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Please read this chapter in conjunction with -

JSNA Chapters:

Warrington JSNA Older People - Service Uptake Chapter

Warrington Joint Strategic Needs Assessment Index

Warrington JSNA Early Help and Targeted Services for Children and Families Chapter

Warrington JSNA Children and Young People with Disabilities Chapter

Warrington JSNA Mental Health Chapter

Warrington JSNA Older People - Burden of Ill Health Chapter

JSNA Data Baskets:

2011 Census - First Release of Data

Population Estimates and Projections (Warrington)

Mental Health (Warrington)

Contents

Warrington Joint Strategic Needs Assessment (JSNA) 2011 - Carers Chapter

The Joint Strategic Needs Assessment (JSNA) considers a wide range of factors that affect the health and wellbeing of the people of Warrington. The objective of the JSNA is to involve partner organisations, such as the local NHS, local authorities, Police, Fire and third sector organisations in order to provide a top level, holistic view of current and future need within the borough. The JSNA is used to agree key priorities to improve the health and wellbeing of all our communities at the same time as reducing health inequalities.

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Executive Summary

Introduction

This chapter aims to describe the current and projected future number of carers within Warrington, and seeks to identify any gaps in provision or knowledge. A glossary of commonly used terms in relation to carers and Social Care service users is provided in Appendix A.

The government states that "*a carer is someone who spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled, or has mental health or substance misuse problems*" (Department of Health (DH), 2008, summary pg. 11).

A young carer is a child or young person under the age of 19 carrying out caring tasks and assuming a level of responsibility for another person that would normally be taken by an adult.

These are the definitions used by Warrington Borough Council. Any adult or child who provides 'substantial and regular' unpaid care to another person is entitled to an assessment of their needs and may be eligible for support services in their own right.

Warrington Carers' Strategy has been developed based on the objectives and priorities, as set out in *Carers at the heart of the 21st century families and communities* (DH, 2008), so 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 individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen*" (DH, 2008, pg. 9).

Warrington Borough Council has four priority areas for carers, which are identical to those identified in *Recognised, valued and supported: Next steps for the Carers' Strategy* (DH, 2010).

- Supporting 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 the designing of local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

The National Health Service (NHS) Operating Framework for England 2010/11 endorses the same 4 priorities. It suggests that Primary Care Trusts (PCTs) and Local Authorities (LAs) should pool budgets to support the provision of carers' breaks, and in 20011/12 they should agree policies, plans and budgets to support carers.

During 2011/12, the results of the Centre for International Research on Care, Labour and Equalities (CIRCLE) evaluation of the Department of Health's Demonstrator Sites programme, including pilots of Health Checks sites, were published and PCT's should consider the findings as they develop their health check offer to carers. For further information, see *New Approaches to Supporting Carer's Health and Well being: Evidence from the Carer's Strategy Demonstrator Sites programme* (CIRCLE, 2011a).

Key Issues and Gaps

Carers generally experience poorer physical and mental health than the rest of the adult population (Schulz et al., 1997). The 2001 Census showed that nationally it is estimated that 42% of carers are men and 58% are women (NHS.uk).

Although, data is available on carers who are known to services, figures suggest that only a small proportion of all unpaid carers actually access services, thus a key recommendation is around identification and recognition.

Recommendations for Commissioning

The Carers' Partnership Board, which is a multi-agency commissioning vehicle for carer services in Warrington, is responsible for ensuring the delivery of the joint commissioning strategy and **associated action plan. This is based on the four priorities highlighted in** *Recognised, valued and supported: next steps for the Carers' Strategy* (DH, 2010).

Future commissioning decisions should therefore be made around the following priorities:

- Identification and Recognition – Supporting 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.
- Realising and Releasing Potential – Enabling those with caring responsibilities to fulfil their educational and employment potential.
- A Life Outside of Caring – Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting Carers to Stay Healthy – Supporting carers to remain mentally and physically well.

1) Who's At Risk and Why

Nationally, there are over six million carers, family, friends and neighbours who provide unpaid care to someone who is ill, frail or disabled. "*The care they provide to help sustain people in their own homes and in their own communities is vital*" (Carers UK, 2011).

The costs of caring can be considerable. One in five carers gives up work to care (Carers UK, 2009), carers are twice as likely to suffer ill-health as those not providing care (Carers UK, 2004), and many struggle to make ends meet (Carers UK, 2008).

