



**Everyday guide to**

**The Carers Strategies (Wales) Measure**

**2010**

**Guidance for Local Health Boards, NHS**

**Trusts and Local Authorities**

<b>Contents</b>	<b>Page</b>
<b>Understanding the Everyday guide</b>	<b>4</b>
<b>Section 1 Purpose</b>	
Who are carers?	6
Number of carers	7
Population changes in Wales	7
Impact of caring	8
<b>Section 2 Policy Context</b>	
Aims and objectives	10
<b>Section 3 Format and Content of Strategies</b>	
NHS role in supporting carers	12
Local Authority role in supporting carers	13
Working and thinking together	13
Talking with carers, partners and communities	16
The scope of a Strategy	17
Reasons for having a Strategy	18
General principles for the Strategies	20
Content of the Strategies	22
Suggested content for the Information Section of the Strategy	23
Suggested content for the Consultation Section of the Strategy	27

## **Section 4 Putting the Strategies into practice**

Delivery of Strategies	31
Delivery of community health and social care services	32
Delivery of the Strategy in acute/hospital services	35
Training and development for health and social care staff	35
Training for carers	37
<b>Section 5 Checking</b>	
Reviewing the Strategies	39
Monitoring the Strategies	40
Sending the Strategy to the Welsh Ministers	40
Annex 1 Key Laws, Strategies and Policy	41
Annex 2 What “Substantial and Regular Care” means	53
Annex 3 Good examples of Services to carers	58

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## Understanding the Everyday guide

The Everyday Version is NOT a legal document.


The Everyday Version is simply a guide to the Guidance. The guide has been prepared for the Welsh Government by Social Interface.

This guide uses the same paragraph numbers as the Guidance to make it easier if you want to check the legal wording in the official Guidance.

In this guide, **Strategy** is short for “The Information and Consultation Strategy for Carers”.

**Substantial and regular** is a phrase used to describe the kind of care that means a carer has a right to an assessment of their needs as a carer. The phrase is explained in Annex 2. This phrase is in **bold** whenever it is used in the guide.

Anything in *italics* is not in the legal Guidance. It is extra information to help you understand the Everyday guide.

When you see  it means the Welsh Government recommend something, rather than say it **must** be done.

Some information is in boxes. This means it is the very minimum that must be included in a Strategy.

# Section 1 Purpose

## Purpose (1.1–1.6)

The new law means that the Local Health Boards and Local Authorities must work together to prepare Information and Consultation Strategies for Carers and put these Strategies into practice. The NHS Trusts must also prepare Strategies and put them into practice.

This is the first legal duty that the NHS in Wales has had been given to provide services to carers.

This Guidance needs to be read in the light of the:

- Carers Strategies (Wales) Measure 2010 and
- Carers Strategies (Wales) Regulations 2011

You can find these at

<http://wales.gov.uk/consultations/healthsocialcare/?lang=en>

*The Measure and the Regulations tell you what the law says.*

*The Guidance says how to put the law into practice.*

## Who are carers? (1.7–1.11)

A carer is an adult or child who gives (or plans to give) **substantial and regular** care to a disabled child or adult. This does not include paid carers, volunteers who volunteer through an organisation, or people who care for children (unless the child is classed as disabled).

A carer may provide the kinds of support in this list:

- physical care and support
- emotional support
- help with everyday life
- help to use public services
- help with finances.

A carer may provide other types of support as well.

Annex 2 explains the meaning of **substantial and regular** care.

Professionals need to take into account a lot of information when they decide if someone counts as a carer. Only carers who give **substantial and regular** care have a legal right to have an assessment of their needs as a carer.

## **Number of carers (1.12–1.13)**

The 2001 Census said there were 340,000 carers in Wales. This means more than 1 in 10 people in Wales are carers. Carers can be any age: 1 out of 8 carers are aged over 65 and more than 4600 carers are under 18; 6 out of 10 carers provide care for 1–19 hours a week, just over 1 carer out of 10 provides care for 20–29 hours, and over 1 carer out of 4 cares for 50+ hours a week. Almost 1 out of 4 carers say their own health is not good.

Annex 1 has links to two reports. “**Care at Home**” says that 96% of the hours spent caring for someone in Wales are provided by unpaid carers, with the remaining 4% provided by local authorities and independent providers. The **Carers UK** report estimates that the number of unpaid carers in Wales has gone up to approximately 370,000 in the last 10 years.

The 2001 Census said 2 out of 100 people in Wales were Black or Minority Ethnic. Since then, a lot of people have come to Wales from Eastern European countries. Local Health Boards need to remember the Welsh Government guidance “**They look after their own**” when they are thinking about the needs of Black and Minority Ethnic carers.

## **Population changes in Wales (1.14)**

More people are getting help at home and in the community. This may put more pressure on carers. More women are trying to care for their own children at the same time as caring for older parents.

## **Impact of caring (1.15–1.17)**

Caring can be hard for carers' physical, emotional and mental health. The more hours they care, the more likely their health is to suffer.

Young carers are more likely than other young people to have mental health issues. Black and Minority Ethnic carers are often described as an isolated community within an isolated community.

Often, relationships between carers and the people they care for break down because carers do not get the support they need. This can mean the cared-for person, the carer or both going into hospital or Local Authority care. This is a particular problem for older carers. Parent-carers of children with complex needs and challenging behaviours face high levels of stress over a long time. Without extra support, there is severe strain on the whole family. Many parent-carers become single parents.

Just like paid care workers, carers need support. This includes getting information, training, financial support, emotional support, equipment and breaks from caring. This Strategy recognises that carers need support. This means that health services need to recognise new carers quickly, and support carers to look after their own health.



The NHS needs to provide carers with:

- health checks
- information about healthy lifestyles
- support to stay or become healthier
- a referral to organisations who can offer emotional support (particularly from other carers) and who can support carers in getting breaks from caring and give them the chance for leisure activities.

Health services must think about appropriate ways to help young carers and Black and Minority Ethnic carers to stay or become healthy.

## **Section 2    Policy Context**

### **Aims and objectives (2.1–2.5)**

Carers are central to providing health and social care. The Welsh Government is committed to supporting carers. Supporting carers fits with Welsh Government priorities of social inclusion, reducing health inequalities and building better communities.

Most community-based care is provided by unpaid carers. There can be a big gap between what the Welsh Government says about carers and what happens locally. The aim of this Measure is to close that gap.

Our policies recognise the role of carers in supporting the health and welfare of the people for whom they care. Support from carers makes people more independent, cuts down on admissions to hospital and helps people get home from hospital quickly.

Here is the Welsh Government's vision for carers.

