

**A strategy to support and value carers in  
Middlesbrough  
2015 - 2019**

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## 1. Introduction

Progress has been made over recent years to improve the lives of carers through specific initiatives to increase the number of carer's breaks and improve crisis response services, as well as more general but equally important areas of work such as providing easily accessible information and advice. This outcome focused strategy reflects the need for continued collaborative efforts to support carers in Middlesbrough.

An ambitious strategic planning process was implemented from summer 2014 onwards, facilitated by Middlesbrough Council, Middlesbrough Voluntary Development Agency (MVDA) and NHS South Tees Clinical Commissioning Group (STCCG). The aim of this planning process was to identify and agree the key strategic outcomes for carers in Middlesbrough over the next four years (2015 – 2019). This process established the development of the new strategy and aligned it to the four stage commissioning process (understanding need, planning, purchase and supply and monitoring and review).

Initially engagement with commissioners and frontline services took place so that a range of information sources arising from carer engagement and consultation activities could be used to inform and identify the priorities. In practice, this took the form of two conversations with these organisations (suggest deleting this). A combined roadmap for change was developed from these conversations and the roadmap was compared with intelligence derived from a wider range of data and information (e.g. local JSNA information), national and local policies and directives and discussions at partnership meetings and specific review meetings.

Specifically, the planning process took into account the new person and family-centred duties outlined in the Care Act 2014, which contains a new, broader definition of what it means to be a carer and includes the provision of practical and emotional support for carers<sup>1</sup>.

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<sup>1</sup>The Care Act 2014 defines a carer as 'an adult who provides or intends to provide care for another adult ("adult needing care")' – Clause 10 (3)

It has been recognised by the NHS that carers are a huge asset, with an estimated 5.4 million people in England<sup>2</sup> providing unpaid care for a partner, friend or family member. This support has an estimated economic value of £119 billion per year.

The population is changing; people are living longer and the numbers of people with a long-term illness and disability are increasing. At the same time, national austerity has led to a reduction in services available from both the statutory and voluntary sectors. The number of carers is rising and the focus of this strategy and workover the next four years is on improving the long-term health and wellbeing of carers to support and enable them to continue in their caring role with no undue adverse impact on their own lives.

This strategy adopts the Government vision for carers as stated by the carers at the heart of 21st-century families and communities (2008):

*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, while enabling the person they support to be a full and equal citizen.*

The joint vision for carers in Middlesbrough is contained within this strategy. This recognises and values carers and the significant contribution they make, and strengthens and renews the collective commitment to support carers and to promote their health and wellbeing.

## **2. Local context**

Supporting carers in Middlesbrough to develop and maintain their own health and wellbeing whilst caring for others is a priority within this strategy. This will not only support and empower carers to lead healthy and fulfilling lives, but will also benefit the local health and social care economy.

In comparison with national health figures, Middlesbrough's population fairs worse than the average population. Middlesbrough also has a

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<sup>2</sup> It is widely recognised by stakeholders in Middlesbrough that there are significantly more carers than the national estimates and therefore identifying and supporting hidden carers, where appropriate, will be of local importance.

population that is living longer than the generation before and has high levels of chronic health conditions and people experiencing mental distress. This can increase demand for local health and social care services, which are already under significant pressure. Furthermore, when specialist care is needed most people would prefer to be treated and recover at home when safe and appropriate to do so rather than spend time in hospital.

Carers, alongside health and care professionals, will be instrumental in supporting people at home and in the local community, and are crucial to the local and national vision of bringing care closer to home.

### **3. The Strategic Planning Process**

Led and facilitated by Middlesbrough Council, MVDA and NHS South Tees CCG, a strategic commissioning approach was adopted to develop this new carer's strategy. It focused on understanding need and agreeing the local priorities that would improve outcomes for carers in Middlesbrough. The process included a series of conversations with those involved in planning, developing and delivering carers services in Middlesbrough on the assumption that these stakeholders – the majority of whom provide frontline services – were in an ideal position to identify the issues facing carers. Each conversation resulted in a roadmap for change, which was developed through answering three questions: what is the future vision for carers in Middlesbrough, what is it like for carers at the moment, and what needs to be done to move from the current state to the future state? Each of the roadmaps for change were then amalgamated to produce a final set of priorities (outcomes) (see page 9).

