

**JOINT HEALTH AND SOCIAL CARE
NEEDS ASSESSMENT FOR CARERS IN SALFORD**

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Acknowledgements

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Foreword

Since this needs assessment was produced, there has been a limited release of new data from the 2011. The aim of this foreword is to highlight the small differences in data between 2001 and 2011.

The reported number of adult carers in Salford has increased between 2001 and 2011 from 22,445 to 23,402. This is an increase of 957 people or a 4% rise in the number of adult carers.

However, it is worth noting that whilst the number of adult carers has risen, the percentage of the whole population in Salford that are adult carers remains very similar – from 10.4% in 2001 to 10% in 2011. This is due to the growth in the population since 2001 (see table below).

The 2011 Census indicates that there are now 740 more carers in Salford providing significant support of 50 hours or more per week. This is important to note as this is the group of carers who are more likely to experience a negative impact on their health and wellbeing from their caring role.

Census data for Salford		2001	2011
All people in Salford		216103	233933
All people who provide unpaid care	Count	22445	23402
All people who provide unpaid care	Percentage (of whole population)	10.4%	10%
All people who provide unpaid care: 1-19 hours a week	Count	13761	13228
All people who provide unpaid care: 1-19 hours a week	Percentage (of whole population)	6.4	5.7
All people who provide unpaid care: 20-49 hours a week	Count	2975	3725
All people who provide unpaid care: 20-49 hours a week	Percentage (of whole population)	1.4	1.6
All people who provide unpaid care: 50 or more hours a week	Count	5709	6449
All people who provide unpaid care: 50 or more hours a week	Percentage (of whole population)	2.6	2.8

Source: ONS

The Salford picture is similar to the national one. In England the number of adults as a percentage of the population who provide unpaid care was similar in 2011 to 2001 (10.2% and 9.9% respectively). However, as the population of England was larger in 2011 than 2001, there were more adult carers in 2011 than in 2001 (even though the percentage was very similar).

Further updates will be made to this report following the release of further and more detailed data relating to carers which is due to be released in the Spring of 2013. This data will give updated information on the following:

- Sex and age by general health and provision of unpaid care
- Households with a person with a long-term health problem or disability and their age by number of carers in household and economic activity
- Households with persons who have a long-term health problem or disability by general health of carer
- General health of carers by economic activity of carers in household
- Provision of care by dependent children in households by family status

It is anticipated that the key issues outlined in this report will still be pertinent when the new data is available and that the recommendations will remain appropriate. However this needs confirming when the new data is published.

Liz Harris
Public Health Development Officer
21st December 2012

1. Executive Summary

The Carers' Joint Needs Assessment (JNA) will inform the forthcoming update to the Salford Carers Strategy 2012-2015 and its associated action plan. It will also provide a resource for commissioning bodies to inform future commissioning. The JNA will also contribute to Salford's overall Joint Strategic Needs Assessment.¹

Carers fulfil a highly important role in providing unpaid care for family members and friends who have care needs. However, carers can themselves experience poor health and financial stresses and this can put them at a higher risk of becoming in need of care themselves. This needs assessment considers the existing data on carers' health and social care needs, the existing support that is available, what the gaps are and makes recommendations for future action.

The data on carers in Salford varies. The 2001 Census data gives a good baseline, although it is unlikely to capture the full extent of carers as some adults do not identify themselves as a carer, for example if they are caring for their spouse or a child. Also, it is likely that not all parents who are cared for by their child will choose to disclose this on the Census form. The 2011 Census data will give more up-to-date data when it is available. There are more data available for adult carers than young carers.

There is a gap between the numbers of carers known to services (at least 4,100) in Salford and the estimated number of carers (23,600). This gap could be due to lack of identification. Carers can self-refer to the Salford Carers Centre or may be referred via other services. It is unknown what proportion of the approximately 20,000 adult carers who are not known to services have needs that should be met by public services. The number of adults needing carers in Salford is expected to rise significantly in the future because of a growing and ageing population.

There is a gap between the numbers of young carers known to services (at least 200) and a conservative estimate of the actual numbers of young carers of 764. A range of barriers exist to young carers identifying themselves to schools or services. This means that there are potentially a significant number of "hidden" young carers in Salford.

Most adult carers care for a parent or spouse, and the most common needs of the cared-for persons are related to physical disability and ageing. Most young carers care for a mother and the most common needs of the people cared for by young carers are related to physical disability and mental health. 56% of young carers live in lone parent families.

¹ <http://www.salford.gov.uk/jsna2010.htm>

There are risks to physical and mental health and financial health to both adult and young carers. The social and educational development of young carers may be adversely affected by their caring role. These risks increase when substantial care is provided.

Adult carers often find it hard to leave the cared-for person to attend their own appointments and can find it hard to prioritise their own health and wellbeing. Stress and tiredness are prevalent amongst Salford adult carers. Qualitative data from a focus group suggests a large proportion of adult carers' stress relates to difficulties with dealing with "the system" in order to secure health and social care for the cared-for person. Social care needs of carers mostly relate to the needs of the cared-for person. Respite and carers' breaks can be invaluable for carers to maintain their own health, for example to access their own health appointments.

A range of services are in place in Salford for adult and young carers. A central service is provided by the Salford Carers Centre and the Young Carers Service and a range of other providers are funded to provide specialist support services. Some services such as carers' health checks and carers' assessments are reaching a small proportion of adult carers and could be increased. The Carers' Personal Budgets provides breaks for carers.

Recommendations include the improvement of data and intelligence and a review of 2011 Census data when available; an increase in the identification of carers (especially young carers); an increase in the provision of carers' health checks; increasing flexibility for carers to access their own health appointments; and the maximising of the Carers' Personal Budget resource and any other financial support available such as carer's allowance.

2. Introduction

What is a carer?

"A carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability"²

The caring role may be long-term if the carer is looking after someone with a long-term condition, or for a relatively short period of time if for example a person's health changes and they need temporary care. Caring can range from a few hours a week, for example checking on someone or keeping someone company, to 24 hours a day every day. Carers are mostly adults, but some are children (young carers).

² Definition adopted by Salford Carers Centre

The impact of caring on an adult's or young person's life will vary and depend on the person's circumstances and factors such as the number of hours spent caring and level of support available to the carer. A carers' policy might seek to support adult carers in their role but for young carers it may seek to reduce the young person's caring role and its impact on them.

Why do we need a Joint Health and Social Care Needs Assessment for Carers?

Carers fulfil a highly important role in looking after the health and wellbeing of family members and friends who have care needs. However, carers can themselves experience poor health and financial stresses and this can put them at a higher risk of becoming in need of care themselves. This needs assessment considers the existing data on carers' health and social care needs, the existing support that is available, what the gaps are and makes recommendations for future action.

This Joint Needs Assessment (JNA) will inform the forthcoming update to the Salford Carers Strategy 2012-2015 and its associated action plan. It will also provide a resource for commissioning bodies to inform future commissioning. The JNA will also contribute to Salford's overall Joint Strategic Needs Assessment³.

Key points

- 1 in 8 adults (around six million people) are carers.
- People providing high levels of care are twice as likely to be permanently sick or disabled⁴.
- Caring has a negative impact on carers' physical health (83%) and mental health (87%).⁵
- One in five (20%) of carers give up work in order to care.
- Carers save the economy £119 billion per year, an average of £18,473 per carer⁶ and often experience ill health, poverty and discrimination. In Salford it is estimated that carers contribute approximately £437,073,581 to the economy.

³ <http://www.salford.gov.uk/jsna2010.htm>

⁴ <http://www.carersuk.org/newsroom/stats-and-facts>

⁵ In Sickness and in Health (2012) Age UK http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/carers_week_2012_in_sickness_and_in_health.pdf?dtrk=true

⁶ <http://www.carersuk.org/newsroom/stats-and-facts>

Data summary

There is a national requirement within the NHS Operating Framework to publish a carers' needs assessment and updated action plan by the end of September 2011. The new carers' data from the 2011 Census was not available at the time of writing this report. When this data does become available it is recommended that a refresh of this JNA is undertaken to compare the new data with existing data.

The main data sources used in this JNA are:

National:

- 2001 Census
- Survey of Carers in Households 2009-10⁷
- Carers UK website⁸.

Salford:

- A 2009 survey of carers which was carried out in conjunction with the 2009 national survey
- A 2011 health and wellbeing survey (3909 respondents)
- Data from the Salford Carers Centre
- Data from the Salford Young Carers Service
- Qualitative data from a focus group with six Salford adult carers (August 2012).

3. Background

The national strategic context

Providing care for vulnerable members of society is an important function of local government and social care is a large proportion of local government budget and resources. The country's population is ageing and whilst people are in general living longer, they are not necessarily living free of disability or long-term conditions. The ageing population is increasing demand on adult social care, at a time of shrinking public resources. Unpaid carers play a vital central role in the care of people who are in need.

A 2006 Department of Health publication 'Our Health Our Care Our Say' pledged that carers would be given more support in their own right and in their role as carers. This was followed by the 2008 HM Government strategy 'Carers at the heart of 21st century families and communities: a caring system on your side' which set out the

⁷ <http://www.ic.nhs.uk/pubs/carersurvey0910>

⁸ <http://www.carersuk.org/>

Government of the time's vision for the following ten years. The present coalition Government's 2010 strategy 'Recognised, valued and supported: Next steps for the Carers Strategy' identified four priority areas:

- 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.
- 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.

National legislation

The new draft Care and Support Bill was published on 11 July 2012 and will be implemented in 2015. The Bill will introduce key legislation for social care and will present a wholesale change in the way that carers, disabled people and older people are supported by communities⁹.

The following legislation also relates to the support of carers:

- Carers Recognition and Services Act 1995
- Carers and Disabled Children Act 2000
- Carers Equal Opportunity Act 2004
- Equality Act 2010
- The Practice guidance to the Carers (Equal Opportunities) Act 2004 states that Local Authorities should have "a protocol, shared between adults and children's services, for identifying and assessing young carers".

The Health and Social Care Act 2012 has brought about a number of changes to NHS structures and local government. Key changes that will take place from April 2013 include the closing of Primary Care Trusts and the establishment of Health and Wellbeing Boards and Clinical Commissioning Groups (CCGs). Health and wellbeing boards will be a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population, reduce health inequalities, understand their local community's needs and agree priorities. Health and wellbeing boards will have strategic influence over commissioning decisions across health, public health and social care. Clinical Commissioning

⁹ <http://www.carersuk.org/professionals/resources/briefings/item/2648-draft-care-and-support-bill-briefing>

Groups are groups of GPs that will be responsible for designing local health services in England and commissioning or buying health and care services.

Local strategic context

This Joint Needs Assessment is part of Salford's Joint Strategic Needs Assessment (JSNA). A Joint Strategic Needs Assessment (JSNA) is defined as a 'systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities'.¹⁰ Salford's JSNA provides information which has guided the development of the Health and Wellbeing Strategy and is a resource for commissioners of health and social care.

There are two existing strategies related to carers in Salford:

- Salford Carers Strategy 2008-11 including interim action plan 2011/12
- Draft Interagency Strategy for Young Carers in Salford

The Children and Young People's Trust is the accountable body for the Young Carers Strategy. The forthcoming single Partnership Board (linked to the Integrated Commissioning Board) will be the accountable body for the Adult Carers Strategy.

Adult carers

4. Characteristics of adult carers nationally and in Salford

Key points

- 13% of the Salford adult population are carers, compared to 12% in England.
- It is estimated that there are 23,660 adult carers in Salford and it is estimated that 4,000 or so (approximately 17%) carers are known to services.
- Nationally 60% of carers in England are women and 40% are men.
- The age band with the majority of carers in Salford is the 55-64 years age band.
- One in four people who care for an adult also has dependent children.¹¹
- The more hours of care that a carer provides, the lower their quality of life tends to be.
- It is estimated that there will be a 252% increase in people aged over 65 with one or more long-term conditions by 2050.

¹⁰ <http://www.salford.gov.uk/jsna2010.htm>

¹¹ Maher, J, and Green, H (2002) *Carers 2000*. London, Stationery Office

- Research suggests about three-quarters of elderly people will develop a social care need.
- It is estimated that within the next three to four years the number of people needing care will outstrip the number of people able to provide that care¹².
- In Salford, the most common health problems that people who are cared for have are physical disability, ageing problems and long-standing illness.
- Three quarters of adult carers in Salford care for either a parent or a spouse.

How many adult carers are there?

