Merton Carers Partnership
Carers Strategy 2009/12

December 2008
Merton Carers Partnership comprises

- London Borough of Merton
- Sutton and Merton Primary Care Trust
- South West London and St George’s Mental Health Trust
- Age Concern Merton
- Carers Support Merton
- Merton & Sutton Crossroads
- Merton Mencap
- Merton Mind
- Rethink
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Foreword

Welcome to the Merton Carers Strategy 2009/12

The London Borough of Merton and Sutton and Merton Primary Care Trust are pleased to present the new Merton Carers Strategy, developed by Merton Carers Partnership, following consultation with carers in Merton.

Carers play a vital role in our community, providing unpaid care to relatives and friends in need, and they have told us they often feel they lack the support which would help them to continue in their caring role and enable them to have a life of their own.

The new national Carers Strategy - *Carers at the heart of 21st century families and communities; a caring system on your side, a life of your own* recognises that, if carers are to have the same opportunities as everyone else in society and to be able to have a life outside caring, support and recognition for what they do needs to be improved.

The Merton Carers Strategy seeks to address some fundamental needs common to all carers in Merton, as identified by them, whilst recognising that the needs of individual carers or groups of carers may vary. Merton Carers Partnership will be working to ensure the aims of the Strategy are put into action so that things to improve carers’ lives are not just talked about, but are actually done.

The London Borough of Merton and Sutton and Merton Primary Care Trust would like to thank its partners from both the statutory and voluntary sectors who have contributed to the development of the Strategy and to the many carers who have taken the time to give their views.

All of us in Merton Carers Partnership are looking forward to working together with carers in taking our new Strategy forward.

Simon Williams, Angela Gibson
Director of Community and Housing, Executive Director
London Borough of Merton, Sutton and Merton Primary Care Trust

December 2008
What carers have said

“I am tired and sick and have a heart problem, and arthritis and depression, I need respite and help cleaning, I need to know what services are available and where to get them, as I work full time I do not have time to find out, my mother is old and needs lots of help. Please send information.”

“[Caring for my brother] has already been detrimental to my career, exams, friends and I am only 26. I have the rest of my life to live with this.”

“It is unlikely that I will be able to continue in my caring role. This is because of limited service provision, the stress around organising my son’s provisions and logistics. Respite care is very difficult to organise. I have little money and need to work so need more help to be able to do this.”

“Caring role is a responsibility, it can be demanding and tiring, without the services provided I wouldn’t have been able to continue to care for my husband.”
Our Mission

The mission of the Merton Carers Partnership is to improve the quality of life for carers.

To achieve this mission, we will work together with carers to put the aims of this strategy into effective action, ensuring that high quality services and support are provided to carers who are entitled to them, and that carers are recognised and valued for the contribution they make to our community.

This Strategy

- Moves on from Merton Carers Strategy 2004/07 - the main achievements of that strategy are outlined in Appendix 1

- Has been brought about through the continued commitment of Merton Carers Partnership in the light of the legislative and policy background referred to in Appendix 2

- Takes into account what carers have said in reply to the Merton Carers Survey carried out between October and November 2007 and at the Merton Carers Conference on 22nd November 2007 - copies of the Report on the Survey and Conference and of a summary of the Report are available as referred to on page 16

- Has been developed alongside the new 2008 national Carers Strategy which recognises that carers are at the heart of 21st century families and communities and that they should be supported and valued

- Sets out a number of key priorities for improvement identified by carers, in each case outlining the principal issues and specifying aims to bring about the improvement.

From Strategy into Action

- This strategy will be the basis for an action plan to put aims into action. It addresses some fundamental needs common to all carers, but it is recognised that the needs of individual carers or groups of carers will vary. It is recognised, too, that the cultural background of carers, and those they care for, needs to be taken into account in the provision of all services.

- The role of Merton Carers Partnership will be to drive the action plan forward to ensure that things to improve carers’ lives are not just talked about but are actually done.

