

# Department of Community Services

## Wiltshire

## Carers Policy & Strategy

## 2007 ~ 2009

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## 1. Introduction

This Carers Policy and Strategy has been developed by a multi-agency strategy group which includes representatives from Wiltshire's Department of Community Services, the Primary Care Trust, Avon and Wiltshire Mental Health Partnership NHS Trust, Carer Support organisations and **carers**. The Policy and Strategy updates and builds on the developments and work since the first Carers Policy and Strategy was published in 1994.

The Carers Policy and Strategy has been developed against a backdrop of increasing legislation in recognition of the contribution made by **carers**, and the requirements on statutory agencies to support them. Government policy on **carers** is multi-faceted. It is not only concerned with supporting the contribution **carers** make in assisting people to live independently but also in ensuring that **carers** enjoy good health, have their economic needs met and can access the same life chances as other people. This cultural shift away from seeing **carers** as a "resource" has significant implications for the future direction of support to **carers**. The Carers Policy and Strategy provides a framework within which all agencies can provide quality services to **carers** and aims to show Wiltshire's commitment to **carers**.

The draft Carers Policy and Strategy was circulated extensively for comment to individual carers, carer support organisations, voluntary and statutory agencies between June and September 2007. A number of consultation methods were used including meetings, focus groups and questionnaires. We would like to thank everybody who contributed their time to help inform the development of this strategy.

## 2. Who is a Carer?

There are many definitions of a **carer**. For the purposes of this document:

*"A **carer** is someone who looks after a family member, partner or friend in need of help because they are ill, frail or have a disability. The help the **carer** gives is unpaid."*

*"A young **carer** is a child or young person (up to the age of 25) from any ethnic or social background whose life is affected by caring, over and above just helping out."*

**Carers** give practical and emotional support. They help the person they care for deal with problems caused by short or long term illness or disability, mental distress or problems from alcohol or substance misuse.

**Carers** may supervise someone to keep them safe

Caring responsibilities may vary over time and may be difficult to predict day to day

Anybody can become a **carer**, as a result of a sudden event such as an accident, or this may be a gradual process when someone's physical or mental health slowly deteriorates.

The term **carer** can be misused. Use of the **carer** for paid staff can lead to misunderstanding relating to recognition, status and rights of **carers**.

### 3. Wiltshire Carers Policy and Strategy

- 3.1. The Wiltshire Carers Policy and Strategy is based on the principle that **carers** are the main providers of community care and should play a central role in bringing about change.
- 3.2. This document is intended to provide a framework within which **carers'** identified needs can be addressed through the development of local action plans. It recognises that **carers** are individuals and that their views and needs will differ, as will the needs of the person cared for.
- 3.3. This document will be used to drive action in relation to **carers'** needs and to track progress made.
- 3.4. This document rests on the following assumptions that:
  - **Carers** are partners in service provision;
  - The care **carers** give constitutes financial savings to the statutory services;
  - Investing in support to **carers** will result in better care and choices for the cared for person;
  - Existing services to **carers** which demonstrate their effectiveness will have priority for future funding;
  - Most **carers** do not recognise themselves as **carers**. They are not always recognised by the statutory agencies either and consequently do not have access to necessary support. Investment in the promotion of **carer** recognition is a priority.
- 3.5. The Wiltshire Young Carers' Policy and Strategy should be read alongside this document.

## 4. Our Key Aims

*The key aims of the Carers Policy and Strategy are to:*

- Ensure **carers** are integral to every partners' agenda
- Ensure that **carers** are supported so that they are able to identify themselves as **carers**
- Ensure that **carers** are aware of the support available to them
- Ensure **carers** are treated as valued partners in care
- Ensure **carers** are aware of their rights
- Ensure that **carers** are supported as and when they wish to be and as far as possible in the manner they choose
- Ensure that front line staff across health and social care are adequately trained and/or aware of carers issues
- Promote carer involvement in the planning, development and evaluation of services to support them
- Ensure that equality of access is addressed throughout the implementation of the strategy

## 5. The National Agenda

The Carers Policy and Strategy has been developed within the context of national policy and legislation. The following summaries draw particular attention to the issues raised for **carers**.

- 5.1. The Carers (Recognition & Services) Act 1995 entitles **carers**, who provide or intend to provide regular and substantial care to someone who has a community care assessment and a care plan, to have an assessment of their own needs
- 5.2. The Carers and Disabled Children Act 2000 extended the rights of **carers** to an assessment of their caring needs, even when the person they are caring for refuses to be assessed, and gave powers to local authorities to provide services directly to **carers**.
- 5.3. The Carers (Equal Opportunities) Act 2004 places a duty on local authorities to ensure that **carers** receive information about their right to an assessment. The assessment must take into account the **carer's** wishes in relation to participating in leisure, education,

training and work activities. The Act makes provision for cooperation between local authorities and other public authorities in relation to the planning and provision of services that may support **carers**.

- 5.4. The requirement to publish local charters “Better Care, Higher Standards”, produce Local Area Agreements and the publication of Quality Standards for Carer Support Services have focused on improving the quality of the service **carers** receive.
- 5.5. National Service Frameworks for Mental Health and for Older People, the White Paper for People with Learning Disability, the 2004 Children Act and “Every Child Matters” initiatives for Children’s Services, the Joint Investment Plan, Welfare to Work and the NHS staff initiative “Improving Working Lives” have all addressed the needs of **carers** of all ages.
- 5.6. The Work and Families Act 2006 gave **carers** the right to request flexible working.
- 5.7. The Green Paper “Independence, Well-being and Choice” (2005) and the White Paper “Our Health, Our Care, Our Say” (2006) proposed a ‘New Deal for Carers’ to:
  - Revise the 1999 Carers Strategy
  - The setting up of a national helpline to provide information on a wide range of issues to **carers** by summer 2008
  - Funding to enhance the provision of short term, home based respite care to provide cover in the event of an emergency
  - Set up an Expert Carers Programme to provide vital training for **carers** to empower and enable them.
- 5.8. The Mental Capacity Act 2006 clarifies:
  - the process for caring for people who may lack capacity;
  - how decisions should be made for the cared for person if they are unable to make those decisions for themselves;
  - when **carers** should be consulted about decisions made on behalf of the person that they care for;
  - how the cared for person is protected when others are making decisions on their behalf.
- 5.9. The Government has funded the Carers Grant, paid to local authorities to provide **carers** with additional breaks, and services to those **carers** who are not able to use existing break services. It

was originally a 3 year grant, but was further extended and is now due to end at the end of March 2008. The grant to Wiltshire for 2007-8 was £1,251,318.

