Joint Needs Assessment and Strategy for Carers in Oldham, 2012-14

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Contents

Executive summary
1 Introduction
2 The National Context and Legislation
  2.1 The National Carers Strategy
  2.2 Refreshing the National Carers Strategy
  2.3 Care Quality Commission 2010
  2.4 Department of Health’s Vision for Adult Social Care 2010
  2.5 Report on Commission on Funding Care and Support 2011
  2.6 NHS Outcomes Framework 2011/12
  2.7 The NHS Operating Framework 2012-13
  2.8 Key legislation relating to carers
3 Who is a Carer?
4 What do carers do?
5 Impact of caring on carers
6 Carers in Oldham
7 Progress against the Oldham Carers Strategy 2009-11
8 Oldham Carers centre
9 Approach to revising the Oldham Joint Carers Strategy
10 Priorities, themes, recommendations and actions
  10.1 Priority one: Recognition
    10.1.1 Theme one: Carers representation and involvement in service planning
    10.1.2 Theme two: Early identification of carers and recognition of carers as partners in care
    10.1.3 Theme three: Information and training for carers
  10.2 Priority two – Realising and releasing potential
    10.2.1 Theme four: Young carers and transition to adulthood
    10.2.2 Theme five: Employment and Education
  10.3 Priority three – A life outside of caring
    10.3.1 Theme six: Assessing carers needs and personalisation
    10.3.2 Theme seven: Practical, financial and emotional support for carers
    10.3.3 Theme eight: Carers breaks and respite care
  10.4 Priority four – Carers health.
    11.4.1 Theme nine: Supporting carers to remain mentally and physically well
11 Summary of recommendations
Appendix one Membership of the Carers Involvement Group
Appendix two Summary of RCGP’s action points for General Practices
Acknowledgements

We are especially grateful for the contributions made by carers on the Carers Involvement Group who brought a vast degree of first hand knowledge of being carers as well as freely giving of their valuable time and to the Carers who have attended the consultation events. We are also grateful for the contribution of Oldham Carers Centre who play a key role in Oldham in the provision of information, advice, support and services to carers.
Executive Summary

A carer is a person of any age, adult or child, who provides unpaid support to a partner, child, relative, or friend who couldn’t manage to live independently or whose health or wellbeing would deteriorate without this help. About 11% people in Oldham are carers. Their contribution is vital to the delivery of both health and social care and to the wider economy.

However, caring often comes with costs to carers themselves. This can include financial costs (many carers have to give up work or reduce their working hours to meet caring commitments), health costs (many carers experience ill health brought about by their caring role) and the cost of often not being able to have a life of their own outside of the caring role. For children and young people in a caring role this can mean disruption to their education and the taking on of adult responsibilities and worries at the cost of their future opportunities and life chances.

Breakdown of carer support is a frequent cause for hospital admission, readmissions and need for residential or nursing care homes.

Improving support for carers is a national priority and local priority:

- The provision of a range of innovative services and support for carers to enable them to continue caring for as long as they want to and are able to do so, is a key priority of the draft Oldham Health and Well Being Strategy.

- The Department of Health announced in November 2010, the allocation of £400 million pounds to PCTs to be spent on supporting carers and carers breaks over a four year period.

- The 2012/13 NHS Operating Framework requires PCTs and LAs to undertake a needs assessment and publish on the PCT website by September 2012:
  - Joint plans as to how carers will be supported in line with the national Carers Strategy
  - The financial contribution made to support carers by both local authorities and PCT clusters
  - Identify how much of the total is being spent on carers’ breaks
  - Identify an indicative number of breaks that should be available within that funding

This needs assessment and strategy sets out:

- The national context and legislation relating to carers
- Key information relating to who carers are, what they do and the impact of caring
- Provides a local picture of carers in Oldham
- Summarises the progress made against the recommendations of the 2009–11 Oldham Carers Strategy
- Reviews the evidence base relating to carers needs

The Strategy’s nine key themes and 14 recommendations have been grouped into the four priority areas of the refreshed national carers strategy. 61 actions are given as to how we will achieve the recommendations. The priorities, themes and recommendations are summarised in the following table.
<table>
<thead>
<tr>
<th>Priority</th>
<th>Theme</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>1. Increasing recognition</td>
<td>1. Carers representation and involvement in service planning</td>
<td>1. We will continue to ensure that carers are well represented and actively involved in the planning of services for carers and we will strengthen carers’ involvement in the planning of other health and social care services</td>
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<td>2. Early identification of carers and recognition of carers as partners in care</td>
<td>2. We will identify carers earlier and fully recognise carers as partners in care</td>
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<td>3. Information and training for carers</td>
<td>3. We will provide better information to carers and the people they care for and will improve the accessibility and range of training available for carers</td>
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<td>2. Realising and releasing potential</td>
<td>4. Young carers &amp; transition to adulthood</td>
<td>4. We will improve the early identification of young carers and the support given to young carers to help them to realise their full potential</td>
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<td>5. Employment and education</td>
<td>5. We will assist carers to take up educational opportunities and remain in, or take up employment</td>
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<td>3. A life outside of caring</td>
<td>6. Assessing carers needs and personalisation</td>
<td>6. We will increase the numbers of carers receiving a carer’s need assessment and an carer’s individualised budget</td>
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<td>7. Practical, financial and emotional support for carers</td>
<td>7. We will help carers develop peer support groups and link with the Council’s Cooperative Agenda initiatives to increase the support to carers by volunteers and the local community</td>
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<td>8. We will improve the psychological support available to carers, including access to psychological therapies</td>
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<td>9. We will help carers to plan in advance emergency care for the person they care for</td>
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<td>10. We will improve the welfare advice and support available to carers to increase the number of carers who are accessing the benefits they and the person they care for are entitled to</td>
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<td></td>
<td>11. We will signpost carers to sources of advice regarding accessible housing for people with disabilities in Oldham</td>
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<td>12. We will review the advocacy services available for carers and the people they care for</td>
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<td>13. We will improve the accessibility and range of breaks available to carers</td>
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<tr>
<td>4. Carers Health</td>
<td>9. Supporting carers to remain mentally and physically well</td>
<td>14. We will support carers to take care of their own physical and mental health and make primary care more accessible for carers</td>
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1 Introduction

This strategy has been drawn up by Oldham Council and Oldham Clinical Commissioning Group and sets out joint commissioning objectives and priorities to support informal [unpaid] carers in Oldham. Both organisations recognise the invaluable contribution of carers, not only to the people they care for but also to the economy of the town itself. Nationally, it is estimated\(^1\) that carers save the economy approximately £119 billion per year. In Oldham this equates to £462.2 million. The Royal College of General Practitioners\(^2\) estimate that the 1.25 million carers in England who provide care for more than 50 hours a week equate to a fulltime workforce greater than the entire NHS.

It is recognised, however, that caring itself often comes with costs to carers themselves. This can include financial costs [many carers have to give up work or reduce their working hours to meet caring commitments], health costs [many carers experience ill health brought about by their caring role] and the cost of often not being able to have a life of their own outside of the caring role. For children and young people in a caring role this can mean disruption to their education and the taking on of adult responsibilities and worries at the cost of their future opportunities and life chances.

Breakdown of carer support is a frequent cause for hospital admission, readmissions and need for residential or nursing care homes.\(^3\) Studies have shown that providing carers with breaks, emotional support and access to training can significantly delay the need for the person receiving care to go into residential care.\(^4\).

It is estimated that there are now approximately 24,122 carers in Oldham\(^5\), more than one in ten of the population. Three in five people\(^6\) will be carers for some part of their lives. Demographic change, as a result of longer life spans and advances in medical treatment, will mean that nationally 60% more carers will be needed by 2037.\(^7\)

Under the NHS Operating Framework for 2012-13, there is now a requirement for the Local Authority and NHS Trust to publish joint plans in 2012 to support carers in line with the National Carers Strategy [see section 2 for national context]. The framework explicitly requires the Local Authority and the NHS Trust to assess local needs, draw up joint plans to meet those needs and to pool budgets to fund this. The Department of Health has also allocated £400 million pounds to PCTs to be spent on supporting carers and carers breaks over a four year period.

The provision of a range of innovative services and support for carers to enable them to continue caring for as long as they want to and are able to do so, is a key priority of the draft Oldham Health and Well Being Strategy.

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\(^1\) Valuing Carers (2011) Calculating the value of carers support. Carers UK, Centre for International Research on Care, Labour and Inequalities, University of Leeds


\(^3\) ibid

\(^4\) ibid

\(^5\) Valuing Carers (2011) Calculating the value of carers support. Carers UK, Centre for International Research on Care, Labour and Inequalities, University of Leeds

\(^6\) Facts about carers June 2009[Carers UK Policy Briefing]

\(^7\) Facts about carers June 2009[Carers UK Policy Briefing]
The priorities for the next three years identified in this strategy, will enable resources to be effectively targeted at those areas agreed as most benefitting carers and supporting them in their caring role. They reflect priorities outlined in the Coalition Government’s refresh of the Carers’ Strategy - Recognised, Valued and Supported: Next Steps for the Carers’ Strategy, 2010 (see section 3) and also those raised by carers living in Oldham through a series of consultations organised by Oldham Carers Voice. They also reflect the need to continue progress already made against priorities set in the previous Joint Carers Strategy 2009-11 [see section 5].

This needs assessment and strategy sets out:

- The national context and legislation relating to carers
- Key information relating to who carers are, what they do and the impact of caring
- Provides a local picture of carers in Oldham
- Summarises the progress made against the recommendations of the 2009–11 Oldham Carers Strategy
- Reviews the evidence base relating to carers needs
- Makes recommendations and sets out actions to be taken in Oldham to improve the support for carers and relates this to the four priority areas of the Coalition’s refresh of the National Carers Strategy

The Carers Strategy links with Oldham strategies for:

- Health and Well Being Strategy
- Adult Social Care
- Long Term Conditions Strategy
- End of life care
- Reablement
- Children Services – Every Child Matters Outcomes
2 The National Context and Legislation

2.1 The National Carers Strategy
In recognition of the important role carers contribute to society and the need to support them in this role, the Labour Government in 2008 published a national strategy for carers entitled ‘Carers at the heart of the 21st century families and communities.’ This set out the vision that “by 2018, carer’s will be universally recognised and valued as being fundamental to strong families and stable communities.” The National Strategy has five key themes (box 1).

