

## Carers Strategy 2009 - 2012

Carers at the heart of 21<sup>st</sup> century families  
and communities - supporting us all



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## Acknowledgements

This strategy is the outcome of work by a very wide range of individuals and organisations, all sharing the common experience of either being a carer or working closely with carers and often having experience and knowledge of both of these roles. Many organisations, particularly Carers' Organisations, Making Space, Crossroads, Age Concern, CADAS, Mencap, Mind and Alheimers Society have all been active in developing this strategy, informed by carers themselves. We are very thankful for the contributions of all these people, alongside those of partners in the statutory services who work alongside carers every day.

# Background

This new Carers Strategy has been the result of reviewing the current support for Carers in Cumbria and the partnership work with Carers organisations here. The process has included consultation with key partner organisations, working with them to gather the views and experience of carers themselves, both individually, in groups, through newsletters and their various forums. Members of the county Carers Strategy Steering Group link to a range of support groups and meetings that helped to inform the strategy about carers' views, their needs and hopes for the future.

A series of different events were held around the county, reflecting local carers networks as well as a countywide stakeholder session. These have engaged with a wide range of organisations and individuals to help create a strategy for the future.

# Context

The Cumbria Carers Strategy 2009 is an extension and development of previous strategies going back to 2001. Local authority strategies have in part been designed to reflect the aims of the National Carers Strategy, and relevant Carers' legislation. The new Cumbria Carers Strategy will build upon existing work and support for carers as well as reflecting the outcome of recent consultation with carers and the new National Strategy produced and launched last year (2008).

Work with carers is one of the main social care areas of work that crosses all groups, ages and abilities. The importance of caring is fundamental to families, communities and society. Any changes to demography, the structure of communities or to the overall values of society impact upon carers and the expectations of the caring role. The role of carers is seen as "normal" in families, based on personal relationships and a wide set of expectations and duties, but it may also be unplanned and significant in changing individual circumstances and lifestyle.

The review of the existing strategy and development of this new strategy is in the context of a number of critical developments and changes. The strategy should be viewed alongside the Independence, Well-being and Choice, Independent Living Strategy, the social care reform programme set out in Putting People First, the long-term reform of the care and support system, NHS reforms, reforms within Children's Services and benefits reforms.

The Carers Grant was a targeted fund primarily aimed at short breaks and other services for carers. Confirmation at a national level that funding will continue for carers and be increased through partners such as the PCT has been a positive development.

# What are our values?

## Cumbria County Council is all about 'Building pride in Cumbria'

The county council's six core values are:

1. **Caring about what we do and caring about each other**
2. **Respecting and valuing each other**
3. **Celebrating our heritage and culture**
4. **Improving through learning**
5. **Acknowledging and respecting our diversity**
6. **Recognising our successes and inspiring others**

(Source Cumbria County Council Plan 'Building pride in Cumbria')

"Caring about each other" is clearly a basic value of the council and underpins the more specific actions taken to support those providing most care to their relatives or friends.



# Our vision for carers, national and local

The national strategy for carers is titled:

## **Carers at the heart of 21<sup>st</sup> –century families and communities “A caring system on your side, a life of your own”**

Nationally, the vision in the strategy is that by 2018 carers will be recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen. This vision is shared by central and local government, the voluntary sector and by carers themselves.

Our vision for carers in Cumbria is built on the following overall vision statement produced by carers and still supported by carers in Cumbria:

***“Carers in Cumbria envisage a future where their caring role is recognised, valued and appreciated; they are seen as partners in planning care for their loved ones; and are supported and provided with services that will deliver quality of life for themselves and the people for whom they care.***

***The achievement of this vision will see carers willingly undertake a caring role confident that they will be supported to remain healthy and happy.”***

## Carers in Cumbria

Cumbria County Council is committed to supporting carers and recognises that most care in the community takes place through family, friends and neighbours. The following section clarifies areas of support and development for work with carers in Cumbria.



# Carer needs

## Information and access

Providing good information to carers is a key starting point to supporting carers well. This is already done through key routes, such as newsletters to known carers and carers' packs for newly identified carers. National Carers' Strategy proposals will mean there is a Helpline for Carers, linking to local information sources (see above).

When providing information, key issues identified have been:

- information about charges for some services needs to include links to good benefits advice.
- information leaflets can be too generalised.
- keeping internet based information up to date.

### Examples of what we have achieved for carers so far:

- Training in carers awareness across agencies and organisations.
- Information in a wide range of health settings, now including all general hospitals in Cumbria.
- Close partnership work and regular newsletters to over 3000 carers.