## 6. Facts and Figures

6.1 According to Carers UK:

- One in eight adults are **carers** – around 6 million people in the UK
- 58% of **carers** are women; 42% are men
- Over three million juggle care with work
- In any one year 310,000 adults in the UK become **carers**
- People providing high levels of care are twice as likely to be permanently sick or disabled
- Over one million people care for more than one person

6.2 A recent Carers UK report (Valuing Carers – calculating the value of unpaid care 2007) estimated the economic value of the contribution made by carers in the UK is £87 billion. The estimated contribution in Wiltshire is £511 million.

6.3 For the first time, the 2001 census published by the National Office of Statistics gave information about people looking after or giving help or support to family members, friends, neighbours or others, because of long term physical or mental ill-health or disability, or problems related to old age.

Area	All People	People with limiting long term illness	People who provide unpaid care	People caring 1-19 hrs a week	People caring 20-49 hrs a week	People caring 50+ hrs a week
Kennet	74838	10524	6684	5072	524	1088
North Wilts	125372	17447	11362	8462	999	1901
Salisbury	114613	18317	10781	8117	880	1784
West Wilts	118150	18973	11059	8098	1002	1959
Wiltshire	432973	65261	39886	29749	3405	6732

- 6.4 Data relating to **carers** needs to be treated with caution because it is known that many people who have extensive caring responsibilities will not see themselves as providing care as unpaid carers.
- 6.5 In the same vein there is a wide range of national statistics often quoted about the percentage of the population who are, or will be, **carers**. It is tempting to multiply these headline figures by raw population data and treat the resulting figures as significant and meaningful for Wiltshire. There are dangers in this process.
- 6.6 So, with this warning, national statistics would indicate that in Wiltshire:
- about 10,000 **carers** will be giving personal care;
  - about half of the **carers** caring for more than 20 hours a week are likely to be over 65 years of age;
  - about 4 out of 10 **carers** say that their health is adversely affected by their role as a **carer**.
  - Little is known about **carers** from black and ethnic minorities living in Wiltshire, but if similar national statistics are used then there may be as many as 750 **carers** in Wiltshire from Black and other Minority Ethnic communities.
  - The message to be taken from the above is that in all probability there are a huge number of **carers** living in Wiltshire and we are only aware at present of a small fraction.
- 6.7 What is beyond doubt is that in April 2007 there were just over 4,600 **carers** known to Carers Support Organisations in Wiltshire. Wiltshire County Council staff completed 1,107 carers' assessments or reviews in the year April 2005-March 2006.
- 6.8 A major research study in Wiltshire, *Beyond the Immediate*, conducted between 2004-2006 enabled the over 50's across the county to give voice to their needs, concerns and aspirations relating to all areas of their life. The study identified that carers lack information to support them in their caring role and needed help to make arrangements in case of emergencies.

## 7. Our Philosophy

***This section describes the value statements and beliefs on which actions and discussions relating to carers are based.***

- 7.1 Family, friends and neighbours are the major providers of community care. As **carers** they undertake a demanding job and are a vital resource their contribution and experience needs to be understood and valued as well as properly supported.
- 7.2 **Carers** must be considered as individuals in their own right with their own particular needs and preferences, regardless of their financial situation. They should be enabled to make choices as to the extent of their caring role and therefore receive the help and support they need.
- 7.3 All **carers** should have the right to receive equitable services that are appropriate, accessible and adequate to their needs with due consideration to their gender, age, disability, religion or belief, sexual orientation, ethnic origin, cultural and linguistic background, irrespective of where they live within Wiltshire and the client group of the person they care for.
- 7.4 This philosophy means that each agency will:
- Respect the **carer** as a partner in the caring process.
  - Recognise the separate needs of **carers** and fully involve them in the assessment of their needs.
  - Seek to ensure that all **carers** receive a positive and consistent approach from all staff.
  - Develop and implement good practice guidelines, which are routinely monitored by **carers** and the agencies themselves.
  - Listen to **carers**, keep in touch with good practice, and fully support their staff in delivering effective services.
  - Work together to deliver appropriate seamless services to users and **carers**, and promote their access to universal services.

## 8. Our Principles

*The following principles will underpin the activities of agencies providing services to carers in Wiltshire:*

### 8.1 Recognition

**Carers** have an important role and should be enabled to recognise this for themselves and to speak out about their own needs. This applies to all **carers**, irrespective of gender, age, disability, religion or belief, sexual orientation, ethnic origin and cultural and linguistic background.

### 8.2 Choice

Caring should be a positive choice. **Carers** should be allowed and enabled to choose whether they provide care and to what level or degree such care should extend. It is acknowledged that sometimes a conflict of interest may arise between service users and **carers**.

### 8.3 Access to Services

Each **carer** in their own right should have access to information and services. Services for **carers** are provided to enable **carers** to have lives of their own and should evolve to meet the needs of **carers** rather than organisations.

### 8.4 Individuality

**Carers** are entitled to a constructive response to their own needs as individuals. There should be equitable access to support for **carers** whatever the illness or disability of the person for whom they are caring. **Carers** should be supported to improve their health and quality of life, so that they can participate in the employment, education, training and leisure activities that they wish to.

### 8.5 Co-ordination

**Carers** should expect that professionals will make the necessary connections for them in obtaining information and arranging services, if **carers** wish. They should also expect a smooth transition between teams covering different age groups or disciplines that take the lead in working with the cared for person.

### 8.6 Partnership

**Carers** as major providers of care in the home should be involved as equal partners in all levels of policy making, service planning

and reviews which affect them, acknowledging that a **carer's** time is limited by the role they fulfil.

**Carers** should be involved as equal partners in the provision of services, if they so wish, with the permission of the person for whom they care.

## 9. How Carers' Issues Will Be Addressed In Wiltshire

*The next sections express what needs to happen. The Carers Policy & Strategy Implementation Groups will develop local implementation plans to prioritise what needs to happen, how it will happen and by when. They will also monitor and review progress.*

9.1 The needs of **carers** across Wiltshire are many and varied. In order to make some sense of the huge variety of issues that need to be addressed, it has been decided to gather the work under four headings.

