Supporting Carers:
Sharing Best Practice in Integrated Approaches to Support
Acknowledgements

Special thanks to the advisory group and many carers, partners and organisations who contributed to this shared learning document:

Introduction

It is estimated that 6.5 million people are unpaid carers in the UK; that is 1 in every 8 adults. Three in five of us are likely to become a carer at some point in our lives for a member of our family, a friend or neighbour. But there is not a ‘typical carer’, everyone’s caring journey is unique. People may move in and out of caring roles, requiring different levels of support, or none at all, over the course of caring for others.

The Care Act 2014 heralded a landmark in carers’ legislative rights giving them ‘parity of esteem’, for the first time, with the person they care for. However the Act went live just at the time local authorities were experiencing unprecedented financial constraints. In addition, the term “carer” is defined in very specific terms for the purposes of the Care Act 2014, and for the purposes of claiming some benefits. The Cross Governmental Carers Action Plan provides a broader definition, arguing ‘that thinking too narrowly risks people not getting the recognition and support they need’.

‘For the purposes of the action plan, a carer is considered to be anyone who spends time looking after or helping a friend, family member or neighbour who, because of their health and care needs, would find it difficult to cope without this help regardless of age or whether they identify as a carer’.

Carers Action Plan 2018

The State of Caring Report (2018) found that ‘rather than a health and care system which values and supports carers, too often carers are being pushed into ill health through lack of access to practical support’. In 2018 fifty per cent of carers surveyed said they expected their quality of life to go down in the next twelve months.

The purpose of this short paper is to describe the learning from areas implementing local integrated carers’ strategies, as part of NHS England’s Commitment to Carers exemplar sites. These sites included Hertfordshire, Surrey, Greater Manchester and Leeds. We seek to highlight the common principles of good practice across health, social care and beyond which lead to positive outcomes for carers and communities. Also included in are examples from other areas that we worked with that are developing good practice.
This learning will be of interest to everybody involved with local Carers’ Partnerships at a strategic level, including carers themselves. We hope the key themes and good practice examples described will:

- Add value to conversations at local strategic and operational level
- Compliment the work of the national carers’ organisations
- Support the delivery of the national cross government Carers Action Plan – 2018 and the objectives for Carers in the NHSE Ten Year Plan 2019

Published in 2018 the Department of Health and Social Care’s national Carers Action Plan calls for recognition that ‘Carers are everybody’s business’. This has implications for important stakeholders in a local area including the Local Authority, the NHS, the voluntary sector, local employers, education, and even local businesses.

Building ‘carer friendly communities’ is not just the responsibility of the Local Authority and extends far beyond just meeting the statutory requirements of the Care Act 2014.

**Key Learning:**
A number of themes were evident from exploring the work of the exemplar sites. This led us to conclude that developing and sustaining ‘carer friendly communities’ requires:

- Taking a Comprehensive, Whole System approach to carer support.
- Leadership, vision, and a commitment from public services to work in new and collaborative ways.
- A proactive, rather than a reactive approach to identifying and supporting carers across local systems.
- A focus on early intervention, prevention and community support.
- Having different conversations with carers including rethinking ‘assessment’ as more than just statutory carers assessment under the Care Act.
- Creating truly personalised ways of supporting carers at all stages of their journey.

**The Carers’ Journey:**
**Why supporting carers is important!**

**Moral:**
‘it’s the right thing to do!’

**Policy & Legislation:**
‘we have a duty to’.

**Economic:**
‘we can’t afford not to’.

**Demand Management:**
‘if we don’t the system will collapse’.

**Prevention and Wellbeing:**
‘to prevent, reduce or delay the impact of ill health and disability and support self care’.

Leeds – Carers Partnership
Developing a whole system approach
to support carers

‘We owe it to (all) carers to have a fully systemic vision for carers support’
Tim Anfilogoff, Head of Community Resilience, Herts Valleys CCG and Carers Lead, HWE STP

A local carer support system needs to be comprehensive, universal in reach, accessible, flexible enough to respond to the diverse and changing needs of all carers, in a person-centred way when:

- Caring first arises
- At points of change or stress in the caring role
- On a regular basis when caring over the long term.


