



Leicester
City Council

LEICESTER CARERS STRATEGY

2009 – 2011

March 2009

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INTRODUCTION

“Our vision is that by 2018, carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.”

(Carers at the Heart of 21st Century Families and Communities: a caring system on your side, a life of your own – the new national carers strategy, June 2008)

This quote symbolises the wide scope that local carers strategies have to adopt in order to capture the whole of carers’ lives. In our strategy we set out in some detail the changing policy and practice context for social care and health, leading to a series of actions which described from page 16.

In order to draft this strategy we have involved carers and those who work with them in a Carers Reference Group, which supported an initial consultation phase prior to the publication of a draft strategy in September 2008, and a second period of consultation from October to February. The results of this work are summarised in Section 3, What Leicester Carers Have Told Us. Voluntary sector partners, such as CLASP The Carers Centre and the other organisations listed in Appendix 1, have, as usual, made an extremely significant contribution to the work.

The strategy is concerned principally with carers of adults. Our colleagues in Children and Young People’s Services will be developing their young carer and parent carer strategies as they implement their Aiming High for Disabled Children programme.

1. THE NEW CONTEXT

1.1. Our new carers strategy covers the years in which changes to social care and health care are being put into place. Therefore one of the main things we must do is make sure that carers are informed about and fully involved in the change process.

1.2. Leicester City Council was a pilot authority for the Individual Budgets scheme and aims to transform services in line with the government's "Putting People First" programme, sometimes referred to as 'personalisation'. At the same time, NHS Leicester (formerly the Primary Care Trust) is shaping health services for the next ten years as part of the Darzi Review (Our NHS, Our Future).

1.3. In this chapter we set out the background covering the new national carers strategy, the Putting People First developments, the Darzi Review and the local partnership working arrangements between the council, its health colleagues and other key local organisations.

1.4. The **new national carers strategy** was published in June 2008 under the title "Carers at the Heart of 21st Century Families and Communities: a caring system on your side, a life of your own."

It includes the following vision for the year 2018.

- **Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.**
- **Carers will be able to have a life of their own alongside their caring role.**
- **Carers will be supported so that they are not forced into financial hardship by their caring role.**
- **Carers will be supported to stay mentally and physically well and treated with dignity.**

- **Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive.**

1.5. The strategy states that “carers and their caring role are inextricably linked to the people they care for. If the support and services are not right for the person being supported then both the individual and the family are affected”.

1.6. This is where the government argues that the changes in social care and health, under the banner of “**Putting People First**”, will assist: “we can achieve this vision and outcome by delivering greater integration between services, greater personalisation of services for carers and by empowering and enabling carers through better information and training”.

1.7. The national strategy describes personalisation as being “the way in which services are tailored to the ends and preferences of citizens, with the overall aim being that the state should empower citizens to shape their own lives and the services they receive. It means that services can be more sensitive to the age, faith, ethnicity, gender and sexual orientation of people who use them, and can be designed to meet the issues which are most important to those people”.

1.8. The government says that more service users and carers should be able to take advantage of Direct Payments so that they can organise their own care in whole or in part. Because not everyone will want to do this, the Government has also announced that everyone in receipt of social care will at least know what funds are available for their care and support – this is what is meant by a personal budget.

1.9. In Leicester, we recognise that people’s aspirations are increasingly in the direction of individually-tailored services provided through flexible arrangements. Clearly, the government is expecting new ways of delivering such aspirations. We are committed locally to ensuring that carers’ needs and interests are reflected in these developments. Some organisations are now

using the phrase “putting people first without putting carers second” as a way of emphasising carers’ inclusion in the change programme.

1.10. Carers At The Heart of 21st Century Families and Communities also refers to the option of carers combining paid employment with their caring responsibilities. The document says that, by 2018, the government wants all carers who want to work to be able to do so.

1.11. This is one aspect of the concept “a life of your own” for carers. Not all carers will want to work, but virtually all carers value time off from caring. Thus the government sees “a life of your own” as linked to the increased investment in respite/breaks provision (£150 million nationally starting with £50 million more in April 2009), to assistive technology, and to carers’ inclusion in housing, transport and leisure facilities.

