GREATER MANCHESTER SUPPORT FOR CARERS PROGRAMME

Exemplar Model for Carer Support in Greater Manchester
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INTRODUCTION

On 19 January 2018, all 33 organisations in the Greater Manchester Health and Social Care Partnership made a commitment to deliver on the rights of carers as set out in the Greater Manchester (GM) Carers Charter. The charter fully recognised the highly complex and personal journeys that carers experience at an individual level, and how through working as one health and social care system (and broader city regional partnership of public and private enterprise) we could significantly improve the support given to the region’s 280,000 unwaged carers.
Carers charter
for Greater Manchester

We believe all carers have a right to be respected, valued and supported equally in their caring role, as experts for their cared for and as individuals in their own right.

What is a carer?
A carer is someone of any age who supports, unwaged, a relative, partner or friend who due to physical or mental illness, disability, frailty or addiction could not manage without that support.

As a carer you can expect
● To be identified as a carer as early as possible, be informed, be respected and included by health and social care professionals.
● To have choice and control about your caring role, get the personalised support you need as a carer to meet you and your family’s needs.
● To be able to stay healthy and well yourself, and for your own needs and wishes as an individual to be recognised and supported.
● To be socially connected and not isolated.
● To be supported to fulfil educational and employment potential, and where possible in maintaining employment.
● If you are a young carer or young adult carer, to be supported so you are able to thrive and develop educationally, personally and socially, and you are protected from excessive or inappropriate caring roles.

Having a voice - carers as equal partners
● Valued, respected and recognised as ‘experts by experience’, in monitoring and reviewing services, and co-production to redesign, commission or procure carer support services.
● Supporting and developing training programmes to raise the awareness and understanding of the needs of carers and their families, and of local carer support services for health and social staff and partner organisations.

Working together in partnership
● To ensure the independence and physical and mental health of all carers and their families.
● To empower and support all carers to manage their caring roles and have a life outside of caring.
● To ensure that all carers receive the right support, at the right time, in the right place, including when caring comes to an end.
● To respect all carers’ right to decide and choose in relation to how much care they will provide and respect all Carers’ decision about not providing care at all.
● To ensure all carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services.

Greater Manchester Health and Social Care Partnership, local authorities and voluntary and community organisations are committed to working together in partnership to provide the best quality support for all carers, through our commitment to carers and action plan.
The **GM Exemplar Model for Carer Support** visually represents this complex carer journey. It sets out how, through building on good practice, locally and nationally, and by listening to the needs of carers, we can create a coherent service offer for carers. This model aims to enhance the standard of carer services and reduce variation in service delivery across localities, whilst supporting localities to effectively assess what is needed. The Greater Manchester Strategy: Our people, our place states that “by 2020, we will meet or exceed the national average for the proportion of adult social care users and carers who have as much social contact as they would like - delivered through an extended and consistently available support offer for all unwaged carers across Greater Manchester”.

Investment in carer services and support makes financial sense. From national and local cost benefit analysis reviews we know that a £1 investment in carers returns more than £3 benefit to the economy. Yet, in Greater Manchester, when compared to our North West partners, there is a significant spending gap on carer services and support (ADASS, 2018). Therefore we need to review our investment strategies for carers’ services and support in order that health economies can reap the associated benefits. Crucially this means coordination between health and social care commissioners on developing a whole system approach to commissioning for carers: the Exemplar Model will aid this work.

The **GM Exemplar Model for Carer Support** is written as follows:

- Firstly we present the full model as developed through the GM Support for Carer Programme (page 4)
- Secondly, we break the model into six components, linked directly to our agreed priorities of:
  1. How do we best identify carers?
  2. How do we ensure carers get the right help at the right time?
  3. How do we improve the health and wellbeing of carers?
  4. How do we support carers in employment or into employment?
  5. How do we support young carers and young adult carers?
  6. How do we recognise carers as real and expert partners?
- For each of the six components we:
  a) explain what we have reviewed (best practice, listening to carers, national research etc.)
  b) highlight examples of good practice from localities that best represent the behaviours, practices and values that should be present in carer services
  c) outline the key principles that we encourage each locality to adopt
A GM EXEMPLAR MODEL FOR CARER SUPPORT

- GPs & HCP & practice staff
- Acute & mental health hospitals
- Police / Fire & rescue/ ambulance
- Carers organisations
- Employers and DWP
- Community – Pharmacies, Dentists, Opticians, Housing, Education, Faith, VCSE, Libraries, Sports, Leisure

Identification of carers by all

Single point of contact

Do you want to/are you able to carry on caring?

