

10 February 2023		Item 9
Health & Wellbeing Board		
Unpaid Carers – All Age Carers Strategy		
Wards and communities affected: All	Key Decision: Key	
Report of: Catherine Wilson – Strategic Lead Commissioning and Procurement		
Accountable Assistant Director: Ceri Armstrong – Acting Assistant Director of Adult Social Care and Community Development		
Accountable Director: Les Billingham – Acting Director of Adult Social Care		
This report is public		

Executive Summary

In 2015 it was estimated that Unpaid Carers provide £132 billion of support to vulnerable people in the UK. The numbers of people caring and the amount care being provided has increased significantly during the pandemic. It is accepted that Adult Social Care and Health could not meet the needs of service users (physically or financially) in our community if Carers did not continue within their roles.

The pandemic reinforced the importance of Unpaid Carers but also highlighted areas where improvement is needed. As such, we know we need to change our offer.

This report details the outcome of an extensive period of engagement with young and adult carers and mainly focusses on one area of improvement – the development of an all-age Carers Strategy/action plan. However, the report also details in appendix 1 the main activities we are currently undertaking operationally and in commissioning to transform our internal offer to carers.

1. Recommendation(s)

1.1 The Board notes the findings of the unpaid carers consultation and agrees the proposed approach to strategy/action plan development.

2. Introduction and Background

- 2.1 A Carer is a child, young person or adult who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.
- 2.2 Unpaid Carers provide £132 billion of support (that would potentially have to be met for formal services) to vulnerable people in the UK, an average of £19,336 per carer. The numbers of people caring, and the amount of care being provided has increased significantly during the pandemic.
- 2.3 **Nationally 1 in 8 adults** (6 million people) are Carers and of these 1.2 million Carers provide more than 50 hours of care per week. However, this is based on pre-pandemic research – a vast amount of people took on caring responsibilities during this period. Carers UK estimate that overnight, an additional 4.5 million people became unpaid carers in March 2020, meaning 1 in 4 (26%) UK adults were providing unpaid care to an older, disabled or ill relative or friend at the height of the pandemic
- 2.4 Although we expect the numbers above to decrease slightly, the amount of unpaid carers have been rising significantly as the population ages and healthcare continues to improve. This assumption has been supported by the number of adult carers seeking support from our Carers Information, Advice and Support service – we have seen an increase of 100% compared with pre-pandemic levels.
- 2.5 **1 in 5 schoolchildren are estimated to be carers.** The impact of being a young carer are;
- More likely to have lower educational attainment than their peers and trying to balance the responsibilities of caring with school can impact on their mental health.
 - One quarter of young carers aged 11 – 15 regularly miss school and this can have a lasting impact on the life chances.
 - 1 in 3 young carers state that their caring role makes them feel stressed and research shows that 23% of young carers in the UK say their caring role has stopped them being able to make friends.

The demand for support mirrors adult carer services - we have seen a significant increase in the number of young carers seeking support from our Young Carers Support Service post pandemic.

We have recently been successful in securing Health Inequalities funding for additional resources to meet the mental health needs of young carers. This funding is for counselling support and art workshops which are to be held in the February half term.

