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| **22 November 2021** | **ITEM:**  |
| **Safeguarding – Operational Board** |
| **Adult Carers (Unpaid)**  |
| **Report of:** Sarah Turner  |
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**Executive Summary**

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

The past 18 months has reinforced the importance of Unpaid Carers but also highlighted areas where improvement is needed. As such, we know we need to change our offer. This report details the challenges Carers face and the activities we are undertaking operationally and in commissioning to transform our internal offer to Carers (Appendix 1).

**1. Introduction and Background**

1.1 A Carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. For the purpose of this report, we are restricting the definition to Adult Carers although we are in the process of moving to an all-age approach within commissioning.

1.2 In 2014, The Care Act replaced most previous law regarding Carers. The Act strengthens recognition of the role of Carers, including for the first time, giving Carer’s parity of esteem to those they care for and a clear right to services.

1.3 Over 3 in 5 people in the UK will become Carers at some point in their lives. Nationally 1 in 8 adults (6 million people) are Carers and of these 1.2 million Carers provide more than 50 hours of care per week. However, this is based on pre-pandemic research – a vast amount of people took on caring responsibilities during this period.

1.4 In Thurrock it is estimated that some 20,000 people are Carers. However, of these under 5% are actually known to public services and formally recognised and receiving carer support. In 2018 only 11 Carers in Thurrock received a direct payment and they accounted for less than 1% of the users of community-based services.

1.5 The 2011 census shows that 26% of those identifying as caring in Thurrock provide more than 50 hours per week. This is higher than region and national averages (22%). In addition, surveys have shown that social isolation of Carers is a significant issue locally.

1.6 This situation may have been exacerbated by the pandemic with Carers UK research showing that Carers have had to take on more responsibility than ever.

* 4 in 5 unpaid Carers (81%) are currently providing more care than before lockdown.
* More than three quarters (78%) of Carers reported that the needs of the person they care for have increased recently.
* Most Carers (64%) have not been able to take any breaks at all in the last six months.
* More than half (58%) of Carers have seen their physical health impacted by caring through the pandemic, while 64% said their mental health has worsened.

1.7 Caring can be a rewarding experience but many face isolation, poverty, discrimination, ill health, frustration and resentment as a result of their caring role.

**2. Investing in Carers**

2.1 The 2011 census showed that the rate of unpaid care over the previous 10 years grew faster than population growth. With older people and people with profound and complex disabilities living longer we can assume this trend will continue.

2.2 These caring responsibilities can have an adverse impact on carer’s employment and education opportunities. Carers are also likely to have much poorer physical and mental health outcomes compared to the general population. This increased health risk is attributed by Carers to a lack of support.

2.3 Apart from the need to support Carers so that their role doesn’t have such an adverse impact on their own wellbeing, without such support Carers are unable to continue in the role. This impacts on the wellbeing of the cared for, often resulting in costly residential care and hospital admissions. There would be a significant financial impact on the health and social care system if carers did not continue to provide the level of care to family members and friends.

2.4 The pandemic has reinforced the importance of Carers. As predicted, the last few months has seen an increase in Carers coming forward (in the first quarter alone, the carers service has supported double the amount of new Carers compared with previous years). The majority of Carers were unknown to health and social care. A much larger than usual number of Carers are presenting as having mental health issues and additional peer support groups have been developed to meet this demand.

2.5 In addition, the service is receiving a significant number of referrals from EPUT, this could potentially be linked to the redesign of community mental health services but equally just be a result of the difficulties faced by carers during the pandemic. Further investigation with the new Mental Health Social Work team suggests this number will grow.

2.6 In order to meet this demand we increased the funding to the Carers Information Advice and Support Service for this year and DMT have agreed to sustain this extra funding during 2022/23. This now enables us to start operating on a place-based approach with a Carers officer aligned to each early intervention team/PCN.

**3.1 Planned Improvements to support unpaid carers**

 We are aware that there are multiple priorities for Carers and a number of improvements that need to take place. A small action plan in Appendix 1 provides more detail and timeframes, however the main initiatives currently in progress are as follows;

* + 1. **Increased identification, support and assessment of carers.**

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

The increased funding detailed in 2.6 will enable us to move to a place-based service. This will enable carers to draw upon the assets and circles of support in the local community to improve early identification and Carer’s outcomes. Some of this work has already been undertaken in Grays and has resulted in 50% of all newly identified Carers now coming from this area.

* + 1. **Development of a Carers strategy/action plan**. We do not have an up to date carers strategy. It has been agreed that we will develop a focussed action plan with carers and that this will be include child and young carers i.e., be an all-age plan for the first time. This is underway and Healthwatch will be carrying out the engagement. They will also be collecting information to inform future commissioning activity around ‘taking a break’.
		2. **Co-creation of new approach to Carers assessments.** We want to move the carers assessment to a strengths based approach (to mirror the cared for). This is in progress, and we have received initial scoping/feedback from carers. We will holding further workshops with carers over the winter to finalise the new assessment process.
		3. **Improved ‘taking a break’ (respite) and replacement care** **options** – linked to 3.1.2. We need to ensure that we enable Carers to take a break from their caring role. Carer feedback suggests that our current services are not meeting this need. The information about what is working well, what isn’t and what is missing will be collected as part of the engagement being undertaken by Healthwatch.
		4. **Support to stay in employment / help with financial difficulties**. The financial impact of caring is significant with many carers living in poverty. We need to support carers to remain in employment if they wish to (this is also a requirement of the Care Act) and increase the uptake of Carers allowance and other entitlements. Budgeting and finance will be included in training to carers. We are also internally improving our offer to carers (see 3.1.6) and then plan to promote carer friendly workplaces and good practice with other local employers.
		5. **Work with HR and OD** to become a carer friendly workplace by supporting the implementation of a Carers Passport and the development of a Peer Support group for Council staff.
		6. **Implementation of a portal** - to allow the Carers service to undertake assessments and reviews of carers needs on behalf of the council (to increase uptake of assessments but also because local research has shown that Carers in Thurrock are frustrated by having to repeat their ‘story’ and a lack of a consistent allocated worker). Developing the portal should have a significant impact on the support available to Carers unknown to ASC, which in turn should improve the wellbeing of both the Carer and cared for long term and stop the need for more costly interventions/crisis response

