

5.1.05 Adult Carers

Introduction: why is this important?

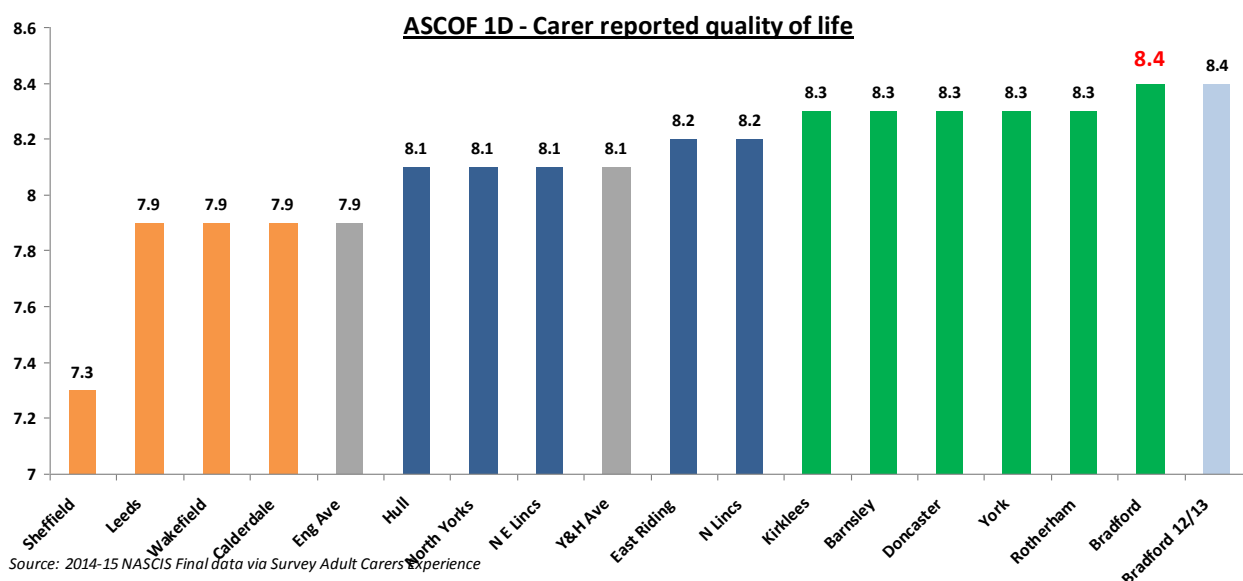
The National Carers Strategy defines a carer as someone who ‘spends a significant proportion of their life providing unpaid support to family and potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has a mental health problem or substance misuse problem’. Carers, just as the people they care for, come from a wide range of backgrounds, communities and caring situations. Whilst many carers may not distinguish their role as anything out of the ordinary by taking on caring responsibilities for family members or friends, others feel they have little or no choice. Nonetheless carers play a vital role in the delivery of healthcare to those they care for and it is estimated that the economic value of the contribution made by carers is £119 billion per year, which was more than the annual cost of running the NHS.

