

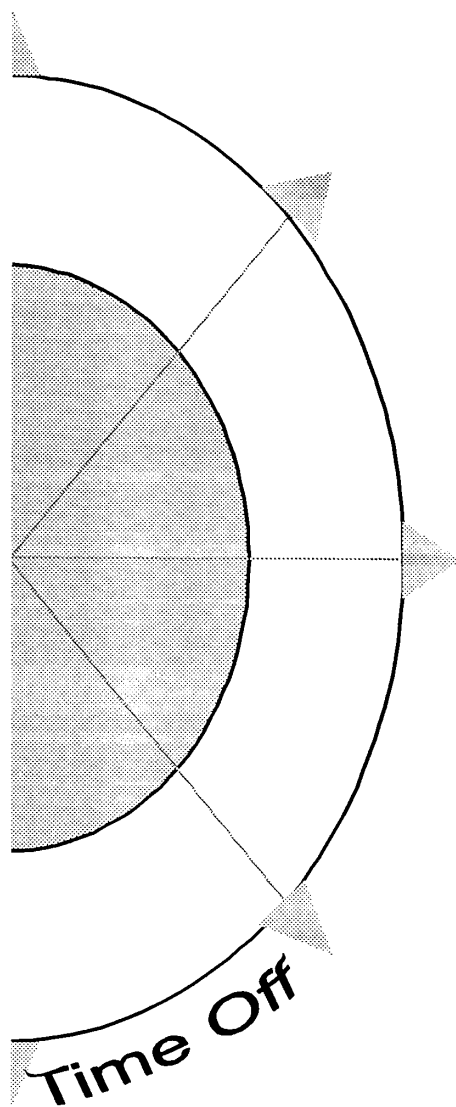
A Break for Carers?

An analysis of local authority plans to use the Carers Special Grant

Penny Banks
Emilie Roberts

King's Fund
11-13 Cavendish Square
lon W1M 0AN

QBAN (Ban)



A Break for Carers?

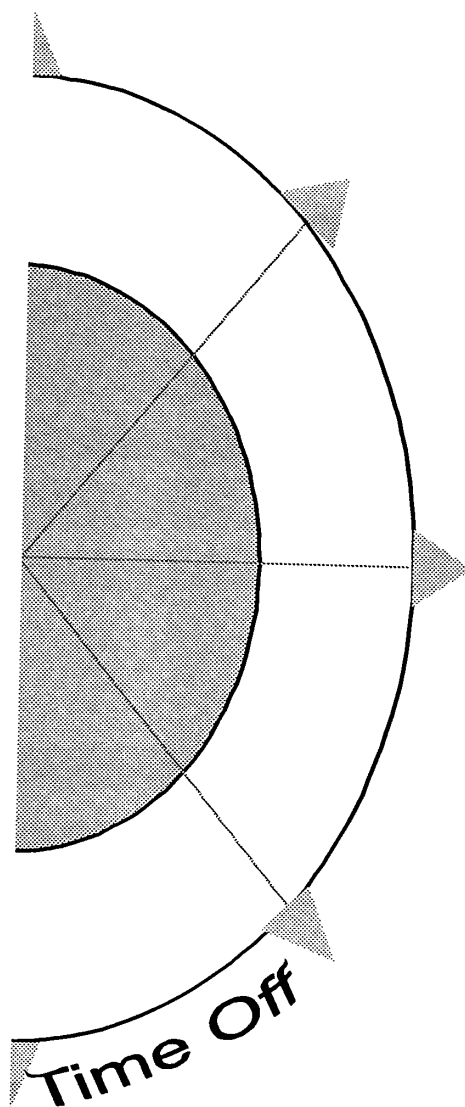
An analysis of local authority plans to use the Carers Special Grant

