

Shropshire Council

Carer Survey and Review – Interim Report

Background

It is estimated that 3 in 5 people will become family carers at some point in their lives¹ and 1 in 7 employees is caring for someone outside of work.²

The Shropshire 2011 Census indicates there are 34,260 carers in Shropshire, approx. 3000 carers are known to services. The associated economic value of unpaid carers in Shropshire has been calculated as £261.5 million, an average of £7,633 per carer.

For many carers, caring affects their own personal health and wellbeing. They may become socially isolated, which increases feelings of loneliness; many have given up work or reduced their hours, which has implications in regard to their finances, now and at pensionable age, as well as their confidence levels. Their own health may break down from the stress associated with looking after someone else and not looking after themselves. Many carers do not want to think about a future, as one carer commented,

‘How do you get some sense of yourself back? When your life has been consumed with caring for another it is easy to lose yourself.’

During the gathering information stage of the review, mid-June to end of July, we have spoken with:

- 135 carers, individually and in groups, throughout Shropshire;
- a further 93 carers completed the online survey; 55 working carers; 28 non-working carers and 10 preferred not to say;
- Voluntary sector organisation - Taking Part
- Frontline staff – 6 members of staff.

Geographic area and category of carer who participated:

Locations
Shrewsbury
Pontesbury
Nesscliffe
Church Stretton
Oswestry
Wem
Market Drayton
Bridgnorth
Shifnal
Ludlow
Cleobury Mortimer

Condition specific
MH carers
LD Carers
Parent Carers
Age UK
Parkinson carers
Stroke carers
Care and Share - dementia carers
Alzheimer carers
MS carer
General carers

Survey Locations
NW - 14
NE - 6
C - 42
SW - 4
SE - 3
Prefer Not to Say - 24

¹ Carers UK (2001) It Could Be You – A Report on the Chances of Becoming a Carer

² Working for Carers

Feedback

The feedback received through the review has been analysed and organised into themes and then placed under the respective priorities of the All Age Carers Strategy Priorities.

Carers Strategy Priority One – Carers are listened to, valued and respected

Carers said that they wanted -

- the practitioners they are working with to show understanding, compassion and belief;
- the ability to have input into the planning of care so that the care is tailored and not just what practitioners think is best for them or what is available;
- the carers view of what is needed to be given equal weight as the cared for person's view;
- carers rights are recognised at the same level of the cared for (should be covered through the Care Act, 2014)
- practitioners to use the carer's name and don't refer to them as 'carer'
- practitioners to be sufficiently skilled to advise on procedures at the outset e.g. financial assessment
- practitioners having person centred training and skills
- practitioners keeping in contact to advise on progress and offer guidance on navigating the system
- practitioners should take into account that other siblings and family members are affected by care input and they too should be considered when planning care.

Further common themes that emerged were that carers felt that practitioners from health organisations and the council do not appear to value the input of carers, organisations in Health and Social Care, Housing and Benefits did not communicate and work with each other, that carers are often not aware of their own needs or actually acknowledge that they are a carer, and how can carers contribute to shaping and influencing the Shropshire 'carer offer'.

Key point: currently, not all carers feel that the organisations they are seeking support from listen, value and respect them, and talking to practitioners is only of benefit when it is a proper two-way conversation where what they have said has been heard and recognised.

Carers Strategy Priority Two – Carers are Enabled to Have Time for Themselves

Carers said they wanted –

- practitioners to consider carer break options on an individual basis, everyone is unique
- a range of options available for a carer break, some may include time with the cared for person and time spent at home
- Flexible replacement care that works around the carer
- Availability of good quality replacement care, especially when the cared for's health deteriorates, excluding them from some traditional respite options
- practitioners to think 'outside the box' to suggest different ideas to overcome any resistance from the cared for and family members
- more flexibility when booking breaks in a residential home or Positive Steps

Further common themes that emerged were that all carer breaks required careful planning by the carer, either to ensure family members were available to help or for when there was a vacancy at an alternative location, carers had become isolated and had lost contact with network groups to socialise with and whilst the majority of carers had not thought about Technological Enabled Care they were interested in finding out more about how it may help them.