Strength based conversations, e.g. - three conversation model

1st conversation
2nd conversation
3rd conversation

- Statutory assessment linked to budgets
- Longer-term complex support needs – choice - personalisation
- 20% High risk
- Health & wellbeing
- Employment and education
- Social inclusion not isolation
- Appropriate support including digital technology
- Statutory offer information, advice & guidance

Appropriate support including digital technology

Statutory assessment linked to budgets

Do you want to/are you able to carry on caring?

Employment and education

Health & wellbeing

Social inclusion not isolation

Statutory offer information, advice & guidance

Appropriate support including digital technology

Statutory assessment linked to budgets

Do you want to/are you able to carry on caring?

Employment and education

Social inclusion not isolation

Statutory offer information, advice & guidance
IDENTIFICATION OF CARERS

For many people, looking after an ill, older or disabled loved one doesn’t have a name, it is ‘just something you do’. However, not recognising you are carrying out a caring role can be a real barrier to accessing vital support. If you do not see yourself as a carer, then you are unlikely to consider asking for a carer’s assessment, applying for carer’s allowance, or seeking advice from others who find themselves in similar circumstances. Not recognising you are caring means missing out on help, advice and information, with serious personal and financial implications.

The impact missing out on support can have across carers’ lives are stark, with research demonstrating that the majority of carers take years to recognise their role, missing out on crucial financial, practical and emotional support. By not receiving support at an early stage, the negative impacts of caring are intensified, from long-term physical health effects, to mental ill health, to social isolation as a result of caring without a supportive network, and carer breakdown. As carers often have extensive contact with the health and social care system we have the opportunity to identify them sooner and help them avoid these negative impacts.

The identification of carers needs a whole system approach.

- The role of GPs and the wider primary care workforce is recognised as being paramount in supporting carers and maintaining the capacity of carers to care if they so choose. There is a need to improve the registration and assessment of carers, including young carers, in primary care so their needs can be identified quickly before their health and wellbeing deteriorate. Primary care has a unique opportunity to make a telling contribution to improving the lives of carers.

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The mandatory training for all health and social care staff in both community and hospital settings on the identification of carers, and carers’ awareness through programmes like the Triangle of Care, show effective outcomes for carers. In secondary care settings, we know that there are crucial points in the system - accident & emergency, on first consultant appointment and on patient discharge – where in the cared-for health pathway carers could be identified.

Other frontline professionals, e.g. schools, dentists, pharmacists, optometrists, teachers, police, and job centre staff, play a critical role in helping people to recognise they are caring/a carer and signpost them to advice and information services or their local carers organisation. Under the Care Act 2014, introduced in April 2015, local authorities and health bodies in England must work together to identify carers.

Employers should identify those in the workplace with a caring role as they can play a pivotal role in guiding carers to the right support: from identifying carers at induction to offering carer awareness training to managers.

Public awareness campaigns to improve understanding and recognition of caring. While professionals play a central role in identifying carers, everybody has a part to play in ensuring, family, friends and colleagues are supported if caring. By increasing the recognition of the value of providing care amongst wider society, we can help to improve wider understanding and recognition of carers’ huge contribution.
PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples

- Trafford Carers Centre supports GPs to identify carers through their registers of people with long term conditions
- Tameside awareness training with school nurses has increased identification and referral of young carers
- Triangle of Care tool should be used by all frontline staff and organisations
- Oldham Carers Services have four carers link officers who carry out carers’ assessments and also commission a specialist dementia carers worker through Age UK.

Identification of carers: principles

- Mandatory training for all health and social care staff in both community and hospital settings on identification of carers and carers awareness e.g. Triangle of Care, various local example models
- Training for other frontline professionals & community organisations
- No carer’s assessment to be undertaken as part of cared for assessment unless family have specifically asked for a whole family/joint assessment
- Awareness raising for families, friends and communities
- IT systems that enable joined up working & clear recording of carer identification
- Inclusion in staff supervision & team meetings to ensure that staff see carers as “everyone’s business”
- Wider advertising campaigns (buses, football matches, and awareness campaign on (unpaid) carer not care worker etc.
- A systemic approach to identifying carers across primary and community care settings e.g. Carers Passports or Manchester’s Yellow Card scheme
- Single point of contact /first stop shop approaches
- Commissioners - carer awareness/identification training
GETTING THE RIGHT HELP AT THE RIGHT TIME

All local services and organisations, including adult services, third sector carers’ centres, breaks schemes and other carer-specific services, have a vital role to play in supporting carers. Through better identification by the whole system, we can ensure that carers get the right help at the right time and stop them going into crisis.