Penny Banks

Emilie Roberts

King's Fund

11-13 Cavendish Square
London W1M 0AN



KING'S FUND LIBRARY

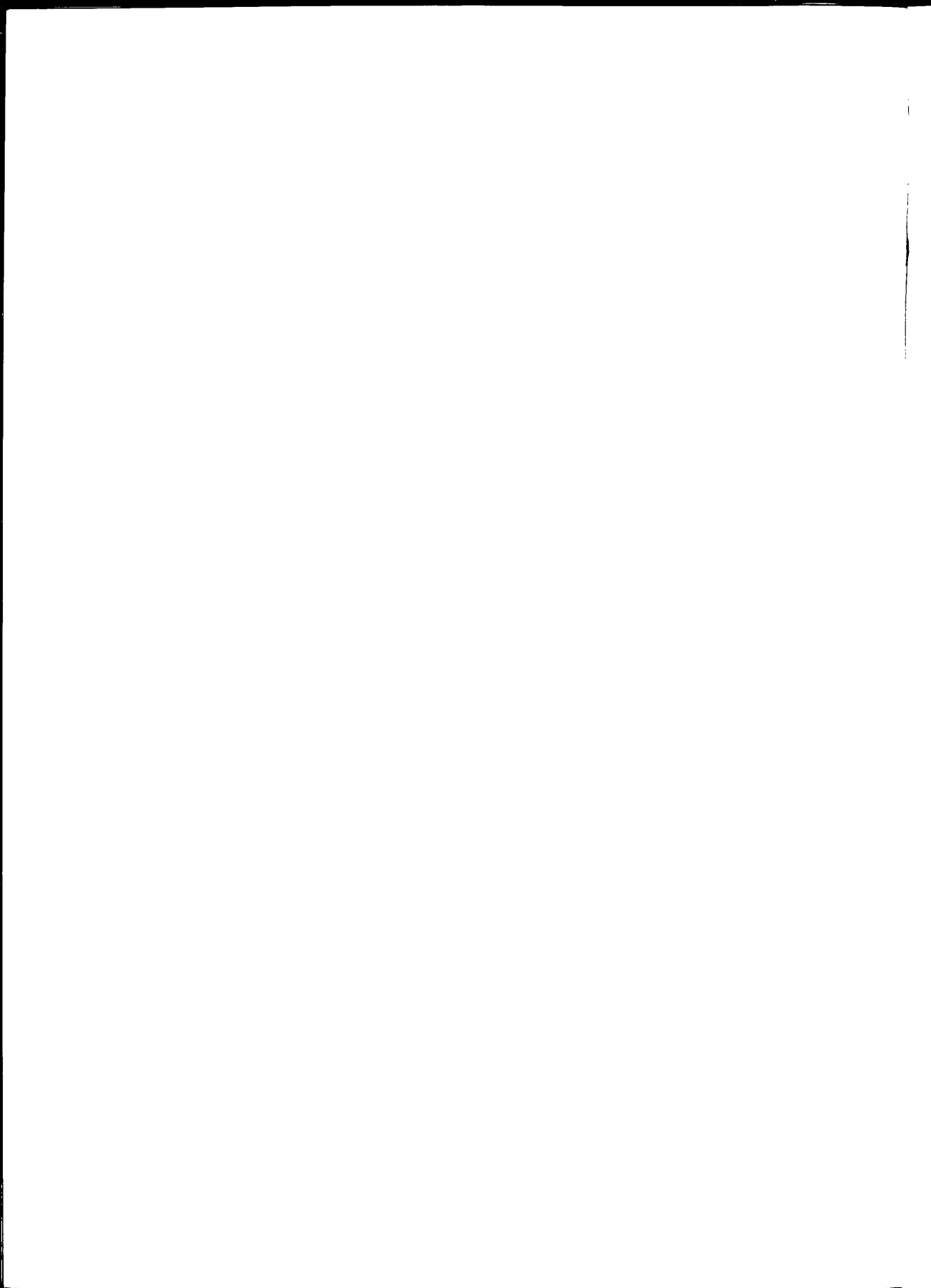
11-13 Cavendish Square
London W1M 0AN

| | |
|-----------------|------------|
| Class mark | Extensions |
| Q8AN | Ban |
| Date of Receipt | Price |
| 23/3/00 | Donation |

A Break for Carers?

An analysis of local authority plans to use the Carers Special Grant

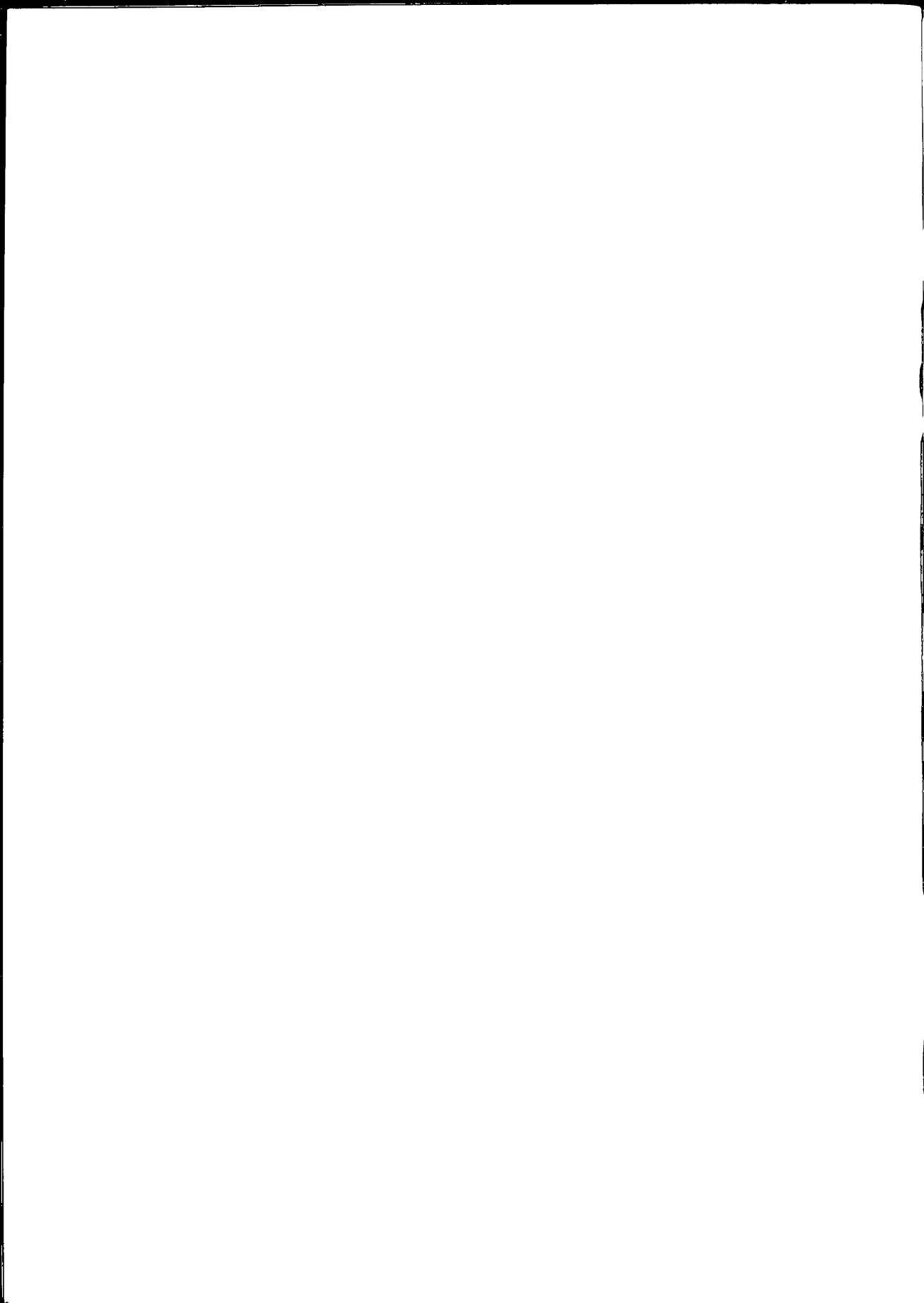
Penny Banks and Emilie Roberts



King's Fund, March 2000

This report has been produced to disseminate research findings and promote good practice in health and social care. It has not been professionally copy edited or proof read.