**4. Conclusion**

As part of our Covid recovery we want to galvanise our offer to Carers including building on those areas that are proving to be successful. The pandemic highlighted what we do well but what also needs improving. Further priorities and actions will come out of the engagement with carers, however it was evident that some areas required attention before the consultation would report. As such, we have progressed the initiatives detailed in section 3.

Our main challenge is the identification of carers. Transforming our carers service to a placed based service should assist with this. Equally, carers can be fearful of social care undertaking an assessment with the majority of carers currently supported by the carers service being unknown to health and social care. As such, we have agreement for this service to carry out assessments on our behalf – however, this will only be possible once the portal (IT solution) is in place (agreement in principle has been reached for this). We are working with carers to ensure that the carers service (and social care staff) will have a revised and more meaningful assessment process as part of this change. Staff training will be provided to support this and to raise the profile of carers and reinforce the legislative requirements (i.e. our duties under the Care Act).

Although the need for these improvements are evident, we are reaching out to carers so they shape the priorities going forward. The action plan and the information being gathered on what carers need to enable them to ‘take a break’ will then be implemented. We hope this, alongside a greater understanding of carers and their needs amongst employers and the wider community will lead to an improvement in the wellbeing and outcomes of carers and by default those they care for.

Appendix 1

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| **Actions** | **Responsibility** | **Estimated Completion date** | **Updates** |
| ***Commissioning***  |
| Implement all age commissioning for Carers | ST | Mar-22 | Initial meeting held with Carers of Barking and Dagenham. Carer transition event jointly managed by CB&D and Thurrock Carers Service (the adult service run by Thurrock MIND). Agreement for action planning to be all age. |
| Carers consultation to be undertaken to shape Carers Action Plan (in place of a strategy) by Healthwatch. Information with also shape future procurement re: ‘taking a breaking’ from caring role. | ST | Mar - 22 | Scoping undertaken Sept 21. Consultation start delayed as we now need to incorporate children and young people. Engagement over the autumn. |
| Carers Action Plan written and signed off by appropriate governance structures. The action plan will be based on the feedback above and our self-assessment against new NICE guidance. | ST | Oct - 22 |  |
| Develop a new way of commissioning to meet Carer’s needs (alliance/collaborative type agreement). Providers (including ‘0’ cost solutions) working together/rather than in competition to meet need so we can provide a holistic response to carers where the carer’s needs are at the centre. | ST | Apr - 23 | This will involve the LA taking a risk on a new approach to procurement and commissioning. A traditional model may need to be undertaken if unable to get ‘buy in’ to idea/level of risk. This will need to be based on feedback from  |
| ***H.R.*** |
| ST working with Mykela Pratt to review internal HR policies to check they are carer friendly. Carers passport for Thurrock Council staff to be introduced.  | ST and MP | Mar - 22 | This has been developed and will be implemented. |
| Peer support group to be developed.  | ST and OD | Mar - 22 | Have agreement that carers service will facilitate this. Meeting planned with OD.  |
| Once Thurrock Council HR policies are within best practice for Carers we will promote the Carers UK digital resource (recently purchased) for employers within Thurrock. | ST | Mar - 23 |  |
| ***Training***  |
| Produce training materials with My Learning for ASC staff | BR/ST/TO | March - 22  | Agreement reached early September for external party to carry out training. ST has meet with Carers UK and SCIE but they are unable to provide. Other colleagues in the region are sharing training provider details for further investigation. |
| Training dates to be organised and shared with ASC staff (mandatory for all practitioners) | TO | Oct-21 |  |
| Training programme to be implemented 4 times per year for Carers. | Carers Service and Adult Education Centre. | Oct - 21 | This is in development by Thurrock Adult Education Centre based on best practice. |
| ***IT & Systems***  |
| Request for changes to Carers Assessment & Joint Carers Assessment in line with engagement feedback | BR | Oct-21 | Initial feedback received from carers (including a carer who underwent an assessment). We are now in the process of arranging further workshops. This launch is aligned to the training for social workers. |
| Confirmation on where to record carers on LAS & guidance to be produced on where Carers information should be saved for both recording and reporting measures  | BR | Oct-21 | This need to align with the social work training. |
| LAS Carers E-Learning and guidance to be produced  | BR/BK | Oct-21 | This needs to align with the social work training. |
| Adults Portal to be discussed at Business Meeting for approval | BR/ST | July-21 | Agreed. Going to digital board in November. Capital bid submitted. |
| Carers Assessments to go live for all ASC staff | BR | Nov-21 | This need to align with the social work training. |
| ***Charging***  |
| Charging for carers and respite services to be reviewed in line with recent judgements to ensure we are compliant and equitably applying guidance. | MS/ST | Oct-21 | Proposal to be brought to DMT by MS |
| ***Engagement*** |
| Current carers assessment to be shared with Thurrock Carers Service to review and feedback  | ST | July-21 | Achieved. Further sessions planned with carers to finalise. |
| Carers assessment to be amended in line with feedback and shared with Thurrock Carers Service for comment  | ST | Apr-22 | As above. |
| Carers assessment to be shared with ASC Improvement Group for review and comment  | BR | Oct-21 |  |