

6.2 CARERS

According to the National Strategy for Carers¹, 1 person in 8 in the UK is now a carer. The proportion of carers increases to 1 person in 5 within the age group of 45 to 65 years. 49% of carers combine their caring role with paid employment. Demographic factors suggest that every individual will need to care for four others during their lifetime. The majority of carers will be women, but will also include significant numbers of men as well as children and young people. With a population of around 160,000, these data would indicate that Central and South-East Cardiff might currently have 20,000 carers.

From the National Strategy for Carers, it is known that the needs of carers are diverse. As individuals, they will have their own particular needs, but a number of common factors emerge: emotional support, relief from isolation, receipt of reliable and satisfactory services, information and recognition of their role and contribution. Most carers (65%) report that their own health suffers because of their caring responsibilities and 60% of carers receive no regular support.

A study undertaken by Carers National Association², revealed that nationally 52% of carers had been treated for stress-related illness, and 51% of carers had suffered a physical injury such as a strained back, since becoming carers. The National Strategy suggests that these common health problems are preventable.

The General Household Survey of 1995 indicated that one in eight people in the U.K. is now a Carer³. Therefore, an estimate that there may be around 35,000 Carers living in Cardiff has been used. In the 2001 Census 31,172 Cardiff informal carers were recorded, but this figure may be low if carers have not identified themselves as carers in completing the Census return. Also, the figures may reflect people who are home carers (i.e. paid carers) who have included themselves in this statistic.

A recent Carers' National Association (CNA) survey of members found that that 85% of respondents were providing over 50 hours care per week, with 70% stating that they were caring for over 100 hours per week. Nearly half of the Carers surveyed also combined their caring role with paid employment.⁴ While the number of hours provided is lower than the CNA survey, a significant number of carers have stated that they provide more than 50 hours per week.

Hours of caring	%
1-19 hours a week	65.14
20-49 hours a week	11.32
50+ hours a week	23.54

Source: Cardiff Research Centre

¹ Caring about Carers — A National Strategy for Carers, HM Government, 1999

² *Ignored and Invisible – Carers experience of the NHS*, Carers National Association, 1998

³ Cardiff Local Health Group (2000) : Health Services for Eastern Cardiff

⁴ Cardiff Council (2002) : Cardiff Carers Plan 'Improving the quality of Carers' Lives'

NEEDS OF SPECIFIC GROUPS CARERS

Young Carers

Young Carers are children and young persons under 18 who provide or intend to provide care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility that would usually be associated with an adult. They provide similar levels of support to adult Carers but their experiences and needs differ because those under the age of 18 are legally defined as children. Research has indicated that there may be as many as 300 young Carers in Cardiff, and that the average age of young Carers is 11 years. Their needs are determined by their right to education, the need for social development and support and reassurance because of their fears and anxieties of telling people about their caring role and fear the break up of the family

A multi-agency piece of work is currently being undertaken (involving Cardiff Council) to develop a separate and distinct Cardiff Young Carers' Plan.

Parent Carers of Disabled Children

The caring responsibilities of parents with disabled children are over and above those of normal parenting. The needs of Carers of disabled children are likely to vary during their child's development. Key periods of stress are likely to occur at times of transition: starting school, transfer from primary to secondary school, and the transition from adolescence to adulthood. The experience of each family is unique. Families caring for disabled children need support services geared to individual family needs and most families prefer services integrated with those for other children and families. This has been recognised in both the Children Act and the Carers and Disabled Children Act.

Carers of People with Mental Health Issues

Carers of people with a mental illness often find their caring situation to be very hidden as the nature of a mental illness can in itself sometimes be almost invisible. This situation is further compounded by the social stigma attached to mental ill health and, in this way, such stigma also becomes an issue for the Carer.

Mental illness is not necessarily constant, and it can be episodic or even cyclical. People who are caring for someone with a mental illness, through their extensive personal knowledge and experience of that person, often spend much of their time actively preventing the next episode or crisis. Their needs are identified as:

- Provision of appropriate mental health and support services.
- All mental health service users should have a care plan and a key worker
- Emergency provision for support
- Easy access to counseling
- Support to access employment

Older Carers

Successive Welsh Health Surveys have shown that most Carers are aged between 45 and 64 years. However, it is estimated that one in four Carers is aged 65 or over. The Carers' National Association estimated that one in twenty Carers may be aged over 80 years.

Older people who need care are much more likely to receive that care from their partner than from anyone else. One half of all Carers look after someone aged over 75. Therefore, it is clear that there are a large number of older Carers caring for older people. Older carers often require a break and need services tailored to their individual needs.

Minority Ethnic Carers

Cardiff has many different communities including amongst others, Afro-Caribbean, Bangladeshi, Chinese, Somali, Indian, Pakistani, Yemeni and Greek. Caring takes place within all these communities in much the same way as the majority community. Minority ethnic carers need culturally appropriate assessments and services meet their identified needs. They need information that is culturally and language specific, and support from people who speak the same language and understand their culture.

PROVISION OF SERVICES AND IDENTIFIED GAPS – CARERS

From the 1st July 2001 carers have been entitled to carers' assessments under Section 1 of the 'Carers and Disabled Children Act 2000', irrespective of whether or not the cared for person has a community care assessment⁵. Examples of the types of services available are :-

- Breaks – respite, day/night sitting
- Recreational activities
- Household services
- Emotional support
- Benefits advice

RISKS TO HEALTH IDENTIFIED THROUGH THE NEEDS ASSESSMENT

The need for care can arise in different ways. Sometimes a person's need for care increases gradually, perhaps as they grow older and frailer, or perhaps because they are suffering from dementia or a similar progressive condition. Carers of people in these circumstances may find themselves gradually giving more and more help as the days go by. They may not even notice that the stresses and strains of caring for almost 24 hours a day are beginning to affect their health.

It is widely recognised that Carers are particularly vulnerable to depression and emotional stress and that there is a direct link between this and the long-term nature of caring. The Welsh Health Survey of 1998 shows that Carers in all age groups are more likely than non-Carers to be classified as 'at risk of depression.' Over 50% of Carers suffer from back injuries and depression as a consequence of their caring roles, (Ignored and Invisible - Carers' Experience of the NHS, Carers' National Association 1998).

⁵ Cardiff Council (2002) : Social Care Plan 2002 -2007

- Services must recognise the further need of some carers for additional support following initial diagnosis.
- There should be acknowledgement of specific issues around mental health.
- Preventative health care is important in maintaining a Carer's ability to care
- Access to counselling is needed
- Time for, and access to, basic treatments such as chiropody and dentistry
- Respite services for children with multiple disabilities and continuing health care needs should be developed.
- Professionals need to develop their skills and the knowledge base in respect of Carers.