

The following are based on National Carers' Strategy Priorities

1. Supporting carers to identify themselves as carers at an early stage –
 - i) Information available to carers in a range of formats and languages at all public information points.
 - ii) All documentation about people with long-term illness or disabilities to record carers and young carers, if any.
 - iii) GP practices to record carers.
 - iv) Consultants and other diagnosticians to record if there are carers or young carers likely to be affected by the illness of the person they are seeing.
 - v) All carers to be made aware of the support available to them as carers.
2. Recognising the value of carers' contribution and including them from outset both in designing local care provision and in planning individual care packages.
 - i) All documentation records carers' views.
 - ii) All carers are offered a Carers' Assessment or sign-posted to the relevant service to provide an assessment.
 - iii) All carers are provided with information on where to get support to have their views heard.
 - iv) All service planning which will affect carers as the people they care for demonstrate how carers have been involved in that planning.
 - v) All records of service planning individual assessments and reviews show what has happened as a result of listening to a carer or carers collectively.
3. Enabling those with caring responsibilities to fulfil their educational and employment potential.
 - i) All assessments of a cared for person and all carer's assessments show that the carer's educational and employment status and aspirations has been taken into account.
 - ii) All relevant agencies including schools, colleges, training agencies, Job Centre Plus, are aware of the needs of carers and seek to ensure carers receive appropriate services.
 - iii) Carers in Employment group should be re-established to encourage employers to be carer aware and implement carer-friendly policies.
4. Personalised support both for carers and those they support, enabling them to have a family and community life.
 - i) All assessments, including carers' assessments, are based on the individual in the context of their family and that the impact of proposed outcomes and services are considered in a whole family context.
 - ii) Carers breaks and opportunities are developed and promoted to provide individually focused breaks and innovative solutions to problems preventing carers, including parent carers and young carers, having a family and community life.
5. Supporting carers to remain mentally and physically well.
 - i) All carers to be offered a health check by primary care or community-based health check scheme.
 - ii) Carers to be considered in all wellness and mental well-being programmes.

iii) Carers to be sign-posted to opportunities for peer support, courses for carers, carer-specific activities etc.

It would then be possible to identify a number of pieces of evidence which could be used to check the implementation of the priorities but not all evidence would need to be used all of the time e.g. if records of carer assessments were checked for one quarter, GP returns would be used for the next one. Such an approach should give an overview without undue demands and as much of the evidence would be collected already it would be a task of sharing it rather than having to re do it for a different purpose.

If the original format of linking the delivery plan to the Sunderland Strategy had to be followed the approach would be similar – same key points from the Carers' Strategy linked to each theme.

The above is by no means comprehensive but an attempt to provide broader aims which would be on-going for the strategy to work these outline would need to be refined and enhanced by a multi-agency group, including some sessions with carers.