



# Oxfordshire Carers' Strategy 2009 ~ 2012



South and Vale  
Carers Centre



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## Section 1- Our Vision

Our local vision is to deliver the National Strategy “*Carers at the heart of 21<sup>st</sup> Century families and communities. A caring system on your side. A life of your own*” in response to the needs of carers in Oxfordshire.

Oxfordshire intends to achieve this by working in partnership, by recognising and respecting both adult and young carers in their own right, by training and supporting staff to fulfil the strategy’s aims and objectives, and by working to support carers in their caring roles, in their health and wellbeing and in their wider aspirations.

## Section 2 - Background

### Introduction

Since the first National Strategy for Carers 1999 and the introduction of the Carers' Grant, there has been considerable progress nationally and locally in supporting Carers. The publication of 2008 revised National Carers' Strategy "*Carers at the heart of 21st Century families and communities. A caring system on your side. A life of your own,*" marks a landmark government commitment to Carers for the provision of breaks through additional health funding and employment opportunities through funding to Jobcentre Plus.

The local direction and priorities for developing Carers' service are set out in this strategy.

### How will the strategy be used?

The Oxfordshire Carers' Strategy continues to be overarching. It relates directly to Carers of adults and links to parent Carers and a separate Young Carers' Strategy. Partners have their own internal plans and strategies.

This local joint Oxfordshire Carers' Strategy is a working document and continually reviewed. It provides a framework for action to support Carers in Oxfordshire in line with the national strategy. It builds upon existing work and looks to the future, taking into account social and demographic changes as they affect the population of Carers.

The joint Oxfordshire Carers' Strategy links into the wider District and County Councils' planning processes and to Health Services

Partners will jointly deliver the action plans outlined in Section 6 to support the commitments in this strategy. They will report on these to the Carers' Strategy Steering Group and the Health and Wellbeing board. The Young Carers' Strategy and Parent Carer developments are reported annually to the Carers' Strategy Steering Group.

### The expected benefit of the joint strategy:

**Benefits for Carers** = Seamless services, single point of access, unified assessment, avoid gaps between services, continuity across care pathway, service development and expansion, increased choice and independence, resources targeted to highest needs.

**Benefits for Staff** = Effective collaboration across organisations, multi professional learning, increased skills and better skill mix, extended employment opportunities, new ways of working.

**Benefits for Providers** = Service vision and development priorities shared, opportunities to re-design services or redirect resources to meet future demands, longer term and block contracts for sustainable local businesses

**Benefits for Commissioners** = Breaking down professional and organisational barriers, better use of resources – statutory, independent and voluntary, joined-up needs assessment, gap analysis and service planning, managing demand from demographic/technological changes.

## Who is a Carer?

***A Carer is someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment. The care may be personal, emotional or supervisory. They may or may not live with the person for whom they care.***

Parent Carers are Carers with parental responsibility for disabled children under 18 years. Young Carers are children and young people under 18 years with caring responsibilities for adults or siblings who have an illness, disability or health problem which they cannot manage alone. In Oxfordshire they are defined as children and young people under the age of 18 whose life is in some way restricted because of the need to take responsibility for the care of someone who is ill, has a disability, is experiencing mental distress, or is affected by substance misuse. (Carers UK 1998)

## National Direction

Data from the 2001 Census and a growing body of research have broadened our view of the support needs of Carers. In addition to aiming to support Carers in their caring roles and in their health and wellbeing, the Government is now looking at wider needs and more integrated partnerships to support Carers as set out in the Carers' (Equal Opportunities) Act 2004 and the 2008 revised National Carers' Strategy "*Carers at the heart of 21<sup>st</sup> Century families and communities. - A caring system on your side. A life of your own.*"

Care and caring are critical issues for our aging population. (HM Govt 2008 National Carers' Strategy). Over the coming years, the demand for care will continue to grow. In our ageing society, most people are living longer, many are developing clinical conditions. Many people in the "sandwich generation" have to balance work with childcare and care for an ageing parent. Others who are older themselves may care for partners and grandchildren. Parent Carers of children with complex health needs know that they may be lifetime Carers. Families themselves may be scattered, even on different continents. At the same time, the shift to care in the home increases the demands on Carers.

Unpaid Carers are pivotal to health and social care. But the reward for their contribution is often financial, social and health disadvantage. "*Carers at the heart of 21<sup>st</sup> Century families and communities*" recognises that the pressures will be intolerable unless we transform how we support Carers.

Its long term vision is that:

*"Carers will be recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet the individual's needs enabling Carers to maintain a balance between their caring responsibilities and a life outside caring, whilst 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,” sets out a 10 year vision for genuine equality and recognition for Carers. It follows major consultation exercise with Carers. The Strategy says that by 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, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.*

### **Integrated and personalised services - partnership in action**

“Carers will have access to the integrated and personalised services they need to support them in their caring role.” Agencies need to work together in a more co-ordinated way with voluntary and community organisations, behind the scenes, to provide an integrated service which helps Carers feel services are “on their side”. (HM Govt 2008 National Strategy).

The National Strategy aims to ensure services are tailored to the needs of individual Carers and the people for whom they care. It supports “Think Family” (Cabinet Office 2008) which advocates “that services need to ensure that there is no wrong door to support. Support should be tailored to the family’s needs, build on the family’s strengths and address the whole family, not just individual members.”

The commitment across government, the NHS and other sectors, to work together to support individuals and their Carers is set out in Putting People First (*HM Government 2007*).

It sets out a social care reform programme with key elements: prevention, early intervention, personally tailored services. It proposes a new model of social care - self-directed support - a system-wide transformation aiming to promote independence, with people being enabled to exercise choice and control over their own lives, and is now key to the commissioning and development of services. This shift towards self-directed support and away from care management will mean future service development will be directly influenced by the preferences of service users and their Carers.

### **Oxfordshire Carers’ Strategy**

The first Oxfordshire Carers’ Strategy was published in 2002 and revised 2005-08. This strategy for 2009-2012 builds on earlier strategic aims and objectives while integrating the general direction and vision of the newly published National Strategy. It incorporates what Carers and Carers’ organisations in Oxfordshire have told us they want and need.

## **Oxfordshire Carers' Strategy Steering Group**

A multi-agency Oxfordshire Carers' Strategy Steering Group was set up in 1999 and is chaired by the Head of Adult Social Care. Members include:

- Oxfordshire County Council Social & Community Services (adult social care)
- Oxfordshire County Council Children, Young People & Families (children's social care)
- Oxfordshire Primary Care Trust
- The Oxford Radcliffe NHS Hospitals Trust
- The Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust
- Learning Disability Teams
- Individual Carers
- The Three Carers' Centres: Oxford, South & Vale, and North & West
- Oxfordshire Carers' Forum
- Age Concern Oxfordshire
- Rethink Carer Support (Mental Health)
- Membership is being extended to include District Councils, Oxford City Council, JobcentrePlus, Mencap and other partners.

The Steering Group developed the first Oxfordshire Carers' Strategy, based on the 1999 National Carers' Strategy, legislation and what Carers told us they wanted in Oxfordshire. The objectives were intended to help organisations plan their work with and for Carers. They were also used to help determine how the Carers' Grant was allocated.

The Carers' Grant and additional investment from Oxfordshire County Council has funded a wide range of preventative, flexible breaks and services to support Carers across all care groups, much of it through the voluntary sector, including major investment in our three Carers' Centres which are directly accessible to Carers of all ages at any time in their caring career.

## **Carers' Views (See Appendix 2)**

*"Carers will be respected as expert care partners. "Carers' views are key to the development of appropriate services to help sustain them and the people for whom they care. In the consultation on the National Carers' Strategy, Carers said that they 'want a caring system on their side'. A key objective of the Oxfordshire Carers' Strategy is to be Carer-led and, where possible, in line with what Carers want and need.*

Carers have been actively involved in shaping our services in Oxfordshire. A wide range of consultation and involvement activities have helped to inform the strategy and services:

- Involvement with Carers, Carers' organisations and frontline Carer support workers
- Feedback from Carers' assessments and surveys
- Ongoing feedback from the Oxfordshire Carers' Forum
- Regular communication with stakeholders and partners
- The annual Carers' Strategy Workshop

Carer participation will continue to grow but Carers' time is limited and their circumstances vary. New methods of participation online and face to face are being developed for working Carers, older Carers, Carers from different ethnic and specialist groups. Parent Carers are involved in Oxfordshire's Parent Involvement Network. Oxfordshire Local Involvement Network (LINK) is being developed with Carer involvement.

### **Carers' Priorities (See Appendix 3)**

The priorities set out in this strategy are the result of a strong partnership tradition involving Carers and Carers' organisations. The priorities at the Carers' Strategy Workshop 2008 confirm the themes which have been highlighted by Carers throughout this involvement.

- Identification and support from primary care - GP appointments when they need them. GPs to identify them as Carers, to promote health checks and signpost to support.
- Breaks - access to flexible, timely, good quality breaks in response to what Carers want and need.
- Information and communication - whole system identification/recognition and support for Carers/young Carers. Interagency working and signposting to support. Access to the right information at the right time.
- Support for the emotional and physical health and wellbeing of Carers and their families - support for Carers' emotional needs. Help to navigate the system. Help to alleviate social isolation. Support for whole family working, Young Carers, transitions. 24/7 emergency backup.
- Support for Carers to have a life of their own - work (financial security), education, training, leisure. Replacement care for Carers to work, study, train, have leisure time. Increased awareness-raising for employers about the strong business case to support working Carers. Good quality advice and support for those wanting to get back into work.
- To be recognised as partners in care - Carers' voices to be heard and respected. Carer involvement in shaping services. Carers' views taken into account in services for those for whom they care.
- Equality - equal access to information, services, taking into account diversity and special needs. Targeting information and services. Improved transport, help for rural Carers to access services. Work with local community and faith groups and agencies.

## Section 3 - The National Picture

### Population and Social Change

The National Strategy highlights the need for vital data about Carers to map service provision and aid commissioners and policy makers at a local and national level in providing better and more targeted support for Carers.

Analysis of the Census 2001, the first to collect information about Carers, provides most of the information available currently. The National Strategy recommends inclusion of a Carer's question in the next Census 2011. According to the last census (2001) almost 6 million people are Carers across the UK; 1 in 10 of the population. Over a million Carers provide more than 50 hours a week. There is a very high turnover of Carers - approximately 2 million people are new to caring each year (Carers UK, Hirst, M. 1999 *The Risk of Informal Care*). Unpaid Carers provide three quarters of the care in the community. (CSCI 2005 Social Care in England). To replace this would cost the government £87b annually (Carers UK/University of Leeds, 2007, *Valuing Carers*).

#### **Themes that emerge from the National Picture (Sue Yeandle - Transforming Lives: time for a new Social Contract for Care - May 08)**

- New demographic pressures and labour force changes
- Radically different age structure. Working age group shrinking as later life grows. A transformation in human society
- More very aged requiring care - and more older Carers
- Increased incidence of childhood disability and learning disability, longer lives
- Longer working lives and more people combining work and care
- The overwhelming proportion of Carers is of working age (2/3), so combining work and care is key across the life course. Important for Carers and the whole economy
- More care in the home
- Most care in the community is provided by unpaid Carers
- Analysis of the census shows that nearly 21% of Carers providing over 50 hours pw say they are in poor health compared to nearly 11% of the non-Carer population

#### **Key Recent National legislation and policy (See Appendix 4)**

Carers' legislation and guidance has been gathering pace and extending its scope, driven first by Carers' organisations and more recently by increased recognition of the key role Carers play in community care, as employees juggling work and caring roles, and as a significant voice in the electorate.

