

10 November 2008

To: Chief Executives of HSS Boards and HSC Trusts

IMPLEMENTATION OF THE CARERS' STRATEGY

Introduction

1. In November 2006 the Department issued Circular HSS (ECCU) 4/2006, intended to be the first in a series of circulars providing practical advice on implementing key aspects of the carers' strategy, *Caring for Carers*. This circular is the second in that series.

Board Members with Responsibility for Carers' Issues

2. Circular HSS (ECCU) 4/2006 required all HSS Boards and HSC Trusts to identify a board Member with lead responsibility for carers' issues across their organisations. Boards and Trusts have now advised the Department of their nominated board Member and the names of the nominees are attached at Appendix A.
3. The Department has, in consultation with representatives from Boards, Trusts and voluntary organisations representing carers, developed guidance on the role of the nominated board Member and a checklist of some of the basic questions which he/she needs to consider in order to satisfy themselves that carers' issues are being properly addressed within their organisation. This guidance is attached at Appendix B.

Training for Carers

4. Trusts are responsible for assessing carers' training needs and *Caring for Carers* identified the need for each Trust to develop a protocol, drawing on existing policy and good practice in the Trust, which clarifies how the Trust manages the "carer training" process. The Department undertook to develop good practice guidance, in relation to training for carers, which would allow Trusts to develop this protocol. *Good Practice Guidance - Training for Carers*, is attached at Appendix C.
5. The Department expects each Trust to take forward the development of a carer training protocol for their organisation as a priority.

Further Information

6. If you have any queries in relation to the content of this circular please contact Mandy Jones, Elderly and Community Care Unit at mandy.jones@dhsspsni.gov.uk or on 02890 522930.



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Director of Primary and Community Care
DHSSPS

Appendix A

Designated Board Members in HSS Boards and HSC Trusts with lead responsibility for carers' issues

Northern HSC Trust
Bronagh Scott

Western HSC Trust
Alan Corry-Finn

Southern HSC Trust
Gillian Rankin

South Eastern HSC Trust
Kate Thompson

Belfast HSC Trust
Valerie Jackson

Eastern HSS Board
Hugh Connor

Northern HSS Board
Kevin Keenan

Southern HSS Board
Margaret Campbell

Western HSS Board
Bridget Bergin

DESIGNATED BOARD MEMBER WITH LEAD RESPONSIBILITY FOR CARERS' ISSUES - HEALTH AND SOCIAL SERVICES (HSS) BOARDS AND HEALTH AND SOCIAL CARE (HSC) TRUSTS

Introduction

Carers have to become more central to the business of health and social care. More people, some of whom have complex care needs, who, in the past may have lived in institutional settings, now choose to remain in their communities, in their own homes, with the support of family and friends. Family and friends frequently and willingly undertake this caring role. However, carers need to be supported to sustain their caring role for as long as it is appropriate and safe for them to do so.

Carers have a deep knowledge of what works both for them and the person they care for. While there can be tensions in this relationship, the expertise of carers needs to be harnessed more effectively whether this is in the formulation of individual care plans or in the planning and review of services at a strategic level. Carers must be true partners in the commissioning, planning, design, delivery and review of services to support the caring role and in relation to the people they care for.

Promoting Effective Partnerships in Caring

All Directors, executive and non-executive, of HSS Boards and HSC Trusts have responsibilities for taking decisions about the planning, provision, monitoring and review of services for carers. To do so, they need to make sure they have up to date, relevant information on which to base their decisions. They need to know about the services and resources for carers in their area.

The type of information that is required to plan effectively for services to support the caring role generally, and to ensure that younger carers do not have to take on inappropriate levels of responsibility for providing care, is summarised below:

- the overall needs of carers in their area, geographically and by POC, and the likely demand for services;
- what methods have been used to assess the needs of carers in their area; the effectiveness of these methods generally and in relation to identifying “hidden carers”;
- what processes are in place to ensure that carers and their representative organisations are actively involved in the planning, commissioning, delivery and review of services both for themselves and for the individuals they care for;
- what services are being provided, how much is being spent on them, and whether or not these represent value for money;
- what measures are being used to monitor whether needs have been properly and effectively met and to assess outcomes, and how effective these measures are; and
- what processes are in place to manage the performance of services so that regional and local targets on support for carers are met, and services and practice comply with relevant standards.