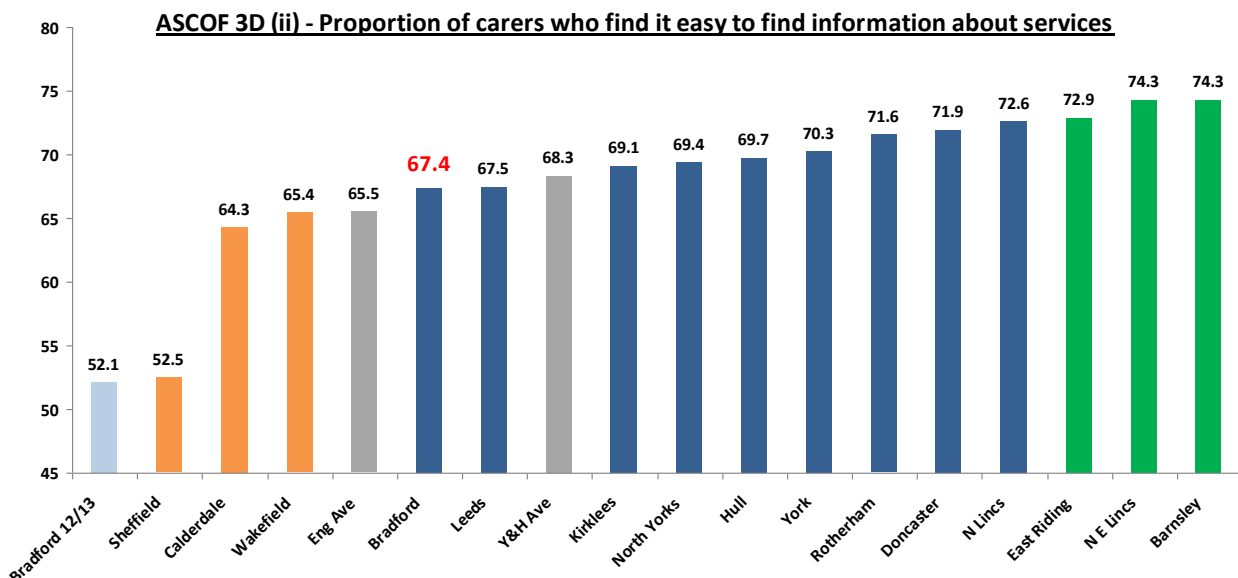
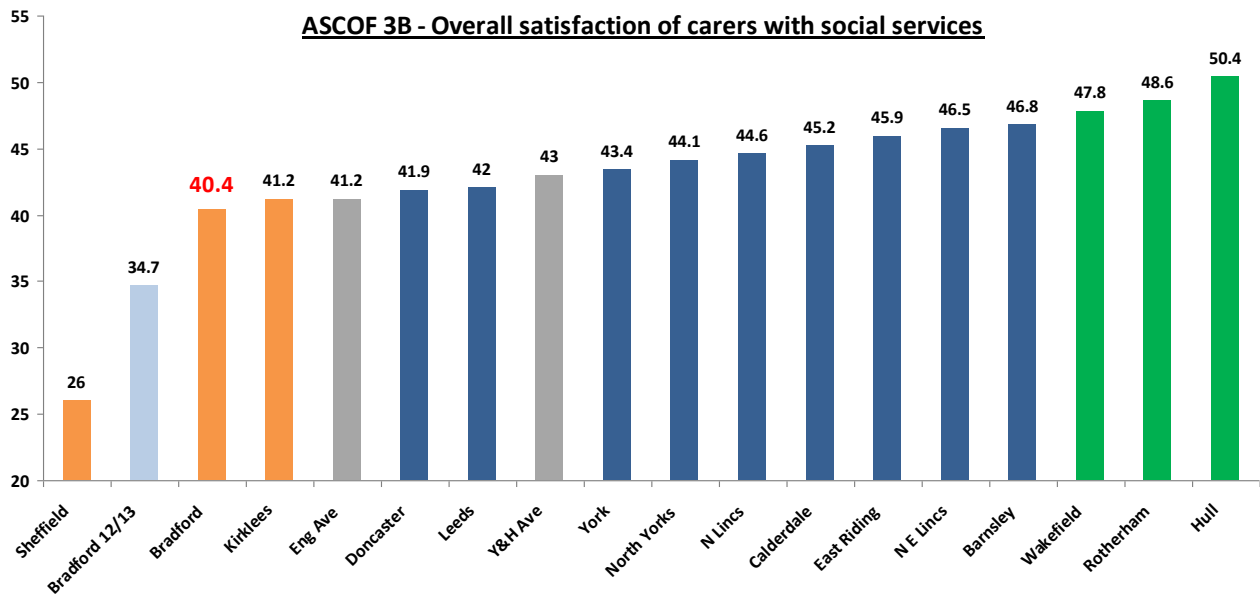
Taking on a carer’s role may have a profound social, emotional, physical and financial impact on carers. Identifying carers not only opens up the opportunity to address these issues and also improve the health and wellbeing of carer patients, but also allows them to be supported in practical ways in the continuity of care. Carers play a vital role which, if anything happened to them, would more than likely have to be provided by statutory services in some form. From the hours that carers say they spend caring, and taking into account the average hourly rate for paid care provision, the University of Leeds estimate that carers contribute work to the value of £1.1 billion per year in the Bradford District.