### What are we planning to do in future?

- Develop an information strategy with Cumbria NHS Primary Care Teaching Trust to provide quality information for carers at GP practices.
- Strengthen Customer Services knowledge of local services for carers in all agencies including Primary Care.
- Ensure consistent signposting to partner organisations and aim to provide broader benefit advice.

## Finances and charges

In Cumbria, carers could be financially assessed and possibly charged for some carer services. This often puts carers off even finishing being assessed. A new policy with a practice and procedural guide is required.

The overall issue of charging needs to link to the new "personalisation" agenda and to the Carers Resource Allocation System as this is developed.

### Examples of what we have achieved for carers so far:

- Provided a range of carers services that are free to carers.
- Raised the profile of carers and agreed a change to the Cumbria charging policy, through Cabinet.
- Identified funds for individual one-off payments for carers, being administered through a panel of carers' organisations.

### What are we planning to do in future?

- Provide brokerage advice and good financial advice to carers to ensure well-informed decisions regarding employment changes.
- Work across agencies and services to further understand and develop Direct Payments and Individualised Budgets for carers.
- Ensure the impact of individual budgets on carers is monitored and that lessons from national research are applied.

### Breaks for carers

Carers need some time away from their caring role, whether to spend time on their own, visit friends or family or get away from their normal environment and daily routines with a break from the person they care for. All carers need to be supported to access breaks from their caring role, appropriate to their individual needs, interests and degree of caring responsibility.

This is of crucial importance for those new to the role, for young carers, for those caring for people with dementia and those routinely having sleep disrupted (many carers!).

#### What do carers want?

- Regular breaks service – something to look forward to, say each week or month.
- A variety of types of support available to give a break, including examples such as teams of volunteers developed and managed to give befriending/sitting type services.
- Other specialist support through funding, such as counselling or specific therapies.

#### Examples of what we have achieved for carers so far:

- Provided a mixture of opportunities and breaks for the cared for person.
- Adult Placement scheme provides short-term and long-term support to allow carers to access breaks.
- Produced a business case to access PCT funding to create greater access to breaks for more carers (new funding issue).

#### What we are planning to do in future?

- Use best practice examples to improve access to sitting and befriending services to provide peace of mind when carers are away from the home.
- Develop opportunities for families to access breaks away from their day-to-day environment
- Link to cultural and other services to widen the types of breaks available and develop concessions for carers.
- Link short break provision to the offer of a health check.



## Emergency breaks

There is national guidance on the use of funds to provide support for carers in emergencies. The purpose of this support is well summarised as follows:

“There is considerable evidence that one of the factors that limited carers’ freedom to have any life of their own was the worry about what would happen if they became ill or if they were involved in an accident. Many carers have told Carers UK they did not take unnecessary journeys and frequently missed out on attending family events because of the worry of not being able to get home on time, or of being caught up in an accident. They were worried that there would be no one to look after the person they cared for.

The policy intention therefore is that short-term, home-based, emergency cover is established in each council to provide support in crisis or emergency situations. The outcome of the initiative is to provide reassurance and confidence for the carer, that should anything happen to them to prevent them providing care at very short notice, then arrangements have been made such that alternative care can be put in place, wherever possible in the cared for person’s normal home to cover the period or to provide sufficient time to make alternative arrangements.”  
(DoH, *Guidance to LAs on use of funding*, 1<sup>st</sup> October 2007)

### Examples of what we have achieved for carers so far:

- Contracted with carers organisations to undertake contingency planning with known carers.
- Contracted with central call response centre for carers to contact in emergencies. This centre will hold their contingency plans and follow up any calls to them.
- Provided funds to pay for breaks for carers in emergency situations.

### What are we planning to do in future?

- Extend and publicise the Emergency scheme.
- Implementing a ‘Carers Card’ as part of this overall support service.
- In partnership consider the development of an emergency access and information scheme to **all** carers over 18.



### Emotional support

Carers can feel isolated and cut-off from their community and day-to-day life in general. They may feel they have no one to turn to and this can add to the stress of regularly caring for someone.

#### Examples of what we have achieved for carers so far:

- Carers' Support Workers and Family Support Workers provide time to listen with carers and help identify their needs.
- Carers' Support Groups.
- Specialist support for carers, such as through CADAS and Mencap.

#### What are we planning to do in future?

- Increase support to carers dealing with end of life care (link to that new strategy).
- Increase support to carers of those with dementia and link to new (national) dementia strategy.
- Review current support groups and seek to develop and strengthen their role and ensure one-to-one support for carers where preferred/needed.