- **A Framework to Address Carers' Needs.**
- **Increasing Carer Recognition and Identification.**
- **Good Assessment, Support and Services for Carers.**
- **Consulting and Involving Carers.**

9.2 These actions, taken together, will result in both **carers** and users in Wiltshire being better supported. They are complementary and of equal importance.

9.3 A joint commissioning structure will be developed that includes and engages **carers** in the spirit of the Primary Care Trusts' Pathways for Change and Reforming Community Services.

9.4 Voluntary organisations, among whom the Carers Support organisations play a pivotal role, have been commissioned to:

- Promote **carer** recognition through raising awareness of **carers** to professional staff and publishing information.
- Provide advice and support to **carers**, both individually and through groups.
- Support the involvement of **carers** in planning and developing services.
- The range and volume of opportunities for breaks for **carers** will continue to increase with in mainstream funding from March 2008.

- 9.5 The department of community services will develop a commissioning strategy for carers during 2007.
- 9.6 The Carers Policy and Strategy will link with other relevant policies/strategies within the Primary Care Trust and the Department of Community Services. This includes the strategy for Older People and the strategy for Mental Health.
- 9.7 **Carers** supported through the Carers' Support organisations consulted about this Strategy stated that the four top priorities for action were:
- Better recognition of **carers** by professionals. Recognition, respect and acknowledgement of the role they carry out as care providers.
  - Good assessment of **carers'** needs and care planning.
  - Flexible breaks service.
  - Early information and signposting.

## 10. A Framework to Address Carers' Needs

### *Policy*

***Establish a secure strategic framework within Wiltshire within which the views of adult carers can be heard so that services are planned and commissioned which meet carers' needs as expressed locally and in government legislation and policy. Our aim is to ensure that carers issues are integral to every partners agenda.***

- 10.1 The Wiltshire Carers Policy and Strategy will continue to be implemented across all partner agencies.
- 10.2 We will build on and extend the work that is already taking place in the Carers Strategy Implementation Groups. These multidisciplinary groups will work on the action plan and monitor and review progress of the strategy. They will identify areas of need, linking to other service development groups and to the commissioning process of the Primary Care Trust and the Department of Community Services.
- 10.3 Senior officers of the Primary Care Trust and the Department of Community Services will meet once or twice yearly with carers, Carer Support Organisations and other relevant agencies to monitor and review progress of the Policy and Strategy.

- 10.4 Progress will be monitored and reviewed by all signatories to this strategy.
- 10.5 Carer Champions/Leads will be identified within statutory organisations.
- 10.6 **Carers'** views will be represented in the decision-making of statutory agencies, for example by the local carers' focus groups being set up by the Department of Community Services.

***The above actions will ensure that carers' issues are addressed consistently in Wiltshire, that local issues are taken forward into planning and that flexible services are appropriately integrated and commissioned.***

## **11. Increasing Carer Recognition and Identification**

### ***Policy and Context***

***The Carers Recognition and Services Act 1995, the Carer and Disabled Children Act 2000 and The Carers (Equal Opportunities) Act 2004 establishes the right of carers to an assessment of their needs, gives local authorities the powers to provide services to carers in their own rights and places a duty on local authorities to ensure that carers receive information about their right to an assessment taking into account their leisure, training, education and work activities.***

***Carers should be recognised and enabled to identify themselves as carers, and be supported by information about their caring role.***

***Carers need access to full, clear, up to date information on assessments, services and benefits as early as possible in their caring role.***

### **Commitments**

- 11.1 It should be recognised that **carers** have an important role in caring and should be enabled to recognise this for themselves and to speak out about their own needs. This applies to all **carers**, irrespective of gender, age, religious persuasion, sexual orientation, ethnic background and cultural and linguistic background.
- 11.2 **Carers** will be encouraged to identify themselves as **carers**. Many **carers** do not see themselves as **carers**. Their caring takes place in the context of a relationship. Therefore, **carers** might need help and advice with their changing role and with additional responsibility.

- 11.3 Identifying **carers** is crucial in crisis situations, particularly a medical crisis where caring responsibilities can not be met. It is essential that professionals are pro active in identifying **carers** at such times.
- 11.4 **Carers** will be recognised and respected as partners in the provision of services to the cared for.
- 11.5 **Carers** often don't know what to ask about. Staff from all agencies should take a pro-active approach to information giving including signposting **carers**, making appropriate referrals and working with advocates where a **carer** requires help.
- 11.6 Appropriate and accessible information will be offered in a wide variety of locations, and at all points and throughout the caring process.
- 11.7 **Carers** will be given clear information about their rights to assessment and services.
- 11.8 Information services for **carers** will continue to be commissioned.
- 11.9 It should be recognised that a **carer's** need for information is particularly important at certain times:
- Hospital admission and discharge;
  - The onset of terminal illness in a cared for person;
  - Transition from child to disabled adult at 18;
  - Transition between service disciplines and between services;
  - As **carers** realise that due to their age, planning for the future is needed.
- 11.10 Information from **carers** about the care and needs of the person they care for will be sought, particularly at hospital admission and discharge and when care is being planned.
- 11.11 **Carers** will be informed and supported about future care arrangements before discharge from hospital, and be part of the discharge planning process
- 11.12 GP Surgeries will have Carers Registers that should:
- Identify **carers**
  - Alert the surgery to the **carer's** own health needs
  - Inform the surgery of the **carer's** expertise and knowledge

- Signpost **carers** to services
  - Ensure that **carers** who live at a distance, or who are registered with a different surgery from the person cared for, are recognised and supported
- 11.13 GP's and other professionals will actively offer help and information to **carers** and explicitly seek the patient/users consent for health information to be shared with **carers**. The patients' right to change their mind on whether they give consent or not needs to be recognised and reviewed
- 11.14 Where patients refuse consent, or do not have the capacity to give consent and a **carer's** safety is a consideration, the patient should be informed that the **carer** will be given the information needed to keep themselves, or other members of the public safe.
- 11.15 Confidentiality policies will not be used to exclude carers inappropriately from issues around the care of the person they care for.
- 11.16 **Carer** awareness training will be included in all staff induction and development programmes.

