



The Princess Royal Trust  
*for Carers*

directors of  
**adass**  
adult social services

## COMMISSIONING BETTER OUTCOMES FOR CARERS – AND KNOWING IF YOU HAVE

### HOW TO DO IT

1. Identify and Engage Stakeholders



2. Understand Carers' Needs and Outcomes



3. Assess how you Measure Up



4. Make Changes, Commission and Improve

May 2010

### **Definition of Carer**

There is currently no single agreed definition of what is meant by the term “carer”. The National Strategy for Carers in 2008<sup>1</sup> included a draft cross government definition for consultation. Within this paper we have used the definition contained within *Commissioning for Carers* [2009]<sup>2</sup> developed jointly by a number of carers and commissioners’ organisations including the Association of Directors of Adult Social Services [ADASS] and The Improvement and Development Agency:

*A carer spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.*

### **Focus of this Paper**

The focus of this paper is on the care and support of adults, particularly older people, by adult carers. The paper does not seek to consider the position of young carers. Additional work is needed to fully address the needs of carers of children with disabilities.

### **Please Note**

This review paper is intended to be a contribution to debate. Whilst every attempt has been made to ensure accuracy and promote best practice we cannot accept any responsibility for loss or liability occasioned as a result of people acting or not acting on information contained in this paper. Reference should be made to full copies of the relevant documents as appropriate. Further information or legal advice is sought, as necessary, by their Council when considering action in response to the discussion paper.

Should any conflict or apparent difference in interpretation arise in relation to current statutory or accepted best practice guidance, the expectation is that the statutory and best practice guidance would take precedence. It should also be remembered that practice guidance along with research is developing all the time and should inform local decision making and action having regard to local needs and circumstances.

# COMMISSIONING BETTER OUTCOMES FOR CARERS – AND KNOWING IF YOU HAVE

[A Local Needs and Response Audit Support Tool]

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## FOREWORD



Alex Fox  
Director of Policy & Communications  
Princess Royal Trust for Carers



Graeme Betts  
Chair  
ADASS Carers Policy Network

We have been working together to take forward The National Carers' Strategy, published in 2008 alongside the promotion of more personalised support and sustained independence. This paper is the fourth in a sequence of short reviews designed to stimulate debate and improve support for carers. It links closely to *Commissioning for Carers* [2009]. The focus of this paper is to help us all to tackle the following question:

*How will you, carers, and people more generally know if you have improved outcomes for people who give and receive care and support?*

It is a question not easily answered. This paper outlines an audit approach that we believe may help. It is a resource to be drawn upon alongside others; for example, those on the IDeA website<sup>3</sup>. We also explore the potential of Outcomes Based Accountability models. We can also see some advantages in the use of model carer feedback resource materials, as a way of improving the systematic collection of information on outcomes.

The paper points to the importance of *Total Place9* and the need to link what we do to Joint Strategic Needs Assessments<sup>4</sup> and wider partnership working. We have also made links to the current performance assessment framework in the Care Quality Commission's *Commissioner Assessment Guide*<sup>5</sup>. This framework will be changing from next year and we hope this paper will be seen as a contribution to its development.



**Alex Fox**



**Graeme Betts**

## 1 - THREE KEY MESSAGES

Answering the question posed in this paper is not easy. This paper offers three key messages to local leaderships that may help them in doing so. They are:-

- **Ensure carers and people supported by them have a real say about what outcomes matter and how they might be measured.**

**Added value:** outcome specification and measurement is increasingly focused on what matters and what makes a difference. Progress can be assessed over time and value demonstrated to carers, commissioners and communities.

- **Explore the use of a range of methods for gaining carer feedback, including the potential for model national survey modules as a resource for local commissioners.**

**Added value:** promotes standards in information collection, offers a basis for regional data collection within improvement partnerships; opportunities for benchmarking progress with others; is an efficient way of developing information collection that avoids duplication; and, can lead to a better evidence base to support resource priorities and future commissioning.

- **Include information on carers within Joint Strategic Needs Assessments (JSNAs) and seek a clearer understanding of population and performance outcomes sought.**

**Added Value:** better understanding of wider community or population outcomes and ability to respond; improved engagement of partners; provides framework for setting longer term performance outcomes; improved accountability and creates opportunities for regional benchmarking activity through improvement networks.

## 2. INTRODUCTION

The value of carers' contributions is not in doubt. Equally, few would dispute that carers are the key to the affordability of care and support across health and social care. These issues are explored in a separate paper<sup>6</sup>.

This paper focuses on this question:

*If you are committed to improved outcomes for carers and those for whom they care, how will you, carers, and people more generally know if you have done so?*

The quality of life and support models we have developed point to a number of dimensions in which this question can be explored. This paper concentrates on the model of comprehensive carer support, the Carers Hub, developed by the Princess Royal Trust for Carers and a number of partners. It is based on the outcomes in the National Carers' Strategy. This is a fairly recent model. Other existing models, such as the earlier *Carers Compass*<sup>7</sup>, can also be used to similar effect where they are already in use. Support arrangements are also developing all the time and the current range of interventions within the model can be expanded and adjusted to fit changed local needs and circumstances.

We also explore the potential contribution of Outcomes Based Accountability (OBA) models. The Carers' Hub approach would be an important building block in developing this approach with its focus on different types of outcome. One county has done some interesting and helpful work on the potential contribution of OBA over the last year. More information about this is given in the next section.

There is little doubt that there is a lot of consultation and engagement activity with carers around the country. What is less clear is whether activity in response to carers' needs and preferences is leading to the outcomes carers want to see for themselves and the person they support. Some of these will be performance outcomes about timeliness and responsiveness of services. Others will be about improved sense of recognition and of partnership working and issues around choice, independence and control. Still others will be about population level outcomes within a caring community.

Underpinning nearly all the outcomes will be the concept of value: valuing communities and carers, valuing support and the people who work within support services of all kinds. Finally, it is about offering value to those who use and fund these arrangements.

It is perhaps surprising that the evidence base around what works (and what doesn't) is less well developed than it might be. The evaluation of demonstrator sites<sup>8</sup> will add to our information base. The use of national indicators will also contribute, but currently these concentrate on process and activity rather than outcomes. On their own, however, they will not answer the question we have posed. Concerted action at local level to generate consistently collected information that is accurate, timely and relevant to the outcomes carers are seeking for themselves and the person they support continues to be needed to inform local commissioning and compare results.

Carers' needs cannot be considered in isolation. They care because someone has support needs. They do so within their local community. As our support and quality of life models show, there are wider outcomes that impact upon carers. These population outcomes also need to be identified and link closely to concepts of "Total Place"<sup>9</sup> and strategic planning mechanisms such as JSNAs<sup>3</sup>.

A Nuffield paper<sup>10</sup> states:

*"The focus on "outcomes involves asking what is achieved by social care services for users and carers and how do we measure this".*

It goes on to say:

*"...because people attach different importance to different situations and experiences, some aspects of outcomes will be more important than others..."*

In terms of service or performance outcomes, the development of more personalised services and care plans offers a basis for looking at these issues and for monitoring them. The limitation on this is the lack of clarity around what is or is not the intended outcome and how far it was the outcome the user or carer was seeking.

This paper is a contribution to rather than a prescription for local action. We would welcome your thoughts and feedback on:

- Local work on improving commissioning for outcomes and measuring them;
- the Carers' Hub as an audit tool;
- the potential for wider use of Outcomes Based Accountability [OBA] models;
- the added value of model national survey modules as a resource for local use.