The 2001 Census identified that there were 19,976 unpaid carers in Warrington and, by 2011, it is estimated that this had increased by approximately 10% to 21,938 (Carers UK, 2011a). (ONS will be releasing census 2011 data during 2013 and will be available here.) During 2010/11 Warrington Borough Council Adult Social Care provided 2,031 carers with an assessment of their caring needs and provided either information and advice or a service. WIRED (Wirral Information Resource for Equality & Diversity Ltd) Warrington Carers' Services based at The Bungalow, Garven Place, Warrington has 1,700 registered adult carers and 200 young carers. This suggests that only a very small proportion of carers have accessed services for carers. WIRED provides services such as advocacy, signposting and drop in sessions, amongst others (wired.me.uk).

In an internet-based survey on the experiences of 639 carers aged 60 and over (Princess Royal Trust for Carers, 2011) estimated that 16% of people aged 65-74 provide unpaid care and 13% of people aged over 75 provided unpaid care (data and charts for the over 65 population are available here). 68.8% of respondents said that caring had a negative impact on their physical health and 68.8% said that being a carer had an adverse effect on their mental health.

In the next 20 years the number of people aged over 65 with dementia is estimated to almost double (POPPI[1]). Dementia is predominantly an illness of later life but approximately 13,000 people under 65 have dementia in the UK (PANSI[2]). The incidence and prevalence of dementia rises with age. Approximately 6% of people aged over 75-79, and 30% of all people over 90[1]. In Warrington in 2011 this equates to 698 aged between 65 and 79 and 1,435 people over 80. By 2020 this will be 893 people between 65 and 79, and 1,927 people over 80[1]. Dementia affects men and women in all socio-economic groups, but carers of people with dementia tend to be older and frailer people themselves. (Mental health data, charts and maps available here.)

Footnotes

[1] *www.poppi.org.uk This website uses the most recent and relevant data from Dementia UK (2007). The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2030.*

[2] *www.pansi.org.uk This website also uses data from Dementia UK (2007). The report gives rates for early onset dementia, in ten year age bands, from the age of 30, including numbers for males and females.*

2) The Level of Need in the Population

2.1) Caring Responsibilities: There are a significant number of older people providing unpaid care[1] either to a partner, family member or another person; as the older population increases and people live longer this will only increase. In Warrington in 2010, there are estimated to be 3,812 people over 65 who are providing unpaid care to another; by 2030 this is projected to approximately to 5,752.

2.2) Provision of Unpaid Care:

Table 1: Warrington People aged 65 and over Providing Unpaid Care to a Partner, Family Member or Other Person, by Age, Projected to 2030

Age	2010	2015	2020	2025	2030
65-74	2,688	3,077	3,211	3,241	3,749
75-84	994	1,163	1,372	1,620	1,710
85	130	150	181	239	294
Total population aged 65 and over	3,812	4,390	4,764	5,100	5,752

Figures may not sum due to rounding. Crown copyright 2010.

(Data source: POPPI[2])

The Local Authority (LA) has a statutory duty to assess the needs of the carer and a discretionary power to provide services to meet those needs. Without an assessment, the LA would be unable to provide directly funded services, however it may be able to signpost carers to other services funded by other agencies. Hence, in order to be eligible for services provided by the LA, it is vital that a carer's needs must first be assessed by the LA.

2.3) Carers of Social Care Service Users (Adults aged 18-64): During 2010/11, 856 carers of adults aged 18-64 had their caring needs assessed by Warrington Social Services. This assessment of the caring needs was either done jointly with the needs of the service user, or separately, if the carer requested it or if there may be a conflict of interest between the carer and client. This is broken down in Table 2.

Table 2: Carers Assessed by Warrington Social Services, by Client Group of Cared For Person (2010/11)

Client group of cared for person (adults aged 18-64)	Carers needs assessed separately	Carers needs assessed jointly	Total carers assessed
Physical Disability	110	300	410
Mental Health	170	45	210
Learning Disability	70	135	205
Substance Misuse	10	0	10
Other Vulnerable People	-	15	20
Total	360	490	860

Rounded to nearest 5. Number less than 5 but not 0 recorded as '-'
Numbers may not add due to rounding.
(Source: Warrington Borough Council Referral Assessment & Package return 2010/11)

In terms of how this relates to the overall number of service users known to Adult Social Care, Table 3 highlights the percentage of service users with a known and assessed carer. Only those people who receive services to help them live as independently as possible in their own home and wider community have been included in the table.