Carers require timely assistance and appropriate help if they are to be supported to continue in their role of caring for as long as it is appropriate and safe for them to do so. The degree to which HSS Boards and HSC Trusts exercise their responsibilities will shape not only the type and quality of services provided but the health and wellbeing of carers and their ability to continue in the caring role.

Designated board Member with lead responsibility for carers’ issues - HSS Boards and HSC Trusts

The Department expects HSS Boards and HSC Trusts to undertake ongoing self-audit in relation to services provided to, and engagement with, carers and to act on findings so as to effect continuous improvement in the services and support provided to support carers in their caring role for as long as they wish and it is safe and appropriate for them to do so. Consequently, carers’ issues need to

feature regularly on the agenda at board level of each HSS Board and HSC Trust.

To ensure that carers' issues are well represented at board room level Circular HSS (ECCU) 4/2006, issued by the Department in November 2006, required each HSS Board and HSC Trust to identify a board Member to champion the rights of carers and to ensure that carers' issues become more central to the work of the organisation.

Annex 1 of this document provides guidance on the role of the designated board Member with lead responsibility for carers' issues and provides a checklist of some of the basic questions which he/she needs to consider.

DESIGNATED BOARD MEMBER WITH LEAD RESPONSIBILITY FOR CARERS' ISSUES - HSS BOARDS AND HSC TRUSTS

ROLE

The designated board Member will ensure that carers' issues are well represented at board room level and, in particular, that:

- Carers are real and equal partners in the planning, provision and review of care, both at an individual and a strategic level.
- Support for carers is appropriate, safe, adequate, tailored, consistent, flexible and responsive, and complies with relevant standards.
- The need of carers for a range of support services is recognised, and actively addressed.
- The performance of services and service providers meets regional and local targets on support for carers.
- There is effective engagement with the voluntary, community and other sectors in planning, developing, commissioning, delivery, monitoring and review of services for carers.

The designated board Member will do this by:

- Scrutiny of policies, strategies, action plans and reports.
- Raising carers' issues at board level for discussion and possible policy/service development.
- Acting as an executive/non-executive board Member on working groups where carers' issues are critical.
- Requesting accountability reports for the board from executive staff, and where appropriate, assisting in the design of these to

ensure that real, essential, robust data is recorded across all POCs.

Questions for the designated board Member to ask

The following are examples of questions which the designated board member with lead responsibility for carers' issues may wish to use to prompt active consideration of carers' issues, to query aspects of information/reports provided and, where necessary, to trigger requests for reports in specific areas. The primary intention is to promote discussion and give effect to the "culture of partnership" with carers. It is important that responses in this dialogue are evidence-based. However, to minimise the reporting burden, the designated board member should have regard to other reporting arrangements within the organisation, for example in HSC Trusts, reports provided:

- in compliance with Circular: CC3/02 - Role and Responsibilities of Directors for the Care and Protection of Children;
- in relation to the discharge of delegated statutory functions;
- in relation to the monitoring of complaints and their resolution;
- in relation to direct payments; and
- in relation to carer's assessment.

For convenience, questions are organised under 6 inter-related headings, as follows:

1. Planning, Commissioning, Delivery and Review of Services;
2. Assessment, Care Planning and Review;
3. Support Services;
4. Information for Carers;
5. Workforce Planning, Workforce Management, Training, Supervision and Support; and
6. Human Rights and Equality

1. Planning, Commissioning, Delivery and Review of Services

- What are the overall needs of carers in the area, geographically and by POC, and the likely future demand for services?