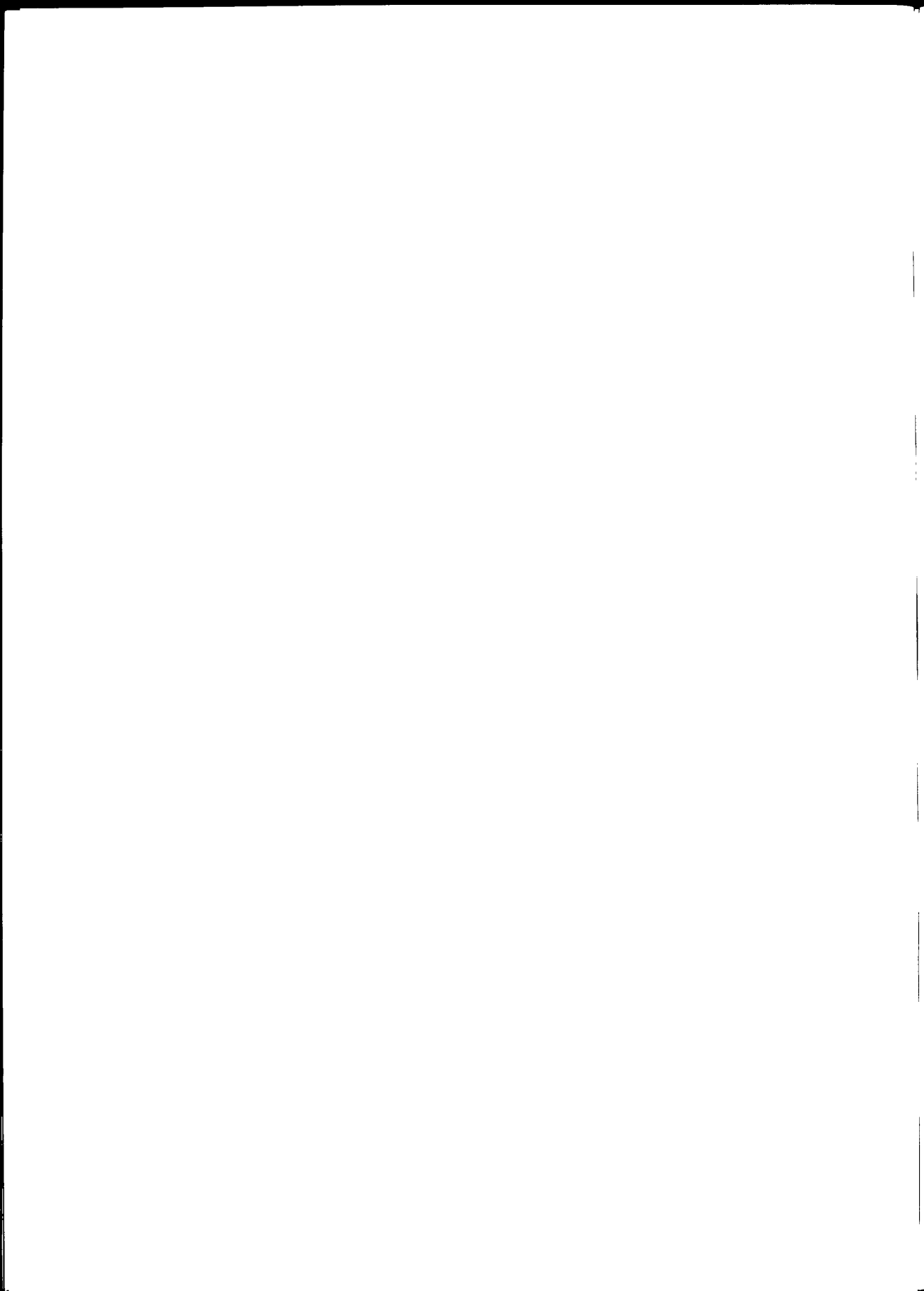
Contents

Executive Summary 1

Introduction 4

- 1. What is a break from caring? 6**
- 2. What is the special grant to be spent on? 7**
 - 2.1 Services directly providing a break to carers 7
 - 2.2 Other services to support carers 9
 - 2.3 Infrastructure costs 10
 - 2.4 New posts 10
 - 2.5 Services for carers from black and minority ethnic communities 11
- 3. Do the plans indicate a stimulation of 'greater diversity and flexibility of provision'? 12**
 - 3.1 Services for carers of people with different support needs 12
 - 3.2 Services for young carers 12
 - 3.3 The range and flexibility of services 12
 - 3.4 Voucher schemes 13
- 4. How have carers been consulted or involved in developing local plans? Do the plans reflect their views? 14**
- 5. Assessment of need for services to give carers a break 17**
- 6. Joint working: Is there evidence that these plans have been developed 'in partnership with the NHS'? 19**
- 7. How are authorities monitoring progress and demonstrating the grant is funding additional services? 20**
- 8. Conclusion 22**

Appendix One: References 25



Executive Summary

The King's Fund has analysed 142 local authority plans to use the Carers Special Grant to gain an insight into implementation of national policy on carers.

For the first time Government ring-fenced funding to enable carers to take a break from caring as part of its overall strategy to support carers, *Caring about Carers*¹. Local authorities were expected to show at least 75% of the grant in the first year, totalling £140 million over three years, was to be spent on additional services providing a break².

The picture emerges of some interesting examples of work to improve the range and flexibility of services offering a break but overall it is very patchy. There are worrying signs of a policy implementation gap in the first year where a large portion of the grant is not funding services which directly offer carers a break. This will be a matter of great concern to carers and carers organisations who have indicated that the top priority is to provide a break from caring responsibilities.

Key Findings

What is the special grant to be spent on?

- In the absence of any definition for the first year of the grant there has been wide interpretation of services to enable carers to take a break.
- 44% of authorities appear to be spending less than 75% of their grant on breaks
- When aggregating expenditure across England in the first year, 74% of the total grant allocation appears to be going towards services offering a break. Whilst this figure seems more encouraging it needs to be treated with caution as many authorities do not demonstrate how a considerable portion will actually provide a break to carers in their plans. Over a quarter of the total grant includes funding allocated to community care packages for different care groups or to homecare services, with little explanation as to how the funding will be ring-fenced for carers or will genuinely give carers a break.
- It has been impossible to identify if the funding is going towards additional services as authorities cannot provide a baseline of information concerning expenditure on existing services for carers.
- 25% of the total grant appears to have been allotted to general carer support services, not breaks, including services promoting the independence of the service user.

- 46% of authorities are planning to create or part subsidise new posts using the carers grant which are not providing 'relief care'. These are strategy co-ordination, performance monitoring, carer development or carer assessment practice posts.
- 2.6% of the total grant has been specifically allotted to services to carers from black and minority ethnic communities.

Other findings

- It is impossible to identify which particular groups of carers have benefited, other than young carers. 3.6% of the total grant was allotted to young carers.
- There is some indication of extending the range and flexibility of services, with particular interest in voucher schemes to offer carers more control, but most authorities acknowledge this work is at very early stages of development.
- Authorities have reported a range of ways in which they have consulted carers and carer organisations but it is not always clear how the feedback from carers and their priorities translate into concrete proposals within the action plans.
- Most authorities are not yet in a position to collate any meaningful information from individual carer assessments but report they are working on improving recording systems and assessment practice.
- There is evidence of NHS involvement in developing the action plans, ongoing participation within local joint working groups and particular initiatives with Primary Care Groups.

Conclusion

The Carers Special Grant appears to have provided a positive incentive for authorities to :

- develop or update joint strategies and review local support to carers
- map services offering a break , often a start to better local information
- consult with carers and through publicity raise public awareness
- take action on carer assessments
- aim for better quality, more flexible and a broader range of services offering a break.

However, there have been difficulties in effectively implementing policy and ensuring funding genuinely gives carers a break. Differing interpretations of the guidance, inadequate monitoring systems and tight timescales have hindered implementation.