Building on the series of conversations detailed above, the following analysis and reviews were also undertaken to identify additional priorities, themes and issues to address the support carers receive in Middlesbrough:

- Analysis of current and emerging national and local policy
- Analysis of a wide range of intelligence, building on data and information gathered by a range of organisations
- A review of information and results from a range of engagement and consultation activities with local carers
- Consideration of good practice from other local authority areas
- Identifying themes from discussions within local partnerships and forums.

Throughout the process, the emerging priorities for this strategy were constantly reviewed and refined with the intention of ensuring all outcomes were constantly strengthened to make a difference to carers in Middlesbrough.

This process has resulted in the identification of finalised strategic outcomes described at section 6.

#### **4. Groups of carers**

It is the intention that the outcomes outlined in section 6 will apply to the majority of groups of carers in Middlesbrough. It has to be recognised that there is no typical carer. Carers are individuals who may not see themselves as carers, but see themselves above all as a parent, child, wife, husband, partner, friend or neighbour. Carers' circumstances vary enormously, as can the type of support they give.

There are many different groups of carers who can broadly be categorised by those who they care for. This cannot be an exact delineation as there will be considerable overlaps between the groups:

- Parent carers – caring for children who have particular needs e.g. physical, sensory or learning disability
- Mental health carers – caring for people who have mental health problems
- Learning disability carers – caring for people with learning disabilities
- Kinship carers - carers who are raising children who cannot live with their parents
- Alcohol and substance misuse carers – carers who support people who misuse alcohol and other substances

There are also groups of carers who are defined by their own situation or attributes:

- Older carers – carers who are older themselves and are predominantly caring for an aged partner or family member
- Young carers (including young adult carers) – children and young people who are carers either for a parent, a sibling or a family member
- BME carers – carers who are from a black and minority ethnic background

- Working carers – carers who are working and/or in training either full or part time

Also added to these categories, carers can be:

- Full-time carer – caring full time
- Part-time carer – caring part-time perhaps with employment
- Respite carer – short-term caring to give the person or carer a break
- Hidden carers – individual carers who have not identified themselves as carers either to themselves or support providers

It is recognised in this strategy that the way support is provided will be different for each group of carers – for example, the way in which improved emotional wellbeing outcomes to support young carers are delivered will be different to the approach taken to support older carers. Work needs to be undertaken to agree how all relevant stakeholders in Middlesbrough will support the implementation of the strategy. This will include consideration of the different ways the outcomes need to be implemented to ensure that they improve the wellbeing of the different groups of carers in Middlesbrough. The outcomes in the strategy will be achieved by a combination of commissioning through local public bodies and exploring the potential to bring additional investment to the area (primarily by the voluntary sector).

## **5. Governance**

It is recognised that ensuring and maintaining appropriate governance arrangements is key to the delivery of this strategy in improving outcomes to make a difference to carers in Middlesbrough.

Governance arrangements will be primarily through two levels:

- i. Through the Health and Wellbeing Board

Recognising that the Board is the existing partnership structure that brings together key stakeholders in Middlesbrough, this strategy will be aligned to the priorities for the Board in improving health and wellbeing outcomes for the local population. Progress against the strategy will be reported to the Board through the appropriate delivery partnership on an annual basis as a minimum.

Any issues that arise during the reporting period will be escalated through the Health and Wellbeing partnership arrangements, the request for which could be triggered by different organisations responding to different issues.

## ii. A carers partnership for Middlesbrough

Oversight and implementation of this strategy will be the responsibility of a multi-agency carers partnership for Middlesbrough. The membership of the partnership will reflect the range of stakeholders that support carers and will have the appropriate skills, knowledge and understanding to work collaboratively to deliver on ambitious, but achievable priorities. Membership will include commissioners, providers and carers. This group will be supported by officers to discharge their duties.

In addition, the priorities and outcomes detailed in this strategy will be aligned to those for carers in Redcar & Cleveland to provide a joined up approach where possible across the South Tees area.

## 6. Outcomes

The strategic planning process, adopted as described above, means that that the high-level strategic outcomes for carers are identified and described. These outcomes have been continuously refined throughout the process and there is confidence that these will address the most appropriate priorities for Middlesbrough.

A total of 12 outcomes have been identified and form the roadmap for change, underpinned by four key assumptions.