Please send to: [adasscarers@warwickshire.gov.uk](mailto:adasscarers@warwickshire.gov.uk) or [Fiona.perry@newham.gov.uk](mailto:Fiona.perry@newham.gov.uk) or [info@carers.org](mailto:info@carers.org)

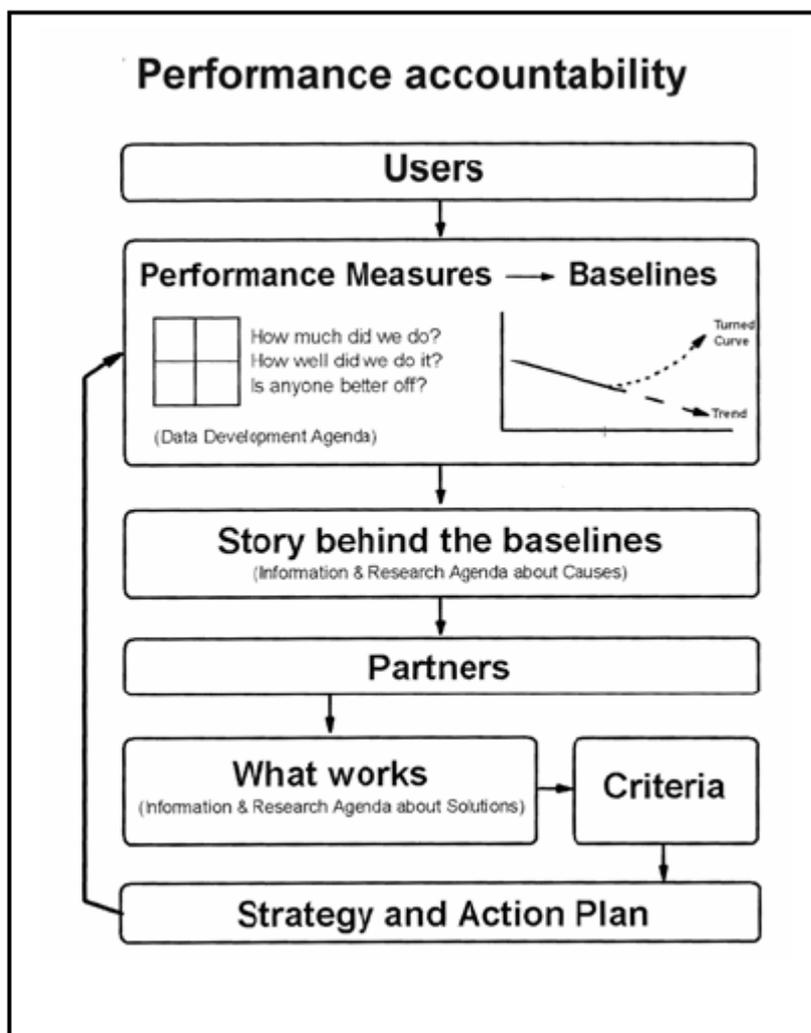
### 3. OUTCOMES BASED ACCOUNTABILITY [OBA]

#### 3.1 Outline

Within England, results-based planning has developed mainly in relation to children's services and the outcomes framework for *Every Child Matters*<sup>11</sup>, but there is increasing interest in outcomes in the context of adult social care. The concept has its origins in the work of Mark Friedman<sup>12</sup>. A helpful summary of the concept has been produced by Gillian Pugh<sup>13</sup> and is available on the IDeA web site - [www.idea.gov.uk/idk/aio/8940584](http://www.idea.gov.uk/idk/aio/8940584)

One council which has been using OBA is Telford and Wrekin. Projects have been undertaken jointly with Shropshire County Council. Whilst the work is in the area of children and families, the most recent report<sup>14</sup> provides a helpful summary of work undertaken. There is also a West Midlands regional network<sup>15</sup>. Other resource materials are available from the IDeA Better Outcomes Project and Outcomes UK<sup>16</sup>.

DIAGRAM 1



Source: Pugh, Gillian, *Outcomes Based Accountability: a brief summary* [IDeA]

OBA helps us to see whether what we are doing is delivering the intended results. It is a good mechanism for securing strategic change. Central to the OBA approach is a process called “turning the curve” which can be applied at both the community (population) and service performance levels. In the context of this paper, both population and performance accountability are relevant. The model of performance accountability is set out below.

The framework offers a set of questions commissioners and lead members can ask to help make sure that what they are doing is making a difference in the lives of carers and for the communities in which they live. The model also encourages partnership approaches, in that better outcomes are seldom within the responsibility of a single organisation. The essential discipline of OBA requires local leaderships, when they commission services for carers, to:

- develop shared understandings about the outcomes which carers and those for whom they care will value;
- develop specific measures which best reflect outcomes and impacts;
- identify what works for carers and the supported person and adds most value;
- find partners with whom to work and to co-produce those outcomes;
- check progress and intended future progress; adjusting action as needed; and,
- give feedback to stakeholders and use it to develop future learning.

### **3.2 Using OBA with Carers**

Within Adult Social Care, Hertfordshire (Beacon Council for Supporting Carers 2005 - 07), shared the results of its use of the OBA model specifically to improve understanding of end user experience. Information had been collected through:

- the Beacon /ADASS/Carers UK survey designed for carers who have had an assessment carried out annually since 2007
- the Department of Health Carers Survey 2010

There are some interesting messages from this material:<sup>17</sup>

- 83% said they were treated with respect and understanding.<sup>18</sup>
- 55% felt their quality of life had improved.<sup>19</sup>

But...

- Only 14% described their health as very good [DH survey].

Some three-quarters of respondents in 2008 answered a further question: “Lastly please tell us of one thing Adult Care Services (or any other service) has done that has made a real positive difference to you”. Of these:

- 11% of these respondents said services made little or no difference
- 4 % of these respondents said the experience was mixed

Even so...

- 9% welcomed the emotional support received
- 31% of respondents to said practical help had made a difference
- 12% of respondents singled out breaks had helped

Responses to three more detailed questions in the Beacon Survey were as follows:

Survey Question	2007	2008
Carers who felt ACS helped them have free time/a break each week	37%	43%
Carers who felt the break ACS helped them with had made a <b>big</b> difference to them	55%	65%
Carers who felt ACS had helped them maintain a life outside caring by enabling them to think about leisure, education etc	22%	35%

Source: Adult Care Services, Hertfordshire County Council

The importance of breaks for carers, in terms of better health outcomes, was supported by information from PCT funded breaks services following referral from primary care. This indicated 33% of carers were at risk of depression prior to their break compared with 17% afterwards. There were also other indications of positive outcomes for carers.

Overall, the results present something of a mixed picture. The Carers' Lead has highlighted, however, that the Council now have information to work on and to improve what it does and the way it does it. This is the right approach. There will be value in unpacking the extent to which results reflect varying experiences, quality and significance of different kinds of intervention for different groups of carers. One initiative, the carer's card, has led to better feedback:

- 42% say they were helped to plan compared with 21% before;
- 95% with a plan felt some reassurance they had expected.

This work illustrates how local use of OBA models can help inform understanding of what works. The potential for adding value comes from matching responses to local needs. The outcomes that matter to local carers are identified through collecting regular and local feedback in a systematic way.

## 4. WHAT THE AUDIT APPROACH OFFERS

### 4.1 The Need for Audit

As set out in *Commissioning for Carers*<sup>\*</sup>, carers' contributions to care and support in the UK are highly significant. It is essential that every area encourages and supports people who contribute care and support, whatever their level of need or entitlement, while ensuring that their decision to care is a genuine and informed choice.

Carers are also ordinary people who wish to pursue a life outside of caring and may need support to do so. So there is a strong financial argument for commissioning for carers, as well as a need to minimise the inequalities that carers face and improve their outcomes in health, education, work and well-being.

