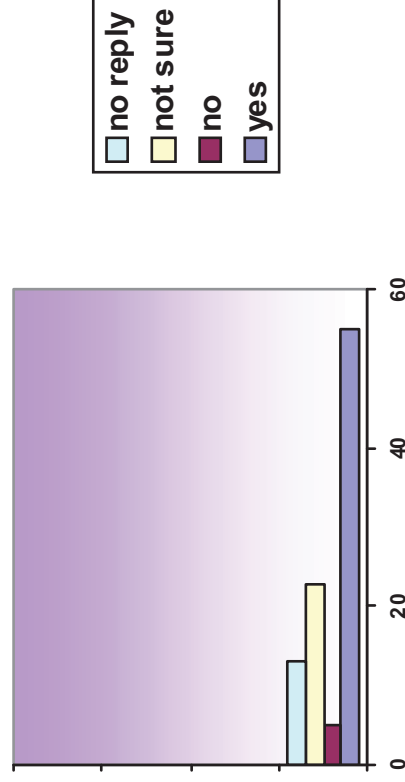
Yes  No  Not sure

Comments



16. Do you think we are doing this the right way?

Yes  No  Not sure



## **THEMED COMMENTS**

These are collated and themed individual verbatim comments from respondents to the consultation.

### **Personalisation**

“Carers need respite if caring for a person more than 20hrs per week and especially if care is needed during the night at an over night break would help carers to recharge their batteries to help them deal with caring for their loved ones and any challenging behaviour (I personally am not receiving support from my son’s key worker or the team manager, which makes it very hard to deal with challenging behaviour and ill health). A 'buddy service' should be available to take young persons 12 plus out to give them their independence to allow them to interact and develop their social skills and to be able to experience new forms of entertainment and activities without their parents or carers. A personal assistant to take on holiday to give carers a break, to be able to spend quality time whether partners and have support if only for a few days.”

“It is important that carers, in the new world of personalisation know where and who they can but services from and carers will need support, information, advice and guidance around this.”

“However as someone in their 70's I also need support organised. I need outings but I have not got the time or the will to do - arranging for someone to sit with my husband it has to be someone he knows-not good with strangers.”

“This is ok if ‘cared for’ are taken to medical appointments by a support worker, as carers can not afford to have too much time off work. This would not go down well with employers and would make the carer unemployable due to the time off.”

“Carers need to be asked what support they need, with no assumptions as part of the personalisation process.”

“Some carers are worried about the responsibility and time needed to manage care plans and personal budgets.”

“Less jargon, less paperwork, more face-to-face/one-to-one support.”

### **Value of carers**

“What happens to our loved ones when we are unable to look after them or if we die? Younger generation don’t want to know.”

“We want government to raise the profile of carers.”

“The Board (CARES) felt it is a false economy for the local authority to reduce spending on Carers services given the £634million p.a. Carers save the Health and Social care budget in Sandwell. They felt that no account was taken in the document of the savings made in residential and other high cost services by Carers continuing to care at home.”

“Let us see genuine understanding of our problems and a desire to make our lives less stressful than they already are.”

### **Assessment**

“Every family has different needs proper assessment for the family is the best option, e.g. a need to a certain family may not be similar to other families.”

“Wanting us to tick boxes for such important matters as future care plans for our disabled is not the approach I expect from our care team in this year of 2011.”

### **‘Double Whammy’**

“We were just told ‘we don’t do night sits now’ as a result of cuts”

“Becomes bureaucratic. There are not enough short breaks now. Not used them myself but know others have been desperate for respite. This makes me think even more will be put on the carers. One of these things that look good on paper rarely work for the carer. What it is good that a lot of thought is being given to carers. I am now in a position where I need a break but my husband would never understand why I would want to be without him. We have always done everything together but if he could just go somewhere for a few hours once a week that would be a godsend. This is the first time I have been asked for my opinion- that in itself is good.”

“By the 1970’s we saw attitudes and services move on and a change for the better in facilities improve, but the last decade has seen the loss of our day centres and now the last residential home is to close.”

“We wonder if this will continue if Warstone closes. The service you provide is no better than the service we had 50 years ago. When I first became a carer (i.e. day care) church halls and community centres ‘one being shared with young offenders’, this break down of facilities spread across the whole borough particularly for older carers makes it impossible to meet together and support each other as your document suggests.”

“There is currently a recommendation that to ease the demand on hospital resources and to reduce ‘bed blocking’ elderly patients should be looked after in their own homes; what a lovely idea but!”

