

Carers Network

Consultation and Information Day

29 October 2007



Conference Report

Carers Strategy and Action Plan



Carers Together
A consortium of carers in Hampshire
Charity Number 1051879 Company Number 6262146



Introduction

The conference began with an inspiring talk by Caroline Tomlinson. Caroline is a carer and Director of 'in Control' Total. Her personal story of her son Joe and the family's journey towards independence and control of their own lives is moving and inspiring.

Delegates were given an information pack including a copy of Caroline's book 'The Essential Guide to getting a life' which is obtainable through 'in Control'.

The mission of 'in Control' is to play a key role in the creation of a new system of social care, in which people will control their support, their money and their lives as valued citizens. The organisation believes people who need support can control their own lives and be full citizens - using Individual Budgets as part of their Self-Directed Support.

'in Control' is a unique partnership between families, individuals, services, local authorities, Government and many other organisations. All these people are working together to define best practice in Self-Directed Support and Individual Budgets - and change the whole system. 'in Control' is for everybody who wants to control their support. They have tools and information freely available to help you take control of your own support. Find on www.in.control.org.uk

After Caroline's talk and a delicious lunch, over 100 delegates had an opportunity to take part in workshops the results of which are reported here. Delegates and papers were available of the table so comments could be made during the course of the day.

A list of questions frequently asked by carers was brought together as a result of asking carers and professionals what questions they felt should be included. The revised list as a result of the consultation is attached (Appendix 2 page 18 - 19). Do you agree with the list? If you have more to add please contact the Carers Together office.

The aims and action plan for the proposed Hampshire Carers Strategy were also made available for comment and a feedback form was available for people to complete individually. A copy of the Strategy, proposed action plan and feedback form are attached (Appendix 3 page 20 - 23) More copies are available on request. The consultation period started on 1 November and will end in February.

Southampton carers were able to comment on the Southampton Strategy.

Participants in the workshops sat at tables of 10 each with a facilitator. The emphasis and detail of the results from each table was slightly different, reflecting the wide ranging views of the people there, but the essentials were very similar

Delegates were asked to use blue sky thinking under four headings for the consultation and to identify five to ten priorities for their group. The substantive results of the blue sky thinking are attached (Appendix 1 – page 6 - 17)

The priorities have been divided into what outcomes carers wanted from services and support including innovative ideas and some suggested action points to help achieve the desired outcomes.

For contacts and addresses please see page 24

Outcomes - what outcomes carers said they want from a carers strategy

- A definition of what is meant by 'carer' and everyone using the correct terminology for carers / support workers / care managers / social workers
- Free social care for all, which would allow health and social care to join together, save the need to make financial assessments, prevent duplication of services and management, provide an effective seamless service and make better use of resources
- Seamless services and support between health and social care with joined up budgets and staff teams - one assessment, one pot of money, one quality service. Not competing with each other for funding – passing the buck. Seamless transition between health and social care (joined up thinking and joined up funding)
- Information that is comprehensive and timely including a central point for information – possibly county wide and/or in each locality. One stop shop for information on:
 - ⇒ Statutory services available
 - ⇒ Community help available
 - ⇒ Voluntary Services available e.g. befriending
 - ⇒ Signposting to other services
 - ⇒ Support services available
- Assessment that is effective including an assessment passport - single assessment of needs with a passport to all services as a result of the single assessment process – including all agencies working together. This should include a quick basic assessment to cover emergencies whether health or social services followed by fuller carers assessment if necessary. It should be completed by caring, trained, understanding people and result in action or services, not just be a piece of paper done to meet targets.
- Adequate income to enable carers to care well including recognising the savings carers make including help to access all the benefits that are available e.g. tax relief, carers allowance etc .
- Individualised budget for carers – so they can take time off for them and be in control of their life e.g. minimum wage, own care budget, matching Carers Allowance to minimum wage – not means tested.
- Adequate health care for carers including
 - the health and wellbeing of carers being recognised by “professionals” and given priority support. If a carer is ill, the “cost” to statutory organisations will double.
 - Support to reduce depression, loneliness, stress
 - Recognition by GPs and at GP surgeries enabling carers to receive empathetic appointment times and support
 - Equal access to information about the cared for person – no responsibility without knowledge and understanding
 - Counselling