It is therefore paramount to create a local comprehensive whole system approach that supports everyone to deliver on these responsibilities to carers. The NHS has an essential role to play in identifying and supporting carers given the high mental and physical health risks associated with caring.

While the NHS does not have a clear statutory duty in relation to carers, NHSE’s Commitment to Carers work programme has lead the way in supporting an integrated whole system approach. The NHS, in particular, has an essential role to play in identifying and supporting carers given the high mental and physical health risks associated with caring.

The NHS Carers Toolkit seeks to clarify the duties on NHS organisations under the Care Act and the Family and Children’s Act focusing on the duty to cooperate, the prevention duty and the promotion of a whole families approach.

‘By the time they get to social services its almost too late and the carer is at their wits end and the whole caring situation is in jeopardy’.
Ian Brooke-Mawson
Strategic Commissioning Manager (Carers), Adults & Health Directorate, Leeds City Council & NHS Leeds Clinical Commissioning Group

In support of a whole systems approach the carers toolkit recommends the development of local Memorandum of Understanding (MOUs) across the key agencies.

We found that MOUs were excellent tools to develop whole systems approaches, as a way to formalising working arrangements (Greater Manchester and Surrey) or to coordinate work within a system for instance between children’s and adult services (Derby).
Principle 1: 
We will support the identification, recognition and registration of Carers in primary care.

Principle 2: 
Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health.

Principle 3: 
Carers will be empowered to make choices about their caring role and access appropriate services and support for them and for the person they look after.

Principle 4: 
The staff of partners to this agreement will be aware of the needs of Carers and of their value to our communities.

Principle 5: 
Carers will be supported by information sharing between health, social care, Carer support organisations and other partners to this agreement.

Principle 6: 
Carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services.

Principle 7 
The support needs of Carers who are more vulnerable or at key transition points are identified early.

NHS England’s Comprehensive Model of Personalised Care also advocates a universal approach. Using this model alongside the good practice previously described in Spotlight on a carer’s journey, creates a framework for responding to carers needs, aligning the responsibilities across health and social care.
Aligning the Comprehensive Model of Personalised Care with carers varied needs.

To develop a whole systems approach we have found it helpful to adapt the NHS England’s Comprehensive Personalised Care Model, which takes a universal approach to supporting people with long term health needs. Adapting this model allowed us to visualise what a comprehensive whole system approach to supporting carers might look like in terms of different levels of interventions and support. The model also mapped against our earlier work on carers’ experience of their caring journey.

Universal offer:
The approach recognises the importance of having a whole population, universal offer which keeps everyone well through building resilient communities and enabling people to make informed decisions and choices. Carers may have access to information from universal services like libraries, pharmacies and leisure centres. The key is prevention.

Targeted Support:
People need some additional support through targeted interventions to manage their health by building knowledge, skills and confidence to live well with their condition. For carers, an assessment of their needs, and signposting to community based support would be a relevant offer. Short breaks, flexible working or support to maintain their own wellbeing can ensure their needs do not escalate and they can maintain their caring role.

Specialist Support:
People living with more complex needs might need intense support and specialist help/ interventions. For carers, this might mean a support plan is developed, with more in depth support for their own health or care, potentially delivered through a personal budget, or personal health budget.
Leadership, Vision and Collaboration

‘Nothing seems to join up. I’m fed up with keep telling people about our situation, over and over. I speak to so many different people and no one seems to be able to help’.

Carer

Creating a comprehensive whole population approach to supporting local carers requires vision, leadership and investment across a local system.

Austerity has put considerable pressure on local services but whilst more money is essential it is not sufficient to bring about all the changes that are required. It also involves new and innovative ways of working, including building a local culture of collaboration and partnership across the statutory and third sector (voluntary organisations) and carers themselves.

‘It’s not just about lack of cash its about changing culture too’.

Debbie Hustings
Partnership Manager (Carers), Surrey Heartlands ICS & East Surrey CCG

‘It’s all about relationships and building networks’

John Bangs
Carers Strategy and Development Manager Surrey County Council

The Carers’ commissioning and policy leads we spoke to in the four-exemplar sites were committed and passionate about Carers’ rights. They had all invested many years of their working lives promoting better support for carers, often in the same area, albeit in different roles.

This continuity had enabled them to build strong collaborative relationships and networks. They also make a significant contribution to the national Carer conversation.