Key Point: Currently, not all carers feel practitioners consider a wide range of options when suggesting different ways to allow the carer to have space and time for themselves and it is only by practitioners addressing any isolation and thinking outside the box that may allow carers to have a break.

Carers Strategy Priority Three – Carers can access timely, up to date information

Carers said they wanted:

- relevant information at the right time on their journey. Too much information and too many organisations having input at the start of the journey made carers feel overloaded, especially as it may coincide with their coming to terms with their new situation
- information that is easy to locate and understand
- practitioners to provide information on the process, such as financial assessments
- practical information on how to maintain their cared for, as well as their own, wellbeing
- Peer mentoring to enable new skills to be learnt to keep the family strong and stop them from becoming isolated from the community
- Someone to walk with them on their journey, a 'buddy' who would guide them through processes and systems

Further common themes that emerged were that carers felt there was little joined up information with other organisations, such as health and DWP, carers whose cared for lived cross border experienced difficulty in obtaining information about support in another area and the most common venue to find information was the library, closely followed by GP practices, self-help/peer groups, the internet and the Council web page.

Key Point: Currently, not all carers feel they are getting the right information at the right time during their journey and information needs to be helpful, appropriate, correct, consistent and provided in a timely manner if it is to be of use.

Priority Four – Carers are enabled to Plan for the Future

Carers said they wanted:

- information on what to do and who to contact when the situation changes.
- practitioners to help with planning should the caring situation deteriorate
- for working carers, details of what impact their caring responsibilities will have on their employment and their future work choices
- coping strategies to enable carers to come to terms with their caring role during each stage
- clear information on their financial and legal position and that of the cared for

Further common themes that emerged were that carers felt the timing of the future planning conversation was crucial, safeguarding for carers was not considered, carers wanted support to build their confidence, reduce their isolation and support to adjust to each stage of caring.

Key point: Currently, not all carers feel they are being given information to plan for the future and without regular contact, timely conversations and support are missed when their caring role changes.

Priority Five – Carers are able to fulfil their educational, training and employment potential.

Carers said they wanted:

- places of work to provide information on their options and communicate with them about their caring role
- flexibility at work to adjust their working hours and patterns of work.
- a carer policy at the workplace so that carers could expect a standard level of support wherever they worked in an organisation
- to know their rights at work
- good quality care from care agencies so that it lessened the guilt they felt in leaving the care to an agency
- support for working carers – all groups and contact points are in working hours

Further common themes that emerged were carers wanted managers in their workplaces to support them by listening and for colleagues to have a better understanding of the pressure working carers are under; being out of the workplace for long periods may have a negative impact on carers confidence, finances and skills.

Key point: Currently not all working carers feel they are receiving good, understanding support from their workplaces where their options are discussed. A standardisation of carer rights and a carer policy in workplaces would contribute to carers being able combine work with providing care.

Young Adult Carers (YAC's)

Currently there is no provision for YAC's transition assessments and support groups.

Parent Carers

Currently parent carers are not receiving carer assessments and the transition to adult social care can be challenging for them.

Proposed Next Steps

The report was taken to the meetings in the table below with the proposal that recommendations and a supporting action plan are developed through a task and finish group comprising carers, stakeholders and officers in October and November 2019. The recommendations from the task and finish group should then come back to the Directorate Management Team (DMT) and Family Carers Partnership Board (FCPB) for final sign off. Any proposals that would incur new investment or changes to commissioning arrangements will need to be approved by Head of ASC and Corporate Director of Adult services.

Date	Action
5 September 19	VCS Change and Compact group
10 September 19	Directorate Management Team
18 September 19	Family Carers Partnership Board
20 September 19	Making it Real Board
18 October 19	Task and Finish 1st meeting
18 October 19	Learning Disability Carer Forum
31 October 19	Task and Finish group 2nd meeting
14 November 19	Task and Finish group 3rd meeting
Nov/Dec 19	Directorate Management Team
2 December 19	Family Carer Partnership Board
January 2020	Implementing recommendations