The National Carers' Strategy 2008 sets out what needs to be achieved for carers by 2018. This includes:

- protecting carers' own mental and physical health;
- giving carers access to the integrated and personalised services they need to support them;
- ensuring that carers can enjoy a life of their own.

*Putting People First*<sup>20</sup> sets out a commitment to transform the way in which care and support is delivered. It also commits local and national government to valuing and supporting carers.

These aspirations are backed up by references to carers in the NHS Operating Framework for 2010/11<sup>21</sup>. There are real requirements placed upon local areas in the Performance Assessment Guide for councils. Carers are a key component of several national strategies; including, the Dementia Strategy,<sup>22</sup> the End of Life Care Strategy<sup>23</sup> and the Stroke Strategy<sup>24</sup>.

The relevant inspection and policy requirements are set out in *Commissioning for Carers*. These are cross-referenced to World Class Commissioning competencies. Research has shown that carer support can achieve savings in residential and home care costs. The evidence suggests that there are gains along care pathways within NHS budgets. These would be through focussed carer support in primary care, hospital and intermediate care settings.

Achieving change for carers will require that their voices are sought, heard and acted upon in local decision-making and service design in many different fields. *Commissioning for Carers* has these recommendations for commissioners:

- Think 'carer' in all commissioning and area needs assessments.

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<sup>\*</sup> *Commissioning for Carers* and its summary for Directors and CEOs, *Commissioning for Carers: An Action Guide for Decision Makers*, were produced in 2009, with Department of Health support, by The Association of Directors of Adult Social Services, The NHS Confederation, The Local Government Association, The Improvement and Development Agency, The Princess Royal Trust for Carers, Crossroads Care, Carers UK and the National Black Carers and Carers Workers Network. See [www.idea.gov.uk/idk/core/page.do?pagelId=6001526](http://www.idea.gov.uk/idk/core/page.do?pagelId=6001526)

- Improve outcomes, independence and choices for both carers and those they care for.
- Involve carers of all groups and communities in agreeing outcomes and in decision-making and planning processes.
- Strengthen the provider market with the use of a variety of funding approaches.
- Meet new NHS and social care inspection expectations and demonstrate that they meet key commissioning competencies.

Birmingham City Council has identified support for carers as a key plank of its sustainability strategy. Some PCTs invest over £1m annum in carer support<sup>25</sup>. Increasing amounts of public money are being spent on supporting ordinary people in crucial caring roles. With overall budgets under pressure, there has never been a clearer need to ensure that resources are cleverly targeted on achieving the greatest gains for carers, those they care for and the local care and health economy.

## 4.2 The Carers' Hub as an Audit Tool

At local level councils and PCTs are applying a wide variety audit and needs assessment processes to the field of carer support. This makes comparisons difficult. This resource, described in more detail in the next section, is intended to be a tool which can be used on its own. It can also be adapted to fit with local JSNA processes and, where appropriate as part of a regional approach to benchmarking and improvement.

It is built on the "Carers' Hub" model of comprehensive carer support, outlined in *Commissioning for Carers*. It gives an overview of the range of interventions and services which providers and commissioners have identified as being needed to make up a comprehensive offer of carer support in line with expected national outcomes. It also encourages consideration of support pathways for carers, building on the model of personalised carer support outlined in more detail in *Commissioning for Carers*.

## 4.3 Keeping in Touch with Developments

This short paper is only intended to cover support for adult carers. Other work is taking place. For information on auditing young carers' needs and services, see resources produced by the *Include* partnership, between The Children's Society and The Princess Royal Trust for Carers, at [www.carers.org/professionals](http://www.carers.org/professionals) and [www.youngcarer.com](http://www.youngcarer.com). Further resources are in development with Crossroads Care and with support from the Department of Health and can be found at [www.carers.org](http://www.carers.org). They are expected to become available during 2010.

There is also a free network for Carers Leads. To join The Princess Royal Trust for Carers' network send a blank email to [carersleads-subscribe@yahoogroups.com](mailto:carersleads-subscribe@yahoogroups.com). You will receive a monthly ebulletin and will be able to email other carers' leads.

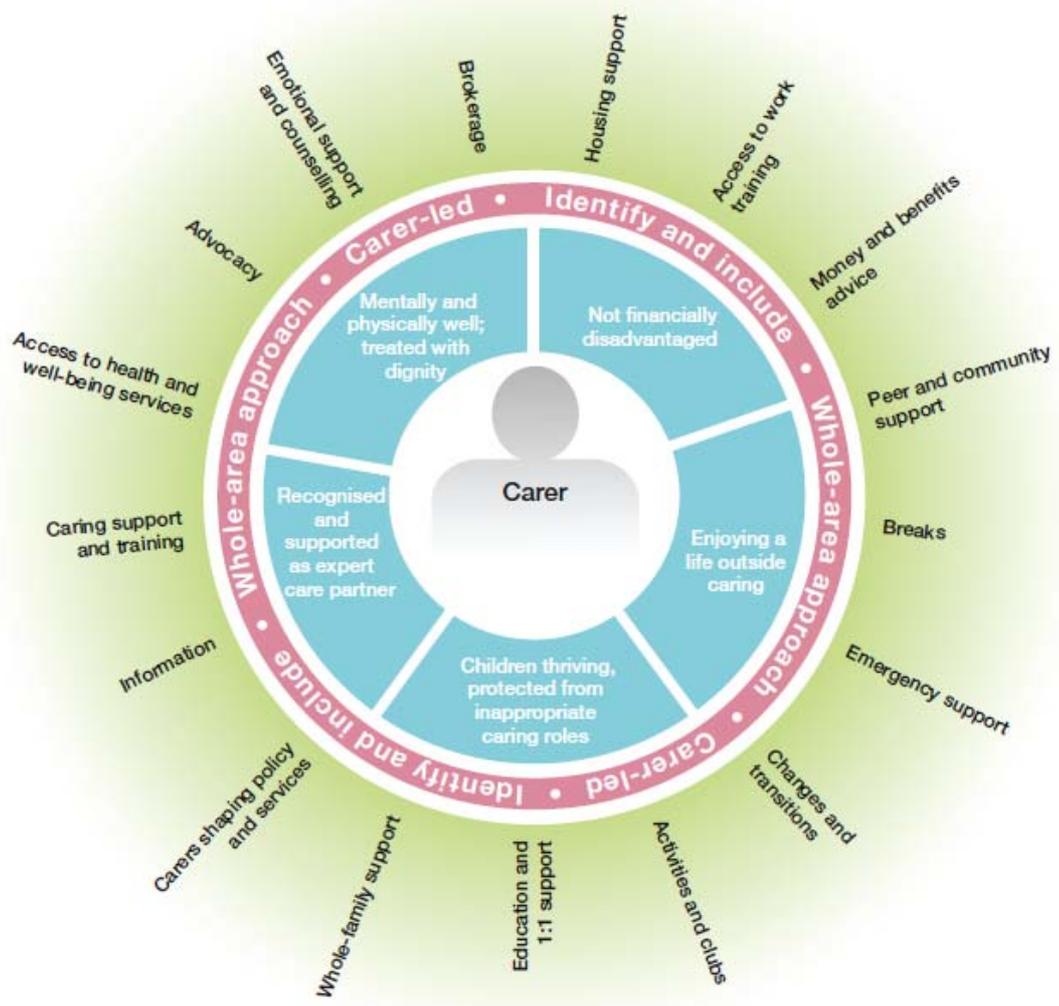
The work on carers within the Association of Directors of Adult Social Services [ADASS] is co-ordinated through its Carers' Policy Network. For more information about the network: [adasscarers@warwickshire.gov.uk](mailto:adasscarers@warwickshire.gov.uk) or visit the ADASS web site: [www.adass.org](http://www.adass.org). This paper forms part of its programme of work for 2010-11.