Box One The Five Key Themes of the National Carer’s Strategy, 2008
1. Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
2. Carers will be able to have a life of their own alongside their caring responsibilities
3. Carers will be supported so that they are not forced into financial hardship by their caring role
4. Carers will be supported to stay mentally and physically well and treated with dignity
5. Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

Refreshing the National Carers Strategy
In the Coalition Governments’ refresh of the Carers’ Strategy (Recognised, Valued and Supported: Next Steps for the Carers’ Strategy, 2010) four priority areas were identified for action over the following four years. These priorities relate back to the outcomes that the previous national strategy was seeking to achieve (box two)

Box two The Four Priorities of Recognised, Valued and Supported: Next Steps for the Carers’ Strategy, 2010

**Priority 1** - Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
- relates most closely to the **first outcome**.

**Priority 2** - Enabling those with caring responsibilities to fulfill their educational and employment potential
- relates most closely to the **third and fifth outcomes**.

**Priority 3** - Personalised support both for carers and those they support, enabling them to have a family and community life
- relates most closely to the **second outcome**.

**Priority 4** - Supporting carers to remain mentally and physically well
- relates directly to the **fourth outcome**.
2.2 Care Quality Commission 2010
Reporting on the ‘State of Care’ in England in 2010, the CQC set out what carers (as well as service users) can expect of the health and social care system in England.\(^8\)

It noted that Carers have rights which include the right to expect they will be:
- Treated as ‘expert partners’
- Have clear information and support
- Fair access to support and services
- Their views and experiences will play a role in shaping services

2.3 Department of Health’s Vision for Adult Social Care 2010
Recommends that local councils should work to enable people, their carers, families and communities to support and maintain full and independent lives.\(^6\) The vision emphasises that carers are the first line of prevention and the support they provide often stops problems from escalating to the point where more intensive levels of support become necessary. It also advocates that carers need to be properly identified and supported, stating that councils should recognise the value of offering a range of personalised support for carers to help prevent the escalation of needs that then fall on statutory services.\(^10\)

2.4 Report on Commission on Funding Care and Support 2011
The report states that carers should be ‘properly and fairly assessed’, and ‘better supported by clear access to services with the aim of ensuring that their care is manageable and sustainable’\(^11\) It also highlighted three issues raised consistently in its consultations with carers and carer organisations:
- Improved carers assessments
- Better information and advice
- Support to work

2.5 NHS Outcomes Framework 2011/12
The framework highlighted the need to recognise the vital role played by carers and make sure that carers remain in good health, and that their health-related quality of life does not deteriorate as a result of their caring responsibilities.\(^12\)

It also included a carers-specific improvement area measure: enhancing quality of life for carers measured by a health-related quality of life for carers’ survey to be collected using the GP Patient Survey (EQ5D).

2.6 The NHS Operating Framework 2012-13
The 2012-13 NHS Operating Framework states:
"Carers play a vital role in our system and must receive help and support from local organisations. Following a joint assessment of local needs, which should be published with plans, PCT clusters need to agree policies, plans and budgets with local authorities and voluntary groups to support

\(^6\) DOH (2010) A vision for Adult Social Care: Capable Communities and Active Citizens, Social Care Policy DH, London
\(^10\) ibid
carers, where possible using direct payments or personal budgets. For 2012/13 this means plans should be in line with the Carers Strategy and:

- Be explicitly agreed and signed off by both local authorities and PCT clusters
- Identify the financial contribution made to support carers by both local authorities and PCT clusters and that any transfer of funds from the NHS to local authorities is through a section 256 agreement
- Identify how much of the total is being spent on carers’ breaks
- Identify an indicative number of breaks that should be available within that funding
- Be published on the PCT or PCT cluster’s website by 30 September 2012 at the latest.

### 2.7 Key legislation relating to carers
A brief outline of key legislation relating to carers is provided in box three.

#### Box Three  Key Legislation relating to carers

**Disabled Persons (Services, Consultation and Representation) Act 1986**

requires that during an assessment of a disabled person’s needs consideration must be given to whether a carer is able to continue in that role.

**NHS and Community Care Act 1990**

requires local authorities to involve families and carers when making plans to help vulnerable people.

**Carers (Recognition and Services) Act 1995**

gives carers the right to have their needs assessed in relation to their willingness to continue in their caring role.

**Carers and Disabled Children Act 2000**

gives all carers the right to ask for an assessment of their own needs in relation to their caring role. Local authorities can offer assessments to carers even when the person they care for refuses an assessment for themselves. They have the power to provide services directly to carers.

**Carers (Equal Opportunities) Act 2004** (England and Wales):

- Places a duty on local authorities to inform carers who are eligible of their right to a carer’s assessment.
- An assessment must consider work, life-long learning and leisure.
- Gives local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support to carers.

As a result of amendments made by the 2004 Act, a carer’s assessment carried out under the 2000 Act must include a consideration of whether the carer works or wishes to work and whether or not the carer is undertaking, or wishes to undertake any education, training or leisure activity. In addition to ensuring that they have full access to mainstream resources, assessors must be aware of the resources that are available, locally and nationally to support carers in pursuing these activities. Local authorities have a duty to ask about these activities and take the wishes of the carer into account when planning care packages. (Department of Health 2005. Combined Policy Guidance to the 2000 and 2004 Acts)

**Work and Families Act 2006**

gives carers the right to request flexible working from their employer. They can ask their employer to change their work pattern. It can only be refused if it will damage the business or have an impact on other employees.
3  Who is a Carer?

In Oldham’s 2009 – 2011 Joint Carers Strategy, the following definition was used to describe Carers:

‘Carers are people who regularly look after a friend or relative who need support because of an illness, disability or frailty. They are unpaid and may or may not live with the person that they care for.’

The National Carers Strategy uses the following definition:

‘A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.’

The Model Memorandum of Understanding-Young Carers’ [3] suggests the following definition in respect of young carers:

‘Children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.’

Within these definitions, there are three types of carers:

- **Adult Carers** - an adult over 18 who cares for another adult over the age of 18
- **Parent Carers** - parents, or those with parental responsibility, caring for a child or young person under the age of 18
- **Young Carers** – as per definition above

Many carers will be supporting:

- more than one person
- more than one generation for example a child with a disability and an elderly relative
- providing a lifetime of care, for example when supporting someone with learning disabilities.

The need to take on a caring role may come suddenly and unexpectedly, for example after a sudden illness or injury. Alternatively, it may creep up over time if the person has a progressive illness.

Many carers do not recognise themselves as carers or may dislike being labelled as a ‘carer’, believing that it can detract from their identity as a parent, child, partner or sibling to the person they care for.
Carers are not always fit and healthy themselves and may have their own health needs.\textsuperscript{18}

4 What do carers do?

The tasks that carers perform depend on a number of factors\textsuperscript{19} including:

- Factors relating to the person being cared for. For example, a person with mental health problems will have very different care needs to a person with paralysis.

- Factors relating to the carer. For example, if the carer works or has other caring responsibilities he or she might not have the time to perform some caring tasks. Similarly, if the carer has previous expert nursing experience he or she might take on tasks that other carers would find too demanding.

- Factors relating to the environment. For example, which services are available locally or whether the carer lives in the same home as the patient.

Caring tasks are many and varied (box three).\textsuperscript{20}

<table>
<thead>
<tr>
<th>Box three Tasks commonly undertaken by carers</th>
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<tr>
<td><strong>Domestic tasks</strong>: Shopping, managing finances, cleaning, gardening, washing and ironing; maybe in addition to maintaining their own separate households.</td>
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<tr>
<td><strong>Nursing tasks</strong>: Giving medication, changing dressings and helping with mobility.</td>
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<tr>
<td><strong>Intimate care</strong>: Washing the person cared for, dressing and attending to toileting needs. This may include a great deal of lifting, or changing soiled clothes many times throughout the day.</td>
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<tr>
<td><strong>Help with communication</strong>.</td>
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<tr>
<td><strong>Emotional support</strong>: Other carers, such as those caring for people with mental health or substance misuse problems, or those caring for people with dementia, may perform few physical tasks, but provide a great deal of emotional support, including help to ensure that the person that they care for stays safe.</td>
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<tr>
<td><strong>Child care</strong> when parents are not able to care for their children themselves.</td>
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<td><strong>Deal with emergencies</strong></td>
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5 Impact of caring on carers

Although many carers gain great personal satisfaction from their caring role and want to continue caring, there is evidence to suggest that they often experience negative health, social and financial consequences as a result.\textsuperscript{21} These impacts are explored in detail in section eleven.

\textsuperscript{18} RCGP (2012) Supporting Carers: An Action guide for General Practitioners and their teams. 2\textsuperscript{nd} Edition Royal College of General Practitioners and the Princess Royal Trust for Carers

\textsuperscript{19} ibid

\textsuperscript{20} RCGP (2012) Supporting Carers: An Action guide for General Practitioners and their teams. 2\textsuperscript{nd} Edition Royal College of General Practitioners and the Princess Royal Trust for Carers

\textsuperscript{21} RCGP (2012) Supporting Carers: An Action guide for General Practitioners and their teams. 2\textsuperscript{nd} Edition Royal College of General Practitioners and the Princess Royal Trust for Carers
Carers in Oldham

The 2001 Census revealed there were just over 23,500 people in Oldham providing unpaid care – this is 11% of the population. It is also important to note there are a large number of hidden carers in Oldham that may not identify themselves as carers.

- Almost half of carers in Oldham were aged 45-64 (over 10,600 people)
- Almost 3,500 were aged 65 and older, with almost 1,000 aged 75-84 and just over 100 aged 85 or older
- Almost 700 were below the age of 16 and just over 1600 were aged 16-24
- In the age groups under 65, there were more female carers than male.
- However in the older age groups (age 65 and older) there was little gender difference.

The percentage of carers in Oldham was similar to the regional and national averages (between 10-11%). The breakdown of men and women providing unpaid care were also similar to the regional and national averages. However:

- Oldham has a slightly higher percentage people under 45 providing unpaid care than the regional and national averages
- Oldham has a slightly lower percentage of older people (75-84 and 85+) providing unpaid care than the regional and national average.

As the population of Oldham is ageing the number of people aged 65 and over providing unpaid care in Oldham has been projected to increase by 29% over the next 20 years.

Oldham Carers Centre

As of February 2012, the Oldham Carers’ Centre reported 3,126\(^{22}\) carers were registered with them, suggesting that most carers are not registered with the Oldham Carers’ Centre.