- 2.6 In Thurrock it is estimated that more than 20,000 people are Carers. The 2011 census showed that 26% of those identifying as caring in Thurrock provide more than 50 hours per week. This is higher than region and national averages. Those carers providing the highest amount of care are twice as likely to be permanently sick or disabled as the general population.
- 2.7 Caring can be a rewarding experience but many face isolation, poverty, discrimination, ill health, frustration and resentment as a result of their caring role.
- 2.8 These caring responsibilities can have an adverse impact on carer's employment and education opportunities. Carers are also likely to have much poorer physical and mental health outcomes compared to the general population. This increased health risk is attributed by Carers to a lack of support.
- 2.9 Apart from the need to support Carers so that their role doesn't have such an adverse impact on their own wellbeing, without such support Carers are often unable to continue in the role. This impacts on the wellbeing of the cared for, often resulting in costly residential care and hospital admissions. There would be a significant financial impact on the health and social care system if carers did not continue to provide the level of care to family members and friends.
- 2.10 We also have a statutory responsibility to support carers. In 2014, The Care Act replaced most previous law regarding adult Carers. The Act strengthens recognition of the role of Carers, including for the first time, giving Carers parity of esteem to those they care for and a clear right to services.
- 2.11 The Children and Family Act 2014 gives young carers and young adult carers in England the right to a carers assessment and to have their needs met. The purpose of the legislation is to ensure that inappropriate or excessive caring by children is prevented or reduced.
- 2.12 As part of our Covid recovery we want to galvanise our offer to Carers including building on those areas that are proving to be successful. The pandemic highlighted what we do well but what also needs improving. It is also apparent that we needed to have greater alignment of adult and young people carer support. For example, a young carer is often supporting an adult social care or health service user and young carers do not remain young forever and transition themselves at the age of 18 to adult social care. Equally, we have the responsibility to support adult parent carers of disabled children and young people.
- 2.13 As such, post pandemic we are at the start of a larger transformation to support carers. We are aware that there are multiple priorities for Carers and several improvements that need to take place. We have attached the main initiatives currently in progress in the form of an action plan at appendix 1.

Further priorities and actions have and will come out of the engagement with carers; however, it was evident that some areas required attention before a full engagement exercise could report.

- 2.14 For the purpose of this report to the board we have focussed on one priority. The **Development of a Carers strategy/action plan**. We do not have an up-to-date adult carers strategy (it expired during the pandemic and it was agreed that it was not the appropriate time to refresh our approach), in addition the young carers strategy will soon be coming to an end. As such, in reference to 2.12 it was agreed that it would be positive to develop an all-age approach for the first time.
- 2.15 So much has changed as the result of the pandemic. We also know that the majority of carers are not known to social care and that some carers will not be open with the local authority about the difficulties they encounter in their caring role for fear they will be judged as not coping. As such, in preparation of commencing our all-age approach we felt it was prudent to seek someone outside of the Council to carry out the engagement.
- 2.16 Although our young carer and adult carers support services are best placed to represent carers, we felt we needed an organisation who would be independent of all existing carer support services (including internally provided social work support and carers short break service) so that we can capture the true voice of unpaid carers in Thurrock. As such we engaged Healthwatch Thurrock to carry out the engagement on our behalf. They were also tasked with collecting information to inform future commissioning activity around 'taking a break'.
- 2.17 The engagement exercise was comprehensive and collected information using a variety of mechanisms. At the time of planning the engagement we were still unsure whether further lockdowns would be likely, as such the engagement was over an extended period to take in the warmer weather in case some of the face-to-face engagement needed to be outdoors.
- 2.18 The findings of the engagement are embedded in section 8 of this document as the "Unpaid Carers Report" and should be read in conjunction with this document. The outcome from this engagement and proposed next steps are detailed in section 3.

3. Issues, Options and Analysis of Options

- 3.1 The Unpaid Carers Report shows that in the main most carers are only seeking small improvements to existing services to make their caring role easier.

Some of the issues identified have already been addressed since the engagement was undertaken e.g. waiting times/allocated hours for the 'sit in service'. As such carers should see an improvement in accessing this service over the coming weeks.

- 3.2 The Unpaid Carers Report is balanced and highlights the support/services that are working well (including our commissioned Carers Information, Advice and Support Services). It also evidences that many carers who chose to utilise a direct payment felt it has given them additional flexibility.
- 3.3 However, as there are many positives, there are many areas identified as requiring improvement across health and social care that all partners and the strategy need to address. These include but are not limited too;

Adult Carers Recommendations;

- Improve communication between different support services so as to avoid carers having to repeat themselves.
- Ensure timely follow up following referral into services.
- Better explanation of Carers Assessment process.
- Improve availability of information regarding support for carers. Having a central point of access, taking into consideration different digital abilities.
- Increase staff availability [largely in the 'sit in' service] so that allowances agreed in assessments can be met.
- Work with employers to see how carers can be supported in the workplace and ensure flexible working that can meet the needs of carers that wish to work.
- Provide training workshops to carers to support an improved understanding of the health condition of their loved one.
- Working with healthcare settings to ensure that patient notes reflect carer status/ability to speak on loved one's behalf.
- Making sessions on LPA/Guardianship available to carers.
- Working with carers to ensure they have plans in place for when/if something were to happen to them.