- We want to help Local Health Boards, NHS Trusts and Local Authorities to identify new carers so they get the information and services they need quickly. This will help carers to stay healthy. Adult and children's services need to do this.
- We want to make sure carers get more planned support and get it sooner. We want this to happen through local partnerships of the NHS, Local Authorities, voluntary organisations and private companies.
- We want carers to have the power to be involved in making decisions about the person for whom they care. We want carers to be involved in making decisions about planning and delivering services in general.
- We want to make sure that the NHS is aware of carers as part of its everyday work so carers get support and patients get the best possible care.

Annex 1 has a list of important laws, strategies and policies that affect carers in Wales.

## Section 3    Format and Content of Strategies

### Introduction (3.1)

This section of the Guidance sets out the minimum requirements for a Strategy.

### NHS Role in supporting carers (3.2)

The NHS has a vital role in identifying carers, offering them information and telling them where they can get advice and support. The first official contact of most new carers is with a community-based health service, like a GP or District Nurse. The aim of this **Strategy** is to make sure that new carers get identified quickly and get the information they need straight away. **Carers need ongoing information, not just a one-off opportunity to be given information.**

The NHS already has a duty to work with carers as key partners. The main aim of the Strategy is to make sure carers get the information they need, when they need it. This makes it possible for carers to be real partners in caring for patients.

This new law gives Welsh Ministers the power to require the NHS and Local Authorities to have a system that detects all carers, and makes sure all carers get the information they need.

## **Local Authority role in supporting carers (3.3–3.4)**

Annex 1 lists the laws and guidance that make Local Authorities responsible for assessing and meeting the needs of carers. Social Services take the lead on this, but Education and Housing also have a role to play. Many local authorities already have a councillor who is a Carers Champion.

This Measure does **not** change or take away any of the duties that Local Authorities already have towards carers. This Measure adds new duties. The Carers and Disabled Children Act 2000 allows Local Health Boards to carry out carers' needs assessments. Local Authorities may wish to make arrangements with their partner Local Health Boards for carrying out these assessments.

## **Working and thinking together (3.5–3.11)**

Local Health Boards and NHS Trusts are expected to take the lead on developing the Strategy and putting it into practice. This will take effective leadership and management, particularly at senior levels, to make sure staff are trained to:

- identify carers
- give carers the information they need
- tell carers that they may have a right to a needs assessment
- signpost carers to other sources of advice and support.

People at all levels and in all parts of the NHS need to work together to develop the Strategy and put it into practice. The Strategy must be

developed and put into practice in partnership with carers, patients, NHS staff, Local Authorities, voluntary organisations, private companies and other groups.

This is not a new way of working. The Strategy must build on partnerships and ways of working that have already been developed for local plans like the Health, Social Care and Wellbeing Plans and Children and Young People's Plans.

The success of a Strategy depends on good partnerships, good communication, working together effectively and high levels of accountability.

There is already a local Carer Strategy, usually developed by the Local Authority. It includes issues like identifying new carers, and giving carers the information they need. This Strategy needs to fit alongside the Carer Strategy.

Sometimes Local Health Boards provide specialist services for people outside their area. Their Strategy needs to include how they will get information to the carers of these people.

Strategies need to link with the Local Safeguarding Children's Boards. NHS staff need to be able to identify young carers who are vulnerable or at risk. Staff need to be aware that they must put the child's welfare first and know how to bring in other agencies if that is needed. Young carers would benefit from links between the Strategy and Education services.

As a minimum, a Strategy must:

- show how the Local Health Board has talked with carers, carer organisations, the voluntary sector and local authority partners and has identified:
  - the information that carers need
  - how the information will be provided
  - which agency will take the lead in providing the information;
- make sure that NHS staff can signpost carers to a local carer support agency, national carer organisations and, if patient confidentiality allows, to support organisations for specific conditions. The kinds of organisation that NHS staff should know about include Carers Wales, the Princess Royal Trust for Carers, Crossroads Care, Alzheimer's Society Wales, Macmillan Cancer Support, Parkinson's Disease Society, Hafal and Contact A Family.



We recommend that Local Health Boards make a formal referral to the local carer support group if a carer seems to have a significant caring role.

The Strategy needs to say:

- how it fits with the local Health Social Care and Wellbeing Strategy;
- how it fits with local Carers Strategies;
- how it fits with the system for initiating joint action if NHS staff think a child may be at risk or a “child in need”;
- how local agreements about consent and confidentiality have been reviewed to make it easier to provide information to carers;
- how the Strategy supports equality, for example how it helps put into practice the Race Equality Scheme.

### **Talking with carers, partners and communities (3.12–3.13)**

Work on the Strategy should start with talking to carers, partner organisations and local communities.

Local Health Boards and NHS Trusts have a legal responsibility to put this Guidance into practice. They must work with carers, carer organisations and the wider voluntary sector:

- to develop the Strategy;
- to check whether the Strategy is being put into practice;
- to make sure carers are getting the information they need.

This responsibility is in addition to their duty to consult the public about services and the policy of making all public services more accountable to their local communities.



Local Health Boards should use existing networks of groups for patients and service users, carer groups and community care forums. Local Health Boards will find it helpful to identify and talk with new carers as well.

There should be a local system for listening to and talking with the public about health and social care and involving people in care planning, and the Strategy should use that system. This is a chance for the NHS to discuss with local partners, including local voluntary groups, how the local system could be improved.

### **The scope of a Strategy (3.14–3.17)**

The Strategy includes:

- giving information and advice to carers;
- involving carers in decisions about services for carers;
- involving carers in decisions about services for the person for whom they care.

We suggest that Local Health Boards and NHS Trusts extend at least parts of their Strategy to include everyone who cares for someone, even if their caring role is not yet **substantial and regular**. This fits with the preventative approach of health and social care in Wales, because early information helps carers to cope better with the pressures of caring. It also means NHS staff would not need to assess whether someone's caring role is **substantial and regular** before offering them a service.

The Guidance requires Local Health Boards and NHS Trusts to train their staff in carer awareness and to make sure carers get any training they need. This may seem to go beyond providing information to carers. However, carer awareness at all levels in the NHS is essential if giving information to carers is to become a normal part of NHS staff's day to day work. Giving training to carers is an important way of getting valuable information to them.

If the Local Health Board or NHS Trust thinks a carer has a substantial caring role, it is good practice for the NHS staff to formally refer the carer to a local carer support organisation. Almost all GP practices in Wales have a contract that says they should have a system to identify carers and refer them to a support organisation.

### **Reasons for having a Strategy (3.18–3.19)**

The purpose of the Strategy is to give Local Health Boards and NHS Trusts a framework for working together with carers, patients, Local Authorities, voluntary organisations, private companies and other groups to achieve everything in the list below.

The Regulations list the minimum that the Welsh Ministers require from a Strategy. If carers say they need more than this minimum, the Local Health Board needs to do more.