The following pages list the strategic outcomes with further detail as to why they have been identified as priorities and how the success will be measured.

### **Assumptions:**

- I. Collaborative working leads to better policy and practice
- II. Organisations working in partnership can maximise and lever more resources to support carers



- III. Partners need to embrace change, think creatively and plan for the long-term
- IV. There is a need to focus the collective efforts of all stakeholders to provide more preventative and early intervention support

### **Outcome 1**

#### **Carers have improved health and wellbeing**

The needs of carers go beyond the person they are caring for and unfortunately caring can have a negative impact on their health and wellbeing. Carers often neglect their own health and wellbeing and in order for them to continue caring for as long as they wish to and/or is possible it is important that appropriate provision of services and support is available to carers themselves. Besides the physical health of a carer there is a need to support their mental health. Improving carers' psychological wellbeing, their knowledge of mental ill-health (and management techniques) and their access to mental health services are just as important as keeping carers physically well.

#### **Why has this been included as a priority?**

The health and wellbeing of carers is not only important to the carer themselves and the person(s) they are caring for, but it is also important for organisations that support carers – namely the local authority, health organisations and voluntary and community organisations to ensure carers are able to function in their role. The introduction of the Care Act 2014 reinforces this by introducing the duty for local authorities to promote the health and wellbeing of carers.

#### **How will the impact be known?**

- Increase in Carers Allowance with the Department for Work and Pensions
- Reduction in the use of emergency bed days
- Reduction in crisis episodes and emergency support services given to carers
- Percentage increase in people reporting their sense of wellbeing has improved and support services have had a positive impact (including through the Personal Social Services annual survey)
- Public Health to promote health and wellbeing of carers
- GP and other health appointments times to be structured around the needs of carers (first appointments of the day)
- Reduction in GP and other health appointments for mental ill-health
- Health and wellbeing provision, including psychological and other mental health indicators, in carer assessments, as well as carers'

needs in the support plan for the person cared for

- Provision of training and/or support for carers in coping strategies/stress management, e.g. manual handling training

## **Outcome 2**

### **Carers feel supported and valued**

Carers contribute significantly to the local economy and wider community by meeting caring needs. Carers need to be recognised and valued as this is fundamental to their self-esteem, maintaining strong families and also maintaining stable communities. Carers need to feel that they are contributing to society and receive recognition for what they do. They need to be supported and have their needs considered. Crucially the support available to carers needs to be of high quality.

### **Why has this been included as a priority?**

Carers say that caring can be very rewarding, providing relatives with the best care possible. This role and the actual support provided by carers is difficult to quantify in monetary terms and is therefore often overlooked. It is however important for carers to feel that their support is recognised, valued and supported. Carers need to be seen as a person and valued outside of their caring role.

### **How will the impact be known?**

- Carers are involved in the care planning and review process
- Carers views are gathered about their experiences of all services
- Carers views are used to inform and influence commissioning priorities
- Carers are recognised as an expert care partner by health and social care staff
- Carers are better informed about the transition from children to adult services and subsequent services
- Carers rights information is produced and promoted
- The pressures of caring is more widely recognised
- Carers needs are treated on an equal level to the needs of those they are caring for
- Carers have opportunities outside of their caring role
- Good quality services are available to carers
- Positive roles of caring are promoted/publicised



### **Outcome 3**

#### **There is a reduction in those carers that experience financial hardship**

Taking on caring responsibilities may lead to long-term financial hardship as a loss of income from paid work is exacerbated by higher household and travel costs. This strain on the carer and their families can have far reaching consequences (and thus the importance to reduce this situation is a priority).

#### **Why has this been included as a priority?**

Reducing financial hardship and the systemic issues which contribute to financial disadvantage can only benefit the carer, the cared for person and the wider family and community.