## 12. Good Assessment, Support and Services

*This section is set out in the following eight parts:*

- A. Initial Contact, Assessment and Care Planning
- B. Emotional Support
- C. Crisis Care
- D. Breaks in the Caring Role
- E. Other Carers' Services
- F. Carers and Employment
- G. Consulting and Involving Carers
- H. Carers of people with Mental Health Needs
- I. Carers from Black and Minority Ethnic Groups

## **A. Initial Contact, Assessment and Care Planning**

### ***Policy and Context***

***The Carers and Disabled Children Act 2000 gave:***

***Carers who provide or intend to provide a substantial amount of care on a regular basis for another individual aged 18 or over;***

***People with parental responsibility for a disabled child who provide or intend to provide a substantial amount of care on a regular basis for the child***

***The right to an assessment independent of the community care assessment of the cared for person; this means that a carer is entitled to a carers' assessment even where the cared for person has refused assessment or the provision of community care services.***

***The Carers (Equal Opportunities) Act 2004 places a duty on local authorities to inform carers of their right to an assessment.***

***The Wiltshire Local Area Agreement 2007-10 has set a target to increase the number of carers receiving a service following assessment and review in order to ensure more carers feel well supported and able to continue caring.***

***The Carers and Disabled Children Act 2000 promotes a carer centred approach to assessment. This is achieved by listening to carers and looking to achieve outcomes which, while helping the carer to care, take account of the carer's life beyond caring.***

***The benefits for the carer of a carers' assessment may include:***

- ***Having the opportunity to explore how they feel about caring with a professional:***
- ***Receiving information on benefits and support such as carers' groups.***
- ***Discussing whether they want to stay or return to work and how to make this happen.***
- ***Looking at how caring may affect them in the future and what help they might need.***

## Commitments

### Assessment of and Care Planning for the Cared for Person:

- i. **Carers** play a vital part in the provision of community care to the person they care for. **Carers** will be involved and consulted in care planning for the person for whom they care, with that person's agreement.
- ii. As part of the assessment and care planning, assessment procedures, relevant eligibility criteria and charges will be explained to both the **carer** and the cared for person.
- iii. Differences in charging methods and payments will also be explained.

### Assessment of the Carer's needs:

- iv. All **carers** providing or intending to provide substantial and regular care will be offered an assessment of their caring needs by the local authority. The purpose of that assessment will be to identify the individual's requirements and possible ways to meet those needs. It will look at any needs relating to maintaining the **carer's** health and quality of life and consider whether the **carer** wants to work, undertake training or access leisure opportunities.
- v. **Carers** will have the opportunity to talk through and agree their needs for support. Not all the needs identified will necessarily be eligible to be met by services provided by the local authority but different options for meeting needs will be explored as part of the assessment and care planning process.
- vi. Different ways to access the assessment including self assessment and online assessment are being developed together with work to make the assessment process and documentation clear and **carer** friendly. The method of assessment will be the **carer's** choice.
- vii. The **carer** will be asked whether they would like the opportunity to discuss their needs with, or separately from, the person they care for.
- viii. The **carer's** right not to assume the caring role will be acknowledged, as will the fact that they may not want or be able to continue in their caring role. Alternatives will be discussed with them.
- ix. Targets will be set to increase the number of assessments completed, and the number of people receiving a service following assessment and a time scale for assessments.

- x. All staff in contact with **carers** will be briefed on the right to a **carers'** assessment and the assessment pathway through induction.
- xi. Training in assessment of **carers'** needs will continue to form part of the training programme for care managers and carers will continue to be involved in the delivery of training on **carers'** issues.
- xii. **Carers** will have regular reviews and the review system will be used to ensure that **carers'** needs continue to be addressed.
- xiii. Care managers will be encouraged to refer **carers** to the Finance and Benefit Team for benefit checks to maximise income.

### **Care planning:**

Care management and discharge planning will include:

- xiv. The involvement of **carers** in care planning and monitoring, with the cared for person's agreement. If the cared for person cannot give consent, the information necessary to maintain health and safety will be given to **carers**.
- xv. The discussion of alternatives if a **carer** is not able to continue caring or does not wish to do so. It will not be assumed that people will feel able to take on caring responsibilities.
- xvi. Offering an assessment of **carers'** needs
- xvii. Recognising the need of **carers** for support and sometimes advocacy in the decision making process.
- xviii. All staff will have training in supporting **carers** through the process of care planning and discharge planning.
- xix. All organisations involved in the care process will commission information and support services to extend support to **carers**.
- xx. Direct Payments to **carers** will be promoted to extend carer choice and increase flexibility. **Carers** will be involved in developing adequate support systems for those using Direct Payments.
- xxi. The Department of Community Services will be looking to develop individual budgets for **carers**.

## B. Emotional Support

### *Policy and Context*

***Caring can be lonely, isolating and demanding. Carers have to deal with and adjust to changes in their lives such as the increasing needs of the person they care for, their admission into a care home or similar environment or death.***

***A recent publication for carers by Carers UK states that however much you like or love the person you care for, the emotional and physical demands of caring can be extremely stressful. Some of the most common feelings carers describe are: frustration, resentment, guilt, anger, fear, loneliness and depression.***

***The 1999 National Carers Strategy identified the NHS as being the single most important point of contact for many carers***

***Quality Standards for Local Carer Support Services (2000) state that any service offering emotional support to carers, either on a one-to-one basis or in a group, must be sensitive to individual needs, confidential, offer continuity and be accessible to all carers.***

### **Commitments**

- i. **Carers** and their families will have opportunities to discuss the impact of caring at the outset, while they are caring, at times of crisis or transition and when they are no longer in the caring role.
- ii. Carers Support Services will continue to provide emotional support to **carers** in a positive and empowering way and provide a service for **carers** of all ages and caring for a range of disability groups, over the whole geographical area.
- iii. General support to **carers**, both to individuals and through networks of **carers** groups, will continue particularly for **carers** in crisis and **carers** in transition.
- iv. Awareness raising for professional workers in relation to **carers'** emotional and mental health needs will continue, to equip them to support **carers** in the caring role.
- v. **Carers** whose health is under strain will be identified and receive a coordinated multidisciplinary response from services.
- vi. Carer registers and carer health checks will be promoted in GP Surgeries.
- vii. Counselling for carers will be promoted to help **carers** deal with the feelings of stress, depression and anxiety, as well as deal with

problems such as bereavement or separation from the person they care for.

- viii. Access to specialist support services will be promoted. For parents of disabled children this may need to begin pre-birth.
- ix. Carer Development Workers will continue to work with GP Surgeries and Acute Trusts to raise awareness of **carers**.