Table 3: Percentage of Community-Based Service Users with an Assessed Carer (2010/11)

Client group of cared for person (adults aged 18-64)	Number of service users	Number of service users with assessed carers	% of service users with assessed carers
Physical Disability	1009	412	41%
Mental Health	920	212	23%
Learning Disability	418	205	49%
Substance Misuse	41	8	20%
Other Vulnerable People	33	19	58%
Total	2421	856	35%

(Source: Warrington Borough Council Referral Assessment & Package return 2010/11)

From the data in Table 3, almost 50% of adults with a learning disability also have a carer who has been assessed by Warrington Social Services. However, this figure drops to only 23% for adults with mental health problems. Overall, approximately 1 in 3 service users have a carer who has been assessed by Warrington Social Services.

2.4) Carers of Service Users (Older People aged 65+): In 2010/11 there were 1,574 carers assessed who were caring for someone aged over 65. This is broken down in Table 4.

Table 4: Carers Assessed by Warrington Social Services, by Client Group of Cared For Person (2010/11)

Client group of cared for person (adults aged 65+)	Carers needs assessed separately	Carers needs assessed jointly	Total carers assessed
Physical Disability	175	1065	1240
Mental Health	80	235	315
Learning Disability	-	5	5
Substance Misuse	0	-	-
Other Vulnerable People	0	5	5
Total	260	1315	1575

Rounded to nearest 5. Number less than 5 but not 0 recorded as '-'
Numbers may not add due to rounding.
(Source: Warrington Borough Council Referral Assessment & Package return 2010/11)

In terms of how this relates to the overall number of service users known to Adult Social Care, Table 5 highlights the percentage of service users with a known and assessed carer.

Table 5: Percentage of Community-Based Service Users with an Assessed Carer (2010/11)

Client group of cared for person (adults aged 65+)	Number of service users	Number of service users with assessed carers	% of service users with assessed carers
Physical Disability	3605	1240	34%
Mental Health	520	315	61%
Learning Disability	40	5	18%
Substance Misuse	-	-	75%
Other Vulnerable People	20	5	27%
Total	4185	1575	38%

Rounded to nearest 5. Number less than 5 but not 0 recorded as '-'
Numbers may not add due to rounding.
(Source: Warrington Borough Council Referral Assessment & Package return 2010/11)

Over 60% of the service users aged over 65 with a mental health problem have a carer who has **been assessed by Warrington Social Services. For older adults with a learning disability, this** figure drops to 18%. This could be an indication of a significant number of carers whose caring needs are not being met, as they are not known to the Council.

Overall, almost 40% of service users aged over 65 have a carer who has been assessed by Social Services.

Footnotes

[1] *Unpaid Care refers to any unpaid help, looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age.*

[2] *Figures are taken from Office for National Statistics (ONS) 2001 Census, Standard Tables, Table S025 Sex and age by general health and provision of unpaid care. The most recent census information is for the year 2001. (ONS will be releasing census 2011 data during 2013 and will be available here.)*

3) Current Services in Relation to Need

The majority of carers (75%) felt their needs were met because the person they cared for **received services provided through Social Care. This has decreased since 2008/09 (80%; WBC, 2009)**, although it reinforces that the majority of carers believe that their needs are met through the provision of services to the cared for person.

In 2010/11 Warrington Borough Council provided:

- 15,365 nights of respite care to 532 adults, of which 413 had carers
- 46,678 days of day care to 579 adults, of which 409 had carers

3.1) Carers Services (Adult Social Care): In 2010/11 there were a total of 2031 carers who received an assessment and service directly from Warrington Adult Social Care. This consisted of 959 who received services such as respite, day care and other specific services, and 1072 **who received information and advice. The age profile of those carers is shown in Table 6.**
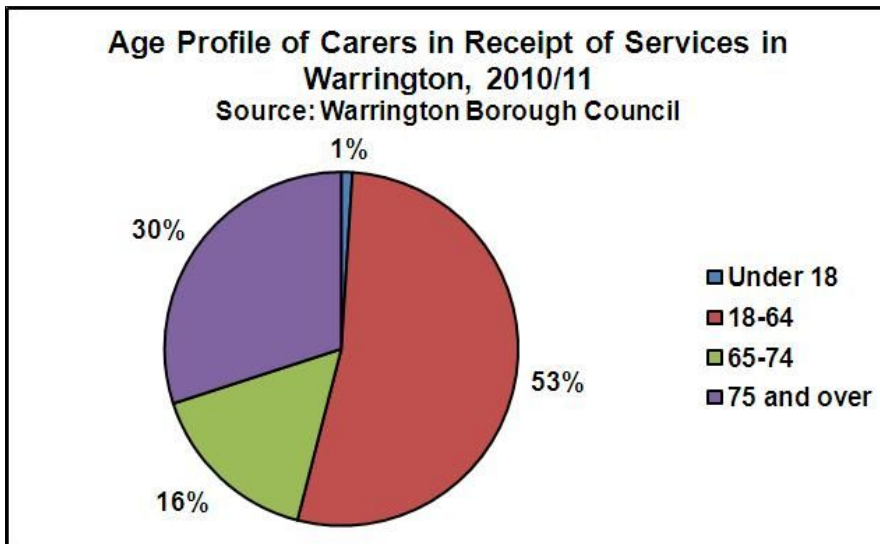
Table 6: Carers Assessed 2010/11: Carers Services, by Age Group of Carer