Young Carer Recommendations;

- To work with schools to ensure that Young Carers can be identified by members of staff so they can get the proper support.
- Timely referrals into the Young Carers Service.
- Expand the referral pathway into the Young Carers Service i.e., self-referral or referral by other services other than children's social care.
- Clearer signposting to pastoral care in schools and colleges.
- Reasonable adjustments made for young carers that take into account challenges at home e.g. adjusted detention times, warning systems for phone removal, quiet space in school.
- Carers support groups either teacher or peer led in all schools in Thurrock.

- Raising awareness of carers amongst student population to help young carer identification and reduce bullying.
- Raising awareness of different health conditions amongst student population to reduce bullying.
- More days out and activity opportunities for young carers, giving them time and space to embrace their hobbies

3.4 As the Unpaid Cares report document captures the voices of carers so well and articulates what needs to improve, a more targeted action plan rather than duplicating activity on a large strategy document feels more appropriate. An action plan that sits as an appendix to the engagement plan rather than the other way around is suggested as the way forward. We feel this will ensure that the document reflects the reality of carers in Thurrock and what they see as a priority rather than the views of professionals and clearly demonstrates our commitment to co-production.

3.5 Our suggested next steps are as follows;

- Hold an event in February inviting all partners to discuss the findings of the report and to start action planning – this will include professionals and unpaid carers. This event will also share the young carers ‘pants’ and ‘tops’ (the things that worked well and the things that don’t’, written by young carers) on a washing line as well as the videos of adult carer experience recorded as part of the engagement process.
- We will then hold subsequent meeting/s (where necessary – this may be targeted to those who cannot engage virtually) to agree final action plan.
- We will then pursue formal/wider consultation (as is our legal requirement) and seek formal sign off through the agreed accountability route.
- Post consultation, Healthwatch Thurrock have agreed to host a carers reference group (name to be decided) that will be independent of the council. In Thurrock, we may also have the option of the group being hosted by the User Led Organisation (ULO) depending on capacity long-term. However, Healthwatch have identified a number of carers who would like to be part of this during the engagement process. This independent group will review progress against the agreed action plan and also propose changes as the agenda progressed.

3.6 It is our intention that this document will be agreed by both health and social care partners. This is being explored during the planning stages.

4. Reasons for Recommendation

4.1 To develop an all age carers strategy/action plan based on what is important to carers in Thurrock.

4.2 To ensure that future actions and improvements to carers support are based on carer experience.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Please see the attached the full unpaid carers engagement plan undertaken by Healthwatch Thurrock on behalf on Thurrock Council.



Unpaid Carers
Engagement Plan FIN.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 Although a sustainable market for adult social care can be seen as positively impacting on all corporate policies, it is the 'People' priority and the desire to provide high quality public services that is the most pertinent.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Strategic Lead – Corporate Finance

There are no financial implications in the development of the strategy. Financial implications may occur at a later stage when improvements/actions are agreed.

7.2 Legal

Implications verified by: **Daniel Longe**
**Principal Solicitor, Children and Adult
Safeguarding and Education**

Section 10, 13 and 20 of the Care Act 2004 imposes a statutory duty on local authorities to carry out needs assessments of adults who provide care for others in its area and provided that they meet the statutory eligibility criteria under section 13, that local authority is required to meet the needs of that carer pursuant to section 20.

Section 96 of the Children and Families Act 2014, also imposes a duty on local authorities in relation to children who may be caring for others and for appropriate support to be made available for such children.