Of those carers registered:
- around 85% are White British
- one in ten are of Pakistani or Bangladeshi heritage
- 70% were female and 30% male

Distribution of Carers throughout the Borough

There are clusters of areas within Shaw, Royton and Chadderton, which have the highest number of carers.

The highest number of carers:
- aged 65+ were within Shaw, Chadderton & Failsworth
- aged 50-64 was within Crompton, Royton and West Saddleworth
- aged 16-49 was within Coldhurst, St. Mary’s, Werneth, Alexandra and St. James’
- under 16 were within Coldhurst, St. Mary’s, Werneth and Alexandra
- The Alexandra ward has the highest percentage (11.8%) of young carers

\(^{22}\) Source: Oldham Carers’ Centre, February 2012
Young carers
As of December 2011, 315 young carers (aged up to 18) were registered with Oldham’s Young Carers scheme.

The discrepancy between the number of young carers found in the 2001 Census, and the much lower number of registrations on the Oldham Young Carers Scheme suggests that there are a substantial number of young carers within Oldham’s population who have not been identified.

Hours spent caring
Carers in Oldham provide a considerable number of hours of care. Of the 23,500 identified carers in Oldham:

- Almost 15,500 (66%) were providing 1-19 hours per week
- Almost 3,000 (12%) were providing 20-49 hours per week
- Almost 5,500 (23%) were providing 50 or more hours per week

- The majority of carers providing 50+ hours of unpaid care per week were aged 25-44 or 45-64
- Around half of older carers aged 75-84 or 85+ were providing 50+ hours of unpaid care.

Carers in employment
The 2001 Census found there were almost 12,200 carers in Oldham that were in paid employment:

- Almost 9,000 were in full-time employment (working 31 or more hours per week either as an employee or self-employed).
- Almost 3,500 were in part-time employment.
- Almost 2,600 were economically inactive because they were looking after home/family.
- Almost 1,600 were economically inactive because they were they were sick or disabled.
- The majority of carers who were working full time and providing 1-19 hours of unpaid care per week (just over 7,000 carers).

- There were over 900 carers employed full time that were providing 50 or more hours of unpaid care per week.

Health of Carers
Just over 3,000 carers in Oldham rated their own general health as ‘not good’ during the previous 12 months. This represents 13% of carers and is slightly higher than non-carers (10%).

- People providing 1-19 hours of unpaid care reported similar levels of ‘not good’ general health to non-carers (10%).
- Carers providing more than 20-49 hours or 50+ hours were more likely to have ‘not good’ general health (15% and 22% respectively).
- Older carers were more likely to have ‘not good’ general health than younger carers.

When considering the health of carers who are employed, trying to balance both work and caring responsibilities can further impact the health of carers. The 2001 Census found employed carers had poorer general health than employed non-carers. Over 700 carers in employment rated their
general health as ‘not good’. Carers health was twice as likely to be affected than those not providing care.

The rates of ‘not good’ general health were:

- 4% for employed non-carers
- Between 5-7% for employed carers providing less than 50+ hours of care
- 10% for full-time employed carers providing 50+ hours of unpaid care
- 11% for part-time employed carers providing 50+ hours of unpaid care

**Carers benefits**
As of August 2011, Oldham had 4,190 carers who were entitled to Carers Allowance, of whom 2,800 were female and 1,390 were male. Of the 4,190 carers entitled to the allowance, 2,700 were receiving payments and 1,500 were not, indicating that’s a considerable number of carers are missing out on benefits they may be entitled to.

7  **Progress against the Oldham Carers Strategy 2009-11**
Following publication of the 2008 National Strategy, a Joint Carers Strategy for 2009-11 was developed in Oldham. A series of consultations with stakeholders and carers, culminating in a carers consultation event held during Carers Week 2009, informed the development of the strategy. Commitments and priorities were set against the five key themes of the National Strategy.

**Theme 1**
Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role

What we said we would do.

- Recruit a full time Carers Development Worker to support wider carers networks and ensure that carers voices (including hidden carers) are heard
- Develop personalised budgets for carers
- Develop decision making processes to ensure that carers are central to service development plans and allocation of resources
- Offer training to carers to support them in their caring role
- Focus on strategies to identify hidden carers

Progress:

- A full time Carers Development Worker was appointed in April 2010
- Carers Individual Budgets (IBs) were introduced in April 2011. The target of one thousand Carers IBs being issued in the first year has been met.
- Oldham Carers Voice was launched in 2009 and holds four major consultation and information events per year. Average attendance has been good, with over eighty attending the last event in March 2012 at the Link Centre.
A Carers Involvement Group was set up in 2011 out of the membership of Oldham Carers Voice. The group have been actively involved in the development of the new strategy in conjunction with the Carers Strategy Team.

The Carers Strategy Group, which includes elected carer representatives, continues to meet on a six weekly basis to oversee the implementation of the Carers Strategy.

The Carers Centre Advisory Group includes carer representatives who monitor the services to carers delivered from Oldham Carers Centre.

Monthly training courses for carers are delivered at Oldham Carers Centre. In addition carers can access relevant training courses delivered via Oldham Council Workforce Development Section free of charge.

Over 3000 carers are now registered with Oldham Carers Centre, an increase of 1600 carers since June 2009.

Four thousand copies of the Carers Magazine are currently printed per quarter of which over two thousand are posted to registered carers and the rest sent to information points across the Borough. The magazine is also available on the Council’s Carers Web Site.

The Oldham Carers Guide was published in 2011 giving a comprehensive guide to both local and national services and support available to carers. All carers registered with the Carers Centre received a copy, as do all newly registered carers.

**Theme 2**  
**Carers will be able to have a life of their own alongside their caring responsibilities**

What we said we would do:

- Develop an emergency support service for carers so that in an emergency the person they care for would be cared for
- Review the carers assessment and roll out training to all professionals who carry out assessments
- Offer leisure passes to carers
- Offer support for those carers wanting to remain in/or enter in to education, training, employment and volunteering opportunities
- Identify and support those young carers who are at risk of not entering employment, education or training opportunities due to caring responsibilities to ensure choices are available

Progress:

- The Oldham Carers Emergency Support Service [Carers Emergency Card] was launched in 2009. This free 24 hour emergency service for carers is administered via Oldham Carers Centre and is the result of collaboration with Helpline and Oldham Council’s Emergency Response Service. Currently the service has over two hundred and fifty registered cardholders.
- The Carers Assessment pro forma and policy/guidance was updated in 2009 and a mandatory training course established for all practitioners which included Carers Awareness Training delivered by carers and staff from Oldham Carers Centre.
- Training was also carried out with practitioners from Children’s Services to enable them to carry out Carers Assessments for Parents of Disabled Children.
Carers Awareness Training has been integrated into the staff induction programme for employees of the Pennine Acute Hospital Trust. The Oldham Carers Leisure Card was launched in 2011, giving carers discounted access to Oldham Community Leisure facilities. Many carers have purchased the card using their Carers IB. Job Centre Plus has carried out training for Workplace Advisors on the particular problems faced by carers in combining caring and work responsibilities and can help identify suitable job vacancies and training opportunities. They have a representative on the Oldham Carers Strategy Group. Strong links have been developed with the Carers Centre and a job club is established at The Phoenix Centre and other venues around the Borough. H2O can provide advice and information to any carer wishing to explore their learning or training options. Lifelong Learning offers a range of courses and can help carers access particular grants eliminating or limiting the costs of courses. The Young Carers Project, managed by Positive Steps has been actively working with Young Carers and their families, schools and Connections to ensure that Young Carers are supported into work, education or training.

**Theme 3**

**Carers will be supported so that they are not forced in to financial hardship by their caring role**

What we said we would do:

- Offer flexible grants to contribute towards carers needs
- Work to eliminate costs where possible e.g. leisure cards
- Annually review services for carers ensuring that they are meeting the needs of carers
- Offer welfare rights/housing advice
- Develop links with Job Centre Plus and other education, training and employment providers to support carers wanting to enter employment
- Develop individualised budgets for carers

Progress:

- Flexible grants of up to £100 were issued to individual carers over 2009-11. The Carers Centre administered the scheme. They were replaced in 2011-12 by Carers Individual Budgets, which give payments of up to £100, £200 and £300 to individual carers dependant upon the level and extent of the caring role. The payments are to help give carers a break.
- Subsidised leisure card in place
- Carers Services are reviewed on an ongoing basis by the Oldham Carers Strategy Group and via the Carers Strategy Action Plan
- Oldham Council continues to fund a range of organisations such as Citizen’s Advice Bureau, Age Concern, and the Housing Advice Centre to provide advice on Welfare Rights/Benefits/Housing. The Carers Centre will provide basic benefits advice to carers or signpost them to more specialist services in complex cases. Two new Welfare Rights...
Officers will be in post during 2012. In June 2012, the Link Centre will be officially opened as a Centre for Independent Living and will incorporate an information and advice service.

- Links in place with Job Centre Plus and other education, training and employment providers to support carers wanting to enter employment

Theme 4
Carers will be supported to stay mentally and physically well and treated with dignity

What we said we would do:

- Offer specialist carers health checks
- Free personal health trainer appointments
- Link with the Healthy Schools Initiative to raise awareness to professionals about the well being of young carers
- Offer a range of keep fit, leisure opportunities, self care and alternative therapy classes to carers
- Develop an emergency support service for carers
- Develop projects to provide emotional support to carers

Progress:

- Oldham NHS Trust funded hours for a community nurse to provide health checks for carers. Due to insufficient promotion of this service, take up was disappointingly low. A priority in the new strategy will be to look again at how best to ensure carers have access to regular health checks.
- Health Trainer appointments available via GP Practice referrals
- Young Carers Project have links with all secondary schools
- Oldham Community Leisure offers a range of keep fit and leisure opportunities. Regular alternative therapy classes are held at the Carers Centre
- Emergency support service for carers in place
- As well as emotional support offered to carers through the Carers Centre, the Oldham Carers Strategy Group has continued to provide financial and practical support to other groups providing help for Carers. These include the Dementia Carers Group, Mental Health Carers Group, Saddleworth Carers Group and Saddleworth Special Needs Play Group, Cancer Support Carers Group, Day Care Carers Group and 16+ Autism Youth Club.