It is estimated that there are 23,600 adult carers in Salford although it is estimated that at least 17% of these carers are known to services (at least 4,100). The number of carers will fluctuate over time, as some people cease to become carers (as some older cared for people die or people no longer need caring for). Also at times older carers may die before becoming cared for themselves. The proportion of the population in each ward or neighbourhood that are carers is therefore likely to fluctuate each year. However, this will be difficult to measure as the main source of data is currently Census data, and other local collection of data is not yet sufficient to measure overall levels, or to measure changes.

Carers UK estimate 10% of the total population or 12% of the adult population¹³ are carers. The 2001 Census indicated that 13% of adults in Salford were carers (21,590). Applying this rate of 13% to the 2010 population of Salford gives an estimate of 23,660 adult carers.

As the population ages and the prevalence of people with long-term conditions increases, an increasing proportion of Salford residents will require care and therefore more and more residents are likely to take on a caring role and experience an added risk to their own health and wellbeing.

The level of reported caring in Salford in 2001 varied from 10% to 15% of the adult population. At that time, the lowest rates of carers were in Blackfriars and Pendleton, and highest rates were in Walkden South and Worsley. The 2011 Census data will update these figures.

¹² Pickard, L. (2008) 'Informal care for older people provided by their adult children: projections of supply and demand to 2041 in England'. Report to the Strategy Unit and Department of Health. Cited in 'Valuing Carers 2011' Carers UK www.carersuk.org/professionals/resources/item/download/358

¹³ http://www.carersuk.org/media/k2/attachments/Facts_about_Carers_2009.pdf

Gender and age profiles of adult carers

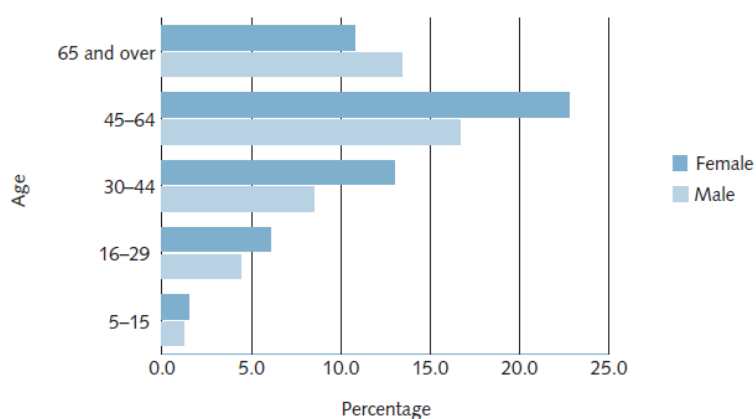
Nationally it is estimated that 60% of carers in England are women and 40% are men.¹⁴ This means that overall the role of caring and the associated health and financial risks will impact on women more than men.

Salford's Salford Carers Centre registers new carers each year. In 2010-11, 70.4% of the new carers registered were women and 29.6% were men, and in 2011-12, 69.3% were women and 30.7% were men. This may suggest that there is a higher percentage of women and a lower percentage of men that are carers in Salford compared to the national average, or it may suggest that a greater proportion of female carers register with the Carers Centre and a smaller proportion of men register.

National age profile

The chart below shows that the percentage of the national population that are carers increases with age, until 64 years, and then reduces for the 65 years and over age group. The age group with the highest proportion of carers is the 45 to 64 age group.

Carers in England by age and sex (2001)



Source: Census, April 2001, Office for National Statistics.

Salford age profile of adult carers

¹⁴ Survey of Carers in Households 2009-10 <http://www.ic.nhs.uk/pubs/carersurvey0910>

The age profile of Salford carers (from data from the 2011 Salford Health and Wellbeing Survey) is a similar pattern to the national picture. The age band with the majority of carers is the 55-64 years age band. In most neighbourhoods there is a higher proportion of carers between 55 and 64 than over 65 years. The neighbourhoods with the highest proportion of carers between 55 and 64 years are estimated to be:

- Claremont and Weaste (21.3%)
- Swinton (17.5%)
- Walkden and Little Hulton (15.8%)
- Worsley and Boothstown (15%)

The lowest proportion of carers between 55-64 years is found in:

- Ordsall and Langworthy (7%)
- Irlam and Cadishead (8.9%)

The proportion of carers within a neighbourhood may be affected by factors such as deprivation, higher levels of people with disability or long-term conditions as well as the population structure of an area, for example Ordsall has a younger population compared to Worsley. There may also be variation between neighbourhoods due to the number of people who identify themselves as carers, become registered and access services.

Ethnicity of adult carers

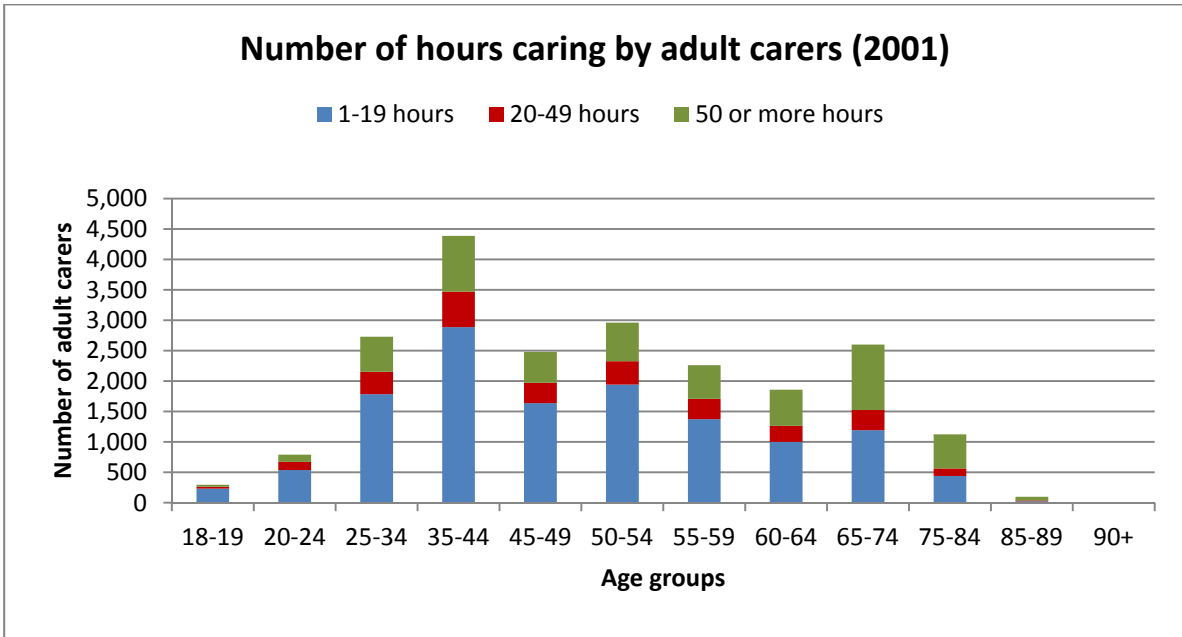
The respondents to the 2009 survey to Salford adult carers identified themselves as White British (93.7%), White Irish (1.7%), Jewish (2.5%), Black (0.4%), Asian (1%), Arabic (0.4%) and Other White Background (0.2%). This is broadly similar to the 2001 population of Salford. The 2011 Census data will update the ethnicity figures for Salford.

Hours of care

Nationally, Carers UK¹⁵ estimate that 1.25 million people provide over 50 hours of care per week. The 2001 Census data showed that in Salford the age group that provided the most hours care was the 35-44 age group followed by 50-54 and 65-74 age group. The majority of carers provided between 1 and 19 hours care per week.

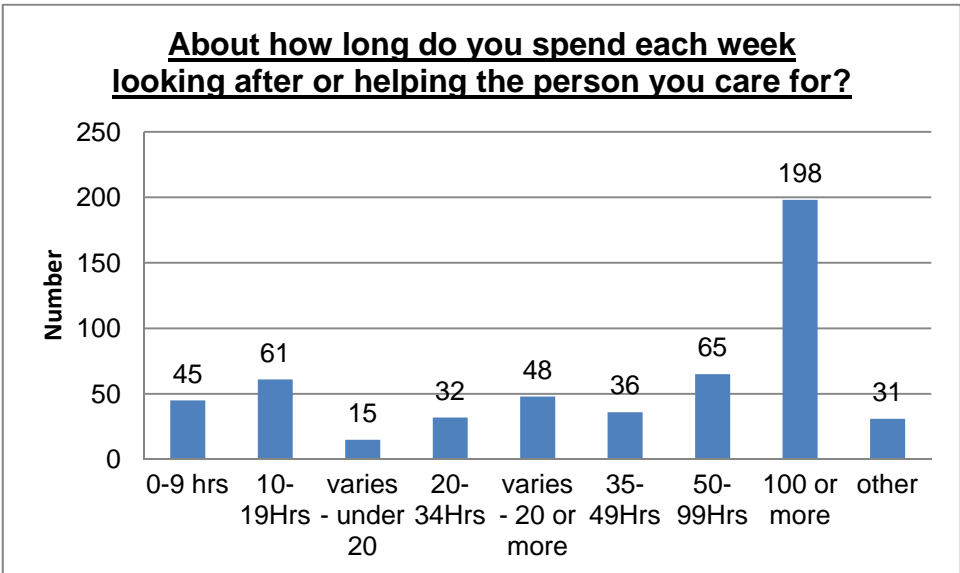
Approximately 20% of carers aged 25-59 years provided over 50 hours care per week as did 40% of carers aged 65-74, approximately 50% of carers aged 75-84, and over 60% of carers aged 85-89.

¹⁵ <http://www.carersuk.org/professionals/resources/quick-statistics>



Source: 2001 Census

This contrasts with data from the 2009 Salford Carers Survey which indicates that the majority of carers provide 50 or more hours per week. The survey showed that 37% of carers were caring for someone 100+ hours per week and a further 12% were caring for between 50-99 hours per week. This suggests the data is inconclusive.



Source: 2009 Salford Carers Survey

Condition of the people cared for by adult carers

In the 2009 Salford Carers Survey, 558 people answered this question but people were allowed to tick all boxes that applied to them and therefore many carers ticked more than one box.

Person has	Number
Physical disability	286
Ageing problems	205
Long-standing illness	171
Sight or hearing loss	162
Dementia	129
Learning Disabilities	110
Mental health problem	95
Terminal illness	22
Alcohol or drug problems	9

Based on this survey, the most common health problems that the cared for people had were physical disability, ageing problems and long-standing illness. Alcohol or drug problems and terminal illness were the least prevalent conditions of those cared for.

Nationally, it was found that people who look after someone with mental health problems, drug problems or a terminal illness are more likely to report a poorer quality of life than those carers of people with other health conditions.

Relationship between adult carer and cared-for person

The 2009 Salford Carers Survey indicated that almost three-quarters of adult carers cared for either a parent or a spouse. 15% of adult carers provided care for children. The percentage of carers in Salford looking after a particular type of relation was broadly similar to the England average, although a lower proportion of carers looked after a spouse and a slightly higher percentage looked after another relative than England as a whole.

Age group and gender of those cared for

The 2009 Salford Carers Survey indicated that 56% of those cared for were female and just over half of those cared for were aged 75 or more. The number of people being cared for increases with age and increases sharply from the 65+ age group, as might be expected. Over two-thirds of people that were cared for (68.3%) were over 65 years old.