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- Well trained qualified professional support when needed, at a time needed, flexible to meet changing needs with sufficient appropriate staff e.g. care managers, benefits workers etc.
- Independent, carer led and variable peer support including telephone groups, email groups, carers cafes, internet chat groups so carers have the ability to access support not just at a crisis but as and when they need it
- Independent advocacy for carers to help them find out their rights and have support to deal with issues in their caring role
- Personalised Service – i.e. service to fit around what carers want / need, NOT slotting them into available services.
- Home help services that are available, flexible, responsive to need, arrive at a time convenient to the service user and carer, are innovative and reliable.
- Training and awareness for carers including a wide range of information and knowledge about what is available to support them, services they can access, methods to help them care e.g. moving and handling, stress management, emergency planning, legal advice. This should be available for young carers, parents of young people in transition and carers of adults and older people and should include local knowledge and networking.
- Effective communication - face to face, telephone, letter, computer, email, plain English, keeping in touch, continuous unless decided otherwise, improved communication for those who are marginalized and isolated
- Recognition of carers role by professionals e.g. hospital staff, GPs, care workers, social workers etc
- Short breaks from caring – including day care, night care, weekend care, short term breaks, in the home and outside the home, drop in sitting services – flexible innovative respite opportunities chosen by the service user and carer.
- Bookable respite well in advance
- Recognition and registration of carers with GP Practice could open the door to other services
- Hospital care that is geared up to deal with a wide range of needs of older people not just the medical condition for which they are admitted e.g. feeding, confusion, toileting, quality discharge etc.
- Effective and available out of hours care
- Transport that is available, reliable, flexible and responsive to need, reasonably charged, accessible.
- An open, transparent responsive service that is needs led not budget led

Actions and suggestions by carers to achieve the outcomes

- Knowing who is a carer will ensure the appropriate support will be offered to help carers to continue to care, by providing professional paid support, finance, a break, training and awareness, peer support
- Review benefits and allowances e.g. carers allowance – not to be counted as an overlapping benefit; pension safeguard etc
- Listen to carers - when carers ask for help they are desperate – please listen to “us”. Offer what is needed not what you think you have available. Who is the customer?
- Ensuring everyone has access to a personalised service – i.e. service to fit around what carers want / need, NOT slotting them into available services.
- Promote Carers Cafes, services and support
- Nationwide equality – minimum standards for everyone no post code lottery for basic support and services
- Bring back home help services and maintain continuity of Home Help
- Better public and voluntary transport – appropriate / accessible
- Raise profile and registration of carers at GP surgeries.
- A review of top up fees in nursing homes to maintain continuity of care
- For cancer there are “Macmillan Nurses” and ‘Marie Curie Nurses’ - for Alzheimer’s there are “Admiral Nurses”. Why not available in Hampshire?
- Individual Strategic Planner (may be a team)
 - ⇒ Multi Agency funded (so independent)
 - ⇒ Whole life – holistic (not parts)
 - ⇒ Permission to share information (agreed)
 - ⇒ Able to take action (authority and empowered)
 - ⇒ Everyone knows how to access (if they choose to)
 - ⇒ Correct, impartial, standard advice and information
- Good communication between agencies - cohesive and coherent – with joined up use of identified allocated funding

TABLE 1

PRIORITIES Table 1

- Recognition of the saving cares makes – therefore help us to continue to care, by providing
 - professional paid support
 - information
 - finance
 - a break
 - training
 - awareness
 - peer support
- We have not got time to work if we are caring 24/7 but we are only paid for 35 hours – it should be the minimum wage.
- Carers health and wellbeing being recognised by “professionals” and given priority support. If carer is ill, the “cost” will double.
- Time off - my own budget to have time off – I am then “in Control”.
- Timely information
- Universal “carers awareness courses” for family carers across the county
- Independent advocacy to help us find out our rights and support in our caring role
- Joint health and social care budgets / staff .
- One assessment, one pot of money.
- When carers ask for help they are desperate – please listen to “us”.