Theme 5
Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes

What we said we would do:

- Work together better to support young carers by establishing the Young Carers Strategy Group
- Offer a specialist service for young carers providing intensive, joined up support for those young carers providing the most support
• Develop closer links between services for adults and those that work specifically with children so that the whole family’s needs are addressed
• Pilot a project for young carers with parents with problematic drug and alcohol use
• Offer individualised activity budgets for young carers to spend on activities of their particular choosing throughout the year

Progress:

• A Young Carers Strategy Group was set up in 2009 with representatives from Children’s and Adult Services, Health and the Young Carers Project. A new contract for the management of the Young Carers Project was awarded to Positive Steps and an action plan developed to put in place improvements to the range and scope of support available to young carers and their families.
• The Joint Association of Directors of Children’s and Adult Services published a key set of Guidance and Best Practice Principles in 2010 entitled Working Together to Support Young Carers. This provides a model for services to work together to protect young carers from inappropriate caring. This was adopted by Oldham and its best practice principles were incorporated into the Young Carers Strategy.
• Young Carers ‘awareness’ has been incorporated into Carers Assessment Training and is a question on the Carers Assessment form. The early identification of young carers can be crucial and Positive Steps have been actively involved in working with local schools to make them aware of the need for appropriate support for children who are carers.
• Currently 350 young carers are registered with the project many of which participate in a range of activities.
• Individualised budgets were offered to young carers through the Subsidy Grant. Although there were some benefits to the approach, in many cases young carers and often their families saw it as an entitlement to have an amount of money spent on them. Having evaluated the approach, it was decided that a more beneficial way of utilising the money was to use it as a discretionary emergency fund for young carers in acute need, managed by the Key Workers. This approach was successful.

8 Oldham Carers Centre

A new three-year contract for the delivery of carers’ services via Oldham Carers Centre will be operational from April 2012-14. The Carers Centre is a key provision and arrangements will be put in place to ensure that the terms of the contract /key delivery targets are monitored to achieve best value for Carers, the Council and NHS Oldham.

Presently the Carers Centre provides the following services:
• Information/advice/emotional support to individual carers
• Qualified advocate
• Register of carers
• Quarterly magazine [goes to all registered carers]
• Initial Carers Assessments
• Administration of the Oldham Carers Emergency Card Scheme
• Administration of Carers IBs
• Carers Drop in’s

19
• Training for Carers and Professionals
• Carers Events e.g. Carers Week, Carers Rights Day etc.

Oldham Council also provides financial and other support to the following carers groups;

• 16+ autism Club
• Failsworth Cancer support
• Oldham Dementia Carers
• Orchard House Day Hospital
• Saddleworth Carers
• Saddleworth Special Needs Playgroup.

9 Approach to revising the Oldham Joint Carers Strategy

Section ten outlines the key themes and recommendations for the 2012-2015 Oldham Carers Strategy. The recommendations have been determined following:

• A review of relevant national policy documents
• A review of the evidence base on carers needs
• The Carers Involvement Group’s Carers Hub Review (see below)
• Finding out Carer’s views through a Carers Strategy consultation event held at the Link Centre in March 2012. Over 80 carers attended.
• 38 Carers attending a Carers event on the 18th June 2012 completed a questionnaire asking for feedback on the draft recommendations. All were supportive of the recommendations.

The nine key themes and 60 actions have been grouped into the four priority areas of the refreshed national carers strategy. Within each theme a summary of the evidence is given together with, where available, the views from the Carers Hub Review and views of Carers attending the stakeholder event. This is followed by the strategy recommendation and the actions that will be taken to achieve the recommendation.

The Carers Involvement Group’s (appendix one) Carers Hub Review was based on the Action Guide, ‘Commissioning for Carers’ which sets out a model approach for assessing need and putting in place provision for supporting carers against the outcomes of The National Carers Strategy. The 17 spokes on the hub (figure one) represent “a working consensus between commissioners and providers about the complete range of interventions that every area will need in order to deliver the five outcomes of the (2008) National Carers’ Strategy” (taken from Commissioning Better Outcomes for Carers)

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Figure one: Model of Comprehensive Carers Support
10 Priorities, themes, recommendations and actions

10.1 Priority one: Recognition

Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages

10.1.1 Theme one: Carers representation and involvement in service planning

The Government recognises that the knowledge and experience of carers is invaluable in terms of designing local care provision and recommends that Councils and their strategic partners routinely involve carers in their Joint Strategic Needs assessments and development of local carers strategies.  

Oldham Carers Voice has become an important forum for carers to access information and support and to question directly service planners and managers in social care, for example, about services developments, shortfalls and quality standards. The Carers Involvement Group has evolved out of Carers Voice and brings carers into the centre of planning services for carers.

**Carers Hub suggestions:**

- Continued carer representation on Carers Strategy Group and Carers Centre Advisory Group.
- Look at expanding the role of the Carers Involvement Group [planning future Carers Voice Events, communications group?].
- Carers Development Worker post to continue [to organise carers events, support carers groups etc].
- Look at how carers fit in to The Co-operative Council model and Localisation
- Carers involvement on District Partnerships.

**Strategy recommendation one:** We will continue to ensure that carers are well represented and actively involve in the planning of services for carers and we will strengthen carers' involvement in the planning of other health and social care services

We will:

1. Continue the development and support of **Oldham Carers Voice** and the **Carers Involvement Group**

2. Continue to organise **regular Carers Voice events** to ensure carers are kept informed on current issues and developments

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3. Ensure **carers representation on all relevant planning groups** e.g. Hospital Trust Boards, Carers Strategy Group, Carers Centre Advisory Group, Learning Disability Partnership Board.

4. Ensure that **carers are explicitly consulted in all relevant health needs assessments and policy/strategy reviews** and that such reviews explicitly consider the needs of carers

### 10.1.2 Theme two: Early identification of carers and recognition of carers as partners in care

#### Early identification

Individuals with caring responsibilities may not readily identify themselves as carers. This is often particularly the case for:

- Parents of disabled children
- Older couples caring for each other
- People caring for someone with substance misuse
- Ethnic minorities - concept of caring is assumed in some families but may not be recognised

The consequences are that many carers are not offered or do not seek early access to information and advice on the specific illness or condition of the person they are supporting to help them care effectively and safely.

#### Carers as partners in care

The focus should not only be on identifying and support but also how carers are involved in the care/processes relating to the person they care for. 25% of respondents in the DoH call for views on the carers strategy priorities, felt clinicians failed to listen to them. Similarly 25% felt the same about health and social care professionals. Carers not only felt frustrated that they were not being listened to but that the care being provided could be improved by utilising their knowledge and experience of being the carer.

The Princess Royal Trust for Carers in partnership with the Royal College of General Practitioners (RCGP) has published a new guide for general practitioners to help them to identify and support carers.

The Carers Action Guide indicates that planning care without the input of carers is a lost opportunity. Carers are often the people that know the person they care for better than anyone else. Carers are used to reading signs of relapse, assisting with medication compliance and can suggest different ways to support the person they care for. This knowledge can be useful in planning patient care as well as identifying problems that may require intervention. Effective

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26 Carers strategy 2008  
27 DoH (2010) Recognised, valued and supported: Next Steps for the Carers Strategy  
28 ibid  
29 DoH (2010) Recognised, valued and supported: Next Steps for the Carers Strategy  
engagement and co-operation with carers is considered to be an essential element of good patient care and can lead to improved outcomes for service users.

Research into the benefits of involving carers as partners in care has focused on improving patient and carer well-being. Evaluations of four re-ablement programmes in England have found that involving and supporting carers can improve re-ablement of patients.

The RCGP estimates that for every 100 patients on a GP practice list:
- 10 will be a carer
- 3 or 4 will be caring for more than 20 hours each week
- 2 will be caring for at least 50 hours per week

The GP contract includes a Quality and Outcome Framework (QOF) indicator specifically on the identification of carers:

<table>
<thead>
<tr>
<th>2012/13 QOF Management 9</th>
<th>The practice has a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment</th>
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Despite general practice being a key gateway through which carers could access support, at the time of writing of the RCGP guidelines, less than 1% of GP practice lists were recognised as carers – despite approximately 10% of the population being carers.

Some work has already been started from Oldham Carers Centre in establishing Carer's notice boards in surgeries and health centres and in placing information on electronic screens. More work needs to be done on:
- Raising awareness of carers with health professionals
- Carers registration at Health Centre's/surgeries
- Carers champions in Health Centre's

Hospital care and discharge
The involvement of carers needs to be integral to any hospital discharge processes. Informal carers will usually be providing the majority of on-going care when the patient is returned home. Without appropriate support, advice and equipment [if needed] the carer may be unable to provide the necessary care resulting in readmission or carer breakdown.

The evaluation report of the DH National Carer Strategy demonstrator sites recommends:

‘Hospitals should routinely provide mechanisms to identify and support new carers, centring their efforts on wards where patients have received a new diagnosis or are due to be discharged and on out-patient clinics where patients are likely to be accompanied by those who care for them’.

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34 Pg 31, Homecare Re-ablement Workstream, Care Services Efficiency Delivery Programme, 2007. Department of Health cited in Carers Action guide RCGP
Evidence from the Carers Strategy demonstrator sites programme also indicated that both health professionals and carers felt that hospital based care support can help carers to cope and prepare for hospital discharge.\(^\text{37}\)

<table>
<thead>
<tr>
<th>What carers said:</th>
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<tbody>
<tr>
<td>• GPs do not follow up when a person comes out of hospital</td>
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<tr>
<td>• Not all GP have a register for carers</td>
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<tr>
<td>• GP knows about caring responsibility but never supports me</td>
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<tr>
<td>• GP don’t recognise care of people with mental health or autism issues</td>
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<tr>
<td>• GP need training on carers services and services for the person being looked after</td>
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<tr>
<td>• GP’s aware of carers but it is the carers responsibility to inform GP</td>
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<tr>
<td>• GP’s needed to be more pro active for carers. Carer database needed</td>
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</tbody>
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<thead>
<tr>
<th>Carers Hub Suggestions:</th>
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<tbody>
<tr>
<td>• Raise hospital discharge processes through Pennine Acute Trust Carers Strategy Group and P.A.L.S.</td>
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<tr>
<td>• Need for more involvement of carers in discharge planning in Acute Mental Health Services</td>
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<tr>
<th>Strategy recommendation two: We will identify carers earlier and fully recognise carers as partners in care</th>
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<td>We will:</td>
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5. **Improve identification of carers and recognition of carers as partners in care by primary care practitioners**, by commissioning a Primary Care Carer Development Worker to support primary care practices to implement the Royal College of General Practice/Princess Royal Trust for Carers Supporting Carers: Action Guide for General Practitioners and their teams (see appendix two).