1.12. If “a life of your own” reflects one part of the national agenda, then “a system on your side” reflects the other. Once again, the personalisation agenda is relevant, but the government makes specific comments and commitments covering:

- better coordination, e.g, through integrated assessment processes
- pilot schemes to show how primary care trusts can better support carers
- investment in the ‘third sector’ so that voluntary organisations and carer-led organisations can play a greater role in delivering support
- training for professionals to support carers more effectively in both day-to-day work and in commissioning.

1.14. There is also a whole chapter on carers’ health and well-being, making reference to:

- a pilot scheme for annual health checks for carers
- possible new projects for providing emotional support
- a training programme to help GPs better understand carers’ needs.

1.15. The references to health in Carers At The Heart of 21st Century Families and Communities come at a time when **the Darzi Review** on the future of the NHS is starting to lay out the next steps that will be taken to improve local health provision. In Leicester, proposals are being put together to:

- improve provision in mental health and learning disability services (including “helping mental health service users and their carers have more influence over their care and treatment”)
- improve stroke and brain injury rehabilitation services
- implement community case management for neurological long term conditions such as epilepsy, Parkinson’s and multiple sclerosis
- improve end of life care including out of hours support to palliative care patients.

1.16. Partnership working in Leicester takes place within the new Sustainable Community Strategy - “**One Leicester**”. This shows our commitment to transforming economic, social and environmental wellbeing in the city over the next 25 years. The three major themes as we begin are: ‘Confident People’, ‘New Prosperity’, and ‘Beautiful Place’. One Leicester serves to focus and coordinate the efforts of all partners in pursuit of this new city vision. Providing support, advice and information to carers falls under the ‘Improving Wellbeing and Health’ priority for action in the first phase of One Leicester. Carers will also benefit from and contribute to the other action areas, such as ‘Creating Thriving, Safe Communities’.

1.17. For the period 2008-2011, the One Leicester partners have agreed some specific targets with the government (**the Local Area Agreement, or LAA**). A target relating to carers is included. It is linked to the national performance indicator on carers assessments. In effect, we have promised that the number of carer assessments will go up every year so that it equates to 29% of all assessments by 2011-2012.

1.18. Greater detail about planned activity by local social care and health agencies will be published in the form of a **Joint Commissioning Strategy**. This will highlight main themes for the next three years, based on a joint

assessment of the needs of the people of Leicester, including forecasts of future demand, and on assessment of existing and future resource levels.

1.19. In line with the One Leicester vision, the Joint Commissioning Strategy includes recognition that mainstream, 'universal' services make a major contribution to the health and wellbeing of the people of Leicester, alongside traditional social care and NHS services. This fits well with the national carers strategy themes around carers' inclusion in activities such as employment and leisure.

1.20. As was implied in 1.5 above, providing support to the person with the care need is usually the best way of supporting the carer. This helps the independence, health and wellbeing of both parties and serves a preventative purpose in reducing the risk of future difficulties. The service user and carer are both potentially vulnerable people, and interventions can help ensure that both can live a life free from abuse and neglect – what we call the 'safeguarding agenda'.

2. CARERS IN LEICESTER

We have two sorts of statistical information available to us: the data from the 2001 survey, and the information that is kept about the carers who use services.

Carers in the 2001 census

2.1. According to the 2001 census, the number of Leicester carers aged 18+ responsible for giving at least one hour of care per week was 25473, of whom 4069 were aged 65 or above. Adding in up to 1128 young carers (see below), this means that about 9.5% of the city's population are carers.

2.2. The census allowed for a measure of the quantity of caring. 10211 carers reported that their caring role accounted for at least 20 hours a week.

To some extent, 'higher hours caring' correlates with age, that is, the older the carer, the more likely it is that he or she will be caring for 20 hours or more.

2.3. Although 'higher hours caring' is a particular feature of the older age group, in many wards there are more 'higher hours carers' aged 35-44, because of the size of that age group. This is likely to be significant in terms of consequences for parenting roles and employment prospects.

2.4. The Database and Information Service for disabled children has information on 588 parent carers, 10% of whom have disabilities themselves. The wards with the highest numbers of recorded parent carers are Beaumont Leys and New Parks. 40% of the carers on the database have a recorded ethnicity other than White.

