



design and development of carers' support

**SERVICE DEVELOPMENT BRIEFINGS
FOR SOCIAL SERVICES DEPARTMENTS**

YASMIN GUNARATNAM

**KING's
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The King's Fund Centre is a service development agency which promotes improvements in health and social care. We do this by working with people in health and social services, in voluntary agencies, and with the users of these services. We encourage people to try out new ideas, provide financial or practical support to new developments, and enable experiences to be shared through workshops, conferences, information services and publications. Our aim is to ensure that good developments in health and social care are widely taken up. The King's Fund Centre is part of the King's Fund.



Illustrations by Christine Roche

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■ FOREWORD ■

Now that the dust has settled for local authorities in preparing their organisational arrangements for the implementation of community care, the opportunity for ensuring an effective response to the needs of carers must be taken. The King's Fund Centre has taken the lead over the last few years in assisting health services, social services and voluntary agencies to recognise the needs of carers and to help them in practical ways to involve carers in the design of services which meet their needs. This report is a product from their work and is an important contribution from which every social services department would benefit.

The approach which is recommended in establishing carers' service development strategies in each authority is to bring together all the key stakeholders to 'think big' before agreeing a service development action strategy of small achievable projects on the ground. The adage 'think big; start simple' should be adopted as a useful watchword for us all. The stages are illustrated by some well-chosen practical examples which any authority with the will to improve services for carers should be able to follow. The importance of a carers' forum is brought out, together with the need to provide information and practical support to carers to enable them to take part in establishing the service development strategy and in designing services. In the past, a number of effective initiatives have withered as a result of a collective failure to sustain them. Ensuring that sufficient resources and support are made available can only be achieved where there is a genuine meeting between top-down and bottom-up approaches which ensure that sufficient resources are built into the planning process. The companion guide for health services will provide an excellent opportunity for local joint initiatives.

*Peter Smallridge
President
Association of Directors of Social Services*

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- ★ the carers' workers in each of the service development projects who generously shared their information, expertise, and experiences: Gwyneth Williams (Doncaster project); Sheila Taylor and Pat Southcott (Oxfordshire project), and Wendy Adcock (Nottingham project)
- ★ Nicholas Welch (Assistant Director, Planning and Commissioning Oxfordshire Social Services and Michael Powell (Project Manager, Carers Impact Project, King's Fund Centre) for their contributions to the drafts
- ★ Carers in Doncaster, Oxfordshire, and Nottingham who contributed to the projects and whose experiences and feedback helped to identify key service development issues
- ★ Tracey Hucklestone, who typed several drafts and met tight deadlines with calmness and professionalism.

Finally, heartfelt thanks must go to Janice Robinson and Lydia Yee at the King's Fund Centre, who in effect co-produced the briefing with me. They spent many hours planning and discussing the briefings with me and made substantial contributions to successive drafts. Their support, encouragement, and good humour were invaluable.

Please note: I use the term 'Black' to refer to people from racial or other minorities who may be disadvantaged because of their racial backgrounds.

■ INTRODUCTION ■

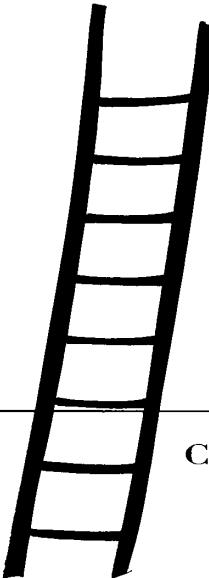
— SNAKES AND LADDERS IN CARERS' SERVICE DEVELOPMENT —

This briefing provides you with a map to guide you through the maze of creating and sustaining a service development programme. It uses the lessons learned from four King's Fund Centre carers' service development projects, three of which were based in social services departments (see Appendix A for details of the projects).

During the time of the King's Fund Centre's work in service development, the Community Care legislation has also served to put carers firmly on the agenda of both health and social services. There has been a move away from the short-term and often ad hoc 'bits and pieces' approach to carers' services of the 1980s, and a move towards a more strategic approach. Many social services departments have already taken up the challenge of carers' service development and have implemented creative and needs-led service options. However, service development can be a complex process which demands a combination of continuing commitment and planning and the ability to take advantage of unexpected opportunities.

The experience of the King's Fund Centre projects showed that seemingly logical linear change processes rarely take place. The reality of service development on the ground is much more complex and bitty and characterised by dead ends and interruptions, and only when we are lucky by short cuts and spring boards that can move the work forward. In fact, we found that the day to day experience of mounting and implementing a carers' service

DESIGN AND DEVELOPMENT OF CARERS' SUPPORT



development programme has more in common with a game of Snakes and Ladders than with more structured blue-print plans which look good on paper.

The briefings have, therefore, tried to provide a strategic service development framework while acknowledging the reality of the often unpredictable nature of the work itself. Using the theme of snakes and ladders, the briefing draws attention to potential blocks or 'snakes' which hold up progress in the projects, and also highlights opportunities or 'ladders' which enable success.

In building opportunities and threats to service development into the briefing we hope that departments will be able to avoid some of our pitfalls and capitalise on our successes.

CARERS' SERVICE DEVELOPMENT IN A NUTSHELL

Carers' service development means for the King's Fund Centre making and securing direct service improvements for carers. In practice this means cutting through the rhetoric and bureaucracy and taking action which will lead to visible service results.

If you are serious about improving service provision for carers, you will need to create a strategic service development programme which will involve:

- ★ carers participating in the planning, design and monitoring of services
- ★ an awareness that carers needs may be separate and distinct from those of the person for whom they care

- ★ bringing staff and carers together to identify service shortfalls and develop service provision
- ★ establishing inter-agency collaboration with health authorities, providers and voluntary organisations
- ★ creating a service development strategy with clear and achievable objectives and with tangible service improvements for carers
- ★ designating responsibility for service development to a senior manager(s)
- ★ creating a supportive environment which enables staff to test out new ways of working
- ★ structures and processes to embed innovative service pilots into mainstream work.

■ PHASE ONE: DESIGNING A SERVICE DEVELOPMENT PROGRAMME ■

KEY LADDERS IN THIS SECTION

Identify and involve all stakeholders in the design group at the beginning of the programme.

Involve councillors and keep them informed about the work.

Make specific efforts to involve NHS representatives.

Make sure that fieldworkers, as well as managers, are involved in service reviews.

Don't take carers' knowledge of services for granted. Talk to carers about what you are doing and listen carefully to what they say.

■ INVOLVING KEY STAKEHOLDERS IN YOUR DESIGN GROUP ■

In designing a service development programme, it is first important to identify key stakeholders, both within and outside your organisation, who will develop and 'own' the programme with you.

The stakeholders can then be brought together in a design group, responsible for creating and overseeing the service development programme. Your stakeholders will really be your service change agents. They may not be involved in implementing service changes but they will set the framework for change.

Choosing the right stakeholders and involving them all at the beginning of the design process will help to ensure both that the programme is relevant to carers and that there is managerial drive and ownership of the programme at the implementation stages.

■ WHO ARE THE STAKEHOLDERS? ■

Senior managers within your department

Experience from the King's Fund Centre service development projects shows the importance of gaining commitment and support for carers' initiatives 'from the top'. Involving senior managers at the design stage of the programme was seen to have benefits for communication, implementation and the integration of programmes into wider departmental work.

When choosing senior managers for the design group, consider both personality and position. You will need to think about those managers who will help to drive the work forward in the early stages and also those who may be able to facilitate the programme in the later implementation stages.

It is often useful to try to get a balance between supportive and challenging managers. Differences in views and approaches can add vitality to the programme and could also alert you to any potential blocks or pitfalls in the work.

Stakeholders in the King's Fund Centre projects

Some of the managers who were involved in the different design groups in the King's Fund Centre projects included :

- ★ Deputy Director
- ★ Assistant Director (Adult Services)
- ★ Assistant Director Commissioning and Planning
- ★ Principal Officer (Adult Services)
- ★ Assistant Director (Community Care=Planning)
- ★ Service Head (Policy) – Older People
- ★ Domiciliary Care Manager
- ★ Senior Housing Warden Organiser
- ★ District Managers (in selected pilot districts)

POLITICAL COMMITMENT IS ESSENTIAL

The King's Fund Centre projects found that the involvement and commitment of councillors was crucial to securing service improvements for carers.

Some councillors are carers themselves. They are also often made aware of carers' needs by local carers. The knowledge and experience of councillors, in addition to their political position, can greatly enhance the planning and development of services.

You can involve councillors in the service development programme in a number of ways:

- ★ In the Doncaster project, both the chair and the vice-chair of the Social Services Committee were members of the design group.
- ★ In Oxfordshire, the Social Services Committee accepted the 'Carers Charter' and later produced a policy statement to back up its commitment to the Charter.
- ★ All the projects provided regular strategy reports to their Social Services Committees about carers' service initiatives which kept carers high on the political agenda.