- What methods have been used to assess carers' needs in the area?
 - How have carers and their representative organisations been actively involved in this process?
 - How have carers been helped to meaningfully participate in this process?
 - How successful have they been in making a difference to carers' lives?
- How are the needs of younger carers being met?
 - What are we doing to prevent young people from having to take on inappropriate levels of responsibility for providing care?
- What links have been established with GPs, Agencies and community groups to identify "hidden carers", and to advise them of the support available and how to access it?
 - How can we continue to improve in this area?
- What measures are being used to monitor whether needs have been met and to assess outcomes?
- How are we maximising the benefits for carers arising out of inter-sectoral, interagency and inter-departmental partnerships in relation to the planning, commissioning, design, delivery, and performance management and review of services?
 - What has been the engagement with the independent sector in relation to the planning, design, delivery and review of service provision and outcomes for carers?
- What audits, reviews or surveys of carers' services and/or views about services have we undertaken?
 - How have action plans from audits/reviews/surveys been taken forward?
 - Is the carer experience of service provision generally taken into account in service-audit related activity?
 - How have carers been helped to meaningfully participate in this process?
 - How can we continue to improve in this area?

- How are we performing against the Key Actions set out in *Caring for Carers* and the recommendations in *Promoting Partnerships in Caring*?
- How are we performing against the *Standards for Adult Social Care Support Services for Carers*?

2. Assessment, Care Planning and Review

- Are Carer's Assessments being consistently promoted and provided across the area, geographically and by POC?
- How many Carer's Assessments, by POC, have been completed during the last quarter?
- How many carers, by POC, have refused an assessment/review during the last quarter, and why?
- How many carers, by POC, are awaiting an assessment/review and for how long?
- What is the frequency, by POC, of case review after initial assessment?
- What have been the outcomes of the carer assessments that have been carried out?

3. Support Services

- What types of services and support are being provided to carers and how much is spent on these services? In particular:

Breaks from Caring:

- What is the level and type of respite provision, e.g. day care, sitting services, residential respite to support carers?
- Is service provision consistent across the area, geographically and by POC?
- Is respite provision age-appropriate and safe?

- Where respite is activity-based are activities stimulating and facilitated by appropriately trained staff and/or volunteers?

Training:

- What training have we provided for carers, e.g. related to provision of personal care, nutrition, practical procedures, moving and handling, medical conditions, medication (including effects and administration), in the last quarter?
- How are we engaging with other Agencies, the voluntary and community and other sectors in relation to carer training needs?
- How can we measure the impact of this input?

Domiciliary care:

- How do we ensure consistency of service delivery?
- How do we deliver appropriate levels of training for staff?
- How do we ensure that staff are able to 'fit in' to the home?
- How do we ensure effective communication between staff, regardless of provider agency, and carers and service users?

Transport:

- How do we work with community and other groups to ensure appropriate and flexible transport to meet the needs of carers?

Regular health checks:

- How are we ensuring that carers do not neglect their own health in order to provide care?
- How do we ensure that primary care practitioners recognise the role of the carer and their needs?

Emotional support:

- How do we ensure that emotional support is provided proactively, as well as being available in times of crisis?
- Do we give active consideration of the need for a practitioner other than the one available to the service user to be available to the carer?
- Do we promote and support carer 'befriending' or 'mentoring' schemes?

- How many carer-specific self-help groups do we support, by geographical area and POC?

Financial support:

- Has funding for carer-specific services been secured on a recurring basis?
- What other types of financial support do we provide carers?
- What has been the uptake of other financial support by carers?
- Is there any significant variation across the area, geographically and by POC? If so, how is it being addressed?

Other types of support:

- Do we provide access to alternative therapies for carers?
- How many carers, by POC, are in receipt of services/support?
 - Are there any significant variations across the area, geographically and by POC? If so how are they being addressed?
 - How many bespoke services/support for carers are in place by POC?
- How many carers, by POC, are not receiving services to meet their requirements?
 - What are the reasons for this?
 - How is risk being managed in these circumstances, and what remedial action is planned?
 - Are there any significant variations across the area, geographically and by POC?
 - If so, how are they being addressed?
- How are we promoting Direct Payments across the area, geographically and by POC?
- What is the uptake of Direct Payments by carers, geographically and by POC, during the last quarter?
 - How much is spent on them?
 - Are we on line to meet our targets?