Therefore, the proposals in this report and appendices are in line with the local authority's statutory duties.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
**Community Engagement and Project
Monitoring Officer**

The development of an all age carers strategy/action plan seeks to identify improvements to the information, advice and support of young and adult carers in Thurrock. As such, the development of the carers strategy should have a positive impact on carers in that it should secure improvement and inform the development of more flexible replacement care/respice services in the future. A full Community Equalities Impact Assessment will be completed as the strategy is developed.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Unpaid Carers Report



Unpaid Carers Report
Healthwatch 2022.pdf

9. Appendices to the report

- Appendix 1 – Activities currently being undertaken in Adult Social Care (ASC) to support improvements to carer experience

10. Key points of interest within appendix 1

The main improvements currently underway operationally and in commissioning are;

- **Increased identification, support and assessment of carers** – moving to a place based working approach to aid increased identification.
- **Co-creation of new approach to Carers assessments** - we have developed a more meaningful assessment in partnership with carers
- **Support to stay in employment** – we have improved our in-house support to become a carer friendly workplace with the introduction of carers passports. We will now focus externally.

- **Implementation of a portal** – this IT solution is near completion and will allow the carers service (adult) to undertake assessments on our behalf (this is in response to feedback from carers). It will mean more carers will be able to access support in their role. It will also allow for carers to self-assess and we are currently exploring the carer service using the portal to support carers with a new approach to contingency planning.
- **Transition of Young Carers to Adult Services** – A new pathway has been agreed between Children and Adult Social Care to ensure a smooth transition for young carers becoming the responsibility of adult services. A peer support group has been jointly developed by our young carer and adult carer services to ensure young carers continue to access support post 18.

Report Author:

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Adult Social Care

Appendix 1

Increased identification, support and assessment of carers.

This is our main focus and one of the most difficult issue to overcome (it takes on average 5 years for someone to self-identify as a carer – often only accessing support at a time of crisis). Without improved identification of carers we are unable to provide/understand the support needed.

We are moving the adult carers support service to placed based to reflect how we deliver adult social care support. This will enable carers to draw upon the assets and circles of support in the local community to improve early identification and Carers outcomes. Some of this work has already been undertaken in the Grays and has resulted in 50% of all newly identified Carers now coming from this area.

Co-creation of new approach to Carers assessments.

We want to move the carers assessment to a strengths based approach (to mirror the cared for). This has just been finalised and has been shaped by carers.

Improved ‘taking a break’ (respite) and replacement care options.

–We need to ensure that we enable Carers to take a break from their caring role. Carer feedback suggests that our current services are not meeting this need. The information about what is working well, what isn’t and what is missing has been collected as part of the engagement undertaken by Healthwatch Thurrock.

Support to stay in employment / help with financial difficulties.

The financial impact of caring is significant with many carers living in poverty. We need to support carers to remain in employment if they wish to (this is also a requirement of the Care Act) and increase the uptake of Carers allowance and other entitlements. We have internally improved our offer to carers (see below). We now need to promote carer friendly workplaces and good practice with other local employers.

Work with HR and OD has finalised to become a carer friendly workplace by supporting the implementation of a Carers Passport internally.

Implementation of a portal - to allow the Carers service to undertake assessments and reviews of carers needs on behalf of the council (to increase uptake of assessments but also because local research has shown that Carers in Thurrock are frustrated by having to repeat their ‘story’ and a lack of a consistent allocated worker). Long term this will also allow carers to self-assess. Developing the portal should have a significant impact on the support available to Carers not known to ASC, which in turn should improve the wellbeing of both the Carer and cared for long

term and stop the need for more costly interventions/crisis response. This is very near completion.

We are also exploring improved contingency planning arrangements for carers and hope to utilise both the carers support service (adults) and the portal to ensure carers have considered emergency arrangements. Long term the portal should also allow carers to self-assess should they wish too.

Health Inequalities Funding for Young Carers - We have recently been successful in securing Health Inequality funding for additional resources to meet the mental health needs of young carers. This funding is for counselling support and art workshops which are to be held in the February half term.

Transitions and Young Carers – Children and Adult Social Care services have recently put a new pathway in place for Young Carers transitioning to Adult Carer services.

In addition, both Adult and Children's Carer Support services have worked together to develop a peer support group for young carers who will move to adult services to ensure a smooth transition of support.