In their new expanded guidance for the next two years of the grant³, the Government has recognised problems arising from a lack of definition of services offering a break and the need for improved, more standardised information from authorities. If authorities are able to comply with this, it should help in providing a better baseline of information and in monitoring in the future.

At a local level where authorities have used the grant as an opportunity to establish basic carer support services, other sources of funding, such as prevention grants, will need to be found in the future. Given the lack of clarity about the objectives of some new posts and projects in the action plans, it will be important for authorities to indicate clearly how these will deliver local joint strategies, so that the growth of new short term projects does not repeat the fragmented approaches to carer support which have failed in the past.

Recommendations

Difficulties in implementing policy signal action on three fronts, centrally and locally:

1. To monitor carefully the use of the grant in the next two years to ensure it is funding breaks for carers
2. To provide opportunities for local authorities, the NHS and carer and voluntary organisations to share good practice in developing new types of breaks, voucher schemes and work on addressing the national quality standards for carer support services, in particular the standard for services offering a break
3. To ensure all authorities and partner agencies have clear joint strategies to support carers and implementation plans which are regularly reviewed with carers

The new Carers and Disabled Children Bill will take forward the policy agenda to support carers. The experience of the Carers Special Grant indicates the importance of support to local authorities and partner agencies in introducing and implementing any new policy.

Whilst there still seems to be a gap between the rhetoric and many carers' experience, the test for national and local government will be to demonstrate that the Carers Special Grant does indeed provide more opportunities for a break in the next two years and it is not carers who yet again miss out when budgets are under pressure.

Introduction

Background

The Carers Special Grant was announced at the launch of the Government's National Strategy, *Caring about Carers*¹, in February 1999. This was the first time that funding had been ring-fenced for any kind of support to carers, in this instance to enable carers to take a break from caring. The grant totalled £140 million over three years - £20 million in 1999/00, £50 million in 2000/1, £70 million in 2001/02.

Limited guidance was issued to local authorities in March 1999 specifying the conditions for the use of the grant which included submitting a written plan to the Secretary of State by October 1999². This plan was to set out:

- (i) current expenditure (1998/9) on community care services enabling carers to have a break, and the type of services provided
- (ii) a local assessment of the need for services to give carers a break and a development programme which reflected the views of users and carers, was agreed with health authorities and provided indicators to monitor progress
- (iii) proposals to involve carers and carer organisations locally in their planning on how to spend their grant over the three years
- (iv) the percentage of the grant to be spent on additional services (at least 75%)

In line with the National Strategy for Carers the conditions required local authorities to work in partnership with the NHS and to involve carers and carer organisations. It was intended that these plans should form part of the Joint Investment Plans as from April 2000.

Aims of this report

This report provides a description and commentary on the intended use of the grant from an analysis undertaken by the King's Fund of local authority Carers Special Grant action plans. The aim is to provide an insight into implementation of national policy on carers and specifically to consider:

- how far the special grant appears to have stimulated 'greater diversity and flexibility' of services which allow carers to take a break from caring
- any evidence of involving carers and their organisations and how far their views appear to be reflected in the plans

- whether the grant has had an impact on local partnerships, particularly in involving the NHS
- how authorities are monitoring progress, both in terms of outputs and outcomes
- any implications which may need to be addressed , locally or centrally, to help improve breaks for carers in the future.

How the review was conducted

Local Authority Action Plans for the Carers Special Grant for 142 of the 152 English local authorities were obtained from the Department of Health. The plans were analysed using a standardised *pro-forma* (available from the authors on request) which was piloted on a subset of ten plans. A descriptive 'contents analysis' was undertaken alongside the data extraction process to get an understanding of the context for local service development and to give some illustrative examples.

As a result of the initial pilot exercise, it became clear that an objective analysis of authorities' baseline expenditure on carers breaks in 1998/9 was not feasible because individual authorities' definitions of services under this category varied widely and often the information they were able to present was sparse. The subsequent analysis therefore focuses on a comparative analysis of the planned expenditure of the carers special grant in the first year (1999/2000).

1. What is a break from caring?

The guidance stated that the grant 'must be spent on community care services for people assessed as needing local authority services who live at home and who receive substantial amounts of care on a regular basis from informal carers, *to enable such carers to take a break from caring*'. The guidance also explained that 'it is intended that the services provided should support carers in their role and relieve carer stress and enable them to continue to provide care; promote social inclusion; and maintain their health, including their mental health.'

Whilst no detailed definition was given in the guidance, the national strategy for carers¹ and accompanying guidebook on the provision of short-term breaks⁴ state:

- a short break is to make life for those involved in the routine of community care less stressful and more stimulating (*Guidebook p.5*)
- a break from caring should allow carers 'to have time on their own, or for themselves' (*National Strategy p.58*)
- a positive and fulfilling experience for the person needing care and the carer. Being able to go to the dentist should not be regarded as a "break" for the carer. (*National Strategy p.61*)

More recently, and after the guidance was issued, national quality standards for carer support services underlined that a break should be 'time off for the carer - not an emergency response when there is a crisis'⁵.

In the absence of any definition within the guidance, authorities have interpreted services to enable carers to take a break very widely. For example, a number of authorities have:

- included crisis or emergency response services where carers cannot care because of their own illness or other reason
- not identified the length of time that services going into the home qualify as a genuine break from caring; for example, it is not clear if they are including a half-hour visit from a homecare service as a break for the carer
- described training sessions for carers as services offering a break
- included general carer support services, such as carer groups and carer projects which provide emotional support, information and advocacy.

Summary

Without a clear definition of a 'break from caring' there are widely varying local interpretations, aggravating problems of inequitable access to services for carers.

2. What is the special grant to be spent on?

2.1 Services directly providing a break to carers

Figure 1 describes the way in which services directly offering a break have been categorised for the purposes of this analysis.

Figure 1. Classification of services directly offering a break to carers

| Category | Description |
|---------------|---|
| Home | Services going into the person's home to offer the carer a break, which may be during the day, evenings or night. This includes services such as Crossroads Caring for Carers. It also includes homecare services which authorities claim are to offer carers a break |
| Day | Day services outside of the home, including day centres and other services offering day opportunities for the person being supported to give carers a break |
| Host Families | Services offered in another person's home – host families |
| Residential | Residential services |
| Leisure | Leisure or other social activities – either together or separately |
| Holidays | Either together or separately |
| Volunteer | Volunteer schemes which provide befriending or 'sitting' services |
| Young carers | Breaks for young carers |
| Miscellaneous | Includes services providing a mix of home, day and residential care and funding allocated to community care budgets, sometimes by care group, which authorities have identified for breaks |
| Not specified | Where authorities had identified funding for breaks but had not decided or detailed how the funding would be spent |

Seventy-four per cent of the total grant allocation for the first year has been allotted to these direct services offering a break. Although the proportion of total grant spent on breaks is close to the government requirement of 75%, a more detailed analysis reveals a more complex picture.