- Is there any significant variation in uptake across the area, geographically and by POC? If so, how is it being addressed?
 - How many carers, geographically and by POC, offered Direct Payments have refused during the last quarter, and why?
 - Is there any significant variation in refusal across the area, geographically and by POC? If so, how is it being addressed?
- Are safe and appropriate services and appropriate levels of advice and information available to carers:
 - During transitions, e.g. when the cared for person crosses POCs, particularly when leaving Children's Services, or moves between care settings, e.g. from domiciliary care to residential or nursing home care?
 - At the end of their caring role?
 - What is the availability and reliability of out-of-hours services across the area, geographically and by POC?
 - Is there any significant variation across the area?
 - If so, how is it being addressed?
 - How are we engaging with the voluntary and community sector and other sectors in ensuring the delivery of safe and effective services?
 - Do we "sign post" effectively to other sources of help for carers?
 - If so, how is this being achieved?
 - If not, how is this being addressed?

4. Information for Carers

- What information do we have that is specifically targeted at carers?
 - Do we have an up to date directory of services and supports available to carers in the area?
 - Do we have readily accessible information about conditions?
 - Is the information we provide jargon free, user-friendly and available in a range of formats/languages?

- How often is it updated?
- How are carers, including younger carers, involved in its production, review and dissemination?
- How well distributed is the information?
- Is information available to individuals at the time they perceive themselves as carers?
- Are we monitoring comments/complaints from carers?
 - How many complaints have been received?
 - What messages are we getting?
 - What action are we taking?
- Do we have a carers' advocacy system?
 - What messages are we getting?
 - What action are we taking?

5. Workforce Planning, Workforce Management, Training, Supervision and Support

- Do we have an effective workforce strategy and workload management system in place?
 - Do we have robust recruitment and retention systems?
 - Are all appropriate pre-employment checks carried out?
 - Do we have sufficient staff to consistently deliver support services for carers?
 - Do staff have the knowledge, skills and competence to undertake their caring duties?
 - How are we monitoring workforce performance and effectiveness??
- Are we compliant with relevant employment and regulatory codes of practice, e.g. the Northern Ireland Social Care Council employers' code of conduct?
- Are the training needs of staff working with carers and identified in the Annual Training Plan?
 - Do staff working with, and making decisions about services for, carers have access to basic awareness training in the needs of carers?
 - What has been the uptake by staff across POCs?

- What has the level of participation by carers in the training of staff generally in the past quarter?
- How were carers supported to participate in staff training?

6. Human Rights and Equality

- What are we doing to promote a culture, which respects and promotes the principles of human rights and equality?
 - How are we demonstrating compliance with the United Nations Convention on the Rights of the Child?
 - Have all relevant policies have been screened and subject to appropriate consultation in accordance with Section 75 of the Northern Ireland Act 1998?
- How are we ensuring that the dignity of the carer is respected and valued and his/her right to privacy and confidentiality is appropriately maintained?
- How are we ensuring the protection of children and vulnerable adults?
- Have staff received awareness training on cultural sensitivity, human rights, equality and appropriate legislation?
- Are services to carers tailored to cultural need?

Good Practice Guidance Training for Carers

Contents

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Carers' Training Needs Assessment Process

'*Caring for Carers*' was published by the Department of Health, Social Services and Public Safety in 2006. It underlined the importance of Health and Social Care (HSC) Trusts identifying the training needs of carers, and making arrangements to provide training to enable carers to fulfil their caring responsibilities without any adverse impact on their own health and well-being.

This good practice guidance has been developed, as one of the agreed actions in *Caring for Carers*, to assist Trusts in developing training for carers.

Each Trust should develop a protocol, drawing on existing policy and good practice in their Trust, which clarifies how the Trust manages the "carer training" process. The protocol should address the following areas/questions, in a way that is appropriate to its own structures.