The Welsh Ministers expect a Strategy to deliver all of the following:

- NHS staff and professionals at all levels can identify if someone is a carer.
- Carers are given the right information at the right times. This includes getting information at key stages like hospital admission, diagnosis, new treatment, changes to treatment, leaving hospital, moving from one care setting to another and how to get support outside office hours.
- Carers are told they may have a legal right to an independent assessment of their needs as a carer.
- Mediation is used if a carer needs confidential information but the person they care for does not want this information to be given to their carer. This may involve staff acting as mediators or using a mediation service.
- Carers are given as much information as possible without breaching confidentiality, including information about:
  - medication, if the carer is giving the person their medication;
  - treatment, if there may be side-effects that may have an impact on the carer;
  - advocacy services;
  - practical issues about caring for someone at home and long-term care.
- If someone cannot give permission to share information about themselves, the rules in the Mental Capacity Act are used to decide what information to give the carer.

- The Strategy will fit in with other plans, like the Health Social Care and Wellbeing Plan.
- The Strategy will fit in with the rules about mental health care and treatment planning.
- NHS staff can, as a minimum, tell carers about a local carer support organisation, relevant national organisations for carers and (if confidentiality allows) relevant organisations for people with specific health conditions.
- The Strategy recognises that carers cannot be treated as one group where everyone has the same needs because carers are individuals, each with their own individual needs.
- All NHS staff think about carers as part of their everyday work.
- The success of the Strategy will be measured by checking how much better informed carers are as a result of information given to them by the NHS.

### **General principles for Strategies (3.20)**

Every Strategy should adopt the principles in this list:

- No-one should assume that a carer can or will provide care. Carers can choose whether or not to be carers, and the level of care they will offer. This needs to be discussed and reviewed regularly.
- Carers must be recognised and treated as key partners. The Strategy must include a statement about what is appropriate for young carers.

- The Local Health Board, NHS Trusts and Local Authorities should find out how much a carer understands about the condition of the person for whom they care. If someone is the main carer, then they must be given all the information and advice they need to carry out their caring role safely and well.
- There will be a statement of commitment that all levels of the NHS will work in partnership with carers, and that there will be a report about this to the Local Health Board.
- There will be a statement that the Local Health Board or NHS Trust must, by law, tell carers about their right to an assessment of their needs as a carer.
- Information and advice will be accessible. This means it will be widely available and in a format that the carer can understand. This may include giving information face-to-face, written information, information in other languages (including Welsh), DVDs, audio, Braille or large print. This may mean putting information in places like GP surgeries, pharmacies, community centres, places of worship, schools, colleges, organisational websites and social networking sites.
- Carers will be consulted and fully involved in all decisions about the care of the person for whom they care.

- There will be a statement of commitment to making sure that carers of all ages and parts of the community can get the information and support that meets their needs. This includes the rights of Black and Minority Ethnic carers under the Race Relations (Amendment) Act 2000.
- There will be a statement of commitment to the principles of equality and diversity.

### **Content of the Strategies (3.21–3.22)**

The Local Health Board or NHS Trust must show how they will act on the principles listed above, and deliver at least the minimum content listed below. They must do this while working with carers, patients, Local Authorities, voluntary organisations, private companies and other groups.

The NHS and Social Services will need to take action as a result of the Strategy.

The Deputy Minister for Children and Social Services has said that all Strategies must include a chapter on how they will meet the information and consultation needs of young carers.

*A child becomes a young carer when their caring role starts to affect their wellbeing, education or life-changes.*

## **Suggested content for the Information Section of the Strategy (3.23)**

The Regulations list the kind of information and support that carers may need. A carer's information and support needs may be affected by the carer's age, language requirements, culture, disability or other needs.

This is a list of examples of such information and support, not an exhaustive list:

- Information about the rights of carers who are caring for someone with mental health problems.
- Information about the medicines being taken by the person they care for, along with information about possible side-effects.
- Information about the medical condition or treatment of the person for whom they care. Even if confidentiality means the carer cannot be told the person's diagnosis, they need to be told enough to care safely for the person.
- Information to help children and young people to avoid taking on inappropriate caring roles, and to tell them where they can get help.
- Information about what local and national support is available, who can use that support, and how to ask for that support. The information must be easy to get hold of and easy to understand. This includes information about:
  - short breaks/respice care;
  - getting an assessment of the carer's needs as a carer;
  - Direct Payments;

- housing support;
  - independent advocacy;
  - counselling (including bereavement support);
  - being or becoming a guardian;
  - the work of the Court of Protection;
  - support groups that are age-appropriate and culturally-specific;
  - financial advice and support, including information about benefits and the tax credits system;
  - managing the finances and other affairs of the person for whom they care;
  - any other information and support that is available to support carers in their caring role.
- Information, or where to get information and advice, about paid work (including the rights carers have to flexible working).
  - Information on
    - how Social Services can help carers and the people for whom they care;
    - how plans are made for the person for whom they care;
    - safe caring, for example dealing with medicines, safe handling and safe moving and lifting.
  - Information about any local free or cheap transport schemes and arrangements for patient transport to hospital appointments.
  - Information about equipment, housing adaptations and technology (e.g. Telecare and Telehealth) that can make it easier to live at home, including the waiting times to get this help.



- Information on how services are checked and regulated.
- How to contact local and, if appropriate, national organisations that support carers or people with specific conditions.
- Information on how to avoid hospital admissions.
- Information, advice and support on what local services are available, how good they are and how to arrange to use these services.
- Information on support available in a crisis, and how to get it.
- Information about what services are available when someone comes out of hospital.
- How to stay well, including information and training on stress management, healthy eating and physical activity.
- How to make a complaint about the Local Health Board or NHS Trust.
- How to stop being a carer.
- How to get support (which may include training) for
  - safe lifting, moving and handling;
  - looking after medicines safely, including how to give someone their medicines;
  - any nursing skills the carer needs;
  - how to use equipment that the person they care for needs;
  - continence care;
  - stress management;
  - how to help with eating and drinking;
  - dealing with the behaviour of the person for whom they care;
  - looking after themselves as carers.

Here is a list of the minimum information that carers should be given if they need to know about hospital discharge or transfers of care:

- Information about the support and follow-up available for the carer or the person they care for after the person they care for leaves hospital. This needs to include practical issues and information about their rights.
- Personal and sensitive information about the diagnosis, prognosis, treatment and management of the person for whom they care.
- Information the carer needs so that they can care safely, and can make an informed decision about whether they are able to meet the needs of the person they care for now and in the longer term. **Carers need this information so they can decide if they want to be a carer, and what level of responsibility they wish to take.**

Carers should also be involved in putting together the information that will be made available.



We recommend that Local Health Boards and NHS Trusts should have Carers Information Packs, and that these should be made available to all carers as a matter of course. Carers Information Packs should be available on hospital wards and at GP surgeries. Any NHS staff visiting people at home should take Carers Information Packs with them. Local Health Boards and Local Authorities need to work together to show how the packs will be reviewed and updated to make sure information remains accurate.