- The Carers' Equal Opportunities Act 2004
- The Work and Families Act 2006
- Putting People First 2007 & Transformation of Adult Social Care (2008)
- **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" 2008**

The New National Strategy sets out the Government's short-term agenda and long-term vision for the future care and support of carers. It is underpinned by £255million to implement some immediate steps alongside medium and long term plans. New commitments include £150million towards planned short breaks for carers; £38million towards supporting carers to enter or re-enter the job market, and £6million towards improving support for young carers. Other schemes include the piloting of annual health checks for carers 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. **(See page 7 & Appendix 4).**

## **Carers and Health**

The Census 2001 included health information. Based on this, Carers UK (2004) *In Poor Health: the impact of caring on health*, reported that Carers who provide high levels of care are more than twice as likely to suffer from poor health as people without caring responsibilities. Analysis of the census shows that nearly 21% of Carers providing over 50 hours of care say they are in poor health compared to nearly 11% of the non-Carer population. It also noted that Carers in younger age groups (16+) are significantly more likely to suffer ill health than non-Carers of the same age. However, as Carers become older, the evidence suggests they are far more likely to be caring and have ill health at a similar rate to their own age groups. If they already have ill health and take on caring roles, this could then have a significant effect on their health – and this may be of particular concern for older Carers.

More than 50% of Carers have a health condition directly related to caring such as back problems, stress, anxiety and depression (Carers UK 2003 *Missed Opportunities*). Carers of working age who provide 35 hours or more a week care are considerably more likely to report being in poor health than other Carers (Carers UK/U of Leeds 2007 *CES Report 3*). Long term Carers are at particular risk of both poor mental and physical health which is likely to deteriorate the longer the Carer has been caring (Carers UK 2004 *Health Inequalities*); in particular, parents who care for children with learning disabilities often care for many years, sometimes for a lifetime. During the period immediately after caring ends, ill health is likely to increase (Carers UK 2004 *Hearts and Minds: the health effects of caring*).

The Carers' Week survey 2008 reported that 77% of Carers felt their health is worse because of their caring role with 95% of the 2000 Carers questioned saying they regularly disguise the fact that their health is suffering in order to continue their caring responsibilities. And almost 1 in 4 (24%) said they frequently felt unable to cope with their day to day duties due to the physical and emotional stresses of their caring role.

## **Income and Employment**

Carers UK research shows that many Carers are living in poverty, particularly those with very heavy caring responsibilities and those who have been caring for a long time. The National Strategy acknowledges that income is one of the biggest issues raised by Carers but makes no changes to Carers' benefits. Rather, it pledges a major review of Carers' benefits in the context of a wider benefits review.

The majority of Carers are of working age. A recent TUC report (2004) showed that one of the main causes of economic inactivity is caring responsibilities. Currently more than 3 million people juggle caring responsibilities with paid employment – 1 in 7 of the workforce. Every year approximately 2 million people are new to caring. As 1 in 5 Carers gives up work to care, the economy loses a substantial workforce annually. Many of these are very experienced staff 45 –64 years of age, at the peak of their careers.

There is a strong business case to support working Carers: employers can hold on to their experienced staff and avoid recruitment and training costs for new employees. Moreover, as 2.3 million Carers stop caring every year & as 80% are of working age, this is a very large pool of potential employees – many of whom have dropped out of the job market, lost skills & confidence, become socially isolated & economically disadvantaged.

Carers UK and the University of Leeds 2007 with Sue Yeandle provide a richly researched analysis of Carers of working age providing 20 hours plus substantial and heavy-end caring: Carers' Employment and Services Report Series (CES). It reports (No.3) that a third of Carers said they were constantly struggling financially. Those not in paid work were most likely to say they struggled to make ends meet – 53% unemployed compared to about a third of employed Carers. Many Carers are working but need more support and flexibility from employers and services. Many others would like to return to work, but need support, information and training opportunities.

The National Strategy sets out a range of measures to help employers recognise and support Carers, supported in law by the Work and Families Act 2006 which extends the right to request flexible working to employees who care for adults as well as parent Carers, parents of children under 6 (& more recently parents of any children under 18).

Measures include: an awareness raising campaign for employers, widening of the definition of Carers entitled to request flexible working, production of a good practice guide for employers, and launch of Employers of Carers, a membership forum. It also commits £38m to help Carers who want to return to work, a Care Partnership Manager for each JobCentre Plus district, replacement care for approved training, and will explore return to work support and more flexible learning opportunities

In July 2008 in a ground breaking decision, the European Court of Justice ruled in *Coleman v Attridge Law* 18/7/08 (ECJ Case C –303/06) that the laws which protect disabled people against discrimination in the workplace not only apply to the person themselves, but also by association to their (parent) Carer.

National research suggests key groups needing particular support with income and benefits include:

- Carers with very heavy caring responsibilities or who have been caring for a long time.
- Those not in paid work including the 1 in 5 Carers who gives up work to care
- Older Carers whose pensions may be effected by caring years
- The 1/3 of heavy-end working Carers who struggle to make ends meet

Further research suggests that all employees require information on the rights of working Carers and support available as 1 in 7 will become a Carer at some time.

Key groups to target include:

- employees when they first become Carers

- employees who provide more than 35 hours of care
- Carers when they consider starting or returning to work
- Carers who are already disadvantaged

National research underlines:

- That the largest group of hidden Carers are working Carers.
- The importance of awareness-raising for employers and the business community about the strong business case for supporting working Carers.

## **Equalities**

Strategies need to consider how to provide support to Carers and Young Carers so their caring responsibilities do not unfairly limit their choices for wider opportunities. Carers providing 20 or more hours care a week are likely to suffer disadvantage in poorer health, income, employment and/or education. Carers do not experience caring or the effect of caring equally.

For example, the experience of caring will differ according to the circumstances of the person cared for and cultural expectations and family structures within different communities and there are some groups about which little is known, for example disabled Carers, gay men and lesbian Carers.

### **Carers and ethnicity**

The 2001 Census showed that caring is more prevalent among people of working age in some ethnic minority groups, especially younger Indian, Pakistani and Bangladeshi men and women (Carers UK/U of Leeds 2007 CES Report 3). The National Black Carers and Carers' Workers Network reports that cultural concepts of caring do not translate well into some BME community languages, with the consequence that people do not always understand they might be entitled to support (Report to DH October 2007 Key Issues for Carers from Black and Minority Ethnic Carers).

### **Gender**

The gap in care provision is closing, but women are more likely to provide personal and heavy duty care. 9% of men and 11% of women are now Carers, but women provide 70% of caring hours. (HM Government 2008 National Carers' Strategy). Of the 4.27m Carers of working age in GB, 1.8m are men and 2.4 m are women, and 2/3 are in some sort of paid employment. 66% of male Carers of working age are in full-time paid work and 7% have part-time jobs. Of women who are Carers, 32% are in full-time work and 30% are in part time work. (Carers UK/U of Leeds 2007 CES Report 6).

### **Older Carers**

From age 65, the proportion of Carers providing higher levels of care rises sharply. Among the oldest Carers, aged 85 and over, around half (51%) care for 50 or more hours a week (ONS 2006). This is compounded by an increased risk of financial hardship, isolation and social exclusion among older people generally. It is also common for older couples to care for each other as a natural part of life and to be less likely to access support.

### **Young Carers and Young Adult Carers**

The Equalities task force of the National Strategy reported that being a young Carer has a detrimental effect on young people's life chances and opportunities. Among young adults (aged 16-24), caring reduces the likelihood of participating in further or higher education, with an impact on future earnings and their own personal development. (ONS 006)

The Equalities review which contributed to the National Strategy suggests that, in order to offer Carers more choice and control in balancing commitments and aspirations, and tackle inequalities, a strategy would need to:

- Tackle the barriers to achieving more equal outcomes that caring creates
- Ensure equality of access to support for Carers
- 

National research suggest that key groups likely to suffer inequalities include:

- Carers providing 20+ hours of care a week
- Carers from diverse backgrounds
- Older Carers providing high levels of care
- Young Carers
- Young adult Carers

In order to achieve better outreach to all Carers - Black and ethnic minority and socially excluded populations as well as working Carers – each group needs their own approaches – such as moving closer to the communities/employers to identify hidden Carers

## Section 4 - Oxfordshire Context

**Carers in Oxfordshire** - Although 3 out of 5 adults will be Carers at some time in their lives, many people do not see themselves as Carers but as parents, family, friends and good neighbours and one third are new to caring each year.

Population data is therefore likely significantly to underestimate numbers of Carers. The Institute of Public Care (IPC) carried out an Oxfordshire population needs analysis in 2003 based on Census 2001 and described the following: in 2001 there were a total of 53,455 unpaid Carers in Oxfordshire, almost 9% of the population, of whom 43% were male and 57% female. In rural areas, the proportion of unpaid Carers grows to 9.8%, with 7 areas of rural Oxfordshire ranked in the top 10% nationally of people providing unpaid care.

**Oxfordshire population** - see [www.oxfordshirepartnership.org.uk](http://www.oxfordshirepartnership.org.uk)

The total population of Oxfordshire in 2006 was 632,000 - 39% based in rural areas, 36% in market towns and 23% in Oxford City. Over half the people live in settlements of less than 10,000 people.

The population is growing and the numbers of very elderly are expected to increase at an even higher rate (increasing by 61% by 2029). Around 10% of the population is from communities other than white British. 4.9% were from black and minority ethnic (BME) groups in 2001 (with higher concentrations in urban areas). Migration from the central European countries is growing.

Oxfordshire needs to improve its population data about Carers to facilitate smarter, more focussed targeting of limited resources. Services need to be fit for purpose, informed by sensitivity to the diverse needs of communities and targeted to areas of special need. Carer involvement and improved information about local needs are key to prioritising best use of limited resources.

**Black and Minority Ethnic Groups in Oxfordshire** - Black and minority ethnic groups account for 4.9% of the population. The population of the various groups is concentrated in Oxford City (12.9%) and Banbury (3.9%) where changing migration patterns are reflected in a wide diversity of languages and ethnicity.

Within the county there are a number of particularly vulnerable BME communities including: migrant workers, asylum seekers and refugees, those for whom English is not their first language, gypsies and travellers, detainees and the families of armed forces personnel.

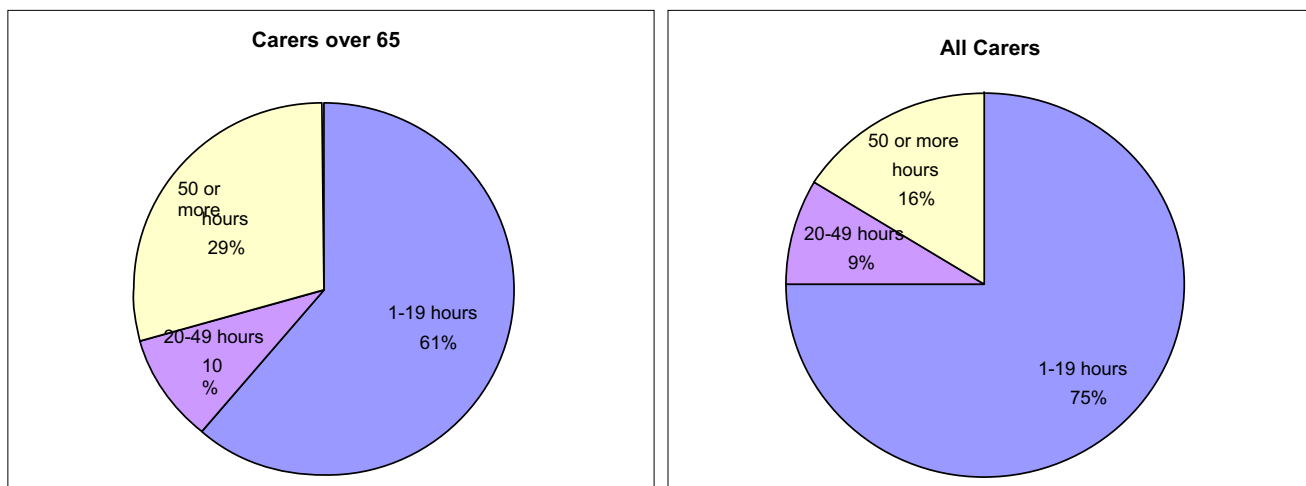
**Deprivation** - The most deprived areas within Oxfordshire are in Oxford City, especially wards of Barton, Sandhills, Blackbird Leys and other parts of East Oxford. Parts of Banbury, particularly Grimsbury and Castle, are also amongst the 10% most deprived areas in the country. There is a strong link between poor health and deprivation.

