

Carers Strategy 2016 – 2021

(strategy refresh 2018)

What is the role of the strategy:-

1. The Strategy influences decision making, policy making and strategic commissioning by the Clinical Commissioning Groups, Suffolk County Council and other stakeholders who provide services for carers. It is a countywide strategy and is a way to influence what happens and a mechanism to hold people to account.

Key Priorities and outcomes :-

2. Priority 1 - All Unpaid Carers are treated with dignity and respect and are recognised as expert care partners – the Family Carers Partnership Board will give them real opportunities to be involved and to influence the planning, development and delivery, of support in their communities.

Outcome:

- Carers have a direct influence on the design and development of support for themselves

Carers in the community are everybody's business and stakeholders recognise them and support them (A stakeholder is anyone {person, group or organisation} with an interest in Carers)

3. Priority 2 - Unpaid Carers have the right to expect an integrated response to their needs. With access to a full range of information and support that is relevant, appropriate and accessible to assist them in making choices and taking control of their own lives.

Outcome:

- Conversations with carers will establish what is working well and carers will be supported to make choices and work with their friends and family to develop their own support solutions
- Staff across all organisations are aware of family carers and their associated needs and Carer Awareness Training is integral to staff training / development
- Carers are everyone's business throughout the public, private and Voluntary sector and within the community

4. Priority 3 - Unpaid Carers are confident that monitoring and evaluation inform the commissioning of future services.

Outcome:

- Carers are engaged in the design of services and in the evaluation of their effectiveness

5. Priority 4 - Unpaid Carers are supported to make choices and access opportunities which promote their own health and wellbeing, including opportunities to access advice, information and support to maintain or return to learning, employment and/ or leisure activities.

Outcome:

- Agencies work together with carers family and friends to effectively support, direct and provide carers with the opportunities they need
- This will also happen during the time spent adjusting to the loss of the person they have cared for, through either bereavement or the access of full-time residential care
- The Family Carers Partnership Board will encourage organisations to promote (and maintain with up to date information) their services on Infolink and other appropriate portals and places so that the information carers require is available and accessible to them

6. Priority 5 - Unpaid Carers have the opportunity to plan their support including breaks, with support if required, and to plan for and arrange replacement care should they experience an emergency or crisis.

Outcome:

- Carers are included as part of an integrated approach to holistic, whole family assessment of support needs
- Carers are able to have standalone assessments should they prefer
- It is recognised that a conflict of interest can exist between the carer and the person they care for. Support solutions will be based on the Care Act principle of health and wellbeing
- Carers are encouraged to think creatively about their lives, make best use of their strengths and decide what would best support them in their caring role

7. Priority 6 - Young Carers and Young Adult Carers will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods. (This is further outlined in the Young Carers and Young Adult Carers Strategy 2015-2018)

Outcome:

- The Suffolk Carers Strategy is a strategy for all ages and will include young carers and young adult carers
- Young carers and young adult carers will be supported to access adult carers services at an appropriate point either transitioning between services or direct access into services as appropriate. To comply with the Care Act this will be at a point appropriate for each individual between 14 and 24 years of age.

8. Priority 7 – Unpaid Carers are an important part of a connected family / friend / neighbour support unit. A whole family holistic approach should be a strategic priority that will support this unit and ensure that the support needs of carers are not lost within it.

Outcome:

- An integrated approach to understanding and responding to the needs of carers and the cared for is developed across the statutory and community sectors – incorporating the statutory rights of carers under the Care Act

Creating a new strategy to run from April 2016

9. The Care Act mainstreams carers and embeds them throughout the reformed system. Within the Care Act, prevention is placed within the context of personalisation and community resilience. It recognises the role that family, friends and the community can provide and in recognising the needs of carers extends its duty to preventing or reducing the needs of carers.
10. In delivering our carers strategy we will work in partnership with carers, a range of statutory, independent and voluntary sector partners. In the current climate we have a responsibility to be as efficient as we can in optimising value for money. We can do this by being efficient, reducing duplication, maximising the potential of the internet, pooling resources and making the most of our informal assets such as the carers in our community who are already experts.
11. Where do we need to get to over the lifetime of this strategy:-
 - Identification – supporting more Carers in recognising their caring role alongside their identity of parent, son, daughter, partner or friend. Recognising the role of Carer will enable people to create a focus on their needs to support them to be a Carer
 - Personalisation – recognising that family and community support available to people and the support needs they have are different and whilst some Carers are able to identify and get the support they need for themselves other Carers will need more in-depth help which may include advocacy
 - Prevention – giving Carers early advice and information about how to manage their health and wellbeing and helping them to plan ahead
 - Independence – building Carers' capacity to access and use information to manage their own care and support and to maintain or access education, employment and training
 - Connected – information and advice provision from different agencies is connected and Carers can access support easily without being passed from agency to agency
 - Wellbeing - this is a broad concept. From the Care Act this can be interpreted as promoting and enabling Carers to have time to pursue their own interests. This could include breaks and connections to others (friends etc,) outside of their Caring role through arts and leisure activities

Progress and Achievements

12. The key role of the Board is to ensure its membership is reviewed and reflective of communities of unpaid carers across Suffolk. The Board will report regularly to the Health and Wellbeing Board in line with its' reporting structure and keep track of and drive the progress being made to achieve the goals of this strategy.

Milestones

13. May 2016 – Pilot of project to support bereaved Carers or those whose person they care for is now in a residential setting

June 2016 – Co-designed and co-produced Carer's Breaks outcome

July 2016 – To evaluate whether the needs of young Carers and young adult Carers are being identified through the assessment process and whether transitioning between services is a gradual and supported activity

January 2017 – Develop clear focus for Carers in the Integrated Neighbourhood Team and Community Resilience development work as part of the Connect implementation pan-Suffolk

March 2017 – End of year review of Carers experience

Definition

14. 'A carer spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'. (Commissioning for Carers – ADASS et al 2009)

Carers are as diverse as society itself, they can be any age and come from any cultural background. Many carers are invisible to the health and social care system. Many do not define themselves as carers (many do not like the label) and prefer their identity of parents, sons, daughters, partners or friends.