

Carers

The *Cardiff Carers Strategy 2010-14* defines a carer as ‘someone who looks after a relative, friend or neighbour who is unable to manage without help because they are elderly, disabled by physical or mental ill health, drug or alcohol problem or have a long-term illness. The care they give is unpaid’. It is important that the role of carer is not confused with ‘care worker’ or ‘care staff’ who are either paid to provide care as part of an employment contract or as a volunteer. The 2001 Census identified 31,172 carers in Cardiff which equated to 10.2% of the population although this figure is considerably less than the actual number because many people do not recognise that they are fulfilling a caring role.

Recognition of carers and the vital and substantial role they play in our communities is growing. Both local and national governments are beginning to realise that without the help and support of carers, the impact on health and social services would be enormous. According to a report by Carers UK the value of unpaid support that carers provide has exceeded £87 billion a year – more than the annual total spend on the NHS in 2006-07.

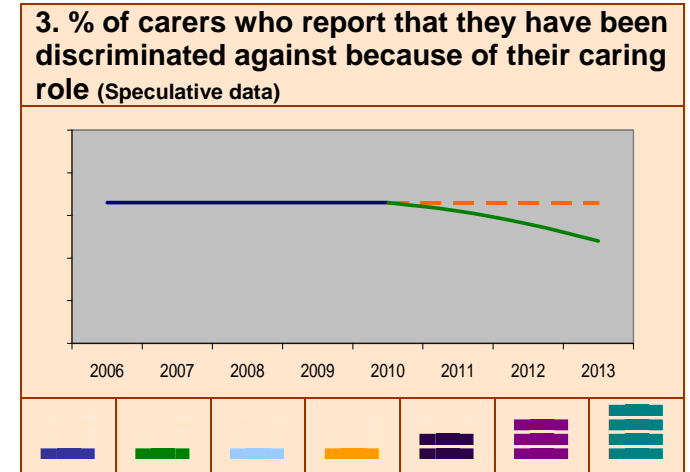
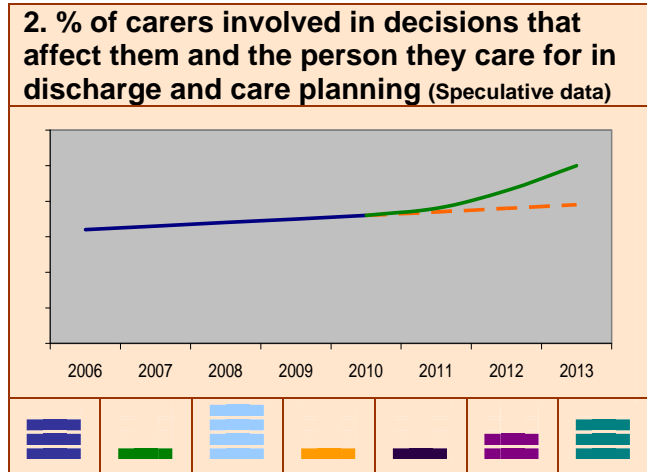
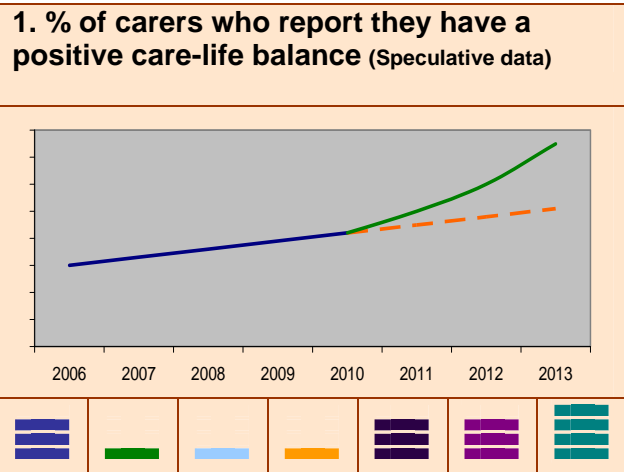
There is a diverse range of caring situations and each carer and cared for person is unique. Carers can be any age, gender or from any background and it is important to acknowledge this individuality. Some carers live in the same house as the person they care for while others live nearby and visit regularly; and some may live a distance away and visit weekly or monthly. Care can be provided for limited periods of time or can be a regular part of life, and some people provide care for more than one person.

There are also a variety of transitions that apply to carers, each of which require consideration and support. These include transition of young carer to adult carer; parent carer of a child to caring for an adult; relative or friend to carer; cared for person to carer of elderly parents; and from carer to no longer being a carer. The *Cardiff Carers Strategy* identifies the following as groups of carers:

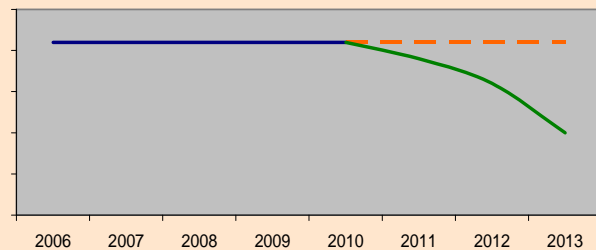
- Young carers
- Parent carers of disabled children
- Carers of adults with learning disabilities
- Older carers
- Carers of people with substance misuse issues
- Minority ethnic carers
- Carers of people with mental health issues

Caring is a life changing experience. Time can suddenly become precious with little or no time to be able to put aside for themselves or members of their family. It is important that people are able to have a positive balance between their own personal life and the caring role if they choose to.