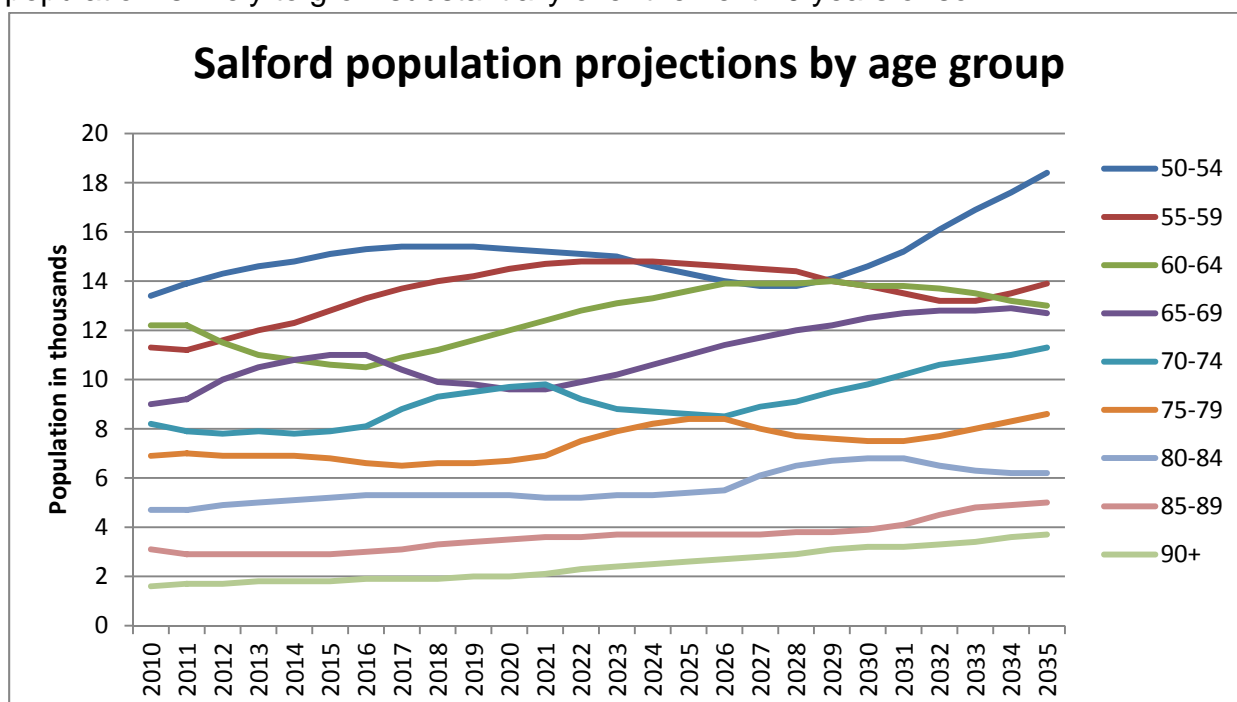
Future trends

By 2037, it is anticipated that the number of carers in the UK will increase to 9 million¹⁶. This will be due to the ageing population, increase in the number of people with long-term conditions and a rise in the number of people with disabilities.

There are 10 million over-65s in the United Kingdom - 1.5 million of those are over 85 - and the figures are expected to rise in the coming years. Research suggests about three-quarters of elderly people will develop a social care need, which can include anything from help getting up in the morning to round-the-clock support in a residential home. The numbers of younger, disabled adults are predicted to rise too, as medical advances mean many people with disabilities are living longer.¹⁷

Almost one in three of the population have a long-term condition - such as asthma, heart and lung disease, arthritis, hypertension and diabetes - and half of people over the age of 60 have one¹⁸. As life expectancy increases, and people in general live longer, it is anticipated that the number of people with long-term conditions and numbers of people needing care will also increase. It is projected that there will be a 252% increase in people aged over 65 with one or more conditions by 2050.¹⁹

The table below estimates future population growth. It indicates that Salford's older population is likely to grow substantially over the next 20 years or so.



Source: ONS. Please note that the population figures on the vertical axes are in thousands.

¹⁶ <http://www.carersuk.org/professionals/resources/quick-statistics>

¹⁷ <http://www.bbc.co.uk/news/health-18610954>

¹⁸ http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_125042

¹⁹ http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_125042

The over 50's population in Salford could increase from 86,000 in 2010 to 114,000 in 2035. Approximately 23% of the Salford population currently have a limiting long-term illness (LLTI) (2001 Census data/Salford JSNA). If this proportion stays the same, again the numbers of people with a LLTI will increase due to population growth alone.

The disability-free life expectancy (DFLE) in Salford is approximately 56 years for males and 59 years for females (ONS 1999-2003 data). It is uncertain whether this will increase, decrease or remain steady over future years. If DFLE rates remain the same or decrease, then there is likely to be an increase in the numbers of people with disability in Salford as a result of population growth alone.

Not all people who have a disability or a long-term limiting condition require care or have unpaid carers. However, if the current proportion of the population that receives care remains the same (approximately 10% as estimated by the Salford Health and Wellbeing Survey) then there would be a corresponding increase in the number of carers as the population (particularly the older population) rises. For example, 10% of the over 50's population would potentially increase from 8,600 in 2010 to 11,400 in 2035 – a potential increase of 2,800 carers.

It is estimated that within the next three to four years the number of people needing care will outstrip the number of people able to provide that care. An ageing population, smaller family size and geographic mobility will all contribute to this rise.²⁰

5. Health of adult carers

Health of adult carers nationally

A 2012 national survey¹ found that:

Key points

- Carers stated that caring had a negative impact on their physical health (83%) and mental health (87%)
- Carers were affected by:

²⁰ Valuing Carers 2011 - Calculating the value of carers' support.

<http://www.carersuk.org/professionals/resources/research-library/item/2123-valuing-carers-2011>

- Anxiety or stress (91%)
- Depression (53%)
- Injury such as back pain (36%)
- High blood pressure (22%)
- Deterioration of an existing condition (26%)

Also that:

- 53% of carers said they have a long-term condition or illness.
- 28% of carers said they had their own physical disability.
- 39% have put off medical treatment because of caring.
- 52% of carers are sleeping a bit or a lot less as a result of caring.
- 34% of carers are exercising a lot less as a result of caring.
- 23% of respondents reported having been offered a health check by their GP.
- Carers also identified the factors they believe have impacted on their physical and mental health:
 - 64% identified a lack of practical support as being a contributing factor
 - 50% stated that a lack of financial support had an impact.

Carers UK²¹ found that:

- People providing high levels of care are twice as likely to be permanently sick or disabled.
- 625,000 people suffer mental and physical ill health as a direct consequence of the stress and physical demands of caring.

Health of adult carers in Salford

Amongst respondents to the Salford Health and Wellbeing survey:

- The prevalence of smoking amongst carers and non-carers was very similar (34% and 34.4% respectively) although 37% of male carers smoked daily compared to 31.3% of male non-carers.
- 16.9% of carers felt unhappy and depressed rather more than usual compared to 14.6% of non-carers.

The respondents to the 2009 Salford carers' survey gave a range of data about carers, including their health and wellbeing.

²¹ <http://www.carersuk.org/professionals/resources/quick-statistics>

- 90.4% of carers reported that their general health was fair, good or very good. 9.6% said their health was bad or very bad. Of those reporting 'bad' or 'very bad' health, 43% were care-giving for 100+ hours per week.
- Over 50% of carers reported that their caring role affected their health with tiredness, disturbed sleep and stress.
- Approximately one third of respondents said that their caring role led to them being depressed and irritable.
- 25% of carers experienced physical strain as a result of their caring.
- Whilst most carers felt they did look after themselves, 22% felt 'sometimes' they didn't look after themselves well enough and a further 13% (or 72 people) agreed with the statement, 'I am neglecting myself'.

I can't commit to a weekly exercise class because things are not the same week to week.

Focus group participant

Both my husband and I needed to have an operation but we couldn't have them because we couldn't risk having a slow recovery – who would look after our son then?

Focus group participant

6. Financial/economic health of adult carers

There is a link between income and health and wellbeing, with low income being a risk factor to poorer health. If caring reduces a carer's ability to work full-time or to work at all, this may cause financial difficulties and have a negative impact on the health and wellbeing of the carer, including mental health as a result of stress related to finances.

A 2012 national survey²² found that:

- Over a third (37%) of carers aged 18-64 had to cease working because of their caring responsibilities.
- For those who continue to work, 50% reported being stressed at work as a result of their caring responsibilities which in turn impacted on their health.
- 50% of carers said that a lack of financial support had an impact on their physical and mental health.

Carers UK²³ found that:

- The main carer's benefit is £55.55 for a minimum of 35 hours, equivalent to £1.58 per hour - far short of the national minimum wage of £6.08 per hour (October 2011 figure).

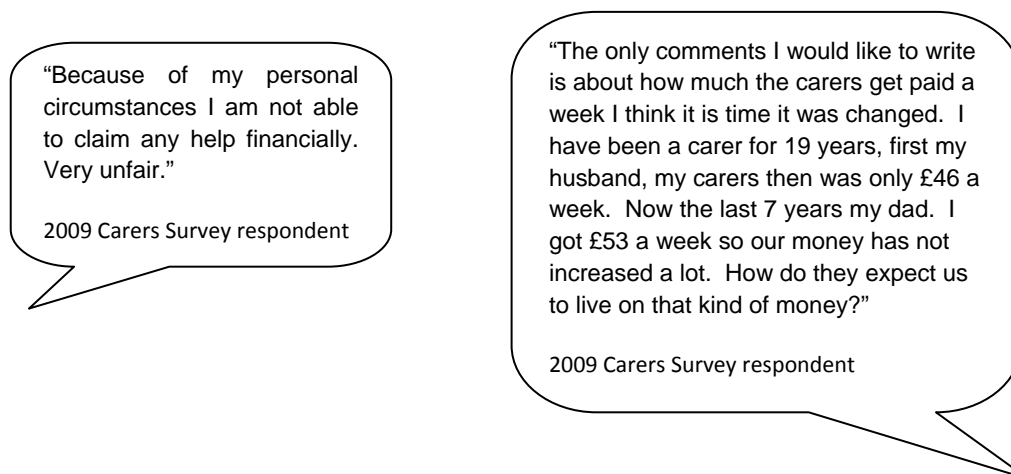
²² <http://carersweek.org/about-carers/in-sickness-and-in-health>

²³ <http://www.carersuk.org/professionals/resources/quick-statistics>

Financial health of carers in Salford

Carers are less likely to be in full-time employment. 29% of carers under 35 years were in full-time employment²⁴ compared to 48.2% of non-carers in that age group. Just over a third (36.8%) of carers aged 35-64 were in full-time employment compared to over a half (54%) of non-carers in that age group. This is likely to indicate a financial disadvantage to carers.

The Salford 2009 carers' survey asked about the financial impact of caring. The responses of Salford's carers mirror national findings to this question. A third of carers had experienced financial difficulties to some extent and 8% said caring had caused financial difficulties.



This suggests that the health and wellbeing of at least one in twelve carers may be negatively affected due to financial difficulties, and that these carers need identifying to enable support to be provided to access any financial support schemes that are available e.g. carers allowance and carers personal budgets (see below).

7. Health and social care needs of adult carers in Salford

Social care and support needs of carers – Carers' perspective

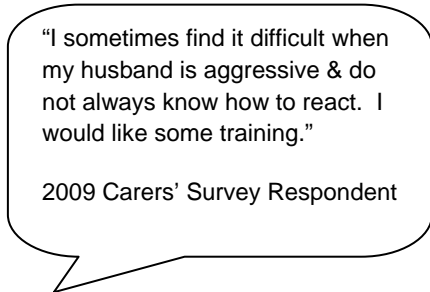
The 2009 Salford carers' survey researched the social care needs of carers in Salford including issues such as training and support needed, information and advice, use and satisfaction of support services, level of support received, timing of support and services and courtesy and respect of care and healthcare workers.

²⁴ Full time employment defined as 30 hours or more a week.

The following section gives a range of data and insights of the perspective of carers from that survey.

Access to Services:

- 88% of carers felt they didn't need training for their caring role, whilst 9.5% would like some training and 2.5% said they needed training.
- Just over a third of people had not tried to access information.
- Of those who had, 78% had found it 'very easy' or 'fairly easy'. Therefore 22% of carers found it 'fairly difficult' or 'very difficult' to access information which was above the national average of 8%.



"I sometimes find it difficult when my husband is aggressive & do not always know how to react. I would like some training."

2009 Carers' Survey Respondent

Needs and experience of support:

- Carers were also asked how helpful the information they had received had been and 90% of those that received information had found it 'helpful' or 'very helpful'. (For all English authorities 92% found information 'helpful' or 'very helpful').
- The most common service received by carers is information and advice, used by just over 1 in 2 carers.
- Approximately 1 in 3 carers also received support from carers groups, support from an individual or services/schemes.
- Almost 1 in 5 carers also received practical help filling in forms and help with household tasks.
- Training was the least used service, with just less than 1 in 10 carers receiving training.
- Highest rates of satisfaction were for advice and information and lowest levels of satisfaction were for training and help with household tasks, although it should be pointed out that these latter services represent small numbers of carers and are therefore not very reliable.
- 23% of carers were 'extremely satisfied' with the support or services they had received in the past twelve months, which is above the England average of 18%. Less than 8% were dissatisfied with the service received.

- Of carers who did receive services, most (79%) felt they had the right amount of support from services, which was slightly above the England average. No-one said they had too many hours from a service. 16% of carers wanted a few more hours from a service and a further 5% wanted *a lot more* hours/days from a service.

Experience of health services as a carer:

- 57% of carers whose GPs were aware they were carers, said they were 'always' supported by their GPs which was broadly similar to England.
- 4% stated they were 'never' supported, compared to 7% nationally.

Provision of social care or support to adult carers in Salford

There is currently a range of health and social care support on offer to eligible carers in Salford. The following types of support will be considered in this section.