## **Engagement**

“It is important that there is ongoing, regular and clear communication with carers using a variety of means (including a carers newsletter). It is also important that carers are involved and consulted on an ongoing basis.”

“Yes, this is very important. It is also important to involve former carers, to not only recognise their contribution but also benefit from their experience and skills. This is along with ongoing support for former carers. The approach needs to be suitable and flexible for carers.”

“Meetings are necessary we are able to voice our feelings, but always feel councils take no notice.”

“Caring duties make it awkward to attend meetings.”

“Services need to share information to identify carers e.g. SPDC, parent partnership and CARES. More information needed on the SPDC website. Publicise services better- I know about SPDC and have had a small grant from them. Every carer should have a dedicated support worker to aid access to grants, services etc. we don't all know what's out there and we don't have time to find out! A support pack would be useful. I like the idea of finding my own solutions but would need help to make it happening: I don't want respite but I do want a holiday which suits my son. Can I do this instead of free short breaks without an assessment?”

## **Progress/ Change**

“We should also make some radical steps now. Do not wait until 2013. Help is sadly lacking currently” “it would be good if you make promises and keep to it and not changing your minds in a short while” “good start but be prepared to change as the audit results become available and the comparison show continuous improvement. This is not a one off quick fix is it.” “Carers asked if the changes in the plan will definitely be carried out in order to maintain, secure and improve the lives of their loved ones.”

“Immediate action, how will you do this in practice, all will be well if stick to promises made. As I have agreed with many of the proposals, it will be interesting to see just how many will actually be acted upon. I would like to know how you are going to ensure this happen and what are financial costs for each cared for person?”

“CARES board felt there needs to be a greater acknowledgement of services and information which are already in place. They felt the strategy did not sufficiently

recognise the achievements of the last decade. They felt that there was little clarity as to how this strategy is different from those which have gone before. Some issues are raised year after year and little appears to change. The board believe that in order to maintain the interest of carers in consultation, positive changes need to result.”

“If measuring and checking done CORRECTLY – videos etc on internet may be problematic. No info-privacy.”

“Paper evidence will also need to be available. Not everyone has a computer.”

“Not all carers have a computer. How will they be informed of your evaluation on how the service you are providing is doing?”

“Very useful day, good to present views, also good to keep momentum.”

“Interesting I hope things will improve, but doubt it very much.”

“Many of us attend endless consultations which are a government requirement and just an exercise as the decision has already been made.”

“Carers asked if their comments and feedback be taken seriously especially due to the obstacles they face trying to access first rate services for the people they care for in the long term.”

### **Peer Support**

“It is intended that carers support each other. There is a fundamental flaw here. As the document states, many carers face great risks to their health and well-being and are often in poor health themselves, provide high levels of care, and have no family support. Also half of Sandwell’s carers are working and a third work full time. That such people can then have the ability, energy, and time, to band together and provide any significant kind of support for each other defies credence. Such an approach also is in complete contrast to existing policy developed over many years that recognises carers as a special group that needs support, being unable to provide it for themselves.”

“It says you want carers in Sandwell to support each other. In past years we had opportunities to meet together to discuss issues and concerns, regarding our disabled people. In past years we had purpose built centres divided into areas to suit different activities taking place. We are now in the position of a complete loss of relationships in many cases, between carers and service users. We do have left the monthly GOLD meeting and often the guest speaker forgets to come.”

“Carers supporting each other is ok for maybe the majority but there are carers

out there that are not always able to attend meetings or too shy to ask for support, so rely on the council for support”

## Cuts

“Carers feel financially and emotionally abused by the authority’s proposals to reduce funding by 20%.”

“The consultation document could be seen as trying to put across the message that the planned cuts in funding will have no negative impact on carers. Also that it would have us believe that not only can current services be maintained, but a new dawn for carers can be achieved by 2013 through the pursuit of shared priorities and objectives.”

“Is this financially viable?”

“It is good to talk but better help and understanding is very important too much cut will not help”

“The only way to reduce a need generated service is to neglect that need by 20%. If the service is run inefficiently then maybe there could be savings!!!”

“They fear that proposed reductions will result in reduced services for themselves, and greater pressure being placed on the caring relationship.”

“There should be no cuts as this will have impact on the council’s budget – higher costs. There will be higher cost to the council if carer’s services are cut. There will be a loss of funding, regarding cost of health and social care. Cuts even a small percentage will cost the council more in the end than they will save. We need to question the council on their decisions made regarding the cuts that will have a negative impact on carers and the cared for, but is it really credible that such a draconian reduction in funding for carers will have no detrimental effect on their health and willingness to continue their caring role?”