The importance of a having a Carer Lead role in a senior organisational position with commissioning responsibilities cannot be underestimated.

This also engenders Senior Management commitment to, and understanding of, the integrated carer agenda and the important role that carers’ play as contributors to sustaining local health and care systems.

This is in contrast to many other areas where carers’ leads may not occupy senior positions, and/or have multiple areas of responsibility, lack knowledge of local carers’ services and networks and sometimes even basic ‘carer awareness’ of the crucial role carers play in sustaining the health and social care system.
Coproduction between health, social care and the local voluntary sector is an integral part of an integrated and strategic approach to local carer support. But it is also important to ensure that the voices of carers (in all their diversity) are heard at a strategic level to ensure that the local ‘Carer’s Offer’ reflects what the local population of carers want and need.

This means making an explicit commitment to reach out to BME communities and other vulnerable groups, like people with learning disabilities or young carers, who often go unidentified, or have their needs misunderstood.

Young Carers themselves were an integral part of developing the Young Carers Strategy in Surrey. Politically, the Young Carers group was also an important ally of the Carers Commissioner in securing extra funding when they were supported to give a presentation to the Cabinet. When carers are given the opportunity to speak, their voices can be very powerful and even influence the allocation of resources or certainly influence the way they are spent!

Greater Manchester Carers Partnership appointed a Carer to the role of Independent Chair of the Carers Strategic Programme Board. The Carers programme was developed in close consultation with Carers themselves through the work of a local voluntary sector organisation.

“The ambition is to ensure that the rights based GM Carers Charter, written by carers for carers, becomes a reality for all unpaid carers and that the voice of carers continues to be heard and acted on”.
Christine Morgan – Independent Chair GM Carers Strategic Group

Surrey - The Surrey Carers and NHS Providers Networks.

The Surrey Carers and NHS Providers Network has worked collaboratively to improve the support that the NHS provides to carers by sharing best practice.

‘Network meetings are the engine house for change – where we share best practice and develop resources across the health system.
Debbie Hustings – Care Partnership Manager
A Proactive Approach to Identifying and Supporting Carers

The Cross Governmental Carers Action Plan highlights the need to build ‘carer friendly communities’ where everyone ‘thinks carer’. If carers are to be ‘everybody’s’ business an outward facing and proactive approach to identifying and supporting carers is required.

“If you are looking after someone, or even more than one person, it is going to be difficult to get support if you don’t see yourself as a ‘carer’. Caring for another person is usually delivered in the context of family relationships and friendship and seen as ‘natural’, just something that we all do.”

“We can’t expect people to come to us, we have to take our services out to them.”
Val Hewson
Leeds Carers Partnership

“Identification, identification, identification – first find your carer.”
Tim Anfilogoff (job title)

Erewash CCG in Derbyshire worked with a number of organisations to help them recognise and support carers including local supermarkets and the Fire brigade. Fire Safety Officers were offered training to help them identify vulnerable people and their carers when they undertook Fire Safety checks in the home and signpost them to where they might get help.

Developing work with employers in Leeds. Employers Forum
A network of 12 Leeds based employers who are at the forefront of innovation and who are proactive in supporting their working carers for the benefit of both the employee and employer.

As well as people not viewing themselves as a ‘carer’ the actual word ‘carer’ can also act as a barrier to self identification. Some people confuse this with people working in social care roles.

“We need to go where carers are.”
Derbyshire Carers Conversation Jude Boyle

The exemplars’ sites were taking a proactive approach to identification, recognising many people in caring roles do not see themselves as carers. They were reaching out and being visible in places in the community that are used by us all.

• GP surgery
• hospital
• chemist
• faith based community centre
• local leisure centre
• shops
• place where people work
• school

Carer awareness training can also help more people to ‘think carer’ and increase identification of local carers. Delivering this across business and universal services was found to be beneficial in exemplar areas.

“I’ve been married to Ken for nearly fifty years. I’m his wife and I love him, of course I care for him now he needs more support to do things, but I wouldn’t call myself ‘a carer’.”

“I’m not a carer I’m her mum.”