Health:

- GP identification of carers in order to be aware of potential health issues relating to caring
- Health checks for carers
- Commissioning for Quality and Innovation payment (CQUIN) to Salford Royal Hospital to identify carers.

Social care:

- Carers' assessments
- Carers' breaks and carers' personal budgets
- General support from Salford Carers Centre
- Specialist support from a range of providers.

Carers' health checks

Being a carer often takes up a lot of time and can have a negative effect on social life, working life and finances. In many cases, carers suffer ill health, missing appointments with their GP due to their caring commitments. Typically, carers may be so busy looking after someone that they give a low priority to their own health and wellbeing. 21% of carers providing over 50 hours of care say they are in poor health and 51% of carers who provide regular and substantial care have suffered a physical injury as a result of caring.

Between 1st April 2012 and 31st March 2013, Salford Primary Care Trust is operating a scheme to pay GPs via a 'Local Enhanced Service' (LES) to identify carers and provide health checks to carers who are not offered them through standard NHS health checks or through a Quality Outcomes Framework (QOF) disease register for hypertension, Coronary Heart Disease, stroke, diabetes or Chronic Kidney Disease.

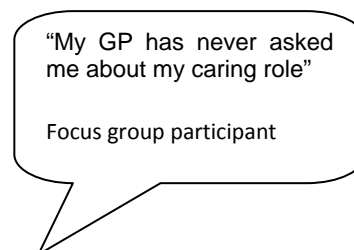
This LES will deliver a systematic approach to bring better health and well-being to the people who spend their lives caring for others. The LES provides support and guidance to practices so carers can be offered a simple medical health assessment.

This scheme will offer health checks to:

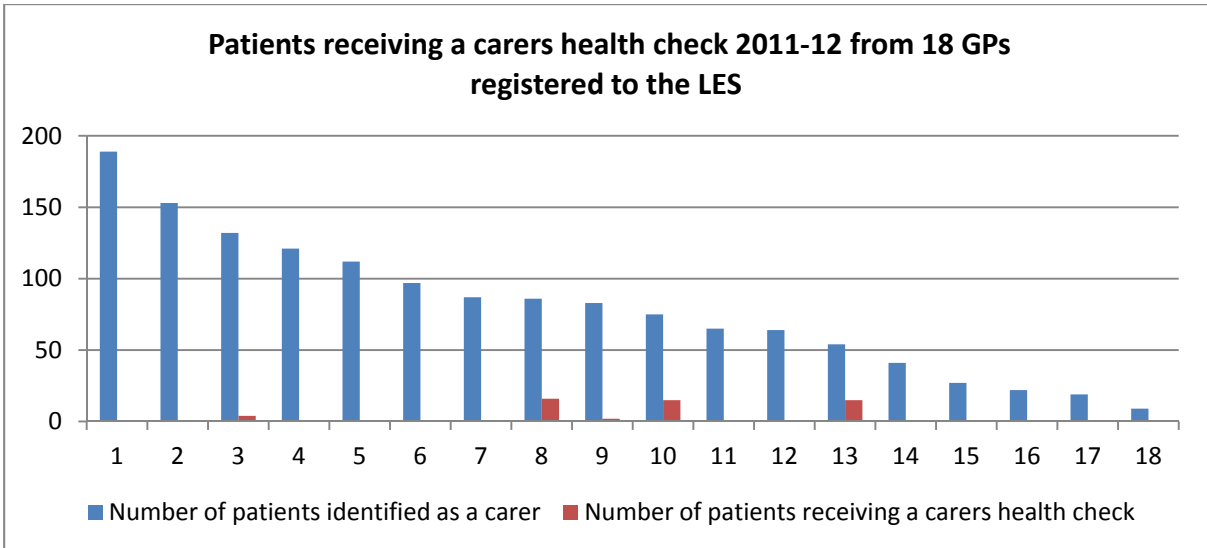
- Female carers aged 16 to 44 years and aged 75 years and over who are not on a QOF disease register for the above conditions
- Male carers aged 16 to 39 years and aged 75 years and over who are not on a QOF disease register for the above conditions.

The aim of the LES is to enable all carers to have access to health assessments in the hope that issues can be identified before they get out of hand, easing the stress they find themselves under and helping them to be better equipped for their caring role.

Out of 52 GP practices in Salford, 18 have signed up for the scheme. Out of those 18 GP practices that have signed up for the scheme, seven have delivered health checks.

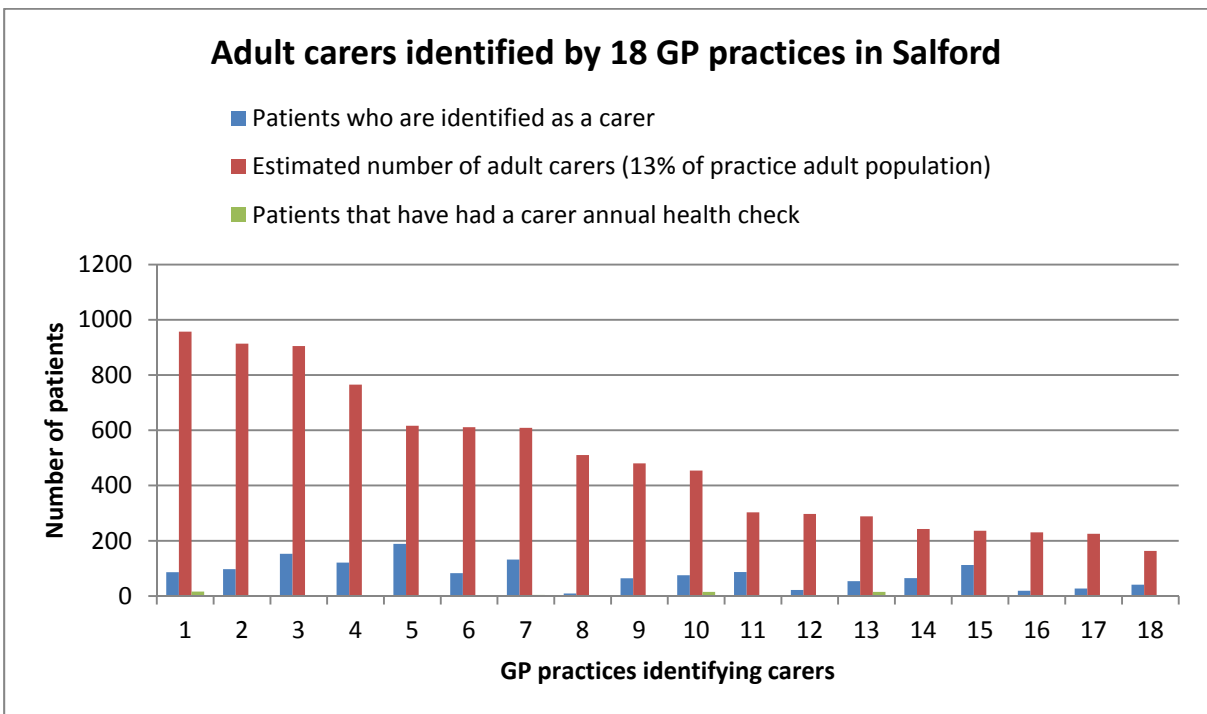


The chart below shows the number of carers identified by participating GP practices, alongside the numbers of carers that had received a health check between April 2011 and March 2012. However it should be noted that not all carers will be eligible for a health check from this scheme (see criteria above).



Source: Salford PCT

The chart below compares the number of patients who have been identified as a carer with an estimated number of adult carers in the practice population. It shows that if the number of adult carers is estimated to be 13% (the average for Salford), then participating practices have identified between 2 and 47% of carers, with the majority of practices identifying less than 20% of carers. Whilst some carers may not regularly use their GP services, the chart suggests that there are a significant proportion of carers yet to be identified.



NB The numbering of GP practices is arbitrary in this case and is not related to the practice code.

When 2011 Census data is available, it is recommended that further analysis is undertaken to:

- estimate the numbers of those carers that would be eligible for a health check, i.e. are female carers aged 16 to 44 years and aged 75 years and over who are not on a QOF disease register (see above) or male carers aged 16 to 39 years and aged 75 years and over who are not on a QOF disease register.
- Compare the number of carers given health checks in 2012-13 to an estimate of the number of carers who may be eligible in each practice.

Any evaluation of the scheme should be reviewed to assess the scheme's impact on carers and carers' health, and its reach in terms of the proportion of the estimated number of carers per practice.

Commissioning for Quality and Innovation payment (CQUIN) to Salford Royal to identify carers.

A new CQUIN has been introduced for 2012/13 for Salford Royal which offers a financial incentive on their contractual payments to both identify carers using services at the hospital but also to signpost them to appropriate advice and support services. Data from the implementation of this CQUIN will become available from December 2012 and will be able to be used to identify the numbers of carers of people using acute health services.

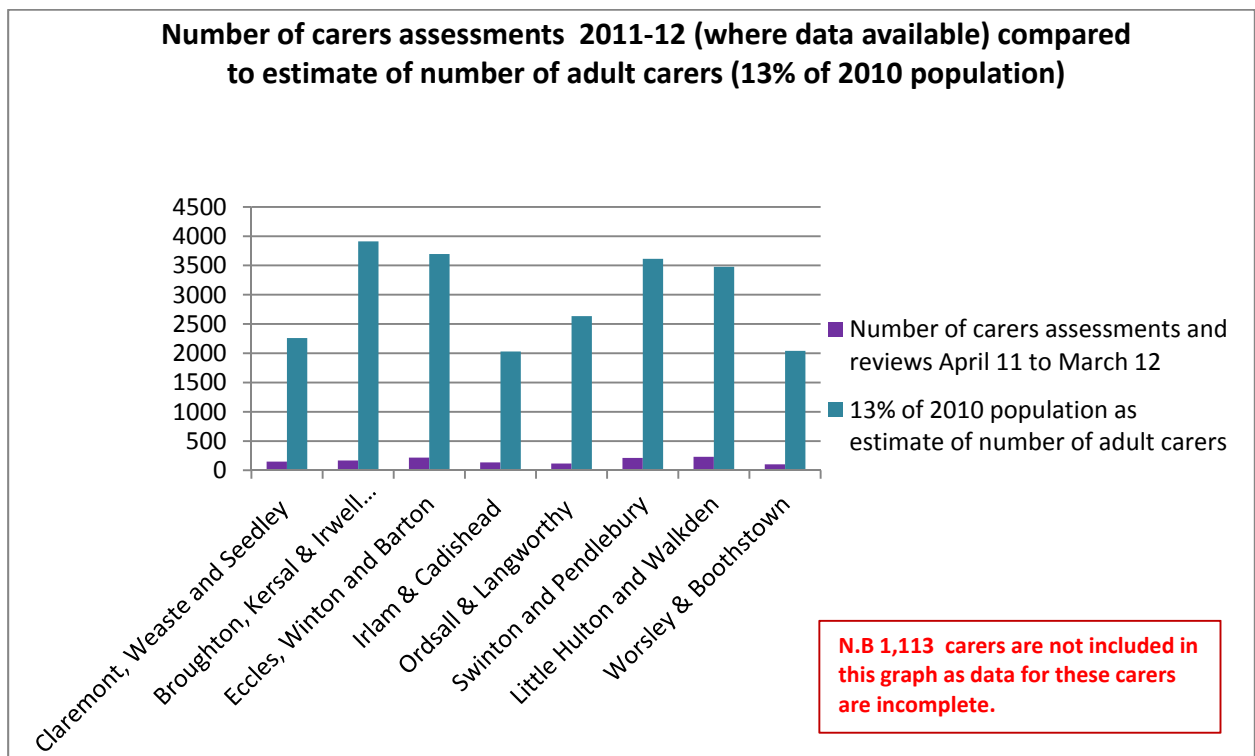
Carers' assessments

The Carers and Disabled Children Act 2000 made some important changes to assessment and services for carers. This Act gives carers the right to ask for an assessment of their own needs to help them to continue to care, irrespective of whether the person they are caring for has had or is having their own needs assessment. The assessment is available to any carer who provides or is intending to provide regular and substantial care. The Carers and Disabled Children Act 2000 also allowed, for the first time, Social Service Departments to provide services directly to carers, although whether or not a service is provided is up to the Local Authority. Carers' assessments are carried out by Local Authority Social Services Departments. After assessment, social services may be able to provide services, or suggest other agencies that may offer carers a break, additional emotional support from other carers or people who understand, help with household tasks and caring responsibilities, benefits advice and ideas for activities for the person cared for.

During April 2011 to March 2011, there were 2524 carers who accessed assessments (532 carers had individual assessments or reviews and 1992 had a

joint assessment) and 33 declined an assessment. Full data is only available for 52% of these carers - 1331 carers who took up an assessment (374 carers had individual reviews and 957 had a joint assessment) or declined an assessment (13).