## C. Crisis Care

### *Policy and Context*

***The New Deal for Carers outlined in the White Paper “Our Care, Our Health Our Say” says that the government will ensure that in each council area short-term, home-based respite support is established for carers in crisis or emergency situations.***

### **Commitments**

- i. Information and access to crisis care will be widely available. Crisis services will respond rapidly to meet **carers’** needs and the needs of those for whom they are caring.
- ii. All organisations will ensure that an appropriate acknowledgement and response is made if a **carer** says that there is a crisis.
- iii. **Carers** will be encouraged and given information to prepare and plan for a crisis by completing an assessment of caring needs.
- iv. Key information will be kept available in the cared for person’s home relating to their care needs. It should include information about the people who are willing to act as crisis carers for an individual.
- v. Training of all staff will include crisis recognition and management. If a **carer** says that there is a crisis, then until the situation is assessed as otherwise, staff will act as though there is a crisis.
- vi. **Carers** will be provided with information about emergency services, including the Department of Community Services’ out of hours Emergency Duty Service. This team will be made aware of the crisis plan, in order to initiate it as required.
- vii. Systems for the identification of **carers** (e.g. Carers’ Emergency Cards) will be promoted so that if a **carer** has an accident or cannot get to the person they are caring for, others can be alerted to the fact that the cared for person is without care.

## D. Breaks in the Caring Role

### *Policy and Context*

***Research shows that 6 out of 10 carers say that being able to take a break from caring is the most effective way to support them and enable them to continue caring.***

***The provision of breaks for carers can help to maintain their health and well being and promote their access to leisure, social activities, work, and life-long learning.***

***The Carers and Disabled Children Act 2000 provides for local authority social services departments to run short term break voucher schemes. It also empowers them to make direct payments to carers (including 16 and 17 year old carers) for the services that meet their own assessed needs.***

### **Commitments**

- i. All **carers** providing substantial and regular care will be made aware of their entitlement to a break from caring both for a few hours and for longer periods such as a weekend, a week or more.
- ii. The **carer's** need for access to short breaks that can give them a mental and emotional break from caring will be considered as part of the assessment of their caring needs, and where agreed, included in their care plan. These may be regular or occasional and for instance enable a **carer** to go out, go shopping, have a bath in peace, visit other members of the family or sleep.
- iii. Such breaks can be provided either by someone coming into the home or calling to take the cared for person out. Consideration of the importance of continuity will be promoted as part of the planning of breaks. Support for informal help, for example a volunteer, family member or neighbour and focused on the personal choice of the cared for person and the carer, is also essential if the service is to work well.
- iv. The barriers that prevent **carers** taking a break will be recognised and ways to overcome them explored.
- v. The nature of the break may differ with the individual **carer**. It may include breaks from the practical tasks of caring.
- vi. Consideration will be given to the individual needs of **carers**, for example in respect of culture or geographical location.
- vii. Options to give **carers** and the cared for person as much choice as possible as to where and when a break is offered will be explored.

- viii. Not all needs identified at assessment are necessarily eligible to be met by services provided by the local authority but different options for meeting needs such as a means of transport will be explored as part of the process of organising a break. .
- ix. **Carers** will be supported in accessing appropriate, varied, flexible and acceptable longer breaks including holidays. These will be planned and resourced imaginatively.
- x. **Carers** will be given the opportunity to be involved in identifying the needs of the cared for person in order to brief relief workers about the cared for persons' needs. They will be able to feel that the cared for person is being cared for appropriately so that anxiety does not undermine the value of having a break.
- xi. The **carer** and the cared for person will be kept informed about who is responsible for co-ordinating and providing the service they receive.
- xii. **Carers** will be informed of the Local Authority's charging policy in relation to respite and services.
- xiii. Direct Payments to **carers**/the person cared for will be used to provide breaks to those carers unable to make use of existing breaks services.
- xiv. The Department of Community Services will review services provided by contract with the voluntary and independent sector to ensure they achieve the specified outcomes for carers.

## **E. Other Carers' Services**

### ***Policy and Context***

***The Carers (Equal Opportunities) Act 2004 says that carers may now have services in their own right. These include support needed to maintain their own health and well-being, participate in training and leisure opportunities, continue in or take up paid employment, or to gain the necessary additional skills associated with the caring role, if they wish.***

***The Green Paper Independence, Well-being and Choice states that:***

***"The key to supporting carers in undertaking their vital role is to provide the right level of support to them, which enables them to make choices about their personal life".***

## Commitments

- i. All professional health and social care staff will be aware of their respective responsibilities in relation to identifying the resources to support **carers** and minimise risk to the **carer's** and cared for person's wellbeing.
- ii. The **carer** will be asked if they wish to take on or continue in their caring role.
- iii. **Carers** will have information, support and advice in their caring role.
- iv. The carer's need for additional skills will be identified at the time:
  - when caring needs are assessed;
  - when the cared for person's or the carer's needs change e.g. before hospital discharge.
- v. Training will be available in the home but **carers** will also have opportunities to learn skills away from the person they care for. In particular we should ensure **carers** have access to:
  - Appropriate skills to keep them safe (moving and handling)
  - Appropriate skills to keep the person they care for safe (moving and handling, medicine matters, understanding conditions)
- vi. The Expert Carers Programme will be developed and promoted.
- vii. Ways to enable practical and coping skills to be acquired from the appropriate source will be identified.
- viii. Attention will be paid to the specific needs of **carers** who are isolated, for example because of cultural difference or because they live in rural areas. **Carers** will not be disadvantaged because of where they live.
- ix. **Carers** may need to access advocacy services, particularly when their needs are at odds with those of the person they care for. Advocacy services to support **carers** will continue to be commissioned.
- x. Carers Support and statutory agencies will signpost **carers** to appropriate agencies for financial information and advice.
- xi. Innovative ways to support **carers** in their role will be explored and developed where possible. This includes Telecare alarms and assistive technology.

- xii. **Carers** should have their needs, as well as the person they care for, taken into account when the housing needs of their household are assessed. This includes assessment of adaptations.
- xiii. Many **carers** of people with alcohol and substance misuse problems are overlooked by services. There is a need to engage partner agencies in order to provide a comprehensive and holistic service for **carers**.