Senior managers within the NHS

It is important that the design group also includes managers within the NHS. This will ensure the development of good collaboration throughout the programme and avoid any duplication of effort.

- ★ Stakeholders in the King's Fund Centre projects
- ★ Assistant Director (Primary Care), Community NHS Trust
- ★ purchasing managers
- ★ Patient Services Officer (FHSA)
- ★ general practitioners
- ★ nurse managers
- ★ Head of District Nursing

Carers

Carers were involved in all of the design groups for the King's Fund Centre projects, enabling the projects to benefit directly from carers' views and experiences.

Carers' involvement in the design group not only helps to ensure relevance of the programme to carers' needs but also provides opportunities for testing out and challenging proposed service ideas. As the King's Fund Centre found out, there is no one formula for gaining carers' involvement, rather a number of different methods which should be appropriate to local situations, including the following:

- ★ some departments have already established carers' forums or committees whose members they can involve

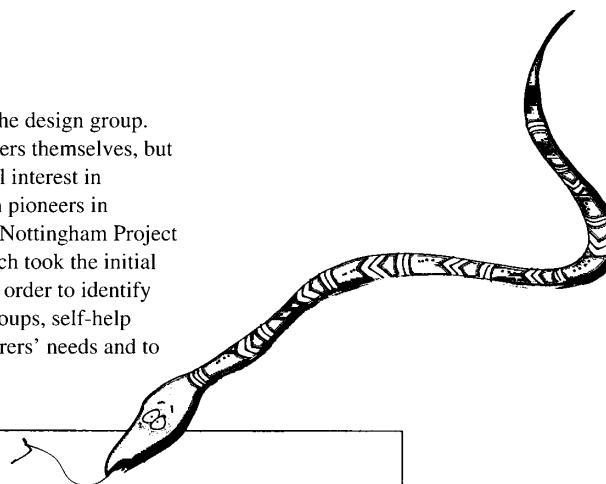
SERVICE DEVELOPMENT BRIEFINGS FOR DIRECTORS OF SOCIAL SERVICES

- ★ active local carers' groups and voluntary organisations can be approached to participate
- ★ in departments which have few established contacts with carers or carers' groups, it can be possible to start building up contacts by approaching individual carers who are using services.

Whichever way you involve carers, it is important that you earmark resources or establish an independent budget which will ensure their participation in design group meetings. Expenses for carers should cover respite care for the person who is cared for and any travel and subsistence expenses for carers.

Voluntary organisations

Voluntary organisations can be powerful allies to have in the design group. Not only are some members of voluntary organisations carers themselves, but some groups, for example Age Concern, have an additional interest in supporting carers. Other voluntary organisations have been pioneers in developing and providing services to carers. In fact, in the Nottingham Project it was the local Council for Voluntary Services (CVS) which took the initial lead in liaising with health and social services managers in order to identify the feasibility of the project. Previous work with carers' groups, self-help groups and carers' co-operatives had alerted the CVS to carers' needs and to issues concerning the delivery of statutory services.



BE CAREFUL ...

- ★ to ensure that everyone in the design group understands why carers are involved.
- ★ that carers are clear they are there to consider how to help carers as a whole rather than looking at their own case or their group's interests.
- ★ to ensure that Black carers have a voice in the design group.

DESIGN AND DEVELOPMENT OF CARERS' SUPPORT

**STAKEHOLDERS IN THE KING'S
FUND CENTRE PROJECTS**

Local branches of the:

- ★ Carers' National Association
- ★ Age Concern
- ★ Mencap
- ★ Alzheimer's Disease Society
- ★ Council for Voluntary Services
- ★ National Schizophrenia Society

Local groups and organisations:

- ★ Oxfordshire West Indian Centre
- ★ Nottingham Afro-Caribbean Association
- ★ Flexicare (local respite care scheme)
- ★ individual carers

— OWNERSHIP OF THE PROGRAMME: BUILD IT, SUSTAIN IT, RENEW IT —

Once you have identified your key stakeholders and brought them together, it is important to spend time building joint ownership of the development programme – not just at the beginning, but throughout the programme.

Building ownership

- ★ Be clear about the purpose and function of the design group.
- ★ Relate the service development programme to departmental objectives and targets, inter-agency initiatives and identified needs.
- ★ Involve all the stakeholders at the design stage of the programme when initial ideas and plans are being formulated.
- ★ Ask for a time commitment to the programme and consistent and regular attendance at group meetings.
- ★ Avoid operating as a committee to receive reports on what has already happened. Instead, encourage the group to perform as a proactive think-tank and problem-solving group.

Sustaining ownership

- ★ Encourage the group to look at and talk about how the group is working together and how group members feel.
- ★ Ensure all group members have an input to major decisions.

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- ★ Identify clear short- and long-term 'pay offs' from the programme for both carers and staff.
- ★ Plan for small successes that promote consistent progress and build commitment.

Renewing ownership

- ★ Regularly revisit the role of the design group and the purpose of the development programme (particularly if there are changes in the membership of the design group).
- ★ Regularly acknowledge and celebrate accomplishments.
- ★ Recognise and record individual contributions to the success of different stages in the programme.
- ★ Regularly talk to group members to check that they feel able to participate in the group and that they feel valued.
- ★ Make sure that group members are kept in touch with and understand what is happening throughout the life of the programme.

NHS INVOLVEMENT – TAKE CARE

The King's Fund Centre projects experienced some difficulties in ensuring the full participation of health representatives throughout the life of the projects. A key problem was enabling real joint ownership of work that was seen as being initiated from and carried out within the social services arena.

Additional blocks to joint working included:

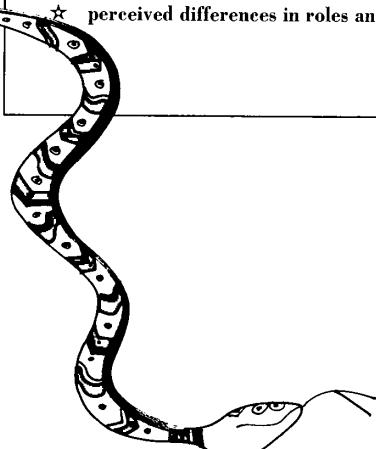
- ★ health representatives being asked to participate in the design group in the later stages of the programme
- ★ health authorities, trusts and practitioners being involved with radical changes in their own work
- ★ no history of joint working
- ★ perceived differences in roles and responsibilities for carers.



LESSONS LEARNED

- ★ establish arrangements for the involvement of health representatives from the beginning of the programme
- ★ identify and establish shared values and beliefs
- ★ establish participative meeting arrangements

(for example, examine who chairs meetings and whether health authority and trust decision-making cycles are taken into account in scheduling meetings)



■ REVIEW EXISTING SERVICES: START WITH WHAT IS ALREADY HAPPENING ■

One of the first 'building blocks' in planning your service development programme is to take account of the way existing services are provided *and* received – to map what is already happening. The design group will need to have a clear overview of:

- ★ the range of existing services for carers in the area
- ★ how carers' experience those services
- ★ what carers say they need and want from services.

Research and the experiences of the projects has shown that many carers are either unaware of services to which they are entitled or are unable to get services which are appropriate to their needs. In reviewing carers' services it is, therefore, important to ask carers about the help that they need and from where – if anywhere – they are getting support.

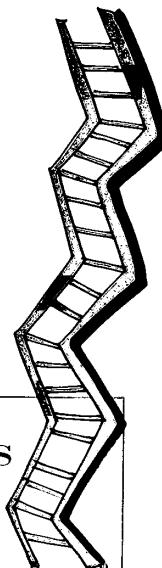
Vital and manageable

The review stage of the programme can involve a number of different activities, such as information gathering, research and consultation. It is not surprising that many departments can get 'bogged down' at this early stage of the programme, with research and consultation exercises taking on a life of their own and becoming an end in themselves.

The main lessons are to start 'small and simple' and avoid elaborate and protracted review procedures which, though valuable in themselves, may have no direct benefit to carers.

Handled badly, the review process can overwhelm the programme by eating into valuable time and resources. A key question to bear in mind at this stage – and indeed throughout the programme – is: 'How will this result in improvements in services for carers?'.

Be clear about your information needs and concentrate on getting targeted information which relates directly to service provision. Once you are able to get a broad overview of your services and of carers' views, you will be able to identify and respond to any further information needs as the programme develops.