Carers aged under 18

2.5. It has been argued that the census data is not an adequate measure of the number of young carers. The census indicates a total number of young carers in the city between 846 and 1128, almost half of these carers being aged 16-17. Barnardo's Carefree project has a city caseload of just under 200, with an average age of 12-13, and featuring a different geographical distribution to the census figures. This suggests that data on young carers should be treated cautiously.

The ethnicity of carers in Leicester

2.6. The White and Asian ethnic groups account for 96.1% of Leicester carers (White 61.8%, Asian 34.3%).

2.7. A higher proportion of Asian citizens identified themselves as carers compared to the White and Black populations: 11% compared to 9.3% (White) and 7.3% (Black). Only 4.6% (66 people) in the Chinese community identified themselves as carers.

2.8. There is also a modest difference when 'higher hours caring' (20+ hours a week) is considered: 40% of Asian carers came into this category, with the White and Black ethnic groups having an identical figure of 36.6%.

Carers assessed by Adults and Housing Department staff

2.9. The year 2007-2008 was the first in which carers were recorded separately on the Department's Carefirst electronic records system. During the 12 months, 1726 carers were recorded and had their needs assessed, either by a separate carer assessment or at the same time as the person that the person they support was assessed.

2.10. Of these 1726 carers, two thirds were female and one third male. Half of them were aged between 45 and 64, and one third were 65 and over.

2.11. 60% had an ethnicity of White British and a third were in one of the Asian categories, mainly Asian/Asian British (Indian).

2.12. Of the people these carers were supporting, 68% were 65 and over. This indicates that our local carer population includes large numbers of older people being cared for by adults under 65, as well as older people caring for other older people.

2.13. The people being supported who were aged under 65 were in the following client categories: physical disability 46%, learning disability 30%, mental health difficulties 24%. Of the people being supported who were aged 65+, 27% had a mental health difficulty as their primary problem.

2.14. The services received included home care (50% of cases) and day services (21%). 11% of people supported received respite care in residential or nursing homes and 4% received respite care in their own home.

3. WHAT LEICESTER CARERS HAVE TOLD US

3.1. We carried out several consultation exercises in the spring and summer. The largest was a postal and on-line survey – we were pleased to get over 200 responses. The next section contains some of the key findings.

3.2. Carers were asked to comment on the level of importance of various aspects of support; then they were asked to choose the three that were most important to them.

The 'level of importance' results were as follows. The numbers are the percentage of carers deeming the item 'very important'.

More support for the person you care for	73
More information about the support available	71
Health advice for the person you care for	69
Time off from caring	64
More support for your own needs	62
Information about financial benefits	60
Practical help in the home	56
Emotional support	54
Health advice for yourself	52
Social and leisure opportunities for you	43

3.3. When we looked at the items that carers had put at the top of their 'top three' lists, the results looked slightly different, with the top five being as follows.

- More support for the person you care for (37% of first preferences)
- Time off from caring (14%)
- Practical help in the home (11%)
- More information about the support available (10%)
- Social and leisure opportunities for you (7%)

3.4. We conclude from this that there are several issues that are important to most carers, but that there is some variation in the most important thing when it comes to individuals. We know from the survey that practical help in the home is more likely to be important to carers of older people, whereas people caring for someone with a mental health difficulty are more likely than average to value emotional support.

3.5. We have found through several surveys that, when we analyse the results, it is often the age of the carer that makes a difference to responses. In the consultation survey, it was noticeable (though not surprising) that carers aged under 55 were the most likely to value support with paid work and social and leisure opportunities.

3.6. In relation to the importance of 'time off', the survey found that only 39% of carers said they received a break from their caring responsibilities. The carer categories most likely to receive time off were male carers, White British carers, carers who have a disability themselves, and carers supporting someone with a learning or physical disability.

3.7. The carers who responded to the survey had been caring for more than five years in 69% of cases. 94% of carers of people with a learning disability had been caring for more than five years, compared to 50% of carers of older people. 31% of carers reported that they had a disability themselves.

3.8. In April 2008 two focus groups looked at carers' experiences of the service system over time. The first main issue arising from these discussions was the difficulties that many carers have in realising that they have taken on

the role of carer. These carers did not receive enough information - either about their caring role or the condition of the person they were supporting.