## 5. THE CARERS' HUB - INTERVENTIONS

### 5.1 Overview

The Carers' Hub is a model of comprehensive carer support and can be used to assess this. It represents a working consensus between commissioners and providers on the complete range of interventions that will be needed to deliver the five outcomes of The National Carers' Strategy. These are represented by the five inner segments of the Hub. The principles upon which all carers' interventions should be based are in the pink band. The interventions suggested cannot be achieved, of course, by specialist carers' services alone. Success will require a range of health, social care, leisure, housing and employment services to be commissioned in a carer-friendly way.

Whilst all carers should be able to experience the outcomes of the National Carers' Strategy, some groups and communities will have particular needs, or experience specific barriers to accessing support. The need to consider over-looked groups is a theme that runs throughout this resource.



Source: [www.carers.org](http://www.carers.org)

## 5.2 Interventions Indicated by the Carers' Hub

The interventions in the Hub were linked to specific outcomes from the National Carers' Strategy. In reality, many of the interventions are linked to a number of outcomes. This is a working model which can be found at [www.carers.org](http://www.carers.org). Examples of practice, research evidence and information about relevant policy are also being gathered on that site which is still in development.

Local partners may wish to add, remove or redefine interventions according to their relevance to them. This section outlines some suggested definitions for each heading, but again you may wish to adjust these suggestions to fit your locality.

<b>Heading on the Carers Hub</b>	<b>Areas of work which could be included under that heading</b>
Emotional support & counselling	Ongoing emotional support. Formal counselling, family/couples therapy. Access to mental health services.
Brokerage	Support when the person who receives care is offered Direct Payments/personal budgets. Support for carers to access personal budgets.
Advocacy	Ensuring the carer is aware of their rights and can choose the level / type of caring they take on. Empowering the carer to have their voice heard in decisions that affect them. Help with complaining.
Access to health & well being services	Equality of access to NHS and other local services (e.g. priority access where needed, provision of alternative care arrangements to enable uptake of health services). Access to well-being services and health promotion/ health checks. Holistic approaches to reducing stress/ exhaustion and promoting well-being.
Caring support & training	Helping carers who wish to, to carry on caring, safely and sustainably. "Expert carer" approaches such as Caring with Confidence and Looking After Me courses.
Information	Static information such as leaflets etc. Researching and supplying information from national and local sources and signposting. Carer Support Workers providing personalised information alongside emotional and practical support.
Carers shaping policy & services	Helping carers to participate in local planning, commissioning and service design. Supporting carer-led groups.
Whole-family support	Working with the families of young carers to find alternatives to inappropriate caring roles. Partnerships between children and adult services. Input into safeguarding work.
Education and 1:1 support	Helping young carers to attend and thrive at school. Mentoring and one-to-one support.

	Support for young adults to move into adulthood. Access to non-vocational learning for adult carers.
Activities & clubs	Helping young carers to take breaks, make friends and have fun. Helping young carers to access mainstream activities. Young carers' festivals and holidays. Online support for young carers.
Changes & transitions	Support with the caring journey through different life stages. Support when carers wish or need to stop caring. Bereavement and the end of caring roles. Support when the person who receives care goes through a transition, such as becoming an adult.
Emergency support	Helping carers and services to plan for emergencies. Back up and respite provision during emergencies.
Breaks	Individually-tailored breaks provision. Providing access to breaks services. Planning for ways of achieving breaks where specific services do not exist (e.g. substance misuse carers).
Peer and community support	Carers' groups and peer support schemes. Helping carers to draw on more family/ community resources to help with caring. Support for carers and their families to access and participate in their communities. Carers' services' use of volunteers, including ex-carers.
Access to benefits & financial support	Support for carers and families with benefits applications/ appeals. Supporting carers to manage finances and debt counselling.
Access to work/ training	Careers advice and support for carers to get into training or employment during or after caring. Support for carers to maintain employment or training. Supporting local employers to become more carer-friendly.
Housing support	Support to maintain acceptable housing. Partnerships with housing associations. Housing adaptations and equipment, including telecare/ telehealth.

In using this model we must keep in mind that personalised support arrangements and expectations change over time. The Carers' Hub model, however, enables interventions to be added, adjusted or deleted according to local needs and circumstances. Neither does the hub represent a limit to the ability of commissioners to innovate. It outlines approaches to them and how they might be applied: it is a guide and not a prescription.

To keep in touch with developments and emerging thinking see page 12.

## 6 – IDENTIFY & ENGAGE STAKEHOLDERS (STEP 1)

### 6.1 Identify Stakeholders

Carers themselves are the most important stakeholders. For most carers, their well-being and outcomes are intertwined with the well-being and outcomes of the person for whom they care. Mutual caring, between people who both have care or support needs, is becoming increasingly common. For instance, many people with learning disabilities live with increasingly elderly parents. So people who receive care and support from family carers are also important stakeholders in this process and their views and experiences are important. None of the lists below are exhaustive.

Carers are sometimes categorised by the condition of the person for whom they care:

- carers of older people (including stroke, dementia)
- carers of physically disabled people
- carers of adults and/ or children with learning disabilities [parent carers]
- carers of people with mental health problems 18-65
- carers of people with substance misuse problems
- carers of those with life limiting or terminal illnesses.

It can be useful to consider the age group of the carers themselves:

- young carers – this group is not covered by this resource
- young adult carers aged 16-24
- working age carers (carers who are in work face particular challenges)
- carers aged 65+

It is important to ensure the inclusion of some commonly overlooked groups:

- carers from a particular Black and Minority Ethnic [BME] community
- carers from refugee or asylum seeker groups
- carers from the LGBT community
- carers from the traveller communities.
- Carers for someone living in another area [distance carers]

Given the wide range of carer groups and communities (carers are around one in ten of the population), it may be more feasible to carry out separate audit processes for different groups or communities. This may be easier to achieve, rather than attempting to use the Carers' Hub to map carer needs and service provision for all carer groups at once. Some local areas may already have a concern about outcomes for a particular group and wish to focus on it first.

Service providers are another group of stakeholders who can and should contribute information to an inclusive audit approach:

- specialist carers' services such as Carers' Centres, Crossroads Care schemes and carers' services offered by condition organisations;
- services with the potential to reach or identify carers;

- services which refer to carers' services or which have the potential to do so; and,
- services which support carers as part of the general population, including health, housing, leisure, employment, adult and children's services.

Key decision makers and budget holders include:

- councillors, especially those who carry a social / health care portfolio or who lead on carers' issues for the council
- officer carers' leads within councils and PCTs
- commissioners of services that impact on carers' lives
- members of Local Involvement Networks (LINKs) and Local Strategic Partnerships (LSPs).

## 6.2 Performance Outcomes

One way of looking at performance outcomes is to measure achievement against the four National Carers' Strategy outcomes for adult carers (at the centre of the Carers' Hub). These should form the heart of the audit. Achievement of these outcomes will vary between the carer groups and communities identified in Stage 1, above. **Appendix A** identifies performance outcome indicators (and relevant sources of evidence), alongside process/ service questions and relevant statistical returns to consider.

The evidence gathering that is suggested is intended to reflect the relevant sections of adult services inspections. There is more detail on the relevant inspection areas in the Performance Assessment Guide in **Appendix B**. Some questions concern the impact of carers' services upon usage of other health and social care services. Cost-benefit issues are explored in more detail in the next section.