Firstly, at individual local authority level the proportion spent on breaks varies widely. Five authorities appear to be spending less than 30% of their grant allocation on breaks (see figure 2 below). At the other extreme, six authorities have allotted their entire allocation to breaks.

Figure 2 shows that nearly half of authorities (at least 44%) appeared to be spending less than 75% of their grant directly on breaks – the level outlined in the guidance.

Figure 2. Local Authority Level Expenditure on Breaks in Year 1

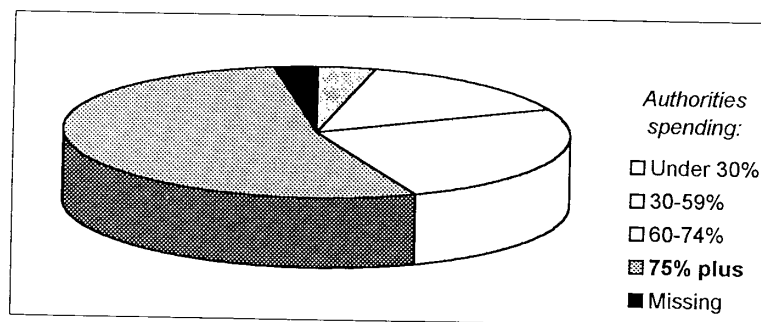


Table 1 shows the proportion of expenditure by category of break. Over one quarter of the total grant (and in some authorities this represented a large proportion of their funding) was spent on breaks that have been categorised as 'miscellaneous' or 'not specified' under our analysis. These categories for the most part reflect funding to be allocated to community care packages for different care groups, to spot purchase or to find individualised solutions for carers to have a break. Very few authorities explain how this funding will be monitored or ring-fenced for carers.

Table 1. Percentage of Total Grant Allocation by Category of Break in Year 1

| Category | % |
|---------------|----|
| Home | 18 |
| Residential | 8 |
| Volunteer | 6 |
| Day | 5 |
| Young Carers | 3 |
| Leisure | 2 |
| Holidays | 2 |
| Host Families | 1 |
| Miscellaneous | 22 |
| Not Specified | 7 |
| All Breaks | 74 |

Note

'Miscellaneous' breaks include:

- funding allocated to different care group budgets for services in and outside people's own home
- voucher schemes and 'flexi-breaks'
- overnight and emergency breaks
- services for black and minority ethnic carers
- purchase of caravan for breaks
- new break facilities for younger disabled people
- schemes for breaks to carers of people with mental health problems
- transport for carers and the person being supported to go out together
- regular two hour breaks for carers whilst a rehabilitation programme is provided for the disabled person in their own home.

Additionally, it is also not clear how authorities are ensuring that the significant allocations to home care services (almost a fifth of the grant in total) will genuinely give carers a break. Research by Crossroads Caring for Carers⁶ highlights these concerns: "Many authorities have defined 'domiciliary care' as a break. Domiciliary care may involve a worker visiting for only 15/30 minutes to support a carer. It does not provide a carer with a break."

Thus the figure of 74% is at best an optimistic figure. The plans are unclear about the way in which much of this money has been allocated.

2.2 Other services to support carers

It appears that many authorities understood the grant to be supporting all the issues identified within the National Strategy and plan to fund a range of carer support services using the special grant, including:

- carer support projects and carer centres (where carer centres have explicit schemes to provide a break for carers, the funding has been categorised as a service offering a break)
- carer support, development and other workers
- training for carers and for staff
- projects working with primary care and other health services
- employment projects
- information*, advocacy and welfare benefits advice.

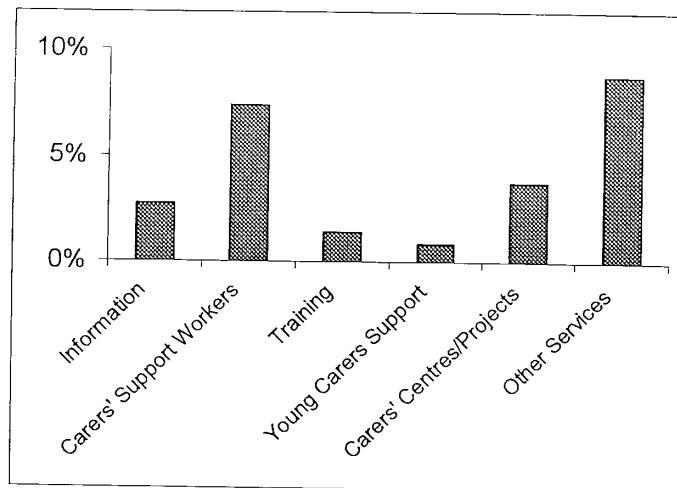
Some authorities have also included services which are not offering direct support to carers, but indirectly help carers by promoting the independence of the person being supported, for example:

- disability equipment
- occupational therapist services
- rehabilitation and training for the service user
- care packages at hospital discharge

*A number of authorities have funded different types of services to provide information about short breaks for carers. It is often unclear if this is part of an ongoing general information service to carers. In some instances there is an explicit aim to develop a 'short breaks bureau' to provide information and to promote and arrange flexible responses to carers need for a break, including the development of a voucher scheme. In these cases these costs have been categorised under 'services offering break'. Other services providing a broad range of information have been categorised as 'services other than a break'

25 % of the total grant has been allotted to all the above carer support services and services promoting the independence of the person being supported. Figure 3 shows how this funding has been spent by type of scheme.

Figure 3. Total Grant Allocation on Carers' Support in Year 1



2.3 Infrastructure costs

Whilst 25% of the grant could be spent on infrastructure costs 'directly associated with the administration of the additional services and producing the plan'², authorities have widely interpreted and identified these costs.

A number of authorities have not specified what they are defining as infrastructure costs whilst consultation costs and new posts have been identified by some authorities. Some authorities have claimed 100% funding of additional services providing a break even where posts not directly providing relief care are being funded.

2.4 New posts

The number of posts, full or part funded by the grant is striking. Forty-six per cent (65) of authorities are planning to create or part-subsidise new posts from the carers grant. At least 130 posts or part posts are planned over the three years. This figure excludes posts which will directly provide a break to carers.

Seven per cent of the total grant allocation in year 1 was allotted to these new posts which can be broadly categorised as:

1. strategy development or performance monitoring posts, generally employed by social services departments
2. carer support or development workers employed by either voluntary organisations or social services
3. social services posts to improve assessment and care management practice and/or assessment information systems.

2.5 Services for carers from black and minority ethnic communities

74 out of 142 authorities make reference to either some form of consultation or planned provision for carers from black and minority ethnic communities.