## **Suggested content for the Consultation Section of the Strategy (3.24–3.27)**

Local Health Boards and NHS Trusts need to remember that carers are key partners when they communicate and consult with carers. They should remember these principles:

- Carers are consulted **before** a decision is made.
- Carers are given an explanation of any decisions made without them.
- Carers are made to feel valued as partners when they are consulted.
- The carers' knowledge about the people they care for is used appropriately.
- Carers are aware of their right to an assessment of their needs as carers.
- Carers are confident that they will have ongoing support, and that they can get support before caring becomes a problem.
- Carers have the right information and advice so that they can understand the decisions that need to be made and have an input into those decisions.
- Carers can understand the information they are given, what they are being consulted about, what will happen next and who they can contact.



We recommend that, with the carer's permission, Local Health Boards, NHS Trusts and GPs should ask to see a copy of the carer's needs assessments.

This will help staff to meet the information, communication and consultation needs of carers.

The Strategy should say how the Local Health Board or NHS Trust will make sure carers are part of general decisions about what services should be available to or for carers and to or for the people for whom they care.

Consultations about general issues must, as a minimum:

- Include people as soon as possible. “People” includes family members, advocates, people with Power of Attorney and court-appointed Deputies.
- Give feedback to people who are consulted, explaining what has or has not been done and why.
- Act on information given by people who take part in the consultation process.
- Be ongoing. Carers say that they often need someone to explain facts and options more than once.
- Allow enough time for people to respond.
- Be culturally appropriate.
- Be age-appropriate.
- Ask carers how they want to be included. Consultations should use a variety of methods, including written information and other methods such as meetings.

- Involve voluntary organisations, care providers, carers and patients and service users.
- Make sure staff involved in the consultation have been trained in how to consult carers effectively.

It is up to the people drawing up the Strategy to consult and agree with carers what the priorities should be. However, we expect priorities to include:

- Training for staff, including nurse ward managers, district nurses, health visitors, paediatricians, social workers and social care workers, in the role they need to play in delivering the Strategy.
- Involving GPs and surgery staff in delivering the Strategy.
- Expanding the Social Services' carers' coordinator role, or appointing new coordinators for other Local Authority services such as Housing.
- Funding, if needed, to develop, continue or strengthen local carer networks so carers can be involved in general decisions about services.
- Paying the costs for carers and carers' organisations to take part in consultations about services in general.
- Setting up local information and advice services.
- Funding carers' organisations to provide more community-based help and support for carers.
- Funding training for carers.
- Developing new information and advice materials for carers, in a range of formats and languages.

The Strategy should include:

- Details of funding that has been provided to develop, continue or strengthen an all-age carers' network so that carers can be consulted effectively on general issues affecting carers.
- Mechanisms that are in place so that front line staff (like nurses) can tell senior staff what they are learning from carers.
- Details of how everyone on the list below was consulted about the Strategy itself, and on how to tell whether the Strategy is working:
  - carers of all ages;
  - carers' organisations (including how they were given enough time to enable carer involvement, and offered reimbursement for their own costs and carers' costs);
  - organisations that represent carers who often find it hard to take part in consultations;
  - Local Authorities;
  - voluntary organisations;
  - private companies;
  - other relevant groups.

## Section 4 Putting the Strategies into Practice

### Delivery of Strategies (4.1–4.2)

The seven Local Health Boards have been working with the 22 Local Authorities to reform the way services are planned.

The Chief Executives of the Local Health Boards and NHS Trusts and the Directors of Social Services must be given the responsibility of making sure all of their staff are able to support carers in line with their Strategy.

As a minimum, the Strategy must:

- say what practical steps will be taken to make sure the aims of the Strategy are met throughout the organisations responsible for the Strategy;
- say how the Local Health Board or NHS Trust will use the way they work with Local Authorities, voluntary organisations and private companies to support the aims of the Strategy;
- develop proposals for identifying and meeting the information needs of carers from specific groups, such as young carers and carers from Black and Minority Ethnic communities;
- recognise that *how* information is given to people and *how* people are consulted is as important as *what* is said and done. So the Strategy must include *how* information will be given to carers and *how* carers will be consulted.



We recommend that each Local Health Board, NHS Trust and Local Authority should make a copy of the Strategy available for the public to read at their central and local offices. We also recommend that the Strategy is put onto their websites. Staff in hospitals and community settings need to know about the Strategy, and be able to get a copy of the Strategy easily so they can check what it says. The Strategy must be easy for them to understand. Staff should be reminded that they must help put the Strategy into practice. There should be a way to check in each Department if this is happening. Strategies should also be put on the following websites:

- Welsh Government
- NHS Wales
- Social Services Improvement Agency (SSIA)
- National Leadership and Innovation Agency for Healthcare (NLIAH)
- Commissioner for Older People
- Children's Commissioner.

### **Delivery of community health and social care services (4.3–4.5)**

Making sure new carers are identified and given information the first time they have contact with a health or social care service is a task for a wide range of NHS services.

Local Health Boards should make sure independent professionals (like GPs or opticians) know about the Strategy and how it is being put into practice.



Key community-based services include:

- GP practices
- Pharmacists, in the community and in hospitals
- Community hospitals, including those for Elderly and Mentally Infirm people
- Assessment, rehabilitation and re-ablement services
- Outpatient clinics, particularly clinics for people with chronic ill-health
- Psychiatrists and mental health clinics
- Dieticians
- Occupational therapists
- Podiatrists
- Child health services
- Health projects funded by Local Health Boards
- School nurses
- School counsellors

The Strategy should also apply to NHS staff in community health and social care services where they are working in partnership with the Local Authority, voluntary organisations or private companies. This includes:

- Home care and day care
- Housing services
- Leisure services

- Older people's services
- Children's services
- Community mental health services
- Learning disability services
- Acquired brain injury services
- Services for people with physical or sensory disabilities
- Rapid response teams
- Drug and alcohol services
- Other social work and social care
- Health practitioners who are working with Education authorities.

As a minimum, a Strategy must:

- Show how the Local Health Board is encouraging all the services listed above to identify carers and give them the information that they need.



**We recommend that a Carers Champion is identified in the settings listed below. The Champion will act as a source of information for carers.**

- **GP surgery**
- **Hospital ward**
- **Hospital clinics**
- **A non-officer Board member of the Local Health Board or NHS Trust.**

## **Delivery of the Strategy in acute/hospital services (4.6–4.8)**

Any department within a hospital could be the point of first contact for a carer, so every department needs to follow this Guidance.

Each department should have a senior manager who is in charge of putting the Strategy into practice within their department.

The Welsh Government's Hospital Discharge Planning Guidance 2005 already says that patients and carers must be fully involved in decisions about the patient's care. This means hospital teams should already have systems to make sure patients and carers are involved.