The table below shows the distribution of these 1331 carers, compared to an estimate of numbers of adult carers in each neighbourhood using the Salford rate of 13%. The number of carers assessments could also be compared to 2011 Census data for carers who provide for example over 20 or 50 hours per week care (whichever would be seen as eligibility for support).



The number of carers' assessments provided in 2011-12 (2,524) is equivalent to approximately 11% of the number of adult carers in Salford (2010 estimate). Not all of the remaining 89% of carers will wish or need to have support or an assessment. However, it is important that all carers who provide regular or substantial care are aware of assessments and how to access them.

Carers' Breaks

The City Council in partnership with NHS Salford commissions a range of organisations to deliver carers' breaks services.

These are:

- Crossroads – Breaks to carers of people and children with Physical disabilities
- Wai Yin – Breaks to carers of older people from the Chinese community
- Give Us A Break – Breaks to carers of people from BME communities
- ASGMA – Breaks to carers of people with Autism or Asperger's syndrome

Funding for these services is confirmed until 31st March 2014, after which time there is an expectation that they will have developed service models which lend themselves to people purchasing the services on offer, using either Personal Budgets or their own income. In time there is expected to be a growth in the use of Carers' Personal Budgets, as detailed below, to support carers to purchase the breaks they require.

Carers' Personal Budgets (CPBs)

A Carers' Personal Budget can help carers to take a break from caring and can contribute to the funding of a range of activities e.g. a holiday, joining a gym, college courses, gardening, short breaks, driving lessons, pampering/therapies.

Carers' Personal Budgets are allocated according to need, and are available to carers if they:

- are an unpaid carer (Carers Allowance is not classed as payment)
- care for someone who lives in Salford
- have had a carers' assessment
- have had a carers' assessment that shows that they have needs that cannot be met another way.

A social worker assesses if carers are entitled to CPBs and will assist carers in applying. The carers' personal budget is not a right for all carers. It is designed to help when a carer has a need for support which cannot be met in another way.

In Salford this scheme is administered by the Salford Carers Centre. It was piloted in 2009-10 and went fully operational in 2010-11. During 2010-11, 539 carers received CPBs and during 2011-12, 736 carers received CPBs. Some of these recipients may have been awarded CPBs in both years. Funding for Carers' Personal Budgets is provided by NHS Salford and totals £300k per annum.

Financial support

Carer's allowance

What is a carer's allowance?

Carer's Allowance is a state benefit to help carers who look after someone who is disabled. The carer does not have to be related to, or live with, the person cared for.²⁵

Carers may be able to get Carer's Allowance if they:

- are aged 16 or over.
- spend at least 35 hours a week caring for a person.

The person cared for should be getting one of the following benefits:

- Attendance Allowance.
- Disability Living Allowance (at the middle or highest rate for personal care).
- Constant Attendance Allowance at or above the normal maximum rate with an Industrial Injuries Disablement Benefit.
- Constant Attendance Allowance at the basic (full day) rate with a War Disablement Pension.

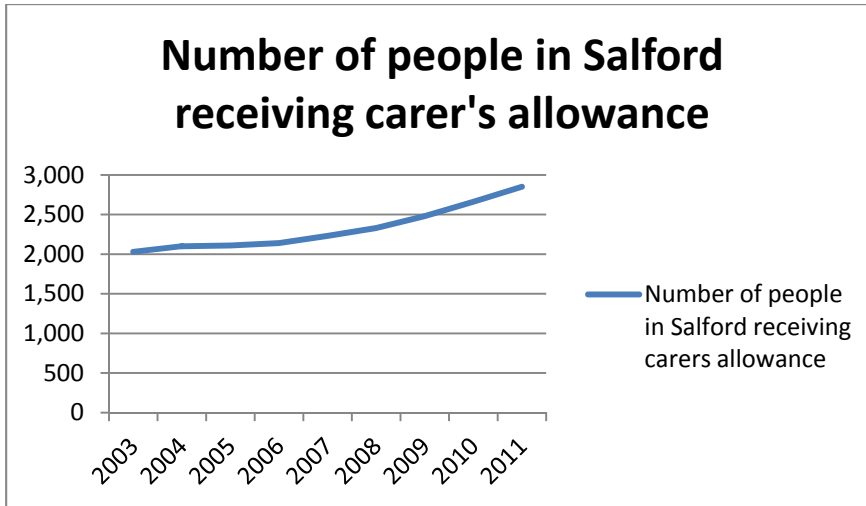
However, carers cannot get Carer's Allowance if:

- They are in full-time education with 21 hours or more a week of supervised study - or doing a course described as full-time by the college or establishment providing it.
- Carers earn more than £100 a week after certain deductions (like Income Tax) have been made.
- If carers receive certain other benefits at £58.45 or more a week, they won't get Carer's Allowance as well.

The weekly rate of Carer's allowance is currently £58.45. This is reduced by the amount of certain other benefits, including State Pension that carers get.

The graph below shows the number of people in Salford that have received carer's allowance between 2003 and 2011. The number of claimants has risen steadily over that time from 2,030 in 2003 to 2,850 in 2011. This may be a result of the increasing numbers of carers or it may be due to an increased awareness of the benefit.

²⁵ http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Caringforsomeone/DG_10018705



Source: NOMIS/ONS

The current number of claimants is approximately 13% of adult carers in Salford (2001 figures). It is important that any carers who are eligible for the allowance are aware of it as the benefit could provide some financial support.

8. What are the gaps in support for adult carers?

Any identified gaps in support to adult carers will inform the forthcoming strategy.

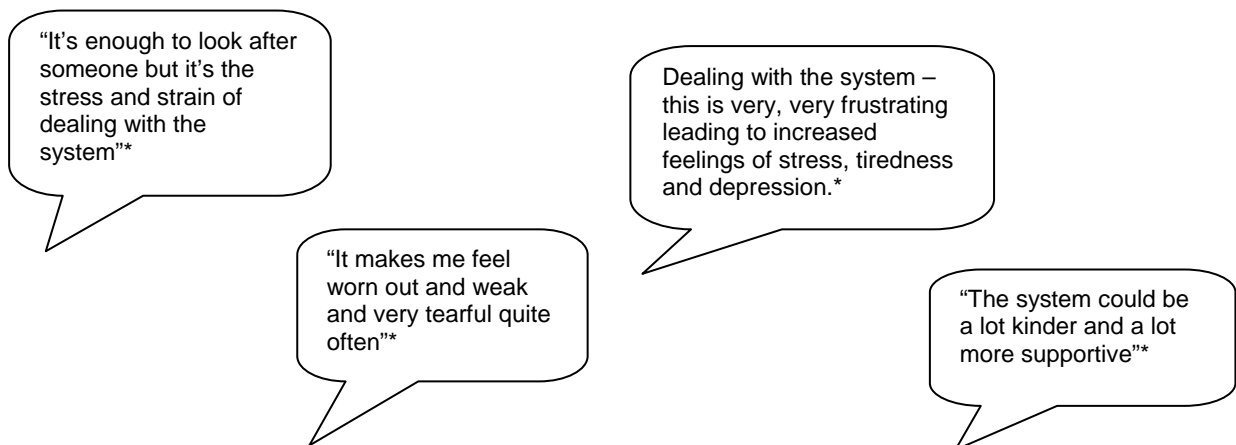
Identification

Before gaps in services can be assessed effectively, there needs to be a consideration of how a greater proportion of adult carers can be identified by health and social services and other organisations (for example workplaces, community and voluntary organisations). Existing schemes such as the Local Enhanced Service to pay GPs to offer health checks to carers and the CQUIN to pay hospitals to identify carers should make a significant contribution to identifying carers. Greater awareness within other services and organisations e.g. workplaces and community organisations would also be beneficial.

Health

The health of carers is individual to each carer and needs addressing as such. However there are some issues identified earlier in the report which are prevalent and can be addressed: stress, tiredness and injury (such as back injury from lifting).

Feedback from the focus group and the 2009 Salford carers' survey highlighted that two issues that are barriers to carers accessing health services are difficulty in taking time away from the cared-for person, and sometimes a lack of flexibility with appointment times i.e. if a carer is unable to keep an appointment because a cared-for person cannot be left alone on that day, rearranging an appointment causes delays. Additionally, feedback from the focus group highlighted that getting the health and social care needs met for the person they cared for, so maximising the responsiveness of social care services, will positively impact on carers' health and wellbeing.



*Comments from Focus Group participants (see Appendix 3)

The gaps in health care for carers identified from the data above are:

- It is estimated that there are approximately 19,500 carers who are not in touch with the Salford Carers Centre which is a key conduit of information for carers in Salford. It will therefore be difficult to assess these carers' health and support needs or provide information or support to access health and wellbeing services.
- Just over one third of GP practices are signed up to the Local Enhanced Service to identify carers and offer them a health check. Ideally 100% of practices would be signed up.
- The identification of carers by GPs is low and needs to increase substantially.
- There can be a lack of flexibility for carers to access health appointments. Greater flexibility and the provision of respite care to enable carers to attend appointments or to have treatment or operations could improve health care for carers.

- Identification of carers and subsequent referral by Salford Royal needs to be maximised.
- The proportion of carers receiving health checks needs to increase.

Social care

Of the 2009 Salford carers' survey respondents, 30% did not receive any services (the reason for this was not captured i.e. whether support was not required, they did not know how to access services or they were not able to access/were ineligible for services). Out of the respondents that did receive a service, 79% said they received the right amount of support, 16% said they needed a few more hours and 5% wanted a lot more support.

Improving the proportion of adult carers that are identified (see above) would contribute to accurately assessing the gaps in social care need in carers.

The gaps that can be identified from the data in this report are:

- There is a large gap between the carers who access advice and support and the estimated number of carers in Salford.
- The number of carers' assessments provided in 2011-12 (2,524) is equivalent to approximately 11% of the number of adult carers in Salford (2010 estimate). There is a need to increase in the proportion of carers that receive carers' assessments.
- During 2011-12, 736 carers received Carers' Personal Budgets (CPBs). This is equivalent to approximately 3% of all adult carers (2010 estimate). Whilst many carers may not be eligible for CPBs, there is a need to maximise and enhance the use of the CPBs.

Other issues which relate to the management of social care needs which have been highlighted are:

- To manage the transition of grant funded carers' breaks services to personal budgets.
- To prepare for potential changes in legislation covering carers' assessments.
- To embed delivery of carers' support into community based activity.

Financial

As noted above, there is a link between low income and poorer health and wellbeing, and carers can find themselves needing to reduce hours at work or to give up work

entirely, which can put them at financial disadvantage. Financial stresses can also impact very negatively on the health of carers. It is therefore important to identify carers who are experiencing financial difficulties and offer support in accessing any relevant welfare benefits including carer's allowance. It may also be helpful to support carers to manage current changes in welfare benefits for themselves and the cared-for person.

Employment

There is a lack of knowledge of both the impact that unemployment is having on carers and a lack of awareness of carers needs in both services targeting employment support and advice, and potentially a lack of awareness of carers' needs in some employing organisations. Access to employment that gives sufficient flexibility for the carer may enable them to stay in work longer. This is an area for further investigation.

Young carers

9. Introduction

What is a young carer?

A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult.

The caring role may be long-term if the young carer is looking after someone with a long-term condition, or for a relatively short period of time if for example a person's health changes and they need temporary care. Caring can range from a few hours a week, for example checking on someone or keeping someone company, to 24 hours a day every day, and there is often a greater impact on carers who provide 'heavy duty' care, for example 50 hours or more per week.

The impact of caring on a young person's life will vary and depend on the person's circumstances and factors such as the number of hours spent caring, and level of support available to the carer. In general, whilst general policy might seek to support adult carers in their role, for young carers it should be seen as important to reduce the young person's caring role and its impact on them as far as possible. Therefore, it is important to identify any health and social care needs of young carers in order to reduce their role as carers and to provide support to them in their development (e.g. social and educational) as well as to safeguard their health and wellbeing.

10. Characteristics of young carers nationally and in Salford

Key points

In Salford 1.5% of young people are carers compared to 1.3% nationally.

This is likely to be an underestimate due to an unknown number of "hidden carers".

One study estimates that 8% of young people are carers.

This means that there could be between 764 and 3759 young carers in Salford.

55% of young carers are female and 45% of young carers are male.

Just under one in ten young carers provide over 50 hours care per week.

Young carers care mostly for people who have a physical disability or mental health problem.

The majority of young carers care for their mother.

56% of young carers live in lone parent families.²⁶

How many young carers are there?