Age Group of Carer	Services including respite for the carer and/or other carer specific services	Information and advice only	Total
Under 18	-	15	20
18-64	425	670	1090
65-74	150	165	315
75 and over	380	220	605
Total all ages	960	1070	2030

Rounded to nearest 5. Number less than 5 but not 0 recorded as '-'
Numbers may not add due to rounding.
(Source: Warrington Borough Council Referral Assessment & Package return 2010/11)

Chart 1 shows the number of carers in Warrington that receive a service. 53% are aged 18-64 and 46% are aged 65 and over.

Chart 1: Carers in Receipt of Services 2010/11, by Age, Warrington

(Source: Warrington Borough Council Referral Assessment & Package return 2010/11)

3.2) Carers' Services Performance Benchmarks: Warrington has been able to compare some of its performance information against a group of North-West authorities. However, not all authorities were able to submit information and, at time of publication, information from Warrington's nearest statistical neighbours was not available.

Table 7 presents figures on carers who receive both an assessment/review and a service from the Council, expressed as a percentage of all adult community-based service users. Support for carers is a key aspect of support for vulnerable people. Support for carers enables carers to continue with their lives, families, work and contribution to their community. This indicator was previously in the Government's National Indicator set and provides a measurement of how well an authority is meeting the needs of its carers. A higher percentage indicates better performance.

As Table 7 shows, in 2010/11 30.7% of community-based service users were carers who received a service from the Council. This is higher than the North West average and places Warrington in the top 25% of all North West Local Authorities, suggesting good levels of engagement with, and support to, carers.

Table 7: Carers Receiving Needs Assessment or Review, and a Specific Carer's Service, Advice or Information, as a Percentage of all Services Provided, 2010/11

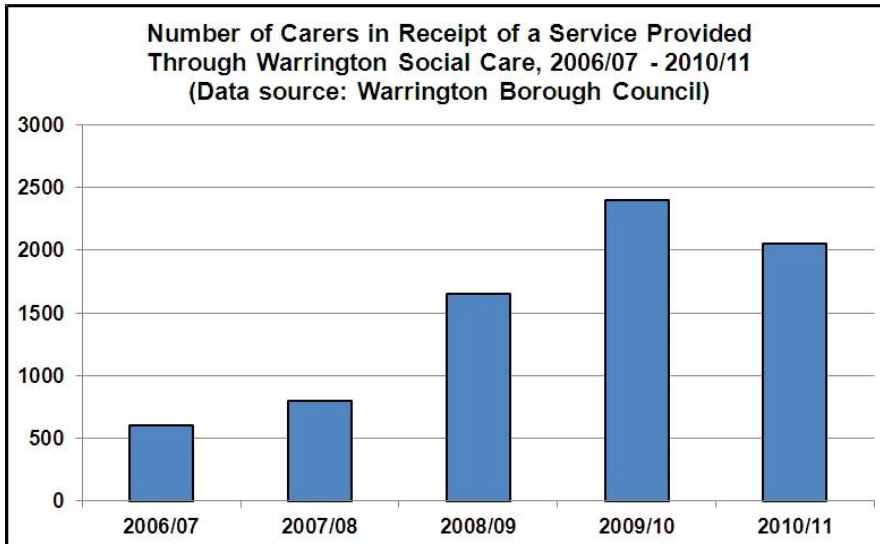| Authority	
Blackburn with Darwen	no value submitted
Bolton	no value submitted
Cheshire West & Chester	28.40
Cumbria	29.24
Knowsley	45.68
Lancashire	23.30
Liverpool	27.00
Oldham	27.40
Rochdale	30.73
Salford	34.00
Sefton	30.50
St Helens	29.17
Tameside MBC	30.10
Trafford	30.20
Warrington	**30.70**
Wigan	no value submitted
Wirral	25.76
MIN VALUE	**23.30**
25% PERCENTILE	**27.65**
MEDIAN	**29.67**
75% PERCENTILE	**30.65**
MAX VALUE	**45.68**
NW AVERAGE	30.16

3.3) Carers Services Performance Trends: Carers in receipt of services, as a percentage of all non-residential service users, has been recorded as a national indicator for the last 5 years. Table 8 and Chart 2 show how the number and percentage of carers has changed during this time. The number has increased substantially over the last 5 years. The 2009/10 figures are high, due to change in the statutory return definition for this year. 2010/11 has been calculated in the same way as 2008/09 and earlier.