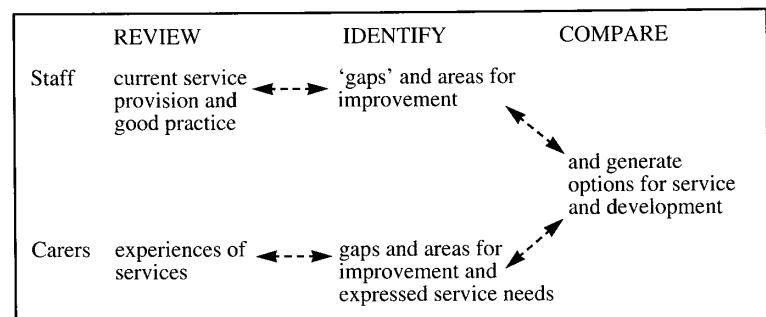


SUCCESS IN THE REVIEW PROCESS

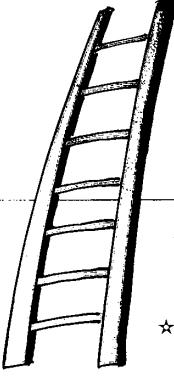
- ★ Set clear objectives with time scales for the review.
- ★ Recognise that the review process is a stage in a wider programme.
- ★ Acknowledge that the review may not be comprehensive or 'perfect'.
- ★ Limit the scope of the review (for example, by consulting samples of carers).
- ★ Use existing sources of information held in the department and by community organisations.

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— THE REVIEW PROCESS —



**REVIEWING EXISTING SERVICES
WITHIN THE DEPARTMENT**



- ★ Identify the range of services and initiatives available to carers (this can include specialist services specifically for carers or generic services – for example, for elderly and disabled people – which can indirectly support carers).
- ★ Identify the strengths and weaknesses in the provision of services for carers.
- ★ Identify any 'gaps' in service provision.
- ★ Involve both managers and practitioners in the review.

The King's Fund Centre projects found that much valuable feedback and ideas on services came through when practitioners were involved in reviews.

Sources of information

- ★ staff consultations
- ★ staff meetings
- ★ action learning sets
- ★ quality circles
- ★ committee reports
- ★ local research by voluntary organisations

Reviewing carers' service experiences and needs

- ★ Ask for carers' views about different services and their reasons for using services.
- ★ Ask carers to identify service strengths and weaknesses.
- ★ Ask carers for their views about how existing services could be improved.

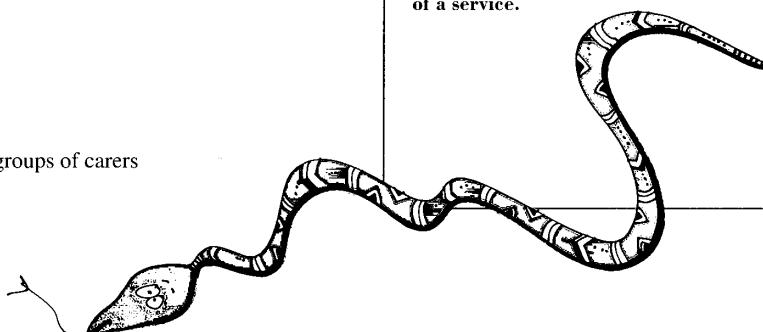
Sources of information

- ★ questionnaires and surveys
- ★ consultation meetings with small groups of carers
- ★ individual interviews
- ★ carers' forums/committees
- ★ assessment and care plans
- ★ complaints procedures

DON'T ASSUME SHARED UNDERSTANDING

In consulting carers about their service experiences, the projects found that carers sometimes found it difficult to recognise the 'services' they received.

The projects found that it was often useful to define at the beginning of the review process what is considered a service. For example, a visit from a social worker or occupational therapist where there was discussion but no immediate outcomes was sometimes not seen by carers as being a part of a service.



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Moments of truth

Having gathered together information from the department and from carers about service provision, it should be possible to compare and classify emerging issues as they relate to the quality of existing service provision and options for future service developments.

The King's Fund Centre projects found that carers' own views and experiences were vital to this process. Attention to differences between carers' views and expressed needs and actual service provision provided 'moments of truth' in the projects that highlighted key service elements for consideration, adjustment and development.

TURNING CARERS' EXPERIENCES INTO SERVICE DEVELOPMENT ISSUES

The following are examples of carers' experiences taken from assessment, complaints and consultation procedures. They represent a range of carers' issues which were common to all the projects and which the projects had to explore and then turn into elements for service development. A key learning point for the projects was the importance of talking to carers and not always taking procedural information at its face value.

1 AN EXTRACT FROM AN ASSESSMENT FORM

Question: Can the client feed himself?

Answer : Yes

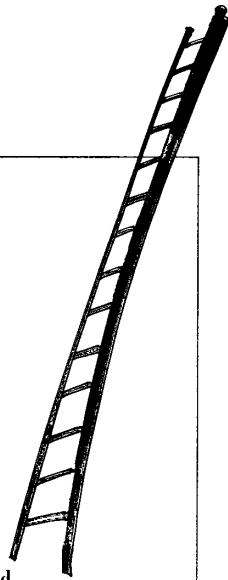
On talking to the carer it was found that the carer had to cut the food into small pieces and put it on a spoon which the 'client' would raise to his mouth when encouraged to do so.

2 COMMENT FROM A CARER ABOUT DOMICILIARY CARE SERVICES

'Two home care assistants have to come to help my husband to get up and dress in the morning and to go to bed at night. Two help when he goes to day care, but I am expected to manage on my own at weekends.'

3 COMMENTS FROM AN ELDERLY MAN CARING FROM HIS WIFE, MADE DURING A CONSULTATION EXERCISE

'My wife is no longer able to wash or bathe herself. I have been doing it for her, but she hates this. I have tried to get help with bathing but with no success from either social services or the nurses.'



■ PHASE TWO: CREATING THE SERVICE DEVELOPMENT ACTION STRATEGY ■

KEY LADDERS IN THIS SECTION

Agree a set of principles within the design group for your service development strategy.

Set clear, specific and achievable objectives.

■ PRINCIPLES TO GUIDE YOU ■

At this stage of the programme it is worth making time in the design group to agree a clear set of principles to guide the service development strategy. Identifying and agreeing principles 'up front' can be valuable in confronting dilemmas, agreeing service objectives and priorities and in evaluating outcomes. 'Core' principles which were essential to the successful development of strategies in the King's Fund Centre projects were that:

SERVICE DEVELOPMENT BRIEFINGS FOR DIRECTORS OF SOCIAL SERVICES

- ★ changes in services should reflect needs and preferences identified by carers
- ★ carers must be involved in planning, designing and evaluating service initiatives
- ★ Black carers must be involved
- ★ carers and staff in service agencies should work together
- ★ staff at all levels in the organisation should be involved in the programme (including senior and middle managers and front-line staff).

— THE STRATEGY —

Your service development strategy should reflect what you hope to achieve, how the work will happen and who is to do what and when. Elements which you could also expect to see included in the strategy are:

- ★ clear and specific objectives showing which service improvements for carers you will focus on
- ★ an indication of the priorities on which objectives have been formulated
- ★ evidence that the needs of Black carers have been taken into account
- ★ what staff will be expected to do and the support that they will be offered
- ★ a timetable for action
- ★ a financial strategy.

■ A WORKING CONTRACT FOR THE DESIGN GROUP ■

Some of the King's Fund Centre projects found it useful at this stage actively to engage the commitment of the design group through the 'visioning' of future services and by capturing planned commitment in a working agreement.

Visioning

Involve the design group in picturing what future services could look like if the aims of the strategy were achieved. The combined vision of the group can be helpful in conceiving the detail of the strategy and should also give you a sense of how to track the success of the strategy.

A working contract

This should be written down by and for design group members and should include:

- ★ a shared vision for future service provision
- ★ an action plan for group responsibilities and activities to implement the strategy
- ★ statements showing how the group will work together to promote implementation of the strategy.

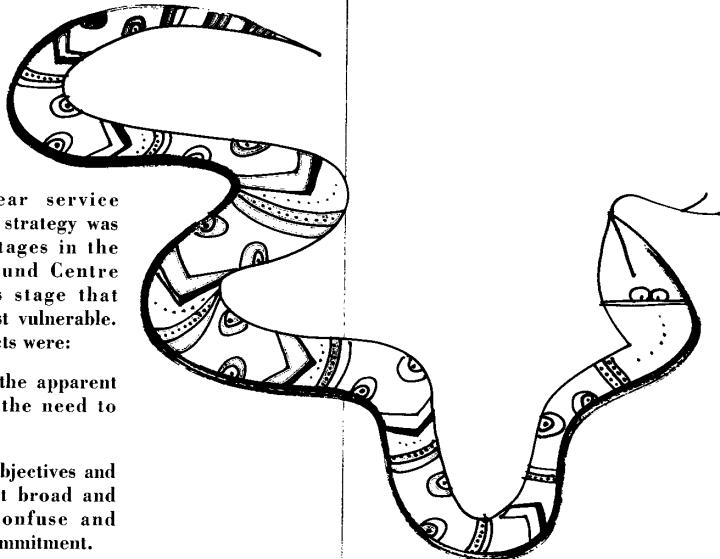
**SETTING
OBJECTIVES
FOR THE
STRATEGY:
GET IT RIGHT**

With hindsight, setting clear service development objectives for the strategy was one of the most important stages in the progress of all the King's Fund Centre projects. It was also at this stage that programmes can be at their most vulnerable. Two clear lessons from the projects were:

- ★ Don't get overwhelmed by the apparent enormity of the task and the need to 'change everything at once'.
- ★ Set specific and achievable objectives and resist the temptation to set broad and vague goals which can confuse and undermine motivation and commitment.