HEALTH AND SOCIAL CARE

- Our health as carers and well being.
- Timely information and support
- Emotional support
- Universal “Carers Awareness” course across the country
- Minimum standards for information/ training / support – as and when carer needs it.
- Being valued as a person in own right – the right to say “No”.
- Having our say and our needs met.
- Recognition – being treated as an equal partner with “professional”
- Joint health and social care budgets to make “in control” work for us and the people we care for.
- Appropriate services and support – “square pegs do not fit into round holes”.
- Recognition of relationships when caring for a close relation.
- Appreciate/understanding.
- Time off – my budget – to have time for me – go swimming etc – now only limited sitting service.
- Independent advocacy to help us find out our rights and support us in our caring role.
- Access to county wide independent carers support
- Groups for mutual peer support
- Independent local/countywide telephone support.
- Online carers support.
- When a carer asks for help they are usually desperate and situation critical. Professional need to respect this and not say “I will do it tomorrow”.

Appendix 1 continued

EMPLOYMENT

- Carers put under pressure to work.
- Should be “Choice” but not penalised by income / benefit system e.g. pension loss.
- Being paid “minimum wage” to do the caring – choice.
- Person get “individual budget to pay who they want to do the caring including family members.

EQUALITIES

- Partner gets four times as much as I do as carer (C.A.) but I do all the care / finance etc. – not equal partners.
- Could be living in poverty if not able to access money coming to disabled person.
- Saying disabled person could be open to abuse, what about me as a carer?
- Recognition of our ‘work’ value, both monetary and being valued – “minimum wage”
- Terms and conditions – annual leave, time off. Sick leave.

INCOME

- Enough resources to pay for the additional cost of disability / care and transport costs for “us” to support our family.
- Retirement pension / occupational pension / loss if you have been caring during “working age years”.
- You can earn up to £89 per week, but due to caring responsibilities may not be able to work. If caring full time there is competition between time to care and time to work. If caring full time the carer cannot go out to work although only ‘paid’ for 35 hours per week as a carer at less than minimum wage.

TABLE 2

PRIORITIES Table 2

- Nationwide equality
- Bring back home help
- Personalised Services - (Community Care Funding for/from Local Authority (Eastleigh)
- Reduce Depression- Loneliness – Stress
- Relieves Health Service Time / Money
- Education - Raise the profile and registering of “Volunteer Carer” if they want to, which opens door to other services
- Information and support, accessing benefits and finding – No Post Code Lottery
- Enough trained personnel available to achieve the above
- Respite time out: Carers Cafe – ability to access support not just at a crisis but as and when

INFORMATION

- Raising the profile of carers.
- Information regarding local services for carers
- Recognition as a “carer” by themselves
- System of registering as a carer @ GP surgery as standard
- GP practices advertising carer resources i.e. carer groups
- Does professional know about carer information
- Have access to choices regarding type of help
- Simplify forms

Appendix 1 continued

FINANCE AND BENEFITS

- Accessing funds – more information and support
- Direct Payments - Choice should be given
- Choice of Agency and services
- Want 'home helps' back
- Personal priorities recognised

HEALTH AND SOCIAL CARE

- Carers need confidence in supporting networks – reliability, continuity
- G.P's registering and identifying carers, or questioning "cared for" – who is your carer?
- G.P's responsible for monitoring carers well-being.
- Confidentiality – problems if G.P. will not talk to carer.
- Practices advertising and promoting Carers Cafes, Groups, services.
- Carers Assessment – a waste of time – just paper exercise – doesn't lead to anything. Completed by often untrained people with lack of understanding of carers needs.
- Bring back traditional Home Helps
- Older Peoples well-being – don't always want personal care – will then sit back and look at deteriorating home and garden, dust etc. Would rather spend 2 hours slowly getting self up and a cheery person to dust, Hoover and a cup of coffee!
- Advocates not social workers - would they accept what they offer or not their clients as a result of their care assessments.

SERVICES CARERS WOULD LIKE:-

- Time off for breaks
- Appropriate support
- Raise profile of unpaid carer
- Sitting service / drop in service
- Confidence in supporting network
- Continuity of care
- Registration of unpaid carers / to fast track prioritise
- Information / support / choice / benefits / help available
- Carers Assessments / What benefits?
- Home Helps back
- Domestic help
- Personalised support

TABLE 3

- Not enough time off for breaks
- Cannot socialize – no support for the cared for
- Educating people to understand the role of an unpaid carer
- Raise the profile
- Carers are isolated.
- Don't recognise being a carer
- Cover wanting to let go of the cared for to have time.
- Confidence in supporting networks.
- G.P's identify carers: System of registering as a carer – question who is your carer?
- ?G.P. Manager
- Practices advertising Carers Cafes, groups etc.