3.9. Carers seemed to fall into three groups: those who understood the caring role right from the start, those who came into contact with services later through a crisis in their own health or circumstances, and those who later acquired knowledge via contact with a voluntary group. The voluntary sector route appeared particularly important – especially when it involved contact with other carers in similar situations.

3.10. Carers valued greatly the contact with other carers, but they also put a high value on contact with professional staff who acknowledged and valued the caring role. This contact was more valuable when there was some continuity: “someone who knows what you’re talking about”, “not having to repeat things to different people”.

3.11. Carers also thought that there were opportunities to give information that had been missed, particularly in health settings. There was also an issue of whether statutory sector staff actually had the information that would be helpful to carers. This raises questions about staff training and the continued importance of the role played by the voluntary sector.

3.12. In July, another consultation exercise was carried out, in the form of a discussion with carers and voluntary sector staff about the changes in social care and health. These are the changes known variously as “Putting People First”, personalisation, or self-directed support.

3.13. The July discussion established that carers like the idea of more flexibility and responsiveness to individual need. However, some issues need addressing to create maximum confidence in the proposed changes. One such issue is the level of responsibility carers might take on in managing the new arrangements. Carers’ main concern was about the potential difficulties in finding reliable staff and ensuring a high quality of care. Carers also want a robust reviewing and monitoring system alongside the changes.

3.14. The second period of consultation that followed the publication of the draft strategy in September 2008 featured a number of methods: a web page and consultation Email address, meetings with carers groups and relevant organisations, and the distribution of a consultation card. The responses confirmed carers' interest in the themes of better information and time off from caring. This consultation phase also evidenced a somewhat greater level of concern about financial and employment issues. For carers of people with specialist needs, e.g., autism/Asperger's, the supply of appropriate services was particularly important.

4. THE 2005 – 2007 STRATEGY: WHAT WE'VE ACHIEVED AND WHAT WE'VE LEARNED

4.1. The successes since the publication of the 2005-2007 strategy have included:

- an improved range of information available via leaflets and websites
- a continuing increase in the number of carers assessments
- a significant range of new respite opportunities in the forms of specialist respite-at-home services, the establishment of an emergency response service and extra flexibility in the Take A Break scheme.

4.2. There are two different sorts of limits to the progress we have made. One kind of limitation is the need to develop further the improvements we have already made. Two examples: the need to improve the reach of our information resources so that a greater proportion of carers can be informed (hopefully at an earlier stage); the need to improve further the access to respite/breaks (as highlighted in our local consultation and in the national strategy).

4.3. The other kind of limitation is related to getting carers' issues 'owned' by a wider range of staff and agencies. Alongside this there is the question of engaging more actively with the community. The lesson from the work on the

2005-2007 strategy is that this widening of the work does not happen very easily and requires more staff time.

4.4. Examples include getting carers' issues acknowledged more widely throughout the health service and building relationships with community groups to encourage informed use of services.

4.5. We know that if your ethnic group is White British or Asian British/Asian Indian you have a broadly similar chance of being in touch with services and receiving support – this is unlikely to be true of newer or less numerous communities. We want to engage with communities, including faith/religious groups, to spread the word about carers but have not had the resources to do this. This work goes hand-in-hand with our efforts to ensure that outcomes for carers do not differ unfairly between carers of different gender, age group, disability status or sexuality.

4.6. There is also a major agenda to be addressed in terms of engaging with the employment sector about carers and work, as is emphasised in the new national strategy and in our local consultation.

5. WHAT WE INTEND TO DO IN THE NEXT 3 YEARS

5.1. In this section we set out the ten action themes that will provide the structure for more detailed action plans during the life of this strategy. Each theme describes the outcome we want to achieve, which policy objectives the theme links to, and gives specific examples of how we will go about reaching the outcome.

Action theme 1 – information

5.2. The strategy action plan will aim to improve information for carers.

Information was a significant issue in our initial consultation. The outcome to be achieved is that carers will have better access to appropriate information about their caring role. Taking action to improve information will contribute to the national carers strategy theme of “a system on your side”, and to the addressing of health inequalities and the promotion of preventative services.