- Merton Carers Partnership is committed to carers being involved in the planning, development and implementation of services. As part of that commitment, carers will be encouraged to contribute to drawing up and reviewing the action plan.

- It needs to be recognised, however, that resources are not unlimited. There can be tension between providing for as many carers as possible and providing enough to make a real difference for those carers who bear the heaviest burden.
Understanding Carers

**Who is a carer?**

A carer is someone who looks after a partner, parent, son or daughter, brother or sister, other relative, or a friend or neighbour, who is unable to look after themselves. This may be because of problems relating to old age, a learning or physical disability, physical or mental illness, or problems relating to addiction. **These carers are unpaid. The value of care provided by unpaid carers in Merton is currently estimated at £204 million per year.**

Carers, particularly close family carers, often do not recognise themselves as carers. Carers can be adults, young people or children. Some carers have more than one caring role. Caring for someone can be very isolating, particularly for carers coping alone.

It is recognised that young carers, those under 18, have different needs to adult carers. MCP has recommended the development of a separate Young Carers Strategy. It is recognised, too, that former carers have needs, and also skills and experience which may help other carers. MCP is looking at development in both these areas.

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**What do carers do?**

- Carers give many different kinds of practical, physical and emotional support to the people for they care for.
- Caring responsibilities will vary over time and may be difficult to predict from day to day.
- Becoming a carer may be a gradual process or the result of a sudden event, such as an accident or stroke.
- Caring for someone can be a life long role, particularly for parent carers.
- **When considering the need to support carers in their caring role, it is not enough to count the hours of care they provide. It is essential to consider the impact of the caring role on the carer’s life.**

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1 Calculating the Value of Unpaid Care 2006/07, Carers UK Sept 2007
Setting the Scene

According to the 2001 National Census:-

- The total population of the London Borough of Merton was 187,908
- 25% of Merton’s population were from black, Asian and minority ethnic communities
- 15,141 adults provided unpaid care in Merton, comprising approximately 8% of the population
- Approximately 4,200 carers provided more than 20 hours of care per week and 2,600 carers provided more than 50 hours per week.

Carers in Merton today

- The total population of the London Borough of Merton is currently 197,700\(^2\)
- 25% of Merton’s current population is from black, Asian and minority ethnic communities and 160 languages are spoken in Merton\(^3\)
- It is projected that the total population of Merton will increase to 200,600 by 2011\(^4\). This represents a 6.75% increase since the 2001 Census. Applying a similar percentage increase to the number of adults carers at the date of the Census, the number of adults providing unpaid care in Merton by 2011 will be 16,163
- From April 2007 to March 2008, 221 carers had a carer’s assessment in their own right and 468 carers had a carer’s assessment carried out at the same time as a community care assessment for the person they care for\(^5\)

*For further information on carers assessments, see Section F and Appendix 3

\(^2\) mid year estimate 2006, Merton’s Annual Report 2007
\(^3\) Merton’s Annual Report 2007
\(^4\) Merton’s Annual Report 2007
\(^5\) Merton’s Care First Database
Improving Carers’ Lives – The Priorities

Merton Carers Partnership has identified the following key areas as priorities for improvement in Merton: -

A. Information, guidance and advice
B. Breaks from caring
C. Health and wellbeing
D. Economic wellbeing
E. Employment and training
F. Access to services and carers assessments
G. Recognition and involvement

It is recognised that a major element in improving carers’ lives is ensuring that those they care for receive timely, appropriate and high quality services. It is also recognised that, in all the areas identified above as priorities, there are issues of quality, which need to be addressed. Quality of service provision for carers is both a national and local issue.
A. Information, Guidance and Advice

“I haven’t been given a lot of advice, support or been made aware of services that are available in the borough. I find it very difficult trying to fulfil all that I have to in my life and in the lives of my children.”

The issues

Carers say that, when they first become carers and throughout their caring role, they want the right information, guidance and advice when they need it. Carers have a wide range of information needs, about the condition of the person they care for and about the services and support available, both for the person they care for and for themselves personally.