## Employment and learning

Employers need a flexible, trained and increasingly technologically skilled workforce. Achieving a balance between work and home life has become a priority for many employees in a complex, time-pressured world. Carers who are also employees need to balance multiple responsibilities inside and outside the workplace. Businesses and other employers such as councils, health trusts and third sector organisations can all help to maintain their efficiency and development by supporting carers and retaining their skills.

### The business case for supporting carers

Currently, more than 3 million people – one in seven of the workforce – juggle the responsibilities of caring and paid employment. Given the stresses and strains that can result, it is unsurprising that one in five carers gives up work to care full time. Many of these employees are an organisation's most valuable asset, the 45-64 year-olds at the peak of their careers. With fewer young people entering the labour market, organisations need to retain their existing staff, especially in social care and health sectors at a time when the demand for services is growing. By recognising the special needs of carers, employers can hold on to their experienced staff, and avoid the costs of recruiting and training new employees.

Major and smaller organisations that have introduced flexible working and special leave arrangements for carers have judged them a success. Changes in legislation in recent years have reinforced the need to approach employees in this way, and during the present harsh employment environment the above benefits may be even more crucial. (ref: *Action for Carers and Employment (ACE) National, 2007*)

### Examples of what we have achieved for carers so far:

- The national strategy has funded Job Centre Plus to help support carers more effectively.
- Scrutiny panel has overseen a review of work with carers including an investigation of how many councillors are themselves carers.
- Training managers about carer issues (as employers), 2 sessions planned annually.

### What can we do more of in future?

- Employ specialist officer to work with carers in partnership with strategy steering group.
- Target key employers in Cumbria and engage them in identifying hidden carers and supporting working carers.
- Work with regional Project Officer (working on contract to Government Office within the Joint Improvement Partnership) to plan support for future years.



### Former carers

There are many benefits from maintaining contact with former carers:

- To continue existing social networks and effectively maintain mental health and well-being.
- To assist in dealing with changes of circumstance.
- To reduce isolation and thus maintain mental health, including helping to limit depression.
- To provide an experienced group of people who understand the caring role, such as for staff induction, training or volunteering.

### Changes to level of care/support

There may be a need to support carers through changes when the number of hours spent caring drops significantly or tasks change to less physically demanding ones. This may include carers of people in a residential care/nursing home setting as this often entails a whole new approach to providing care, and in this circumstance 'former' carer may not be an accurate description.

### Examples of what we have achieved for carers so far:

- Individuals have been supported within carers' organisations and by Adult Social Care teams.
- Carers have been supported emotionally and practically to maintain contact with people in care homes.

### What are we planning for the future?

- Extend the policy to all carer organisations in Cumbria.
- Develop 'Moving on' schemes and link to befriending services.
- Identify specific support to carers as part of the end of life strategy.

### Health and well-being

There is strong evidence that shows that whilst caring is often a positive and uplifting experience generally, it can have a negative impact on a person's health and well-being, both physically and mentally. Mentally, this can be through isolation, carers tending to put their own needs second, tiredness, worry and not getting regular sleep. Physically this can be through back problems from lifting, general health problems from stress and anxiety, and illnesses associated with poverty where employment and income have been disrupted by the caring role. Typically, many carers don't see their own health needs as a priority.

### Examples of what we have achieved for carers so far:

- We have provided therapies and counselling sessions to provide support and improve carers' ability to cope with stress.
- Carers support workers with time to support carers.
- Worked with GP practices and health professionals in targeting support to carers.

### What are we planning to do in future?

- Consider providing an annual health check for carers.
- Work with health professionals on the options of prioritising carers at health appointments and home visits.
- Represent carers in the current review of discharge planning.

### Training for carers and people working with carers

The contribution carers make is huge, but it is a role that is often taken on suddenly and without preparation, leaving carers to struggle with the vital responsibilities that they have assumed. In recognition of this, Government has established 'Caring with Confidence' as part of the national strategy.

#### **Caring with Confidence**

This national training programme will provide training to carers, empowering and enabling them. It will inform them of their rights; the services available to them; develop their advocacy skills and their ability to network with other carers to support their needs. Government, working with many partners, developed a comprehensive model for training carers. Its delivery is available on a face-to-face or distance learning basis.

In December 2007, the Department of Health awarded a contract to a consortium comprising the Princess Royal Trust for Carers, Carers UK, Crossroads UK, Partners in Policymaking and the Expert Patient Programme, to lead the delivery and continuing development of 'Caring with Confidence'.