## F. Carers and Employment

### *Policy and Context*

***The Carers (Equal Opportunities) Act 2004 places a duty on local authorities to ensure that carers receive information about their right to an assessment. The assessment must take into account the carer's wishes in relation to participating in leisure, education, training and work activities. The Act makes provision for cooperation between local authorities and other public authorities in relation to the planning and provision of services that support carers.***

***The Carers and Disabled Children Act 2000 extended the right of carers to an assessment of their caring needs and gave powers to local authorities to provide services directly to carers.***

***The Work and Families Act 2006 gives carers the right to request flexible working.***

### **Commitments**

- i. It will not be assumed that a **carer** will give up work in order to take on a caring role.
- ii. Like all other people **carers** work for all sorts of reasons, not just financial ones and may benefit from the change in environment and the social contact paid employment can offer. Where **carers** wish to take up work the care planning process will explore sources of information and support to help them to do so.
- iii. Signatory organisations will have **carer** sensitive policies and procedures.
- iv. Policies and procedures will make provision for adequate support in their employment which might include access to a telephone, or working flexible hours or part time.
- v. For the **carers** of those for whom the local authority are providing a service, flexible relief care will be an integral part of the care

planning which should enable a **carer** to return to work should they wish.

- vi. Employers will be encouraged to audit existing employment policies and practice to ensure **carers'** needs are recognised and addressed starting with the signatories of this document.
- v. Information will be developed, which will help **carers** to take up or remain in employment.
- vi. **Carers'** access to supported employment schemes, vocational training courses, volunteering and Social Enterprise will be promoted as a means of rebuilding confidence and/or helping **carers** to return to work.

## G. Consulting and Involving Carers

### *Policy and Context*

***The Social Care Institute for Excellence, Practice guide 5 on Implementing the Carers (Equal Opportunities) Act 2004, produced, at the request of the Department of Health, states that Carers should participate at all levels in local arrangements. This includes planning, implementation, service development, recruitment, training and evaluation. For any strategy to be effective, Carers must agree with the method of implementation.***

### **Commitments**

- i. As the main providers of care in our communities the expertise of carers is recognised and valued. Agencies will listen to **carers** as a matter of good practice and benefit from their experience, so their needs are fully considered and understood.
- ii. From the outset **carers** will therefore be central and integral to shaping policy and the development of services at all levels of planning, provision and review, at both county and local level. An example of this is the local carer focus groups being set up by the Department of Community Services.
- iii. A range of mechanisms should be put in place to ensure carers can comment on developments that affect them. These need to cater for single-issue and one-off feedback as well as formal involvement in consultation or involvement in planning and commissioning groups
- iv. Carers' views of quality need to be factored into processes around the commissioning of services, standard setting, contract monitoring and contract awards.

- v. Many **carers** find it difficult to attend meetings so timings will take into account **carer's** needs. They will be paid expenses and recompensed for their time, with flexible care offered to the person they care for. Wherever possible, professionals should come to the place where **carers** meet.
- vi. **Carers** who are unable to take part in meetings but still wish to have a voice will be consulted through questionnaires, telephone discussions and commenting on draft documents, for example "Carers Voice".
- vii. There needs to be transparency on how **carer** views have helped shape the planning of services. To obtain this, agencies will develop an open partnership with **carers**.
- viii. Every effort will be made to encourage **carers** to give feedback about the services they receive or would like to receive in the future.
- ix. Consultation will be such that **carers** will be able to give their views in ways that respect confidentiality.
- x. Consultation by the statutory agencies will be co-ordinated to prevent duplication and consultation fatigue.
- xi. Carers will be involved in the setting up of Local Involvement Networks (LINKs) as part of the process of involving patients and public in developments in Health and Social Care from 2008.

## H. Carers of People with Mental Health Needs

### *Policy and Context*

***As many as one in four people will experience mental health problems during their lives. A small proportion will suffer from serious and enduring mental health problems or the debilitating effects of the various types of dementia.***

***The National Service Framework for Mental Health Standard 6 requires that all individuals who provide regular and substantial care for a person on CPA (the Care Programme Approach) should have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis, and their own written care plan.***

***According to the report 'The National Service Framework for Mental Health - Five Years On' (2004), in addition to wanting excellent care for the person that they care for, carers want prompt access to help when the person they care for is becoming ill, information, practical advice, emotional support and occasional respite.***

***Wiltshire County Council and Wiltshire Primary Care Trust are in the process of developing a strategic framework and commissioning plan for Mental Health for 2007-2012 which will address issues for carers of people with mental health problems.***

***The commitments to all carers throughout this document apply to carers of people with mental health needs but these commitments are particularly pertinent to this group of carers:***

### **Commitments**

- i. When a **carer** wishes to have a carers' assessment, the health and/or social care workers involved will ensure that a person is identified to take responsibility for the assessment taking place.
  - The **carer** and the cared for person will have access to clear information in appropriate formats around:
    - The services available to meet their needs and those of the person they care for.
    - How these can be accessed.
    - Common mental health problems.
- ii. **Carers** will be involved in the planning, monitoring and evaluation of services.
- iii. **Carers** will have information and support when the person they care for is admitted to or discharged from a specialist mental health service.
- iv. Ways to update the Community Information for Carers website will be investigated so that it can continue to provide **carers** of individuals with quality information about mental health problems and about supportive services that they could access.
- v. The Department of Community Services will review respite services for **carers** and service users to establish how the system can be adapted to reflect the national agenda of greater choice, flexibility and control.
- vi. **Carers** will be encouraged and helped to make and update crisis and contingency plans.

## **I. Carers from Black, Minority and Ethnic (BME) Populations**

### ***Policy and Context***

***The 2001 census showed that 1.54% of the Wiltshire population are comprised of people that are categorised by the census as “non-white” and 1.52% are categorised as “white other”. The growth in the European Union that has occurred since the census has led to increased migration to Wiltshire by people from BME populations. It is estimated that in 2005, the “non-white” population had increased to 2.88% of the population and the “white other” population had increased to 2.01%. (Office for National Statistics 2007)***

***Freedom from discrimination is one of the 6 key outcomes identified in the Green paper “Independence, Well-being and Choice” which sets out the Government’s vision for adult social care over the next 10 to 15 years.***

***Public authorities have a duty to promote racial equality and take a lead in promoting equality of opportunity.***

***Black and minority ethnic (BME) carers can face particular barriers to accessing support such as:***

- ***Cultural and language differences***
- ***Lack of choice of services available***
- ***Social isolation***
- ***Lack of recognition***
- ***Insufficient training for staff in the care sector to enable them to respond to the cultural diversity of BME service users and carers.***

***The commitments to all carers throughout this document apply to BME carers but the following commitments are particularly pertinent to this group of carers:***

### **Commitments**

- i. BME **carers** will be consulted about the sort of services they need, so that commissioned services are appropriate and accessible and reflect the cultural diversity of all communities.
- ii. BME **carers** will be given appropriate and accessible information on the services available to them.

