Carer empowerment

Conference or Workshop Item

How to cite:

For guidance on citations see FAQs.

© [not recorded]
Version: Accepted Manuscript

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online’s data policy on reuse of materials please consult the policies page.
CARER EMPOWERMENT

21st September 2010
Dr Mary Larkin
De Montfort University
Leicester, UK
OUTLINE OF PRESENTATION

• definitions
• the context of carer empowerment
• the outcomes of carer empowerment
• carer empowerment in the future?
DEFINITIONS

CARER (UK) = CAREGIVER (FINLAND)

EMPOWERMENT

“degrees of empowerment are measured by the existence of choice, the use of choice and the achievement of choice” (Alsop and Heinsohn, 2005:4)
CONTEXT

• carer empowerment has taken place in the context of empowerment of both service users and carers

• therefore carer empowerment cannot be understood without a brief explanation of service user empowerment
The journey to service user empowerment so far
User involvement
User involvement

- development of services
- professional training and social work education
- design and conduct research
- user-led organisations e.g. National Service User Network
- hold positions in national social care organisations
User involvement
Self-management
Self-management

- Service users manage their condition and their treatment themselves (self-manage)
- Expert Patient Programme (EPP) (http://www.expertpatients.co.uk/)
- More control over their health
- The 'expert' about their own condition
User involvement
Self-management
Personalised models of care
Personalised models of care 1

• more choice and control over care
• enable service users to live life as they would wish
• increase independence at home, at work and as members of their communities

(http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation)
Personalised models of care 2

- central to these models is self directed support
- service users design their support to suit their own requirements
- receive resources which they control and manage. Examples are DIRECT PAYMENTS and INDIVIDUAL BUDGETS
The journey to carer empowerment so far ...........

This has been facilitated through:

• legislation

• the carers movement
National Strategy for Carers (1999)
National Strategy for Carers (1999)

Employment Relations Act (1999)
National Strategy for Carers (1999)

Employment Relations Act (1999)

Carers and Disabled Children's Act (2000)
National Strategy for Carers (1999)

Employment Relations Act (1999)

Carers and Disabled Children’s Act (2000)

National Strategy for Carers (1999)

Employment Relations Act (1999)

Carers and Disabled Children’s Act (2000)


Carers (Equal Opportunities) Act (2004)
National Strategy for Carers (1999)
Employment Relations Act (1999)
Carers and Disabled Children’s Act (2000)
Carers (Equal Opportunities) Act (2004)

National Carers Strategy (2008)
Carers movement

• growth in the size and power of national and local carers organizations

• advocacy role increased

• government website for carers
  (http://www.carers.gov.uk)

• Carers UK - “the voice of carers”
  (http://www.carersuk.org)
THE OUTCOMES OF CARER EMPOWERMENT

“carers and their caring role are inextricably linked to the people they care for. If the support and services are not right for the person being supported then both the individual and the family are affected’ (National Carers Strategy, 2008:5)
CARERS ORGANISATIONS ARE CONSULTED ABOUT POLICY
1. CARERS ORGANISATIONS ARE CONSULTED ABOUT POLICY

- consulted before strategies published, and involved in changes
- National carers organisations conferences address policy issues
- local carer groups are involved in consultations about social care in their areas
CARERS INVOLVED IN DESIGN & DELIVERY OF EDUCATION & TRAINING
CARERS ORGANISATIONS ARE CONSULTED ABOUT POLICY
2. CARERS INVOLVED IN DESIGN AND DELIVERY OF EDUCATION AND TRAINING

• carers knowledge and experience recognised as being central to staff training programmes
• recognition this knowledge is equal to professional and academic knowledge
• provision of support and training to carers to maximize their input
CARERS RESPECTED AS “EXPERT CARE PARTNERS”
CARERS INVOLVED IN DESIGN & DELIVERY OF EDUCATION & TRAINING
CARERS ORGANISATIONS ARE CONSULTED ABOUT POLICY
3. CARERS RESPECTED AS ‘EXPERT CARE PARTNERS’

- acknowledgement of their role and expertise
- dignity, treatment with respect and partnership working in care
- personalised models mean more choice and control for carers
- involved in design and planning of services
EMPHASIS ON SUPPORTING CARERS
CARERS RESPECTED AS “EXPERT CARE PARTNERS”
CARERS INVOLVED IN DESIGN & DELIVERY OF EDUCATION & TRAINING
CARERS ORGANISATIONS ARE CONSULTED ABOUT POLICY
4. EMPHASIS ON SUPPORTING CARERS 1

- right to have needs assessed
- development of the right care package so they can ‘lead a life outside their caring role’
- personalised model of care mean that carers now have more choice and control over their support services
EMPHASIS ON SUPPORTING CARERS 2

• better co-ordinated and culturally competent services
• support groups
• support so that they are not forced into financial hardship by their caring role
• more support for carers to stay mentally and physically well
INFORMATION AND TRAINING FOR CARERS
EMPHASIS ON SUPPORTING CARERS
CARERS RESPECTED AS “EXPERT CARE PARTNERS”
CARERS INVOLVED IN DESIGN DELIVERY OF EDUCATION & TRAINING
CARERS ORGANISATIONS ARE CONSULTED ABOUT POLICY
5. INFORMATION AND TRAINING FOR CARERS

- Department of Health “Caring with confidence” programme
- Local training schemes e.g. relaxation, communication skills
- Information services and helplines
- Advice about welfare and finance
SPECIFIC TRAINING FOR PROFESSIONALS
INFORMATION AND TRAINING FOR CARERS
EMPHASIS ON SUPPORTING CARERS
CARERS RESPECTED AS “EXPERT CARE PARTNERS”
CARERS INVOLVED IN DESIGN & DELIVERY OF EDUCATION & TRAINING
CARERS ORGANISATIONS ARE CONSULTED ABOUT POLICY
6. SPECIFIC TRAINING FOR PROFESSIONALS 1

• now provided for professionals across the board, from health to housing
• emphasis is on increase staff awareness of carers’ needs
• involves shared education and working in carers’ organizations
SPECIFIC TRAINING FOR PROFESSIONALS 2

The aim of this training is to:
• provide better services and support for carers which recognizes diversity
• build and maintain relationships with carers
• work in partnership with carers
CARER EMPOWERMENT IN THE FUTURE

• there is evidence efforts to empower carers will continue

  (www.dh.gov.uk and www.sdo.lshtm.ac.uk)

• BUT the economic climate in the UK could thwart these efforts

• continuing importance of learning from others
CONTACT ME!

mlarkin@dmu.ac.uk