**Rurality** - Large areas of rural Oxfordshire are ranked as “deprived” in a measure of distance to local services. Over one fifth of Oxfordshire’s population are living in areas that are ranked within England’s worst 10% with regards to access to local services. 78% of the population of Oxfordshire are based outside of Oxford City. Over 50% of the population live in settlements of less than 10,000 people. On average the rural population is older than the urban population.

**Age Distribution and hours of care (IPC 2003)**

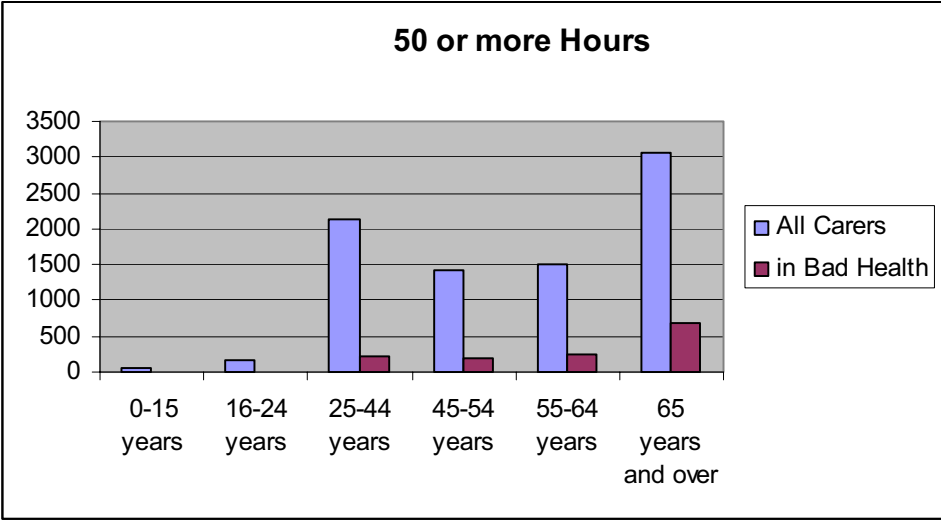
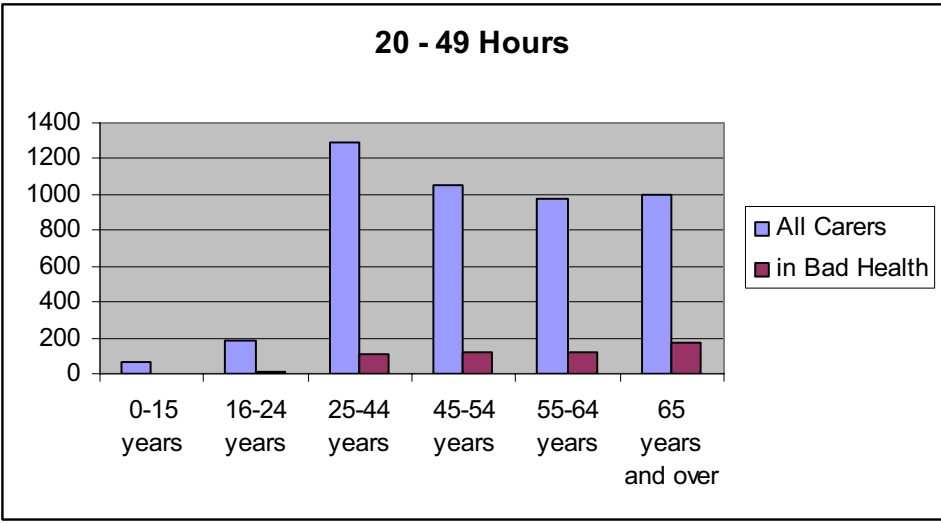
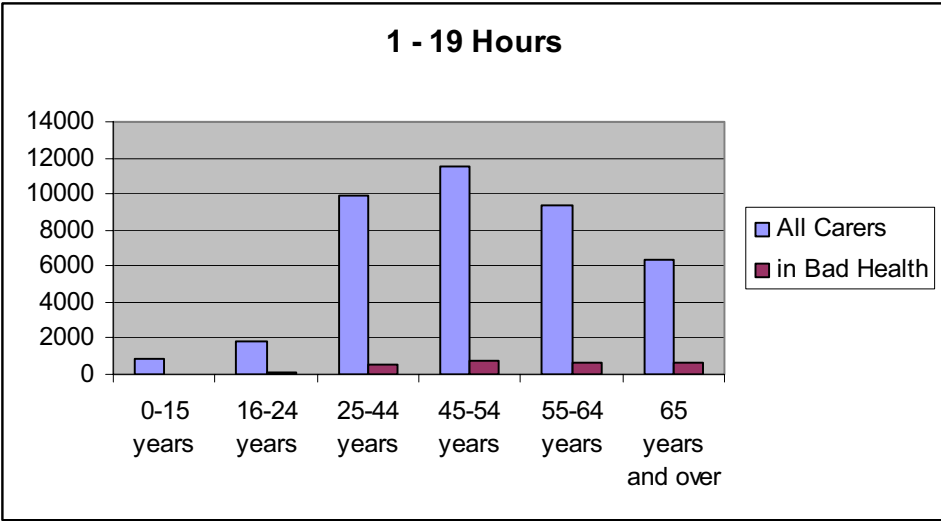
Just over half of all unpaid Carers (52%) were between 25 and 54 years old. Over 22% were aged between 55-64 years. There were over 10,000 unpaid Carers aged 65 years and over, and just under a third of these, 29%, provided fifty or more hours of unpaid care per week.

Overall, three quarters (75%) of all unpaid Carers in Oxfordshire provided between 1 and 19 hours care per week, 9% provided between 20 and 49 hours per week and 16% provided at least 50 hours.



**Health of unpaid Carers (IPC)**

Just over 8% of unpaid Carers stated that they themselves were not in good health. However, within the 65 years and older age group, 15% of unpaid Carers stated that they were not in good health and nearly half were providing at least fifty hours of care per week. In the under 16 age group, only 2% of unpaid Carers stated that they were not in good health, and in the 16-24 age group this rose slightly to just under 4%. Of those unpaid Carers aged between 25 and 64 years, 7% stated that they were not in good health.



## Young Carers and Young Adult Carers

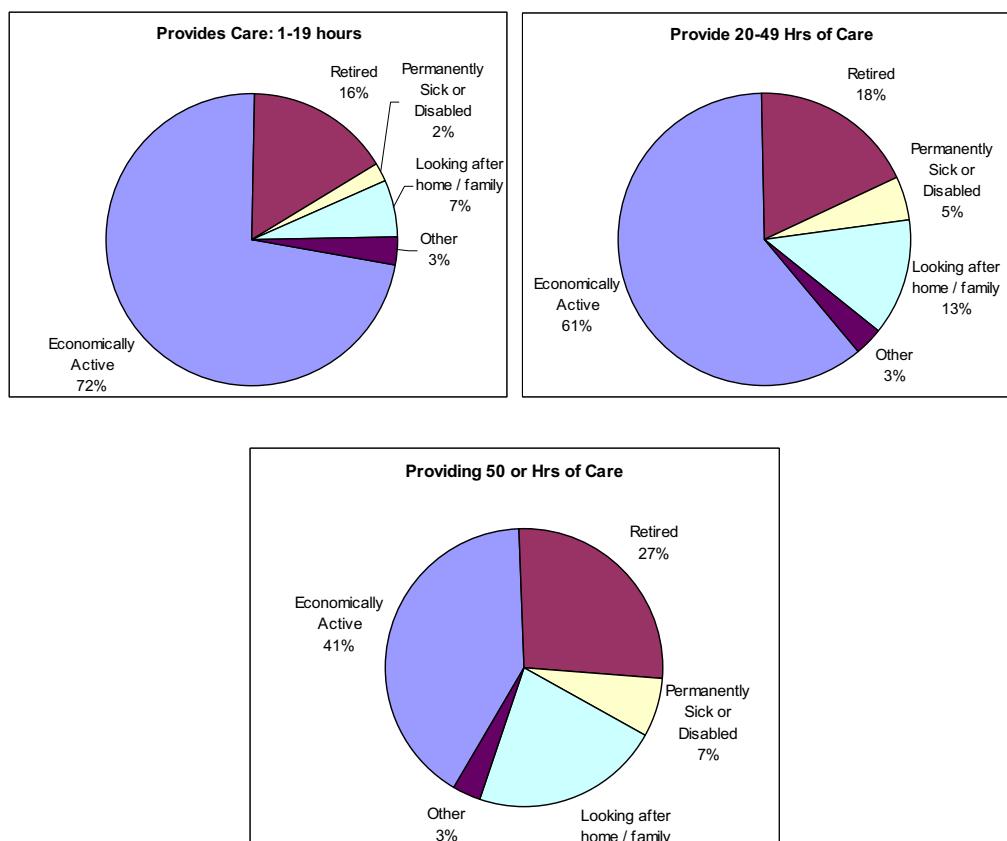
A Princess Royal Trust for Carers 2004 report found that 12% of 7-19 year olds were looking after someone with an illness, disability or health problem who could not manage alone. In Oxfordshire a working estimate based on 12% of 7-19 year olds totals 11,034 young people. Young Adult Carers on the brink of their adult lives have special needs for support but to date have had little focus. Data from 2001 census identified 230,000 Young Adult Carers in England – 5% of 18-24 year olds. This suggests there may be approximately 3,036 Young Adult Carers in Oxfordshire.

## Carer projections

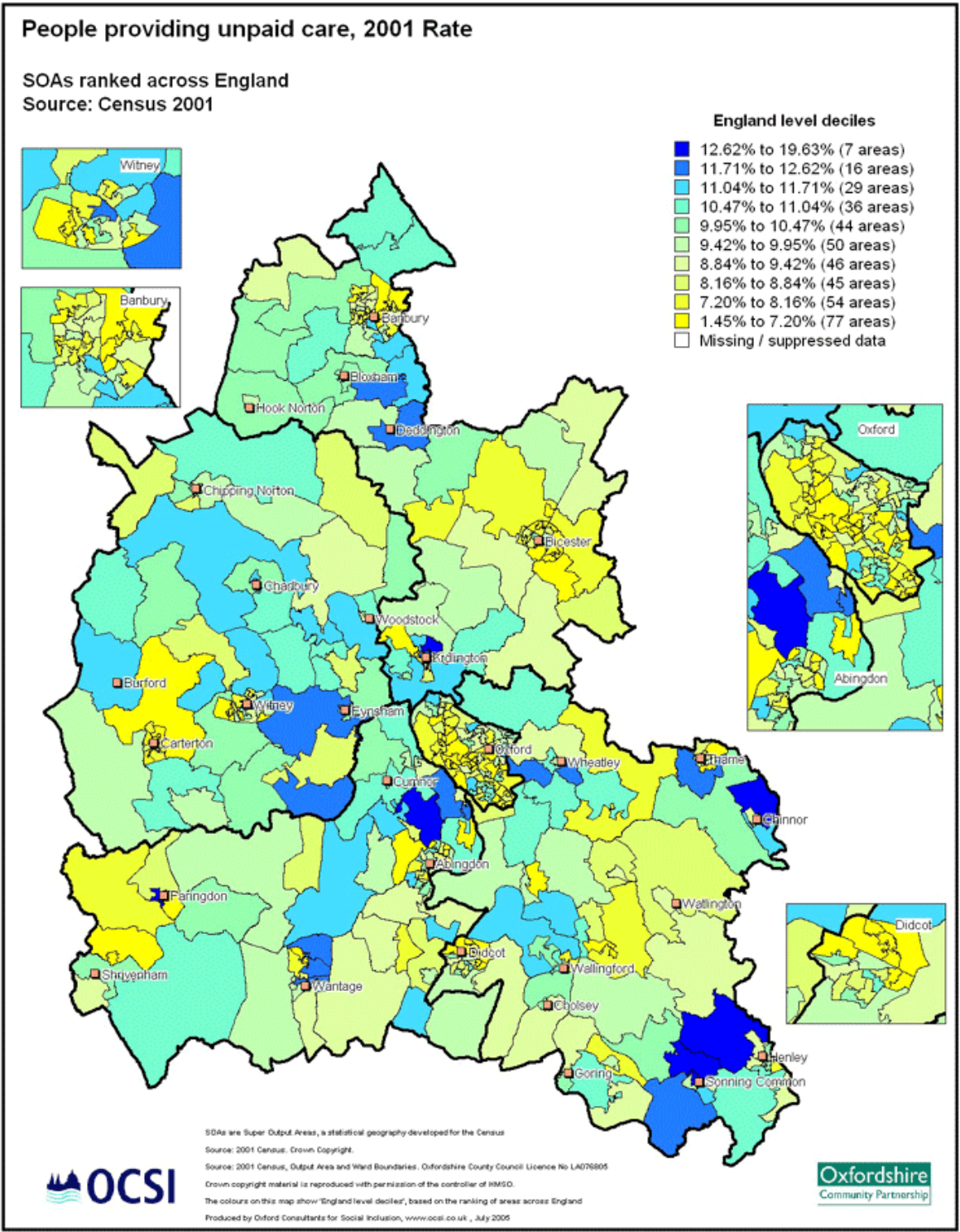
The IPC estimated that there will be 56,000 Carers in Oxfordshire in 2009, a rise of 6% from 2001, in line with projected population increases. The greatest increase in the number of unpaid Carers is estimated to be in the 55-64 age group. It anticipated by 2029 there will be 64,035 people identifying themselves as Carers. However, as there are inherent difficulties identifying Carers, numbers are likely to be considerably underestimated. Projections must be treated cautiously as social and health policy may affect numbers over time.