## 6.3 Statistical information

To make sense of the information gathered about outcomes, it will be necessary to establish statistical information on carer populations in the area. This provides the context within which population outcomes can be identified and considered:

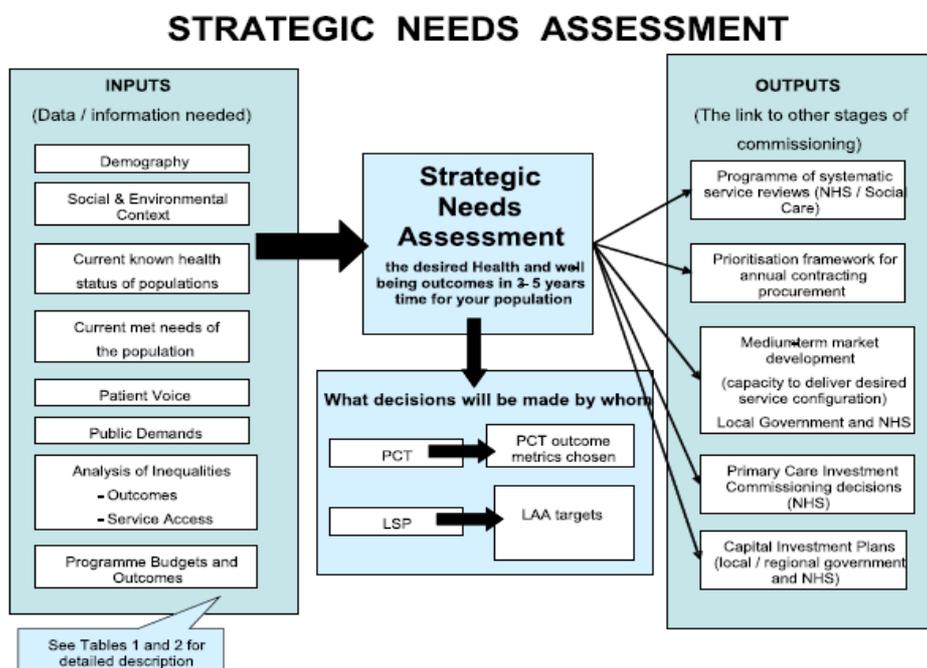
- carer numbers;
- geographical distribution;
- ages;
- communities, ethnic and religious groups;
- condition groups;
- socio-economic groups.

There are also regional carers' profiles<sup>26</sup> available. These draw heavily on Census material and provide context in which to consider local experience and data. This material can be used to inform local thinking in relation to possible local issues around access and outcomes for particular groups of carers such as BME carers and young carers

## 6.4 Joint Strategic Needs Assessments

The local Joint Strategic Needs Assessment can be used to generate this sort of material. It is also a mechanism that can be used to inform joined up approaches to better outcomes.

DIAGRAM - 2



**Source:** Department of health..

The JSNA for Lancashire<sup>24</sup> provides a helpful example of how to incorporate carers' data into this overall process. This sort of analysis provides a baseline against which wider population outcomes can be identified and pursued within an OBA approach.

## 7. UNDERSTAND NEEDS & OUTCOMES (STEP 2)

### 7.1 National Outcomes for Carers

The current cross government National Carers Strategy was underpinned by extensive feedback from carers. This was used to develop five strategic outcomes:

The vision is that by 2018 “... carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen”. The key outcomes the Government is seeking are:

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- carers will be able to have a life of their own alongside their caring role;
- carers will be supported so that they are not forced into financial hardship by their caring role;
- carers will be supported to stay mentally and physically well and treated with dignity;
- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

Appendix A links these to a number of outcome indicators and other measures. These are, however, at a fairly high level. At the same time as the following sections show there is a measure of consistence with more local experience and evidence.

### 7.2 Understanding Carers’ Desired Outcomes

With such a wide range of stakeholders, it will be necessary to consider what information is needed to build up a useful picture of current need (and provision – see next section) and the different ways in which it can be gathered. Existing committees or groups cannot be relied upon to give a full picture of carer need. By their nature, committees tend not to include over-looked or hard to reach groups. Auditors should consider the expenses required by carers to attend groups, including respite care costs and paying carers for their time. Alternative approaches such as visiting or telephoning carers should be considered.

In deciding which areas of need or which groups on which to focus an audit, it will be necessary to prioritise some forms of information gathering above others. In doing so, it might be helpful to consider:

- Where are the greatest perceived risks or gaps?
- About which groups and communities do we know least?
- Will gathering this information be likely to result in us making any changes?
- Are the resources required to gather and analyse this information proportional to the likely impact of the learning that results?

Systematic and comparable information collection is essential for measuring local progress in terms of what is being pursued locally and for benchmarking activity with others.

### 7.3 Identifying Carers' Desired Outcomes - Locally

When costing and project planning for information gathering and collating, the following approaches may be useful to consider. Resource implications may require the audit to be focused on particular groups, outcomes, services or areas of concern, in order to make gathering a multi-dimensional picture affordable. The views of carers can be gathered from:

- user satisfaction surveys and feedback gathered by carers' services;
- specially commissioned surveys, such as the new Carer Experience Survey<sup>†</sup>
- developed by the Department of Health, and online surveys;
- focus groups and consultation days;
- outreach work and research involving carers as researchers.

Statistical information on carer populations can be gathered from the 2001 Census (see Table SO25 and others) down to ward level. National research gives a picture of typical carer populations and needs. See:

- The National Carers' Strategy and associated documents at [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085345](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345)
- [www.carers.org/publications](http://www.carers.org/publications) and [www.carers.org/carershub](http://www.carers.org/carershub)
- [www.carersuk.org](http://www.carersuk.org)
- [www.nottingham.ac.uk](http://www.nottingham.ac.uk)

Council statistical returns include information on performance against National Indicator 135 (see [www.cqc.org.uk](http://www.cqc.org.uk)), widely regarded as a process, rather than an outcome indicator. Where care plans record outcomes, it would be possible to gather useful data from them.

Many areas have a Carers' Strategy that includes arrangements to monitor progress. Quality Indicators being developed for use by NHS services include measures of carer outcomes. JSNAs should routinely include a picture of local carer need. Work by Lancashire shows how carer data can be built into the JSNA<sup>27</sup>. Council inspection reports are now likely to contain a range of information about the area's approach to carer support. LINKs, LSPs and other local bodies may be able to advise on information gathering from a range of local stakeholders.

At the individual level, examples of what is meant by outcomes can be found on the Princess Royal Trust for Carers web site; [www.carers.org/profesionals](http://www.carers.org/profesionals) They include:

- reduced stress
- recognition of the carer's role
- enhanced choice

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<sup>†</sup> See [www.dh](http://www.dh)

The emphasis on the importance of measurable outcomes for carers being agreed and monitored and that carers should be involved in this process is accepted. Work in Scotland provides an example of how this can be done<sup>28</sup>. Following an extensive consultation exercise the following framework of outcomes was developed and match well with the national strategy for England:

This framework recognises that outcomes for carers exist on a number of dimensions. All are expressed at the individual level. There is also a need to identify outcomes for carers at the wider community level and this is something that the ADASS “quality of life” model tries to do.