The numbers of young carers may fluctuate during a year and from year to year, as some young carers may cease being carers if, for example:

- the cared-for person receives alternative care
- the cared-for person dies
- the young person becomes a young adult carer
- the young person chooses to end their caring role.

The 2001 Census data shows that nationally, approximately 1.3% of young people are carers. The BBC²⁷ surveyed young carers in 2010 and their study of ten secondary schools found that 8% of young people were carers.

The University of Nottingham was involved in the BBC survey and estimates²⁸ that:

- There are 11 million children under 18 in the UK. A **quarter** of these live in families where there are chronic physical or mental health problems, illness and disability.
- Of these, as many as **700,000 children** (8% of *all* children) have unpaid caring roles within their own families.
- Many provide more than 20 hours of care per week; some, including very young children, care for more than 50 hours a week.

In Salford there are currently no local systems to identify a significant proportion of carers to the extent that an accurate measure can be made. The most accurate estimate currently available is data from the 2001 Census which indicates that 1.5% (approximately 764) of young people aged 17 and under in Salford are carers,

²⁶ http://www.carersuk.org/media/k2/attachments/Young_carers_in_the_UK.pdf

²⁷ <http://www.bbc.co.uk/news/education-11757907>

²⁸ <http://www.nottingham.ac.uk/impactcampaign/campaignpriorities/healthandwell-being/young-carers-and-young-adult-carers/youngcarers.aspx>

compared to approximately 1.3% nationally. In addition to this, there may be a further proportion of young people who are 'hidden carers'. Hidden carers are young people who may be in a caring role but choose not to identify themselves as carers. This may be for a range of reasons, for example fear of bullying, fear of being removed from their parents, or feelings of shame or embarrassment, or they just do not want help from services.

"The nature of caring is often such that Young Carers can disappear from the social radar to the extent that they become a seldom heard group within the overall population. If they continue to fulfil their caring role, and do not demand interventions in their own right, there is often little likelihood that they will come to the attention of anyone outside their normal domestic circle."

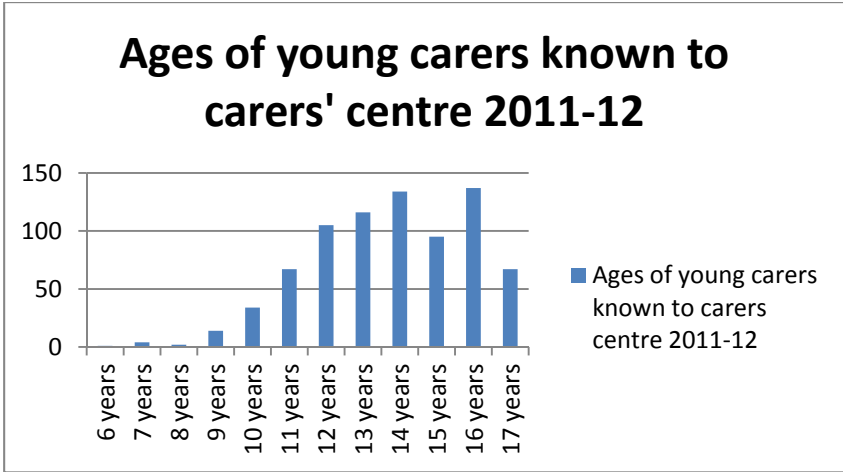
(SCIE Research briefing- May 2008)

If the 8% figure, as found in the BBC survey, is applied to the mid-2010 population estimate for children and young people 17 years and under in Salford, this would give an estimate of 3759 young carers (compared to the 764 estimate from the 2001 Census data), which is nearly 5 times higher. Please note that the figure of 8% is based on only one study and further evidence would be needed to corroborate this. It is possible that the true figure is somewhere between 1.5% and 8%. When the data is available from the 2011 Census, we will have a more up-to-date picture of the extent of caring undertaken by children and young people in Salford.

Gender and age profiles of young carers

The 2001 Census indicated that 418 young carers (55%) were female and 346 (45%) were male. This is slightly more balanced than the equivalent for adult carers, where a slightly larger proportion (60%) are women.

Salford's Young Carers' Service collects data on the numbers and ages of young carers who are supported by the service. Between January and March 2012, 199 Young Carers were supported by this service. This figure was made up of 122 girls and 77 boys (61% girls and 39% boys). The ages of young carers supported by the carers' centre are shown in the chart below. The pattern is similar to the age profile of young carers from 2001 census data.



Ethnicity of young carers

No data is available on the ethnicity of all young carers in Salford. However, the young carers that received support from the Salford Young Carers Service (based at Salford Carers Centre) during 2011-12 identify themselves as follows:

White British	94%
White Irish	1%
White and Black Caribbean	1%
White and Black African	1%
White and Asian	1%
Any other Asian background	1%
African	1%

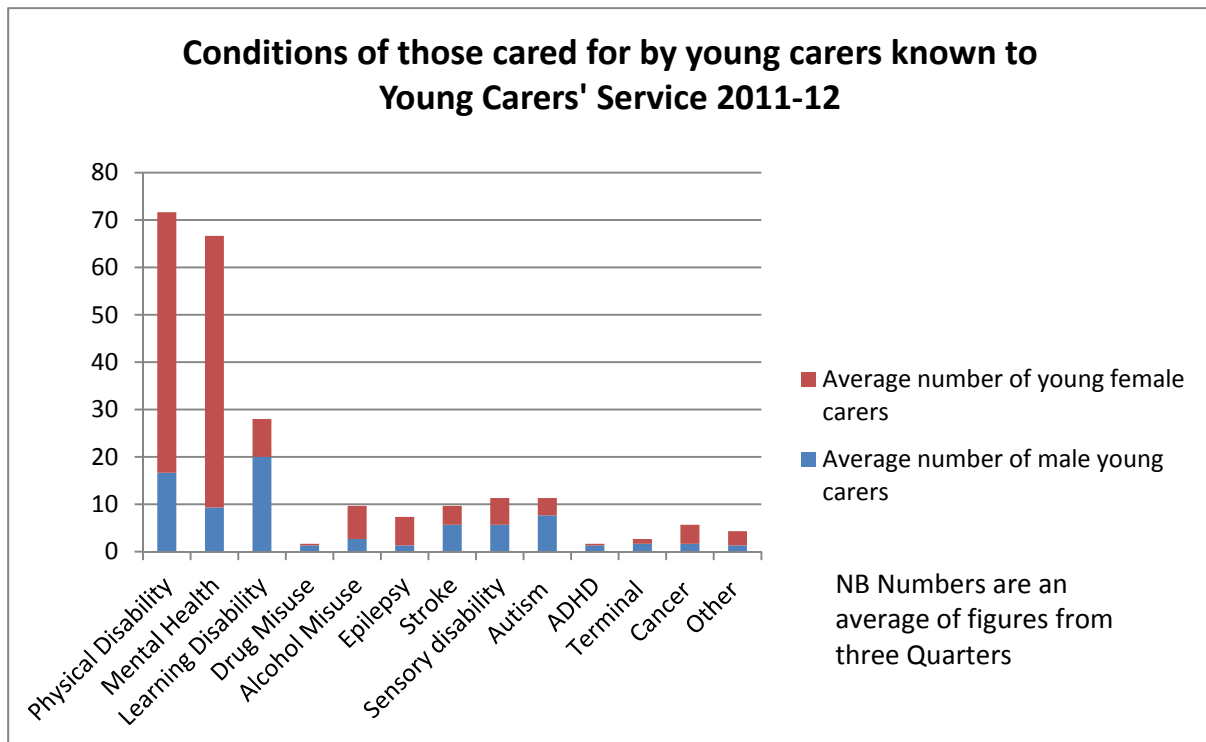
The ethnicity mix of the young carers is broadly similar to the 2001 population of Salford, although the categories are different and so not easy to compare directly.

Number of hours care provided by young carers

The 2001 Census data shows that the number of carers increases with increased age, and the youngest carers were between 5 and 7 years old. The majority of young carers provide between 1 and 19 hours care per week, although 82 young carers (11% of young carers) provided 20-49 hours of care per week and 69 young carers (9% of young carers) were providing 50 or more hours per week which are very substantial levels of care.

Condition of the people cared for by young carers

The chart below shows that young carers care mostly for people who have a physical disability or mental health problem. The high proportion of young carers who care for someone with mental health problems is particularly significant, as national research suggests that this can increase the young person's risk of experiencing mental health problems themselves (see the health of young carers section below).



Data source: Salford Young Carers' Service 2011-12 report

Relationship between young carer and cared-for person

Of the young carers known to the Salford Young Carers Service, the majority (66% or 129 out of 195) were caring for their mother as the first person they care for. 16% cared for a brother, 8% for a father, 6% for a sister and 4% for a grandparent. An average of 34 young carers during the year also looked after a second person, and 42% (14) of these looked after their father as well as another person. Only 3 young carers looked after their mother as the second cared-for person.

Future trends

It is difficult to predict future trends for young carers as numbers will relate to healthy life expectancy and disability-free life expectancy which are hard to forecast. The health and wellbeing of adults with disabilities may be impacted by any change in

benefits which reduces their income, and this may then impact on young carers. Also, the proportion of adults with mental health may change, as for example the current economic downturn may have a negative impact on mental health. There are currently approximately 36,000 adults in Salford that have a mental health need. If this rises then this may increase the numbers of young carers.

11. Health of young carers

Health of young carers nationally²⁹

- Young carers do not form a homogenous group with clearly defined or uniform responsibilities. The amount and type of care they provide can vary greatly, and does not predict how far the health or wellbeing of each young carer may be affected.
- The research has found that young carers can experience substantial physical, emotional or social problems, and encounter difficulties in school and elsewhere.
- Some young carers can report tiredness and some physical problems as a result of lifting a cared-for person.
- Surveys suggest that substantial numbers of young carers report stress, anxiety, low self-esteem or depression.
- Some young carers report feeling isolated from peers, bullying and anxiety about bullying.
- The further/higher education and employment opportunities of young carers may be adversely affected because this group are more likely to experience problems with school work and attendance. There is a link between educational achievement and long-term health and so the educational development of young carers is an important issue.
- McAndrew et al. (2011)³⁰ note that:
 - In the UK, parental mental ill health is a key factor for children entering the care system.

²⁹ <http://www.scie.org.uk/publications/briefings/briefing11/>

³⁰ Mc Andrew S, Warne T, Fallon D and Moran P (2011) Young, gifted and caring: A project narrative of young carers, their mental health, and getting them involved in education, research and practice. *International Journal of Mental Health Nursing* 2011.

- o Social workers report that parents with a mental illness and/or a substance misuse issue represent 50-90% of their caseload (ODPM 2004).

In the UK it is estimated that between one-third and two-thirds of young people whose parent has a mental illness will experience mental health difficulties themselves.

(SCIE 2009 cited in McAndrew et al. 2011²⁴)

Health of young carers in Salford

The main data available on this is the self-reported health categories in the 2001 Census. The categories are good health, fairly good health and not good health. The 2011 Census will give more up-to-date data on this when it is available.

The 2001 Census data indicates that a large majority of young carers were reported as having good health, with only just over 2% of young carers being reported as having health that is 'not good'. However, it should be considered that this census question may not be sensitive to the health issues described above such as stress, anxiety, low self-esteem or depression. Qualitative data from the Salford Young Carers Service may give a more helpful impression of some of the health issues that are related to caring. This was not available for this report but could be a focus of a study in the future. Health was the fourth most common issue raised by young carers to the Salford Young Carers Service in 2011-12, and other issues raised included bullying, grief loss issues and in a very small number of cases domestic violence and sexual abuse disclosure.

Emotional health of young carers can be affected by a restriction on their ability to socialise with their peers. 42% of young carers in Salford say that their only social life is when they attend the young carers' support sessions.³¹

"The only time I see my mates is in school"

Young carer²⁷

"I was sad because I was bullied badly in school because of my mum...."

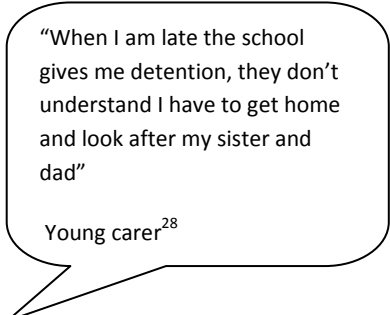
Young carer²⁷

³¹ Still here, still proud! 2000-2020 A book about young carers written by young carers. VOCAL -The Forum for Young Carers in Salford.