Appendix 1 continued

- Accessing funds
- Personal Caring – having to budget with money allocated.
- Giving the choice to use Personal Manager, direct payments or not.
- Choice of Agency
- Home Helps back
- House clean and tidy all your life
- Carer getting you out of bed to see untidy house, garden etc.
- Personalised priority.
- Finance Benefits and Work – England – information, literature, suitable hours or time, up to date details

TABLE 4

PRIORITIES Table 4

- Central Point for information – eg. GP and Counselling
- Raise the Carers Profile – Review definition of Carer
- Matching Carers Allowance to min wage – Not means tested
- Well adequate training staff eg. Care managers, benefits workers etc.
- Correct definition of carers / support workers / care managers / S. Workers.
- Would like agencies / stat / vol to work together
- Better transport – appropriate / accessible

NOTES

- More involvement in strategies
- Should be involving carers more
- Raise the profile of the carers
- Promote / clarify wording i.e. carers / support workers paid)
- Database – Hampshire C.C. central point
- Carer friendly ways of communicating.
- Continuity of Services – across the country
- Promote support services – ongoing
- Agencies should be working together
- Same standard of care, support, services from central government
- Training for professionals
- Passports to join service together
- Central point of contact for all services

Finance / Benefit / Work

- Full trained support workers to enable carers to go to work
(Carers Allowance realistic amount min wage x 35 hours
- (Non Means tested
(Should be monitored
- Review of definition of Carer
- Circumstance regarding upgrades
- Central Point! Information
- Start Point – GP Central Database

Appendix 1 continued

Services

- Well trained personal
- Why highlight Black and Minority Ethnic Communities. Carers to be identified as individual with individual needs.
- If you get Mobility Allowance why do you still have to fight for a decent wheelchair when it is an essential ?
- Why can't carers receive training like Health/Social care/education workers receive? E.g.. manual lifting
- Health and Safety issues protect the "support workers" yet nothing for the carers

TABLE 5

- **INFORMATION**
 - ⇒ Recognise me as a Carer
 - ⇒ Tell me who to approach and what information I need – when I need it
 - ⇒ Identify people who need support who don't think as themselves as carers
- **FINANCE BENEFITS AND WORK**
 - ⇒ Free social care as in Scotland
 - ⇒ Carers Allowance in addition to State Pension.
 - ⇒ Carers Allowance to reflect average wage or comparable to cost of residential home.
- **SERVICES CARERS WOULD LIKE**
 - ⇒ Legal rights for carers
 - ⇒ A break – reasonably priced when they want it. Can be in home own.
 - ⇒ Convenient transport
 - ⇒ One point of contact
 - ⇒ Emergency respite when needed
 - ⇒ Freedom of information
- **HEALTH AND SOCIAL CARE**
 - ⇒ Find out what service users / carers want and deliver it with access to advice or equipment when needed.
 - ⇒ Easier access to sheltered accommodation
 - ⇒ Social workers not influenced in assessments by what is available.

TABLE 6

- Quick basic assessment to cover emergencies followed by fuller Carers Assessment if necessary
- Not Means Tested For Carers
- Interchangeable Passport - Reviewed
- Right to reassessments
- Carers Allowance to continue after pensionable age.
- Adaptations – speed up – more financial flexibility to living space
- One stop shop for information
- Carers breaks
- Bookable respite well in advance
- Carers Training – Physical Emotional, Pro Active

Appendix 1 continued

- DVDS / VINEO/ Electronically
- Support Groups – Good Neighbour Sources Networking
- Access to relaxation therapies (Free?)
- Reduced rates for carers at Theatres/Leisure e.g. Cared for – full price, Carer – half price
- Essential that “Professional” Carers are fully trained
- Helplines
- Transport – Improved access for wheel-chair on buses, trains
- Support for Carers at stations for wheelchairs
- Promotion of recognition of carers by professionals, especially G.P's
- Better discharge planning from hospital and rapid response that is rapid.
- Promotion of Health and well being for Carers
- More active promotion of direct payments etc.
- Advertising range of entitlements in appropriate ways and places
- Carers should be allowed to continue in employment and provided with support.
- Transparency of Carer expenditure by SS.