We recognise that most carers are supported by a range of generic health, housing, leisure and employment services, whom all have a part to play in maintaining carers’ wellbeing and providing ongoing support. Carers need to be aware of their entitlement to request an assessment of their needs in their own right, independent from any assessment of the person they care for. Carers may require support with their own health, or with information and education to help them provide skilled caregiving and support for the person they care for, either of which may be best addressed directly by healthcare practitioners, or other relevant agencies at the time. Importantly, it must be acknowledged that carers are free to choose not to take on caring responsibilities, or to decide on the amount of care they are willing and able to provide. Whatever decision a carer makes should be respected by the staff/people they come into contact.

To ensure carers get the right help at the right time:

- We need to ensure that upon the identification of a carer, the whole system of partners can effectively refer in the support available in each locality, with carer centres playing a central role in these support systems. It is crucial that carers are given the opportunity to discuss their intentions for carrying on caring and this should happen continuously through a carer’s journey. Staff should recognise signs of distress and diminished capacity that may affect the ability or willingness of carers to continue caring, so that they can ask the carer if they are in need of support. The provision of carer awareness training in inductions and ongoing professional development programmes is essential within all organisations, especially in health and social care settings. This training should be offered by integrated health and social care teams to ensure consistency of approach.
● If any health needs are identified as part of a carer’s assessment, carers should be referred back to their GP for health support, where, through detailed health and wellbeing and mental health screening, appropriate health interventions should be put in place. The aim of this principle is for care staff to work holistically with the carer and cared for and be aware of carers’ needs from diagnosis, discharge planning and reviews. Staff should provide the carer with information and/or refer early to try to avoid a crisis situation or a breakdown in the carer’s health. Development of a carer breakdown plan, emergency carer cards and the ‘yellow card’ system all play an important role in supporting carers when, and if, an emergency arises. These tools play an important role in reducing anxiety and worry for carers and prevent them reaching crisis point.

● We understand a significant risk to carers is the failure to share information. Across GM, we will work to remove the burden of carers repeating information, and reducing the barriers to effective sharing of information. The registration of carers with GPs is key to this as being identified as a carer will generate a code on the carer’s personal medical record which will accompany that carer whenever and wherever they use the NHS in England (by being shown on the Summary Care Record). Within integrated services, social care staff will also have access to the Summary Care Record.

● All carers should receive universal information, support & guidance relevant to their locality at the point of identification. The development of strength based approaches to assessment of carers will focus on what people want to achieve. Building on neighbourhood models of working and social prescribing principles, systems should enable carers to access support to meet their needs.

Feedback from carers both young and older shows that carers find the role of a carer centre central to the ensuring they get the right help at the right time. Many say the separation between local authorities and health services from care centre services gives them the confidence and trust in using the service and that they will be valued in their own right.
PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples

- Salford Carers Centre enhanced carer programme including within secondary care
- Trafford three conversations model for statutory assessments
- Oldham Carers Services have an arrangement with Positive Steps for referral to early help
- Rochdale triage team obtains all the necessary information about the carer and shares it with the carers hub who provide support.

Right help at right time: principles

- Single point of contact/first stop shop specifically for carers preferably local carers centre
- Strength based assessment e.g. three conversation model
- Support models built on neighbourhood footprints and using social prescribing models
- Universal information, support & guidance relevant to locality
- Coordination of support for timely interventions
- Contingency plans made in advance
- A systemic approach to identifying carers across primary and community care settings e.g. Carers Passports or Manchester’s Yellow Card scheme
- Third conversation (statutory) assessment linked to budgets and personalisation for longer term complex needs
- Ensure carers (who want to/are able to continue in their caring role) have the right information about the condition of the person they care for including medication and are able to have informed conversations at the right time on planning for the future.
To help carers continue in their caring role information and advice should be provided as standard. This support allows carers to exercise choice and control when making decisions. Information about carers’ breaks, sitting services and the use of digital technology etc. will improve health and wellbeing and reduce social isolation. Carers ought to be supported to plan for life beyond caring, especially where the carer wishes to reduce the amount of care they provide, or where they are no longer able, or wish to continue with their caring role. End of life care and bereavement services need to reflect the support needs of carers. Consideration needs to be given to holistic support for the whole family.