12. Educational needs of young carers

The further/higher education and employment opportunities of young carers may be adversely affected because this group are more likely to experience problems with school work and attendance. There is a link between educational achievement and long-term health and earning potential and so the educational development of young carers is an important issue. Anecdotal reports suggest that awareness and support in schools for young carers varies across Salford.

A survey carried out by VOCAL – The forum for young carers in Salford found that 44% of young carers in Salford feel their education is affected due to being a carer and 33% of young carers in Salford would like more support in school.³²



“When I am late the school gives me detention, they don’t understand I have to get home and look after my sister and dad”

Young carer²⁸

13. Provision of health and social care support for young carers in Salford

Young Carer's Assessment

Young people (aged under 18) who provide care to adult family members are also entitled to an assessment of their needs. This should normally be carried out by the local Children's Services Department under the provisions of the Children Act 1989. However in certain circumstances children aged 16 and 17 can have a carer's assessment under the Carers and Disabled Children Act 2000 or if under 16 in special circumstances under the Carers (Recognition and Services) Act 1995.

Nationally, it is estimated that only small numbers of young carers are currently being identified or assessed for support³³. The reasons for this include blurred boundaries of responsibility between adults and children's services; a lack of awareness among many professional groups of young carers' needs and concerns; and young carers' own lack of awareness of their entitlements, and their reluctance to seek formal help.

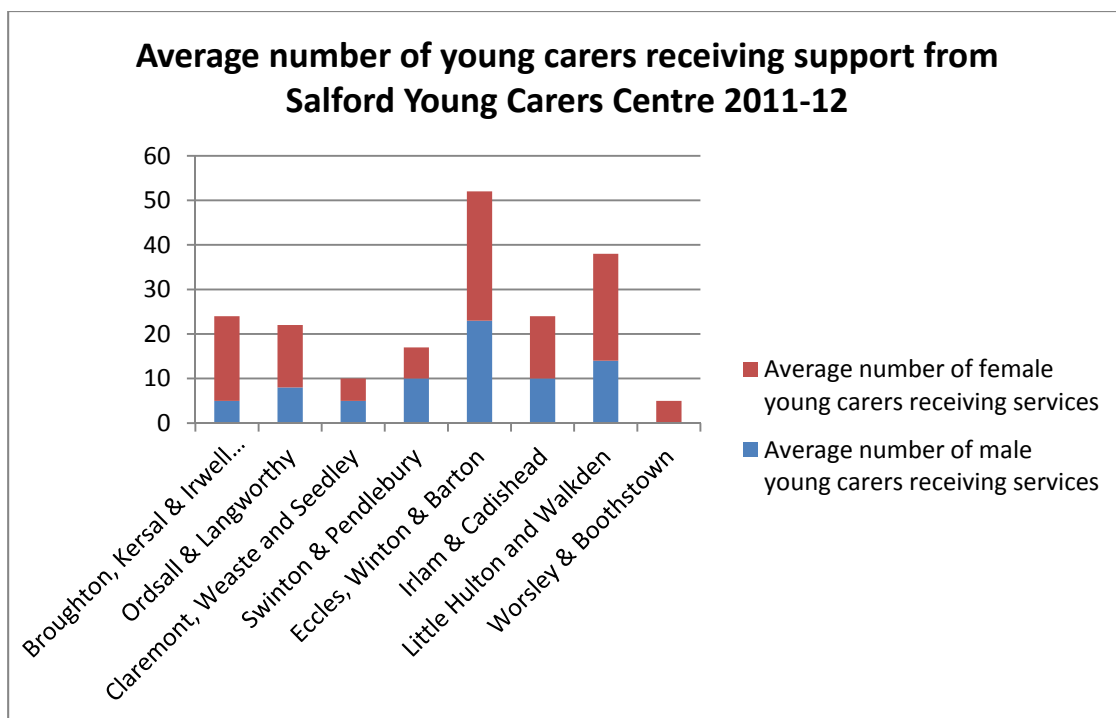
³² Still here, still proud! 2000-2020 A book about young carers written by young carers. VOCAL -The Forum for Young Carers in Salford.

³³ <http://www.scie.org.uk/publications/briefings/briefing11/>

The Association of Directors of Adult Social Services and The Association of Directors of Children’s Services have developed a model Memorandum of Understanding between Children’s Services and adult social care services on how to work in partnership to assess and support young carers and their families. It is expected that this Understanding will be agreed by Director of Children’s Services and Director Community Health and Social Care within Salford by 31st December 2012.

The Salford Young Carers Service assesses those young carers who are referred to the service to assess the impact that caring has on them. For example the impact may be on their health, relationships and educational development. If the assessment shows a significant impact from caring, the young person will be referred to support services. Approximately 200 young carers whose caring has a significant impact on them receive services and support from the Salford Young Carers Service. The length of support varies according to the individual, so numbers fluctuate slightly through each quarter of the year.

The chart below indicates the average number of young carers receiving support from the centre in 2011-12, taken from quarterly figures provided by the Centre.



This shows that the neighbourhoods which had the highest numbers of young carers that received support from the Salford Young Carers Service were:

- Eccles, Winton and Barton, and
- Little Hulton and Walkden.

The neighbourhoods which had the lowest numbers of young carers receiving support from the Salford Young Carers Service were:

- Claremont, Weaste and Seedley and
- Worsley and Boothstown.

The average number of young carers by neighbourhood as a proportion of the young persons' 2010 population (aged 5-17) is set out in the table below. If an average of 1.5% of young people are carers, the potential number of young carers that have not accessed services are in the last column.

Neighbourhood	Average number of young carers receiving services from the Salford Young Carers Service per quarter 2011-12	The average number of young carers as a percentage of the young persons' (5-17 years) population 2010	Estimated number of young carers not accessing the service
Broughton, Kersal and Irwell Riverside	23	0.4	64
Ordsall and Langworthy	22	1.11	8
Claremont, Weaste and Seedley	11	0.4	31
Swinton and Pendlebury	17	0.37	52
Eccles, Winton and Barton	52	1.04	23
Irlam and Cadishead	24	0.77	23
Little Hulton and Walkden	39	0.76	38
Worsley and Boothstown	5	0.18	37

Please note that the last column above is applying 1.5% as Salford rate to all neighbourhoods, whereas in reality this will vary across neighbourhoods and wards. Also as explained above, the actual proportion of young carers may be higher than identified in the 2001 Census. Data from the 2011 Census should be considered when it is available.

The estimates above show that in some wards it is likely that a good proportion of young carers are accessing the Salford Young Carers Service; namely Ordsall and Langworthy; and Eccles, Winton and Barton. The neighbourhoods where a smaller proportion of young carers may be accessing the Service are Broughton, Kersal and Irwell Riverside; and Claremont, Weaste and Seedley.

Range of support given to young carers from the Salford Young Carers Service

In Salford, the services that are specifically for young carers are provided by the Salford Salford Carers' Centre which incorporates a Young Carers Service. This service is jointly funded by Salford City Council and Salford PCT, and forms part of the overall provision for carers' support in Salford. The Young Carers service undertakes the following roles:

For Young People

The service provides needs assessments of Young Carers and individually tailored support, which can be delivered on a one to one basis, or via group work. It supports Young Carers to access other services, for example encouraging school attendance and use of health services.

For Young Adult Carers aged 16-24

The service offers support and guidance to Young Adult Carers with issues around transition to further education, and employment.

For Families of Young Carers

The service provides family work, supports access to other provision, and signposts families to other agencies as appropriate.

For Professionals

The service provides individual consultation, and awareness raising of young carers' issues. The service has a long established experience of working in Salford High Schools, enabling a greater understanding of young carers' issues, and enabling schools to identify and support pupils who are carers.

Services for Children in Need

Many Young Carers will meet the definition of a Child in Need under the Children Act 1989, the definition of which is:

“A child shall be taken to be in need if:

(a) He is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a Local Authority...

- (b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- (c) He is disabled.”

Under the Salford Threshold of Need Policy, there are processes in place for responding when a child's needs are identified, to ensure that services and support are put in place.

In addition, the Early Intervention and Prevention Service provides a number of support services for children and families who are vulnerable.

These include:

- School and Family Support Service – Children can be supported by a caseworker where there are concerns about attendance or attainment at school.
- “In Safe Hands” – support for adults with substance and alcohol misuse.
- Family Group Conferences – these are led by family members, and facilitated by officers from Salford City Council. Family members plan and make decisions for a child at risk of not achieving good outcomes.

14. What are the gaps/priorities in support to young carers?

Identification

The first step in identifying the gap in support to young carers is to be able to better identify who and where young carers are in Salford in order to offer them assessments. As part of the existing Young Carers Strategy, schools are being asked to develop a process to increase the identification of young carers. From autumn 2012, all school governing bodies will be asked to:

- Develop a Young Carers' policy which outlines how they will identify and support young carers in their school.
- Appoint a Young Carers' advocate from the staff team.
- Appoint a lead governor for young carers.
- Complete a pro forma and return it to Children's Services with details of who has been appointed to these roles which will enable links to be made between Children's Services and the appropriate school staff and governors.

This system will have the potential of identifying a greater number of young carers whose caring role significantly impacts them, in order to offer them services if appropriate.

Health

It is not clear whether GPs would identify young carers as carers and be aware of their particular needs. Whilst the Young Carers Service provides support to young carers across a range of issues, including physical and emotional wellbeing, it is unclear to what extent young carers' health needs are being met. An issue that may need particular investigation is support to young carers who are supporting adults with mental health problems, as there is evidence that these young people are at risk of developing mental health problems themselves. A further study on awareness of these risks and of the services that young carers can be referred to amongst services for young people (e.g. GPs, secondary schools, youth services, voluntary organisations) would be beneficial.

Social care

There is a gap between the number of young carers that receive assessments, and the estimated number of young carers in Salford. This is linked to the issue of identifying young carers (see above). It is important to note that not all young carers will be assessed as their caring having a significant impact on them, although it is difficult to predict this proportion in the estimated number of young carers in Salford. An increase in identification of young carers is likely to lead to increase in demand for assessments, and an increase in demand for services to support them and the adults for whom they care.

Financial

If young carers are in education, their caring role may not impact them financially directly. However, if they are caring for a parent who is unable to work due to disability or ill-health, the young carer is more likely to live in a low income household. Additionally, if the caring role impacts negatively on educational achievement, this may disadvantage a young carer when accessing employment or further or higher education and consequently their future earning potential.

The Young Carers Centre provides support to young carers with issues relating to education – schools and education issues was the third highest category within the issues raised by young carers. The current scheme to encourage schools to identify carers has the potential to increase the number of young carers who receive support for school and education issues.

Employment

Young carers who have left education and provide substantial care may need support in accessing employment that offers sufficient flexibility.

15. Building on strengths of young and adult carers – an asset approach

Carers are an important asset to society and our communities. In order to help carers to continue to care (and not become someone who needs care themselves) it is important that the best support possible is provided with the resources available. As the current economic climate means that public sector resources are reducing, it is also important to consider how to use resources to bring about the best benefits.

An asset approach would involve working with carers to identify their own existing strengths alongside the existing strengths amongst their family, friends and communities in order to see how these strengths could be supported to grow in a way that provides support for carers. This approach would require resources and has the potential to gain a good return for investment in supporting carers.

16. Recommendations – adults and young carers

The following recommendations are made with a view to being considered in the new Carers' strategy which is to be developed to cover the period 2013 – 2016.

Data and intelligence

- To review the 2011 Census data when it becomes available to get an up-to-date assessment of the numbers of adult and young carers in Salford and compare with intelligence from carer assessments and Carers' Personal Budgets.
- The 2009 Salford carers' survey is being repeated in 2012. Data from this survey should be used in any future needs assessment.
- To review local systems of identifying and recording the numbers of adult and young carers (receiving or not receiving services) and improve these where possible.
- Collate intelligence from smaller providers that run services for specific communities to better estimate the gap between need and provision.
- Collect more complete data on carers who receive or decline assessments.

Identification of carers

- Renewed emphasis on identifying and increasing the number of adult and young carers known to services e.g. through GP Locally Enhanced Service.
- Monitor and evaluate the new system in schools to identify and support young carers.
- Increase awareness of carers and carers' issues across public and voluntary sector health and social care organisations and services.
- Increase referrals to the Carers Centre via a range of organisations.

Carers' health

- Review the way that carers' health checks are offered in order to identify how the service can be most effectively expanded.
- Increase the number of GP practices signed up to the carers' health check scheme and increase the number of carers' health checks carried out.
- Evaluate the current carers' health check scheme including how carers are flagged and identified on information systems.
- Undertake research on health of young carers including a health survey to provide quantitative data on health needs of young carers.
- Investigate what support is available to young carers who are supporting adults with mental health problems.
- Increase flexibility of access to health appointments for carers.