Many carers say they do not know what is available or where to find it, and they feel the onus is on them to find out. The information which is available comes from many different sources and is often not sufficiently clear or sufficiently relevant to them to be of any use.

As well as improved information, carers want more personalised guidance and advice to be able to access services and support. Carers also want to be able to share information and experiences with other carers in similar situations through support groups.

Strategy for improvement

We will aim to:

- Ensure that information is capable of being easily understood
- Ensure that information is made available in ways which mean that it is reaching those who need it
- Ensure that information is provided in a co-coordinated way by those involved in providing services and support and that it is relevant and timely
- Improve the provision of more personalised guidance and advice so that carers know more about the services and support which they, in their particular circumstances, may benefit from, and are helped to get such services and support

In particular we will:

- Look at ways of developing more person to person support and more mutual support through groups
B. Breaks from Caring

“My caring role is my responsibility therefore I must do the very best for my husband. But I need a life too…”
“The longer the situation continues, the worse it is getting. I feel totally isolated and tied down, depressed…”

The issues

Caring can be demanding and exhausting. A caring role restricts the carer’s ability to have a life of their own. Carers can and do reach breaking point. Breaks from caring (respite) are vital to enable carers to continue caring.

Breaks from caring include the provision of care or other support for the cared for in a variety of settings, giving the carer time off from their day to day caring responsibilities, and include the provision of activities for carers themselves, so carers can socialise and take care of their own well being.

Breaks from caring are also used to enable carers to work, to take part in education or training and to support them in emergency and crisis situations.

Carers have said, in particular, that:

• Breaks need to be more flexible and take account of individual needs, and there needs to be more choice, both for the carer and the person they care for.

• More breaks are needed, particularly at weekends and during holiday periods, especially the school holidays and public holidays.

• Breaks need to be regular, reliable and long enough to give them a real break from caring.

• The quality of care provided during a break is vital. Both the carer and the person they care for need to have confidence in the service. This confidence often depends on the care being provided by staff known to them.

Strategy for improvement

We will aim to ensure that:

• Breaks enable carers to have a real break from their caring role, allowing them time to meet their own health, leisure, education, training and employment needs

• Breaks for carers are regular, reliable and responsive to the needs of both the carer and the person they care for

• The care provided during a break is of sufficient quality to give both the carer and the person they care for confidence in using the service, and that the care takes into account the cultural background of the carer and the person they care for

In particular, we will:

• Involve carers and the people they care for in the development of high quality, responsive and flexible breaks for carers, providing meaningful respite
C. Health and Wellbeing

“This role as carer ...is a real challenge ...it is a very exhausting job, sometimes I only get 2 hrs sleep per night attending to him. I have developed acute back pain myself because of the physical effort”

“There is a lack of trained experienced people who could give information to carers on medical problems and the best treatment and handling of problems of this nature in relation to the cared for person.”

The issues

Carers frequently put the health and wellbeing of those they care for before their own health concerns. A caring role can, however, have a severe impact on the physical and mental health and emotional wellbeing of the carer. Carers constantly refer to the stress and anxiety they suffer as a result of their caring role.

Carers have said, in particular, that:-

• There is a lack of awareness among health professionals of the impact a caring role can have on the health and wellbeing of a carer.
• Healthcare professionals frequently do not take into account the effect a caring role has in practical terms and, in particular, need to be more flexible in the arrangement of appointments.
• They would like being more involved in the arrangement of health provision for the person they care for, so that they can share their knowledge and understand fully the condition and needs of the person they care for.
• They feel GPs frequently seem unaware of the caring role, do not understand its implications, and do not know the range of services and support available to carers.
• They would like GPs to be far more proactive in identifying carers and in signposting carers to services and support available.