**Table: Revised outcomes framework identified by JIT research**

<b>Quality of life for the cared for person</b>	<b>Quality of life for the carer</b>	<b>Managing the caring role</b>	<b>Process Outcomes</b>
Achieving quality of life for the cared for person	Maintaining health and wellbeing	Choices in caring and defining the limits of caring	Being valued and respected as an individual and having expertise recognised
	A life of their own	Feeling informed, prepared/skilled equipped	Having a say in services
	Positive relationship with the cared for person	Satisfaction in caring	Flexible and responsive to changing needs
	Freedom from financial hardship	Partnership with services	Positive/Meaningful relationship with practitioners
			Accessible, available and free at the point of need

**Source: Miller, E Identifying the outcomes important to carers, University of Edinburgh [Joint Improvement Team] August 2007**

Systematic feedback from carers will be needed and this will require engagement, investment and support. We need to demonstrate how this information is used to understand the changes needed and local progress towards achieving those results. In OBA terms it is about turning the curve and knowing if we have done so.

More work on identifying outcomes that matter to carers and the actions that have the most impact and added value for them is needed. Together with the Carers’ Hub we are gradually getting a clearer picture of what carers want in terms of outcomes. These pictures, however, are clearest at national level and we now need to get the same level of understanding locally.

The value of doing so locally can be seen in the work of two counties: Hertfordshire, and Lincolnshire. Work by Hertfordshire County Council in developing its “Carers’ Passport”<sup>29</sup> produced the following:

- carry on caring if they want to
- work if they want to
- have a life outside caring [breaks, leisure, education & learning]
- stay fit and healthy and be safe [safe from abuse, physically healthy, emotionally healthy, help to reduce stress, have a plan for emergencies that make them feel secure]
- good quality information when they need it
- feel respected as carers and as partners in care [choice and control about caring roles, influencing decisions about their own lives, influencing decisions about services generally and be treated equally]
- access benefits they are entitled to

There is a continuing and real need for more systematically collected information that is complete, consistent in terms of information collected and comparable between local areas. The value of doing so can be seen in work undertaken within Hertfordshire. This pointed to the importance of clarity around:

- language for descriptors of outcomes – what people mean by them
- advantages of a model such as OBA that carers can manage
- those outcomes that will involve more than one agency [e.g. Information]

In Lincolnshire the following outcomes were identified as part of the arrangements for the development of its current strategy for carers<sup>30</sup>. They were eight clear messages:

- better communication and information
- a broader range of flexible breaks
- emotional and practical support
- organisations working closely together
- improved quality and standards of service
- easier access to education, employment, leisure and learning
- peace of mind in an emergency
- easier access to a carers’ assessment

As outcome based care planning is developed aggregated review data become more significant. Further work is currently being undertaken by PSSRU to develop the Personal Social Services User Experience Survey for Carers.<sup>31</sup> The availability of validated feedback mechanisms for local commissioners to draw upon would be helpful in terms of building on work that is taking place locally and nationally.

There are, of course, costs to data collection. Widespread use of this type of material and the development of other model or modular information collection arrangements would be helpful. This would offer efficiencies in development. Use of standardised and validated research materials would facilitate comparisons around carers’ experiences and outcomes.

## **8. ASSESS HOW YOU MEASURE UP (STEP 3)**

### **8.1 Carers' Added Value**

Few areas have measured the impact of current carer support interventions upon health and social care budgets. Given that carers are every area's most significant source of care and support, with 1.3 million carers nationally providing 50 or more hours of care per week, these questions could have considerable significance for NHS and council budgets. Areas should consider the impact of carer support upon:

- the success of hospital discharge for people who receive care (measured in terms of emergency re-admissions within 28 days);
- the proportion of discharges to home rather than to residential care;
- the proportion of older people with support needs who live at home and in a care home;
- falls reduction and other threats to older people's independence
- the effectiveness of intermediate care and re-enablement programmes – does carer support help people regain independence after hospitalisation?

### **8.2 Wider Community/ Universal Services**

Adult services alongside Third Sector Carers' Centres, breaks schemes and other carer-specific services have a vital role to play in supporting carers. Most carers are supported, however, by a range of generic health, housing, leisure and employment services. It is important, therefore, that LSPs and LiNks are engaged in the search for and achievement of better outcomes for carers and the people they support. For each intervention in the Carers' Hub, it may be helpful to consider which organisations are currently engaged in support for carers; which could be better engaged; or if additional ones might be beneficial in the context of community well being.

One relevant process measure is to consider the numbers of carers identified and supported by non-carer specific services and the numbers of carers identified in carer registers such as the registers which GP practices are advised to keep<sup>32</sup>.

### **8.3 Under-Provision & Over-Provision**

In using the Carers' Hub model to consider local provision, it will be useful to ask:

- Who are current services and partnerships reaching?
- Which groups may have distinct needs in this area?
- Who are the most excluded and overlooked groups? (refer to the range of carer groups and communities suggested in Step 1 above)
- How can those challenges be overcome?
- Where is there duplication or over-provision?

## 8.4 Avoid Making Assumptions

Outcome measuring work at a local level has confirmed<sup>33</sup> that if carers are involved, the risks of inappropriate or irrelevant assumptions about what matters are reduced, as are the risks of professionals' priorities being overly-dominant. This can be especially important when looking at the value of well-established services, such as day care.

Imaginative carer involvement can build a richer picture that takes into account issues around equalities and diversity within the locality.

## 8.5 Defining Quality and Measuring It

There are various ways in which quality of services can be ascertained. Quality marks such as PQASSO<sup>‡</sup> (and those based upon it such as CROQUET, used by Crossroads Care schemes and the quality standards developed for Carers' Centres by The Princess Royal Trust for Carers), are designed to establish the quality and robustness of Third Sector carers' services.

Carers' services are encouraged to use carer satisfaction surveys and to keep records of numbers of carers reached and the profile of their case loads. An outcome measurement tool has been developed by Nottingham University and The Princess Royal Trust for Carers (see [www.carers.org/professionals](http://www.carers.org/professionals)) for young carers and one is in development during 2010 for use by adult carers' services.

This resource, when available, will help local services to establish a baseline with individual clients and then measure progress. Of course, as with any outcome measure, it is important to consider other factors that will affect individuals' outcomes or progress, and therefore have an impact on the overall picture of impact for a service:

- What is the typical baseline state for people accessing the service? Are people usually referred when in crisis, or when negative outcomes are hard to avoid?
- What other factors affect people who use the service? e.g. high levels of deprivation, ill health etc.
- Is the service inadvertently building dependency or reducing individuals' or families' resilience?
- Are other services having positive (or negative) impacts upon users of a service?
- What are the medium and long term impacts: are outcomes measured a year (or longer) after the intervention or at stages along the carer pathway?
- How well does it embrace key subjective dimensions of quality of life for carers?
- How far can wider quality of life concepts be used to strengthen community support for carers and reduce the stress of caring by practical and early intervention style support?

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<sup>‡</sup> Practical Quality Assurance System for Small Organisations developed by Charities Evaluation Services (CES) and available at [www.ces-vol.org.uk](http://www.ces-vol.org.uk)

## 8.6 Achieving Personalised Support

*Commissioning for Carers* contains a support pathway intended to highlight the elements required for a support system for carers to be personalised to their needs. The pathway includes four elements, which are explained more fully in that guide:

- Services and approaches which ensure that carers are fully involved in local commissioning and decision making.
- Services which provide a universal offer of personalised advice and information to all carers, regardless of level of need or income.
- Services which help carers to find their way through the system, including brokerage and advocacy services and sources of assistance with complaints.
- Services which offer a range of support to carers, from preventative support to intensive and crisis support.

All of these kinds of intervention should offer carers choice and control, with a wide range of options from which to choose and support to make informed choices. For some of these interventions, choice and control will be best offered through personal budget approaches, particularly where the intervention has a significant unit cost. Other interventions, such as information and inclusion in decision making, will require the core funding of organisations or through local strategic partnerships.