Young Carers:-

- Notify School
- Provide Support to allow child to continue studies and Leisure / Social activities

TABLE 7

WHAT CARERS WOULD LIKE

- Less bureaucracy, more streamlined
- Assessment passport all details.
- Self assessment whole County would show unmet need
- Direct Payments
- Have benefits explained and offered
- More user friendly
- Free social care for all
- More advocacy services
- Sibling support where disabled in family.
- Respite – more free choices
- More drop-in sitting services
- Services at weekends / bank holiday
- Carers Allowance all carers. X 2 child / spouse
- Benefits info from all organisations
- Information about how much cash available
- LA should be transparent with finance
- How much of budget benefits carers
- Mobility benefits over 60
- Employment / pension earning opportunities.
- Respite improved / renewed
- Facilities for specialised care.
- Other options – in control model. – in home?
- Access / Bus over County
- Drop-in / sitting service Winchester and responsive to individual needs
- Register Live-in? Flexibility / Choice.
- Better sitting service uniform price

Appendix 1 continued

- Travel time should not be taken out of respite
- LOCAL DIRECTORY
- Info NOT On-line / Balance
- Making information available at Markets etc., in rural areas.
- More information surgeries / hospital
- Carers check list with Carers Pack
- GP's hand out Carers Information.

TABLE 8

PRIORITIES Table 8

Information on:-

- Services Available
- Community Help available
- Voluntary Services available i.e. befriending
- Recognition of Carers Role from professionals
- The same level of service regarding recognition of carers from Doctors Surgeries
- Moving and handling training for carers.
- Seamless transition between health and social care (joined up thinking and joined up funding)
- A more seamless authority when talking to health / social authorities
- Out of hours care improvement services available
- Provision of out of hours care (availability)
- Improved out of hours availability to Health Staff
- Easier access to respite care for patient so that a break can be taken
- Carers Allowance – not to be counted as an overlapping benefit.
- Carers Allowance
- Pension safeguard – alters details
- Reviews of allowances Carers etc. Continued payment
- A review of top up fees in nursing homes to maintain continuity of care.
- Review of top-up fees
- For cancer there are “Macmillan Nurses” and “Marie Curie Nurses” for Alzheimer's there are “Admiral Nurses”. Got wife knows about this one. Generally not available in Hampshire

INFORMATION

- What finance available?
- How illness progresses
- Recognition of the Carers role from Medicals
- Information on who is responsible from which services
- Information on specific illness for the carer
- Information for the community on all disabilities
- Information for Carers in GP Surgery
- “Admiral Nurses” – Alzheimer's

SERVICES CARERS WOULD LIKE

- Voluntary help in the community e.g. befrienders for cared for person
- Perhaps more direct contact with patients doctor Re: Nature/treatment of the illness
- ? Admiral Nurses – Alzheimer's Specialist – are they available?
- More recognition in the work place regarding caring responsibilities.

Appendix 1 continued

HEALTH AND SAFETY CARE

- Availability
- All information and health outcomes
- Better and more realistic assessment of care required (amount of time)
- Availability of respite care
- Better training of Agency Carers (Handling and lifting particularly)
- Continuity of care staff

TABLE 9

➤ **INDIVIDUAL STRATEGIC PLANNER (may be a team)**

- ⇒ Multi Agency funded (so independent)
- ⇒ Whole life – holistic (not parts)
- ⇒ Permission to share information
- ⇒ Able to take action (authority and empowered)
- ⇒ Everyone knows how to access (if they choose to)

LEADS TO:

- ⇒ Communication between agencies
 - ⇒ Cohesive and coherent
 - ⇒ Correct, impartial, standard advice and information

SO THEREFORE:

- ⇒ Needs LED not budget LED

LEADS TO:

- ⇒ Control
 - Allocated Funding
 - Enables Prioritisation

AND - Openness and Co-operation leads to Transparency

TABLE 10

Priorities Table 10

➤ **INFORMATION**

- ⇒ Recognise me as a Carer
- ⇒ Tell me who to approach and what information I need – when I need it
- ⇒ Identify people who need support who don't think as themselves as carers

➤ **FINANCE BENEFITS AND WORK**

- ⇒ Free social care as in Scotland
- ⇒ Carers Allowance in addition to State Pension.
- ⇒ Carers Allowance to reflect average wage or comparable to cost of residential home.