To improving health & wellbeing of carers:

- **All community-based services can help improve the health and wellbeing of carers.** Loneliness is not all about being on your own; carers may feel unable to talk about their caring role or have to leave work to manage their caring responsibilities. Access to information and advice, peer support, telephone support, technology, short breaks, sitting services, volunteering opportunities and personal budgets can all help improve the health and wellbeing of carers and reduce social isolation.

- **Primary and secondary care play a vital role in the health and wellbeing of carers.** Health care practitioners have access to screening tools to measure the health and mental wellbeing of carers and identify appropriate interventions directly related to the health of the carer. This may be supported through development of social prescribing, care navigator and community models.
The use of risk stratification tools enables the early identification of the support needs of carers. Predictive modelling techniques help develop preventive and other support measures to meet the needs of carers or those approaching key transition points including:

- Young carers as they leave primary school and approach secondary school and, again, as they leave secondary school to go on to further education
- Young carers as they move from adolescence to adulthood
- Parents as carers, particularly parents of children with physical or learning disabilities as they leave the family home or as they become eligible for adult services
- Carers of people with substance misuse problems, carers aged over 75, LGBT carers, carers from BAME (Black, Asian and Minority Ethnic) communities
- Recognition of additional support needs of bereaved carers.

The three conversation strengths-based approach to assessment gives carers choice and control about meeting their own care and support needs. Following a carer’s assessment and the determination of eligibility, a carer may choose to use a personal budget allocation to support any identified need in their care and support plan.
PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples

- Manchester Carers Network received CCG funding for a learning and development programme including access to Carers UK online resources including specific to Manchester
- Rochdale – sitting in service run by volunteers
- Rochdale – funding for short breaks for carers who cannot access carers’ personal budgets
- Trafford Carers Centre run a health & wellbeing service including counselling and holistic therapies
- Salford Carers Centre access to adult counselling
- Manchester Carer Forum – peer mentoring for dementia carers

Improving health & wellbeing: principles

- Carers to access activities with 1:1 and group support in their communities
- Sitting services/respites to enable access to breaks, carers groups & community activities
- Holistic family support
- Access to reduced rates of health and exercise activities
- Consistency in carers support from GPs & health care professionals
- Regular health checks
- Carers only appointments
- Improved waiting times for aids/adaptations to reduce risk
- Peer mentoring/counselling/befriending services
- Cultural & spiritual needs
- Public awareness campaign - three out of five people will become carers
- Personal budgets that go beyond offering breaks and look at offering funding to address direct caring health issues i.e. moving and handling
Many carers give up their career in order to take on caring duties after someone close to them becomes ill, and this move out of work can often be sudden. As a result of reduced earnings and consequential pension impact, unpaid carers who have no employment, or work reduced hours are more likely to suffer financial hardship. The adoption of more flexible approaches to employment, and supporting carers who are in employment, enables carers to maintain an income, which promotes wellbeing.

There are a complex set of challenges when supporting carers to remain in or return to the workforce. It is essential we recognise the importance of carers in employment, with over 140,000 in Greater Manchester and many more wanting to find work. Whilst larger employers tend to have established HR policies and practices that incorporate support for working carers, such as the right to request flexible working. By working with small, medium and large employers, the whole system can all play their part in support working carers.

Simple examples like establishing workplace champions, raising staff awareness and line management training can help to increase the emotional and practical support carers receive, making them feel less isolated and better able to balance their employment and their caring responsibilities. By working across organisations and aligning statutory support with good employment practice, we can help carers improve their awareness of the existing local help available to them. However, the benefits of supporting working carers goes beyond the moral case; the business benefits in terms of reduced staff turnover and increased retention and productivity are also significant. Finally, by working with employers to develop carer friendly policies and procedures, and embed these within their organisation, we can also enable carers wanting work to move back into employment and live fulfilled lives.
In terms of improving providing support to carer in employment

- Every working carer is different; **therefore a person-centred approach is required**. Carers’ needs, the needs of the person they care for (which may change over time), the type of job they do, the proximity of the person they care for to their workplace, and even their personal/financial situation will impact what **flexibility they need**, and are able to achieve. It is vital therefore that organisational policy is supported by **effective manager training and workplace awareness-raising**, with tools that support this. This will help embed a culture that supports a good work-life balance for employees.