## 8.7 Monitoring Progress

Some areas use a traffic light system to indicate the overall performance of the local area in providing an intervention, or to rate individual services:

**Red** – little or nothing is offered to carers, or what is on offer is not of an acceptable quality. Carers have few or no choices and many needs remain unmet.

**Amber** – there is some activity in this area but room for significant progress, for example there is a service but it is only accessed by certain groups of carers. Evidence of quality, user satisfaction and outcomes is inconclusive or variable.

**Green** – there are comprehensive services of this type for all carers who wish to use them and carers of many groups and communities report high levels of satisfaction. Positive impacts have been measured using robust processes.

Another, used by some local areas for personalisation, is:

**Early:** little evidence of change yet; still at a stage of planning and development.

**Intermediate:** some evidence of progress and firm plans in place for future work.

**Advanced:** evidence of significant progress and evaluation of current achievements.

Whatever approach is used, assessments of progress should link to measures of outcomes.

## 8.8 Understanding Unit Costs

In order to establish the cost-benefits of services, it is, of course, necessary to understand their unit costs. Unit-costing is particularly relevant to services which provide an identifiable package of support to an individual. But it is important not to over-simplify questions of unit cost. For instance, it may be relatively easy to establish the unit cost of an hour of respite care, but the provision of a break to a carer may involve a much more complex care pathway, including:

- outreach work to identify the carer;
- assessment and support planning;
- addressing barriers to uptake of a break through provision of emotional support, advocacy etc.

Services which identify, include or help to assess previously over-looked carers may incur different unit costs for different groups, with the most isolated involving a higher unit cost to reach. Emotional support should be provided on the basis of regularly reassessed need (rather than being completely open-ended), but needs can vary enormously. Services should be encouraged to adopt processes for recording contact time for different kinds of support activity.

Targets can be set for the reach and satisfaction levels of services which provide training/awareness-raising to professionals. It may not always be helpful, however, to think in unit cost terms for services which involve carers in decision making and other community capacity building activities.

Regional Partnerships [RIEPS] can also be used to undertake benchmarking activity which again can improve understanding of local progress in comparison with similar areas in the region, or more widely if appropriate.

## 9. MAKE CHANGES, COMMISSION & IMPROVE (STEP 5)

### 9.1 Prioritise and Plan

Before gathering information about carers' needs, wishes and outcomes, it will be sensible to consider the range of changes that are achievable and affordable, so that information gathering can be designed with the needs of planners and commissioners in mind. Useful questions about change to ask include:

- What do different groups of carers wish us to focus on?
- If we could only make three changes, what would carers wish them to be?
- What measure(s) would best indicate that those changes have taken place?
- What are the quick wins and changes that can be made with no resources?
- What should be the legacy of this process for future generations of carers?

The information gathered should provide evidence upon which decision makers can:

- sustain, develop and raise awareness of what is working well;
- work with existing service providers to strengthen their potential and reach;
- address unmet need, possibly through small scale work designed to generate more information for the next planning cycle;
- make internal changes in processes such as assessment and accessibility to a range of services in the area, including through staff training;
- initiate longer term cultural changes such as seeing carers as expert partners;
- commission new services, using a range of commissioning approaches such as open tender, closed tender, grant giving and the promotion of personal budgets;
- de-commission services which are not needed or have little prospect of improvement.

In most areas, the market place of service providers is fragile. Sometimes, the most over-looked and excluded carers can only be reached through small Third Sector providers who require considerable support in order to become sustainable. There is guidance in *Commissioning for Carers* on designing tender and contract specifications which do not inadvertently exclude local services that may have the most potential to engage certain groups and to harness social capital. One test of the success of commissioning processes is whether they result in greater choice for carers from over looked groups and for those who have unusual or complex needs.

The approaches outlined above will inform monitoring of the existing local Carers' Strategy and/or development of a new one. This is an opportunity to establish service monitoring and engagement processes with local carers and other stakeholders which will enable an audit of this kind to be undertaken more easily in future.

At the same time this is an opportunity for improvement within the resources that are available. Services that deliver less desired outcomes can be reframed into supports that do. By working together with carers we confer recognition and through co-production further affirm the value of their role.

## Appendix A

### LINKING TO NATIONAL STRATEGY OUTCOMES

<i>1. Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.</i>		
<b>Outcome indicators</b>	<b>Services/processes in place?</b>	<b>Statistical returns</b>
<p>All groups of carers contribute to planning and influence service design.</p> <p>Carers have the information they need to care safely and sustainably and to pursue their choices.</p> <p>Carers are recognised by all services as expert care partners.</p>	<p>Carer forum or similar contributing to Carers' Strategy with milestones/ targets. Carer representation on LINK, LSP etc. Carer-led organisations. Systems to reach over looked groups.</p> <p>Services that reach hidden carers. Universal offer of advice and information that is tailored to the needs of carers, including self-funders. Carer training programmes such as Caring with Confidence, Looking After Me. Advocacy services tailored to carers.</p> <p>Processes to involve carers in care planning and provide separate assessments. Coordinated whole-family care planning available to families. Training for professionals on carers, assessments etc. Carer Support Workers etc co-located in GP surgeries, hospital wards etc.</p>	<p>Evidence from surveys; focus groups etc of carers' views and their influence on local decisions.</p> <p>Numbers of new carers identified pa. NI135 returns. Number of carers who have been provided with a support plan. Numbers accessing carer training. Numbers of adults who wish to able to live independently according to their wishes. Records of carers' complaints and outcomes.</p> <p>Numbers of carers on identified by health, social care, leisure, housing, education services. Carer uptake of personal budgets. Personal budget uptake of those who have a carer. Numbers of professionals trained. Numbers of carers given support plan during relatives' hospital discharge.</p>

2. Carers will be able to have a life of their own alongside their caring role

Outcome indicators	Services/ processes in place?	Statistical returns
a. Carers can choose a caring role alongside which they can pursue ordinary life chances.	<i>Overlap with 1b above.</i>	Carers accessing emotional support and counselling services.
b. Carers can access breaks from their chosen caring role.	Range of personalised breaks services and solutions. Schemes/ discounts etc to enable carers to take up leisure opportunities. Transport solutions available to carers.	Uptake of (satisfaction with) breaks services amongst range of carer groups. Proportion of breaks offered as a personal budget. Carer uptake/ use of leisure services.
c. Carers can cope with transitions, including when caring ends.	Carers' services funded to offer support for fixed period post-caring. End of life support is carer-friendly.	Proportion of end of life care that takes place at home. Family satisfaction with end of life care.

3. Carers will be supported so that they are not forced into financial hardship by their caring role.

<b>Outcome indicators</b>	<b>Services/ processes in place?</b>	<b>Statistical returns</b>
a. Carers can access and sustain employment.	Carer employment/ training services. Awareness-raising programmes with local employers. Council and local NHS are carer-friendly employers. Partnerships with JCP and other employment/ training/ further education bodies.	Proportion of carers of working age who are in (at least part time) employment. Council/ NHS employees' flexible working requests and proportion agreed. Carers enrolled in education/ training. Carers' and other services' use of (ex-) carers as volunteers.
b. Carers are well informed about benefits and financial choices.	Advice services relating to benefits and financial issues.	Proportion of estimated eligible numbers taking up Carers' Allowance.

4. Carers will be supported to stay mentally and physically well and treated with dignity.

<b>Outcome indicators</b>	<b>Services/ processes in place?</b>	<b>Statistical returns</b>
a. Carers are in good physical and emotional health.	Tailored emotional support services. Peer support opportunities for carers. Carers can access respite care in order to attend health appointments. Carers' emergency planning and support services.	Carers on GP registers. Care home placements due to carer emergency or breakdown of caring roles. Care home admissions straight from hospital. Carer-related delays to discharge. Emergency readmission rates. Carers with an emergency plan.
b. Carers and their families live in appropriate housing	Housing and adaptations services' prioritisation processes are carer-aware.	Numbers of carers identified by housing associations etc.