#### **How will the impact be known?**

- Reduction in numbers of carers accessing emergency support, e.g. food banks, emergency funds etc.
- Increase in take-up of Carers Allowance and other benefits
- Increase in numbers of carers able to remain in employment
- Increased recognition of hidden costs for carers
- Increased lobbying for the reform of benefit infrastructure
- Workforce development to embed carers issues into human resource (HR) practices
- Career planning and return to work at the end of the caring role, to be built into HR practices
- Increase in long-term financial planning advice for carers
- Increase in a range of discounts for carers, e.g. in utilities

## **Outcome 4**

### **Greater empowerment of carers to support themselves in their caring role**

Carers need to be able to manage their role as a carer and to be able to make choices for themselves. The definition of 'empowerment' is often confused, but carers want and need to be put at the forefront of defining their own needs and how outcomes will be achieved. Carers are the most knowledgeable about their own caring role and their input is crucial. This involves having autonomy, control and involvement in decision-making and having access to information to optimise their own health and quality of life.

#### **Why has this been included as a priority?**

Carers need to be at the forefront of support and service provision with their needs being more easily defined and supported. This will allow them to take responsibility for describing what the right service/support is for them. This should enable support services to be more efficient and effective.

#### **How will the impact be known?**

- Increase in access to independent advocacy
- Increase in uptake of self-management and peer support programmes
- Increase in uptake of Carer Personal Budgets
- Increase in uptake of direct budgets
- Increase in policy/procedure co-production with carers
- Greater involvement of carers in planning, commissioning and evaluation of services
- Greater carer independence
- Increased ability of carers to navigate systems and care pathways e.g. drawing on external support when required to ensure needs of the cared for person
- Increase in information given to carers about healthy living
- Increased opportunities to have a life away from the caring role
- Increase in carers having access to general information
- Improved self-reports of carer wellbeing
- Greater number of carers being appropriately supported to undertake basic medical management with support e.g. through new technology and recognising signs of deterioration

## **Outcome 5**

### **Increased opportunities for carers to participate in training, education, volunteering and employment**

The benefits of carers accessing training, education and employment (paid or unpaid) are well documented and include better incomes, pension rights, career prospects and social networks and a decrease in the negative impact of the carer role. Employment, education and training can be beneficial to carers' emotional and physical wellbeing, boosting self-esteem, providing stability and reducing the risk of social exclusion. For parent carers, work is important in maintaining a personal balance and in participating in normal life.

#### **Why has this been included as a priority?**

Research shows that carers are more likely to lack confidence and self-esteem. This, in addition to their lack of availability, is likely to disadvantage them in taking up education, training, employment or volunteering activities. For those carers that have been out of the workplace for some time, they may need to build skills and confidence before considering work. There is also a need to provide additional support where necessary, e.g. to young carers.

#### **How will the impact be known?**

- Increase in identification of carers training, education, volunteering and employment needs
- Increase in number of carers accessing training, education, volunteering and employment opportunities
- Increase in peer support and volunteers
- Increase in access to transport and travel
- Numbers of carers remaining in employment is increased
- Reduced numbers of young adult carers who are not in education, employment or training
- Increase in access for young carers to university
- Increase in good-quality, flexible approach to support and information for carers to fulfil their training, education, employment and volunteering needs
- Awareness of carers and their needs is increased in providers of local education, training and volunteer opportunities and with local employers
- The Carers Charter includes access to training, education, volunteering and employment opportunities

## **Outcome 6**

### **There is an increased understanding and appreciation of the role of carers within the Middlesbrough community**

Local communities do not necessarily have a knowledge or appreciation of what carers do and their understanding may be based on personal knowledge or policies within their organisations. There may be a basic understanding of the practical help carers perform, but the wider value to communities of carers' willingness to spend significant resources (time, money, love) and large parts of their own life attending to the needs of others is often missed. Middlesbrough would benefit from being a carer friendly town – promoting carers and increasing awareness and understanding of their roles and contributing to the different carer groups.

#### **Why has this been included as a priority?**

Local organisations may be more willing to consider carers as workers and volunteers and employers may be more willing to retain staff with caring responsibilities if their understanding of what carers do is increased. The improved acknowledgment of carers and their value to local communities will benefit carers and lead to more vocational and other opportunities.

#### **How will the impact be known?**

- Increase in the number of registered carers
- Increase in number of carers registered with local services (e.g. GP, adult social care, etc)
- Organisations share information (with permission) on contact with carers to increase the carers counted
- Increase in number of PSS annual surveys completed
- A public awareness-raising campaign to improve knowledge and understanding of carers issues
- A programme of workforce development across organisations to embed structures to support carers
- Increase in positive messages
- Tackle inequalities and improve the experiences of marginalised groups accessing support

## **Outcome 7**

### **More carers have their needs met**

Carers should receive the right help and support at a convenient time to ensure that they can continue their role. The focus should be on ensuring the range of carers' needs is met by different organisations, groups and sectors.