As a minimum, a Strategy must:

- say how hospital staff will, as a matter of routine, make sure carers are identified, given the information they need, told about other support services and told they may have a right to an assessment of their needs;
- say how all of this will be made part of the hospital admission and discharge procedures.

## **Training and development for health and social care staff (4.9–4.15)**

Local Health Boards and NHS Trusts will need to make sure staff have the training they need to be aware of the needs of carers and to put the Strategy into practice. The Welsh Government will improve carer awareness in all graduate training for health and social care professionals.

Some staff already working in the NHS will not have had any carer awareness training. This can be addressed using joint training and ongoing education.

**Where practical, we suggest finding opportunities for staff from the NHS, Local Authorities, voluntary organisations and private companies to learn together about carers and the issues they face.** Voluntary organisations may be able to use their knowledge and experience to provide suitable valuable training. Carers themselves should also be involved in training staff.

Not everyone can be trained immediately so the Strategy should set out clearly what will be done over its lifetime. The priority should be delivering the training that will bring greatest benefit to carers. Training to make staff aware of the needs of carers should, as far as possible, be delivered as part of existing training programmes, such as training on hospital discharge and child protection.

The training needs to result in improvements for carers by enabling staff to understand carers' issues, identify someone who is a carer, refer carers to support services, recognise that some caring relationships are abusive and know how to link in with adult and child protection services.

The Royal College of Psychiatrists has already agreed to prepare a code of conduct for professionals on issues relating to carers. The College has included carer awareness and carer-led training in its post-graduate courses since 2005.

As a minimum, a Strategy must:

- include detailed action plans saying which staff will be trained, when they will be trained and how the training will be made a part of everyday NHS activity;
- agree priorities for staff training with local partners, including carers, carer organisations, Local Authorities and voluntary organisations;
- include details of training for staff on specific issues facing particular groups of carers, for example young carers, Black and Minority Ethnic carers, carers of people with dementia or mental health problems, carers of people with disabilities.

### **Training for Carers (4.16–4.17)**

There is evidence that training and supporting family carers brings considerable benefits to patients, carers and the NHS. Better support for carers is cost-effective because it helps people stay in the community for longer. Better supported carers are less likely to go to their GP with their own health issues.

As a minimum, a Strategy must:

- say how “expert carer” training will be developed with the aim of supporting carers and how it will be targeted at carers who have intensive caring responsibilities, or whose caring responsibilities are becoming intensive;
- find out what training already exists for carers, and how this will be developed and extended over the course of the Strategy;
- show how training will be based on what carers want and need, including all the areas listed on pages 19–20.
- agree priorities for training carers with local partners, including carers, carer support agencies and Local Authorities. This includes looking at existing training courses for carers (like mental health first aid), what further education colleges can offer and training using computers.

## Section 5 Checking

### Reviewing the Strategies (5.1–5.3)

As a minimum, a Strategy must:

- say how the following people will be involved in reviewing the Strategy:
  - carers
  - family members
  - advocates
  - carer organisations
  - people with Power of Attorney
  - court appointed Deputies
  - Local Authorities
  - voluntary organisations
  - others who are affected by the Strategy;
- say how young carers will be involved in reviewing the Strategy, for example through local organisations that represent young carers;
- say how reviewing the Strategy will be organised so that carers from all backgrounds and situations can be involved in a way that suits them.

The Local Health Board or NHS Trust must send an annual report to the Welsh Ministers, saying how the Strategy is being put into practice and how they are checking whether the Strategy is making a difference to carers.

## **Monitoring the Strategies (5.3–5.6)**

The focus of each Strategy must be on making a difference to the lives of carers. This means all the ways of measuring the success of the Strategy must measure whether life has improved for carers.

The Local Health Board or NHS Trust must take the lead in checking if the Strategy is being put into practice and making a difference to carers' lives. The Local Health Board or NHS Trust will want to do this in partnership with carers, patients, NHS staff, Local Authorities, voluntary organisations, private companies and other relevant groups. Local Authorities have a duty to identify carers and tell them they have a right to an assessment of their needs as a carer; they must be able to prove they are doing this.

Local Health Boards and NHS Trusts should show how the arrangements for monitoring this Strategy fit with their other monitoring arrangements.

The Welsh Local Government Association, the NHS and the All Wales Carers Officers Learning and Improvement Network will develop a National Outcomes Framework to check if this new law is improving life for carers.

## **Sending the Strategy to the Welsh Ministers (5.7–5.10)**

These organisations must have a Strategy:

- The seven Local Health Boards (and their partner Local Authorities);
- The Welsh Ambulance Service NHS Trust;
- Velindre NHS Trust (the all-Wales cancer service).



These organisations must send their Strategy to the Welsh Ministers by 31 October 2012. Ministers will look at the Strategies and, within 8 weeks, tell each organisation if their Strategy is approved or rejected.

Strategies should:

- be developed jointly with partners;
- cover three years, and include all the minimum requirements of the Regulations and this Guidance;
- cover the whole of the organisation's area of responsibility;
- fit with existing planning and checking cycles, for example those in place for the Health, Social Care and Wellbeing Strategies, Children and Young People's Plans and the Annual Council Reporting Framework for Social Services.

If a Strategy is rejected because there is not enough detail or something has been missed out, the document will be returned to the organisation. The Welsh Ministers will then give the organisation a deadline for re-submitting their Strategy.

If a Local Health Board or NHS Trust wants to make significant changes to its Strategy, they must ask the Ministers for their approval.

# Annex 1

## Key Laws, Strategies and Policy

### Laws

- **Carers Strategies (Wales) Measure 2010**

The Measure allowed the National Assembly for Wales to require the NHS and Local Authorities to make an information and communication strategy for carers.

[http://www.assemblywales.org/bus-home/bus-legislation/bus-leg-measures/bus\\_legislation\\_meas-cs.htm](http://www.assemblywales.org/bus-home/bus-legislation/bus-leg-measures/bus_legislation_meas-cs.htm)

<http://www.assemblywales.org/bus-home/bus-business-fourth-assembly-laid-docs.htm>

<http://www.legislation.gov.uk/wsi>

- **The Carers (Recognition and Services) Act 1995**

This gave carers a right to have an assessment of their needs.

<http://www.legislation.gov.uk/ukpga/1995/12/contents>

- **The Carers and Disabled Children's Act 2000**

This gave carers a right to ask for an assessment even when the person they were caring for refused an assessment. It also gave Local Authorities the power to provide services directly to carers and to provide Direct Payments to carers.

<http://www.legislation.gov.uk/ukpga/2000/16/contents>

- **The Community Care (Delayed Discharges) Act 2000**

If a carer asks for an assessment, Social Services must say what services they will give the carer when the person they care for is ready to be discharged from hospital.