➤ **SERVICES CARERS WOULD LIKE**

- ⇒ Legal rights for carers
- ⇒ A break – reasonably priced when they want it. Can be in home own.
- ⇒ Convenient transport
- ⇒ One point of contact
- ⇒ Emergency respite when needed
- ⇒ Freedom of information

Appendix 1 continued

- **HEALTH AND SOCIAL CARE**
 - ⇒ Find out what service users / carers want and deliver it with access to advice or equipment when needed.
 - ⇒ Easier access to sheltered accommodation
 - ⇒ Social workers not influenced in assessments by what is available.

- **FINANCE, BENEFITS AND WORK**
 - ⇒ Free Social Care as in Scotland!!
 - ⇒ No discrimination re Pensions and Carers Allowance.

- **HEALTH AND SOCIAL CARE**
 - ⇒ Access to advice and equipment when needed
 - ⇒ Find out what service users / carers want and deliver it.
 - ⇒ SWS not influenced in assessments by knowledge of what is available.
 - ⇒ Easier access to sheltered accommodation.

- **INFORMATION**
 - ⇒ Available when you need it
 - ⇒ Who do you approach?
 - ⇒ What information do I want
 - ⇒ Recognise me as a Carer
 - ⇒ Information prescription.
 - ⇒ Trial – Winchester
 - ⇒ GP sends to Carers information.
 - ⇒ 80% don't see S.W. and therefore not into system.
 - ⇒ Outreach Workers? To identify Carers who need support and not in system. Only get info when at crisis point.
 - ⇒ Learn info from other people rather than social services

- **INFORMATION**
 - ⇒ **IN CONTROL** – Hants signed up to it voluntary pilot. Slow progress – don't want to relinquish power?
 - ⇒ Always referred to "look on website". Some people not computer literate and choose not to have computer.

- **SERVICES CARERS WOULD LIKE**
 - ⇒ A break – reasonably priced – when they want it – can be in own home.
 - ⇒ Convenient transport – problem re cost?
 - ⇒ Someone to organise and facilitate eg travel
 - ⇒ Family carers discriminated against ? – re payment – direct payments system.
 - ⇒ Somebody to talk to who understands
 - ⇒ Emergency respite care in own home
 - ⇒ Set up in progress
 - ⇒ Services provided under "well being" for carer
 - ⇒ Able to provide what people say they need.

TABLE 11

HEALTH AND SOCIAL SERVICES

- Effective communication - face to face – telephone – letter – computer – email –
- information and continuity
- Signposting – where to get information
- Plain English, easy to understand for whichever “nationality”
- Education, Churches, Parish Councils, G.P’s.
- Keeping in touch, needs to be continuous unless decided otherwise
- Speak to the person
- Some do not have e-mails, tends to less communication – marginalized x dis-communicated against
- Competing with each other for funding – passing the buck.
- Not offering what is wanted / needed. Who is the customer? Passed recipient
- Lack of consultation in respite programme
- Individual budget part of your entitlement – promoted
- Don’t trust them “don’t trust the buggers” they manipulate the truth to their ends e.g. – closure of respite etc.
- Respite massive issue – direct payments – can then choose on vote with your feel.
- More money spent in right way. It has been mismanaged.
- Respect (lack of)
- Health free. S.S. to pay for want parity.
- Elderly people being “killed” in hospital due to lack of care, poor feeding etc., not just c.dif x MRSA
- Lack of respect for older people – not in society either
- Carers deserve funding for what they do . They save the Government many billions of pounds per year. They should get something back – financial recognition and respect.
- Who will look after “cared for person” in hospital if they are confused etc.
- Hospitals are not geared up or structural for 1-1 service as situation demands
- Private telephone numbers wanted – to speak and contact person direct and address.

EMPLOYMENT

- Adequate financial recognition of the goodwill efforts and hard work given by Carers – it would cost the Government more without their input.
- Seems to be no recognition of Carers.
- Should recognise people’s right to
 - ⇒ retirement.
 - ⇒ employment (paid on carer)
 - ⇒ quality of life.
- Gets no holidays and no pay for what he is doing.
- Complaints are not made easy.