- Fundamental to supporting working carers is an **employer having an awareness** of who the carers are within their organisations. This way, employers can ensure that they can communicate effectively with carers, find out what’s important to them and involve them in any developments in implementing support. Getting to know who the carers are within an organisation helps employers to **target support where it is needed**, retain employees and specialist skills, and through this build a resilient business. Simple steps like, **asking applicants to identify if they are a carer** on application forms, and **holding this information as part of employee monitoring data**, are effective ways to improve identification of and provide support to carers.

- The best support for carers to stay in work and maintain a better work-life balance is **flexibility**. This is not just about having formal flexible working arrangements or paid time off, but around employers having a creative, flexible approach to carers’ working arrangements. An employee needs to feel confident to be able to discuss their requirements with their employer, and to best meet both personal and business need.

- The Greater Manchester Health and Social Care Partnership survey identified a key enabler for unpaid carers to return to work, was flexibility. It is recognised that carers represent a group of people who have specific requirements for work, often needing local flexible employment. A working carer strategy needs to include elements that recognise the specific transferable skills of carers, and also recognises that in order for businesses to benefit from this talent pool, they need to consider how to make employment flexible within the needs of the business.

- To enable this approach a Working Carers Toolkit for employers has been co-produced by the NHS, Local Authority organisations, VCSE sector, carer support organisations and working carers themselves.
PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples

- Manchester City Council have introduced a Carers Passport scheme for their working carers
- Centrica’s offer to working carers includes up to a month’s paid leave for carers, along with flexible working hours and access to its employee led carers’ support network
- Greater Manchester Health & Social Care Partnership has an established working carers group and have identified a Working Carers Champion.

Employment: principles

- NHS & Local Authorities leading by example
- Working with employers large and small to embed carer friendly practices and policies
- Greater Manchester Mayor’s Employment Charter
- Ensuring all employers identify their employees who are unwaged carers
- Flexible working arrangements
- Right support to take time out
- Access to benefits advice to return to work
- Skills accreditation & personal/character references
- Effective manager training and workplace awareness-raising
- Access to carers support outside working hours
- Ensuring care packages & carers assessments take into account impact of carer losing job or having to give up work to care
- Working with Job Centre Plus (JCP) on supporting unemployed carers back into the workplace
- A quality mark that highlights to carers that an employer has adopted carer friendly policies and practices e.g. being a member of Employer for Carers
We estimate in Greater Manchester there are 27,000 young carers or young adult carers. That represents 1 in 12 young people in every secondary school. A young carer can be defined as a child or young person under the age of 18, who provides regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled, or who misuses substances. Young adult carers are defined as young carers transitioning from childhood into adulthood.

Being a young carer often means looking after a family member and looking after other members of the family while they can’t. In addition to providing emotional support to the person they are caring for they may also have to learn how to nurse them, or look after their personal needs like bathing and dressing. A young carer can become vulnerable when the level of care giving and responsibility to the person in need of care becomes excessive or inappropriate, risking impacting on his or her emotional or physical wellbeing or educational achievement and life chances.

Many young carers often feel isolated as peers lack the understanding of what being a carer means or why they may have less free time to socialise. All young carers have a right to be assessed if they have needs (if they choose to), and should be provided with support and services to help them. Through the Greater Manchester young carers survey (first of its kind for the region designed and developed by young carers) and through a review of what is commissioned and what works for young carers (Carers Trust & Children’s Society), young carers have developed objectives and actions that they would like addressed.
In terms of supporting young carers and young adult carers:

- Young carers are often late or miss days from each school year because of their role and many are sanctioned or bullied directly as a result of caring for someone. The Greater Manchester young carers survey highlighted that young carers wanted a single point of contact for young carers, to bring together a partnership of organisations to support young people and their families. Feedback from young carers said it is always good to have the support of others who understand their situation. Young carer services provide this deep understanding, whilst allowing time and space to meet others with caring responsibilities, enabling peer to peer support.

- Young carers and their families should be supported regardless of which service is contacted first. There should be no ‘wrong doors’, as children’s and adult social services are required by law to work together to fulfil their duties. We need to ensure that all practitioners are aware of, and accept, a joint responsibility to work in partnership to identify and respond to any young carers who are unlikely to meet their full potential due to significant caring responsibilities. Young carer pathways are a good example that will enable practitioners to navigate support available to young carers. The sooner young carers are identified and recognised, the easier it is to support them in their caring role and if necessary prevent them from taking on inappropriate levels of care.