6. Ensure the developing **community based neighborhood teams** supporting patients with long term conditions, include carer identification and involvement in their assessment and care planning pathways.

7. Work with the newly appointed **Pennine Acute Hospital NHS Trust Carer’s Coordinator** to improve the identification of carers of patients attending Royal Oldham Hospital and the subsequent the signposting of carers to relevant services and recognition of carers as partners in care by hospital staff.

8. **Actively involve carers in the discharge planning process** from both Pennine Acute Hospital NHS Trust and Pennine Care Foundation NHS Trust.

9. Improve publicity of carer support services in health, social care and relevant voluntary sector settings to **increase self identification of carers** to professionals/carer support services

10. Develop approaches to help reach carers in minority or marginalised groups and continue to develop links between voluntary sector organisations and the Carers centre

11. **Continue carers awareness training** for relevant personnel to increase identification of carers and also increase recognition of carers as key partners in care.

### 10.1.3 Theme three: Information and training for carers

There are new people becoming carers every day. Carers often come into their role unexpectedly and have to take on a range of responsibilities for which they may not be prepared. Information and advice at an early stage can be a key factor in enabling carers to cope with their caring role and prevent carer breakdown. Carers need information about services and the help available to the person they care for as well as for themselves. They want early advice and information on the specific illness the person they are caring for has. This helps carers to make informed choices and access appropriate services, which improves outcomes for both carers and the person they care for.

Carers can benefit from information and training on a range of areas, dependent upon their caring role and the particular disability or illness of the person they care for. Training needs to be planned and organised to fit in with the carers’ circumstances. Not all carers can attend full day courses because of their caring responsibilities. Training, understanding and awareness is especially important in areas such as dementia, mental health conditions and autism. Carers can also benefit

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38 DOH (2010) Carers at the heart of 21st Century families and communities
39 Tameside carers strategy
from courses designed to help empower them and give self-confidence in dealing with the range of services and officials across health, social care, housing and benefits with which they will likely come into contact [the ‘expert carer’ model]. They may also need to learn practical skills such as lifting and feeding.

**What carers said:**
**Information**
- Communication a problem between workers and clients
- Would like info on sitting service - how to get some help
- No mention of Carers Centre during initial contact with ADIS
- No information available from health about carers or support
- GP’s do not give support
- Regular update for carers in appropriate language
- Advice shop for elderly/ disabled /mental health at Link Centre so people know where to get help
- Blue badge info
- Need to talk to a person not an answer machine
- More information widely available
- Carers need a point of contact for support

**What carers said:**
**Oldham Carers Centre**
- Signposting
- Can it be opened in the evening to allow carers who cannot come in the day to visit?
- Open Day. Build rapport with other Service users. Information days. IB’s information.
- Not everyone knows how to access help and advice, where to go for it?
- Need a loop system turned on when meetings take place
- Needs proper signage
- Carers Centre services have been second to none. Why change to new provider.
- Carers Centre has positive experience

**Carers Hub Suggestions:**
**Information**
- Existing information sources to continue e.g. Carers magazine, Oldham Carers Guide [will need updating]. Oldham Council Carers web site to be revised and extended [more links to other sites]. Carers Centre web site to be revised/updated/redesigned?
- Look at possible carers networking forum/blog etc.
- Carers notice boards and information on overhead screens in GP Surgeries, health centres etc.
- Carers’ information points in hospital including outpatients departments.
- Better information for carers on homecare agencies, brokerage agencies, residential facilities etc.

**Training**
- Monthly training courses at the Carers Centre to continue.
- Need for ‘one off’ courses on a range of topics.
- Lifestory Workshops [developed by Oldham Carers] to continue.
- Carers to continue to access free training organised by Oldham Workforce Development.
- Need for a Caring with Confidence programme restarting.
- Specialist Training to be available for meeting complex needs.

**Strategy recommendation three:** We will provide better information to carers and the people they care for and will improve the accessibility and range of training available for carers.
We will:

12. Continue to support and develop the Oldham Carers Centre as the main point of contact for carers.

13. **Increase publicity about the services and sources of support for carers** in Oldham by:
   - Developing a **carers information point** in the New One Stop Shop information service at the Link Centre and training LINK centre staff and volunteers
   - Ensuring information is available in **local libraries, district town halls and OMBCs ‘one stop shop’** and that staff in these settings are aware of the services
   - Increasing publicity in **health, social care and relevant voluntary agency settings**

14. Improve the provision of **information given to carers by health care staff** through implementation of the RCGP Carers action guide for primary care and increased awareness of community and hospital staff. This needs to include information about the persons health condition and **involvement of the carer in care planning/management**, as well as information on caring and the support available to carers.

15. Increase the proportion of **people with long term conditions**:
   
   a. Who have a **written care plan**. This will assist carers to help the person they care for manage their condition and give advice on what steps to take, and who to contact, in the event of a deterioration of their condition.
   b. Who have had the opportunity to participate in a **patent education programme** with their carer.

16. Review and expand the **range of courses** available for carers and the accessibility of the courses, including:
   
   - Consideration of restarting the Caring with Confidence programme and other online courses
   - Reviewing the accessibility of courses provided by OMBC Workforce Development for carers
   - Increasing the provision of ‘talks’ from relevant professionals to peer support groups
   - Support for Lifestory Workshops
   - Increasing the range of specialist courses relating to the needs of carers caring for people with particular conditions

17. Increase the availability and range of options for the **looked after person to be cared for while the carer attends courses** or accesses other types of support
10.2 Priority two – Realising and releasing potential
Enabling those with caring responsibilities to fulfill their educational and employment potential

10.2.1 Theme four: Young carers & transition to adulthood

The Department of Health Framework for the Assessment of Children in Need and their Families (2000) states that ‘young carers should not be expected to carry inappropriate levels of caring which have an adverse impact on their development and life chances’ 40

The responsibilities of being a young carer mean that many young carers miss out on the opportunities other children may have to play and learn. Young carers may have difficulties playing or socialising with other children, and joining in with sporting and leisure activities as a result of lack of time due to caring responsibilities and/or lack of parental support. For this reason, young carers often have restricted peer networks 41 and are at a greater risk of becoming isolated, with no relief from the pressures at home, and no chance to enjoy a normal childhood. 42

Research into young carers indicates that school attendance, educational achievement and emotional and physical well-being can all be affected. 43 The disruption to education experienced by many young carers can have long term impacts on future life chances and opportunities. Young carers are often afraid to ask for help as they fear letting the family down or being taken into care. Young carers may also find that they are mature beyond their years and have little in common with same-age peers. These factors may contribute to the relatively high levels of bullying that young carers report. 44 Many continue to have emotional problems into adulthood and may have on-going difficulties establishing relationships. 45

Statutory services do not always take account of their needs as children and as young carers.

Young carers consulted for the 2008 carers strategy cited the following main concerns: 46
- Lack of reliable support for the person cared for and the wider family
- Gaps in emergency support
- Not enough short breaks and project based support the young carers themselves
- Lack of understanding and support from GP’s schools and other front line settings.

In addition when young people were asked what changes would make the greatest difference in their lives the need for ‘better support for the family and the person cared for’ was the top priority.
Evidence indicates that the provision of intensive support co-ordinated by a key worker has been effective in reducing the negative impact of caring.47

The transition to adulthood and independence can also bring particular difficulties.48 It may be difficult for young adult carers to leave home because of emotional pressures, demands for care in the home, or the burden that leaving might place on younger siblings. Competing demands on their time through pressures to succeed at work, do well in education, or maintain new personal relationships can make caring particularly difficult for this age group.49

The responsibility of being a carer so early in life can affect relationships with others and as a result, former young carers may have their entire lifetime affected by their early caring role. It can create a heightened sense of responsibility for the health and welfare of others and act as a barrier to balanced relationships. Young carers need support to regain confidence in their own identity and the ability to go forward independently of their caring role.50

Young carers will often continue in their caring role after the age of eighteen. This can have a deleterious effect on many areas of their life and severely restrict their future life chances. Ongoing support and help needs to be offered. In addition, parent carers of disabled children may need advice and help once their children reach adulthood and move from children’s services to adult services. This may be with care needs, employment, training or housing.

### Carers Hub suggestions:

- More joint working between Children’s and Adults services.
- Need for Young Carers Project and Oldham Carers Centre to work together to identify and support young carers in transition.
- Look at supporting younger carers by use of internet, face book, twitter etc.
- Support for parents of disabled children who can have a lifetime of caring.

### Strategy recommendation four: We will improve the early identification of young carers and the support given to young carers to help them to realise their full potential

The Young Carers Strategy Group will draw up a new action plan and timetable for implementation, including:

18. **Consulting with young carers** to identify how their support needs can best be met

19. Continue to implement the ‘Young Carers Memorandum of Understanding’ between Children’s and Adults Services to ensure early identification and support for young

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47 Young Carers Pathfinders [http://tinyurl.com/youngcaer-pathfinder](http://tinyurl.com/youngcaer-pathfinder)
carers and continued awareness raising amongst relevant professionals in Health, Education and Social Services

20. Improve transitional arrangements to ensure that young carers are supported when they reach adulthood and are able to access educational and employment opportunities

21. Ensure all young carers in transition are registered with Oldham Carers Centre and are offered a carers assessment and ongoing support

22. Improve support for young disabled people and their parent carers in the transition from Children’s to Adult Services.

10.2.2 Theme five: Employment and education

Research exploring carers employment demonstrates the difficulties carers face in trying to balance working and caring. Carers have mentioned the intermittent and unpredictable requirements of their caring role causing difficulties in working and work-related plans. Many of the carers interviewed for this research talked about the stress caused and the guilt they often felt both towards their employers and co-workers and the cared for person. For those carers not currently working the desire to work remained in principle but when explored practically they expected or had faced considerable problems, such as suitable work in terms of flexible hours; feeling that no employer would take them on because of their caring responsibilities; and concern about the impact on the wellbeing of the cared for person and their own health.

The 2009/10 Carers Household Survey found that the groups of carers who were most likely to say their employment prospects had been affected because of the care they provide were:

- Aged 35-44 (34%) or 45-54 (30%)
- Those looking after the home or family (46%) or those working part-time (35%)
- Caring for someone in the same household (38%)
- Providing care for 20 hours or more per week (40%)
- In bad or fair health (34% and 32% respectively)

There is also a lack of awareness of flexible working options available to carers. Just over three quarters of respondents in the Carers Household Survey indicated they were not aware of this right.