5.3. We aim to develop a plan, agreed jointly by the council, NHS Leicester (the Primary Care Trust/PCT) and key voluntary sector partners, to supply an agreed range of basic information to carers at key information delivery points. This will involve other important stakeholders such as the University Hospitals Trust and Leicestershire Partnership Trust. We will also look at what standards are necessary for effective information provision.

Specific actions will include the following.

- ⇒ We will establish a baseline of what information is provided, what the gaps are, and how accessible the information is.
- ⇒ We will agree a common set of carer information products to be given on identification, and make available additional specialist information depending on the setting.
- ⇒ We will look at the evidence about effective information-giving and expand the range and settings for information provision.
- ⇒ We will introduce ways of recording information-giving and develop a mechanism for reporting the outcomes that the information produces.

- ⇒ We will ensure that information initiatives fully involve voluntary sector organisations as well as statutory social care and health agencies.
- ⇒ We will ensure that information provision meets relevant customer access and accessibility standards.

5.4. We will address the specific needs of user/patient groups in particular need, e.g., groups defined by medical conditions with urgent needs (these might include Long Term Conditions, End of Life Care), localities or ethnic groups that appear to be excluded from access to information.

Action theme 2 – better and earlier identification of carers

5.5. We will improve identification arrangements so that carers will be known to agencies at an earlier stage. This will increase the opportunities for timely supply of information and services. This reflects the policy objective of recognising and valuing the contribution that carers make to community wellbeing, as well as relating to the “a system on your side” theme, and to the addressing of health inequalities and the promotion of preventative services.

5.6. We will ensure that there are robust arrangements established in NHS Leicester and Adults and Housing for identifying carers and signposting or referring them for services. (This includes referrals to the voluntary sector.) This work will be developed to include the University Hospitals Trust and Leicestershire Partnership Trust. Our work will take account of the fact that currently we are only in touch with a minority of carers.

5.7. Specific actions will include the following.

- ⇒ We will introduce an induction standard across agencies that covers carer awareness and identification issues.

- ⇒ We will apply a common definition of carers across agencies, distinguishing definitions that refer to eligibility for assessment or particular services.
- ⇒ We will define the benefits of identification and communicate these to staff and carers.
- ⇒ We will clarify the existing level of carer identification in primary health care.
- ⇒ We will ensure that any performance measures that relate to carer identification are fully explained to staff and are linked to outcomes such as information provision.

Action theme 3 – effective assessment of carers’ needs

5.8. The aim is to ensure that carers’ needs are assessed effectively, an issue that was raised in our local focus groups. The desired outcome is that carers will find that their needs are fully understood, giving a proper basis for deciding about the provision of person-centred services. We will take account of the carer’s individual needs, acknowledging that many carers have disabilities themselves. These actions relate to the “a system on your side” theme, to the maintenance of wellbeing and independence and to the development of person-centred services.

5.9. Specific actions will include the following.

- ⇒ We will review and confirm the points in the care pathway that are likely to be appropriate opportunities for offering and completing a carer assessment.
- ⇒ We will establish how risk factors might influence priorities for undertaking carers’ assessments.

- ⇒ We will clarify the position of carers who might be caring for a person who falls outside the eligibility criteria for local authority services.
- ⇒ We will incorporate lessons from best practice, e.g., national checklists, in developing local practice.
- ⇒ We will examine options for pre-assessment questionnaires and self-assessment formats.
- ⇒ We will investigate options for supporting a specialist carers role in learning disability services, taking account of comparable roles in other service areas and the related funding issues.
- ⇒ We will ensure that assessments address the requirement that there are emergency plans in place for carers, and cover carers' own priority outcomes, e.g., practical help in the home for older carers.
- ⇒ We will reinforce the message that information and advice, including giving details of voluntary sector or other external services, might be a valuable outcome from an assessment.
- ⇒ We will clarify the requirement to offer a carer assessment at the time of service user reviews.
- ⇒ We will provide a programme of training for staff and monitor the take-up of carers' assessments in line with the Local Area Agreement target.