Table 8: Carers in Receipt of Services over the Last 5 Years

	2006/07	2007/08	2008/09	2009/10	2010/11
Carers in receipt of services	625	805	1640	2435	2031
Carers as % of clients	9.1%	11.80%	25.4%	37.0%	30.7%

(Source: Warrington Borough Council Referral Assessment & Package return 2010/11)

Chart 2: Number of Carers in Receipt of a Service Provided through Warrington Social Care, 2006/07 – 2010/11

(Source: Warrington Borough Council Referral Assessment & Package returns, 2006/07 to 2010/11)

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4) Projected Service Use and Outcomes in 3-5 Years and 5-10 Years

4.1) Dementia: The projected number of older people in Warrington with dementia is expected to increase from 2,097 to 4,060 in 20 years, which is almost a 100% increase. In the next 5 years alone, the number of older people with dementia is expected to increase by 300 (14%). This will have a significant impact on the number of carers who will require support.

Table 9: Older People Predicted to have Dementia

Age	2010	2015	2020	2025	2030
65-69	120	145	133	148	175
70-74	224	245	295	274	302
75-79	346	417	465	562	521
80-84	519	550	694	791	979
85-89	528	567	639	878	1,017
90 and over	360	477	594	770	1,066
Total aged 65 and over predicted to have dementia	2,097	2,401	2,820	3,423	4,060

Figures may not sum due to rounding. Crown copyright 2010.

(Source: POPPI[1])

4.2) Caring Responsibilities and Provision of Unpaid Care: There are a significant number of older people providing unpaid care either to a partner, family member or another person. As the older population increases, and people live longer, this will only increase. In Warrington, there are currently estimated to be 3,812 people over 65 who are providing unpaid care to another. As table 10 presents, by 2030 this is projected to have increased to 5,752 (50% increase)[2].

Table 10: Warrington People aged 65 and over Providing Unpaid Care to a Partner, Family Member or Other Person, by Age, Projected to 2030

Age	2010	2015	2020	2025	2030
65-74	2,688	3,077	3,211	3,241	3,749
75-84	994	1,163	1,372	1,620	1,710
85	130	150	181	239	294
Total population aged 65 and over	3,812	4,390	4,764	5,100	5,752

Figures may not sum due to rounding. Crown copyright 2010.

(Data source: POPPI[2])

Footnotes
[1] *www.poppi.org.uk This website uses the most recent and relevant data from Dementia UK (2007).*
[2] *Figures are taken from Office for National Statistics (ONS) 2001 Census, Standard Tables, Table S025 Sex and age by general health and provision of unpaid care. The most recent census information is for the year 2001 (the next census will be conducted in 2011).*

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5) Evidence of What Works

It is estimated that there are almost 6 million carers in the UK (The Princess Royal Trust for Carers, 2011), which equates to 1 in 10 people at any one time (of which 48% are men and 58% women). 1.25 million carers provide care for over 50 hours per week, which is a full time work force greater than that of the NHS. Carers are estimated to save the government between £67b and £87b every year. Given information previously cited in Princess Royal Trust for Carers publications, interventions that specifically target improving physical and mental well-being can impact on a carer's ability to continue to care. Access to respite breaks, leisure and social opportunities, education and training, and interventions which support carers to access or remain in paid employment can all have a positive impact on the carer and their ability to continue caring.

The importance of early identification should not be under-estimated. Primary Care, such as that provided by GP's and practice nurses, is a key setting where the existence of a caring role can be determined and result in the carer getting information, advice and support at an early stage.

5.1) Mixed Respite Services: There have been at least three evaluations of large-scale respite demonstration programmes in different states in the USA that were concerned with carers of older people with Alzheimer's disease and related conditions (Arksey et al., 2002). Taken together, these studies have produced apparently contradictory results with respect to the impact of respite care on the psychological health of carers. The largest study found no impact of respite on carers' psychological health (Lawton et al., 1989), whereas the other studies found that respite care improved carers' psychological health. These studies suggested that this was due to a reduction in carers' subjective burden, negative appraisals and depression, for example (Montgomery and Borgatta, 1989; Kosloski and Montgomery, 1993; Cox 1997).

