Role description for H&SC Partnership Carer Representatives

Integrated Joint Boards of Health and Social Care Partnerships are required – by the Public Bodies (Joint Working) Scotland Act 2014 - to involve ‘a person who the integration authority considers to be representative of’ carers. However, the purpose of doing so is not specified.

This document summarises the requirements for the role from both the Carers and the IJB’s perspective. It is supported by a detailed appendix which specifies more role details, additional skills and resources required to fulfil the role effectively, and suggestions for tailoring the role description to local circumstances.

The role:
Contribute to good governance
- Contribute to discussions and provide advice and scrutiny from carer’s perspective.
- Contribute to ensuring that Integration Authorities implement their statutory obligations.
- Where possible add relevant items to the meeting agenda, to be discussed and minuted.
- Be prepared to raise relevant points and question meeting papers and accompanying evidence appropriately, for example about the extent to which the recommendations are inclusive of or impact on carers.

Represent carers – and the IJB
- Champion carer’s involvement as Equal and Expert partners at all levels and link in with other champions and carers to enlarge the pool of views being collected and represented locally.
- Access their ‘constituency’ of carers via carer networks, local forums (including social media where appropriate) to encourage and maintain links with the IJB.
- Nominate a Depute to represent the role in the case of absence.
- Ensure their involvement is reflective of the views of the widest range of carers by engaging as fully as possible with other carer representatives.

Have roles outwith IJB meetings
- Join one or more sub committees/working groups (such as Audit and compliance committees), where appropriate. These give a different insight into the IJB and often provide opportunities to influence and inform agendas, strategies and practice.
- Take part in appropriate training and induction.
- Play an active role in IJB & HSCP events.
- Be active in local carers group(s)
The IJB will provide:

- A clear and transparent recruitment policy.
- Induction and continuous awareness training.
- Mentoring for the first 12 months.
- Timely and easy access to all relevant information.
- Compensation for expenses incurred in preparing for and attending meetings.
- Awareness, acknowledgement, and respect for the carer’s experience and expertise in their caring role.
Appendix – background and supporting notes

1. Background
This role description has been developed because the ‘Equal, Expert and Valued’ report identified that although IJBs are required to involve ‘a person who the integration authority considers to be representative of’ carers1, the purpose of doing so is not specified. The report recommended that Integration Authorities should have a clear remit and agreed roles for Carer Representatives. If the role is undefined, mutual expectations between Integration Authorities and Carer Representatives can sometimes become unclear or confusing2.

2. Aim
This model template aims to:
- Give Carer Representatives guidance on the role before they take it on and while they perform it.
- Facilitate understanding of mutual expectations between Carer Representatives and IJBs.
- Encourage consistency in practice across the country, with local variation where appropriate.
- Help IJBs ensure that carer involvement meets best practice standards3 by being:
  o Resourced
  o Representative
  o Meaningful and effective.

3. Detailed description of the Carer Representative role
This paper sets out simple principles and comprehensive role descriptions for Carers Representatives under three main headings:
- Contributing to good governance
- Representing carers – and the IJB
- Roles outwith IJB meetings
It goes on to specify the skills and resources required to fulfil the role effectively, before concluding with some suggestions for tailoring the Model Role Description to local circumstances.

3a. Contributing to good governance
Principle: All IJB members should be viewed as equal partners, with shared responsibility for IJB decisions.

Role
Carer Representatives should:
- Abide by the standards of the Model Code of Conduct for Members of Devolved Public Bodies4 and/or other local Codes where appropriate.
- Contribute to discussions and provide advice and scrutiny from carer’s perspective.
- Contribute to ensuring that Integration Authorities implement their statutory obligations.

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1 Public Bodies (Joint Working) Scotland Act 2014
2 One of the most common challenges faced by Carer Reps is the distinction between ‘representing the interests’ of carers and ‘lobbying’ on their behalf which is not as clear as they – and other IJB members – would like
4 http://www.standardscommissionscotland.org.uk/codes-of-conduct/members-model-code-of-conduct
• Be prepared to raise relevant points and question meeting papers and accompanying evidence appropriately, for example about the extent to which their recommendations are inclusive of or impact on carers.
• Acknowledge the limits of their expertise, and address these through training.
• Remain politically independent.
• Develop good working relationships with other experts, professionals and stakeholders.
• Keep abreast of and connected to developments in other areas, to inform good practice locally.

3b. Representing carers – and the IJB
Principle: Carers make up 1 in 6 of the population, so IJBs should support Carer Representatives to be as representative of other carers’ views as possible. Involving, consulting with and feeding back to carers is a shared responsibility within the IJB. In addition to supporting the carer rep, IJBs should ensure carers are consulted with widely.