At their most basic, service development objectives need to convey to managers and staff what is expected of them in terms of results. The objectives should also provide carers with some idea about what they can expect from the strategy.

You will also need to keep returning to these objectives as you obtain feedback from carers and staff on the progress of service development initiatives.



■ PHASE THREE: PREPARING FOR ACTION ■

KEY LADDERS IN THIS SECTION

Establish arrangements for information giving and publicity so that staff and local carers are kept in touch with the work.

Set up a referral system for dealing with cries for help from carers who may try to get in touch with services through the service development programme.

Make sure that senior managers and councillors are kept in touch with the work and are seen to be supporting staff.

Ensure that staff are involved in the planning and implementation of evaluation activities.

SERVICE DEVELOPMENT BRIEFINGS FOR DIRECTORS OF SOCIAL SERVICES

— SETTING UP THE ACTION FRAMEWORK —

The action framework refers to the structures, activities and people that should be in place to enable the implementation of the service development strategy.

The key players in the implementation stages are:

Lead development officers: officer/s who have formal responsibility for co-ordinating the implementation of the service development strategy.

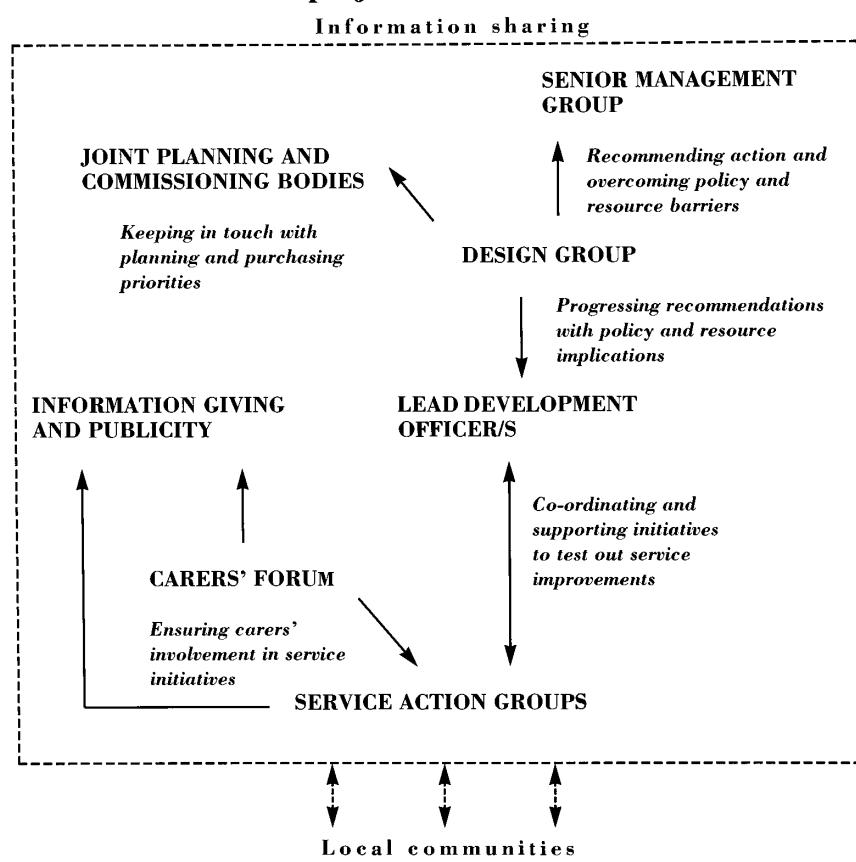
Service action groups: short-term groups which bring together middle managers, front-line staff, voluntary groups and carers to develop and test out service initiatives.

Carers' forum: a core group of carers who not only influence but also act as a reference point for service development initiatives.

The action framework adopted by the King's Fund Centre projects included the following basic elements:

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Action framework used by the King's Fund
Centre projects



The vital links

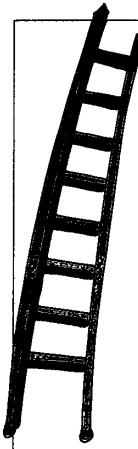
The senior management group

However you decide to proceed, it is important to have formal links between the lead officer/s (see below) and the senior management group. The link can be made either through direct reporting lines between the lead officer and the director or, as in the case of Oxfordshire, through the lead officer being a member of the senior management group itself.

Joint planning and commissioning bodies

Establishing a clear link with joint planning and commissioning bodies should be a vital component in any service development strategy. Where links have not been established, service initiatives may become stalled where they are not seen to fit into planning and purchasing priorities.

Where these two vital links are absent or weak, carers' service development programmes will be out on a limb, operating in isolation from the main thrust of service development in the area.



KEEPING THE SENIOR MANAGEMENT GROUP IN TOUCH

With hindsight, some of the projects felt that there are positive benefits to be had from enabling direct links between carers and senior managers.

To get to grips with making meaningful service improvements, managers need to be in touch with the day-to-day realities of carers' lives and also how services work in practice. Opportunities for creating links between carers and managers can be made through organising:

- ★ visits for managers to carers' groups and carers' own homes
- ★ visits to day centres, respite care facilities and other support services
- ★ regular meetings between carers and managers.

■ ELEMENTS IN THE ACTION STRUCTURE ■

— CARERS' FORUM —

At the heart of your action framework should be a forum for carers through which carers are given the opportunity to come together and influence wider service developments.

The Oxfordshire project enabled the development of a strong carers' forum, with the primary purpose of providing opportunities for carers to have an input into the planning and development of work. Added benefits of the forum were that it:

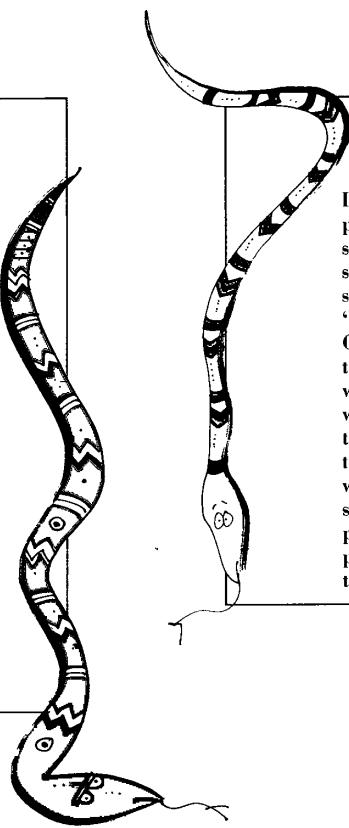
- ★ acted as a source of support to carers
- ★ gave carers opportunities for sharing experiences
- ★ provided opportunities for carers to meet professionals involved in service provision.

— INFORMATION GIVING AND PUBLICITY —

It is important to develop a system that will enable the regular dissemination of information to the public and staff about the progress of your service development programme. This will mean that:

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- ★ local communities are given clear messages that carers are valued and taken seriously;
- ★ staff not immediately involved in programme activities are kept informed and up to date; and
- ★ staff and the public can both 'see' that service changes, however small, are part of a development process rather than one-off isolated events.



DEALING WITH CRIES FOR HELP

Publicising carers' service development can often result in cries for help from local carers. Not surprisingly, many carers are not aware whom they should approach and may try to access services through the development programme itself. The lessons learned from the projects are:

- ★ set up a referral system to back up your publicity strategy to deal with any direct approaches from carers
- ★ alert relevant staff to the possibility of new referrals
- ★ be clear that the role of your lead officer is not to take up individual casework (see right).

SUSTAIN A PROFILE

In the Doncaster project, publicity presented a particular challenge at stages in the programme when the service changes taking place were subtle and less visible, making 'newsworthy' stories more difficult. Carers interviewed at the end of the project reported that they were sometimes unaware of the work going on and the changes taking place. It was recognised in the final stages of the work that it would have been useful to have sought the help of press and public relations experts to plan a publicity strategy for the life of the programme.

— THE LEAD DEVELOPMENT OFFICERS —

The projects found that even though the combination of elements in their individual action frameworks varied, the ultimate success of the framework depended upon its ability to link top-down drive and decision-making with bottom-up concerns. This is where the role of the lead officer/s can be crucial.

The projects found that it was beneficial to have a lead officer/s who had designated responsibility for co-ordinating the service development strategy. It is important to emphasise that the role of the officer/s is not to carry out all the work detailed in the strategy, but rather to enable managers and practitioners to examine and develop their own services. Additional areas of work can include:

- ★ overseeing the implementation of the service development strategy, ensuring that objectives are achieved
- ★ facilitating communication between the various elements in the framework
- ★ progressing recommendations put forward by staff and carers where recommendations have implications for policy and resources.