Appendix 1 continued

Comments and Suggestions put on yellow stickies by individuals at the conference

- Continuity of Home Help
- Single Assessment
- Better Transport
- Advocacy for Carers
- No postcode lottery
- Advocates not Social Workers (rename and train)
- Carers Assessment. Not just a piece of paper done by trained , understanding people - resulting in services
- Personalised Service – i.e. service to fit around what carers want / need, NOT slotting them into available services.
- Raise profile and registration of Carers at GP surgeries.
- Promotion of Carers Cafes, services and support

Appendix 1 continued

TABLE 12

SOUTHAMPTON POLICY

- Carers Support Worker – One person to point in right direction – for services.
- Database – Carer would like information to be shared – Mencap, Southampton City Council, Carers Together.
- Clear Transition Policies – but this has to happen in practice.
- Carers – Assessment needs to be adapted so that it covers the needs of Parent Support Link Carers.
- Where is the point about improving transparency of transition?
- Needs better information about benefits – for staff and carers. Gateway might meet some of this e.g. 16 year old in full time education entitled to receive incapacity in youth.
Don't assume people have good IT skills. Also need help filling in forms.
- Should be organised in localities.
- GP needs to be a source of support.
- Services need to make the links plus notice where something is missing.
- Staff/Services should look at the records – assessments that have been taken before.

FINANCE, BENEFITS, WORK

- **Locality Resource Centre**
 - ⇒ With a Carers Support Worker always available - their phone bill
 - ⇒ Info about benefits, housing, CAB
 - ⇒ Including transport / services via telephone
 - ⇒ SCC Information Officer
- Better training for care staff about what benefits are available and should be claimed – how do these staff glean this information?
- Easily assessable information from the DWP/Pension Service – a person
- Carers Allowance should not disappear at pension age and should, if caring for more than one person.

HEALTH AND SOCIAL CARE

- Single Assessment shared within different departments- most carers will be glad to share to avoid repetition
- This should not be difficult within SCC e.g.
- 2 assessments taking 1 hour – 3 months apart –
- Childrens services and adult services.
- Carer to:
Automatically receive a copy of everything that is done AND have a space for the carers comments – agreement / disagreement. One carer wished to say their experience of transition was excellent – started to plan at I4.
- NHS Children's Services to talk to adult NHS Services

INFORMATION

- See other sheet
- Carers to be listened to

SERVICES CARERS WOULD LIKE, SERVICES CARERS NEED

Key Worker / Link Worker

Proper funding for respite / creative / flexible solutions - not necessary a building

Frequently asked questions by carers

- How do I find a carers support group?
- What is a Carers Café, how do they work?
- Benefits and Payments – how do I go about claiming them?
- What are EPAs and LPAs?
- Do you have anyone who can stay with my wife/husband/mother etc whilst I go out as they cannot be left?
- I need a break from caring for my wife/husband/mother etc can you help me?
- My father/mother/aunt etc are very isolated, is there anyone who could visit them?
- Can I get help choosing Respite places as Social services just gave me a book?
- How do I book respite in advance so that I can plan a proper holiday?
- How do I get direct payments?
- Can I change my social worker?
- How do I get a break from caring?
- My child has disabilities, where do I start?
- Have I got all the benefits I'm entitled to?
- How do we get help?
- What is Self Directed Care?
- How do we get Day Services?
- What other day services are available in the area?
- How can we get help with cleaning?
- How can we get help with gardening?
- I am struggling to get my husband/wife/relative out of bed, what help is available?
- How do I get respite whilst living / caring with a drug user?
- How can we get a Carers Centre and / or Café in Fareham?
- I need help with my son / daughter who is a drug user – where do I get help?
- How can I get support and training for sustaining my caring role in the long term? (when all my resources have long been depleted).
- How do I complain?
- How do I go about finding trained care workers? Without resorting to an agency?
- What are the charges I can expect to pay for personal care / sitting service?
- How can I get regular time off - flexible not just at crisis point?
- How can I get access to professionals as a carer e.g.. Consultant, Psychiatrists etc without confidentially being used to block progress.
- Why can't you bring back the traditional Home Help to raise our wellbeing?
- Why can't you provide more trained people to help with filling in benefit claims?
- How do I arrange continuity of Home Help?
- How do I find transport to help me go out with the person I care for?
- How do I find a personalised service i.e. a service to fit around what I want / need, NOT just trying to slot me and the person I care for into available services.
- How do I find out about carers cafes and support groups to help me

Draft Hampshire Carers Strategy

Feedback Questionnaire Draft 25-10-07

Thank you for reviewing the Draft Strategy, we welcome your comments. Please review the questions below and circle your answer to indicate your preference. Please also use the space to let us know what you think.