Action theme 4 – respect carers as expert partners and value their contribution

5.10. The Leicester Carers Strategy will support the Government's vision that carers will be respected as expert care partners. This means acknowledging the role and expertise that carers have in supporting the person they care for. It also means valuing and expanding the contribution that carers make to helping us plan our future commissioning and service provision. This action area relates to the policy objectives of treating people with dignity and respect and maintaining their health and wellbeing, as well as being a major part of the "a system on your side" theme.

5.11 Specific actions will include the following.

- ⇒ We will involve carers in training – as contributors to staff training and as participants in relevant courses offered by statutory agencies.
- ⇒ We will ensure that operational staff are aware of the training available to carers.
- ⇒ We will develop options for staff training that will help them work in better partnership with carers
- ⇒ We will ensure that carers are involved fully in service planning and development, in line with the new statutory Duty To Involve.

Action theme 5 – provide carers with flexibility, choice and control

5.12. The strategy action plan will aim to complement the national move towards personalised services. We recognise that carers can benefit from the programme to transform services in line with Putting People First. They can benefit from more integrated and flexible services for the person they care for, and from similar services to meet their own needs. The outcome to be achieved is that carers will experience the change to personalised services as resulting in a full and flexible response to the needs of the caring role. This action area clearly links to the government objectives around choice and control; it also has a strong relationship to the concept of “a system on your side”.

5.13. Our principal action is to ensure that carers’ needs are fully represented in Putting People First developments, e.g., the design of assessment and resource allocation tools, support and brokerage arrangements. This will involve:

- ⇒ We will ensure that that carers’ representatives and carers’ issues are fully included within relevant workstreams for the adult social care transformation programme.
- ⇒ We will give particular attention to any groups of carers who appear less likely to be informed about or benefit from personalisation.

Action theme 6 – time off from caring

5.14. This action theme is based on one of the main responses from our local survey and is also a major part of the national carers strategy – the “a life of your own” theme. The outcomes for carers should include greater opportunities for their life outside their caring role as well as improvements to their health and wellbeing (e.g. reduced stress). ‘Time off’ should be considered a preventative measure rather than being viewed only as a respite from a crisis.

5.15. A principal action is to expand planned breaks in line with funding announced in Carers at the Heart of 21st Century Families and Communities, alongside consolidating provision for emergency respite. This will be set out in a Joint Breaks Plan with NHS Leicester as the national strategy requires. There is significant investment in breaks services already, although only a minority of carers benefit. The challenge is to make this provision more flexible and person-centred and to include relevant options in work with all eligible carers, while still having regard to the fact that resources are limited.

5.16. Specific actions will include the following.

- ⇒ We will ensure that carers' assessments include identification of the need for time off and the outcomes to be achieved.
- ⇒ We will ensure that eligibility for breaks services is clear and is applied consistently.
- ⇒ We will offer carers the option of planning for emergencies and ensure that emergency plans are recorded adequately and updated.
- ⇒ We will continue to develop extra flexibility and choice via the Carers' Personal Budgets scheme and other parts of the personalisation agenda.
- ⇒ We will consider options for respite services that could be offered on a direct access basis.
- ⇒ We will analyse which specific groups of carers find it difficult to access appropriate breaks and consider improvements to information and access processes and changes in actual service provision.

Action theme 7 – ensuring an adequate range of support and advice services

5.17. Our aim is to ensure that support is available to carers which extends across a range of needs. We need to commission support that extends across practical help, emotional support and financial advice as well as the principal support services such as respite, home care and day services. Statutory sector also need to make best use of the wide range of services available in the voluntary sector. This action area links to the development of preventative services, addressing health inequalities, and maintenance of health and wellbeing.

5.18. Specific actions will include the following.

- ⇒ We will engage in work between across Adults and Housing Department, other council departments, NHS Leicester, and independent and voluntary sector providers to enhance effective commissioning range of services based on need.
- ⇒ We will ensure that workers in each agency are clear about how they can help carers access mainstream services (see also action theme 10).
- ⇒ We will improve statutory staff awareness of services offered in the voluntary sector.
- ⇒ We will identify and address the needs of groups of carers who currently have less access to support and advice sources.
- ⇒ We will establish links between the carers strategy and the safeguarding adults agenda.