The first face-to-face training for carers is now in place and the distance learning version from December 2008.

#### **Examples of what we have achieved for carers so far:**

Training offered:

- Moving and handling on a one to one basis in the home.
- Stress awareness and relaxation techniques.
- Support to access basic literacy and numeracy skills.
- Support to access driving lessons.

This has helped to:

- Reduce the risk of back problems.
- Increase confidence.
- Increase self esteem.
- Increase job/employment prospects.
- Increase emotional well-being.

Social work students are taking up placements in carers organisations, to the long term benefit of the service for carers and the people they care for.

#### **What are we planning to do in future?**

- Support carers of all ages to access training and educational opportunities, including those with their first opportunity to seek employment.
- Make training about carers mandatory for key staff in partner organisations, to include hospital discharge staff.
- Explore the possibility of extending specialist training based on that provided to care homes by CHES project for carers.

## The National Carers' Strategy and Resources

The first national strategy, 'Caring for Carers' originally set the scene and the intention to develop support and services for carers. It was launched in February 1999 and clarified what is expected of health, social care, housing agencies, education and employers in relation to carers.

The strategy required local authorities to provide flexible services to carers. It required local authorities to promote carers services and involve carers in planning services. It suggested ways to identify children who are carers in order to support them with their education and general development.



The New Deal for Carers was aimed at improving support for carers through a range of new measures. The Department of Health produced the following key commitments:

- Updating and extending the Prime Minister's 1999 strategy for carers.
- Establishing an information service/helpline for carers.
- Ensuring that short-term, home based breaks support to carers in crisis or emergency situations is established in each council area.
- Allocating specific funding for the creation of an expert carers programme, which will provide training for carers to develop the skills they need to take greater control over their own health, and the health of those in their care.



## New Carers' Strategy Resources

**An additional £255m was committed from 2008-11, in addition to £22 million already committed, as follows:**

### Information and advice

Providing every carer with the opportunity to access comprehensive information when they need to. The information will be easily accessible for all groups of carers, and specific to their locality.

### New break provision

£150 million provided in a flexible way, via PCTs, which meets the personal needs of carers and the people they support.

Pilots (£4m) will help to develop models of break provision that demonstrate the cost-effectiveness of breaks and help identify what constitutes high-quality provision based on carers' needs.

### Expanded NHS services

- Pilots to look at how the NHS can better support carers in their caring role through developing models of best practice and enabling more joined-up service provision between the NHS, local authorities and the third sector.
- Pilots to improve the support offered by GPs for carers.
- Piloting annual health checks for carers.

### Long term intentions

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; and
- 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.

#### The Executive Summary says:

“The needs of carers must, over the next 10 years, be elevated to the centre of family policy and receive the recognition and status they deserve.”

Services will need to put carers in control, recognising that it is “carers who are best placed to articulate their own aspirations”.

## Carers in our community

- One in eight adults are carers at any one time, around six million people in the UK, and another 2 million have recently finished a caring role.
- There are at least 175,000 young carers in the UK.
- The majority of carers (around 80%) are of working age and over 3 million people juggle care with work.
- 1.25 million people provide over 50 hours of care per week.
- 58% of carers are women and 42% are men.
- Population changes mean that in 20 years time there will be about 50% more carers, about 9 million people.
- National Census 2001 figures show there are over 50,000 carers in Cumbria at any one time, with 10,667 caring for over 50 hours per week.
- It can be seen that over 10% of the Cumbrian population identify themselves as carers and over 2% at the highest levels in hours of care provided.



# Legislation and carers

## Definition of carers

Cumbria's working definition has been:

Carers are people who help look after others, providing care or essential support to people who are unable to do everything for themselves. Carers may be relatives of the person for whom they care or they might be a friend or neighbour. They may or may not live with the person they help look after. The amount of support a carer provides will vary and they will not be paid for the care they provide.

The new national strategy working definition is:

**“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.”**

## Work and Families Act (2006)

This more recent act has extended the equality agenda for carers and:

- gives carers the right to request 'flexible working' ('flexible working' could be anything from altering arrival and leaving times, to having access to a phone, or getting emergency paid leave);
- defines carers as: 'an adult who they are married to, or who is their partner or civil partner; someone who is a close relative (including parent, parent-in-law, child, siblings, uncles, aunts, grandparents and step-relatives);
- or someone who falls into neither category but lives at the same address as the carer.