Strategy for improvement

We will:-

• Encourage carers to recognise and deal with their own health needs
• Promote better health and wellbeing of carers through the provision of healthcare information and respite activities
• Aim to ensure that healthcare professionals take into account all implications of the caring role
• Aim to ensure that healthcare professionals actively identify carers and promote the health and wellbeing of carers in their service provision
• Aim to ensure that GP practices are aware of the vital role their teams can play in improving carers’ lives
• Aim to ensure that carers are involved in the arrangement of health provision for the person they care for, so that relevant information is shared
• Look at ways of developing training for carers on the conditions of those they care for
D. Economic Wellbeing

“It is very hard to look after someone and yourself; It’s especially hard when they take up most of your time which then leaves the carer in a position to not earn with the carers allowance being next to nothing.”

“I tried completing a form for disability allowance but most of the questions were inappropriate or difficult to answer so I abandoned it.”

The issues

Carers are often significantly financially worse off than they would otherwise be, due to their caring role. Many carers say they cannot work or have to reduce their work as a result of their caring role. Caring can involve carers in substantially increased costs and the Carer’s Allowance, even if a carer qualifies for it, is rarely sufficient compensation.

It is very difficult for carers to negotiate the complex system of benefits and other entitlements without help. Carers are also concerned about the financial impact caring has on the ability to provide for other members of the family and for the future. They have said they need help in all aspects of financial management and planning.

It is recognised that many carers feel that the Carer’s Allowance needs complete review and reform for a variety of reasons. This is a national issue, which will be taken forward in the context of national developments.

Strategy for improvement

We will aim to:

• Ensure carers are given information and guidance on benefits and other entitlements relevant to their situation

• Ensure carers are offered benefits advice and are helped to get benefits by properly trained staff

• Look at ways in which carers can be helped to access a range of information, guidance and advice on financial management and planning

In particular we will:

• Ensure that carers are provided with information, guidance and advice on the options available to them and those they care for by way of direct payments and individual budgets
E. Employment and Training

“As a worker I find that increasingly I am using my annual leave to take my husband to hospital and doctor’s appointments etc. once per month.”

I am currently in full time education at university and doing a placement year. I find it difficult to take care of my mother every day.”

The issues

Becoming a carer frequently limits the ability of the carer to work or take part in training. Carers who want to work are deprived of the economic benefit of employment and the social benefits of the workplace. Often employers are unaware of legislation giving carers the right to apply for flexible working and are unwilling to employ or continue to employ a carer or be flexible in working arrangements.

Carers have said, in particular, that:

• The caring role is not recognised at work. In some cases they choose not to reveal their role, because of the consequences this may have for them.
• Services are not flexible enough to fit around carers’ work or training commitments.

Strategy for improvement

We will aim to:

• Raise the awareness and understanding of carers among employers and in the workplace through information and training
• Encourage employers to be more proactive in supporting carers to continue working
• Ensure that working carers are informed of their rights and are supported to exercise them
• Ensure support is available through a flexible breaks service to enable carers who wish to work or undertake training to do so
F. Access to Services and Carers Assessments

“I find it increasingly difficult to cope within my caring role; every request I make results in mountains of paperwork and very little action… The paperwork is difficult to understand and help is NOT forthcoming.”

“I would like one point of contact who knows of [the person I care for] and me to whom I could discuss any aspect of dealing with [the person I care for].”

The issues

Carers do not always identify themselves as carers and are often unaware of services and support aimed at them. Carers also find it difficult to access relevant services and support, because provision is through many different providers with varying service criteria. Carers say they frequently have to repeat the same information to different providers in order to access services and support.

Carers report that even professionals do not always understand how and the basis on which different services and support can be accessed. In many cases, therefore, carers may not be receiving help and support to which they are entitled.

Many carers are unaware that the principal gateway to accessing social care services and support is through a carer’s assessment, which will assess their own needs as a carer, separately from an assessment of the needs of those they care for. Whether or not services and support are provided to a carer following a carer’s assessment depends on the carer meeting published eligibility criteria. Further information on carers’ assessments is contained in Appendix 3.

It is recognised that the range and quality of available services and support will continue to affect a carer’s willingness to apply for or use them.