- ⇒ We will consider ways in which the expertise of voluntary sector partners can be used more fully in promoting partnerships and developing choice and control options.

Action theme 8 – supporting carers to stay healthy

5.19. Our strategy will aim to respond to the government’s vision in Carers At The Heart of 21st Century Families and Communities that “carers should not have to ignore personal health concerns and needs because their caring role does not allow the time to address them. The services and support available to carers must be such that they are able to stay mentally and physically well throughout their caring role”. Actions under this theme relate closely to the policy objective of reducing health inequalities as well as to the health and wellbeing objectives and to the development of prevention.

5.20. Specific actions will include the following.

- ⇒ We will give particular consideration to the health and social care needs of older carers.
- ⇒ We will establish links across the health community by involvement of Leicestershire Partnership Trust and University Hospitals Leicester, including particular reference to hospital discharge issues.
- ⇒ We will ensure that carers are identified in primary health care and identify opportunities to develop best practice in health support for carers, drawing on the work of the demonstrator sites being established in 2009-2010.
- ⇒ We will increase ownership and awareness of the carers’ agenda within NHS Leicester by means of a ‘carer impact’ approach.

Action theme 9 – economic wellbeing

5.21. We need to reduce financial disadvantage and exclusion that may result from taking on a caring role. This includes moving towards the position envisaged by the government whereby all carers who want to work will be able to do so. 60% of Leicester carers in our survey said that financial advice was very important to them, while many carers aged between 45 and retirement age were concerned with the issue of combining work and care.

5.22. We cannot solve the issue of carer poverty, but we can aim for the outcome that Leicester carers will be able to access relevant financial advice, and be offered advice and options relating to staying in or going back to employment. This action area relates to the “a life of your own” agenda, community contribution and participation, and to the themes of health and wellbeing and health inequalities.

5.23 Specific actions will include the following.

- ⇒ We will ensure that the core information products we develop will include information about sources of advice about employment and welfare rights.
- ⇒ Statutory sector employers will review their employment guidance and practices with a view to being examples of good practice in relation to flexible working for carers.

Action theme 10 – quality of life

5.24. The outcome we are aiming for is that carers will have improved opportunities to take part in ordinary community activities. “Carers at the Heart of 21st Century Families and Communities” states “carers often find it difficult to access services in the community even when they have the time to do so, owing to those services’ lack of accessibility. This can contribute to their

inability to lead a life outside their caring role.” This area of work links to the “a life of your own” agenda, community contribution and participation, and to the development of preventative services. Participation in community activities also helps carers’ health and wellbeing.

5.25. Specific actions will include the following.

- ⇒ We will work with local carers groups, with other council departments and other providers of services like education and leisure to assist carers to access mainstream community services.

- ⇒ We will examine ways in which existing concessionary schemes focussed on people with a disability or other need for support can be made useful to carers in their own right.

APPENDIX 1 – CARERS REFERENCE GROUP

List of contributors to the Carers Reference Group

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Ramesh Kanani, Leicester City Carers Forum, Carers Forum and In Touch Group
Sonia Bray, CLASP – The Carers Centre
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APPENDIX 2 - RESOURCES AND LINKS

The principal documents and initiatives referred to in the strategy are as follows.

Carers at the Heart of 21st Century Families and Communities: a caring system on your side, a life of your own – the new national carers strategy, June 2008.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

Putting People First – A Shared Vision and Commitment to the Transformation of Adult Social Care.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

The Darzi Review (Our NHS, Our Future).

<http://www.ournhs.nhs.uk/>

One Leicester – Shaping Britain’s Sustainable City.

<http://www.leicester.gov.uk/your-council--services/council-and-democracy/oneleicestervision>

The Local Area Agreement (LAA).

<http://www.leicesterpartnership.org.uk/welcome/leicesters-local-area-agreement>

The Adults and Housing Department has information leaflets available on request, such as “Do you need help to cope with caring for someone?” (our main booklet about where to go for help, your rights and what carers’ assessments are all about), and “Trying to juggle caring with a paid job? Or thinking of returning to work?” (short leaflet introducing ‘working and caring’ issues). Please ring 252 6928 to request copies. See also our website <http://www.leicester.gov.uk/your-council--services/social-care-health/carers>