- iii. BME **carers** will feel confident in accessing services because procedures for referral and assessment will be clearly explained to them.
- iv. Access to services will be improved through increased assessment.
- v. Sensitive advocacy and ongoing support will be available.
- i. The arrangement and delivery of services will be culturally sensitive.
- vi. Those staff working with BME carers will be encouraged to make use of available resources for those people for whom English is not their first language.
- vii. Health and Social Care should look at the need for greater access to appropriately trained oral and written interpreting services.
- viii. Opportunities to take a break from caring will be flexible and culturally appropriate.

***Equality of access to services and social inclusion underpins all that we do. However there are times when it is essential to develop specific approaches to underrepresented groups, including carers from BME populations, disabled carers, gay, lesbian, bi-sexual and transgendered carers and carers from the gypsy and traveller communities. The needs of carers will be incorporated into local social inclusion and equalities policies.***

## **Glossary**

### **Advocacy**

Help provided by someone else to enable a service user or **carer** to say what they want to say.

### **Assessment of Carers' needs**

A formal way of agreeing with **carers** what they need, to help them to continue in their role as a **carer**, if that is their choice; also to help them maintain their health and wellbeing.

### **Black and Minority Ethnic (BME) Carers**

The term used to describe **carers** who are also part of the Black or Minority Ethnic communities within Wiltshire.

### **Breaks**

A service, giving **carers** short or longer term breaks (respite) from their caring responsibilities. This also provides opportunities for the person cared for to pursue chosen activities.

### **Care Home**

See residential care/care with nursing.

### **Care Package**

A combination of services designed to meet the needs of a person requiring care in the community.

### **Care Plan**

The plan agreed, following assessment, which describes the services the **carer** or person cared for will receive.

### **Carers' Champion**

An individual who takes a leading role within an organisation to promote the interests of **carers**.

### **Carers' Grant**

A grant paid to the Department of Community Services (previously known as Social Services) to provide breaks and services for **carers**. The grant will continue until 2008.

## **Carers' Register**

A list, kept by surgeries, of carers who are registered with the GP practice.

## **Carers Voice**

A panel of carers in Wiltshire who regularly give their views on a wide range of issues which affect carers. Panel members can become involved in a variety of ways: questionnaires, discussion groups, meetings, telephone surveys and readers panels. For further information on Carers Voice contact 01225 713186.

## **Community Care**

The provision of services and support for people who are unable to cope unaided, in order that they may live as independently as possible in their own homes, or in homely settings in the community

## **Day Care**

Support usually away from the cared for persons' home, provided by paid or voluntary workers. It can cover a very wide range of services.

## **Direct Payment**

Monetary payment to a service user or carer, following assessment, so that they can buy services of their choice to meet their agreed needs.

## **Eligibility Criteria**

Following a community care assessment or review any needs that are eligible for the provision of service by the Department of Community Services (DCS) will be identified using Wiltshire's Fair Access to Care Services (FACS) Policy and Eligibility Framework which applies to **all adults**. This will take account of the current and likely future circumstances of the person who has had an assessment.

The eligibility decision should not make assumptions about age, race or lifestyle and should therefore be non discriminatory. Care planning and service provision should meet assessed need in the most appropriate and cost effective way. People who are not eligible for a service will be given information and advice about alternative services.

## **EDS**

Emergency Duty Service. The social care team that covers work out of office hours. (Tel: 0845 60 70 888).

## **Expert Carers Programme**

ECP is an NHS-based training programme currently being developed. IT will provide opportunities to carers to develop new skills to manage the condition

of the person they care for in addition to managing their own health needs better on a day-to-day basis.

## **GP**

General Practitioner or family doctor.

## **Health Care**

Medical and nursing care that is provided by the National Health Service.

## **Individual Budget**

A cash or notional sum agreed following a community care assessment, for an individual to use on their care or support package.

## **Local Area Agreement**

The Local Area Agreement is an agreement between Wiltshire and the Government on the delivery of partnership working arrangements between statutory and voluntary organisations in the County. It sets targets to improve services to the public. The Agreement is overseen by Wiltshire's Strategic Board.

## **Local Involvement Networks (LINKs)**

Local Involvement Networks (LINKs) will work with existing voluntary and community sector groups, as well as interested individuals, to promote public and community influence in health and social care. They will enable more people to become involved and have their voices heard. LINKs will come into place during 2008.

## **Merlin**

**Community information database held on the Wiltshire County Council web site.**

## **Primary Care Trust**

The Primary Care Trust is a statutory body that has responsibility for identifying the health needs of the local population. It has responsibility for commissioning and sometimes providing services to meet those needs and managing the performance of those services. It is accountable directly to the Department of Health through the Local Strategic Health Authority.

## **Residential Care**

Care, which in Wiltshire, is provided in a home run by either private or voluntary organisations. Homes are subject to inspection and registration. Care may be provided long term, short term or intermittently.

### **Residential Care with Nursing**

Care provided in a registered care home where a registered nurse is on the premises at all times and medical care is provided by a GP.

### **Social Care**

Non medical and non nursing care provided, or arranged by the Wiltshire Department of Community Services.

### **Telecare**

A range of service provision, from community alarm services that provide an emergency response and sensors that monitor and support daily living, through to more sophisticated solutions capable of monitoring vital signs.

### **Voluntary Sector**

Organisations that are not usually set up by law or organisational statute. Can include paid staff or volunteers, but usually managed by unpaid committee members and registered as charities. Funded by donations, grants, fund raising etc.

### **Young Carer**

A young person up to the age of 25, who gives substantial care to someone, usually a family member, on a regular basis.

## Working Group

Mike Bradbury, Carer  
Gareth Davies, Avon and Wiltshire Mental Health Partnership NHS Trust  
Alice Harney, Avon and Wiltshire Mental Health Partnership NHS Trust  
Wendy Kinge, Carers Support Salisbury District  
Heather Ludlow, Wiltshire Department of Community Services  
Paul Nash, Kennet Carers Association  
Mary Platten, Carers Support West Wiltshire  
Lindsay Poulson, Carers Support North Wiltshire  
Eleanor Stirling, Wiltshire Primary Care Trust  
Susanne Stedman, Carer  
Carrie Surtees, Wiltshire Department of Community Services

### Carers Support Organisations in Wiltshire are:

Carers Support Kennet:	01672 564265
Carers Support North Wiltshire:	01249 444110
Carers Support Salisbury:	01722 322746
Carers Support West Wiltshire:	01380 871690
Young Carers:	01380 729813

## Appendix: County Action Plan

This is a county action plan, local action plans will be developed within local strategy groups.