Information

Trusts' written information for carers should include detail on how carers can access training. This material should be available in all appropriate settings, including health centres and hospitals, and in a range of formats and languages as appropriate.

Who can refer?

- Any member of HSC staff who identifies a training need for a carer (e.g. OT, Social Worker, CPN, GP).
- Voluntary organisations.
- Self-referral.
- Other organisations e.g. schools, Housing Executive.

It is important that training does not only become available through care management. This concurs with the Northern Ireland Single Assessment Tool (NISAT) which can trigger a carer's assessment at any stage of the assessment process beginning with the initial contact screening. Referral from voluntary organisations and self-referral will assist in reaching carers not currently known to the Trust.

How are referrals made?

- Via the initial referral form (see "Model Carer Training Referral Form" at Annex 1) or via the carer's assessment, if appropriate.
- Sent to named individuals within the Trust. Each Trust may decide which posts/staff should have this function, although it is suggested that this should be managers at band 8A or equivalent.

Who is eligible for training?

- Clear and transparent criteria must be agreed.
- These should be as open as possible, recognising that reaching carers early in their 'caring career' is critical to the value carers put on training and the benefits they get from it.
- It may be appropriate to vary criteria between programmes of care.

Who does the training needs assessment?

Detailed training needs assessment (see “Model Carer Training Needs Assessment” at Annex 2) should be completed by either:

- The staff member responsible for the carer’s assessment.
- A designated staff member with responsibility for carer’s training.
- An independent agency, commissioned by the Trust, which has demonstrable skills and experience in training needs assessment. However, in this case, responsibility must be vested in an identified Trust senior manager (see also evaluation, below).

It is essential that there is awareness of the sensitivities of the process for carers, and a good knowledge of what training resources are actually available.

What is the carer’s role in training needs assessment?

- The importance of enabling self-identification of needs should be stressed.
- The carer must have control over pacing and sequence of training so they can address the needs they see as a priority.
- Opportunities to review and amend the training needs assessment should be part of evaluation of training.

What about health and safety concerns?

- In assessing risk, Trusts should give the same consideration to carers’ needs and human rights around health and safety issues as they would to their own staff.
- Training for carers should be seen as an important contribution towards providing quality support for independent living and managing risks to the health and safety of service users and carers alike.

How is training provision delivered?

- Trusts should identify a wide range of appropriate training providers, including Trust staff, voluntary organisations, carers groups and independent training providers.
- Training should be available in a range of different formats, e.g. in both one-to-one and group settings, home-based, via computer or internet programmes.
- Training providers should sign up to the Carers' Training Charter.
- The training offered to carers should be evaluated by the Trust on a regular basis.
- Carers should be offered accredited training, where appropriate.

What support may carers need to access training?

- Alternative care/respite services.
- Help with transport.
- Encouragement.
- Assurances about confidentiality.

How is training co-ordinated?

- The role of Carer Co-ordinator will be vital in facilitating the collation, sharing and evaluation of relevant information.

What review and evaluation mechanisms are in place?

- Evaluation of training activity.
Responsibility of: training provider. Trusts should monitor and quality assure as part of their normal commissioning arrangements.
- Review of individual outcomes from training.
Responsibility of: person who carried out original training needs analysis. Should lead into review of outstanding training needs.
- Review of processes and systems.
Responsibility of: Carer Co-ordinator to undertake review. This review to include analysis of the patterns of training need identified through training needs assessment. This should be then reviewed by senior manager (each Trust to specify named senior manager) and fed through into the Trusts planning and commissioning processes.

Carers must be actively involved in the planning, review and evaluation of training.