## Economic activity of Carers

In 2001 there were a total of 47,973 unpaid Carers aged between 16-74 years living in households in Oxfordshire. Of these unpaid Carers, 67% were economically active and 33% were economically inactive. Of the economically active, almost 2/3 were working full time and almost 1/3 part time. The majority of full time workers provided 1-19 hours unpaid care weekly, 7% between 20-49 and 8% 50 or more hours per week unpaid care. Of those economically inactive, just over half were retired and just over a quarter were looking after home or family, and 8% were themselves permanently sick or disabled.



The Census 2001 survey form asked people whether they looked after, gave any help or support to family members, friends, neighbours or others and how much time was spent giving care (1-19, 20-49, 50+ hours per week). The data is available at county, district, ward, super output area and output area level. The average in Oxfordshire was 8.8% providing unpaid care, but this rose to 9.8% (23,300) of people in rural areas. Seven areas of rural Oxfordshire ranked in the top 10% nationally on the proportion of people providing unpaid care.



## **Oxfordshire data suggests that:**

In Oxfordshire, 75% of Carers are providing between 1 and 19 hours care per week, 9% 20-49 and 16% at least 50 hours suggesting that low level, early support and prevention provided by the Carers' Centres is key to support for at least  $\frac{3}{4}$  of Carers in Oxfordshire. High level services, intensive support focus on 25% providing 20+ hours weekly, in particular the 16% providing over 50 hours per week, as they are at highest risk of inequalities and disadvantage in poor health, income, employment and education.

The Census projects 56,000 Carers in Oxfordshire by 2009. An estimated 10% of Carers are known to the Carers Centres. Therefore, a considerable extension of services is needed to identify Carers and to provide information and support.

Rural Carers in the areas most distant from services need a targeted approach. There are 7 areas of rural Oxfordshire ranked in the top 10% nationally of people providing unpaid care. Over one fifth of Oxfordshire's population are living in areas ranked within England's worst 10% regarding distance to services. Transport needs to be improved.

As there is a strong correlation between disadvantage and poor health, Carers living in the most deprived areas of Oxfordshire within the top 10% deprived areas in the country need targeted support for their health and well being and financial/benefits advice.

Older Carers in Oxfordshire need targeted support. 29% of Carers aged 65+ providing 50 hours week plus are particularly vulnerable to ill health and require proactive support

In particular, the prevalence of dementia is much higher in the frailest elderly, over the age of 85, which is the group that is expected to increase at the fastest rate over the next decade. This requires a strategic response.

Numbers of Older People from Black and Minority Ethnic communities in Oxfordshire are increasing above the rate of the general population. Within the county there are a number of particularly vulnerable BME communities including: migrant workers, asylum seekers and refugees, those for whom English is not their first language, gypsies and travellers, detainees and the families of armed forces personnel. Services need to outreach to these communities.

Two-thirds (67%) of Carers aged 16-74 are economically active and one third (33%) were economically inactive. In Oxfordshire, outreach to employers and working Carers is a priority.

## How we support Carers in Oxfordshire

**Social Care Services** are separated out into two directorates: Social & Community Services includes adult social care and Children, Young People & Families includes children's social care, parent Carers of disabled children and young Carers.

This presents a particular challenge to how we work together to support all Carers, to address whole family working and transition issues for parent Carers and young Carers. The Carers' Strategy Steering Group includes both Directorates. Both Directorates support Carers through provision of information, breaks and services for Carers in their own right as well as packages of care offered to service users which give Carers a break and develop their own commissioning strategies

**Access to services** - The SCS Access Team (contact: 0845 050 7666) provides a single front door to Information and Services, helps to identify Carers of adults and provides them with Carers' self assessments/self-referrals, advice and information about the three Carers' Centres and other services. Carers' self-assessments may result in provision of further information, signposting and advice or in a full Carers' assessment. The Access Team refers parent Carers and young Carers to CYP&F for assessment and services.

For parent Carers, access to support services is via the Access Team or any professional working with them or the Family Information Service (contact: 08452 26 26 36). Young Carers referred to the Carers Centres projects will be supported and helped to access breaks and services.

**Carers' assessments** can be provided jointly or they can be provided separately for Carers of adults, even when the person they care for declines assessment or services. Carer Support Workers have been appointed to help care managers provide Carers' assessments. A Carers' Survey has been piloted (2008) following Carers' Assessments.

For parent Carers, a number of practical and support services can be accessed directly, so parent Carers do not have to go through an assessment. If specialist support is needed, a specialist assessment will be provided by Children's Social Care in CYPF. Parent Carers are entitled to ask for a Carers' assessment of their own caring needs. This can be done as part of a Family Assessment or as a separate assessment. Young Carers' assessments are via Children's Social Care.

**Oxfordshire's three Carers' Centres** receive core funding from S&CS to outreach to new and existing Carers across the county and deliver free, direct access information, support, advocacy for Carers, parent Carers and young Carers. They also provide breaks and services and training. Rethink Carer Support provides support, information, advice, training, breaks and services to Carers of adults of working age with mental health needs. The Oxfordshire Family Support Network supports carers of people with Learning Disabilities of all ages.

**Information** - The Carers in Oxfordshire Website [www.oxoncarers.org.uk](http://www.oxoncarers.org.uk) hosted by OCC and developed with Oxford Carers' Centre Information project provides a central on-line Carer information resource. The Family Information Website (currently called Children's Information Service [www.oxoncis.org.uk](http://www.oxoncis.org.uk)) as well as a wide range of networked electronic newsletters support parent Carers. The Learning Disability Partnership Board & Oxfordshire Family Support Network provide electronic newsletters. Young Carers' information is primarily via the three Carers' Centres Young Carers' Projects.

**Involvement** - S&CS provides core funding to the Oxfordshire Carers' Forum, a countywide organisation of Carers for Carers to provide information and consultation. Service areas provide further involvements, for example with the Learning Disability Partnership Board and the Mental Health Carers' Reference Group. Parent Carers are involved through Parents Involvement Network and Children & Young People's Disability Forum. Young Carers are involved via a range of events including CHYPIN events for the new Young Carers' Strategy. Carers are widely involved in service development and review.

**Services for Carers of adults** - S&CS provides, and commissions, breaks and services - often jointly with Health colleagues - that benefit Carers of adults directly and indirectly across all service areas. It commissions a wide range of breaks and services (80%) through the voluntary and community sector many of which are directly accessible for Carers. Progressively more breaks and services are provided as direct payments to give Carers choice and control, and self directed support is being developed.

Following a Carer's assessment, Carers may be eligible for a Carer's Service for themselves in the form of a direct payment (for whatever will best support them, ranging from housework or gardening, to a holiday, driving lessons, gym membership, etc) or for breaks through care coming into the home or short term residential placement for the person looked after. There is a dedicated service for Carers, Relief to Carers. In addition, a wide range of preventive services benefit Carers of adults directly and indirectly such as general advice and information services, small repairs, befriending schemes, foot-care, tele-care, equipment, and day services.

**Training** - to support Carers in the caring role is provided by the Expert Carers' Programme, and the three Carers' Centres, as well as OCC Learning & Development and other providers. The PCT is implementing arrangements to help equip and support Carers to carry out healthcare related tasks. The Carers' Centres hold information on the range of training available.

**Telecare** - base unit and sensors are provided through OCC following an assessment. This can give Carers peace of mind through 24 hour monitoring of risks in a person's home environment.

**Young Carers** - are supported by Young Carers' Projects at the three Carers' Centres which provide groups, support to individuals, breaks and activities. The Young Carers' Strategy Officer post in CYPF coordinates implementation of the Young Carers' Strategy and how universal services respond to the needs of young Carers.

**Services for Parent Carers** - Support for Parent Carers may come through Children's Centres, Extended Schools, the Parenting Services, Early Intervention Teams or Specialist Children's Social Care Teams. Services available include: support with childcare, information and signposting, support in schools, support with play, leisure and holiday activities, support in the home, including emergency support, access to short breaks, and help with transitions. Significant new funding is becoming available for:

- Short breaks for families of severely disabled children with very complex needs by contacting the Service Manager, Children's Disability Service
- Accessing childcare for a wider range of disabled children and children with additional needs by contacting the Childcare Development Manager

**Oxfordshire PCT** - GPs and primary care are key to Carer identification and support. Every GP practice has a Carers' GP Protocol to identify Carers and refer to the Carers' Centres. The existing GP Carer Support Project with the three Carers' Centres raises awareness of issues, but there is much work to be done.

**Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust** - is key to Carer and young Carer identification and support and refers across to Rethink Carer Support and the Young Carers' Projects at the Carers' Centres.

**The Oxford Radcliffe Hospitals NHS Trust** - raises awareness to help staff and the public identify Carers and signposts to the three Carers' Centres for support.

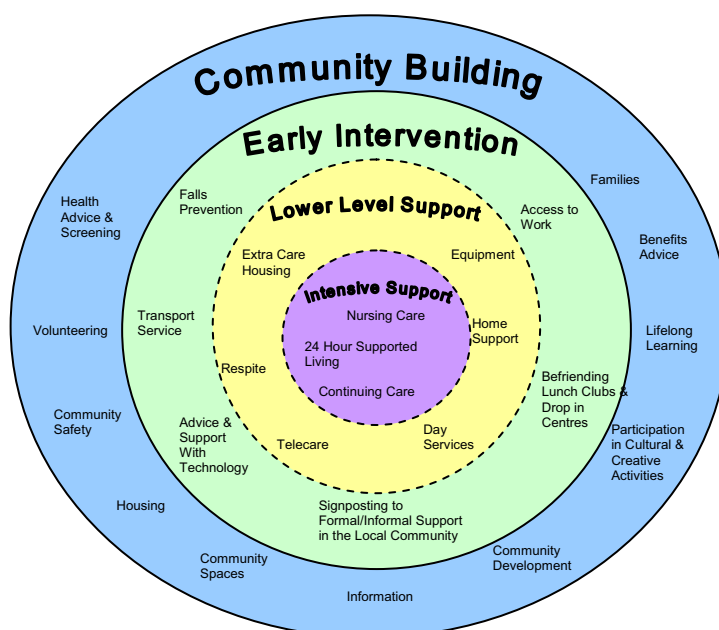
**Carers' Grant funding** - now part of the Area Based Grant, supports a wide range of preventive, flexible breaks and services, across all care groups, much of it through the Carers' Centres and other voluntary sector partners. It also supports specialist services for Carers of people with various complex needs.

**Emergency Back Up** - The Emergency Duty team (EDT) provides out-of-hours emergency back-up for service users. The Oxfordshire Emergency Carers' Support Service, delivered by A4e Oxfordshire Independent Living Service, is being rolled out to provide free care for adult Carers of adults when the usual Carer is unable to do so due to an emergency. Emergency back-up is provided for young Carers and for parent Carers through Children's Social Care or out-of-hours through EDT.