Val Hewson
Leeds Carers Partnership

Tim Anfilogoff (job title)
Young carers, who are either helping to look after a parent, grandparent or sibling, are a potentially invisible group who often go undetected. Local authorities are required to take ‘reasonable steps’ to identify young carers in their area.

Bradford have commissioned Barnardo’s to work with schools across the district to encourage them to sign up to the Young Carers Policy and identify a lead in the school to be responsible for young carers.

Barnardo’s then offer to train the leads to ensure they know how to effectively identify young carers in school. To date, all the high schools (100%) have signed and there are 7 left to train. 118 primaries (75%) have signed up and the training programme is being implemented.

Also, school nurses have been trained to use a screening sheet to identify whether a child / young person is a young carer. All pupils in Years 6 & 9 have health assessments that ask questions about potential caring roles. School nurses also consider if a child is a young carer and ask if they have contact with assessment / drop in sessions.

Health has a crucial role to play in the identification and support of carers and is part of the integrated whole system approach. All four of the exemplar sites have developed an integrated approach to their carer work within primary care. This role is also highlighted in the Quality Markers for GP Practices (NHS England 2018) which are endorsed by the CQC.

1. Identification and registration
2. Holistic support needs
3. In practice support
4. Appointments and access
5. Information for carers
6. Awareness and culture.

GP Quality Markers 2019

‘Many carers are not known to social services but around 9 out of 10 access a primary care service either visiting with the person they care for or for themselves - this means that primary care services are ideally placed to identify carers, to register them and to link them to the information and support that is available locally’. Ian Brooke-Mawson, Strategic Commissioning Manager (Carers), Leeds City Council & NHS Leeds Clinical Commissioning Group

Leeds GP Awareness training
Carers Leeds (the lead carers support service in the city) is commissioned to provide support to primary care practices. As a result of ‘Commitment to Carers’ project carers are now:
• offered a Carers Annual Health Check
• flagged on records
• always asked ‘how are you today? Is there anything we can do for you?’ when they come into the practice.
• are able to make an appointment to see a Carer Support Worker from Leeds Carers in the surgery if they need extra advice and information.

All front line staff have received carer awareness training and are able to signpost carers to where they might get more help as part of the ‘Care Navigation’ process.

‘We started our Commitment to Carers journey in 2016 and its been a fantastic collaboration between Carers Leeds, Leeds City Council and ourselves. It’s been win – win. I can’t see any downsides, it has been of benefit to everyone’.

Alison Stewart Practice Business Manager.
https://www.youtube.com/watch?v=jADXXvuZ3bE
Prevention, Early Intervention and Community Support

Emerging evidence suggests that investing in preventative support for carers can contribute significantly to the sustainability of Health and Social Care. An impact assessment by the Department of Health (October 2014) estimated that each £1.00 spent on supporting carers would save councils £1.47 on replacement care.

‘There is emerging evidence that suggests.... that early intervention and targeted support for carers reduces carer breakdown and thereby limits the use by the cared for person of in-patient services and social care. It also enables carers to remain in work, benefiting their household income and local economy.’

Fatima Khan-Shah Programme Lead for Unpaid Carers. April 2018 West Yorks STP

The duty to ‘prevent, reduce, delay’ is a key requirement under the Care Act 2014 and preventative strategies are at the heart of the NHS universal approach to personalised care.

For many carers getting the right information and advice, knowing about, and having access to support in the community, will be enough to build on their personal resilience and sustain them in their caring role.

Support is on offer for carers in primary care in Hertfordshire including:

- Carers’ Health Checks
- The offer of a flu jab
- Referral to Carers in Hertfordshire *
- Access to Herts Help (triage service) and Community Navigator
- Referral to Adult Care for Assessment if needed.

Carers In Herts is the voluntary sector partner that offers a comprehensive service including:

- A Welcome Pack for Carers
- Training for Carers Champions
- Provision of a wide range of support including;
  - Information and a Carer’s planning service
  - Making a Difference to Carers Scheme
  - Carers Learning and Development
  - Involvement Service
  - Carers Passport – discount card.
  - Social prescribing

Carers in Hertfordshire is funded to provide carer awareness training in GP and primary care support a network of Carer Champions.

The role of Carer Champion is usually taken on in a voluntary capacity in addition to their paid roles.