What Carers said: Employment
- No point in carers getting employment if benefits are cut. This affects carers quality of life.
- Greater recognition of carers and their circumstances by employers without prejudice
- Carers give up work. Carers allowance not enough. Some employers’ flexible.
- Carers would benefit health wise from being able to work

52 ibid
In addition to employment opportunities, adult carers, as well as young carers, should be assisted to pursue their educational aspirations and this should be taken into account when assessing their needs. Informal learning courses can improve health and well being by fostering regular social contact and civic participation.\footnote{DoH (2010) Recognised, valued and supported: Next Steps for the Carers Strategy}

| Strategy recommendation five: We will assist carers to take up educational opportunities and remain in, or take up, employment |

We will:

23. Assist those carers in employment to remain in employment and provide carers with the necessary training, advice and help to return to or gain employment
   - Including continuing existing links between Oldham Carers centre, Lifelong Learning and Job centre Plus advisors
   - Make information on carers employment rights available via the Carers Centre.

24. Develop and expand the Carers Centre services to meet the needs of working carers

25. Work to \textbf{increase employers carers awareness}, including promoting the Skills for Care online pack for employers to raise awareness of the unpaid carers in the workforce, identify what can be done to support them, retain their skills and prevent them from leaving the workforce.

10.3 Priority three – A life outside of caring
Personalised support both for carers and those they support, enabling them to have a family and community life

10.3.1 Theme six: Assessing carers needs and personalisation

Under the Carers and Disabled Children Act 2000 carers can request a carer assessment the, purpose of the assessment is to determine:\footnote{Department of Health (2001) - A practitioner’s guide to carers’ assessments under the Carers and Disabled Children Act 2000.}

- Whether the carer is willing and able to continue caring
- Whether the carer is eligible for support
- The support needs of the carer (i.e. what will help the carer in their caring role and help them to maintain their own health and well-being)
- Whether Social Services or other services can meet the carer’s needs

With regard to the person being cared for, local authorities must offer direct payments to people who are eligible for community care services. Individual budgets can benefit carers by giving them...
and the people they care for the flexibility to purchase services that are tailored around both their needs rather than having to fit into a programme of services offered by a local authority.\textsuperscript{57}

However an evaluation of personal budgets,\textsuperscript{58} found that it is often the carers who end up becoming the managers of the personal budget/direct payment and are left with the responsibility for finding out about services, recruitment, finance and paperwork. Findings from a study cited in this evaluation indicated that four fifths of carers undertaking this role felt increased stress was placed on them\textsuperscript{59}

Carers need support to enable them and the person they care for to maximise the benefits of personalisation. Some carers have reported that training helped them do this, and that information from social care professionals was unhelpful in this regard.\textsuperscript{60} More recent work has reported that carers cite training and access to advice and support as key to the success of managing a personal budget.\textsuperscript{61}

In addition to the individual budget for the person they care for, carers may be entitled to their own individual budget. In Oldham, carers individual budgets (IBs) were introduced during 2011-12 to support carers in their caring role. They are an important element of the Council’s Personalisation Agenda.

Carers are eligible for a carers individual budget if they provide ‘regular and substantial care’. This is determined via a carers assessment. Social workers/care coordinators carry out carers assessments across the various teams in Adult & Children’s Services. Some health care professionals are also involved. To support the implementation of the scheme, Oldham Carers Centre also now completes carers assessments as part of their range of services for carers. There are three bands of payment. Up to £100, up to £200 and up to £300 dependant upon the nature and extent of the caring role. The cost of the scheme for 2011-12 was approximately £230,000

Anecdotal feedback indicates that carers budgets have:

- Enabled cares to fund a break
- Pay for subsidised leisure cards
- Purchase necessary equipment
- Given carers a feeling of recognition of the importance of their caring role
- Given carers information and advice about other services and support of which they may not have been aware
- Helped prevent carer breakdown, supported carers not in receipt of, or known to, services
- Led to a number of referrals to other agencies e.g. Occupational Therapy, Moving & Handling Team, Adult Duty Team

\begin{tabular}{|l|}
\hline
\textbf{What carers said: Personalisation} \\
\hline
- It’s a good thing but you can only use it on certain things \\
- IB don’t always reflect the need for a break for the carer \\
- Why is it better to have an IB than a Council Service and what can the IB be spent on? \\
- Would like to know more about individual budget for you to care \\
\hline
\end{tabular}

\textsuperscript{57} DOH (2010) Carers at the heart of 21st Century families and communities
\textsuperscript{59} ibid
\textsuperscript{60} ibid
Strategy recommendation six: We will increase the numbers of carers receiving a carers need assessment and a carer’s individualised budget

We will:

26. **Raise awareness of the right of carers providing ‘regular and substantial’ care to have an assessment of their own needs.**

27. Continue to commission the Carer’s Centre to undertake carers needs assessments.

28. In line with DH targets, we will **increase the number of carers receiving a carers individualised budget** to 1,500 in 2012/13 and increase the budget for individualised budgets in line with this increase.

29. Undertake an **evaluation of the effectiveness of the carers individualised budget scheme**

10.3.2 Theme seven: Practical, financial and emotional support for carers

Carers require a range of support which may include practical assistance, and emotional support. It is recommended that effective carer support at a local level should always include a varied portfolio of carer support services, which can be adapted to meet individual needs.62

a. **Peer and community support**

Carers can gain invaluable support from other carers. Experienced carers can help those new to caring by sharing their knowledge and providing emotional support. Many carers benefit from specialist carers groups, for example for dementia, mental health and autism.

**What carers said:**
- More support groups needed especially for carers of adults with learning disabilities
- More support groups. You’re (Carers Centre) not the only one.

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Strategy recommendation seven: We will help carers develop peer support groups and link with the Council’s Cooperative Agenda initiatives to increase the support to carers by volunteers and the local community

We will:

30. **Continue to support existing peer support groups for carers and help to develop a range of new groups.** In recognition of the differing needs of carers depending on the condition that the person the care for has, some groups will be established for carers of people with particulate types of conditions e.g. mental health, dementia, children with disabilities, learning disabilities.

31. Improve links with existing peer support groups and services for people with long term illnesses or disabilities.

32. Support groups to develop a **range of social activities for carers** to help to combat isolation.

33. Develop a **peer mentoring scheme**, harnessing the skills and experience of current and former carers to support new carers.

34. Make links with the council’s cooperative agenda and initiatives such as the **befriending scheme** ‘Love Your Neighbour’ to provide community/volunteer support to carers.

b. Psychological support

Carers not only provide practical help and personal care but also give emotional support.

There is an inevitable change in the nature of their existing relationship with the individual they provide care for. The characteristics of the previous relationship are often altered either temporarily during an acute episode of illness or on a long-term basis in the case of chronic conditions, and the balance changes as the parties become the caregiver and the care-receiver. For the carer, the demands often not only bring direct stresses but also have indirect effects. For example, taking on a caring role may reduce the time, energy and finance available to devote to the other demands of life and this can affect work, social life and other relationships. 

Providing care and support is not a fixed process since the needs of the care-receiver are likely to change as his or her condition changes. There is continual change and adjustment in the caring

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relationship and the role of the carer. In situations where there is acute disturbance or where care is required on a long-term and intensive basis, many carers will need support to help with these responsibilities. Being a carer often raises difficult personal issues about duty and responsibility, adequacy and guilt.64

The provision of emotional support interventions may help carers cope with these complex issues.

Caregivers experience more physical and mental distress than non-caregivers in the same age group.65 Carers may also face unfamiliar and unpredictable situations which can increase stress and anxiety.66 Several studies suggest that many caregivers are at risk of experiencing clinical depression.67 There is evidence to indicate that carers are more likely to report high levels of psychological distress, including anxiety, depression, loss of confidence and self-esteem, than non-carers.68

A recent survey of carers highlights nearly two thirds of carers felt they did not have enough emotional support.69 In a previous British household Panel Survey cited in the 2008 Carers Strategy, a quarter of respondents called for emotional support and other therapies to be made available for carers. Providing access to relevant emotional support interventions is an important element in supporting carers.

NICE guidance says that individuals with depression should be offered evidence based psychological therapy such as Cognitive Behavioural Therapy as alternatives to anti-depressants.70

What carers said: emotional support
- Getting away from it - physically maybe but emotionally?

Carers Hub Suggestions:
- Emotional support via carers centre and drop in’s etc and other carers groups e.g. Alzheimer’s Group.
- Look at ways of delivering counselling outside of GP referral system [look at trainee [3rd year] counsellors having placement at the Carers Centre].

Strategy recommendation eight: We will improve the psychological support available to carers, including access to psychological therapies

In addition to increasing the availability of peer and community support, we will:

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66 Jan Shah, A et al (2010) Psychological Distress in Carers of People with Mental Disorders. British Journal of Medical Practitioners BNMP 2010;3(3);a327
68 Household panel survey cited in the 2008 Carers strategy
69 Carers UK(2012) In sickness and in Health A survey of 3,400 UK carers about their health and well-being
70 Pg 108 carers strategy
35. **Improve the awareness** of health and social care professionals to the **psychological impact of caring** and improve the **screening of carers for depression** by primary care practitioners in line with the RCGP recommendations.

36. **Increase the availability of psychological therapies to carers** by making links between primary care, carer support services and the developing psychological therapies service.

37. **Improve awareness of existing services** e.g. the Stroke Family and Carers Support Workers, dementia drop in sessions at Pennine Care and consider the development of additional carer support worker posts when redesigning care pathways for other conditions e.g. dementia.

38. We will commission a specific carers post to support carers of people with mental health needs and another post to support carers who look after people with dementia.

c. **Emergency support**

Many carers worry about who will look after the person they care for if, due to an unplanned event such as illness or an accident, they are unable to continue to care. The Oldham Carers Emergency Support Service [OCESS] was set up in 2009 to help carers in such a situation and currently has over two hundred and fifty carers in the scheme. The scheme links carers into the Response Service of the Council who are able to provide immediate care. The Response Service will liaise with other services if necessary to ensure that the cared for person is looked after.

The Royal College of GP’s top five tips for supporting carers includes the need for general practice to help carers plan for emergencies.  