Strategy for improvement

We will:

• Promote the identification of carers who do not identify themselves as carers

• Promote single points of contact, able to discuss and action actual access to relevant services

• Look at ways of developing co-ordinated services to reduce the need for carers to keep repeating the same information

• Look at ways to improve the extent to which carers’ assessments result in the actual provision of services and support

In particular we will:

• Promote the take up of carers’ assessments, through all organisations dealing with carers

• Aim to ensure that carers’ assessments are carried out by staff properly trained to do so
G. Recognition and Involvement

“I often feel nobody knows or cares about me”
“Caring for someone is often a hard, thankless job”

The issues

Among the main issues faced by carers are the lack of recognition of the role they fulfil and the fact that their role is undervalued.

There is ambiguity about the role of carer, which means that carers can be invisible. Professionals sometimes refer to paid care workers as “carers”. Official forms do not generally recognise a category of “carer”.

Carers feel undervalued both by professionals and society in general, which can have an adverse effect on their lives in many ways. Professionals do not often take carers’ knowledge of the person they care for and their experience in caring into account. Society can have negative attitudes towards people with disabilities and with mental health issues in particular, which can undermine their carers’ self esteem and increase their isolation.

Strategy for improvement

We will aim to:

- Raise the profile and awareness and understanding of the role of carer both among professionals and in the community
- Ensure the positive contribution which is and can be made by carers is recognised and valued

In particular we will:

- Ensure that carers are involved in the planning, development and implementation of services, with support and training where needed
- Ensure that service providers dealing with carers are properly trained to do so
- Look at ways of involving carers in the training of healthcare and social care professionals
- Look at ways of involving carers in the provision of services for the person they care for
Conclusion

Merton Carers Partnership would like to thank all those carers who replied to the Merton Carers Survey (October to November 2007) and who contributed to the Merton Carers Conference (22nd November 2007). We look forward to working together with carers in putting the aims of this strategy into effective action to ensure the quality of life for carers is improved.

Copies of the Report on the Survey and Conference, and a summary of the Report, and copies of this Strategy are available from the members of Merton Carers Partnership and can be viewed at:-

www.merton.gov.uk
www.carerssupportmerton.org.uk

Contact details for the members of Merton Carers Partnership are available from *Merton’s A-Z of Carer Services* which can be viewed at:-

www.carerssupportmerton.org.uk
## Appendix 1

**Main Achievements of Merton Carers Strategy 2004/07**

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<th>Overall Aim</th>
<th>Summary of Main Achievements</th>
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| 1. To improve the identification of carers and their needs | Carers Week and Carers Rights Days events have been held each year. Other carers events have taken place, such as carers conferences, a councillors question time for carers and a carers seminar at the Royal Society of Medicine.  
Progress has been made in the number of carers assessments carried out for carers of adults. Two voluntary sector organisations now carry out carers assessments on referral from social services. A carers assessment development post has been introduced by the London Borough of Merton (LBM). |
| 2. To promote equality and equity | 29% of carers currently receiving services through the Carers Grant, as recorded on the LBM Care First Database, are from black, Asian and minority ethnic groups (BAME), exceeding the borough’s BAME demographic profile of 25%. |
| 3. To improve the availability of information | Merton Carers Partnership (MCP) has produced an A-Z of Carers Services for distribution to carers at assessment and through organisations dealing with carers.  
MCP members provide leaflets and other material, for example through websites, with information specifically for carers. |
| 4. To develop services to carers | LBM has developed eligibility criteria specifically covering assessments for and provision of services to carers of adults, and has maintained a lead officer for carers of adults.  
Each year Carers Grant funding has been used for a range of services (some ongoing and some newly developed), including respite care and respite activities, supporting carers of both adults and children, provided by both statutory agencies and voluntary sector organisations. |
An emergency respite service for carers of adults funded by the Grant is referred to in Department of Health's Carers Grant Guidance 2008/11 as an example of good practice.