Headline Indicators and how are we doing?



6. % of carers who report that they ignore their own physical and mental health symptoms (Speculative data)



Data Development:

- These indicators are all data development items - we need to develop more ways of capturing data.
- Consider if there is a way to develop a measurable indicator that reflects the work done to enable people to self-identify their role as a carer.

Key:

- — — The route we will take if we do nothing
- The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



Story behind the baselines

- Family, friends and neighbours provide 70% of care to vulnerable people and may also have more than one caring role. Although the sustainability of services relies upon this, carers must be recognised as partners in care and not merely as an added resource for health and social care services.
- Government legislation that focuses on providing support to keep people at home has increased pressure on unpaid carers.
- Both the carer and cared for person have sometimes been placed in unsafe situations because the cared for person has been discharged from hospital without checking that the home environment is suitable and the carer is able to provide the necessary level of care.
- The cared for person may not wish their carer to be involved in their discharge or care planning, but staff should always ask.
- Confidentiality can be used as an excuse for not involving carers in discharge or care planning, especially if staff are not fully aware of the policy.
- Carers can become more isolated and limited opportunities to have breaks restrict their ability to take part in work and leisure activities.
- Societal changes have impacted on how families and communities care for people. For example, family members move further away from each other more frequently in modern society which reduces the close family support network.
- The caring role can impact significantly on children and young people because they may have less time for school work or have to stay home from school to care for a family member. Also, carers' employment prospects may be lower when leaving school.
- Increased information and legislation for carers has increased awareness, and this has also led to increased expectations.
- There is currently no eligibility criteria for access to carers support services in Cardiff, which can result in difficulties focusing on those in most need.
- Carers should be encouraged to report incidents of discrimination related to their caring role as they become more aware of their rights. Improvements have been made (e.g. flexible working policies) but further work is needed to ensure discrimination does not take place.
- Pressure on carers from black and minority ethnic (BME) communities can be reduced by addressing barriers that prevent the cared for person accessing health and social care services.
- Cultural differences within BME communities need to be considered along with other barriers (e.g. language) when planning support and information.
- Carers may experience increased financial pressures relating to their caring role. For example, they may have to leave employment as well as the cared for person; and because the cared for person may have to stay home, the house may need to be heated throughout the day.

- 23.5% of the 31,172 carers identified in Cardiff provide more than 50 hours of care per week.
- An ageing population means that there will be continued pressure on carers as people acquire more age related complex conditions and people have to sustain their caring role for longer.
- Historically there has been a lack of information available to carers about their rights and the services they are entitled to, and when information has been provided, it has not always been written in a way that can be easily understood. Work has been undertaken to address this but more is needed.
- The above list of relevant factors can have a major impact on the physical and emotional well being of the carer. However, pressures related to caring often mean that carers ignore their own symptoms because they are too busy or focus solely on the needs of the person they care for.

Partners with a role to play

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|---|---------------------|-------------------------------|-------------------------------------|
| • Cardiff & Vale University Health Board | • Carers | • Cardiff Council, including: | ○ Schools & Lifelong Learning |
| • Black Minority Ethnic (BME) Community leaders | • Respite providers | ○ Adult Services | • Employers and employment agencies |
| • Cardiff Health Alliance | • Third Sector | ○ Children's Services | |

What are we going to do?

- Identify carers by promoting awareness of carers issues to carers and professionals through:
 - providing easily accessible and relevant information about caring; transitions; local services; and benefits in a variety of formats and languages.
 - providing awareness raising training for staff.
 - ensuring information is available at the right time and at the right places..
- Ensure services and assessments are completed in a culturally sensitive manner and take into account diverse needs.
- Improve planning processes for hospital discharge, care planning and transitions to include opportunities for carers to be involved.
- Carers to be considered partners in care, involving them actively in the planning and delivery of services at operational and strategic levels.
- Develop a variety of methods for getting involved and effective support to enable carers to fully participate.
- Ensure assessments are more outcome focused; identify unmet need; and consider employment, social, education and leisure opportunities. Improve the review process to monitor achievement of outcomes.
- Undertake research to identify any barriers carers may have to accessing lifelong learning or education.
- Develop individualised, flexible approaches and source services that fit around the needs of the carer and the person they care for.
- Develop provision of short breaks to carers, giving consideration that carers need time for themselves.
- Work with all carer support services and carer groups across Cardiff and the Vale over the next three years to develop the eligibility criteria for access to support and to demonstrate the positive outcomes for carers
- Preventative work to be undertaken to help carers maintain their own health and well being and avoid reaching crisis point.
- All partner agencies to consider implementing flexible working practices to support carers in the workforce.