<table>
<thead>
<tr>
<th>What the carers said:</th>
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<tbody>
<tr>
<td>• Info on emergency situations. Who will look after other children and family members when an emergency arises?</td>
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<table>
<thead>
<tr>
<th>Carers Hub Suggestions:</th>
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<tr>
<td>• OCESS to continue to be offered to all carers.</td>
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<tr>
<td>• Promotion of Helpline via Carers Assessments and the Carers Centre.</td>
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<tr>
<td>• Emergency respite to be available for carers in crisis.</td>
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<tr>
<th>Strategy recommendation nine: We will help carers to plan in advance emergency care for the person they care for</th>
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<tr>
<td><strong>We will:</strong></td>
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<tr>
<td>39. <strong>Continue to expand the Oldham Carers Emergency Support Service and increase awareness of the scheme</strong></td>
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</tbody>
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40. Include the need for emergency planning in carer awareness training for health and social care professionals

d. Claiming benefits / finances

The financial costs of caring is well documented in the literature. Many carers are coping with lost income as disability and caring responsibilities restrict their ability to earn. It is estimated that one million carers have given up work or reduced working hours to provide care.\(^{72}\)

The financial costs of caring can be significant. Research by Carers UK\(^{73}\) found that 72% of carers were worse off financially as a result of becoming carers. The reasons cited for this include the additional costs of disability, giving up work to care, the inadequacy of disability benefits and the charges for services. Carers can face higher bills than the rest of the population (including extra heating, laundry and transport costs) and many do not get support from social services, meaning that they have to pay for care themselves.

Carers UK’s most recent research reveals that nearly two thirds are spending their own income or savings to pay for care for the person they look after. The same research also found carers reporting financial hardship in a number of areas:

- More than half (54%) were in debt as a result of caring
- Three-quarters struggled to pay essential bills (74%) and could not afford repairs to their house (78%)
- Half of all carers are cutting back on food just to make ends meet (52%)
- 32% of those paying rent or a mortgage say they cannot afford to pay it

People new to caring, are often unaware that they can claim entitlements such as Carers Allowance. Completing applications for benefits either for themselves or the person they care for can prove daunting or confusing. It has been estimated that 300,000 carers may be missing out on claiming Carers Allowance.\(^{74}\)

At Carers’ forums in Oldham and in discussion with individual carers, it is often the case that many carers are unaware of benefits that they or the person they care for may be entitled to, or that they had been caring for sometime before they became aware.

\(^{72}\) Carers UK (2012) The cost of caring: How money worries are pushing carers to breaking point

\(^{73}\) Carers UK (2010) Carers Missing Millions: A report into carers unclaimed benefits

\(^{74}\) Carers UK (2010) Carers Missing Millions: A report into carers unclaimed benefits
What carers said: Carers and finance
- Help with filling in forms - New post of welfare rights person?
- Who will care for my son 24/7 - The cost?
- Why does carers allowance have to stop when state pension is activated?
- Information on Carers Allowance
- Carers suffer financially. Don’t get paid enough
- New benefits are designed to trip people up
- Money and finances - one stop shop

Benefits
- Benefits advice. DLA. Attendance allowance.
- Help to fill in benefit claim forms needed

Carers Hub suggestions:
- Regular benefits talks and advice sessions at the Carers Centre
- Articles in the Carers Magazine
- Initial benefit check as part of carers assessment and carers centre registration
- Benefit take up campaign
- Welfare Rights Service
- Benefits advice to be available at the Link Centre
- Help with form filling

Strategy recommendation ten: We will improve the welfare advice and support available to carers to increase the number of carers who are accessing the benefits they and the person they care for are entitled to

41. We will improve the welfare advice and uptake of benefits by:
- Linking to the OMBC benefit uptake campaign
- Sign posting carers to:
  - the two new posts of Welfare Rights Officers created within Oldham Council
  - Citizen Advice Bureau
  - Age UK
- Include provision of benefits advice in the new One Stop Shop information service at the Link Centre
- Benefits information and training sessions at Oldham Carers Centre
- Giving talks on benefits to carer support groups
- Increase awareness of health professionals of the benefits available for carers and the people they care for

e. Housing Support
Carers need help when the property they are living in is no longer suitable for the needs of the person they care for. The property may require adaptations to be made or they may need help in finding alternative affordable accommodation. Parent carers may also need help in finding accommodation for their disabled children when they want to live independently.
Strategy recommendation eleven: We will sign post carers to sources of advice regarding accessible housing for people with disabilities in Oldham

We will:

42. **Sign post carers with housing needs to the relevant housing services.** New developments include:

Accessible Housing (AHR) and Disabled persons' Housing (DPHR) Registers are on target for completion in July 2012, this will enable more efficient matching of people to properties.

Customer information booklet – due July 2012

Housing surgery by and for disabled people – waiting final approval but a peer lead housing advise surgery for people with disabilities is planned to be delivered from the Centre for Independent Living at the LINK centre

f. **Advocacy**

The provision of advocacy services for carers is specified in the 2008 carers strategy, which makes reference to empowering and supporting carers in their caring role. Other national documents such as *Putting People First*\(^75\) emphasise the intent to strengthen advocacy and support services in order to help individuals and their carers navigate through services.\(^76\) Carer advocacy can provide important support to vulnerable carers to help them to communicate their views clearly and to support them on complex issues relating to their caring situation.\(^77\)

Many informal carers find themselves actively involved in an advocacy role on behalf of the person they care for at some point in their caring lives, either with their GP, social care services, housing, benefits agency or with education. Carers may also need advocacy themselves if they feel that they are not getting the help to which they are entitled from a particular service. It has been indicated that carer advocacy should not generally be provided by independent advocacy workers who also represent users of services, as this may lead to a conflict of interest and undermine national guidance on principles and standards of advocacy.\(^78\) Carers centres are well placed to provide carer advocacy as most local carer organisations already fulfil the role as collective carer advocacy organisations.\(^79\) Advocacy and brokerage services, provided by carers’ centres and user-led organisations, can also serve to eliminate the anxiety that some carers hold about personalisation and personal budgets.\(^80\)

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\(^76\) Carers Strategy


\(^80\) HM Government (2010) *Recognised, Valued and supported: Next steps for the carers strategy*
The Oldham Carers Centre has one part-time advocate who has a waiting list of carers requiring her help. The post of carers support worker with MIND was ended in 2010 and the Age UK advocacy service was decommissioned in March 2012.

Carers Hub suggestions
- Continue to fund advocacy services to carers from the Carers Centre.
- Explore with Pennine Care NHS trust and the Mental Health Carers Group how carers of people with mental health conditions can best be supported.
- Continue to provide courses in self-advocacy/assertiveness etc via The Carers Centre and AGE UK.

Strategy recommendation twelve: We will review the advocacy services available for carers and the people they care for

We will:
43. Continue the current advocacy available via the Carers Centre and the self advocacy courses run by Age UK and the Carers Centre.

44. Sign post carers to the online Caring in Confidence Programme (www.nhs.uk) which includes advice on how to work with health and social care professionals.

45. Undertake a review of the advocacy needs of patients and carers.

10.3.3 Theme eight: Carers breaks and respite care

The National Carers Strategy states carers should have opportunities and space they need to participate in activities outside their caring role:

“They should be free to have an identity that is separate from that of the people they support. Carers have the right to expect these freedoms, which others take for granted, and to avoid the social exclusion that may result from having no life outside caring.”

Through the Spending Review additional funding has been made available to PCT’s existing budgets to support the provision of breaks for carers. The NHS Operating Framework 2011/12 indicated that PCT’s
- should pool budgets with local authorities to provide carers’ breaks, as far as possible, via direct payments or personal health budgets.
- should agree policies, plans and budgets to support carers with local authorities and local carers’ organisations, and make them available to local people.

Recent research by the Princess Royal Trust & Crossroads Care highlights the demand for breaks and practical solutions. The research indicated that carers with an extensive caring role needed

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81 DOH (2010) Carers at the heat of 21st Century families and communities. Chapter 3 pg70
84 PRT (2011) Any Breakthrough for Carers? The Princess Royal Trust for carers and Crossroad Care. Glasgow
time to carry out every day practical tasks and valued short inexpensive holiday breaks to ‘re-
charge their batteries’ and improve mental well-being.

The evaluation study of the DH demonstrator sites showed that accessing the break services
provided enabled some carers to have more of a ‘life of their own’ and to build confidence. Carers
also reported changes in their behaviour which were beneficial for well-being or health. A third of
respondents had started a new leisure activity, and some reported improvements in their
communications with professionals and better knowledge of carers’ entitlements. Carers who did
not receive a break were more likely to show deterioration in well-being scores.85

The provision of carers breaks can have a positive impact on reducing carer breakdown. This in
turn can contribute to reducing unwanted hospital and residential care admissions. Hospital
admissions can be a sign of a breakdown in the carer’s relationship due to the carer no longer
being able to provide care, often as result of the strain of caring causing physical or mental ill-
health.86 One research study focusing on over 75’s who were in the health and social and care
systems, indicated that 20% of those needing care were admitted to hospital because of the
breakdown of a single carer that was mainly depended on.87 38% of admission cases to nursing
or residential care have been attributed to carer related reasons such as stress.88 Other studies
have indicated where there is no carer the person receiving care is more likely to be admitted into
residential care.89

Related to breaks is the issue of replacement care. The availability and quality of this was a
concern amongst 24% of respondents who responded to the DH call for views on the priorities of
the carers strategy.90 Therefore, whilst the availability of breaks may not be the issue, the
opportunities for carers to take up these maybe limited. In particular those looking after a person
with challenging behaviours may be unable to take a break as paid workers are unwilling or unable
to deal with episodes of challenging behaviour.91

Carers need a life of their own outside their caring role. There needs to be a range of options open
to carers and those they care for to give the carer a break.

Currently breaks in Oldham can include:

- Planned rotational respite care provision, where a residential resource is accessed on a
  regular planned basis to give the carer a break
- Residential short term respite placements
- Shared Lives (home placements with a family)
- Specialised respite facilities e.g. Dementia Care at Limecroft
- Temporary or increased home care provision whilst the carer is away
Where there is a carer, breaks can be built in to the support plan if the need is identified. Access to the above is currently dependant upon the cared for person being FACS eligible and can be charged for under the ‘Fairer Charging Policy’.