Only 44 (32%) authorities have specifically committed carers grant funding for carers from minority communities in their plans. Around £480,000 of the total grant (2.6%) is specifically allotted to services to carers from black and minority ethnic communities. However, these figures may underestimate the true level of support if other services are genuinely addressing the needs of carers from minority communities.

Summary

74% of the total grant allocation appears to be going towards services offering a break. However, this figure needs to be treated with caution as many authorities do not demonstrate how much of this will actually provide a break to carers.

44% of authorities appear to be spending less than 75% of their grant on breaks.

25% of the total grant appears to have been allotted to general carer support services, including services promoting the independence of the service user.

There is little consistency in how authorities have defined infrastructure costs.

46% of authorities are planning to create or part subsidise new posts using the carers grant

2.6% of the total grant has been specifically allotted to services to carers from black and minority ethnic communities.

3. Do the plans indicate a stimulation of 'greater diversity and flexibility of provision'? Is this for carers in all caring situations?

3.1 Services for carers of people with different support needs

It has been impossible to give statistics on which groups of carers have benefited as authorities have categorised their spending plans in very different ways. Some authorities simply identified total amounts of funding to go towards breaks of all kinds for each different care group - older people, disabled people, people with learning difficulties, people with mental health problems and in some plans, people with HIV and people with substance abuse and alcohol problems. Other authorities clearly identified the type of service, residential, in the home etc., for each 'care group'. Others did not identify if a particular type of service offering a break was for a specific 'care group'.

3.2 Services for young carers

The majority of plans have some funding allocated to meet the needs of young carers. This amounts to 3.6% of the total grant in year 1, three-quarters of which is being spent on breaks.

Many of the plans do **not**:

- clarify the role of young carers projects and their relationship with any local policies to support disabled parents
- indicate whether projects are primarily to raise awareness of the issues or to provide direct services to young carers
- specify if these services include those to enable young carers to take a break and the nature of those breaks.

3.3 The range and flexibility of services

Table 1 (see Section 2.1 above) shows the range of services providing a break funded under the grant in year 1.

Authorities have taken different approaches to providing a wider range of services offering a break, more flexible and more carer-controlled. Many plans indicate steps to improve the flexibility and appropriateness of mainstream day services and services coming into the home by extending the hours to cover evenings, nights and/or weekends. Other plans make explicit reference to moving beyond traditional residential and day care breaks to other options such as joint holidays or leisure and activities tailored to individuals preferences. Some authorities

have proposals for reaching out to carers in rural areas, for example a jointly staffed and managed 'Travelling Day Service' which provides support to older people with dementia and their carers.

Some authorities have encouraged a wide range of voluntary organisations to bid for funding against criteria to demonstrate flexibility and carer-control.

3.4 Voucher schemes

Six local authorities report they have a voucher scheme of some description in place, but a further 33 (23%) have plans to introduce this.

Some authorities are planning to develop and extend the 'menu' of services which the voucher can buy. Most authorities appear to be at first stages in investigating the possibilities of voucher schemes.

A few authorities plan to arrange grants to carers to support their arrangements for breaks.

Example 1

One authority is extending its project between an independent provider, carers organisation and in-house homecare service. Domiciliary care hours are converted into credits to the older person and primary carer who, following a multi-disciplinary assessment, are enabled to arrange a break directly with the provider.

Example 2

A care at home scheme offers carers time away from the person they care for whilst paid carers visit the home. An allocation of hours for a year are agreed with the social worker and a book of vouchers given to the carer. Hours, days, weekends, overnight and week stays can be arranged by the carer direct with the agency or used for residential care.

Summary

It is impossible to identify which group of carers have benefited, other than young carers (3.6% of total grant has been allotted to young carers).

There is some indication of extending the range and flexibility of services, with particular interest in voucher schemes to give carers more control, but most authorities acknowledge this work is at very early stages of development.

4. How have carers been consulted or involved in developing local plans? Do the plans reflect their views?

This review only uses the material within the action plans. The study by the Carers National Association in the north of England is able to comment on the perceptions and experiences of carers groups in the consultation process. Their study found consultation was largely concentrated on carers and organisations already likely to be regular contributors and so may well have missed out those carers who are not known to self-help groups or organisations, including social services. 'These carers are the very ones who may not be getting a break or are excluded from taking up services because they do not meet either their needs or those of the person for whom they care.'⁷

Crossroads Caring for Carers also express reservations about the consultation process in their report ⁶. They found only 58% of authorities invited the local Crossroads scheme to be involved in discussions and only 25% appeared to have tried to reach hidden carers.

Authorities reported a range of ways in which carers and their organisations were consulted or involved in developing the plans:

Table 4. Percentage of Local Authorities who Reported Involving Carers

| Form of carer involvement | % of Local Authorities |
|---|------------------------|
| Meetings with carer organisations | 80 |
| Feedback from carer/voluntary organisations | 80 |
| Surveys/questionnaires to carers | 54 |
| Feedback via planning groups | 51 |
| Special workshop or conference | 42 |
| Open/public consultation meetings with carers | 24 |
| Focus groups | 12 |
| Phone-ins or phone lines | 9 |
| Feedback on draft paper/report/plan | 6 |

Note: Figures do not add to 100% because in most cases authorities used multiple methods of consultation

Many areas used newsletters, local radio and local press to publicise the consultations and to encourage people to take part. Those authorities or carer organisations with registers used

these to notify carers and in some areas to arrange telephone and other surveys. There was some reference to more creative use of media such as videos, arts and theatre to engage people. Some authorities used public events and consultation meetings to pass on information to carers not yet in touch with any services.

Example 3

One metropolitan authority offered a range of opportunities for carers to participate and feedback was collated from:

- a special carers conference
- questionnaires distributed at the conference
- carers on the steering group set up to develop the action plan
- social services newsletter mailed out to all carers known to the local carers centre inviting carers to write in to social services, phone or attend workshop
- consultation workshops with 90 minute sessions throughout two days
- articles and letters in the local press
- voluntary sector carer workers went out to speak with carer and disability groups
- social services and NHS Trust staff attended local carer groups linked to their services
- local councillors consulted carers within their wards

Many authorities have built on previous consultation and involvement of carers and acknowledge the major role played by carer organisations, centres and projects who have worked to engage carers in planning and other activities with statutory authorities.