**Partnership Working - see Appendix**

Caring/being cared for is an integral part of our lives and is part of our social fabric as a community. We need to build our community's capacity to support Carers across the spectrum of need, from community building, early support to lower level and intensive support. Services for Carers are often planned for and delivered through close partnership working with the NHS. The partnerships are widening to include Education, Adult Learning, Jobcentre Plus, Housing, District and City Councils and universal services.

**Making Oxfordshire Strategies Work Together**



Eighty percent of social care services are arranged through the voluntary, community and independent sectors and planned with them. The voluntary sector in Oxfordshire provides significant support for Carers, particularly to early intervention and prevention, and it brings into the County substantial additional investment in Carer support. But the key partnership is with Carers.

The role of the Local Authority is changing to helping all Carers to access services and encouraging the market to develop appropriate services. The shift to self-directed support means that the partnership with the Carer or service user will be crucial as they will be in a position to purchase services themselves.

An established Local Area Agreement and the Health and Wellbeing Partnership Board provide a real opportunity for joint working to support Carers.

In particular, the Local Area Agreement 2, a 3-year agreement for local public, community and voluntary organisations working together to improve lives by March 2011, offers new opportunities and incentives for joined up working with one set of priorities to support Carers.

#### **LAA2 Target NI 135**

To increase proportion of Carers receiving needs assessment or review and a specific Carers' service, or advice and information as a proportion of all clients receiving community based services .

Baseline 2595 = 16.8% (baseline demoninator (15,425) all clients receiving community based services

08/09: 2861 = 18.5%

09/10: 3127 = 20.3%

10/11: 3393 = 22%

The Oxfordshire Public Service Board monitors the Local Area Agreement. It also manages the Area Based Grant which now includes the Carers' Grant (non –ring-fenced) as well as additional New Deal for Carers' Funding.

#### **The Current Financial Context**

This strategy is based on financial resources made available to Oxfordshire County Council from central government through the Carers' Grant and the New Deal for Carers, now integrated into the Area-Based Grant, which sits with the Public Service Board. It also reflects additional funding from OCC for adult social care and PCT allocations towards GP Carer support workers.

- The Oxfordshire County Council has invested £1,959,000 to deliver Carers' services, breaks and emergency support. A further £605,000 has been secured as part of the budget settlement from OCC to develop a range of services for Carers including increased opportunities for employment.

- Oxfordshire County Council core funds the three Carers' Centres and the Carers' Forum and provides breaks through SCS and CYPF, much of which supports Carers directly or indirectly. Additional funding has been made available by OCC for new developments to support Carers in Adult Social Care.
- PCT funding is allocated towards GP Carers' support workers.
- Central Government funding for breaks and childcare for Parent Carers and development of a Parent Carers' forum.
- Voluntary organisations bring in additional funding from other sources
- The National Carers' Strategy has identified £150 m to be allocated to PCTs to deliver additional breaks to Carers. Partnership work is progressing to identify Oxfordshire allocation and plans to be developed to spend on services that are priorities for Carers
- £38 m has been allocated nationally to Job Centre Plus. Partnerships with Job Centre Plus to identify opportunities for Carers
- £37m will be held centrally to develop pilot schemes for GP training on Carers' issues. Oxfordshire will be developing bids for this initiative
- Additional funding streams will be developed including substantial additional funding for breaks with the PCT. Details of this and other funding to be confirmed
- OCC will continue to explore existing investments in Carers' services to reprioritise service provision

## Section 5 - Where are we now? Oxfordshire Carers' Strategy, 07-08

Six themes emerge from our objectives, consultations and involvements, our experience, and national and local developments on which we will build for the future. Since the first strategy, many developments related to these themes have taken place for Carers in Oxfordshire including:

<b>Breaks - Aim: To have a range of good quality and flexible services to provide breaks for Carers</b>
Almost 25,000 breaks provided in 2007-8. A wide range of generic and specialist projects in place, funded by the Carers' Grant and OCC, delivered by social services and by voluntary organisations
The three Carers' Centres support Carers flexibly countywide with direct access breaks, services and support, volunteer befriending services, and Young Carers' breaks projects
Social Care Services redesigned to be more flexible using direct payments for more choice and control with 3 <sup>rd</sup> party support now in place. Flexible respite bed pilot, Relief to Carers, Care Placement Officers. Better Caring website informs on respite vacancies

<b>Information and communication - Aim: to identify, support, and signpost Carers to good quality information and support</b>
Carers in Oxfordshire Website: <a href="http://www.oxoncarers.org.uk">www.oxoncarers.org.uk</a> and OCC Access team (single point of access for social care) developed. Children's Information Service (now Family) in place
Partners across OCC, the NHS, Carers' Centres and Carers' Forum, Job Centre Plus, Education, voluntary organisations work together to identify, support and signpost
Carers' Centres and Forum provide information and promote Carer awareness: more than 6,000 Carers were in contact 07-08

<b>Health and Wellbeing - Aim: to help maintain the emotional and physical health and wellbeing of Carers and their families</b>
Oxfordshire PCT Carers' Strategy Action Plan and OBMH Trust Carers' Action Plan and Young Carers' Strategy Action Plan proactively support Carers
More Carer support workers (CSWs) across agencies including: Carers' Centres, CSWs linked to GPs, Alzheimer's Society CSWs, CSWs for Carers of adults with Mental Health needs (Rethink Carer Support), Mental Health Early Intervention Team CSW

Expert Carers' training & range of programmes delivered by Carers' Centres & Rethink Carer Support to support Carers of adults with mental health needs in the caring role
Emergency Carer Support Service for adults (A4e Independent Living Service) and emergency backup for parent Carers and young Carers being rolled out.
Policy agreed: delivering care across service boundaries to help support whole family wellbeing – young Carers
OCC and PCT sign up to <i>Every Disabled Child Matters</i> Charter
OCC scrutiny review for Young Carers

<b>A life of your own - Aim: to help support Carers to have a life of their own through access to work (and financial security), education, training and leisure</b>
OCC and NHS HR support working Carers. OCC Working Carers' Group. OCC Carers' Planned Leave agreed.
Carers' Centres, OCC, NHS and Job Centre Plus develop awareness training
New links developing with District Councils, Adult Learning, Education, training for work, and other key partners
Employment, training, and education project including replacement care in development
Oxfordshire one of ten Local Authorities selected to pilot increased childcare for families with disabled children

<b>Partners in care: Carers' Voice - Aim: to help to ensure all services and service developments are Carer led and where possible in line with what Carers say they want and need</b>
Oxfordshire Carers' Forum strengthened: network lunches, data base, and facilitation of "Looking After Me Course"
Carers' self assessments developed. 6,608 full Carers' assessments (joint and separate) recorded
Carers' Survey Pilot to feed back on Carers' assessments and services
Carers, Young Carers, Parent Carers participate in service developments

<b>Equality - Aim: Provide equitable services that all Carers can access</b>
Projects for South Asian Carers, City and Banbury, Chinese Carers, and African and African Caribbean Carers and interpretation fund.
Countywide outreach through Carers' Centres and Forum network lunches
Carers' Forum links to NHS Trusts to improve transport information, parking, and support for Carers.
Out of hours Carers' groups and services begin to help working Carers to access support
Cultural consultation network in development

## Section 6 Action Planning 2009 -2012

The Annual Carers' Strategy Workshops '08 - for Carers' organisations, individual Carers and a wide range of stakeholders identified key priorities to help inform the development of the new Strategy for 2009-2012. These priorities are not ranked and are of equal importance. These are incorporated along with other consultations and national and local directions in our action plans. Priorities identified for Young Carers helped to inform the Young Carers Strategy 2009 –2012. Priorities identified for parent Carers will help inform new breaks developments.

<b>Priority One</b>	<b>Opportunities for a break</b>
<b>Aim</b>	<b>To have a range of good quality and flexible services to provide breaks for Carers</b>
<b>Outcomes</b>	1. Carers report that they are able to access a range of flexible breaks throughout the cared for person's pathway of care, appropriate to the needs of the person cared for and in response to what they need
	2. Carers report an increased satisfaction with services provided and feel confident to leave their cared for in the care of a good quality, professionally trained care service staff
	3. Carers not normally accessing services (from excluded sectors of the population, etc) are increasing their use of breaks services
<b>Partners</b>	Oxfordshire County Council (OCC) –Social & Community (SCS) & Children, Young People & Families (CYPF); Oxfordshire Primary Care Trust (PCT), Oxfordshire & Buckinghamshire Mental Health NHS FoundationTrust (OBMH), Age Concern Oxfordshire, Rethink Carer Support, Carers' Centres, Carers' Forum
<b>Planned Actions</b>	1.1 Health Breaks Project for carers is established. Specification for Services, targets and monitoring to be agreed by Health-led Project Cross reference: see priority 3  1.2 Personalised breaks are made available through Direct Payments or personalised budgets where possible  1.3 Voluntary/community sector are encouraged to investigate innovative ways to provide early intervention/preventive breaks services with links to primary care/GPs, schools, extended services, childcare and play & leisure pathfinders project.  1.4 and 3 below. Information and access to breaks is simplified and distribution points are well advertised and well used.  1.5 Fairer charging policies are clarified and any costs are clearly explained.

	<p>1.6 Services prioritise early support and prevention</p> <p>1.7 Aiming High for Disabled Children Programme Board delivers increased short breaks for parent carers of disabled children and increased accessibility of childcare. (Parental Satisfaction Indicator).</p>
	<p>2.1 Targets and outcome measures are agreed for all re-commissioned services offering breaks</p> <p>2.2 carers input to training for paid care staff</p>
	<p>3. Barriers to access to flexible and appropriate breaks are identified and addressed. Cross reference: see 1.4 above &amp; Priority 6, action 4</p>

<b>Priority Two</b>	<b>Information and Communication</b>
<b>Aim</b>	<b>To identify, support, and signpost Carers to good quality information and support</b>
<b>Outcomes</b>	<p>1. Carers are enabled to self identify and be signposted to support. We will be in contact with at least 2700 additional Carers in the county over the life time of this strategy</p> <p>2. Carers report Information is available through key accessible distribution points and media and campaigns, DVD, Radio, TV, GPs/Primary Care, Children's Centres, Schools</p> <p>3. Carers report key frontline community staff are well informed points of contact</p> <p>4. Technology is used increasingly to support information and communication with and for carers</p>
<b>Partners</b>	OCC SCS and CYPF, OCC Human Resources (HR), OCC Adult Learning, Oxford City and District Councils, Oxfordshire PCT, Oxford Radcliffe Hospitals NHSTrust (ORH), OBMHT, JobcentrePlus, Age Concern, Rethink Carer Support, Carers' Centres, Carers' Forum
<b>Planned Actions</b>	<p>1. Commissioners and statutory, voluntary and private sector organisations, community groups and employers raise the profile of Carers' needs, and signpost to support – (Supports NI 135 - see page 24)</p> <p>2.1 Relevant, clear and timely information about the range of services is available at key, accessible distribution points and in media campaigns, with translation and a variety of formats available as required</p> <p>2.2 Relevant information on conditions and services is available 24/7.</p> <p>2.3 Information is targeted to areas of particular need</p>

	3. Frontline community staff in a range of settings including those who provide home visits are kept well informed on Carers' support needs and how to signpost to appropriate services
	4. Resources are identified to fund appropriate technology including web based and mobile IT and to develop and disseminate appropriate training to use the technology.