5.2) Day Care Services: The main study into the effects of services on outcomes for carers, since the community care reforms were introduced, is the Evaluation Community Care for Elderly People (ECCEP) study (Davies and Fernandez, 2000). This post-community care study by Davies and Fernandez (2000) found that provision of day care had a large positive impact on length of time in the community for all recipients of the service, although the size of the effect varied with the characteristics of the users and the level of day care received. In particular, day care users that were suffering from a cognitive impairment showed a greater effect on the length of stay in the community than day care provided to other users (Davies and Fernandez, 2000). For older people with cognitive impairment, one day a week of day care (costing around £40 a week in 1996) increased the time spent in the community by approximately 200 days, while two days a week of day care increased the time spent in the community by approximately 270 days (Davies and Fernandez, 2000). Also, decreases in carer stress significantly increased the users' ability to stay in the community for extended periods of time.

5.3) Home Respite Services: Home respite care takes the form of sitters and other types of home care relief services, which provide alternative care for the person being cared for at home and enable the carer to take a break (Twigg et al., 1990; Hills, 1991; Leat, 1992; Tinker et al., 1999). Some sitter services are limited to providing companionship and limited assistance. Other schemes provide somebody to substitute for the carer, undertaking care tasks for the disabled person and replicating what the carer would be doing at that time of day.

The Social Services Inspection (SSI) of services for carers in the London Borough of Merton, carried out in 1998, found that many of the carers they talked to were enthusiastic about the concept of a sitting service (SSI, 1998). One reason for their popularity is that they are often more acceptable to the disabled person than day care outside the home. As Twigg et al. (1990) wrote, "*Respite provided in this way offers, potentially, the least disruptive form of service. This is true, both for the dependent person who is not required to go into a strange environment, and for the carer who is not required to organise and get their dependant out of the house*" (Twigg et al., 1990, pg. 58).

5.4) Institutional Respite Services: Institutional respite care is used by carers of older people, particularly those with dementia, to give them an overnight break from caring (Twigg et al., 1990). A number of different types of institutional settings provide respite services. For example, residential or nursing homes in the Local Authority, private or voluntary sectors, and community hospitals and intermediate care facilities in the NHS. Respite may be provided on a one-off basis or rotated so that the cared-for person has some weeks in the institution and some weeks at home.

Evidence collected since the community care reforms were introduced suggests that, with regard to caregiver burden, respite care has substantial effects for caregivers in some circumstances. Davies and Fernandez (2000) found that respite care, which was defined as overnight care in institutions, was found to have the largest marginal productivities (involving reductions in levels of carer stress associated with increases in use of respite care) where the care manager perceived the user to have cognitive impairment.

6) (Target) Population/Service User Views

Carers are consulted through quarterly surveys and a specific adult and young carers' consultation took place in 2010/11, the results of the adults' consultation are shown in this section.

6.1) Warrington Adult Carers Consultation: The consultation ran from 3rd to 20th September 2010. 3,000 surveys were sent out to people known to the authority and identified as being a carer, either through having a carer service, an assessment or identified in a service user's assessment as being in a caring role. 366 were returned, giving a response rate of 12.2%.

The main observations included:

- 67.4% of respondents care for 50 or more hours per week.
- The largest group of people cared for are the carers' partners, at 44.8%.
- 65.8% of respondents have been carers for 5 or more years, with the highest single category being 15+ years, with 27.3%.
- The largest category of client that respondents care for is adults over 65 with a physical disability (39.9%).
- The largest category of service that the people cared for received was Direct Payment (42.5%); the second largest was Home Care (30.1%).
- 63.8% of carers state that the main support for them is that the cared for person receives services in their own right.
- The highest role/organisation that respondents felt listened and identified their needs the most was the GP, with 46.4% indicating that they helped *a great deal* and 34.8% choosing *to some extent*, making 81.2% overall.
- The majority of respondents said that their appointments were flexible, at 68.6%.
- 71.1% of respondents reported that their GP knew that they were a carer.
- The person that respondents say has helped them the most is a family member.
- 62% of respondents said that Wired (Adult and Young Carers Services, Warrington) was the main voluntary organisation that has helped them in their caring role and the service that people use the most is general information and advice.
- Most respondents (67.4%) said that they weren't likely to use voluntary organisations more if they were open at weekends/evenings.
- Respondents felt that time to themselves would make the most difference to them, at 23.8%.
- 53.5% of respondents said that they were aware that they could have an emergency card and record an emergency plan.
- 65.4% of respondents stated that they could get a break from caring.
- 42.1% of respondents are retired, which is the largest single category.
- 33.6% of respondents had to give up work because of their caring role.
- The majority of respondents had told their employers that they were a carer, at 71.6%, of which 68.7% reported that their employers do understand their needs.
- 63.5% of respondents said that they didn't feel isolated.
- The service that the largest percentage of respondents found useful, and wanted developing further, was help with finances, at 15.2%.
- Only 29.3% of respondents said that they needed training for their caring role.
- 35.9% of respondents (the largest category) wanted a combination of being given money to buy their own support and have Warrington Borough Council purchase support on their behalf.
- The largest category of support that respondents would buy would be *help with household duties*, at 18.6%.
- Respondents identified their top priority as ensuring that carers have a life outside their caring role.