Abbreviations:

AWP (Avon and Wiltshire Mental Health Partnership NHS Trust)

DCS (Department of Community Services, Wiltshire County Council)

WCC (Wiltshire County Council)

WPCT (Wiltshire Primary Care Trust)

Actions	Agency	Timescale
<p><b>A: <u>A Framework to Address Carers' Needs</u></b>  <b>Establish and maintain a secure strategic framework within Wiltshire, within which the views of carers' can be heard so that services are planned and commissioned which meet carers' needs as expressed locally and in government legislation and policy.</b></p>		
<p>The 4 local Carers Strategy Implementation Groups will be re-established (or continue where they already exist).</p>	All signatories	By the end of 2007
<p>Local Carers Focus Groups will be established.</p>	DCS	By early 2008
<p>A County Carers Strategy Group will meet twice yearly.</p>	DCS	To be set up 2008
<p>All signatories to the Carers' strategy will monitor and review its progress both locally and county wide.</p>		Ongoing every 6 months
<p>All agencies to identify a carers lead/champion.</p>	All statutory agencies	By December '07
<p><b>B: <u>Increasing Carer Recognition and Identification</u></b>  <b>Increase the numbers of people who identify themselves as carers, through the provision of information.</b></p>		

Agencies will ensure that <b>Carers</b> are recognised throughout the referral and assessment process and monitor that this is taking place.	All agencies	Ongoing
Increase the number of <b>carers</b> identified at GP surgeries and appropriate use made of carers' registers.	WPCT	2007/8 – 20 practices 2008/9 – 40 practices 2009/10 – 60 practices (Target figures from Local Area agreement)
Information for <b>carers</b> will be widely available and in suitable formats.	All agencies	Ongoing
Hospital discharge plans and processes will recognise and involve <b>carers</b> .	Hospital Trusts, WPCT, DCS and AWP	Ongoing
<b>Carer</b> awareness training will be offered to all appropriate staff.	All agencies	Ongoing
<b>C: <u>Good Assessment, Support and Services for Carers</u></b> Increase the numbers of carers enabled to continue in the caring role through assessment, support and services. Ensure that carers are aware and informed of their right to an assessment		
<b>Initial Contact, Assessment and Care Planning</b>		
Increase the number of <b>carers'</b> assessments	DCS lead	ongoing
Set annual targets for increasing the number of <b>carers</b> receiving a service as a percentage of all community based service users.	DCS	07/08 9% all community based service users 08/09 9.5% 09/10 10%
Identify ways of collecting data to show how successful different methods of assessment are, for example monitoring take up of self assessment.	DCS and AWP	2007/8
Develop training on good practice for staff carrying out <b>carers'</b>	DCS and AWP	ongoing

assessments.		
<b>Emotional Support</b>		
Statutory agencies will continue to provide funding to the four carers support agencies.	DCS and WPCT	To be determined in the Carers' Commissioning Strategy
Ensure that <b>carers</b> are aware of and have access to emotional support services.	All signatories	ongoing
Identify ways of collecting data on the outcomes of support.	All signatories	2007/8
<b>Crisis Care</b>		
Information about crisis planning will be available for <b>carers</b> and they will be encouraged to complete crisis and contingency plans.	All agencies	
Identification of <b>carers</b> and a means of holding information centrally for use in crisis situations to be investigated.	DCS	March 2008
<b>Carers from Black and Ethnic Minorities</b>		
Commission outreach and information work to support increased numbers of BME carers	All agencies	Ongoing
Ensure that all services are culturally appropriate and that Equality Impact Assessments are completed where appropriate.	All agencies	Ongoing
Monitor the numbers of BME carers identified in order to be able to measure progress		
<b>Carers of People with Mental Health Needs</b>		
Contribute to the process of developing WCC and WPCT's strategy and commissioning plan for Mental Health for 2007-12.	All agencies	By December 2007
Update information pack and website for carers of people with mental health problems	AWP	Ongoing as required
<b>Breaks in the Caring Role</b>		
Develop the capacity, range and flexibility of short term breaks for <b>carers</b> across a range of provision.	DCS lead with other agencies	ongoing

Identify ways of collecting meaningful data about take-up and outcomes of breaks to inform future commissioning decisions.		2007/8
Develop opportunities for flexible breaks through the use of direct payments.	DCS	ongoing
<b>Other Carers' Services</b>		
Promote <b>carers'</b> health and wellbeing e.g. carers health care checks.	WPCT	ongoing
Continue to promote and support carers support organisations to provide training.	WPCT and DCS	To be determined in the Carers' Commissioning Strategy
Explore opportunities for developing an 'Expert Carers Programme'	WPCT	2008
<b>Carers and Employment</b>		
Increase awareness of <b>carers'</b> rights in employment.	All signatories	ongoing
Update information for <b>carers</b> in work or wanting to return to work. For example update carers information on Workable Wiltshire website.	DCS	ongoing
Signatory organisations will have <b>carer</b> sensitive policies and procedures and will monitor and review them annually.	All signatories	ongoing
<b>D: <u>Consulting and Involving Carers</u></b> <b>Develop a co-ordinated model of effective involvement of carers in consultation and the development of services, which represents the range of carers, and which does not impose an additional burden on them.</b>		
Carers' Voice will recruit <b>carers</b> and maintain a pool of <b>carers</b> willing to engage in meetings.	WCC	ongoing
Carers' Voice will seek <b>carers'</b> views through regular questionnaires.	WCC	ongoing

Statutory organisations will demonstrate that they have included <b>carers'</b> organisations when carrying out public consultations.		
<b>Carers</b> will be represented on planning groups	DCS	
Organisations will coordinate their consultations.	All statutory organisations	ongoing

If English is not your first language, or you have difficulty in reading this information, please contact the Publicity & Information Officer on: (01225) 713923;  
Email: [socialservices@wiltshire.gov.uk](mailto:socialservices@wiltshire.gov.uk)

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Email: [socialservices@wiltshire.gov.uk](mailto:socialservices@wiltshire.gov.uk)

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