This Strategy will be finalised in April 2008 and will be acted upon and supported by a wide range of organisations and individuals in Hampshire. Your views are important to us and will help shape future support, information and services for carers.

Question 1

Does the Strategy cover the issues and areas most important to you?

Yes	No	Don't Know
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Comment:

Question 2

Will taking action on this Strategy improve support for carers?

Yes	No	Don't Know
-----	----	------------

Comment:

Question 3

Have you had a Carers Assessment from Adults or Children's Services?

Yes	No	Don't Know
-----	----	------------

Comment:

Question 4

If you have had a Carers Assessment, has this effected any improvements for you in you role as a carer?

Yes	No	Don't Know
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Comment:

Carers Strategy Consultation 29 October 2007

Question 5

Do you access regular time off for yourself?

Yes

No

Don't Know

Comment:

Question 6

Does the quality and affordability of alternative care meet your needs?

Yes

No

Don't Know

Comment:

Question 7

Is there any issue that is missing that should be included in this Strategy?

Yes

No

Don't Know

Comment:

Please add any other comments you would like to make about the Draft Carers Strategy:

Your details.

You don't have to give us full details but it would be helpful to us to know where in Hampshire you live so that we may build up a picture of local services, for example, carers in the New Forest may report that less agencies offer respite break services than carers who live in Havant.

If you would like to be kept informed of the progress of this Strategy please provide name and full postal address (plus email if you have it).

We are able to put you in touch with carers support services in your area. Would you like us to pass your details on to your local organisation?

**Hampshire Carers Strategy Action Plan
Draft 26-10-07**

Short term (up to one year) actions to support outcomes / address issues.

Action	Lead
<ol style="list-style-type: none"> 1. Identify and ensure key partners are involved in progressing the Strategy, target partners from hard to reach communities. 2. Promote the recognition of carers with professionals including GP's. 3. Publicise the estimated value of the contribution of carers in Hampshire. 4. Carry out an audit of existing provision for breaks. 5. Use the Emergency Respite Grant (£358,400) to pilot new services. 6. Map current information provision and the number of carers centre's in Hampshire – identify from carers what support and information is most valued, identify sources, gaps and where information will usefully reach carers. 7. Develop joint protocols between agencies & children's services that identify responsibilities and accountability to these children and families. 8. Promote the right to say no to caring responsibilities, in policy and practice. 9. Identify key policies to influence. 10. Review progress on action plan and update. 	

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Medium term (up to two years) actions to support outcomes / address issues.

1. Track how much money coming into Hampshire from government for carers is spent on carers.
2. All carers receive their own assessment of need within the 28 day outcome.
3. Roll out Carer Awareness training for health, social care staff and public sector.
4. Influence brokerage and commissioning in Hampshire to develop markets and expand service delivery beyond health and social care providers.
5. Commission high quality, independent, specialist advice services and support to access to benefits.
6. Roll out and mainstream lessons learned from the Emergency Respite Grant – emergency places are available on demand.
7. Develop a County-wide accessible information resource which will facilitate the sharing of good practice for carers, professionals and employers which links to a County helpline.
8. Careers advisers are targeted to undertake training on carers issues and to work with other agencies to support carers (including young carers) into further education, training or employment. Support young carers access to EMA. (Education Maintenance Allowance)
9. Review progress on action plan and update.

Carers Network - Consultation and Information Day
29 October 2007
Conference Report - Carers Strategy and Action Plan

For more copies of this report or if you wish to

- respond to Frequently asked Questions

Please contact

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If you wish to

- obtain a copy of the draft Hampshire Carers Strategy,
- submit a feedback form or
- comment on the action plan

Please contact:

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If you wish to

- know more about the Southampton Carers Strategy

Please contact

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This Conference Report 'Carers Strategy and Action Plan' dated 30 November 2007 was produced as a result of Hampshire Carers Network Consultation and Information Day 29 October 2007