# Outcomes and Action Plan 2009

The five outcomes for carers from the National Carers strategy should be reflected in the plan for Cumbria. This recognises that Carers should be:

- Supported to be mentally and physically well and are treated with dignity;
- Not in financial hardship because of their caring role;
- Enjoying a life outside caring, including employment, education, leisure, social life;
- Recognised & supported as expert care partner; and
- Children are protected from harmful caring roles and are thriving.

## Evidence for outcomes

We need to be clear about what is the outcome to be achieved for a carer (and why we want this).

For example:

- **Outcome** - we would like to help more carers feel confident and able to leave their home and have the peace of mind to take a break from caring.
- **Why?** So that carers are not isolated and have the opportunity to be more independent and involved in all normal aspects of life. This fits in with Council Plan themes of improving health and well being for adults and improving council services.
- **How is the outcome to be achieved?** By providing an emergency response service that is accessible to carers and holds a ready prepared and personal contingency plan that can be activated at short notice.
- **What has been accomplished?** The first 350 plans have been prepared and set up ready for use and as a result these carers are enjoying a range of different opportunities outside the caring situation.

## What works best for carers?

In relation to carers, researchers have found that conducting face-to-face interviews with carers at home was the best method of gathering information. There can be difficulty recruiting people to discussion groups, not least because of the practicalities for those carers providing most care.

Carers have not been found to be completely opposed to written questionnaires as long as the questions are relevant, the overall length short and suitable provision is made for those who cannot complete the questionnaires. Outcomes for carers are outlined under two sections, those of "Quality of Life for Carers" and "Process Outcomes for Carers" which relate to the way services were delivered.

## Outcomes and Action Plan 2009 continued...

The following areas were identified as 'Quality of Life' outcomes:

- Freedom to have a life of your own.
- Maintaining health and well-being.
- Preventing social isolation.
- Peace of mind. This related to confidence about the safety and security of the cared for person when the carer could not be present.

The following were identified as 'Process Outcomes':

- A sense of shared responsibility, where services offer recognition and support to the carer in their caring role.
- Carers having a 'say' in the timing and nature of services.
- Confidence in services, including reliability and competence.

Consultation with carers throughout this process has shown that the outcomes carers want have not changed greatly in ten years, although recognition of the role is becoming better understood both generally in the community and by carers themselves.

Carers still see reliable services for the person they care for as a priority and these services need to recognise the carer's role and expertise.

Outcomes that help maintain the health of carers, both physical and mental, are a further priority and the strategy we are developing should benefit significantly from further input from primary health support and funding.

### **Actions to achieve the outcomes carers want**

The following summary of our action plan helps record key areas for work with carers, based on the needs identified above. This plan will be a main focus for the countywide, multi-agency steering group that helps monitor and progress services to support carers.

# Carers Strategy Action Plan Summary 2009

Ref.	Title	Action Required	Process and Key Partners	Lead person / Organisation	Timescale
1.1	Information through GP Practices	Provide quality information for carers at GP practices	Identify best practice areas with Carers Orgs as key partners	Public Info. Manager	April 2010
1.2	Understanding of carer issues	To inform senior managers about carers needs	Identify key managers and update	County Managers Heads of Service	Ongoing inc 2009
1.3	Primary Care information	Strengthen Customer Services knowledge	Identify training needs and link to all primary care settings	County/locality Managers	April 2011
2.1	Employment advice	To arrange advice for carers re employment issues and changes	Specialist workers for referrals and working with DWP	Carlisle Carers; DWP; Steering Group	April 2010
2.2	Direct Payments and Individual Budgets	Work with agencies to develop Direct Payments and Individualised Budgets for carers	Develop carers RAS and processes. InControl team +	County Manager, Carers Leads	Oct 2010
2.3	Individual Budgets	Monitor impact of individual budgets on carers	Develop Carers RAS and monitor, link to research	County Manager, ASC	April 2010
2.4	Charging Policy	Implement changes to charging policy from CCC scrutiny panel	Policy change implemented from due date via service teams	Scrutiny group County leads	May/June 2009
3.1.1	Sitting and befriending services	Improve access to sitting and befriending services	Widen access to these types of services with funding from PCT	PCT Lead Manager SLCA	April 2010