A GP Liaison Officer, based in Carers in Hertfordshire offers training and runs a Carers Champion Peer Support network to share updates, promote and explore good practice and highlight opportunities to identify and refer carers.

www.carersinherts.org.uk/
The voluntary sector also has a key role in preventative support. They can offer a range of support: information, advice and signposting; triaging carers in terms of risk as well as providing opportunities for peer support and other services. Recent research has highlighted the vulnerability of the sector (Melanie Henwood) and yet all exemplar sites have continued to invest in the voluntary sector.

Playing a key role in prevention.

Carers Leeds is an independent charity and key partner in Leeds Carer Partnership that gives support, advice and information to unpaid carers aged 16 and aims to improve carers’ physical, mental health and wellbeing. Help is available on a range of issues including welfare benefits, access to services, getting a break from caring and targeted help with their physical and mental health needs. Carers Leeds support on average 3,300 new carers in a year, send a bi-monthly newsletter out to 10,500 carers and receive around 60 calls per weekday to their Advice Line.

Carers Leeds offers:
• Direct support to carers and maintains an active website that is frequently updated with advice.

Organises Carer Support Groups that run across the city to enable carers to meet up with other carers for peer support, socialising and a short break from caring.
• Other one-off support activities are held throughout the year for example Pride and Carer
• The award-winning ‘Yellow Card’ scheme links GPs directly with Carers Leeds, encouraging carers identified in primary care to register with the GP as a carer and then accept a referral through to the Carers Leeds service
• Specialist services to carers of people with mental health issues, dementia, young carers and more
• Offers unique services for carers from Black, Minority and Ethnic (BME) communities and LGBTQ carers.

http://www.carersleeds.org.uk

One vehicle for preventative support is the Carers Passport (Carers UK), something which most exemplar sites were using. Surrey, Herts and Leeds have also developed their Carer Passport to be used across areas such as employment, hospitals, community, mental health, schools and universities.

Carer Passport schemes all share the same function to:
• Aid identification and support of carers
• Raise awareness of caring
• Provide a concrete, easily understandable offer of support or services
• Make carers feel valued
• Provide help/assistance to managers or key professionals
• Provide a short-cut so carers don’t have to repeatedly explain themselves
• Help organisations benefit from carer involvement

https://carerspassports.uk/about-carer-passport-schemes

Technological approaches were also being implemented to good effect. Both Leeds and Surrey have bought into Carers UK’s Digital Resource for Carers. This includes a range of practical information and resources for carers including e-learning resilience training for carers and The Care Coordinating App.


‘There are over 108,000 carers in Surrey and as budgets get tighter we need to work smarter in reaching out to them. Embedding digital, as part of service transformation, ... allows us to provide greater levels of support to more carers, more effectively and more cost effectively. Critically, the Digital Resource for Carers will help local authorities meet their Care Act duties on information and advice, prevention and wellbeing, and deliver on the NHSE and ADASS Memorandum of Understanding to support carers across health and social care, and help you meet your Care Act duties.’

John Bangs. Surrey Commissioning Manager
Having Different Conversations

Currently ‘carers assessments’ are discussed almost exclusively in relation to the statutory duty under the Care Act 2014 to assess carers where there is ‘an appearance of need’ and might have support needs in their own right.

There is a lot of confusion about Carers Assessments.

- What is it?
- Who is meant to carry it out?
- Whether carers have received one or not?

‘Many carers hadn’t heard of Carers Assessment.’
State of Caring 2018

Care Act statutory guidance makes it clear that, as with the people they care for, the duty to prevent carers from developing needs for support is distinct from the duty to meet their eligible needs. Local authorities cannot fulfil their universal prevention duty in relation to carers simply by meeting eligible needs, and nor would universal preventative services always be an appropriate way of for meeting carers’ eligible needs. This has implications for the sort of conversations we have with carers, to help them talk about their caring role and how it is impacting on their wellbeing.

‘Assessment’ for carers needs to be timely, personalised, proportionate, and the carer needs to feel there is a benefit in it for them. There needs to be a more nuanced and tiered approach to carers ‘assessments’ that extends beyond the remit of the Care Act, and offers the chance for more personalised conversations with carers, wherever they are: in the GP surgery, in the hospital, at work, in school, at a Carers Centre, in local communities.