Example 4

Some authorities already had established arrangements for involving carers in service planning, for example one authority had a carers network which includes:

- eight carers groups which meet monthly
- quarterly carers forums which are open to all carers and advertised in the local press and through a carers newsletter
- a Carers Council nominated by carers from the carers register and recognised as a representative body which reports to the carers forum
- a joint planning group on carers at which the Carers Council represents the views of carers

A number of authorities report they are at early stages in engaging effectively with carers and plan to build on consultation exercises for the grant. Even those authorities with considerable experience in engaging with carers through, for example, active networks, planning groups, forums or annual conferences have noted difficulties in reaching many carers who are

isolated and who do not readily identify themselves as carers. Many authorities highlighted their work with primary care teams as a key way of reaching hidden carers. A few authorities claimed some success in involving 'new' carers; for example, one authority noted 50 'new carers' responded to a brief questionnaire given out at a public meeting.

Thirty-two (23%) authorities referred to involving carers from black and minority ethnic communities.

Many authorities provide detailed feedback from carers, some focused entirely on services offering a break and others spanning all the needs of carers. The quality of the service offered to the service user, the flexibility of the service for the carer and the deterrence of charges for services are recurrent themes within the feedback.

Some authorities have clearly specified how each development in their plan meets the needs identified by carers.

Example 5

For example, one authority's action plan laid out a grid indicating:

- scheme's key features
- care group (all carers of adults, carers of older people etc.,)
- funding allocated
- process and dates (tasks and times)
- performance indicators
- expected outcomes
- how this was responding to carers

Some authorities are less clear in linking carer feedback with developments and in some areas where they report wide consultation with staff from health and social services it is not clear if the final plans reflect agreement on priorities with carers.

Summary

Authorities have reported a range of ways in which they have consulted carers and carer organisations and used local media. Some authorities have been able to build on established processes and networks and use local registers to involve carers.

It is not always clear how the feedback from carers and their priorities translate into concrete proposals within the action plans.

5. Assessment of need for services to give carers a break

In addition to the feedback from carers, most authorities (70%) make some kind of use of national and/or local demographic data. Demographic trends and forecasts have been included in some plans. In some cases there is simply a statement of the estimated numbers of carers using the general household survey. Other authorities have conducted local surveys and research which have provided more qualitative as well as quantitative information. Many authorities have made no reference to the ethnic mix of their local population.

Some authorities undertook a mapping process using questionnaires and interviews with all providers of services offering a break.

Example 6

For example, one authority provided a detailed profile of services offering a break from health, social services and the voluntary sector. This profile identified the type of service, objectives, criteria for accessing the service, charge to user and other comments

Other authorities mapped out all their action to date on support to carers using the King's Fund Carers Compass in order to identify gaps in services⁸.

Some areas have collated information from other planning groups and have linked with other key work such as for the Health Improvement Programme and Joint Investment Plans to draw together as comprehensive a picture of needs as possible.

Thirty-two (23%) authorities provided some information from individual carer assessments. Fifty-two (37%) of authorities report they are in the process of improving systems to obtain information on assessments. Most authorities acknowledge the paucity of information from carer assessments and it is a key area marked in many plans for development work, both to improve practice and to improve systems to collection information on the numbers of carer assessments and needs.

Example 7

One authority identified the percentage of adult referrals which recorded carers expressed need (52%) and gave a breakdown of the needs identified by carers, which included : information, health information, welfare benefits, assessment, accessing services, personal needs, stress management, sitting service.

Most authorities refer to consultation with staff to provide input into the assessment of local needs, sometimes in discussion with carers.

Summary

Local authority assessments of need vary from very sketchy references to national data to local surveys and detailed audits of local resources.

Most authorities are not yet in a position to collate any meaningful information from individual carer assessments but report they are working on improving recording systems and assessment practice.

6. Joint working: Is there evidence that these plans have been developed 'in partnership with the NHS' ?

Ninety-seven (68%) authorities referred to a joint working group or planning group which included health partners, some of whom have audited their own services which offer a break to carers. It does appear that a number of local authorities have used the opportunity to develop a joint strategy on carer support alongside their detailed plans for the use of the grant. Some authorities simply refer to health partners signing up to the strategy.

One third of authorities made reference to work with Primary Care Groups and have highlighted the significance of working with them to ensure carers are on the agenda of primary care which is in a key position to identify carers, assess their health needs, provide essential information and signpost to appropriate support.

Some authorities make explicit links to their wider joint strategic planning for promoting the independence of vulnerable adults and include the use of the Carers Special Grant within a complete overview of all their plans to modernise services for adults.

Summary

There is evidence of NHS involvement in developing the action plans, ongoing participation within local joint working groups and particular initiatives with Primary Care Groups.

7. How are authorities monitoring progress and demonstrating the grant is funding additional services?

It has been impossible to find evidence that the funding is to be spent on 'additional' services as most authorities say they are unable to provide a baseline of current services offering a break either in terms of hours/days offered to individual carers or current expenditure. Many have identified work on this as a priority and the next stage to being able to effectively monitor progress.

In providing a baseline of current expenditure on services offering a break, authorities have struggled with the definition (see section 1) so that some areas include virtually all community care services. Other authorities have investigated a sample of cases and from this worked out a representative percentage of day and homecare services helping carers to have a break. Other authorities have only included those services specifically funded to support carers.

Example 8

One authority categorised their existing community care services which assist carers to have a break from caring as

Category 1 (100% of expenditure)

Those aimed specifically at carers (carer support, short term breaks)

Category 2 (25% of expenditure)

Those primarily aimed at supporting vulnerable people in their own right, but where the frequency or intensity of the support provided is also valued by carers in providing them with a regular break (e.g day care)

Category 3 (10% of expenditure)

Those aimed at supporting vulnerable people in their own homes but which are valued by carers for relieving some of the tasks of caring (e.g home care services)

Most authorities have quoted the performance indicators they already have to address for national monitoring purposes. Other authorities have identified new indicators related to each development, for example the increased numbers of carers using the service.

Many plans describe the broad role of their local joint carers working or planning group in monitoring progress without specifying how they will go about this.

Some authorities have set targets for the amount of breaks offered to known carers , for example ' carers who provide regular and substantial care will be offered a minimum of 4

hours per week and at least 1 week a year away from their care tasks.' Another aims for ' 3 hours per 2 weeks in every 6 months'.

Summary

It has been impossible to identify if the funding is going towards additional services as authorities cannot provide a baseline of information.

Many authorities acknowledge there is much work to be done to develop meaningful indicators for services offering a break and are concentrating on those indicators already set by the government.

8. Conclusion

The Government has acknowledged the patchy provision of support carers across the country in its national strategy and aimed to support local implementation of *Caring about Carers* by providing some financial incentives to local authorities, concentrating on meeting carers priority need to have a break. However, it has proved impossible at this first round of funding for anyone to properly assess the success of this policy.

Encouragingly the grant does appear to have been a positive incentive for change in a number of ways.