#### **Why has this been included as a priority?**

When carers have their needs met as far as possible, this enables them to continue in their role and will ultimately support the people they care for, providing an invaluable service to their communities. This follows the Triangle of Care principles<sup>3</sup>. Having their needs met will increase Carers' health and wellbeing and prolong their own independence as well as the person(s) they are caring for.

#### **How will the impact be known?**

- Increase in support services taken up by working age carers
- Percentage increase in carers receiving a personal budget
- Increase in number of carer assessments
- Carers' needs are integral in care planning process
- Reduction in absenteeism in schools (young carers)
- Increase in the number of young carers accessing training and/or high education
- Number of stakeholders signed up to the Carers Charter
- Greater involvement of carers in planning, commissioning and evaluating services
- Number of carers accessing training, education, employment and volunteering opportunities
- Whole person approach (person-centred care within their community) established linked to life beyond caring role
- Cross-reference with the Carers Charter
- Links to workforce development
- Link to Middlesbrough as a carer friendly community

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<sup>3</sup> The Triangle of Care, Carers Included: A Guide to Best Practice in Mental Health Care in England



## **Outcome 8**

### **Increased range of information, advice and advocacy that is high quality, appropriate and accessible**

Accurate, accessible and appropriate information, advice and advocacy are essential for good decision-making. It underpins all aspects of carers' health and wellbeing. It is important that information, advice and advocacy are prioritised by services and are an intrinsic part of ongoing provision to support local people to ensure they get the right services at the right time. It should be available to all carers and tailored to their individual needs, whilst also reflecting the changes in the nature of the caring role.

#### **Why has this been included as a priority?**

The provision of appropriate information, advice and advocacy enables carers to design services that work well for them. This does not only cover those traditionally associated with social care, but covers a whole range of social and community activities, and applies whether people are eligible for services or are paying for their own services.

#### **How will the impact be known?**

- Increased numbers of carers accessing support and other services
- Increased numbers of directed self-referrals to advice and advocacy services
- Increase in numbers of carers assessments completed
- Carers assessments developed and reviewed with carers to agree a holistic assessment framework
- Reported increase from agencies of a greater understanding of carers needs/role and awareness of the roles of other agencies
- Greater numbers of carers sharing their experience/feedback on a range of quality information, advice and advocacy
- Greater number of carers being appropriately supported to undertake basic medical management with support, e.g. through new technology and recognising signs of deterioration

### **Outcome 9**

#### **Middlesbrough has an improved infrastructure of support for carers, which includes a range of high quality flexible services that enables choice**

Individual carers and groups of carers will need different kinds of practical and emotional support. This means that there needs to be a cross-section of support services available and provided by different organisations to a high quality standard. These organisations and groups should not work in isolation, but will need to refer and signpost to each other. An infrastructure with appropriate mechanisms for involvement of carers needs to be in place.

#### **Why has this been included as a priority?**

An overarching infrastructure to support carers groups and services is important so that carers have appropriate support, can influence what services are provided and gaps in provision are met. There is also a need to recognise the individual needs of carers and the changing nature of a caring role.

#### **How will the impact be known?**

- Maintained or increase in the number of community carer groups
- Increased peer support groups
- Support the continuation and management of the carers involvement forum
- Increase the reporting of satisfaction rates
- Increase in Carers involvement in the design of services
- Decrease in time from identification of need to accessing services
- Flexibility, which is integral to all commissioned services, for carers to recognise changes in their caring role

## **Outcome 10**

### **Improved health and social care pathways that identify and recognise the caring role and support choice throughout the care and the caring experience**

Pathways to different health and social care services can be travelled along (and back) by users of services. These services should be constantly improved for the user, but should also consider the carer. Carers can enter a pathway for services at different places dependent upon their own needs and those of the person they are caring for. They can enter from different sectors (health, local authority and the VCS) and can be referred to different pathways of support. It is important that professionals and staff in these pathways recognise that an individual is a carer, and ensures they obtain the right support throughout the pathway.

#### **Why has this been included as a priority?**

Carers need to be identified at an appropriate stage and as early as possible. This will allow carers to obtain the right support and have their needs met.