6.2) Additional local consultation was undertaken with adults and young carers at the annual Carers Conference in June 2011. At this event the four national priorities, as identified in *Recognised Valued and Supported: Next steps for the carers strategy* (DH, 2010) were discussed. The results of this local consultation event are listed below.

6.2.1) Priority: Identification and Recognition

- Develop information for carers, including young carers, on the council website that reflects the new strategy.
- Develop an identification tool to identify young carers across the board, including schools, GPs, and youth service.
- Information for carers to be included on the Warrington & Halton Hospitals NHS Foundation Trust website.
- Promote WIRED Carers Services as a carers information hub and develop a sign-posting service
- Develop a Carers Charter for Warrington Hospital and ensure that it is widely visible.
- Review the WIRED Carers Services website to ensure it contains information on how to access services from partner agencies.
- Warrington Borough Council to work in partnership with third sector agencies and provide drop-in services facilitated by staff from social care, in order to provide information advice, and face to face contact to carers.
- Develop links with local press, when advertising carers' events, to assist in identifying hidden carers.
- GP surgeries to identify carers, including young carers, and record their caring status.
- All GP surgeries to have a carer champion and receive carers awareness training.
- Provide carers drop–in sessions at GP surgeries.
- Develop links with supermarkets and pharmacies to assist in the early identification of carers, including young carers. This might involve, for example, checkout staff identifying people purchasing two sets of shopping, and providing carers information packs if appropriate.
- Hospital wards to have relevant carers information available, including signposting.
- Hospital wards to consider establishing a carers lead/champion.
- Ensure that all new carers' services are advertised in the current carers' newsletter and that the newsletter is sent to carers on a quarterly basis, as well as included on the council and WIRED websites.
- Develop further links with other partner agencies to input information in the carers' newsletter.
- Develop a newsletter for young carers.
- Link with social workers to ensure all carers are aware of their entitlement to an assessment and review of their needs.
- Carer specific training to be provided to social care/health staff.
- Consider provision of e-learning carers awareness training across all partner organisations. For example, the e-learning model developed by Dudley Council for the training of staff.

6.2.2) Priority: Realising and Releasing Potential

- Jobcentre Plus to ensure that all staff identify and verify carers, and signpost to the officers responsible for supporting carers into employment.
- Create a system to monitor training and employment opportunities being accessed by carers through Jobcentre Plus.
- Train and assist a group of carers to participate in raising awareness and delivering training to organisations and workplace settings on carers' issues, including those relating to employment.
- Develop support groups for carers who wish to access employment and educational opportunities.
- Develop support group for young carers at school to assist with educational issues, including school work and options at 16.

- Promote the importance of flexible employment policies within partner organisations to support working carers.
- Identify staff members who are carers within partner organisations, and develop mechanisms to give support.

6.2.3) Priority: A Life Outside of Caring

- Promote the use of the carer's emergency card scheme for carers to record an emergency plan for the person they care for.
- Develop an emergency card scheme for young carers.
- Develop a system for an annual review of carers' emergency action plans.
- Develop a carers' befriending/time-banking scheme to promote flexible respite.
- Develop a buddying system where young carers can be 'buddies' to each other.
- **Introduce a young carers' hub in the town centre Youth Café.**
- Promote the use of personal budgets[1] to carers in order to provide flexible respite breaks.
- Promote the use of respite breaks for Continuing Health Care[2] carers.
- Promote the use of assistive technology[3] to assist carers.

6.2.4) Priority: Supporting Carers to Stay Healthy

- Raise the profile of the health needs of family carers with health professionals in Warrington Hospital by establishing appropriate awareness training courses.
- Develop ways to reduce the impact of hospital visits on patients who are carers e.g. priority appointments.
- Develop a process for ensuring that carers of patients are properly involved in the patient pathway, and that they receive information and signposting for support.
- Provide informal carers support, including information on self-care issues e.g. back care, stress management etc, as well as pamper sessions.
- Establish training for carers on moving and handling, and on dementia.