Carers' access to information and support services

- To increase awareness amongst carers of any support available to them, including health checks, Carers' Personal Budgets, and carer's allowance.
- To explore how best to provide information to carers so that all carers are aware of the support and advice which is available to them.
- To evaluate information and support available to carers who are not eligible for paid or respite care.

Carers' financial health

- Carers experiencing financial difficulties should be identified and supported to access any financial schemes that are available to them e.g. carer's allowance and Carers' Personal Budgets.

17. Appendices

Appendix 1: Data sources

Data that was available or provided:

- Census 2001 (see Appendix 2)
- Salford Health and Wellbeing Survey 2011 – Public Health
- Carers' health check data from Salford PCT
- Carers' assessment data from Salford City Council (Josette Phillips)
- Salford Carers Centre – data on numbers of carers
- Salford Carers' Survey 2009

Organisations that were contacted but data was not available/not provided:

- DAAT – Data on carers of people with drug and alcohol problems
- Salford Royal Foundation Trust
- Greater Manchester West Health Authority

Data that was not requested as it was outside the scope of this JNA:

- Wai Yin
- Crossroads
- Give Us a Break
- ASGMA
- Jewish FED
- A range of specialist services in place for people with specific conditions

Appendix 2:

2001 Census Data: Health and Provision of Unpaid Care (KS08) Apr01 Source: Office for National Statistics³⁴

				Salford	North West	England
All People	Count	Persons	Apr-01	216103	6729764	49138831
People with a limiting long-term illness	Count	Persons	Apr-01	49312	1394609	8809194
People with a limiting long-term illness	Percentage	Persons	Apr-01	22.82	20.72	17.93
People of working age with a limiting long-term illness	Count	Persons	Apr-01	24093	670148	4014005
People of working age with a limiting long-term illness	Percentage	Persons	Apr-01	18.33	16.4	13.29
General health: Good	Count	Persons	Apr-01	139752	4501183	33787361
General health: Good	Percentage	Persons	Apr-01	64.67	66.88	68.76
General health: Fairly good	Count	Persons	Apr-01	49297	1491467	10915594
General health: Fairly good	Percentage	Persons	Apr-01	22.81	22.16	22.21
General health: Not good	Count	Persons	Apr-01	27054	737114	4435876
General health: Not good	Percentage	Persons	Apr-01	12.52	10.95	9.03
All people who provide unpaid care	Count	Persons	Apr-01	22445	724802	4877060
All people who provide unpaid care: 1-19 hours a week	Count	Persons	Apr-01	13761	473083	3347531
All people who provide unpaid care: 1-19 hours a week	Percentage	Persons	Apr-01	61.31	65.27	68.64
All people who provide unpaid care: 20-49 hours a week	Count	Persons	Apr-01	2975	87407	530797
All people who provide unpaid care: 20-49 hours a week	Percentage	Persons	Apr-01	13.25	12.06	10.88
All people who provide unpaid care: 50 or more hours a week	Count	Persons	Apr-01	5709	164312	998732
All people who provide unpaid care: 50 or more hours a week	Percentage	Persons	Apr-01	25.44	22.67	20.48

³⁴

Appendix 3: Data from focus group

'How do you believe your caring role impacts on your health and wellbeing?'

Focus Group attended by 6 carers

14.8.12

At St George's Resource Centre.

A focus group was held at St George's Resource Centre in August 2012 in order to gain some up-to-date qualitative data about carers' health in Salford. Carers were invited to attend via a flier that was circulated to approximately 300 carers on the Carers Centre email database and fliers left in a few locations that carers may attend, for example Basic, the older people's forum and Salford Stroke Club.

Six carers attended (five females and one male). An open discussion took place about the impact of the caring role on the carers' health. Notes were taken by a member of the User Development Team (Community Health and Social Care) and some of their quotes are used anonymously in this report.

If comments made are in "Quotation marks" they are a direct quote from the carer, if not they are paraphrased.

General comments made

- There is a lack of communication throughout services.
- Lots of community places are closing down – libraries etc
 - This comes at a time when people are being encouraged to use local services.
 - This is quite frightening because if people lose traditional services to use more community services but then community services close down what will there be for them to do?
- Specialist services are closing.
- The only support I get is that I get a carers budget.
- The only time I have is around shopping and then I need to make sure my husband knows when to expect me back. Sometimes I meet a friend for lunch.
- The people I care for have good days and bad days – this impacts upon me.
- My daughter has left home now, she's in supported living, but you're still a carer. Sometimes people's attitude is that you no longer are.
- "She spoke to me like I was something on the bottom of her shoe" (describing a nurse when challenged about the condition of the person's Dad who she cares for)
- "I insisted on a home visit from a specialist nurse...she thanked me for insisting because it helped her to understand"

- “It’s enough to look after someone but it’s the stress and strain of dealing with the system”
- “the system could be a lot kinder and a lot more supportive”
- The all consuming priority for the carers is the needs of the cared for person leading them to neglect their own needs both in terms of ignoring their own symptoms and of finding time to visit their GP.
- As a long term foster carer I get no holidays but short term foster carers get 2 weeks – how is that right?
- “My GP has never asked me about my caring role”
- Support given to carers when their loved one is diagnosed is poor
 - No one explains anything to you
 - No one tells you about support systems and ways to cope.

Key themes

- Feeling unsupported

What is the day to day impact of your caring role on your health and wellbeing?

- The impact varies. One day you can cope quite happily and the next you’re doing exactly the same task but you just can’t cope
- Tiredness –
 - Because there is no one to share the day to day work with (household chores). If you leave the tasks they are just waiting for you the next day and still need to be done.
 - “Absolutely weary, I feel like I’m fighting a battle constantly”
- After a few busy days with caring I feel really tired and a bit down.
- “I get weepy, really down at times”
- “Some mornings I just don’t want to get out of bed”
- When I feel down the slightest things will leave me in tears.
- I would like some time to do something for me – I’d like to join the Gym and have a bit of time to myself and to get a bit fitter – that would be good for my health too. I don’t have the time or the money.
- There are so many meetings I have to go to.
- Frustration
 - With services for the cared for person
 - Don’t always feel listened to or valued by services
 - Lack of accountability (services for the cared for)
 - Having to always chase up phone calls, meetings etc
 - It’s hard to make changes in the cared for person’s services.

- “It makes me feel worn out and week and very tearful quite often”
- Fearful about the future
 - “What will happen to her when I’m gone?”
 - “I can’t die until I know she’s alright” (about her daughter)
 - 2 worries – we’re not getting any younger and what happens to our son when we’ve gone? We can’t out that on our other son”
- Can’t sit still because I feel like I’m always on the go both physically and mentally.
- You can’t compare what we do with a job description – you can’t call in sick!
- Even though you want the responsibility of caring for your loved one you feel like you have no choice.
- “I ask myself the question ‘how do I stay healthy’, and I don’t know”
- The role is split into 2 parts and you’re always doing one of them
 - Caring for the person
 - Dealing with the system – this is very, very frustrating leading to increased feelings of stress, tiredness and depression.
- Both my husband and I needed to have an operation but we couldn’t have them because we couldn’t risk having a slow recovery – who would look after our son then?
- Having to plan your life around the needs of the cared for person
 - We have to run our day around the needs of our son.
 - We have to plan out holidays around the needs of our son
 - We never go out at night
 - “Your whole life is controlled by someone else”
- I pick up anything that’s going around, and it really floors me but “you can’t take a sick day”
- One person explained that following an operation on her knee she had a slow recovery and because of that she will not have the operation on the other knee because of her need to be able to carry out her caring role.
- “I just need a GP who works properly and does what I ask”
- I’ve got a bad back and went to see my GP – all he gave me was some painkillers and a website to look at for some exercises.
 - This same thing happened to me – being directed to a website and I’ve got no time for that.
- Guilt
 - Why didn’t I ...
 - I could have ...
 - You end up doing things you don’t want to do
 - You don’t put yourself first.
- It can be hard to take criticism from the cared for person
 - If they want you to do something ‘now’ and you can’t
 - If they are having a bad day.

- “The thing that stumps me is because the two types of caring I’m doing are completely different – the thing I miss is just a holiday for a couple of weeks to just chill out - just me and my wife”
- “I’m not getting out”
- “I think a lot of things people take for granted we could never take for granted. Even simple things like reading a paper”
- “Can’t do anything on the spur of the moment”
- “No spontaneity – before our son was ill we did all that, I suppose we were very lucky – we can’t do that now”

Some conditions carers have that they believe are linked to their caring role

- High blood pressure
- Diabetes
- Polymyalgia – caused by stress
- Stomach hernias – caused by moving and handling
- Dystonic tremors – caused by stress

How do you deal with stress?

- Go into the garden and tend to the fish
- “You can’t, you just have to carry on”
- Dance around to some music
- I’ve been on courses at the Carers’ centre – this only helps when you are actually on the course
- I go upstairs and watch the Sky Sports, my wife stays downstairs and watches her programme and the foster child uses the computer – Sky multi-room
- Getting involved in groups / Boards to improve services
- “If services did their jobs better than they do I would have much less stress.”

Is it easy to look after yourself in terms of diet, exercise, smoking alcohol etc?

- It’s very hard because of up and down emotions
- I can’t commit to a weekly exercise class because things are not the same week to week.
- I’d love to go to the gym and get fit but I don’t have the time.
- I went to my GP about stress and he said to me ‘Well you live in a stressful situation, what do you expect?’ (went with high blood pressure)
- When you get to a certain age you’re just told your health problems are ‘wear and tear’.
- Comfort eating (almost the whole group agreed)

- Not finding time to eat means during the day leading to bingeing at night with detrimental health effects because
 - Wrong foods
 - Comfort eating
 - Wrong time of day
- I eat healthily because my husband needs a healthy diet because he is diabetic. I then have to comfort eat later (biscuits and chocolate)

Key themes

- The impact varies from day to day
- Tiredness
- Feeling down or tearful
- Stress
- Frustration
- Much stress and frustration is caused by dealing with the system rather than the caring role per se.
- Guilt
- Putting your needs and preferences second to the needs and preferences of the person you care for.

What is the impact of your caring role on your relationships?

- Siblings get left behind
- The cared for person (Dad) personality has changed – this is a “nightmare” and has led to “resentment and bitterness”
- I’m lucky because there are two of us (to care for our son) me and my husband.
- If we go away our son comes with us (so the married couple have no holidays just together)
- We can’t stay and spend time with our other son and his partner spontaneously because our son needs to have a high level of predictability and know what is going to happen.
- We (me and my husband) need to stay up late (after the cared for has gone to bed) so we can talk.
- It’s hard to find time to spend with friends
- My daughter helps when she can – but she has three kids of her own
- You don’t have a social life – even when you can see friends or family it must be planned well in advance and then if something comes up for the cared for that has to come first and you have to cancel.
- Without my husband I couldn’t do what I do.
- Any visitors to the house must be planned well in advance due to our son’s need to plan in advance.

- We couldn't laugh in the house because my daughter finds loud noises painful (obvious implications for relationships)

Key themes

- Putting own relationships secondary to the needs of the cared for person.

What helps or hinders you looking after your own health and wellbeing?

Helps

- Having something else regular to be involved in (e.g.: Brownies, hairdressers, groups)
- Foster child being in respite
- When my wife has a good day
- Equipment for the cared for person
- The cared for person having an Individual Budget and Personal Assistants who know how to support them well (and so make more good days). This gives me other jobs (managing PAs) though that can also cause stress.
- Having self set goals (e.g. I will spend 2 hours alone tonight)
- Continuity of professionals (CPNs)
- A responsive service (to be able to call on someone 'I need you now')
- Holidays – with the cared for person. Although this does not mean you are not caring.
- When services make the time and effort to make 'reasonable adjustments'
- There should be a 'flag' on GP screens so they know you are a carer and may have specific appointment needs (to fit in with caring responsibilities)
- Carers budget
- Gym passes
- Carers Centre
- Outdoor gyms are good
- Good service for the cared for person "If it's working for him, its working for me"

Hinders

- The system
 - Meetings
 - People not getting back to you
 - Don't feel valued / listened to by services
 - Too early discharge from hospital
 - Having to fight for everything
- Some professionals are really good and some not so, it's a bit of a lottery

- Not seeing some professionals
- No chance to just relax and chill out
- I have no time to have my own appointments (dental, eye test etc)
- Having to cancel appointments because the cared for person is having a bad day
 - and services not understanding that I have no choice in this
 - having to wait for another appointment
 - This is especially bad for people with pre existing conditions (e.g.: diabetes clinic)

Key themes

- The need for some time for yourself.
- Having to fight the system