‘I would like the Carer Assessment to be seen as a conversation, taking a strength based approach, possibly not more than 2 pages and to be seen as a ‘conversation record’.
Ian Brooke-Mawson, Strategic Commissioning Manager (Carers)
Adults & Health Directorate, Leeds City Council & NHS Leeds Clinical Commissioning Group

In the exemplar sites, conversations take place at different points in the carer’s journey. Thus, assessment becomes a series of conversations.

Many organisations are embracing the ‘Three Conversation Model’ as a way of ensuring that the conversation is appropriate and proportionate to the carers’ circumstances. This fits well with the tiered approach of the Comprehensive Personalised Care Model, which is underpinned by an asset based approach to people and communities and seeks to focus support where and when it is most appropriate.

Where people have been supported to ‘think carer’ they will be aware of the importance of asking the right questions and know where to signpost people if appropriate.

‘It was nice to be asked but we are coping ok at the moment. But it was helpful to know there was somewhere to go if we needed to’.
Carer
From Conversation to Support

When the caring role begins to have more of an impact on the carer’s wellbeing then some targeted support could be helpful. For example: being signposted in the right direction to information, advice and support from a Carers Centre.

‘Just having some one really listen to me and help me think about what might help make things easier and was so reassuring. Just having a little break at the carers group now and then and knowing that my husband was being well looked after was well, worth its weight in gold’

The carer might not need to access a statutory assessment but a wellbeing conversation might be appropriate.

Carers’ Resource Bradford offers carers the opportunity for a Wellbeing Conversation.

A Wellbeing Review conversation is a way of helping carers focus on themselves. It helps them reflect on their priorities and what is important to them. It is strength based and supports the idea of self-care and promoting resilience.

The Wellbeing Review / conversation starts by asking carers about their:

- **Life as a carer and what they do to support the person they care for**, what they enjoy about their caring role, what is positive about it; what works well and what’s not so good.

- **Health and how they look after themselves**, any health issues, what they do to look after themselves and whether caring affects their own health.

- **It also covers other areas of their lives** – relationships, child care, responsibilities, community and family support, education and training, accommodation and safety, finance and work!

The conversation results in an Action or Wellbeing Plan. It’s practical, personalised and solution focused. It also looks to build up the strengths of the carer, build confidence to care and confidence to ask for help. It might include more time to talk, provide information, signposting, help to fill in benefits, grants setting up an Emergency Plan, arranging a Fire safety Check, paying for care, respite, holidays, local groups, how to get a Blue Badge, health care funding… and so much more. It also identifies when a carer might need longer term emotional support.

The Wellbeing Review is a way of structuring the first casework conversation with the carer to make sure they stay at the heart of any follow up work.

https://www.carersresource.org
Creating Truly Personalised Ways of Supporting Carers at all Stages of their Journey

When the caring is having a significant impact on the carer’s wellbeing it is important that carers see the benefit of having a statutory Carers Assessment. If they are deemed to have ‘eligible needs’ as a carer ‘providing necessary care’ they are entitled to access a Carers Support Plan and Personal Budget.

Carers need help to plan, and to be supported to get the best out of this process. Some exemplar areas have found it helpful to have social workers co-located in Carers Centres to act as a bridge between the voluntary and statutory sectors, and enable the process of financial allocations, and support plans to be available.

Carers Assessments and Support Plans in Leeds: Co-Location

Adults & Health staff who carry out adult carers assessments are co-located at Carers Leeds. This has been regarded as a positive development as staff undertaking carers assessments are well ‘tuned-in’ to the range of support provided by Carers Leeds. In the past many social workers couldn’t see the point of doing a separate Carers Assessment. ‘Why bother’ – what’s the point if there is nothing we can do? Now they can.

Adults & Health provide funding to support a social work post in Carers Leeds that provides:

- Support for the Carers Assessment Team (promoting carers assessments, managing referrals, administrative processes and monitoring numbers and outcomes)
- Training for Professionals (evaluating existing carer awareness and assessment packages, supporting the development of a menu of training packages targeted at different social care staff, delivering carers awareness and assessment training for social care staff, delivering ‘carer and Care Act training for community based organisations).
- Liaison with Adults and Health (developing and maintaining contact with key staff in Adults and Health to make sure that relevant information is shared).

http://www.carersleeds.org.uk

‘Historically there has often been too much of a divide between the user and the carer, whereas the physical and emotional wellbeing of both are inextricably linked’.