Footnotes
[1] *Personal Budgets is a national policy to enable service users and carers to have the maximum choice available when choosing a support service, with the council providing the funds rather than a traditional support service.*
[2] *Continuing Health Care relates to people discharged from hospital but whose needs are funded through the NHS rather the LA, due to nature of the care that the person requires.*
[3] *Assistive Technology is a term used to describe items of technology which allow a person to remain independent in their own home. These are items such as falls alarms and wandering person alarms.*

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7) Unmet Needs and Service Gaps

The 2001 Census identified that there were 19,976 unpaid carers in Warrington and, by 2011, it is estimated that this had increased by approximately 10% to 21,938 (Carers UK, 2011a). During 2010/11 Warrington Borough Council Adult Social Care provided 2,031 carers with an assessment of their caring needs and provided either information and advice or a service. WIRED (Wirral Information Resource for Equality & Diversity Ltd) Warrington Carers' Services based at The Bungalow, Garven Place, Warrington has 1,700 registered adult carers and 200 young carers. This suggests that only a very small proportion of carers have accessed services for carers. WIRED provides services such as advocacy, signposting and drop in sessions, amongst others (wired.me.uk).

8) Recommendations for Commissioning

The Carers' Partnership Board, which is a multi-agency commissioning vehicle for carers' services in Warrington, is responsible for ensuring the delivery of the Joint Commissioning Strategy and associated action plan. This is based on the four priorities highlighted in *Recognised, valued and supported: next steps for the Carers' Strategy* (DH, 2010).

Future commissioning decisions should therefore be made around the following priorities:

- Identification and Recognition – Supporting 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 in both designing local care provision and in planning individual care packages.
- Realising and Releasing Potential – Enabling those with caring responsibilities to fulfil their educational and employment potential.
- A Life Outside of Caring – Personalised support for both carers and those they support, enabling them to have a family and community life.
- Supporting Carers to Stay Healthy – Supporting carers to remain mentally and physically well.

9) Recommendations for Needs Assessment Work

Our knowledge of the needs of Black and Minority Ethnic (BAME) carers is limited. National research, reported in *Half a million voices: Improving support for BAME carers* (Carers UK, 2011b), states:

- 10% of carers providing round the clock care are from BAME communities
- BAME carers are more likely to be in poor health compared with White British carers

The Equality Impact Assessment for carers' services, undertaken as part of the work on the Carers' Strategy (WBC, 2012), highlighted some deficiencies around the identification and support provided to male carers. Further work needs to be done to determine the size, nature and impact of this issue.

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Appendix A

Services Provided by Adult Social Care (as shown on the Referrals, Assessments & Packages of Care (RAP) Statutory Return)

Home Care: This relates to practical services which assist the service user to function as independently as possible and/or continue to live in their own homes, and includes traditional home-help services, such as helping a person prepare a meal, get dressed, ready for bed etc. Overnight, live-in and 24-hours services, such as when a client requires a person to be available overnight, and help with routine household tasks, which may not necessarily happen in a person's house, such as shopping, are also available.

Day Care: This is the pre-planned attendance, following a community care assessment, at a day care centre for day care and/or meals. It includes attendance at training centres and luncheon clubs, but drop in day centres where anyone can attend are not included here.

Meals: Historically, this has included services such as meals on wheels, frozen meals through a third party and meals in day centres. However, in Warrington, there is now no 'meals on wheels service' funded by adult social care and people using the frozen meals service now deal directly with the supplier. The only meals now included are those provided in day centres or those provided through family-based care.

Direct Payments: These are cash payments made to a service user in lieu of directly provided or commissioned services (following an assessment of their needs). The direct payment can be for all or part of a persons assessed services. The service user can then use the direct payment to purchase services to meet their needs.

Professional Support: 'Proactive support, specified clearly within the support plan, in which the care manager is providing support beyond the usual assessment, commissioning, monitoring and review process' to meet an identified need.

This definition refers to support which could potentially be commissioned externally, such as Cognitive Behaviour Therapy, job coaching, or counselling. It could also typically include the support provided by Occupational Therapists within Intermediate Care around reablement activities, the Rehabilitation Officers with visually impaired people (ROVI's) (who support people with mobility and independent living skills training), and the Deafness Support Worker.

If social workers are providing regular, planned support in relation to these kinds of activities or to complete specific tasks, such as supporting contact meetings, accessing money or other practical or therapeutic interventions, then this is classed as 'Professional Support.'

Equip & Adapt: This is the provision of a piece of equipment or an adaptation to a person's home, following an assessment, which will enable them to live as independently as possible. This will include the provision of small items, such as chair raisers to assist a person getting on and off a chair, to significant adaptations to a person's home, such as a bathroom on the ground floor.

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