The grant as an incentive for change

The Carers Special Grant appears to have been a spur for authorities to develop or update joint strategies and to review support to carers, in some places for the first time. Some authorities have seen support to carers as a key element in their local strategies to modernise health and social services and fundamental to preventive policies.

The grant has prompted useful mapping of services offering a break which in some areas has also been the start to providing better information to carers and the people they support.

It has also promoted a wave of consultation, which despite some limitations, has encouraged a dialogue which can be built upon in those areas which to date have had only limited engagement with carers. The publicity and consultation appears to have been a useful awareness raising exercise for both the public and professionals.

Whilst action on assessments may largely be in response to national performance indicators, most authorities plans include proposals to improve practice in carer assessments as well as their systems to identify numbers.

The plans also describe aspirations to improving both the quality of services offering a break and offering more choice and control to carers which are starting points for delivering change.

Difficulties in implementing policy

However, although the grant has had some positive impact, there have been difficulties in effectively implementing policy and ensuring funding is genuinely giving carers a break. Differing interpretations of the guidance, inadequate monitoring systems and tight time-scales to consult, plan and deliver new services have hindered implementation.

A number of problems experienced in the first year have been addressed in the new guidance³ recently issued (March 2000) and if authorities are able to complete the pro forma as required monitoring should be easier and more effective over the next two years.

The definition of a 'breaks service' within the new guidance may need to be tightened to exclude emergency or crisis responses which provide essential substitute care rather than giving carers a break from caring. It may also be necessary to set some kind of time frame as there may be different interpretations of 'half an hour of homecare', for example, and whether that truly offers time off from caring.

Importantly the new guidance also asks for information on any specific developments planned to ensure access to breaks for black and minority ethnic carers and spending planned. It would also be helpful to get a better picture as to how authorities are consulting carers from minority communities and involving them in drawing up their plans.

Local joint strategies to support carers

In years 2 and 3 guidance requires that local authorities increase the proportion of grant on breaks to 95%. Authorities who have used the grant as an opportunity to fund basic carer support services in the first year will need to look to other sources of funding, such as prevention grants, in the future.

Local authorities and their partner agencies must be clear as to how new projects and workers will deliver local joint strategies, otherwise there are dangers that the first year's investment in new short term projects and workers could repeat the ad hoc and fragmented approach to carer support in the past. A lack of strategic direction has resulted in some services becoming marginalised and mainstream services 'let off the hook' which has failed to significantly change the quality of life for carers⁹.

The varied picture of strategic work presented by the action plans reflects earlier findings and research which has commented on the difficult tensions which authorities have to manage around carer support. These include, for example, tensions between local policies targeting services at vulnerable people and discharging patients promptly from hospital at the same time as adequately supporting the needs of carers¹⁰.

Improving outcomes for carers

Difficulties in implementing policy signal action on three fronts, centrally and locally:

1. To monitor carefully the use of the grant in the next two years to ensure it is funding breaks for carers
2. To provide opportunities for authorities, the NHS and carer and voluntary organisations to share good practice in developing new types of breaks, voucher schemes and work on addressing the national quality standards for carer support services, in particular the standard for services offering a break
3. To ensure all authorities and partner agencies have clear joint strategies to support carers and implementation plans which are regularly reviewed with carers

The new policy agenda

The Carers and Disabled Children Bill will take forward the policy agenda to support carers. The experience of the Carers Special Grant illustrates the importance of support to local authorities and partner agencies in introducing and implementing any new policy.

There are a number of specific issues arising from this review of action plans which are pertinent to the new Carers and Disabled Children Bill:

- feedback from consultation with carers provides further evidence of the deterrent effect of charging
- much work remains to be done on carer assessments
- given the confusions evident in the action plans about definitions of services to carers, it will be vital to clearly define a service to a carer and a service to a user as well as to fully define services offering a break
- support will be needed to introduce appropriate voucher schemes and develop a wider range of services offering a break.

The Carers Special Grant has indicated a policy commitment to support carers and promoted considerable local work to improve services to carers. However there seems to be a gap between the rhetoric and many carers' experience. The test for national and local government will be to demonstrate that the Carers Special Grant does indeed provide more opportunities for a break in the next two years and it is not carers who yet again miss out when budgets are under pressure.

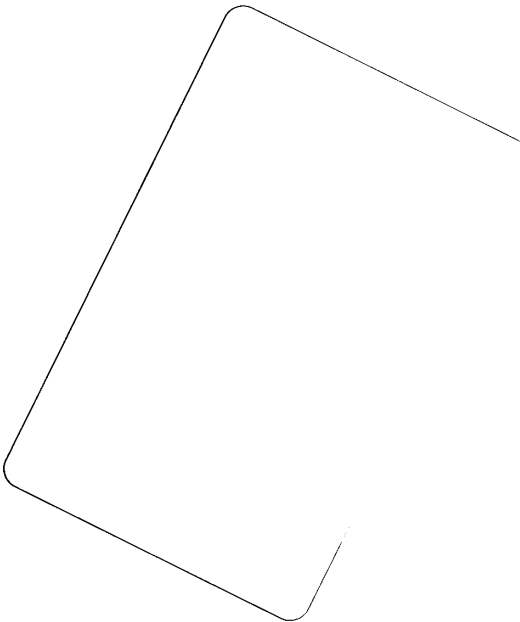
Appendix One: References

1. Department of Health. *Caring about carers: a national strategy for carers*. London: DoH, 1999.
2. Department of Health. *Promoting independence: Partnership, prevention and carers grants - conditions and allocations 1999/2000. Annex Carers special grant: Guidance*. LAC(1999)13, London: DoH, 1999.
3. Department of Health. *Promoting independence: Partnership, prevention and carers grants - conditions and allocations. Annex E. Carers special grant 2000/2001: Guidance*. LAC(2000)6, London: DoH, 2000.
4. Weightman G. *A real break: A guidebook for good practice in the provision of short-term breaks as a support for care in the community*. London: DoH, 1999.
5. Quality standards for local carers support services.
<<http://www.carers.gov.uk/qualitystan.htm>>, [8 February 2000].
6. Crossroads Caring for Carers. *It's about "time"*. Crossroads 2000.
7. MacGregor G, Stringer A, Burden C and Hill M. *Give us a break: A study of the impact of the Carers Special Grant in the North of England*. Salford: Carers National Association, 2000.
8. Banks P, Cheeseman C and Maggs S. *The carer's compass: Directions for improving support to carers*. London: King's Fund, 1998.
9. Banks P and Cheeseman C. *Taking action to support carers: A carers impact guide for commissioners and managers*. London: King's Fund, 1999.
10. Banks P. *Carer support: time for a change of direction? A policy discussion paper*. London: King's Fund, 1999.

King's Fund



54001000874951



0 048572 020000 C