- We need to recognise the important role schools, colleges and universities should play in improving identification of young carers and in supporting them in education and enabling them to access the right help and support. Research has highlighted that the number of young carers is significantly higher than census data reports (Hidden from View, Children’s Society, 2013). This research has also highlighted the potential longer-term impact of caring on young people. Young carers have significantly lower educational attainment at GCSE level. Through promoting the tool available through the Young Carers in Schools Award (Children’s Society) and developing locally tailored awards and locally tailored awards we can celebrate young carers. Through support mechanisms (e.g. school nurses) and developing the use of the Young Carers Passport we can significantly enhance the reach and support given to young carers.

- We also must recognise the health and wellbeing needs of young carers. We know from the Greater Manchester young carers survey that access to mental health support was a top priority and young people said they want more support through the GPs. We have commissioned support for young carers in all our GP practices, but we recognise that this is still in infancy in terms of development. Therefore we need to make a concerted effort to ensure health and wellbeing support is in place for young carers.
In April 2017 the Greater Manchester Young Carers Survey (first of its kind for the region designed and developed by young carers) was disseminated with 233 young carers’ participating in the survey. The young carers responses combined with the review of commissioned services have helped to create objectives and actions to be undertaken, these include;

**Objective 1:** Young carers and young adult carers are supported to thrive and develop

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<th>Responses</th>
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<tr>
<td>Give us a carers service</td>
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<tr>
<td>Reduce our isolation</td>
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<tr>
<td>Improve our mental health</td>
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<td>Enable us to live without money worries</td>
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**Objective 2:** Young carers and young adult carers are supported to fulfil educational and employment opportunities

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<tbody>
<tr>
<td>Support us to get involved in groups outside of school</td>
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<td>Make sure school support is consistent so we can focus on doing well</td>
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**Objective 3:** Raise awareness and understanding of the role of young carers and young adult carers

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<td>Reduce our worries about being taken into care</td>
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<td>Raise awareness of the conditions we care for</td>
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<td>Raise awareness of our issues with our peers</td>
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**Objective 4:** Young carers and young adult carers to have choice and control over their lives, and to be protected from excessive or inappropriate care

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<tr>
<td>Give us the skills to care</td>
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PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples

- Salford Carers Centre exemplar model including partnership with Lowry – young carers in schools
- Salford University refers young adult carers to Salford Carers Centre following training given to academics and student representatives
- Greater Manchester Young Carers Board
- Oldham – named volunteer link worker for 18-30 year old young carers to support their transition to adult services
- Rochdale young carers workers in same team as adults to support through transition current consultation on young carers service offer
- Manchester Young Adult Carers are running a transition conference as part of Carers Rights Day.

Young carers & young adult carers: principles

- Protect from inappropriate and excessive caring
- Single point of contact for young carers
- With every area to have a specific young carers service – this could be a partnership of organisations that support young people and their families.
- Whole family approach – support with debt, income, benefits advice etc.
- Early identification in schools
- Better use of community assets
- Multi agency strategy to be in place highlighting how other services will meet need if no specific young carers service in place
- Using technology/social media to provide advice, support and networks
- Peer support groups within locality
- Develop skills to self-manage as a young carer
- Whole family approach – support with debt, income, benefits advice etc.
- Make sure school support is consistent so young carers can focus on doing well.
- Awareness raising for young carers to reassure them that the emphasis is on supporting them at home
- Consider regional campaign to raise public awareness checking with young people what the key messages to be
- Each locality to have a young carers board (made up of young people with regular access to key professionals /agency leads) – to develop and lead on awareness work (with support from services /local authorities)
- Young Carers Assessment to identify specific skills/information young people might require
- Give young people the skills to care
CARERS AS REAL & EXPERT PARTNERS

Greater Manchester Carers Partnership is a group of primarily VCSE carers support provider organisations who represent carers as real and expert partners influencing this work stream. They act as carers’ voices on all other carers strategy groups and activities. At Greater Manchester Carers Rights Day 2017, carers from across the city region engaged in consultation on the Greater Manchester strategic objectives; using an appreciative enquiry approach. Consultation findings combined with national, regional and local evidence have informed the Greater Manchester Carers Exemplar Model developed by Greater Manchester Carers Partnership. This model sets out standards for how we should work with carers to develop and run services. These are:

- Carers as real and expert partners recognised as experts by experience and meaningfully involved in care planning by health & social care staff.
- Carers as real and expert partners who are involved in co-production and co-design of carers services through meaningful, accessible consultation and engagement.
At all appointments and consultations for the person with care needs, carers should be recognised as equal and expert partners in any decision making process.