“I found the language ambiguous and contradictory in places. For example the 15% cuts. This concerns me because carers needs are very important and cost money. Our loved ones do their best with little help and resources.”

“In this respect, a great deal of very good work is done by a large number of voluntary organisations within Sandwell. Many of these rely on council funding to ensure their viability and it is important that this funding be maintained.”

“Nor should Sandwell MBC and the PCT take a positive response to the consultation questions as tacit support for the funding cuts, since the questions relate almost solely to the revised carers strategy.”



“Present climate – reducing costs can and is affecting services for carers. There should be a needs agenda.”

### **Competitive procurement**

“Privatisation and possible commissioning of private companies instead of the voluntary sector. This would be detrimental to carers.”

“The implications are wide ranging

- Significant changes in the type and range of carers provision
- Major changes as to who provides these services
- Loss of some voluntary organisations with highly skilled and dedicated staff, and extensive local knowledge
- Disruption of continuity of front line support for those vulnerable members of society who can least handle change

All of these imply major risks as to whether success will be achieved”

“It is not pointed out in the document but SMBC is moving away from rolling over the funding from year to year to these organisations, to more emphasis on putting the services they provide out to competitive tender. This is causing considerable concern for both the organisations concerned, and for the client base they support.”

“One worry is that many organisations have neither the expertise nor capacity to put together professional proposals which can compete against more heavyweight and perhaps national providers. This should not be surprising, since front line care is what local voluntary organisations are about, rather than being business empires.”

“Another worry is the continued viability of the many organisations that provide a wide range of services and by so doing benefit from economies of scale allowing the support of an infrastructure of highly skilled management administration and IT capabilities that can support the various services across the board. If the individual services provided by a particular organisation are put out to tender, with the result that many of the services go elsewhere, then the reduced organisation turnover can no longer support that infrastructure such that the organisation is no longer viable.”

“Need to ensure there are organisations in Sandwell that have the capacity to deliver on these contracts, stimulation of the market and skilling up of current providers may be necessary.”

“It is important that carers, in the new world of personalisation, know where and who they can but services from and carers will need support, information, advice

and guidance around this.”

“Bigger may not necessarily be better and we urge caution with this approach. It is important that local and community and voluntary organisations are given a chance to deliver on these contracts.”

“The panel would like to see that some market stimulation is carried out, alongside preparation for current providers so that they can respond effectively, so that options exist for people with personal budgets/ direct payments. The panel also feel that something needs to be done to ensure that providers are supported in the transition from block contracts to personal budgets.”

### **Access to support**

“Telling people which agencies to contact i.e. due to stress etc. where do people go for the support? Groups? Not much information. System needs to be simplified and better explained, a helpline to speak to someone when times get tough.”

“Why are there so many obstacles in your way to access the simplest services for your loved ones? You need a friendly face or a real human voice to ask questions and explore what you need as a carer. A more ‘open gateway’ services (from statutory bodies). There should be a one-stop shop – CARES to oversee. To offer an ‘out of hours’ and weekend service for Carers has not only an inevitable cost implication it would also present the difficulty of recruiting staff with expertise in handling that most important task of responding to the first call/cry for help from a Carer.”

“Carers need support/preparation along the care journey which although carers often undertake willingly. Life does not offer options which would be available if not caring. Support/preparation for bereavement and post carers role is important.”

“I first phoned Sandwell assist on 3rd June. After an assessment which took 40 minutes, they assured me that social services would contact me. After numerous phone calls from me and other support agencies no contact was received. Reluctantly I saw my MP Adrian Bailey for help and finally social services did phone me but I also had a chance meeting with X of carers adult support team who has now arranged day care for my wife. I am disgusted in the time it took social services to phone me. And can assure you Sandwell Assist phone service is useless and a waste of time. I feel sure that these services need immediate attention and including in your plans for improvements. I am an elderly man caring for my wife fulltime; she has been diagnosed with Alzheimer’s I went through numerous agencies desperately seeking help and advice to meet the needs of my wife unfortunately to no avail. This was the most difficult time of our

lives. I waited patiently for 6 months and no one bothered to contact us. I am totally disgusted with Sandwell Assist, they are a total waste of time.”