— SUPPORT YOUR LEAD OFFICERS —

The experience of some of the lead officers in the King's Fund Centre projects was that without proper support the job can be lonely and stressful. The role involves working with disparate groups of people across organisational boundaries.

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The officers also need to be able to 'face two ways' – towards the organisation and towards carers. In practice this can mean them having to maintain a balance between being a carers' advocate and being a facilitator/enabler within the service. At times it can also mean having to deal with suspicion and criticism from both staff and carers.

It is important that senior managers and the design group are aware of the potential tensions and stresses within the role and that appropriate supervision and support structures are established. Two lessons the projects highlighted were:

- * don't assume that your lead officer/s will have no training needs.
Provision for training should be built into programme budgets
- * establish opportunities for your lead officer/s to meet with other service development colleagues.

— SETTING UP THE ROLE —

There are a number of ways of setting up the lead officer's role:

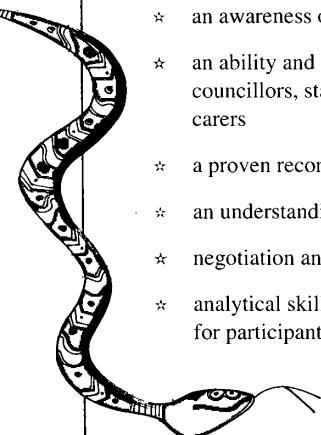
- * the role does not have to be taken by one person, it can be shared by a task force of officers
- * you don't have to recruit a new specialist to the role, the officer could be an established senior manager with a designated development role and clearly defined responsibilities
- * you can develop the role as a short-term post or build the role into existing posts.

— WHAT TO LOOK FOR IN LEAD OFFICERS —

TAKE CARE WITH YOUR LEAD DEVELOPMENT OFFICER

Whichever way you decide to set up the role of your lead development officers, it is important that the development function is formally recognised within job descriptions so that it can be appraised through management processes such as performance reviews.

If you are building the role into an existing post you should take particular care. You will need to hear in mind the existing work-load of the designated person, and if necessary delegate some of their existing work. The last thing that you will want is for the lead officer's role to be ineffective because of inappropriate job loading.



Ideally, your lead development officer should be a senior manager, who can have clout with practitioners and middle managers and also be accepted within the senior management group.

Additional qualities include:

- ★ a broad understanding of the NHS, local government and voluntary sector structures
- ★ an awareness of carers' needs
- ★ an ability and sensitivity to work with a wide range of people, including councillors, staff at all levels in the organisation, consumer groups and carers
- ★ a proven record of changing a service for the benefit of users
- ★ an understanding of changing practice
- ★ negotiation and facilitation skills
- ★ analytical skills to distil important lessons being learned and clarify these for participants.

■ SERVICE ACTION GROUPS ■

Service action groups (SAGs) are short-term structures which can bring together middle managers, front-line staff, voluntary sector groups and carers to devise and test out new service developments. The primary purpose of the groups is to try out or pilot service changes. The King's Fund Centre projects' groups tended to be multi-professional. The role of SAGs is to:

- ★ review and assess current service provision to carers
- ★ examine the extent to which services are meeting carers' requirements
- ★ devise plans for service improvements
- ★ test out new ways of working
- ★ assess the effectiveness of the service improvements.

Service action groups in the projects took place at different levels within departments. For example, service action groups can involve front-line staff in looking at day-to-day practice issues. They can also involve managers in examining how to operationalise service changes in line with newly defined needs and priorities. The important issue for the projects was that SAGs involving managers should not be seen as entailing 'special' or extra activities, but should be recognised as a part of mainstream management work.

Managers' service action groups

The Doncaster project ensured the involvement of managers through service action group 'development days' specifically for managers. These days aimed to:

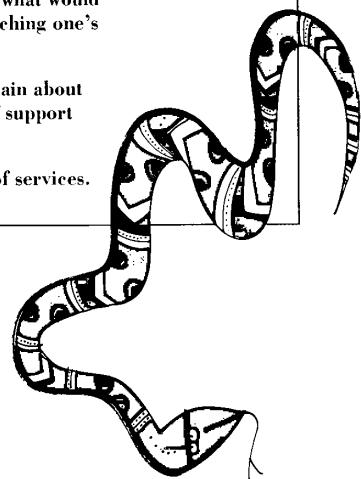
- ★ exchange information on policies, procedures and service initiatives to support carers
- ★ examine ways in which existing resources and service criteria might be more sensitive to and supportive of carers' needs
- ★ encourage greater understanding between and closer joint working of all agencies.

During the development days, managers were asked to set personal short- and long-term targets for their service and to devise action plans for achieving targets.

BLOCKS TO EFFECTIVENESS

Service action groups can provide a powerful 'kick-start' to the implementation of your strategy, releasing creativity, exposing staff to the realities of service strengths and weaknesses and enabling them to put thoughts into action. However, the King's Fund Centre projects found that the service action groups raised both opportunities and 'threats' for some staff:

- ★ both front-line staff and middle managers were unsure what would happen if they tried out initiatives. Diffidence and 'watching one's back' were common responses.
- ★ middle managers were sometimes fearful of and uncertain about implementing initiatives because of a perceived lack of support from senior managers
- ★ staff found it difficult to be open to carers' criticisms of services.



LESSONS LEARNED FROM THE PROJECTS:

- ★ Senior managers (and authority members) need to be seen to be actively encouraging and supporting SAGs.
- ★ Senior managers need to be kept in touch with what SAGs are doing.
- ★ Management interest in the groups should not be used as a substitute for management 'policing' activities.
- ★ networking, liaison and support among staff within and across agencies should be encouraged and recognised as 'work' in the change process.
- ★ Establish 'ground-rules' for group working which emphasise the need for mutual respect and which discourage personalised criticisms.

— SERVICE ACTION GROUPS AND THE LEAD OFFICERS —

The lead development officer/s should:

- * be closely in touch with what is happening in the service action groups (although they do not have to be an established group member)
- * establish a clear remit for the group
- * act as a facilitator for the group in overcoming policy and resource barriers
- * act as a link between the group and the senior management group.

A service action group in practice

One service action group in Doncaster operated as follows:

The group

6 x 1 day sessions – weekly
Respite cover for carers
Meals – own sandwiches
Transport provided

Composition

2 carers – mental illness /physical disorder; older/younger carers; Black carer
1 Carers National Association
2 wardens/deputy wardens
2 home care assistants
1 social work assistant
1 residential home officer in charge
1 day centre assistant
1 health visitor
1 community physiotherapist
1 district nurse
1 occupational therapist

All staff identified improvements that they could make in their practice and agreed to try out new ways of working. For example, home care assistants were given the opportunity to alter their existing work times and patterns according to the users' and carers' priorities for the day/week.

Strengths: The assistants:

- * felt that they had contributed more to meeting carers' needs in a less traditional way
- * had a greater awareness of carers' needs
- * became more confident of the value of their work
- * were able to pick up needs not recognised at assessment.

Weaknesses:

- * some users and carers did not like 'loosing' part of their service or the changes in service times
- * complications in scheduling work.

■ SERVICE DEVELOPMENT IN ACTION ■

Looking across the breadth of experience of the King's Fund Centre's projects, three main methods of service development emerge:

- ★ changing practice
- ★ increasing the level of existing service provision
- ★ creating a new service.



CHANGING PRACTICE

Service action —> test out service —> diffuse and formalise change

The most pertinent and challenging issue for all the projects was making changes in practice. While changing practice can have benefits for implementation, which include the ability to make changes within current resource levels and without major changes to the structure of services, it can also demand radical shifts in the wider departmental culture.

The King's Fund Centre found that real changes in practice took place when:

- ★ staff were able to work with carers to create and agree service options
- ★ the influence of established roles and hierarchies were loosened to enable free thinking
- ★ encouragement and permissions were given by managers for staff to try out new ways of working
- ★ service initiatives could be formalised through changes in operational policy without unnecessary delays.

An example of changing practice

Some examples from Doncaster

A social services residential home: the officer in charge of a residential home encouraged staff to use family visits to pass on information about other services available to support carers. As a result of further discussion with the line manager, carers and the person for whom they cared were also encouraged to make an introductory visit to the home before arranging respite breaks.

Occupational therapy: in an experiment to tackle the backlog of requests for bathing aids, an occupational therapist set up a 'bathing clinic' at one of the residential homes. Several carers and the person for whom they cared were invited to attend the home to be assessed for aids. Additional spin-offs from this exercise were the opportunities for carers to see inside a residential home and to meet other carers.