As well the Exemplar Model outlines that there needs to be:

- Meaningful consultation and engagement with carers and front line support organisations is critical to enable a shift in thinking, organisational cultural change and accountability in the commissioning of carers services. Carers’ issues explicitly identified in all locality plans with local strategies developed to support the needs of carers in line with the Greater Manchester Carers Charter, Commitment to Carers and this Exemplar Model. Successful whole system transformation involves engaging with carers and all local partners and stakeholders across every sector.

- Recognition of carers as a key resource and valued contributors to whole health and social care system. “Carers are vital partners in the health and social care system and a sustainable settlement for social care will simply not be possible without focusing on how our society supports carers.” (DHSC Carers Action Plan, 2018-20).

- Partnership working to provide joined up seamless services and continuity of care. The role of carer services delivered by VCSE/public sector organisations are essential for localities in developing approaches through local care organisations and neighbourhood working models, and to accessing carers for meaningful consultation and engagement.

- Good quality data and evidence to support the decision-making process when developing services to support carers. Accurate data assists with accountability and transparency within the commissioning process. Health and social care systems need to robustly evidence increased identification of carers. Both output and outcome measures are needed including, but not exclusively, registration on GP carer lists, referrals to carer centres/services(VCSE), individual carer assessments completed etc. Carers should be involved in identifying their own best outcomes.
PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples
- Greater Manchester Carers Partnership
- Bury Independent Carers Forum
- The Carers Charter through consultation with carers and various carers groups in seven of the ten Local Authority areas across Greater Manchester.
- Carers Rights Day event with carers from across Greater Manchester attending and given an opportunity to feed into:
  - Consultation on the work streams to capture carers voices and input to the work
  - To produce a substantial unpaid carers input to the strategic development and improvement of services for carers
  - To help carers break isolation, by meeting other carers across the region
  - Greater Manchester Young Carers Board

Carers as real & expert partners
- Ongoing representation from VCSE carers organisations supporting the development of practices and policies through meaningful consultation and engagement with carers.
- A Greater Manchester member organisation for all carers groups and organisations, co-ordinated and developed through the GM Carers Partnership
- Recognised as experts by experience
- Meaningfully involved in care planning as experts in the needs of the person(s) they care for, by health & social care staff
- Involved in co-production and co–design of carers services through meaningful, accessible consultation and engagement
- More consistent involvement in ongoing service review and consultation through the carer voice mechanism
- Identifying carers that may have different needs e.g. mental health, learning disabilities, BAME and LGBT to offer tailored support
- Carers involved in identifying their own best outcomes
- A quality mark that highlights to carers that an employer has adopted carer friendly policies and practices e.g. being a member of Employer for Carers
We encourage each locality to introduce the good practice and key principles outlined in the Exemplar Model to provide better opportunities and support to all carers in Greater Manchester. There will be different challenges for different localities, the examples and tools will have varying relevance for each locality depending on commissioning arrangements and service delivery models. To underpin this process, the GM Support for Carers Programme will work with localities on the following four areas:

1. In late 2018, the Carers Programme Team visited each locality to discuss with carer leaders across health and social care the Exemplar model and understand each locality’s current offer of support for carers. These discussions provided a valuable insight into delivery against the Greater Manchester Carers Charter and future progress towards the Exemplar Model.

2. Through the Greater Manchester Carer Transformation Group, all localities will meet on a quarterly basis to discuss progress on the delivery of the GM Exemplar Model for carer services and to define further common commissioning objectives to support carers. It will develop objectives to address gaps in service delivery as defined in the national carer strategy.

3. Through the Greater Manchester Strategic Carers Partnership and its work stream themes, we will continue to support localities in delivering to the Exemplar Model.

4. We will continue to work with the GM Carer Partnership (carers as real and expert partners workstream) and GM Young Carers Board, and the Greater Manchester (virtual) working carers group to refine and develop our understanding of carers issues in Greater Manchester.