<http://www.legislation.gov.uk/ukpga/2003/5/contents>

- **The Carers (Equal Opportunities) Act 2004**

It gives local authorities a legal duty to tell carers they have a right to an assessment of their needs as a carer that includes any leisure, learning and working needs. It gives Local Authorities the power to enlist the help of Housing, Education and Health in providing support to carers.

<http://www.legislation.gov.uk/ukpga/2004/15/contents>
- **Children Act 1989**

This gives responsibilities to a “child in need”. A young carer may be a “child in need”.

<http://www.legislation.gov.uk/ukpga/1989/41/contents>
- **Children and Young Persons Act 2008**

This says Local Authorities must make adequate arrangements for short breaks for disabled children.

<http://www.legislation.gov.uk/ukpga/2008/23/contents>
- **Disabled Persons (Services, Consultation and Representation) Act 1986**

This says that Local Authorities must take into account the carers ability to care when they decide what services to provide for a disabled person.

<http://www.legislation.gov.uk/ukpga/1986/33>
- **Education Act 2002, Section 175**

This says what Local Education Authorities and school governing bodies must do to in relation to children’s welfare

<http://www.legislation.gov.uk/ukpga/2002/32/contents>
- **Mental Health Act 1983**

Hospital managers must give information (written and spoken) to patients, and sometimes their nearest relative (who may or may not be their carer). The Welsh Government has produced leaflets about this, and they are available at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=816&pid=33957>

- **Rights of Children and Young Persons (Wales) Measure 2011**

This puts a duty on the Welsh Ministers and First Minister to take the United Nations Convention on the Rights of the Child into account in their strategic decisions.

<http://www.assemblywales.org/bus-home/bus-legislation/bus-leg-measures/business-legislation-measures-rightsofchildren.htm>

- **Mental Health (Wales) Measure 2010**

This is about care and treatment plans for patients. It says what must be in the plan, how to develop and review it, and that it must be done in partnership with the patient. It describes the care coordinator's role, and who the care coordinator must consult and give a copy of the care plan (this includes the person's carer). The care coordinator has some discretion to involve carers even if the patient does not want that to happen. Carers can request a review of the patient's care and treatment plan. This Measure also puts duties on mental health service providers to make certain information available to patients when they are discharged from a service. You can find out more at:

<http://wales.gov.uk/topics/health/nhswales/healthservice/mentalhealthservices/?lang=en>

- **United Nations Convention on the Rights of the Child**

Article 3 says the child's best interests must come first

Article 12 says the child has a right to have their views taken into account

Article 13 says each child has the right to freedom of expression

Article 15 says each child has the right to meet others and meet in groups

Article 19 says the State must protect children from harm

Article 28 says the child has a right to education

Article 31 says the child has a right to rest, leisure, play and opportunities for art and culture.

Article 36 says the State must protect the child from exploitation

<http://wales.gov.uk/topics/childrenyoungpeople/publications/uncrcarticles/?lang=en>

- **Work and Families Act 2006**

This says employers must consider a carer's request to work flexibility

<http://www.legislation.gov.uk/ukpga/2006/18/contents>

## **Government Carer Policy documents**

- **Welsh Assembly Government – Caring about Carers: A Strategy for Carers in Wales and associated Implementation Plan**

This tries to meet the legitimate needs of carers for real practical support and assistance across the five priority areas of Information; Health and Social Care; Support; Young carers and carers and Employment

<http://wales.gov.uk/topics/health/publications/socialcare/carers/carersreport3?lang=en>

[http://wales.gov.uk/topics/health/publications/socialcare/carers/strategy\\_carers\\_wales?lang=en](http://wales.gov.uk/topics/health/publications/socialcare/carers/strategy_carers_wales?lang=en)

- **Carers Strategy in Wales – the Action Plan (2007)**

This reinforces the Welsh Government's commitment to improving information for carers

<http://wales.gov.uk/topics/health/publications/socialcare/carers/carersactionplan?lang=en>

*This plan will be revised in 2012 as part of the Programme for Government.*

- **Challenging the Myth 'They Look After Their Own' (2003)**

This is good practice Guidance for working with Black and Minority Ethnic carers to make sure they aren't given poorer services because professionals believe they will 'look after their own'.

<http://wales.gov.uk/topics/health/publications/socialcare/carers/challengingthemyth?lang=en>

## Government General Policy Documents

- **Building Strong Bridges (2002) and Designed to Add Value (2008)**

These are about how the voluntary sector and NHS can work together.

<http://wales.gov.uk/topics/health/publications/health/strategies/3361338/?jsessionid=jw3BMYwGZNPQFVC5HplZn1rQTTDDpbQ9b1JRjvmZ7hL1LhvJCvfx!-42672990?lang=en>

<http://wales.gov.uk/topics/health/publications/health/strategies/DesignedtoAddValue/?jsessionid=jw3BMYwGZNPQFVC5HplZn1rQTTDDpbQ9b1JRjvmZ7hL1LhvJCvfx!-42672990?lang=en>

- **Children and Young People: Rights to Action**

This is about policy and services for children and young people in Wales

<http://wales.gov.uk/topics/childrenyoungpeople/publications/rightstoaction/?lang=en>

- **The Children and Young People's Wellbeing Monitor for Wales (2011)**

This defines young carers as 'children and young people who help look after a member of the family, who is sick, disabled, has mental health problems or is affected by substance misuse.'

<http://wales.gov.uk/about/aboutresearch/social/latestresearch/cypwellbeingmonitor/?lang=en>

- **Creating a Unified and Fair System for Assessing and Managing Care (2002)**

This is about the Unified Assessment Process. It says the person doing the assessment needs to find out about the caring relationship and whether the carer needs support and services (either in their own right, or to help them continue caring).

<http://wales.gov.uk/publications/circular/circulars2002/NAFWC092002?jsessionid=YyhGMBByTzMpsQnR3fGLj3LNwTNTq4LCFZC2W9KTjhh0NYskPWQTz!889367152?lang=en>

- **The Framework for the Assessment of Children in Need and their Families (2001)**

This Framework says how to work out if a child needs help and how to help them.

<http://wales.gov.uk/topics/childrenyoungpeople/publications/childreninneed/;sessionid=4qhKMVxQwhp42Wj2pyxsQfdDy1m8YG33vJFmPvyzLrXc6w1td1m3!-42672990?lang=en>
- **Fulfilled Lives, Supportive Communities – A Strategy for Social Services in Wales over the next Decade (2007)**

This gives a vision for Social Services and social care in Wales and a 10 year Strategy for achieving it. It stresses the importance of recognising what carers do and supporting them in their caring role.

<http://wales.gov.uk/topics/health/publications/socialcare/strategies/lives/?lang=en>
- **The Healthcare Standards for Wales (2010)**

These are standards for the NHS and other health providers.