What do the facts and figures tell us?

The 2011 Census identified 50,914 carers in Bradford District, accounting for approximately 9.8% of residents providing unpaid care for someone with an illness or disability. 12,291 of those carers (24.1%) were providing more than 50 hours of care per week. Most carers fall into the 25-49 year age band, although 28% of carers providing 50 or more hours a week are over 65 and 11.9% state they are in bad or very bad health.

The following figures reveal that carers in the district enjoy relatively good quality of life compared with the rest of Yorkshire, although satisfaction with services and information provided is relatively low. These provide a clear focus for future development.





Source: 2014-15 NASCIS Final data via Survey Adult Carers Experience

What strategies, policies and best practice have been developed locally and nationally?

National shifts

Broad changes to legislation and policy around health and social care are described elsewhere in the JSNA. The Care Act sets out a number of responsibilities that are of relevance to carers. Local authorities should provide information to people requiring care and their carers regarding a personal budget which is their allocation for their care and which people can choose to receive as a payment. The Care Act further implements a duty to provide support to carers.

The National Carers Strategy

'Carers at the heart of 21st century families and communities' published in 2008, sets a vision that by 2018 'Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individual needs; enabling carers to maintain a balance between their caring responsibilities and a life outside of caring, while enabling the person they support to be a full and equal citizen'.

Following on from the 2008 Carers Strategy, the Coalition Government introduced priority areas for carers in 2010, identified in 'Recognised, Valued and Supported –Next Steps for the Carers Strategy':

- Support 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
- Enable those with caring responsibilities to fulfil their educational and employment potential
- Provide personalised support both for carers and those they support, enabling them to have a family and community life
- Support carers to remain mentally and physically well

The Adult Social Care Outcomes Framework (ASCOF) 2015-16

Used both locally and nationally, this framework sets out the quality outcomes for social care services and supports the comparison of the outcomes and experience of care and support for different groups of users and carers, and allows a focus on the following themes:

- Enhancing the quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring people have a positive experience of care
- Safeguarding vulnerable adults

The ASCOF has also recently been updated to include new measures of social isolation due to the clear link between loneliness and poor mental and physical health. These measures aim to highlight and tackle loneliness and social isolation, as well as support carers and those they care for with support to remain connected to their communities and to develop and maintain connections to their friends and family.

Local

Changes at the national level have driven significant work locally to deliver a number of frameworks which will support better ways of working between commissioners and services, acting as the basis for joint cohesive relationships and whole systems working. The local carer's strategy ran until 2014.

Services for are provided by Carer's Resource who provide assessments to carers. The local authority still provide statutory assessments.

What challenges have been identified in a local context?

We continue to work in a context of reductions to public service funding while there are increasing needs particularly among: older people, people with a learning or physical disability, people with mental health needs and those accessing extra care services. The Local Authority and the NHS in Bradford commission a range of support for carers from local organisations. Some provide direct support for carers, others provide a service for the cared-for person which allows carers to have a break or pursue work or education.

Current local provision has grown up through a history of funding agreements which have been sustained to the present day. They provide valuable services but do not necessarily reflect how the available funding would be invested against local needs and priorities; nor has the available funding been based on analysis of local need. Moving into the future it is likely there will be a smaller ratio of working age people to older people (who may have more complex illness than now). Even small changes in this ratio (often known as the dependency ratio) might have substantial implications for both formal and informal care services.

What do our stakeholders tell us?

Carers are central to adult social care transformation and working in partnership and engaging with stakeholders to shape the future of social care and support services in Bradford district is key to addressing the growing body of evidence locally about the experiences of carers and the inequality they can face.

Recommendations: What do we need to do? How do we ensure this remains a priority?

- A greater focus on ensuring carers have adequate information and receive satisfactory services
- Balancing the need for statutory services and other services

References

Valuing Carers 2011 –Calculating the value of carers' support , Carers UK and University of Leeds, May 2011

2 Carers and personalisation: improving outcomes; Social Care Policy, DH; 25 November 2010

3 Provision of unpaid care 2011 census, Nomis