LBM has provided carers assessment training to care managers, together with Care First database training (to enable accurate recording of services provided to carers of adults to measure the local authority’s performance).

A Merton multi agency carers services group (MMACS) has been established to improve delivery of services to carers of adults, and awareness raising workshops have been held for social workers.

LBM has hosted a cross-borough safeguarding adults event for carers.

Carers Grant funding has been used for a project to monitor the experiences of former carers.

| 5. To improve employment opportunities for carers | LBM has an Employee Carers Charter for Council employees, (referred to on the website of the Social Care Institute of Excellence as an example of good practice). An LBM Employee Carers Group meets bi-monthly to resolve employment issues arising from their caring role. Carers Grant funding has been used for a carers employment support officer post in the voluntary sector to work with local businesses and improve employment opportunities for carers. |
| 6. To give carers an effective voice in the planning and delivery of services | Carers groups have been established on a number of borough partnership boards where carers were not already represented. |
Appendix 2
Legislative and Policy Background

Principal Recent Legislation

The Carers (Recognition and Services) Act 1995

This Act gave carers important new rights and a clear legal status. Under the Act, individuals who provide or intend to provide a substantial amount of care on a regular basis are entitled to request (at the time the person they care for is being assessed for community care services), an assessment of their ability to care and to continue caring.

Local authorities are required to take into account the results of that assessment in making decisions about the type and level of community care services to be provided to the person receiving care. The assessment under the 1995 Act is of the carer's ability to provide care and of his or her ability to sustain the care that he or she has been providing. The 1995 Act applies to carers of all ages.

The Carers and Disabled Children Act 2000

This Act applies to carers over 16 and to people with parental responsibility for disabled children. The Act made changes to the law to enable local authorities to offer new support to carers to help them maintain their own health and wellbeing. In particular:

- It gave local authorities the power to provide certain services (which help the carer to care) direct to the carer following an assessment
- It gave carers the right to an assessment independent of the person they care for
- It empowered local authorities to make direct payments to carers for services which meet their assessed needs

The Carers (Equal Opportunities) Act 2004

This Act made three main changes to previous carers legislation, as follows:

- It required local authorities to inform carers they may be entitled to an assessment of their needs
- It required carers’ assessments to include consideration of whether the carer works or wishes to work, or participates or wishes to participate in any education, training or leisure activity
- It facilitated co-operation between local and other public authorities (such as an education, housing or health body) in relation to the provision of services, which are relevant to carers.

For further information on the above legislation see www.dh.gov.uk/en/SocialCare/Deliveringadultssocialcare/Carers/DH_079499

Work and Families Act 2006

This Act extends the eligibility of parent carers to request flexible working to carers of adults caring for partners or other specified close relatives or those living at the same address.
**Guidance on Legislation**


Sets out the issues and guidance for local authorities in carrying out their functions under the Acts

For the Policy Guidance itself see

*Practice Guide 5 Implementing the Carers (Equal Opportunities) Act 2004*, Social Care Institute for Excellence, October 2005, updated August 2007 - Adults Services

States that the 2004 Act is an acknowledgement that carers are entitled to the same life chances as others and should not be socially excluded as a result of their caring role, and that responsibilities for supporting carers need to be agreed across organisational boundaries to ensure that carers are recognised and supported by the whole of society and not just by social services.

For the Practice Guidance itself see

**Policy Context**

*Our health, our care, our say: a new direction for community services*, January 2006

This White Paper set a new direction for the whole health and social care system. It confirmed the vision set out in the Department of Health Green Paper, *Independence, Well-being and Choice*. There is to be a radical and sustained shift in the way in which services are delivered, ensuring that they are more personalised and that they fit into people's busy lives. People will be given a stronger voice so that they are the major drivers of service improvement.