<http://www.nhswalesgovernance.com/display/Home.aspx?a=130&s=2&m=0&d=0&p=0>
- **Hospital Discharge Planning Guidance (2005)**

Patients and their carers/families must be fully involved in the hospital discharge process. They must be given written and verbal information about the discharge process and treatment/care after discharge.

<http://wales.gov.uk/publications/circular/circulars05/1560146/?lang=en>
- **National Dementia Vision for Wales and Dementia Action Plans (2010)**

The Vision is for services that work well together and meet the needs of people with dementia and those close to them. The action plans focus on better services through better joint working, better early diagnosis and help, better information and support and better training.

<http://wales.gov.uk/topics/health/publications/health/guidance/dementia/?lang=en>

- NHS Annual Quality Framework**

The Framework moves the focus away from targets. It allows the NHS more flexibility to do what is needed for better outcomes.

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=43132>
- National Service Framework for Adult Mental Health – Raising the Standard (2005)**

Standard 2 Includes the role of carers in all aspects of mental health services, including planning and commissioning.

Key Action 8 The legal right of carers to their own assessment, and the need to take into account the special needs of young carers.

Key Action 10 Carers have the same needs for friendship and social, leisure/recreational and educational/training/lifelong learning activities as anyone else.

Standard 7 Care plans need to include the needs of carers.

Key Action 39 Children whose parents/guardians have mental health problems need very careful consideration, especially if they are acting as carers.

<http://wales.gov.uk/topics/health/publications/health/reports/raisingthestandard?lang=en>
- The National Service Framework for Children, Young People and Maternity Services (2005)**

Young carers count as “children in special circumstances” so need extra support.

<http://wales.gov.uk/topics/childrenyoungpeople/publications/nsfchildrenyoungpeoplematernity/?lang=en>
- The National Service Framework for Older People in Wales (2006)**

This highlights the importance of supporting carers and assessment their needs so older people can stay in the community.

<http://wales.gov.uk/topics/olderpeople/publications/nationalserviceframeworkolderpeople/?lang=en>



- **Paper on Sustainable Social Services in Wales: A Framework for Action (2011)**

This sets out priorities for the next 10 years. It aims to change how social services are organised so they stay strong and continue to meet people's needs and hopes.

<http://wales.gov.uk/topics/health/publications/socialcare/guidance1/services/?lang=en>

- **Pooled Budgets advice notes**

<http://wales.gov.uk/topics/improvingservices/poolbudgets/?lang=en>

- **Setting the Direction (2010)**

This is about changing how policy is made and services are delivered.

<http://wales.gov.uk/topics/health/publications/health/strategies/settingthedirection>

- **Schools Counselling Service Strategy**

This says how high standard school-based counselling services will be developed for children and young people.

<http://wales.gov.uk/topics/educationandskills/publications/guidance/counsellingservicesstrategy/?lang=en>

- **Signposts Two – Putting Public and Patient Involvement into Practice (2003)**

This is primarily for the NHS, but we hope others will find this guide useful as well.

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=420&pid=2470>

- **Together for Health (WG, 2011)**

This is the Welsh Government's five year vision for the NHS in Wales. This document recognises the important contribution that carers make to many lives.

<http://wales.gov.uk/topics/health/publications/health/reports/together/?lang=en>

## **Other Resources**

### **Care Council for Wales: Care at Home**

<http://www.ccwales.org.uk/development-and-innovation/adult-workforce/care-at-home>

### **Care Council for Wales: Codes of Practice for Social Care Workers**

These contain standards that carers can expect from the social care workforce

<http://www.ccwales.org.uk/registration-and-conduct/confidence-in-care/the-codes-of-practice>

*The Care Council for Wales provide a range of staff training and development products that can be used by social care staff involved in training carers*

*A Carer Proofing Toolkit is under development by the WLGA-sponsored Carers Officers Learning and Improvement Network*

### **Carers Officers Learning and Improvement Network**

<http://www.ssiacymru.org.uk/index.cfm?articleid=4060>

### **Carers UK: Valuing Carers 2011**

<http://www.carersuk.org/professionals/resources/research-library/item/2123-valuing-carers-2011>

### **Department of Health: Nothing About Us Without Us**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006200](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006200)

### **Expert Patients Programme: Looking After Me**

<http://www.expertpatients.co.uk/course-participants/courses/looking-after-me-1>

**General Medical Council: Guidance for Doctors – Confidentiality**

[http://www.gmc-uk.org/guidance/ethical\\_guidance/confidentiality.asp](http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp)

**General Medical Council: Guidance for Doctors – Consent: patients and doctors making decisions together**

[http://www.gmc-uk.org/guidance/ethical\\_guidance/consent\\_guidance\\_index.asp](http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp)

**NLIAH: National Principles for Public Engagement**

These Principles aim to offer a consistent approach and good standard for public engagement across Wales

<http://www.wales.nhs.uk/sitesplus/829/page/53159>

**NLIAH/Welsh Government/ British Heart Foundation/Diabetes UK Cymru/Welsh Kidney Patients Association/The Stroke Association: Guidance on Involving Adult NHS Service Users and Carers**

<http://www.wales.nhs.uk/sitesplus/829/page/51396>

**NLIAH: Passing the Baton**

This includes guidance on the information and knowledge needed to make sure that people leave hospital or change where they receive their care is safe and at the right time.

<http://www.wales.nhs.uk/sitesplus/829/page/36467>

**SSIA: Getting Engaged Programme**

This develops strategies to make the most of involving users and carers with the planning and delivery of social services

<http://www.ssiacymru.org.uk/index.cfm?articleid=4516>

**For Good Practice in supporting Carers and the benefits of that to patients, Carers and NHS resources, see BMJ 2004;328:1099 and 1102 (8 May 2004)**

<http://bmj.bmjournals.com/cgi/content/full/328/7448/1085>

**WLGA: Service Improvement Datasets (for Adults and Children)**

<http://www.dataunitwales.gov.uk/NPI.asp?cat=490>

**Childrens Society and the Princess Royal Trust for Carers: Include Project -  
Young Carer definition**

<http://www.youngcarer.com/showPage.php?file=200755145121.htm>

## **Annex 2**

### **What “Substantial and Regular Care” means**

#### **Introduction**

The impact on carers of their caring role is not just about how many hours you care in one week. It is also about the length of commitment (eg life-long care for some disabled people) and whether the caring role follows a predictable pattern or is sporadic (eg caring for some adults with severe mental health problems, where you may not be practically caring all the time, but may be always anxious and trying to avert the next crisis). Caring responsibilities may also conflict with other roles, like parenting or holding down a job. Any assessment needs to look at the whole caring situation.

“Substantial and regular” is not defined in the Carers and Disabled Childrens Act 2000, and it is not defined in this Guidance.