#### **How will the impact be known?**

- Increased satisfaction feedback from carers
- Maintained or increase in number of community carer groups
- Increased peer support groups
- Decrease in waiting times to access services reported by providers
- More services populating/contributing to a central database of services with up-to-date information
- Increase in numbers of carers identified
- Increase in numbers of carers assessments undertaken
- Increase in number of carers identified immediately when a user enters a pathway
- Greater communication and information sharing between organisations
- New pathways designed, existing pathways reviewed or decommissioned using co-production and multi-agency involvement
- Staff supporting carers to report increased satisfaction with their services

## **Outcome 11**

### **Improve understanding of the needs of carers that enables early identification to promote support at the right time**

The needs of carers are often hidden behind the person being cared for. Carers' needs are also often complex and difficult to understand, with carers not recognising they have their own needs. It is therefore important to have procedures and mechanisms to help identify carers and their needs as early as possible to ensure that the appropriate support is given at different stages. This will enable carers to have their needs met consistently and at the right time.

#### **Why has this been included as a priority?**

It is crucial to identify carers' needs and understand them so that support and services are provided appropriately, efficiently and effectively. The early identification of carers' needs will ensure that the carer continues in their role for as long as possible with the right support and services.

#### **How will the impact be known?**

- Increase in uptake of carers information and services
- Increase in number of carers registered (including with GPs)
- Increase in number of carers assessments completed
- Increase in groups working for and with carers
- Improved data on needs of carers
- Increase in satisfaction rates
- Increase in staff self-reporting as carers
- Reducing the delay between identification of need and access to services
- Improved flexibility in workforce practices to ensure carers continue to be employed
- Increased understanding of role of a carer by Middlesbrough employers (link to Carers Charter)

## **Outcome 12**

### **Increased collaboration between carers, providers and commissioners to shape strategic service planning and to continuously plan for the future through the effective use of resources**

Carers are experts on both their needs and those of the person(s) they are caring for, and will therefore have useful information, views and experience which service providers and commissioners of services can utilise. It is important that carers and the person cared for are not only consulted by providers and commissioners, but are fully engaged in the commissioning cycle and service planning process. Carers' involvement needs to be supported with providers and commissioners working together with carers to ensure that the appropriate services are commissioned and delivered within existing resources. This includes information sharing, with providers being encouraged to share information.

#### **Why has this been included as a priority?**

To ensure that the resources in Middlesbrough are collectively and efficiently utilised.

#### **How will the impact be known?**

- Greater opportunities to bring carers, providers and commissioners together
- Minimum of an annual review of this strategy and the plans developed from it
- Greater number of carers involved in planning, commissioning and evaluation of services
- Updated Topic Section of the Middlesbrough Joint Strategic Needs Assessment (JSNA).

## 7. Monitoring and performance measurement

It is important to measure what progress is being made against the twelve outcomes during the life of the strategy and the difference (impact) it is making. To do this, an appropriate framework of robust performance indicators will be developed to ensure that the outcomes are achieved. This framework will be designed and agreed with all local stakeholders. Appropriate data and information to support the measurement of the performance indicators will also be decided and agreed upon. Both the data and information and the methods of collection will be standardised wherever possible across organisational and sector boundaries. Accountability will be ensured through monitoring the performance indicators on an annual basis and reporting through appropriate organisational and sector arrangements, but will ultimately be with the Health and Wellbeing Board.

A separate traffic light system to indicate the overall performance of the strategy will also be developed and produced on a regular basis. This will provide commissioners, providers and carers an indication of the impact that the strategy is making in a readily accessible format:

**Red**– Progress towards individual outcomes is not progressing with urgent work required

**Amber**– Progress towards individual outcomes is progressing, but improvements are required

**Green** – Progress towards individual outcomes is progressing satisfactorily

The specific outcomes of the strategy will be incorporated into all partner organisations' monitoring and performance systems. Partners in the voluntary and community sector, local NHS and local authority, carers and carers representatives will be enabled to contribute to the overall performance monitoring of the strategy where appropriate. The use of regular feedback from carers and carers' organisations to evaluate progress will also be a priority. It is proposed that the Action for Carers Forum will provide governance for the delivery of the strategy, ensuring carers views regarding performance are routinely captured.