## Carers Strategy Action Plan Summary 2009 continued...

Ref.	Title	Action Required	Process and Key Partners	Lead person / Organisation	Timescale
3.1.2	Volunteering to support carers	Extend development of trained volunteers to support short breaks for carers	Existing model countywide, expand with funding from PCT	PCT Lead Manager SLCA	April 2010
3.1.3	Help carers with impact of caring	Develop more alternative breaks to reduce stress and ill health for carers	Explore possibilities through primary care, ASC and Carers Orgs	PCT, Carers Organisations	April 2010
3.2.1	Carers Cards	Implement a "Carers Card"	Card issued as part of contingency planning	Carers' Leads	August 2009
3.2.2	National Helpline Links	Extend new emergency service and link to national helpline	Ensure that National Helpline have accurate information	Public Info. Manager	Sept 2009
4.1	End of Life Care	Increase support to carers	Train staff to enable best support	Health / Carers Orgs	April 2010
4.2	Dementia Strategy	Provide well-informed support to carers of people with Dementia	Carers represented through 4 workstreams	Dev. Managers Alz Society; Carers Orgs	Sept 2009
4.3	Support Groups	Develop current support groups and identify one-to-one support preferences	Info. gathering on supports models and best practice	Carers orgs CADAS	April 2010
4.4	Counselling / Emotional Support	Develop professional counselling with Health Services	Strengthening of partnership PCT / ASC / Mental Health Trust	Trusts / ASC with Carers Orgs	April 2010
5.1	DWP and Pension Support for Carers	Identify local DWP spending planning and work with Job Centre Plus	Two staff in place as link employment workers	Carers Orgs ASC	April 2010

## Carers Strategy Action Plan Summary 2009 continued...

Ref.	Title	Action Required	Process and Key Partners	Lead person / Organisation	Timescale
5.2	Support Carers in the Work Place	Employ specialist officer to work with carers in partnership with steering group	Two staff in place as link employment workers	Carers Orgs ASC	Aug 2009
5.3	Carer Friendly employment policies	Develop carer specific HR policies through CCC/PCT	Identify existing carer friendly employment policies and promote through CCC / PCT	CCC HR and Scrutiny Group	August 2009
5.4	Commissioning Policy	Review contract options to encourage positive approach to carers by provider orgs	Providers and commissioners. Care Sector Allowance.	ASC Contracts Team	April 2011
5.5	Major Employers	Target four major employers in Cumbria and engage them in supporting working carers	Promote policy through CCC, PCT, BNFL Univ. Cumbria	Carers Orgs Carers Lead	April 2010
6.1	Health Checks	Explore possibility of providing an annual health check for carers	Develop an agreed policy that is supported by GP's / PCT PEC	Lead PCT Carers Manager	April 2010
6.2	GP Practice link workers	Employ additional CSW's to link with Health care staff and support Carers with services	Implement the referral process and link to carers' cards.	PCT rep Carers Orgs	April 2010
6.3	Discharge Planning Review	Represent Carers in review of discharge planning	Planning with PCT to produce an Info pack describing process	Health PCT rep Carers Orgs	Sept 2010
7.1	Policy for former Carers	Ensure a policy exists in all carer organisations	Write and agree policy / implement	Eden Carers and ASC	Sept 2009

Ref.	Title	Action Required	Process and Key Partners	Lead person / Organisation	Timescale
7.2	"Moving on" schemes	Develop "Moving on" schemes and link to befriending services	Bid for support to provide resources for structured training	Eden Carers, MIND	August 2009
8.1	Access to Training and Education	Support carers to access training, education and employment opportunities	Employment support workers to engage carers in opportunities	Carers organisations	April 2010
8.2	Staff Training 1	Make training about carers mandatory for key staff	Finalise sign-off for mandatory training in ASC, PCT to follow	Carers Lead, ASC PCT Carers rep	April 2010
8.3	Staff Training 2	Increase interagency training for staff working with carers, inc input from carers	Identify training needs, adapt training programmes	Carers Lead, ASC	Ongoing
8.4	Dementia Support	Explore possibility of extending specialist training for carers based on the CHESS project	Workstream task for Dementia Strategy Group	Dev. Manager, ASC SLCA Board Lead	October 2009
9.1	Carers and Equality	Consult with staff carers across CCC to better inform HR and Equality Dept. re carers issues	Produce staff questionnaire and undertake research	Corporate Equality Manager, ASC Carer lead	April 2010
9.2	Carers Data and Research	Co-ordinate research to profile carers and their needs, across Cumbria	Research officer supported to cover all areas	CCC Carers lead West Carers' org	October 2010
9.3	Carers Survey preparation	Undertake self-assessment in anticipation of national survey, 2010	Review existing information and feedback from carers	ASC and partners Knowledge Management	August 2009

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