Carers' Training Charter

1. Whilst caring is for many people is a 'labour of love', it is a task that brings stresses and difficulties that can clearly impact on the quality of life of the carer and of the person being cared for.
2. Carers should be viewed as partners in the provision of care, and should be provided with the training they need to support their contribution to the care of the person being looked after. Trusts should at all times be aware of their statutory responsibilities to both the client and the carer.
3. Carers training needs should be identified at an early stage through a training needs analysis. This should be carried out in a systematic way, triggered by the Carers Assessment and other contact with health and social care staff. Carers' expertise should be recognised, as well as their training needs.
4. The availability of training for a particular task or role must not be used to persuade any carer to undertake that role if they are reluctant to do so.
5. Where a care plan identifies the carer as actively wishing to undertake personal care or nursing tasks, the Trust must provide training to ensure these can be carried out safely by the carer.
6. Training for carers must be conducted in an atmosphere of trust, so that carers are not afraid to ask for help or to expose gaps in their knowledge for fear of being seen as inadequate in their caring role.
7. Confidentiality must be respected, and any limits to confidentiality must be clearly explained.
8. The key needs identified with the carer through the training needs analysis should be delivered as agreed with the carer in a timely manner.
9. Training for carers must be informative, specific to their identified needs, empowering, support the development of friendships and be stimulating and enjoyable.
10. As well as practical skills-based training, carers need capacity building training, so that they can participate with confidence in decisions about care and training.
11. Training providers must recognise and address the major barriers that prevent carers accessing training, particularly lack of respite and transport provision. This may involve provision of alternative care while they are

absent and ensuring the timing of training fits in with the caring role and other family or work commitments the carer may have.

12. The Trust should not assume that training leaves carers able to cope. There should be a review with the carer some time after the training.

Model Carer Training Referral Form

Referred by _____ Date of referral _____

Role _____

Team or organisation _____

Address _____

Postcode _____

Contact Tel _____

Main contact person within Trust _____

Address _____

Tel _____

Carer Details

Name _____

Address _____

Post Code _____ D.O.B _____

Tel No (h) _____ (wk) _____

(mob) _____

Relationship to person cared for

Outline of Caring Role

Sole Carer – i.e. no help from other sources

Regular Help – please specify source (e.g. family, friends, care agency etc)

Limited Help – please specify source (e.g. care agency family, friends)

Carer's Health – including any Special Requirements

Additional Information

Model Carer Training Needs Assessment

Name of Carer

Ref:

1. **Basic Knowledge of Illness/Disability**

2. **Recognising and preparing for changes in the illness / disability**

3. **Personal Hygiene**

Bathing/showering
Bed bathing
Eye Care
Oral hygiene
Shaving
Hair care
Care of feet
Care of hands
Skin care/pressure area care

4. **Toileting / Incontinence Care**

Hygiene
Catheter care
Colostomy care

5. **Nutrition / Feeding**

Dietary advice
Hand feeding
Peg feeding

6. Medication Management

7. Breathlessness

Use of oxygen

**8. Moving & Handling
(With Reference to Trust Policy on Manual Handling)**

Care of self
Care of client
Use of equipment

9. Communication

Hard of hearing
Visual impairment
Language issues

10. Maintaining A Safe Environment

Preventing accidents
Preventing infection

10. Encouraging Independence of Person Cared For

Identifying risks
Managing risks

11. Sleeping

Sleeplessness
Disturbed sleep patterns

12. Emotional Impact

Fears
Stress management
Behaviours that may be challenging

13. Working/Playing

Confinement to indoor environment
Relaxation
Sense of worth – carer/client
Time Management
Assertiveness

14. Facing changes in the caring role

Loss and Bereavement
Moving to nursing/residential homes or supported living
Fears
Changes in personal and sexual relationships
Support or lack of support

15. Roles and Responsibilities of Key Staff Members

16. Resources in the community

Benefits advice
Financial/legacy planning
Voluntary organisations
Health & Social Care Councils

17. Support needed to participate in training

Respite arrangements
Help with transport
Literacy or language needs
Access requirements

16. Delivery of training

One to one or group setting
Home based

17. Confidentiality

What carer can expect
Agreement on sharing of information

18. Training Priorities

Of the training needs identified, which does the carer see as the top 3 priorities?

- 1 _____
- 2 _____
- 3 _____

COMPLETED BY

SIGNED BY CARER

DATE _____

Date for review: _____ **(12 months/other as agreed)**