<b>Priority Three</b>	<b>Health and wellbeing</b>
<b>Aim</b>	<b>To help maintain and safeguard the emotional and physical health and wellbeing of Carers and their families</b>
<b>Outcomes</b>	1. Carers providing high levels of care report increased satisfaction with support services, reliability and flexibility
	2. Carers of family members with long term conditions report greater confidence in undertaking their caring role
	3. Carers are more willing to seek support for their own health needs from their primary care and other services
	4. Parent and Young Carers report increased support in undertaking caring responsibilities
	5. Carers report that they have support in an emergency to rely upon
<b>Partners</b>	OCC - SCS & CYPF, OCC Human Resources, OCC Adult Learning, Oxford City and District Councils, Oxfordshire PCT, ORH, OBMHT, Carers' Centres, Carers' Forum, Age Concern & Rethink Carer Support
<b>Planned Actions</b>	1.1 Flexible health resources for breaks are targeted on Carers where their family member is at higher risk of requiring intensive health and social care services - (Cross reference priority one) 1.2 more and better quality statutory carers assessments are delivered within 28 days (Supports NI 135) 1.3 training and awareness raising is delivered for GPs, primary care and other medical practitioners to support carers' physical and mental health needs
	2. Training, information and support are accessible & help empower carers in their caring roles
	3.1 Yearly health checks are offered to Carers by Primary Care and priority appointment schemes are in place 3.2 Resources (specialist knowledge, practical and emotional support, IT) are provided to enable carers to access mental and physical health and wellbeing services and alleviate social isolation 3.3 Support is made available & accessible for carers as they plan for the future when they can no longer cope and for when bereaved or they let go of the caring 3.4 Identify any current project boards addressing health and wellbeing and ensure carers' issues are included

	<p>4.1 Young Carers are identified and services are targeted to avoid inappropriate caring roles</p> <p>4.2 Uptake from Parent Carers to access support with parenting and understanding how to manage complex needs is identified and reported</p> <p>4.3 Parent Carers have support and guidance to help families who are going through transitions to adult services. To review the availability of timely parenting support and marketing of the same and accessibility to parent carers</p>
	<p>5.1 24/7 emergency back-up registrations to be evaluated and new targets established - by S&amp;CS</p> <p>5.2 Access points for the available 24/7 information points (web and phone-based) are publicised and ensure call minders are able to signpost.</p>

<b>Priority Four</b>	<b>A life of your own: work (and financial security), education, training and leisure</b>
<b>Aim</b>	<b>To help support Carers to have a life of their own through access to work (and financial security), education, training and leisure</b>
<b>Outcomes</b>	<p>1. Carers report replacement care needs for study, work, training and leisure are identified and supported.</p> <p>2. Opportunities are created for employers to work together to support Carers to sustain or enter employment.</p> <p>3. Links are strengthened between Primary Care, Carers' Centres, Jobcentre Plus, Citizen Advice Bureaus, voluntary and statutory agencies to ensure that Carers have information and advice about work, and financial security, education, training and leisure opportunities</p> <p>4. Local media raise awareness and share good practice.</p> <p>5. Self-employed Carers and those wanting to get back to work report good quality advice, support and training are available</p>
<b>Partners</b>	OCC SCS + CYPF, OCC HR, Adult Learning; Oxford City and District Councils, PCT, ORH, OBMH, Carers' Centres, Carers' Forum, Job Centre Plus, Age Concern, Rethink Carer Support
<b>Planned Actions</b>	<p>1.1 Ensure that the replacement care plans being developed by the Carers' employment sub group are rolled out across Oxon</p> <p>1.2 Childcare opportunities are developed for parent carers</p> <p>2. Bring together the work emerging from OCC and the NHS to support working Carers and roll out good practice &amp; awareness of the strategy with employers in statutory, voluntary and business sectors</p>

	3 Roll out the learning from the Carers' Centres' pilot currently in development to improve partnership working in these areas
	4. Ensure that 'a life of your own' is raised and good practice is shared in all media interactions.
	5. Identify areas of knowledge and skills and good practice to support Carers wanting to get back into work and self employment, and develop training.

<b>Priority Five</b>	<b>Partners in Care: Having a voice</b>
<b>Aim</b>	<b>Help ensure all services and service developments are Carer led and where possible in line with what Carers say they want and need</b>
<b>Outcomes</b>	1. Carers report they are identified and signposted proactively by medical practitioners and primary care and recognised as partners in care
	2. Carers' stories are given voice through the media
	3. Broad publicity highlights Carers, their needs and how they might be addressed
	4. Carers report they are involved in shaping Carers' services and services for the cared for
	5. Carers report their views are taken into account in planning & implementing services for the person for whom they care.
<b>Partners</b>	OCC – SCS and CYPF, OCC HR, OCC Adult Learning, Oxford City and District Councils, PCT, ORH, OBMH, Carers' Centres, Carers' Forum, Age Concern, Rethink Carer Support, JobcentrePlus
<b>Planned actions</b>	1.1 Ensure PCT GP protocol is implemented and work with GPs/primary care to raise awareness of Carers as partners in care 1.2 Address communication and confidentiality issues with medical professionals for Carers as partners in care 1.3 Work with medical professionals to ensure Carers' needs are taken into account around admission, during inpatient health care, and throughout discharge planning when caring for patients or when Carers are themselves patients.
	2. Ensure media contacts include Carers' stories where relevant.
	3. Ensure Carers' issues feature in mainstream publicity.
	4. Identify, support and empower more Carers who have an interest in shaping services, how they want to be involved, and include throughout planning processes.
	5. Develop training across all care groups to ensure Carers' views are taken into account in planning & implementing services for the person for whom they care. Identify barriers to implementation.

<b>Priority Six</b>	<b>Equality</b>
<b>Aim</b>	<b>Provide equitable services that all Carers can access</b>
<b>Outcomes</b>	1. The strategy is assessed for research, equalities and human rights impact to ensure improvements for carers across disadvantaged or diverse groups.
	2. Carers report their diverse and special needs are taken into account in communication and provision of understandable information- translation, large print, etc
	3. Carers report improvements in equitable access to transport
	4. Carers report access and eligibility are equitable across services for Carers
	5. Carers report they are supported by local community organisations working together to engage with and support Carers
<b>Partners</b>	OCC SCS & CYPF, OCC HR, OCC Adult Learning; Oxford City and District Councils, PCT, ORH, OBMH, Age Concern, Rethink Carer Support, Carers' Centres, JobcentrePlus, Carers Forum
<b>Planned actions</b>	1. Assess impact of this strategy across disadvantaged or diverse groups of carers and address any barriers to equality and impact on human rights.
	2. Ensure interpretation services are available and accessible for carers, and resources for translations, large print, etc. are targeted appropriately.
	3. Transport is in place to access relevant services and support for carers. Continue to develop joined-up links with transport planners and providers to ensure carers' needs are taken into account.
	4. Review and reduce barriers to access to services for carers who are most marginalised and vulnerable and ensure eligibility is transparent.
	5. Develop partnership working practices with local voluntary organisations, community and faith groups to support carers.

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## Appendix 1

### Glossary

A carer is someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty or addiction. The help they provide is not paid for as part of their employment. The care may be personal or emotional or supervision. They may or may not live with the person for whom they care.

The National Strategy proposes a new definition which is not yet set “A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems”. This will be fully reviewed

Parent Carers are carers with parental responsibility for disabled children under 18 years.

Young Carers are children and young people under 18 years with caring responsibilities for adults or siblings who have an illness, disability or health problem which they cannot manage alone. In Oxfordshire they are defined as children and young people under the age of 18 whose life is in some way restricted because of the need to take responsibility for the care of someone who is ill, has a disability, is experiencing mental distress, or is affected by substance misuse.(Carers UK 1998)

OCC Oxfordshire County Council

- S&CS (Social & Community Services) provides social care for older people and adults with learning or physical disabilities or mental health problems and their carers, with adult learning and cultural services such as libraries, the arts, the music service, museums and heritage & community development .
- CYP&F (Children, Young People & Families), includes social care for children and young people, including parent carers, young carers, and schools.

Oxfordshire PCT (Primary Care Trust) plans and provides local healthcare services in the community and funds hospital treatment. It works with GP practices, dentists, pharmacists and opticians & provides services such as district nursing, health visiting, school nursing, & specialist and therapy services. It works to improve health & wellbeing.

OBMH Trust Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

ORH NHS Trust (Oxford Radcliffe Hospitals NHS Trust), includes the John Radcliffe Hospital and the Churchill Hospital in Oxford and the Horton Hospital in Banbury.

LDPB Learning Disability Partnership Board

BME Black & Minority Ethnic

LINK A Local Involvement Network (LINK) is a network of local people and groups who have joined forces to improve health and social care services by listening to people's views. They're independent of the local council and the NHS and exist throughout England. The job of LINKs is to listen to the public and pass on what they find to the NHS and Social Services departments.

IPC the Institute of Public Care works to enhance the quality of services received by users of public services. Base at Oxford Brookes. Analysed Census data on carers.

## Appendix 2

### Carers' Views

Carers' views have been gathered through the following settings:

- Carers' consultations and feedback – ongoing
- Carers' Forum Network Discussions and consultations
- Carers' Centres ongoing involvement with carers known and not known to the Directorate
- Carers' Strategy Steering Group (quarterly) and annual workshops
- Directorate Meetings with Carers' Organisations
- Individual carer and carer organisation involvement in project and service development and review and care management teams
- Carers' Assessments
- Carers' champions meetings in OCC
- Carers' leads meetings in OCC
- Age Concern Conferences 2005 & 2006
- Mencap Breaking Point report on carers in Oxfordshire
- Learning Disability Partnership Board
- Older Persons health and social care panel
- Pilot Carers' Survey Social & Community Services 2008
- Black & Minority Ethnic Community Development Officers & Oxford Carers Centre work with carers from Black & Minority Ethnic Groups
- Mental Health Carers Reference Group
- Carers' Grant Root & Branch Review 2006
- *"Who Cares? OCC Scrutiny Report of Support for Adult Carers 2006"*
- Young Carers events
- Child Care Sufficiency Audit

## **Appendix 3**

This is a summary of the comments and themes from the consultation on Priorities from the Carers Strategy Workshop, 30 June 2008

### *Breaks for Carers*

#### **1) Flexibility**

- So break is appropriate to needs of the person cared for and in response to what the carer wants & needs. Has to be appropriate to be real respite for the carer. If limited shopping list, may end with an in appropriate break which of itself may well not provide respite for the carer...

#### **2) Information – awareness**

- How do we inform people of the wide variety of breaks provided countywide across voluntary and statutory sectors.

#### **3) Costs and Charging**

- Equity, confusing, clarity/local discretion (e.g. jump in fees suddenly from £63-£190) Need clarity about how charges are set, too much confusion.
- Respite should be free or reasonable

#### **4) Continuity**

- Consistency within caring (dignity/relationships)

#### **5) Prevention**

- Early intervention
- Voluntary/community sector
- GP practices

#### **Have Your Say**

- Information needs to be more widely available
- Access to up to date information of what is available –central point
- How can parents of children with challenging behaviour access this service?
- Make sure all break services are evaluated by carer & Cared for. This will increase the likelihood of increasing satisfaction.
- Is availability of breaks advertised well enough – clearly sign posted
- Look at costs of breaks for those who fail the means test. Failure to support in the community will ensure care crises.
- Sufficient number of breaks to support care continuing at home
- Balance/responsive to carers needs at different stages
- Can't break 'bed' times be shared/flexible (like in children's services)?
- Directory of Break providers and contacts
- Charging
- Ensure that planned residential breaks are booked with the same care home – continuity of care for carer/cared for important

- How well-trained are staff who give carer breaks at home?
- Do carer's assessments lead to carers' breaks being offered?
- Match respite care to cared for's needs if this is given in a residential setting
- Link up between children and adults service re resource allocation (How to manage Different eligibilities and pressures).

## Information & Communication

### 1) Identification of the carer by the carer

### 2) Media campaign – DVD, radio, TV and through Primary Care

### 3) Point of contact in the community i.e. health care professional, library, pharmacist, GP receptionist

### 4) Support workers with laptop and Wi Fi to use in homes

#### Have Your Say

- Simplify! No one organisation has access to all support available
- Central clear information and advice – what – where – who
- How to reach people not on internet – using websites etc? Through libraries – House bound service
- Information that is clear and is up to date
- Making it easier for people to get services
- Always being able to offer something to demonstrate this but public awareness low.
- Organise a campaign with local media to publicise services
- Better communication sharing of info between carers and professions in mental health.
- More publicity around services to help prevent crises.
- Being thrust into a caring role can cause stress and heartache in adjusting one's life. Information and communication is an ABSOLUTE MUST
- Access to simple legal advice – e.g. about separate savings, so that the carer's savings do not exceed the threshold for social care
- Whole system working is key to assessment process – keep it simple/clear for all carers.
- Translation services for Carers Centres – Funding – Accessibility – Consultation
- Publication of information – range of ways to promote what is available
- Two way – more from carers
- Doctors Surgeries FIRST POINT of carer Let's have a carers information service there
- Outreach to people with dementia and their carers in rural areas – how to reach them and make them aware of services available?
- Have a carer's 'phone in' to OCC once a week plus have translators
- Professionals should not think "this is not really my role" Find out whose role it is & provide assistance
- Can we help voluntary agencies have a better understanding to enable them to participate in tendering process so that they can possibly win contracts?
- Produce questionnaire to enable all carers to participate in feedback

- Ensure that services that 'home visit' for whatever reason – link – helps to find 'hidden' carers (use District Councils for this as well)
- Systems that talk to each other (Health & S & CS)

## Health and wellbeing

### **1) Identification of carers is key. Need interagency working (multi-organisational)** Special interest support group

### **2) How do we resource support to enable carers to access all the relevant support?**

- Specialist knowledge
- Practical Support
- Emotional Support
- Alleviate social isolation
- IT equipment

### **3) Yearly health checks with GP**

- Priority appointments schemes.