“I get upset if it is hinted I cannot cope with the housework and look after S properly but I am desperate to have just a little time to myself. The only time S goes out is to the Doctors or hospital - this is not good for S or me. To be able to get flexible support at the right time. Carers need to have the ability to book a holiday/break and be assured respite/care package is available to cover in their absence. Not enough money for carers flexible breaks. Everyone caring should have one every year.”

“Easy access must include formats for blind people. Not all blind people use computers. Some carers felt excluded due to barriers affecting their disabilities such as hearing, speech or reading difficulties and Carers whose first language is not English.”

“Important to make disability adaptations for housing easier to obtain.”

“Need access to services on a locality basis.” (CARES board)

“Services need to be put in place much faster to ease the pressure on the carer and cared for.”

“Another proposal in the Consultation Document is that a centralised ‘One stop shop’ be established for services. There are two important reasons why this proposal needs to be challenged. First, the government is advocating a policy of de-centralisation wherever possible; secondly, Sandwell is not a single entity, it consists of six towns each with its own history, traditions and community. Ideally each town would retain its unique identity and services.”

“Yes, many carers are ‘hidden’ and efforts need to be put in place to identify them to offer them support if and when they want it. Key agencies need to get better at suggesting to people that they may be carers and be able to advise them how they can access information, advice and support.”

“Continuity is important if we could have the same social worker and the same paid care worker preferably trained with an understanding of the cared for medical condition. Most importantly when paid care workers come into our homes they should be committed and stick to it.”

### **Purpose and impact of the consultation**

“Less paper work and more face-to-face (particularly in consultation).”

“We do not want to go through consultation again – get it right first time!”

“We want to meet the elected members in person.”

“Interesting to find out how the council works regarding setting the budget – very informative.”

“This would require a massive shift of values, attitude and expertise by the management of social services and PCT. Is this likely or achievable? My experience leads me to believe the above presentation not practice.”

“Would need a fuller explanation/plain English. Is it financially?” (In relation to limiting support)

“It’s hard to figure out at times some of the ideas. Some of the ideas is all unknown to carers. Less jargon to be used. Only up to a very limited point the information is confusing and not easy to read. You have not made it clear how you are going to meet our needs the system is so unfair. More information needed, I had no knowledge of this carers strategy or access to the 85 page document because I do not have the internet. Many carers I have spoken to was not consulted or asked their opinion.”

“As long as you are aiming to make the quality of life better for carers.”

“We feel that the council have already made up their minds before the consultation. Everything has been said, nothing will be done, just another consultation. It is sometimes push in front of the carers and expect that it must be accepted by the whether they agree or not.”

### **Existing support**

“They said CARES is an excellent service and they are the experts who should be in charge of taking care of carers needs in Sandwell. They understand us and our caring roles for our loved ones. Sandwell Assist has let us down. CARES should be the new Hub. The whole system is too confusing, we worry about cuts to CARES so that they can continue to develop services. Isn’t this what you were supposed to be doing? In reality only Carers have this aim and within the limitation of what they can achieve they do an excellent job. CARES Sandwell has done more for me than anyone else.”

“Carers team provide this already via forum, education session on specific illnesses, health talks and health screening, already have this in mental health sector. All above services are being done already at carers mental health team. Our carers team support us and do a brilliant job. Already receive this support from the carers team. The carers mental health team led by (X) do a brilliant job. We already receive this support from CMHT. All being done already at carers team, the mental health carers team look after our needs.”

## **Miscellaneous**

“Support principles of accountability but not expert in mechanisms.”

“I object most strongly at the suggestion that carers are more likely to be less educated than people who are not carers. There is absolutely no truth in this slur on carers and should be taken out of this document. It's right when it says carers are more likely to be poorer, probably because as the document says carers are saving Sandwell MBC £513million each year. I think carers should be told where this money is being spent.”

“Useful exchange of opinion. I am still at a loss as to why a labour council should support a Tory agenda at the cost to carers.”

“Please be mindful that not everyone can have their pictures on the internet. My adopted son cannot have his photo published, make sure that individual identity is protected. I am not too keen on sharing the gathered information on the internet, carers should be asked if they give their consent to this matter.”

“From my experience of carers, some are very very good - the one's that genuinely care and love you. The majority are in care industry just for a wage and are very bad at their jobs.”

“No mention of transport for carers.”

“As with all other services, it all depends on cost. I agree with everything mostly but sometimes you can get your hopes up, only to have them dashed. Every person has different needs, which makes it difficult to accommodate everyone. I wish it all comes off for your sakes as well as carers.”

Supported by:



December 2011