Other means of delivering breaks to carers include:

- ‘Time Out’ scheme for parents of children with a disability [minimum of 2 hours per week for up to 12 months, currently delivered by Oldham Partnership working with two local Care Providers-Able Care and First4Disabilities]
- Sitting Services - delivered mainly by Crossroads or Marie Currie for people nearing end of life
- Carers Individual Budgets

**What carers said: Breaks and respite**

- Funding for Service User Groups is important
- More info needed about how to take breaks and arrange for care
- We feel we need more opportunity to take breaks
- Needs to be confidence in care provider
- Breaks can be over night, weekend, day off, for a few hours
- Breaks can be a holiday.
- Breaks - Vital. Not had holiday for 14years. Respite provision offered not suitable because of accidents/problems/neglect so refuses to go there. Have to organise PA to sit at night so allow time off.
- Mother might think being dumped if residential respite (Dementia)
- I don’t know how much respite I am entitled to, or how to access it and cost
- Carers need a point of contact for support. Previous contact has not responded.
- Leisure Card- User has. Why can’t the unpaid carer accompany free. New system can only allow for a paid carer to accompany free.

47. Ensure breaks are **individually tailored**, flexible and offer choice, to meet the needs of both the carers and the person they care for.

48. **Stream line the process** for carers to accessing breaks and increase publicity/information about the types of breaks available and how to access them.

49. **Promote awareness of the Carers Individualised Budget.**

50. **Ensure there is a range of alternative care options available to carers at short notice or on an intermittent basis**, for example to enable the carer to attend training or medical appointments.

51. Explore the feasibility of:

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*These three services are not dependant upon FACS eligibility.*
• developing a **volunteer buddy scheme**
• commissioning a source of **trusted and reliable sitters**

**52. Review current day care provision.**

**53.** Promote the new dementia respite service available at Limecroft.

**54.** Continue measures to ensure **care providers meet required quality standards.**

**55.** Where appropriate, **link breaks for carers to re-ablement and leisure / social opportunities for the cared for person**, so both parties gain maximum benefit from the break (e.g. increase the provision of fall prevention exercise sessions, cognitive stimulation therapy for people with dementia)

**56.** **Make better links with existing services** and maximise their potential to offer breaks for carers e.g. groups for young disabled, Family and Carer Support Worker run activities for people with stroke.

**57.** Continue to offer **carers discounted leisure cards.**

**10.4 Priority four – Carers health**

**Supporting carers to remain mentally and physically well**

**10.4.1 Theme nine: Supporting carers to remain mentally and physically well**

There is strong evidence of links between caring and ill health [physical and mental]. Carer breakdown is a major factor in admissions to residential/nursing care. The Government has highlighted carers as a group experiencing comparative poor health within their plans to promote public health.

Research on carers has consistently demonstrated that caring has a pronounced adverse effect on psychological health, 40% of carers are said to have significant distress and depression levels. Carers providing more than 20 hours of care per week over extended periods have twice the risk of experiencing psychological distress over a two year period than non-carers; the risk of distress increases progressively with the amount of time devoted to caring each week and adverse effects of caring are evident beyond the end of caring episodes.

The effects of caring on physical health are less clear but:

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In one survey, 20% reported back injury as a result of caring (mainly carers doing heavy physical caring for those with physical disabilities) and 10% put their high blood pressure down to the stress of caring.95

Older carers who report ‘strain’ have a 63% higher likelihood of death in a 4-year period than non-carers or carers not reporting strain.96

Providing high levels of care is also associated with a 23% higher risk of stroke97.

A number of National Carers Strategy Demonstrator Sites around the country have been trialling methods of delivering annual physical health and/or health and well-being checks for carers. The Royal College of General Practitioners and The Princess Royal Trust for Carers have produced an action guide for general practitioners and their teams entitled ‘Supporting Carers’98 which sets out how GP’s can best support carers.

What carers said: Health

- 6 month health check from mental health S/W
- Carers should be given priority by GP for referrals
- GP should offer joint appointments
- GP knows about caring responsibility but never supports me
- GP’s needed to be more pro active for carers. Carer database needed
- Mixed experience. Some have good reception staff at GP surgery

Health checks
- Health Checks.
- Carers should have health check, as they tend to ignore their health. District nurse -health checks for carers and cared for
- GP should call people in for health checks that are on their register as carers

Carers Hub Suggestions:
- NHS Trust/GP Commissioning Group to look at setting up systems for delivering health checks to carers.
- NHS Trust/GP Commissioning Group to look at setting up systems for the registration of carers with GP’s and a carer friendly appointments.
- The Oldham Carers Centre set up links with GP surgeries to help raise awareness of carers needs.

Strategy recommendation fourteen: We will support carers to take care of their own physical and mental health and make primary care more accessible for carers

We will:

In addition to, increasing the early identification of carers and providing increased practical and emotional support and access to breaks (see recommendations in other themes), we will:


Supporting Carers: the Case for Change.[PRT Trust for Carers & Crossroads 2011]

ibid

58. **Implement the Royal College of General Practice's 'Supporting Carers: an action guide for GP’s and their teams'.** This includes increasing:

- Flexibility in appointment times for carers so they can attend when the person they care for can be looked after by someone else
- Providing consecutive appointments so the carer can be seen about their own health when they bring the person they are caring for an appointment
- Screening for depression
- Providing flu immunisations for all carers

59. The Primary Care Carer Development Worker will review models of good practice for the delivery of **carer health checks in primary care** and work with practices to establish their preferred model.

60. Help carers attend medical and dental appointments by having a **flexible range of alternative and trusted care provision for the person the care for that they can access at short notice.**

61. **To recognise and value the contribution of carers** arrange an annual thank you event.
### Table One Summary of the priorities, themes and overarching recommendations of the Oldham Carers Strategy 2012-2015

<table>
<thead>
<tr>
<th>Priority</th>
<th>Theme</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>1. Increasing recognition</strong></td>
<td>1. Carers representation and involvement in service planning</td>
<td>1. We will continue to ensure that carers are well represented and actively involved in the planning of services for carers and we will strengthen carers’ involvement in the planning of other health and social care services</td>
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<tr>
<td></td>
<td>2. Early identification of carers and recognition of carers as partners in care</td>
<td>2. We will identify carers earlier and fully recognise carers as partners in care</td>
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<td></td>
<td>3. Information and training for carers</td>
<td>3. We will provider better information to carers and the people they care for and will improve the accessibility and range of training available for carers</td>
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<tr>
<td><strong>2. Realising and releasing potential</strong></td>
<td>4. Young carers &amp; transition to adulthood</td>
<td>4. We will improve the early identification of young carers and the support given to young carers to help them to realise their full potential</td>
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<td></td>
<td>5. Employment and education</td>
<td>5. We will assist carers to take up educational opportunities and remain in, or take up employment</td>
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<tr>
<td><strong>3. A life outside of caring</strong></td>
<td>6. Assessing carers needs and personalisation</td>
<td>6. We will increase the numbers of carers receiving a carers need assessment and an carer’s individualised budget</td>
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<td></td>
<td>7. Practical, financial and emotional support for carers</td>
<td>7. We will help carers develop peer support groups and link with the Council’s Cooperative Agenda initiatives to increase the support to carers by volunteers and the local community</td>
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<td>8. We will improve the psychological support available to carers, including access to psychological therapies</td>
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<td>10. We will improve the welfare advice and support available to carers to</td>
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<tr>
<td><strong>8: Carers breaks and respite care</strong></td>
<td>13. We will improve the accessibility and range of breaks available to carers</td>
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<tr>
<td><strong>4. Carers Health</strong></td>
<td>14. We will support carers to take care of their own physical and mental health and make primary care more accessible for carers</td>
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</tr>
<tr>
<td><strong>9. Supporting carers to remain mentally and physically well</strong></td>
<td>12. We will review the advocacy services available for carers and the people they care for</td>
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<td></td>
<td>11. We will sign post carers to sources of advice regarding accessible housing for people with disabilities in Oldham</td>
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<tr>
<td></td>
<td>increase the number of carers who are accessing the benefits they and the person they care for are entitled to</td>
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### Appendix one  Membership of the Carers Involvement Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Position</th>
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</thead>
<tbody>
<tr>
<td>Colin Carey</td>
<td>Project Officer, OMBC</td>
</tr>
<tr>
<td>Angela Barnes</td>
<td>Carer Development Worker, OMBC</td>
</tr>
<tr>
<td>Jonathan Sutton</td>
<td>Integrated Commissioning Manager, OMBC</td>
</tr>
<tr>
<td>Miranda De Blasio</td>
<td>Manager, Oldham Carers Centre</td>
</tr>
<tr>
<td>David Richardson</td>
<td>Carer</td>
</tr>
<tr>
<td>John Starkey</td>
<td>Carer</td>
</tr>
<tr>
<td>Susan Fenton</td>
<td>Carer</td>
</tr>
<tr>
<td>Lynda Stringer</td>
<td>Carer</td>
</tr>
<tr>
<td>Keith Jones</td>
<td>Carer</td>
</tr>
<tr>
<td>Anna Sidebottom</td>
<td>Carer</td>
</tr>
<tr>
<td>Peter Sidebottom</td>
<td>Carer</td>
</tr>
</tbody>
</table>
Appendix two Summary of RCGP’s action points for General Practices


Step 1
Identifying a carers’ lead

Step 2
Finding and recognising adult and young carers
- Ask carers to self-identify
- Ask patients to identify their carers
- Opportunistically identify carers in the surgery, on hospital admission or discharge, on letters from specialists and through the annual flu vaccination programme
- Search for carers on your practice list
- Record carer status on patient notes
- Keep your practice carer register up-to-date

Step 3
Involving carers in patient care
- Seek permission to share patient information with carers
- Involve carers in care planning and care implementation
- Provide or signpost carers to training to help them to perform their caring roles

Step 4
Improving healthcare for carers
- Consider screening carers at least annually for depression
- Provide flexible appointments for carers
- Invite carers for annual flu vaccinations
- Consider providing other services for carers e.g. annual health checks or in-practice specialist carer support worker sessions

Step 5
Providing information and support for carers
- Develop links with local carers’ organisations
- Encourage carers to apply for benefits that they are eligible for
- Signpost carers to other sources of information and support
- Refer carers for social services carers’ assessment
- Ensure carers have an emergency plan in place

Step 6
Providing specific support to young carers
- Include young carers in steps 1-5
- Question why the young person is taking on a caring role. Does the person cared for need referral for a review of care needs?
- Provide age-specific information and support
- Develop links with local young carers leads
- Consider referring the young carer to local children’s services for an assessment

Step 7
Auditing and improving carer support