### **4) Transport to access relevant services and support**

- Strategic planners of transport.
- Set up a countywide group.
- LAA Target through Health and Wellbeing Partnership Board.

### **5) Access to right information at the right time**

- Specialist information about conditions
- What services available
- 24/7
- Well- informed call minders who are able to sign post
- Translation and accessible formats

### **Have Your Say**

- GPs to flag up Carers & be trained to recognise when a carer is struggling – working in partnership with Carers Centres and services instead of autonomy
- A conference for GPs re Carers & Services would be important and relevant – knowing time is important one GP from each group is better than none.
- Counselling support to be available for carers centre joined up service health 'refer vulnerable to patients to S& CS – not expect self referral
- Important that Carers receive support from earliest stage, to avoid damage to the health and wellbeing to carry out their commitment to care for they are the member who need s the care.
- More culturally specific facilities
- Make health care for carers a priority
- Persuade GPs and Health Professions to liaise and welcome. Carers Centres and other service to reach carers earlier.
- GP training Pilot site – can Oxon be a lead?

- Appropriate and continued physiotherapy for both carer and caree
- Have 'Health' days in major libraries – involve carers – smoking info – flu immunisations 'choices'. Books on prescription?
- Carers health checks to be offered annually

## Work, Study, training and leisure

- 1) Identify the need for replacement care** for study, work, training and leisure for 18 – 65 year olds
- 2) Create greater opportunities for employers to work together** to support working carers
- 3) Strengthen the links** between GP's, Carers Centres, CAB's and statutory agencies
- 4) Raising awareness and sharing good practice** (colleagues), Radio Oxford/Local Press/ Local Newsletters
- 5) Good quality advice and support for the self employed/those wanting to get back into work**

### Have Your Say

- Transition needs better joint working – access to services from 16 (reviews normally at 14 + are not useful for future transition)
- Publicise help to carers to return to work
- Requirement for flexible support options – low level to complex
- Supporting carers from children to young adults in education and leisure – make the transition straight forward
- Library Service – how can we support the learning potential of Young Carers? – Extended School time?
- Appropriate training for carers of people with dementia, Professionals etc and acknowledge their unique circumstances
- Joint training with carers, Health, S & CS and Voluntary groups
- 80% of companies have less than 20 people – this makes flexible working a real challenge.
- Invest in adult learning opportunities

## The Carers Voice

- 1) GP's to identify carers and signpost them –must be proactive**
- 2) Carers stories through media (record them)**
- 3) Broad publicity**
- 4) Involving carers in shaping carers' services (e.g. job interviews)**
- 5) Ensuring carers views are taken account of in individual peoples care**

## **Have Your Say**

- If a carer rings up the Access team re a matter for cared for person – the needs of the carer should also be taken into account
- Discussion Groups and Forums available in local areas – ground floor - not always by professional teams – Try to welcome these every day people
- Carers views should be taken into account when deciding a persons (the cared for) carers centre How many carers actually receive help? What would it cost to give the significant carers three hours a week respite?
- Give “permission” to carers to seek help.
- Statistical info made more readily available for voluntary sectors and carers! -media coverage.
- Greater representation of carers at events like these. – Bottom-up approval
- Services should be tailored by carers needs
- Representation is disproportionate and inappropriate – Please address and acknowledge.

## **Equality - Social Inclusion/Diversity, Gender, Rurality, carers with disabilities**

### **1) Research and equalities impact assessment of the strategy**

### **2) Information/communication and understanding e.g. print, translation targeting communities**

### **3) Equitable access to transport, new transport solutions – use of Direct Payments for carers transport cost?**

### **4) Ensure equal access and eligibility across all services for carers**

### **5) Agencies working together to engage with and support carers**

## **Have Your Say**

- BME community carers issues
- Need to know make up (more precise) of different groups and their needs
- Appropriate services for people with dementia and carers, acknowledging different cultural attitudes to dementia
- Support BME carers to “come out”
- Actively sensitive services for BME groups
- B or ME! Which group is Black? Which groups are minority ethnics?
- Rural services – issues re transport for day services, support groups and respite to support carers in their caring role.
- Housing departments to be part of this part of this partnership working for carers across Oxon
- Re Young Carers Film – please remove the word ‘Informal Carers’ they are ‘Family Carers’ and are experienced and become professionals in their caring commitment – especially young carers

## Priorities for Parent Carers and Breaks

### Parent Carers – Aim Higher for Disabled Children

#### **Priorities to be fed into development plans for breaks for parent carers.**

##### **1) Flexible**

- services
- parent led
- family focused
- person centred approach
- starting earlier

##### **2) Support**

- joined up holistic not silo'ed
- transition

##### **3) Advocates**

- owned by families but transparent

##### **4) Transparency**

- thresholds
- pathways
- processes
- what is available

##### **5) Workforce Development**

- using parents as trainers
- listening and sharing feedback
- trust professionals on side of families

#### **Have Your Say:**

##### **Short breaks**

- At home (in house) child care for Carers to take short breaks at home
- More short breaks
- Flexible short breaks
- Creative and joint thinking to provide flexible and suitable breaks

##### **Childcare**

- Trained Childminders Knowledgeable and confident to care for children with ASD/Challenging behaviour
- Specialist Childminders for 'Special Needs Children'
- Childcare providers trained and supported to provide suitable care ('Fair Access!')

Parent/carers participation in the development and delivery of services meant to support them

## Young Carers and Education

Priorities which will be used in the development of the Young Carers' Strategy:

**1) Identification of YCs** via schools/early years provision, youth support services and via health & social care staff supporting the cared-for person

**2) Improved sensitivity and responses to young carers in school** e.g. better whole school awareness; peer support/mentoring; designated staff member linked in to safeguarding teacher and pastoral teams; advocating and solving problems for YCs in school.

**3) Transition from primary to secondary:** YCs need targeted support to manage the practicalities and the emotional difficulties.

**4) Transition from school to young adulthood:** YCs need dedicated support to ensure that they can access education, training and employment and not become homeless, workless and vulnerable to mental illness, offending and substance misuse. We have no provision for this group at the present – Oxford YCP is hanging on to a few 16+s, the adult carers' projects do not reach out to this group and none are providing for young adults. A new Connexions post? We need the equivalent of a Pathway Plan.

**5) Dedicated activities and support services for YCs.**

'We need more Mich's!' with good links with schools.

### Have Your Say – Post-it note comments

- Huge variation in response or policy of schools in relation to Young Carers – a “lottery” situation
- Training for professionals in school recognising and dealing with Young Carers – Understanding issues Late Homework etc
- To ensure a smooth transition from children to young adults in terms of accessing educational opportunities
- A single point of contact in schools for Young Carers issues
- Counselling support to be available for Young carers
- Prompt recognition and action within the school for Young carers
- Time to prioritise learning – Support to be identified and followed through in training and education
- Earlier identification and Assessment required
- Kid's not knowing they are indeed carers – how to pick up – schools important role to play – great powerful film!
- Awareness raising to professionals, schools, colleges – Higher emphasis via Connexions Service for Young Carers
- Young Peoples scrutiny review hasn't indicated the level of support for YCs from the Carers Centres, who bring in 2-3 times the funds they receive from OCC
- Is anyone teaching Young Carers to cook

## Appendix 4

### National Policy and Local Strategies/policies

#### National Policy

Aspirations of independence, dignity and choice run across government policy.

**DH (Department of Health) (2006) The White Paper “Our Health, Our Care, Our Say: A New Direction for Community Services”** sets out the future direction for adult social care and carers & highlights: Independence, choice and control, wellbeing, prevention

#### **DH (1995) The Carers (Recognition and Services) Act**

Gives carers a right to an assessment of their needs and ability to continue caring. Applies to carers of all ages.

#### **DH (2000) Carers and Disabled Children Act**

Carers gain right to an assessment even if the cared for refuses assessment/services  
Enables Local Authorities to give Direct Payment for carers services

#### **DH (2004) Carers (Equal Opportunities) Act**

A major cultural shift in how carers are viewed, no longer only care providers but people in their own right with their own aspirations for work, study, training, leisure.

**DH Darzi (2008) Draft NHS Constitution** – for the first time in key NHS document carers are given prominence as partners in care

#### **Children Act 2004**

**Childcare Act 2006** sets out Local Authority duty to assess families’ needs for childcare

**Work & Families Act 2006** extends right to request flexible working to carers of adults.

**DH Commissioning Framework for Health and Well-being** focus on partnership  
promote health and wellbeing, prevent ill health, reduce health inequalities,

**DH (2007)The New Deal for Carers** announced by the White Paper set out 4 key developments: funding for Carers Emergency Short Term Support, Expert Carers Training, National Carers Information Helpline and a new National Carers Strategy and set up a Standing Commission on Carers..

**DH (2001) Valuing people** a new strategy for learning disability for the 21st century

**DH (2007) Valuing people now** consultation on implementation

**HM Government (2007) Putting People First** –social care reform programme key elements: prevention, early intervention, personally tailored services –self-directed support. A system-wide transformation aiming to promote independence, people being able to exercise choice and control over their own lives, and is now key to commissioning and development of services. This shift will mean future service development will be

directly influenced by the preferences of service users and their carers. **DH (2008) Transforming Social Care (LAC (DH) (2008)1** gives more information about how this will be achieved.

**Aiming High for Disabled Children: Better Support for Families (2007)** New package of support for severely disabled children and their families over 3 years including major investment in short breaks by 2010/11, pilot accessible childcare, Transition Support Programme, funding for parent carer forums.

**HM Government, (2008) National Carers Strategy “Carers at the heart of 21<sup>st</sup> Century families and communities. A caring system on your side, A life of your own”** sets out a package of £255m additional support for carers 08-11 and a 10 year vision for genuine equality and recognition for carers. It follows major consultation exercise with carers.

The Strategy commits £255million additional support for carers 2008-11 including:

- Information: Funding to give carers easy to access information about local services
- Breaks: £150m for planned, short breaks via Primary Care Trusts (in addition to the Carers Grant breaks funding and £370m for short breaks for families with disabled children)
- Income: Will review carers’ benefits as part of wider review
- Expanded NHS services Pilots for joined up service, to improve GP support and annual health checks for carers
- Employment: £38m for supporting carers to enter or re-enter job market
- Expanded JobCentre Plus support including care partnership managers
- Improved emotional support
- Young Carers £6m to help improve support to protect against inappropriate caring
- Caring with Confidence training programme for carers (previously expert carers)
- Workforce training to provide better services and support for carers
- Funding for 3<sup>rd</sup> sector services to extend their work to more carers
- Improved data about carers agree standard definition of carers across government.

**Attridge Law v Coleman 18/7/08** ECJ Case C –303/06 The European Court of Justice ruled that the laws which protect disabled people against discrimination in the workplace not only apply to the person themselves, but also by association to their carer, following a case by parent carer Sharon Coleman.