Note: the outcome in the National Carers' Strategy for young carers has been excluded. [See p.1]

## Appendix B – Adult Services Inspections: extract from *Commissioning for Carers*

**Table 1: Outcomes for carers and for local areas as described in the Performance Assessment Guide and Outcomes Framework (2008-09) for adult services**

This table shows how adult services will be required by inspectors to demonstrate their achievements against the seven outcomes and two domains described in the Performance Assessment Guide. The Performance Assessment Guide categorises performance under seven Outcomes (O1 to O7) and two Domains (D8 and D9).

Relevant descriptors from the Performance Assessment Guide are grouped below under the different categories of service. Some outcomes are for individual carers and some for the whole area.

Notes in brackets indicate whether the outcome or domain descriptor listed in the table is:

- a) part of the overall summary of a Performance Assessment Guide Outcome or Domain (e.g. O1) or
- b) one of the ‘performance characteristics’ for an outcome or domain (e.g. O1 PC)

	Community capacity building	Universal offer	Assessment, brokerage, advocacy	Support
Carers' outcomes	<ul style="list-style-type: none"> <li>• Family members and carers are supported and treated as experts and care partners. (O7 PC)</li> </ul>	<ul style="list-style-type: none"> <li>• People who use services and their carers enjoy the best possible quality of life. (O2)</li> <li>• People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment. (O6)</li> <li>• Carers are able to continue in employment or return to work where they choose to do so. (O6 PC)</li> </ul>	<ul style="list-style-type: none"> <li>• People who use services and their carers are supported in exercising control of personal support. (O4)</li> <li>• People who use services and their carers have fair access to services. (O5)</li> <li>• People who use services and their carers are safeguarded from all forms of abuse. (O7)</li> <li>• People who use services and their carers are able to commission the support they need. (D9)</li> </ul>	<ul style="list-style-type: none"> <li>• Carers are able to balance caring with a life of their own (O2)</li> <li>• Families are supported so that children do not have to take on inappropriate caring roles (O2)</li> </ul>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Area outcomes</p>	<ul style="list-style-type: none"> <li>• Voluntary organisations contribute views and develop services that support people in all communities. They can show that people who use services and carers are involved in the work. (O3 PC)</li> <li>• Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value. (D9)</li> <li>• Organisations for people who use services and carers are well supported. (O3)</li> </ul>	<ul style="list-style-type: none"> <li>• People who use services and carers are supported to take part in community life. (O3)</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value. (D9)</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer people need care or treatment in hospitals and care homes. (O1)</li> </ul>
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**Table 2: Grade Descriptors relevant to the National Carers' Strategy outcomes**

The Performance Assessment Guide gives descriptors of the three levels of acceptable performance ('adequate,' 'performing well,' or 'performing excellently') which apply to the seven Outcomes and two Domains described in Table 1, above.

In this table these have been related to the National Carers' Strategy outcomes.

Strategy Outcomes	Relevant Grade Descriptors
<p>Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role</p>	<ul style="list-style-type: none"> <li>• Social care workers support choice and control by the person using services and where these conflict with family views, work to resolve the issue. (O7.4 adequate)</li> <li>• Carers are treated as expert partners and their quality of life is supported equally to those they care for. (O2 performing well)</li> <li>• Social care workers treat carers and families as partners. They have skills and knowledge to do this, even where needs are complex. (O7 performing well)</li> <li>• Carers are provided with training opportunities to promote their skills and knowledge. (O7 performing well)</li> <li>• Families and carers have support that is based on partnership. (O7.4 adequate)</li> <li>• All people who use services and their carers have a copy of their support plan with a review date and contact. (O4 performing well)</li> <li>• People who use services and their carers are confident that making a complaint will not prejudice the support they receive. (O4 performing well)</li> <li>• People and carers can get personal advice about support options, and what the criteria on entitlement means for them. (O5 performing well)</li> <li>• Carers report that their health and well-being needs and wishes are carefully taken into account. (O1 performing well)</li> </ul>
<p>Carers will be able to have a life of their own alongside their caring role</p>	<ul style="list-style-type: none"> <li>• People who use services and carers feel support helps them achieve an acceptable quality of life.</li> <li>• Adult carers are supported so that they can balance caring with a life of their own. (O1 adequate)</li> <li>• People who use services and their carers are helped by local transport and mobility schemes to have a social life and to use local services (O2 adequate)</li> <li>• People who use services and carers are supported in a range of roles within their community. (O3 adequate)</li> </ul>
<p>Carers will be supported so that they are not forced into financial hardship by their caring role</p>	<ul style="list-style-type: none"> <li>• Carers are supported to have choice and opportunity where they wish to maintain employment. (O6 adequate)</li> <li>• Carers' needs for income and employment are recognised in planning support. They are offered skilled advice to help reduce financial hardship caused by their caring role. (O6 adequate)</li> <li>• Carers are offered choices about breaks, and these help some carers to balance their caring role with employment. (O6 adequate)</li> <li>• The council's own employment conditions are supportive to employees who are also carers. (O6 adequate)</li> <li>• Where they choose it, carers have opportunities to combine work with their caring responsibilities. Many local employers recognise their needs and have flexible working conditions. (O6 performing well)</li> </ul>

	<ul style="list-style-type: none"> <li>• Skilled advice helps many carers to maximise income available to them to reduce financial hardship caused by their caring role. (O6 performing well)</li> <li>• Support schemes are flexible and help carers to work around individual employment and family needs and preferences (O6 performing well)</li> </ul>
Carers will be supported to stay mentally and physically well and treated with dignity	<ul style="list-style-type: none"> <li>• Assessments and support plans focus on the whole person's needs, those of their carers and the family. They are sensitive to different cultural backgrounds. (O4 adequate)</li> <li>• At the end of life, people who use services and carers are supported sensitively, and treated with dignity and respect. (O1 adequate)</li> <li>• People who are lonely, isolated or at risk can contact social care workers and/ or third sector organisations, who help maintain their quality of life. (O2 adequate)</li> <li>• Carers can ask for assistance and are supported at times of crisis. (O7.4 adequate)</li> <li>• Carers have well-developed support and a greater than average range of options to choose from. (O2 performing well)</li> <li>• People who use services and their carers find that care and health workers are skilled in helping families who support people with more complex or intensive needs. (O7.4 performing well)</li> <li>• (There are also a number of descriptors referring to reductions in care home admissions and reductions in delays to hospital discharge.)</li> </ul>
Children and young people protected from inappropriate caring and achieve against Every Child Matters outcomes	<ul style="list-style-type: none"> <li>• Children are supported so that they do not have to take on inappropriate caring roles in families. (O2 adequate)</li> <li>• Children and young people are supported so that their education and development do not suffer as a result of caring responsibilities. (O2 adequate)</li> </ul>

Some relevant grade descriptors are not easily linked to a single national carers' strategy outcome:

- Organisations led by people who use services and their carers are well supported and their views make a difference. (O3 performing well).
- Carers have specific opportunity to contribute and influence services. (O3 performing well).
- Commissioners engage with people who use services and their carers, local people, partners and service providers, and respond to their views. (D9 adequate).
- Knowledge of population needs and the views of people who use services and their carers is comprehensive, and up to date. (D9.2 performing well).

## APPENDIX C

### SOURCES AND REFERENCES

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**NOTES**

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