For the White Paper itself see
or for a brief guide see

*Putting People First - A shared vision and commitment to the transformation of Adult Social Care*, December 2007

Across Government, the shared ambition is to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

This ministerial concordat seeks to set out and support the government’s commitment to independent living for all adults and outlines the shared aims and values, which will guide the transformation of adult social care. It seeks to be the first public service reform programme, which recognises that real change will only be achieved through the participation of users and carers at every stage.
For the concordat itself see

New Deal for Carers

This programme of work was a commitment in the Department of Health’s 2006 White Paper, *Our health, our care, our say*. The *New Deal for Carers* is aimed at improving support for carers through a range of measures including:

- Updating and extending the Prime Minister’s 1999 strategy for carers (see further below)
- Establishing an information service/helpline for carers
- Providing funding to all local authorities for the provision of emergency respite care
- The creation of an expert carers programme, *Caring with Confidence*, to provide training to carers empowering and enabling them.

For further information see

Carers Strategy – *Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own*

The new Carers Strategy was published in June 2008, following a major consultation process with carers. The Strategy sets out the Government's short-term agenda and long-term vision for the future care and support of carers.

New commitments include funding towards planned short breaks for carers; towards supporting carers to enter or re-enter the job market and towards improving support for young carers. Other schemes include the piloting of annual health checks for carers to help them stay well and training for GPs to recognise and support carers. A more integrated and personalised support service for carers will be offered through easily accessible information, targeted training for key professionals to support carers, and pilots to examine how the NHS can better support carers.

For further information see
1. Carers aged 16 or over, are eligible for an assessment of their ability to provide and continue to provide care, if they provide or intend to provide a substantial amount of care on a regular basis for person aged 18 or over entitled to community care services, whether or not that person receives such services.

2. People with parental responsibility for a disabled child, who provide or intend to provide a substantial amount of care on a regular basis for the child, are also eligible for an assessment of their ability to provide or continue to provide care.

3. There is no legal definition of what constitutes substantial and regular care, but this should be considered in the context of the key factors of the particular caring role and the extent of the risk to the sustainability of that role. Qualifying for an assessment will depend upon a carer meeting eligibility criteria laid down by the local authority.

4. The right to an assessment is triggered by the carer asking for one, but the local authority has a duty to inform the carer, in a situation as referred to at 1 and 2 above, that they may be entitled to an assessment.

5. An essential component of the assessment is to identify the impact of the caring role on the carer. Various “frameworks” and other standards cover the principles and practices of assessments in different cases. Practice Guidance relating to carers of adults makes clear, for example, that the assessment should be focussed what the carer wants by way of outcomes. The guidance also makes clear that the carer should have the opportunity to talk away from the person they care for.

6. The assessment of the carer’s ability to care must include consideration of whether the carer works or wishes to work and whether the carers undertakes or wishes to undertake education, training or a leisure activity.

7. There is no definition of the “services” which may be provided to carer following an assessment, other than anything, which could help the carer care. Policy Guidance covering carers of adults encourages flexible and innovative use of services to minimise the impact of the caring role on the carer’s life. Qualifying for services will depend upon a carer meeting eligibility criteria laid down by the local authority.

8. Whilst the local authority can delegate the carrying out of a carer’s assessment, for example, to a voluntary organisation, the decision whether or not to provide services to the carer remains with the local authority.
If you would like more information in your own language, please contact us at the address shown in the box below.

Nese deshironi me shume informacion ne gjuhen tuaj, ju lutemi te na kontaktoni ne adrese ne dhene ne kulture me poshte.

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请按低端方格内提供的地址与我們联系。

Pour tout renseignement complémentaire dans votre propre langue, veuillez nous contacter à l’adresse figurant dans l’encadré du bas.

Jeśli życzy sobie Pan/i więcej informacji w swoim języku, proszę się z nami skontaktować pod adresem podanym w dolnej ramce.

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Hadii aad u baahan tahay faahfaahin intaa kabadan oo ku soobsan afkaaka hooyo ama Af Somali fadlan lana soo xiira cinwaanka hoos ku qoran.

Si usted desea más información en su propia lengua, por favor contáctenos en la dirección al pie del formato.

You can also get this information in large print, in Braille and on audiotape.