## **Children and Young People’s Bill**

**Wider legislative picture:** carers are increasingly being acknowledged

- The Disability Discrimination Act(s)
- National Service Frameworks
- The Delayed Discharges (Continuing Care) Directions 2004
- The Mental Capacity Act 2005
- All our Tomorrows: Inverting the Triangle of Care
- Dept. of Communities and Local Government (2006) Strong and Prosperous Communities: the Local Government White Paper
- DH Choosing Health: Public Health White Paper DH

## Local Strategies/Policies

- Draft Oxfordshire 2030 Strategy and Plan
- Oxfordshire Sustainable Communities Strategy
- The Local Area Agreement LAA2
- Day Services Strategy
- Mental Health Strategy 2007-12
- OBMH Trust Carers Strategy
- Young Carers Strategy 05-08 under revision
- Children and Young People's Plan
- Oxfordshire PCT Strategy 2007-13
- Oxfordshire PCT draft Race Equality Scheme
- Oxfordshire PCT draft Commissioning Strategy for End of Life Care
- Oxfordshire PCT draft Older People's Modernisation Agenda "Health & Care Services for Older People in Oxfordshire" 2008
- Supporting People Strategy
- Direct Payments and Individualised Budgets Strategy
- Safeguarding Adults Plan
- *Who Cares?* OCC Scrutiny Review of Support for Adult Carers 2006
- Oxfordshire Workforce Strategy
- OCC Working Carers Policy
- Delivering care across service boundaries (Whole Family Working)
- Joint Strategic Needs Assessment (JSNA) is the means by which the Primary Care Trust (PCT) and local authorities work together to understand the future health, care and well-being needs of their community
- Oxfordshire PCT 2008 An Assessment of Health Care Needs for Older People in Oxfordshire

## Appendix 5

### Gaps & Issues arising from national and local data & guidance

<p><b>Prevention &amp; Intensive services</b></p>	<ul style="list-style-type: none"> <li>• How can resources be allocated reasonably to enable further development of a range of early intervention and prevention services for all carers as well as intensive support for carers providing high levels of care?</li> <li>• In Oxfordshire, 75% of carers provide 1-19 hours of care per week, 9% 20-49 and 16% at least 50 hours, suggesting that low level, early support and prevention are key to support for at least ¾ of carers in Oxfordshire. Carers providing higher levels of care are at risk of inequalities, disadvantage in poor health, income, employment and education. However, carers' assessments look at the impact of the caring role on the carer: hours of care alone do not reflect the impact of the caring role on a particular carer which varies with their own circumstances.</li> <li>• Analysis of Census 2001 projects 56,000 carers in Oxfordshire by 2009 (likely to be an underestimate as many people do not identify themselves as carers). The Carers Centres are in touch with only approximately 10%. How can we increase the proportion of carers in touch with services.</li> <li>• Data about carers is limited. We need to improve/centralise data about carers in Oxfordshire in order to target services and best use of limited resources</li> <li>• The evidence base around outcomes for carers is limited (nationally and locally). In order to invest our limited resources in services which will make a real difference to carers, the evidence base needs to be improved.</li> </ul>
<p><b>Integrated services</b></p>	<ul style="list-style-type: none"> <li>• The Carers Strategy Steering Group needs to ensure its terms of reference and membership are fit for integrated, joined up support for carers.</li> <li>• We need to ensure joined-up support for carers is prioritised across partnerships such as around LAA2 target 135 and the Health and Wellbeing Partnership Board &amp; in service delivery.</li> </ul>
<p><b>Assessment</b></p>	<ul style="list-style-type: none"> <li>• Need to simplify access to assessment including self assessment and the appropriate level of service provision &amp; carer support.</li> <li>• Need to ensure capacity to meet requirements of Carers (Equal Opportunities) Act in relation to carers assessments in terms of numbers and outcomes</li> <li>• Need to "Think Family"</li> </ul>
<p><b>Breaks and personalised services</b></p>	<ul style="list-style-type: none"> <li>• Further develop information and access to flexible breaks, flexible carers services, direct payments and self-directed support</li> <li>• Target need</li> </ul>
<p><b>Information &amp; Communication</b></p>	<ul style="list-style-type: none"> <li>• Increase public awareness and carer identification/self-identification across agencies and engagement with services so carers have support</li> <li>• Improve timely information on services and how to access them</li> </ul>

<b>Health &amp; Wellbeing</b>	<ul style="list-style-type: none"> <li>• Increase early, pro-active carer identification and health/checks &amp; support by GPs/primary care/NHS/OBMH Trust, and links to Carers Centres and Rethink Carer Support.</li> <li>• As there is a strong correlation between disadvantage &amp; poor health, carers living in the most deprived areas of Oxfordshire within the top 10% deprived areas in the country need targeted support for their health and wellbeing &amp; financial/benefits advice.</li> <li>• Target support to vulnerable groups: carers providing 50 hours+ and long term carers, working carers providing high levels of care, young adult carers &amp; young carers, carers at the end of their caring roles, carers in areas of deprivation. 29% of older carers 65+ provide 50+ hours of care a week.</li> <li>• Protect young carers from inappropriate caring and ensure have support they need to learn, develop and thrive</li> </ul>
<b>Work, (and financial security, education, training, leisure</b>	<ul style="list-style-type: none"> <li>• 67% of carers in Oxfordshire 16-74 are economically active and 33% economically inactive.</li> <li>• Outreach to employers and business community to promote business case for support for working carers</li> <li>• Encourage identification of working carers –largest group of hidden carers</li> <li>• Publicise rights/support to working carers, flexible working, flexible services – target employees when first become carers, those providing 35+ hours weekly care, carers when they are about to start or return to or give up work, disadvantaged carers</li> <li>• Increase out of hours/weekend services to support working carers</li> <li>• Develop access to universal services to improve quality of life</li> <li>• Target financial/benefits advice to carers living in the most deprived areas, carers who give up work to care &amp; those heavy end who struggle financially, long term carers, older carers,</li> <li>• Support young adult carers in transition to adulthood.</li> </ul>
<b>Partners in care: the Carers Voice</b>	<ul style="list-style-type: none"> <li>• Increase the range of options for meaningful carer involvement in shaping services &amp; individual plans, identify and empower carers to participate.</li> <li>• Media campaigns to profile carers.</li> <li>• Increase work with BME and other diverse groups.</li> <li>• Work with community and faith organisations</li> </ul>
<b>Equality</b>	<ul style="list-style-type: none"> <li>• Over one fifth of Oxfordshire’s population are living in areas ranked within England’s worst 10% regarding distance to services. Seven areas of rural Oxfordshire ranked in the top 10% nationally on the proportion of people providing unpaid care. Review/improve transport and access to services.</li> <li>• Within Oxfordshire there are number of particularly vulnerable BME communities including: migrant workers, asylum seekers and refugees for whom English is not the first language, gypsies and travellers, detainees and the families of armed forces personnel. Numbers of older people from BME communities are increasing above the rate of the general population. Services need to outreach to these communities.</li> <li>• Ensure equity of support particularly to carers providing high levels of care and long term carers, &amp; from diverse backgrounds, &amp; move closer to communities to identify hidden carers.</li> </ul>

## Appendix 6

### Bibliography

- Cabinet Office (2008) Think Family, *Improving the Life Chances of Families at Risk*.
- Carers UK (2003) *Missed Opportunities*
- Carers UK (2004) *In Poor Health, the Impact of Caring on Health*
- Carers UK (2005) *Facts about Carers*
- Carers UK & University of Leeds (2007) *Valuing Carers*
- Carers UK & University of Leeds (Sue Yeandle) (2007) *Employment & Services Report Series (CES reports 1-6)*
- Carers Week Survey (2008) [www.carersweek.org.uk](http://www.carersweek.org.uk)
- CSCI (2005) *Report on Social Care in England*
- Coleman v. Attridge Law (2008) European Court of Justice Case C-303/06
- Dearden and Becker Young Carers and Young Adult Carers
- Dearden, C. & Becker, S. (2004) *Young Carers in the UK: The 2004 Report London: Carers UK*
- Department of Health (DH) (1999) *Caring About Carers*, the first National Carers Strategy
- DH (2006) "Our health, our care, our say" London
- DH (2008) *Transforming Social Care* LAC (DH) 2008
- DH (2008) *New Deal for Carers, Equalities Taskforce Report, Equalities and Caring*.
- Department of Work and Pensions (2006)
- Hirst, Michael, SPRU, U of York (1999) *The Risk of Informal Care: an incidence study*.
- Hirst, Michael, SPRU, U of York (2004) *Health Inequalities and Informal Care*.
- Hirst, Michael, SPRU, U of York (2004) *Hearts and Minds: the health effects of caring*
- HM Government (2007) *Putting People First: a shared vision and commitment to the transformation of Adult Social Care*
- HM Government (2008) "Carers at the heart of 21<sup>st</sup> Century Families and Communities", the National Carers Strategy For free copies, see [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk) and quote 286149/*Prime Minister's Strategy on Carers* or ring 0300 123 1002 or email [dh@prolog.uk.com](mailto:dh@prolog.uk.com)

HM Treasury & Dept for Education and Skills, (2007) *“Aiming Higher for Disabled Children: Better Support for Families”*

Institute of Public Care (2003) *Oxfordshire Population Needs Analysis: Unpaid Carers*

National Black Carers & Care Workers Network report (10/07) *Key Issues for Carers from Black & Minority Ethnic Carers*, submitted to DH

The NBCCWN March (2008) ‘Beyond We Care Too’. A national survey securing the views and aspirations of Black Carers across the country.

(ONS) Office of National Statistics (2001) Census

(ONS) Office of National Statistics (2006) Focus on Health

(ONS) Office of National Statistics (2007)

Princess Royal Trust for Carers (2004)

Reeves, S. and Barker, K (2005) *Identifying and Supporting Carers through the GP Surgery. What difference does it make?* Hertfordshire

TUC report (2004)

Yeandle, Sue (5/2008) *“Transforming Lives: time for a new social contract for care”* presentation Carers UK Conference: Carers in Communities

[www.oxoncarers.org.uk](http://www.oxoncarers.org.uk) Carers in Oxfordshire website

[www.carers.org](http://www.carers.org) Princess Royal Trust for Carers

[www.carersuk.org](http://www.carersuk.org) Carers UK

[www.carersuk.org/EmployersforCarers](http://www.carersuk.org/EmployersforCarers)

[www.carersweek.org.uk](http://www.carersweek.org.uk)

[www.directgov.org](http://www.directgov.org)

[www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk) to order copies of Department of Health publications

[www.oxfordshireobservatory.info/](http://www.oxfordshireobservatory.info/) For further information on Oxfordshire including populations, social statistics, visit the Oxfordshire Data Observatory

[www.oxfordshirepartnership.org.uk](http://www.oxfordshirepartnership.org.uk) Information on Oxfordshire Partnership, Sustainable Community Strategy, and LAA2

[www.partnersincare.co.uk](http://www.partnersincare.co.uk) The Princess Royal Trust for Carers and Royal College of Psychiatrists partnership: valuable resources on information sharing and confidentiality.

[www.statistics.gov.uk](http://www.statistics.gov.uk) information on the Census

## Appendix 7

### Principles of Good Practice agreed by the Carers Strategy Steering Group 2006

- To be able to recognize carers of all ages and signpost them to support
- To have a basic understanding of carers' issues
- To value and invest in their role as information providers
- To value carers as partners in care
- To respect carers as individuals with a right to a life outside caring
- To ensure carers have a voice in relation to their own situations
- To ensure carers special needs are taken into account.
- To recognize and value carers from different ethnic groups.
- To safeguard children by working towards the prevention of children undertaking inappropriate care of any family member
- To develop a whole family approach to ensure that assessment takes into account the needs of all family members.

اشكال بديلة لهذا المنشور موجودة حسب الطلب. هذه تشمل لغات مختلفة و الطبعة البارزة وطريقة بريل و اشرطة كاست و اقراص الحاسوب او البريد الالكتروني.  
Arabic

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Chinese

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Hindi

“ਇਹ ਪੁਸਤਕ ਬੇਨਤੀ ਕਰਨ ਤੇ ਹੋਰ ਟੂਪਾਂ ਵਿਚ ਵੀ ਉਪਲਬਧ ਹੈ। ਜਿਵੇਂ ਕਿ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਛਾਪੇ ਤੇ, ਬ੍ਰੇਲ ਵਿਚ, ਸੁਣਨ ਵਾਲੀ ਟੇਪ ਤੇ, ਕੰਪਿਊਟਰ ਡਿਸਕ ਜਾਂ ਈ ਮੇਲ ਤੇ।”  
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