In every situation, the practitioner needs to think about the impact of the caring role on that individual carer. The practitioner needs to think:

- Is the caring role able to carry on in the long term?
- How great is the risk that the carer may not be able to carry on caring?

## Example

All “substantial and regular” carers have a right to an assessment, not just the “main” carer. The assessment many need to think about the needs of any children in the family.

*Mr Griffiths is 86. He has severe arthritis. He needs help to get up in the morning, to wash, to get into his wheelchair, to use the toilet, to undress and to go to bed. Mrs Griffiths is 84. She is helped by her daughter Tessa who is 44 and lives near by. Mr Griffiths is eligible for community care services. Tessa and Mrs Griffiths may both be “substantial and regular” carers.*

*Tessa is willing, if she gets the right training, equipment and so on, to help Mr Griffiths into and out of his wheelchair etc, and this will not create a risk to her health. Mrs Griffiths is not able to carry out this task, but, if Tessa carries out the physically demanding tasks, Mrs Griffiths is quite happy to carry out all the other associated intimate care tasks. Mrs Griffiths sees herself primarily as a wife and is quite content with her caring role since her husband would have done the same for her if the situation were reversed. Tessa, on the other hand, is also trying to hold down a job, making it impossible for her to contribute at key times when Mrs Griffiths needs her help. She is also bringing up children. Without help in her caring role she will not be able to give them the support they need from her as a mother.*

## **Thinking about children and young people who are affected by caring situations**

It is important to know if adult carers and adults who need care have a parenting role. This is because children may be affected by the disability or illness of a family member and need an assessment from children's services to see if they need help.

Young carers should not be asked or expected to take on an inappropriate caring role. They should not be expected to take on the level of caring that an adult might be expected to take. Everyone must remember they are children or young people and need to be free to do things that other children and young people do. Parents should get services that help them fulfil their parenting responsibilities. The family circumstances need assessing, which often means Adult and Children's Social Services needing to work closely together, with help from schools and health care workers.

The person cared for should get enough services so the young person does not have to take on an inappropriate caring role. Services for young carers are not designed to help them cope with caring, but to make sure they are not taking on an inappropriate caring role.

Parents should get the help they need so they can carry out their parenting role without putting inappropriate responsibilities on children.

Everyone needs to remember that caring is not just physical tasks. It can mean emotional support or checking up on someone.

A family or young carer who needs help may get that help directly or by having Direct Payments and sorting the help themselves. The assessment needs to be the same whether they are expected to choose a direct service or Direct Payments. Their assessment should not be about whether they can use a particular service.

Families with disabled children often say they are over-burdened with different people coming to do different assessments. Information from all these assessments needs to be put together into one big picture.

Assessments need to say what extra support and advice someone might need to use Direct Payments. Organisations may want to think about using a key worker system to help young people who want to use Direct Payments.

### **Thinking about caring at a distance, and caring for someone who does not live in your local authority area**

It can be hard to care for someone who lives at a distance. This is especially true if you care for more than one person, or if you care for someone who lives in a different local authority.

These extra difficulties need to be taken into account when deciding if the care is “substantial and regular”.

The local authority and NHS where a carer lives will need to work closely with the local authority and NHS where the person cared-for lives.



The basic principles for working together are:

- 1) Is the person being cared for eligible for help from their local authority?  
Does the carer only care for one person? If so, that local authority needs to assess the carer's needs even if the carer lives in another local authority and will need services from that other local authority.
- 2) Are there two or more people who live in different areas being cared for by the carer? Is only one person eligible for help from their local authority? If so, that local authority needs to assess the carer's needs and take charge of co-ordinating everything with other organisations
- 3) Are there two or more people who live in different areas being cared for by the carer? Are two or more of them eligible for help, and do they live in different areas? If so, the local authorities need to agree the best way to carry out a Carers Assessment, share information and make sure the carer gets the services he/she needs. They need to remember the joint caring role, not just the care for the person living in their area. Neighbouring authorities should agree and to write down how they will work together in this kind of situation.

### **When the carer lives in Wales but the person for whom they care lives in England**

Carers should still be given as much information as possible to help them care effectively. It is likely that border LHBs and Local Authorities already have arrangements with their neighbour English authorities, and this Measure with its Regulations and Guidance can be shared with them.

## Annex 3

### Good examples of services to carers

Each of the following services was put forward through the consultation exercise and cited as being of benefit to Carers.

Please also see the Good Practice Wales website: <http://www.goodpracticewales.com/>

#### **Alzheimers Society Cardiff Carers Bus**

[http://alzheimers.org.uk/site/scripts/news\\_article.php?newsID=79](http://alzheimers.org.uk/site/scripts/news_article.php?newsID=79)

#### **Alzheimers Society Carers Information Programme**

<http://alzheimers.org.uk/site/scripts/documents.php?categoryID=200343>

#### **Carmarthenshire Stroke Association Stroke Health Improvement Project**

<http://www.cavs.org.uk/stroke-healthcare-project-carmarthenshire/>

#### **Ceredigion Investors in Carers GP Practice Scheme**

<http://www.ssiacymru.org.uk/index.cfm?Articleid=2796>

#### **Ceredigion Carers Charter**

<http://www.ssiacymru.org.uk/index.cfm?articleid=4347>

#### **Disability Advice Project**

<http://www.dap-wales.org.uk/>

#### **MIND Cymru**

Here is a link that will take you to a directory of local services

[http://www.mind.org.uk/mind\\_cymru/landing](http://www.mind.org.uk/mind_cymru/landing)

#### **Hafal**

Here is a link that will take you to a directory of local services

<http://www.hafal.org/>

#### **Macmillan Cancer Support services for carers of people affected by cancer, with the Princess Royal Trust for Carers**

<http://www.carers.org/local-centre/bridgend/services/macmillian-family-information-and-support-service-0>

#### **Parkinson's UK Cymru Information and Support Service**

[http://www.parkinsons.org.uk/local\\_to\\_you/regional\\_teams/wales/wales\\_contacts.aspx](http://www.parkinsons.org.uk/local_to_you/regional_teams/wales/wales_contacts.aspx)

**Newlife Nurse Service and Equipment Grant Service**

<http://www.newlifecharity.co.uk/docs/news/EkEZVApppECZimEpnv.shtml>

**Powys Wellbeing Training Brochure**

<http://www.pavo.org.uk/support/training-from-other-providers.html#c3890>

**Swansea Young Carers Education Development Worker**

<http://www.swanseayoungcarers.co.uk/2009/11/snpt-young-carers-project.html>

**Swansea Carers Development Worker for the Bangladeshi Community**

<http://www.ssiacymru.org.uk/index.cfm?articleid=1283>

**Welsh Ambulance Services NHS Trust Partners in Healthcare**

<http://www.ambulance.wales.nhs.uk/TheRoom/Default.aspx?pageld=206&lan=en>