Role
Carer Representatives have a role to represent carers – and the IJB. To do this effectively, they should:
• Champion carer’s involvement as Equal and Expert partners at all levels and link in with other champions and carers to enlarge the pool of views being collected and represented locally.
• Access their ‘constituency’ of carers via carer networks, local forums (including social media where appropriate) to encourage and maintain links with the IJB.
• Ensure their involvement is reflective of the views of a wider range of carers by engaging as fully as possible with other carer representatives.
• Seek information and identify trends objectively, aiming to understand patterns of experience that are affecting carers, rather than giving prominence to individual or personal experience.
• Be given the opportunity to raise suggestions, concerns of issues of carers, have these debated and minuted.
• Collate and filter information from IJB meetings to report back to carers, carer’s forums and Carers Strategy Groups, including the outcome of any issues they raised.
• Share information without breaching operational or individual confidentialities.
• Recognise that there may be carers who do not see them as representative of their views, and manage that relationship so those voices are still heard.

3c. Roles outwith IJB meetings
Principle: Carer Representatives can be more effective and influential if they are active beyond IJB and SPG meetings. However, recognition must also be given to time constraints of carers, particularly if they have an active caring role.

Role
It is best practice for Carer Representatives to be given the opportunity to:
• Join one or more sub committees/working groups, where appropriate. These give a different insight into the IJB and often provide opportunities to influence and inform agendas, strategies and practice.
• Take part in appropriate training and induction.
• Play an active role in IJB & HSCP events.
4. Skills required

Principle: Carer Representatives bring a wealth of professional and personal experience to their role. IJB involvement should help them to continue developing their skills.

Requirement

Carer Representatives should be:
• Able to contribute to good governance (see above).
• Knowledgeable about the local and national context in which IJBs, Local Authorities and Health Boards operate.
• Familiar with the language and terminology of IJBs, and/or prepared task when something is unclear.
• Able to develop relationships of mutual respect, inspiring trust and confidence with fellow Board members, including other public representatives.
• Diplomatic, e.g. able to present information in ways that be heard and understood by Board colleagues; able to respond to other people’s reactions to carers’ opinions; anticipating and/or resolving potential issues early.
• Objective and independent, able to advocate on behalf of others/other points of view, without taking things personally.
• Good listeners, able to listen to and represent the views of others, even if they are different from their own.
• Compassionate, patient, and persevering, committed to carers and the issues that affect them.
5. Resources needed
Principle: Carer Representatives should not be worse off or out of pocket as a result of contributing to the IJB’s business. They should be supported by members of the IJB/SPG to be confident and effective in their role.

Requirements
As Equal and Expert contributors, Carer Representatives should:
• Have easy access to information, including relevant strategies, contracting and commissioning plans, budgets and Green Papers.
• Be provided with the resources they need to fulfil their role. As minimum, this should include receiving printed papers at least one week before meetings. It can also include being given a laptop or tablet computer to access papers; an email address, business cards and publicly available contact information to make them accessible to carers.
• Receive out of pocket expenses, including printing costs, travel, food and replacement care for time spent in and preparing for meetings. Boards may also consider payment or remuneration, for example when employing carers on a consultancy basis.
• Receive full induction and training on how the Board operates introductions to other Board members and so on.
• Expect fellow Board members to be ‘carer aware’, for example having taken part in carer awareness training.
• Have access to information and support networks such as the Coalition of Carers in Scotland and the Scottish Health Council.
• Have support from a fellow Carer Representative or Deputy, someone else who takes part in meetings, shares the load and provides peer support.
• Have access to networks of carers e.g. via carer centres who can provide facilities, training, resources, referrals, newsletter circulation access, email lists, databases and mailshot capabilities.
• Have access to agenda-setting mechanisms.
• Expect meetings to take place in a professional, approachable and accessible atmosphere where all contributions are welcomed.

6. Adapting the role description to local circumstances.
This role description can be adapted to local circumstance by including locally relevant information in addition to the core content above. Adaptations could include:

Requirements for the role
This includes any minimum criteria such as minimum age; area of residence; experience of caring; other desirable experience.

Time commitment
This includes setting out how much time is required of Carer Representatives, not just at IJB meetings, but reading and preparing for meetings. Time spent in Strategic Planning Groups, sub-groups, Carer Voice meetings, locality meetings, Board Development Days etc. should also be included.

Recruitment and withdrawal/termination
This section sets out how Carer Representatives will be recruited, how long they will be appointed for and how they can leave the role.

Expenses Policy
This section will set out the principles and processes for reimbursing Carer Representatives so that they are not worse off as a result of undertaking their role.
Further Information

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