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■ WHEN YOU CAN'T CHANGE PRACTICE ■

In some circumstances, implementation of changes in practice may be difficult or impossible. If you are clear that the level of need and priority for the changes is high you should consider contracting alternative services. It is important to recognise that using alternative provision still falls within the principles of the wider programme and carers should be involved in the commissioning process and in the development of service specifications.

■ INCREASING THE LEVEL OF EXISTING SERVICE PROVISION ■

Identify need —> negotiated agreements —> secure financial resources
between agencies

An example of increasing the level of service provision

Nottingham Multi-Agency Panel on Domiciliary and Nursing Care Support

Background to the initiative

At the beginning of the project, domiciliary services did not include formal support for carers, although the Social Services Department had become increasingly aware of the specific needs of carers for support in the home.

However, nursing auxiliaries from the Community NHS trust provided a home-visiting service to patients requiring help with personal hygiene and rehabilitation. Support for carers was an integral part of the nurses' role. The community nursing service recognised the need for co-operation and wanted to work with social services to avoid duplication of visits and to achieve the most effective use of resources in supporting carers.

The panel

In their joint work to address the issue, social services and the trust became aware that carers often needed access to more flexible support in the home. Changing circumstances in the health of both carers and the people for whom they care, in addition to other unexpected events, often meant that carers needed immediate and unplanned support. Because existing service provision was largely focused

on long-term needs it was difficult for services to provide flexible care arrangements.

A pilot project to increase the hours of home care and nursing support was agreed for a district. Negotiation between the district manager and the managers for home care and community nursing enabled the provision of 20 extra hours a week each of domiciliary and nursing care specifically for carers. The managers formed a panel to examine and approve referrals for the additional support.

To enable a more rapid response to requests it was later agreed that approval for additional home support could be provided with the agreement of two out of the three managers.

Policy changes

Money to support the extra provision was taken from existing home care and community nursing budgets. However, in order to secure and embed the pilot changes into wider service provision, changes had also to be made to the social services' Policy and Procedure Guide. In piloting the service changes, it was found that staff often failed to offer support in the home when a service user had a carer. Changes to the Policy and Procedure Guide made it clear that the presence of a carer should not preclude the provision of services.

— CREATING A NEW SERVICE —

Identify need → identify sources → convince financial or finance gatekeepers

An example of creating a new service

Oxfordshire Advisory/Advocacy Service

Following a research and development programme to assess carers' needs, the Oxfordshire project was made aware of the need for a new centralised service which could provide information, advice and support to carers across the county.

The Advisory/Advocacy Service was set up in 1990 to achieve improved support for carers, by working with carers as partners. Three main functions of the service were:

- ★ providing an accessible 'help line' that could be used by carers to get direct access to information about services and support
- ★ offering a service 'brokerage' facility to carers. This has involved making available menus of provision from all sectors. Where carers have wanted further support, staff have worked with

carers and the people who they care for to select appropriate services

- ★ assisting carers by acting as their agents, representatives or advocates with service providers.

An additional function of the service has developed to include the provision of information and advice to local professionals.

The research and development programme which identified the need for the service, was co-ordinated by a working party which involved senior managers from the social services department and councillors. The involvement and political commitment of councillors played a vital role in enabling the working party to secure initial funding for the service from the Social Services Committee.

— SUSTAINING CHANGE AFTER THE EXCITEMENT GOES —

The first implementation stages of service developments can generate excitement and energy. However, the real challenge to managers in the projects was sustaining momentum and commitment after the initial period of high energy and motivation had worn off.

Those managers who were most successful at sustaining momentum throughout the programme were those who combined high levels of support with enabling staff to experiment, take acceptable risks and 'learn by doing'. The key to their success lay in relationship-building, that is, maintaining close contact with staff involved in service developments and being open to both staff suggestion and criticism.

- ★ Managers need regularly to consult with and provide information to staff on the progress of the programme.
- ★ Staff need acknowledgement and feedback on their performance.
- ★ Managers need to identify and work with both incentives and penalties.

■ PHASE FOUR: TRACKING THE SUCCESS OF THE PROGRAMMME ■

— DIFFERENT APPROACHES —

Each of the projects used different models to track the progress of their work. These models include:

- ★ **self-evaluation** of the project by staff working in the project
- ★ **self-evaluation** of the project by staff with the support and advice of **independent consultants**
- ★ **independent evaluation** of the project by an outside consultant.

Each of the different approaches has its own pros and cons. However, there were some lessons which were common to all projects, including:

- ★ understanding of and commitment to evaluation should be developed at the beginning of the work
- ★ clear programme aims and objectives are a necessary foundation for successful evaluation
- ★ evaluation should not be seen as an activity that only takes place at the end of a programme of work but should involve a continual process of stocktaking of activities and outcomes

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- ★ even when independent evaluators are used, project staff should work closely with the evaluators in defining what is to be done and how.

— EVALUATION THAT MAKES SENSE —

Evaluation is an essential part of any service development programme. Without it staff will not be able systematically to assess service outcomes and know that they are doing the right things.

Whichever way you choose to evaluate your service development work, it is important that the evaluation process is helpful and meaningful to staff and carers. The key lesson from the projects is to keep monitoring and evaluation simple and manageable. There can be a tendency for managers to become diverted towards complex evaluation activities and lose sight of the prime purpose of evaluation which is an examination of results.

Tracking the success of your carers' development programme should involve an examination of four distinct areas:

- 1 Identifying changes in services for carers. What is different now and what do the differences mean for carers?
- 2 Examining the quality and effectiveness of departmental processes that have been set up to support the work.
- 3 Understanding the various factors which have contributed to success or failure.
- 4 Re-examining the appropriateness and relevance of objectives and making any necessary changes in direction or emphasis to the programme.



YOU DON'T HAVE TO GET IT RIGHT – BUT GET IT WRITTEN

To track the success of your service development work, it is crucial that staff are aware of the need to record key service events and activities. The monitoring process should involve little more than simple record-keeping.

Recording what staff are doing and the impact of service changes upon carers should be seen as an investment. It will provide structured opportunities throughout the work to see 'snap shots' of what is happening at a given moment within the service, and also the longer term progress. It will also be particularly useful in the implementation stages and will help in diagnosing problems in making adjustments to the work.

At a practical level, recording key activities will also ensure that valuable knowledge is not lost with the unplanned movement of staff.

■ WHEN TO EVALUATE ■

DANGERS IN EVALUATION

- ★ Management commitment and time to support evaluation has to be secured otherwise it can be seen as an onerous extra rather than as an integral part of good programme management.
- ★ Without careful planning, consultation and involvement, evaluation can overawe staff and carers alike.
- ★ There is often a lack of confidence among staff about their abilities to undertake evaluation. This is frequently coupled with the assumption that evaluation can best be conducted by outside 'experts'.
- ★ Complex and demanding evaluation activities can be agreed to without the necessary time and resources being available to back up the commitment.



When you choose to carry out an evaluation of your work can also be a critical decision. Two of the King's Fund Centre projects used formative evaluation processes aimed at tracking progress throughout the different stages of their work. One of the projects used summative evaluation to assess the development of work towards the end of the project.

With the benefit of hindsight the project which used summative evaluation felt that it would have been more beneficial to have also tracked service developments throughout its programme of work. An 'end of project' evaluation by itself can give little scope for project staff to use the findings to make a difference to their work.

However, while all the projects could see the benefits of an on-going evaluation process, it is not without its own difficulties. For example, it can be possible for managers to become over-concerned with the significance of the evaluation task, so that it is allowed to drive programme activities. While evaluation is important, it should not overwhelm or dictate the day-to-day work of staff.

— INFORMATION GATHERING —

Key evaluation activities in the projects included a range of monitoring and information gathering exercises, among them the following.

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Looking at how the department is working

- * interviewing key staff and managers about their service development work
- * reviewing procedures in all divisions
- * sending selected interviews and questionnaires to other agencies and voluntary organisations involved in the work
- * eliciting carers' views on how they think the department is working to support carers.

Looking at service changes and working practices

- * the collection of baseline information about services to carers. This involved examining such aspects as modes of access to services and assessment, numbers of carers served and the hours of service provision
- * service action groups can help to assess the impact of local services changes and pilot initiatives
- * the collection of case studies to examine work in relation to service outcomes for carers.

Listening to carers

In addition to listening to carers' views and experiences through SAGs and the carers' forums, the projects also elicited carers' views of service developments through a combination of measures which included:

- * one-to-one interviews
- * group discussions
- * postal questionnaires.

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Service outcomes which were examined included:

- ★ continuing enhanced quality of life for carers
- ★ easy access to support, advice and timely practical assistance
- ★ reduction of isolation from the department
- ★ opportunities for respite
- ★ increased use of services by Black carers.

■ RETHINK AND REDEFINE ■

If carers' service development is going not only to survive but also to thrive in the coming years, you must also be prepared to reassess and change your service development programme regularly. On-going monitoring and evaluation will help you to pinpoint when change in direction or emphasis is needed.