Dame Philippa Russell

The importance of giving carers ‘parity of esteem’ with the person they care for represents significant progress. In the past there was a risk that the needs of the carer would go unrecognised with the focus of assessment and support on the person they care for. However, it is important to remember that caring roles are embedded in complex family and friendship relationships. Whole family approaches were not explicit in the exemplar sites, but reflect some of the comprehensive approaches being implemented. A personalised approach to breaks can support a whole family.
GP Carer’s Break Payment.

Surrey have a GP Carer’s Breaks Scheme which allows GPs to prescribe carers a break worth up to £300, based on a clinical assessment of their health. Carers can use their payment for whatever they feel will best meet their needs and improve their wellbeing. A truly personalised approach, this has been used from everything from gym membership to art classes.

Action for Carers Surrey :GP Carer’s Break Payment

Emerging best practice in personalised support is also arising in relation to carers personal budgets, and personal health budgets for carers. Whilst this was not immediately evident in the conversations and visits with the exemplar sites, this area continues to be explored in these and other localities.
Conclusions

The purpose of this paper has been to highlight and share some of the good practice and learning from the four exemplar sites, (Hertfordshire, Surrey, Greater Manchester and Leeds) and reflect on the implications this has for thinking about the next steps in developing integrated and comprehensive support for carers.

What have we learnt?

The thread that runs through the Carer’s Journey work is that a personalised response is something that should be part of every stage of a carer’s journey and is relevant to each tier of the Personalised Care Model’s universal approach. There is further work to be done to think in more detail about how this translates into strategic planning and delivery for local Carer Partnerships.

What our conversations with Commissioners, practitioners and carers themselves have reaffirmed is the importance of focusing on investing in prevention and early identification, particularly in health care settings and the voluntary sector.

This learning from our discussions resonated well with conversations taking place within the NHSE on personalised care. The development of the Comprehensive Personalised Care model’s universal approach can be usefully adapted for planning support to Carers. The good practice examples focus on the first two tiers of the model and demonstrate the importance of a universal approach and the role of more targeted support in the community, to help carers to maintain their wellbeing.

The strengths of the integrated sites we worked with were that their universal offer, preventative and community based support for carers was strong so fewer carers needed the intensive support that would sit with in the top triangle of the Comprehensive Personalised Model. The next challenge is to ensure that services join up and get better at providing personalised support to those in the most complex caring situations. The downside is that the learning in how this area works has been impossible to generalise, given the smaller number of carers involved.

During our work on the Carers Journey we found that there was considerable variation across the country as to how ‘personalisation’ and personalised support is interpreted and delivered for carers. It is really important that carers are able to access clear information about how local processes for accessing carer support, including their rights under the Care Act are applied.

Because if carers get the support they need it can transform lives.

‘Carers who had experienced increases in the care they receive told us about the positive impact this has had – helping them to feel more supported, removing some of the physical and emotional strain of caring, providing them with a well needed break from caring to catch up on sleep, have some time themselves or to see family or friends’.


The good practice sites we spoke to led the way on the importance of developing joined up working and all focus on early intervention and prevention in local systems giving a larger role to health despite LA being the lead agency under the Care Act.

The next steps in developing work to support carers better needs to happen at a national and a local level. This will involve thinking about how local systems can move towards developing and sustaining an integrated, comprehensive approach and offer a local carer’s offer that is universal in reach and yet able to focus on providing support to those with the most complex needs.

This challenge is ‘every one’s business’. We owe it to carers to succeed.
References & Links

Carers action plan 2018 to 2020 - GOV.UK

State of Caring 2018 - Carers UK
https://www.carersuk.org/stateofcaring

NHS England » NHS Long Term Plan
https://www.england.nhs.uk/long-term-plan/

Universal Personalised Care: Implementing the Comprehensive Model

NHSE Commitment to Carers Carers toolkit

Utube – Leeds GP Carers’ Project
https://www.youtube.com/watch?v=jADXXvUZ3bE

https://kar.kent.ac.uk/73950/

Carer Passport Scheme - Carers UK

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