During times of fundamental change and scarcity of resources, 'helicopter vision' will also be essential. That is the ability to rise above the immediate and the obvious and continually to scan the departmental and external environment. You will need to take constant account of changing economic, social and political circumstances and be ready to take advantage of unexpected opportunities.

Above all, the programme should not be rigidly pursued to the bitter end. At times it will be necessary to abandon an established service objective in favour of one which has more relevance to the immediate situation. Your beacon during times of rethinking and reformulating will be carers themselves. Ensuring that carers' views and requirements are at the heart of your service development programme is perhaps the single most important lesson learned by the King's Fund Centre projects.

■ APPENDICES ■

— APPENDIX A —

THE SERVICE DEVELOPMENT PROJECTS

Doncaster Metropolitan Borough Council

The Doncaster project took place between November 1989 and October 1991. It was the first of the King's Fund Centre Carers' Unit's (now part of the King's Fund Centre Community Care Group) joint-funded service development projects. The general aim of the project was to achieve shifts in policy and practice in improving mainstream services to carers in the home. More specific targets for action included:

- * gathering information about carers' needs
- * identifying ways in which current services might be adapted to offer better support to carers
- * testing out different ways of delivering services in the home
- * developing a new dimension to planning services with service users and carers.

In the first phase of the project, carers and front-line staff from health, housing and social services worked together to identify realistic and achievable service improvements. They also tested them out as pilot initiatives. Service changes which the project tried out included: more flexible work times and tasks to suit carers' and users' preferences; increased information giving and improved record keeping; improved referral procedures to keep carers informed about

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progress in dealing with their requests for help; and social events which provided opportunities for staff and carers to get to know one another other better.

Specific initiatives were also taken by the projects to bring about improvements in services on an area-wide basis through work with service managers and supervisors. Through 'managers' development days' locality managers were able to:

- ★ exchange information on policy, procedure and service initiatives in support of carers
- ★ address the main policy and resource barriers to effective carers support
- ★ set personal service development targets
- ★ devise strategies for implementing change in the assessment of carers' needs and the allocation of services.

In addition to the initiatives described, other positive changes included:

- ★ raising the profile of carers locally and regionally
- ★ closer inter-agency liaison in the planning of services
- ★ the Housing Department formulating a policy commitment in support of carers
- ★ recognition of the contribution of carers in the draft Community Care Plans
- ★ an assessment of carers' needs in the draft Multi-Agency Assessment document.

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Oxfordshire County Council

Oxfordshire County Council's Social Service Committee adopted the Carers' Charter in 1989. The joint King's Fund Centre Carers' Unit and Oxfordshire service development project took place between August 1990 and August 1992. The main objectives of the project were to achieve improved support for carers by:

- 1 Working with statutory, voluntary and private agencies in Oxfordshire to apply the policies contained in the Carers' Charter 'on the ground' in the way services were developed to meet the needs of carers and service users.
- 2 Assisting carers – both individually and in groups – to achieve better services by negotiating with service providers on their behalf.
- 3 The direct introduction of new carers' services through the planning and piloting of new developments with carers.

Strategic initiatives that were developed in Oxfordshire during the project included:

- * *A carers' forum*, with over 300 carers on its mailing list, which was organised and serviced by the project. Forum members have been able to meet regularly for support and to share experiences. Members of the forum were also invited to sit on various community care strategy groups around the county to offer a 'carer's perspective'. Forum members went on to play a critical role in developing respite care provision in the county by meeting with senior managers to shape future service provision. Carers' participation in forum activities has been enabled by the social services department offering either sitting or day care services to allow carers to attend meetings.
- * *The carers' advisory/advocacy service* played a key role in assessing carers' needs and preferences for services, providing information on service provision and where appropriate acting as the carer's agent,

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representative or advocate to help them get the service they required. A copy of the completed assessment form is sent to the carer. A review is carried out two months later using a brief questionnaire to monitor which services have been provided and whether carers are satisfied with them.

Nottinghamshire County Council

The two-year Nottingham project began in April 1990 and arose out of a collaborative bid for funding from Nottinghamshire Social Services Department, Nottingham Community Health NHS trust and Nottingham Council for Voluntary Services. The project chose to focus on the Lenton, Radford and Wollaton Park areas. It was envisaged that changes occurring within a small local target area could in time be used to make an impact on other localities and on the policy-making processes in the county council.

Objectives for the project included the need to:

- ★ identify carers' needs and shortfalls in services
- ★ bring carers together in the project areas and find ways to involve carers in the planning and implementation of Community Care initiatives
- ★ propose changes in referral, assessment and monitoring procedures
- ★ raise awareness of carers' issues at a policy level.

In service terms, the project was able to secure 20 extra hours a week each of domiciliary and nursing care specifically for carers. It also produced protocols for the joint assessment of carers' needs by health and social services, and provided a model of good practice in inter-agency collaboration through an innovative package of support to a carer and service user. The work of the project resulted in the social services department agreeing to produce a Community Care Plan for carers. Funding from the social services department was also secured to extend a pilot sitting-service co-ordinated by Age Concern

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and designed to dovetail with services provided by the NHS trust and social services.

An additional major achievement of the project was the empowerment and active involvement of carers in local service development. A 'Federation of Carers' was recently set up by local carers with a management committee of carers. A worker for the federation came into post in July 1992.

Yorkshire Regional Health Authority

In 1991, Yorkshire Regional Health Authority became the first region to produce policy guidance specifically for carers. As part of its implementation strategy for policy guidance, the joint King's Fund Centre Carers' Unit and RHA project was set up in April 1991 as a three-year service development initiative. The project was seen as a way to assist and also learn from localities in their work to improve support to carers through the purchasing and provision of services.

Health services within the region were invited to take part in the project and six localities were finally chosen to participate – Bradford, Dewsbury, Hull, Leeds, Scarborough and York. Each locality chose to focus on different aspects of service provision, which included:

- ★ developing support for children who are carers (Bradford)
- ★ improving how information gets to carers, in particular Black carers (Dewsbury)
- ★ looking at the separate assessment of carers' needs and the quality of service provision to carers (Hull)
- ★ developing respite care in the home for carers of people with dementia and carers of people affected by HIV/AIDS (Leeds)

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- ★ identifying the needs of carers of elderly people in rural areas (Scarborough)
- ★ provision of information to carers (York).

At the time of writing the project is in its final year. However, locality achievements so far have included the following:

- ★ All localities have explored and developed mechanisms to consult and involve carers in service development, for example, Bradford has set up a Carers' Panel and York has undertaken a questionnaire survey of carers and held public meetings.
- ★ Hull has produced guidelines for good practice in respite care provision.
- ★ Leeds has produced – in consultation with local carers – a service specification for a respite care service for carers caring for people with dementia.
- ★ Scarborough has secured funding for a GP pilot project to improve awareness and knowledge of the needs of carers among GPs and other primary care workers.
- ★ Dewsbury has been developing a training strategy with the health and local authority to raise awareness of carers needs.

— APPENDIX B —

EXTRACTS FROM PROJECT PAPERS

**Oxfordshire Proposal for a County-Wide
Development Programme to Improve Support for
Carers**

Summary

Oxfordshire social services department plans to establish a Carers' Team to spearhead a development programme implementing the Carers' Charter. The team will offer direct services to carers as well as having a development function designed to achieve carer-oriented approaches in the planning and delivery of services provided by statutory, voluntary and private agencies.

Organisation

- ★ A Carers' Team will be established to undertake the work. It will be located in and managed by the social services department but will work across organisational and professional boundaries. The team will be led by a programme co-ordinator who will be responsible for formulating and implementing a programme strategy and for managing the team as a whole. Other members of the team will be three full-time employed staff transferred from the South Oxfordshire 'Support for Caring Relations Project'.
- ★ The work of the team will be overseen by a joint steering group comprising representatives of the social services department, district health authority and key voluntary organisations working with elderly and disabled people in Oxfordshire. Carers, including Black carers, will be invited to participate in the steering group.

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- * A Carers' Forum will be convened to work closely with the team, advising on needs and priorities and providing feedback on new developments.

Activities

The work of the team will take two distinct forms:

- i) work with individual carers who refer themselves or are referred to the team
- ii) development work with service providers in all sectors including:
 - * the establishment of case-management working methods, encompassing assessment, service specifications, monitoring and costing techniques relevant to individual care and support plans
 - * training sessions with front-line staff and middle management to improve awareness of carers and to promote carer-oriented approaches in the delivery of services
 - * working groups (both multi- and uni-professional) which will formulate and implement strategies for change in particular elements of the service
 - * establishing criteria for 'good practice' which can be used as service standards by staff involved in planning, contracting services with outside agencies, and provided within the department and monitoring and inspecting provision.

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Extract from the report 'Collaboration Against All Odds': a care support package by Nottinghamshire Social Services, Nottingham Community Health NHS Trust and Nottingham Council for Voluntary Services

This extract, from the more detailed report (above), details the process of collaboration between agencies to produce a care support package for a carer and her husband.

The carer

A local carer alerted the project to the situation of a woman in her 80s – Mrs Y- who required cataract surgery, but was refusing in-patient treatment as her husband did not want to be admitted to hospital or a residential unit during her hospitalisation. Mr Y suffered from multi-infarct dementia.

Key people

From the outset it was clear that nursing and domiciliary services would have a key role to play. The first meeting of all interested parties involved nursing staff, domiciliary services, social services night care attendant staff, the Carers Project worker, a carer representative of the couple and a representative of the local Cheshire Home which offered an outreach service.

Planning and implementation

The planning moved through various stages involving:

- ★ co-ordination of a planning meeting with essential managers, domiciliary care service, carer, voluntary worker, and field staff
- ★ negotiation with an ophthalmic consultant about an operation date which was readily agreed in the knowledge that Mrs Y would receive post-operative care and support

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- ★ co-ordination of a 24-hour care package using 'on patch' community care assistants, NCHT auxiliary nurses, and some hours from Holme Lodge Cheshire Home care assistants which Mr and Mrs Y agreed to fund.

Six weeks prior to the planned admission, Mrs Y's health deteriorated and she was admitted to hospital where a diagnosis of two recent myocardial infarctions was made. During this time, Mr Y reluctantly agreed to be admitted to a Health Care Elderly Ward.

Following her discharge a programme was devised to give 24-hour care, eight days prior to Mrs Y's operation.

Prior to surgery hours

Social services night	24
Social services day	11
Nursing auxiliary	31
Subcontracting agency	12

Post-surgery support

Average number of hours provided over the six week period

	Total hours	Average hours
Social services night	138	23
Social services day	85	14.2
Nursing auxiliary	215	35.8
Friends	102	17
Alone	102	17

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Mr and Mrs Y's comments

Mr and Mrs Y were satisfied. However, they did feel that it would have been easier for them if fewer people were involved in the delivery of care and they could have stayed in care for longer periods at a time.

When asked if they would choose to opt for this type of service again, instead of a hospital, private or social services admission, they replied 'yes, they would every time'.

Conclusion

Current resources are inadequate for in-depth cover, resulting in a different prioritising task for both statutory services.

Access to a flexible generic work-force to provide all aspects of care around the clock is required. The generic worker concept would address general issues, but requires a multi-agency commitment to consistency of and continuity in provision of 24-hour care.

Ring-fenced resources are essential to enable a rapid-response team approach.

Final presentation of the King's Fund Centre Carers' Development Project in Doncaster, 1989-91

Initiatives reflecting greater sensitivity to carers' needs and bringing more information to the attention of carers include the following:

Housing wardens hold regular social gatherings for their residents and their families to reduce feelings of isolation and to create opportunities through visiting speakers for giving more information about community services.

A social services administrative clerk is working on simplifying information on the costs of respite/long-term care so that carers and clients will be aware of financial implications before receiving the service.

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A community psychiatric nurse on home visits to sufferers of dementia and their carers ensured that the first and fourth visits focused on carers' needs in recognition of their key role in establishing a successful working partnership. An information leaflet on the services offered is available and plans are being made to look again at the assessment for service priorities.

Flexibility is the watchword: initiatives that have tried to respond more to individual needs

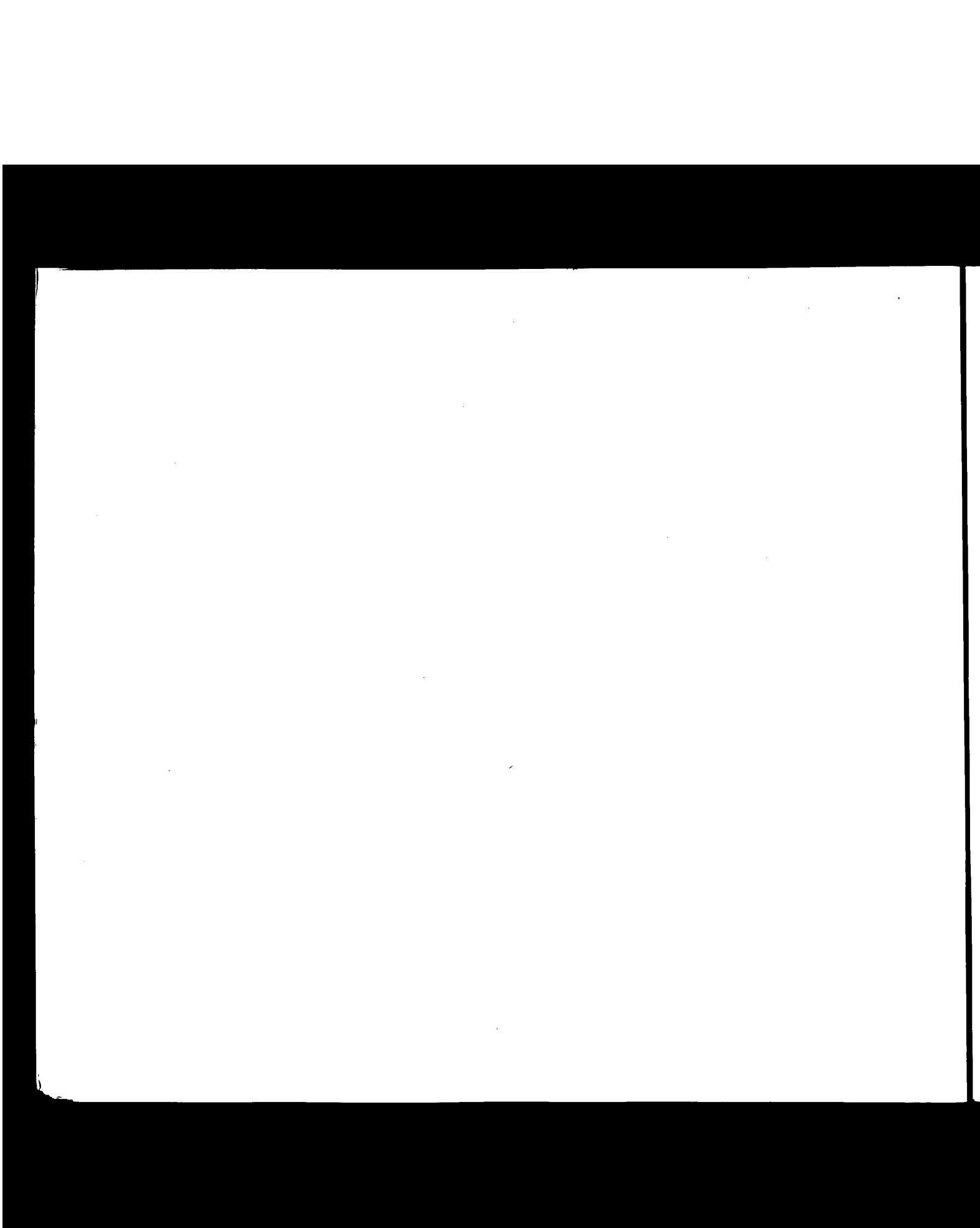
A senior nurse at the Care of the Elderly Unit at the rehabilitation hospital noted that experiments to extend respite care services to Saturdays had been well received and that plans were being made to offer cover on Sundays. Personal targets also included the offer of respite to all in-patients on discharge and the establishment of closer links with professionals in the community.

A housing wardens' respite scheme for carers has recently developed, offering a plug-in dispersed alarm system in the home while a carer is away, or regular telephone contact to a home and the holding of an emergency key where the carer is known to be away.

Support to carers

Community physiotherapists changed the pattern of their follow-up visits to patients and their carers, from about two weeks after the initial visit to two days, to ensure that carer and patient fully understood the exercises/treatments recommended. Visits proved to be happening too soon at two days, so on-going experiments with the timing of follow-up visits were done.

In a social work team, the senior social worker sends letters to carers identified in the referral process, to notify them their request has been received and to give them a contact number if they want to enquire about progress or to report changes in the situation.



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Design and Development of Carers' Support: Service development briefings for social services departments is a book based upon the King's Fund Centre's experience over the past four years of developing carers' support in different local authorities around the country. The briefings aim to 'provide a map to guide you through the maze of creating and sustaining a service development programme'.

The briefings show that developing services for carers is complex and often unpredictable.

Using the theme of snakes and ladders, the briefings provide details on the opportunities for and threats to service development so you can avoid our pitfalls and capitalise on our successes.

The briefings:

- highlight the importance of designing service development programmes
- show how to create an action strategy
- provide useful hints of preparing for action in your service development programme
- document practical initiatives from different localities.

Also available:

Councillors and Carers in Community Care is a companion leaflet to the briefings for social services departments. It considers the important role local politicians play in carers' service development and offers ideas on how to encourage local support for carers.

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