

Richmond Carers Strategy 2020



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Foreword



More than 18,000 Richmond residents are providing unpaid care to family members or friends who due to illness, disability, a mental health problem or an addiction, cannot cope without their support. While it is often incredibly rewarding, caring for someone can take a serious toll on people's mental and physical health, their personal relationships, their finances, and their ability to maintain or return to employment. For young people, a caring role can impact on their educational achievement and their relationships with peers.

More than 3 in 5 of us will become unpaid carers at some point in our lives and many of us won't immediately recognise the impact it is having on our lives. Caring needs to be recognised and valued. Carers should find it simple and easy to interact with health and care systems. They should be able to access the information, advice and support they need. They should have an opportunity to have a life outside their caring role.

This strategy draws on the views, learning, experiences, ideas, and aspirations of unpaid carers and young carers and the services that work with them. It sets out our priorities for the next five years. By tackling these together, we can help local residents caring for their loved ones feel that they live in a local borough that is recognising their role and supporting them to access the support they need.

Cllr Piers Allen

Chair Richmond Health and Wellbeing Board



Introduction

2.1 Our vision

Carers in Richmond are able to achieve their full potential, live their lives with confidence and resilience, and access circles of support and quality services that promote independence and deliver value for money.

A carer is anyone providing unpaid care to family members and friends who due to illness, disability, a mental health problem or an addiction, cannot cope without their support.

2.2 Aligning with national policy

This Carers Strategy builds on two significant pieces of legislation which introduced important new rights for carers and gave local authorities new statutory responsibilities with respect to adult and young carers. The Care Act 2014 came into force on 1st April 2015, with some elements coming into force in April 2016. It put in place significant new rights for carers in England including:

- A focus on promoting wellbeing.
- A duty on local councils to prevent, reduce and delay need for support, including the needs of carers.
- A right to a carer's assessment based on the appearance of need.
- A right for carers' eligible needs to be met.
- A duty on local councils to provide information and advice to carers in relation to their caring role and their own needs.

The Children and Families Act 2014 gives young carers and young adult carers in England a right to a carer's assessment and to have their needs met (if the assessment shows this is needed). The Care Act and the Children and Families Act work together to make sure the needs of the whole family are met and inappropriate or excessive caring by young carers is prevented or reduced. The rights of parent carers have also been addressed within the

Children and Families Act. A local council has a duty to provide an assessment to a carer of a disabled child aged under 18 if it appears that the parent carer has needs, or the parent carer requests an assessment.

The National Carers Action Plan 2018-2020 outlines a range of cross-governmental actions based around five key themes:

- Services and systems that work for carers
- Employment and financial wellbeing
- Supporting young carers
- Recognising and supporting carers in the wider community and society
- Building research and evidence to improve outcomes for carers

The NHS 10 Year Long Term Plan sets out the ambition and direction for the health service in England over the next ten years. It recognises that carers are twice as likely to suffer from poor health compared to the general population and identifies specific areas where the NHS will look to better identify and support carers. These include adopting carer's passports, including emergency plans as part of summary care records, developing carer GP friendly practices and providing more mental health prevention support for young carers.

The Children and Families Act 2014 gives young carers and young adult carers in England a right to a carer's assessment and to have their needs met

2.3 Aligning with local policy

The Council's Corporate Plan 2018 2022 sets out four objectives. Two of these are particularly relevant to this strategy and are reflected in our four priorities:

- A fairer borough – investing in good local services that protect the most vulnerable
- A borough for everyone – making sure residents have a real say over issues that affect them and making our borough accessible for everyone and promoting opportunity for underrepresented groups

Consistent with the Corporate Plan are Directorate level strategies and programmes which confirm the emphasis on developing community partnerships and building community capacity. These include:

- Adult Social Services' strategic objectives are to promote independence, health and wellbeing and work with local networks and community assets to build resilience
- Achieving for Children's 2018/19 Business Plan that aims to build resilience so that families and communities are better able to help, support and protect children
- Public Health's Framework for Prevention that sets out plans for meeting the prevention needs of residents
- The Joint Health and Wellbeing Strategy 2016-2021 aims to promote independence and joined up services throughout people's lives
- The Richmond Upon Thames Compact outlines the principles and approach that the Council will take in working with the voluntary sector

The Richmond Clinical Commissioning Group vision is to deliver cost-effective, sustainable integrated health services to all residents. This recognises the importance of working in collaboration with partners, including the council and voluntary sector.

The Richmond Health and Care Plan provides clear and detailed actions on how the local Integrated Care System (ICS) will address the local health and care challenges across the life course. The importance that unpaid carers will play in delivering the vision and priorities under the themes of Start Well, Live Well and Age Well is recognised in the cross-cutting theme "recognising and valuing carers in their caring role and enabling them to have a life outside of caring".





58%

of those who provide unpaid care in Richmond-upon-Thames, 58% are female (n=9,800).

31%

of all unpaid carers are aged between 25 and 49 years, 41% between 50 and 64 years, and 22% are aged over 65 years.



8.5%

of residents in Richmond are providing unpaid care - this is 8.5% of our resident population -- similar to the average for SW London (8.4%) and London as a whole (8.5%), and lower than the average in England (10.2%)

39%

of all those who provide more than 50 hours of unpaid care a week are older than 65 years

Carers And Young Carers In Richmond

More than 18,000 Richmond residents are providing unpaid care to family members and friends who due to illness, disability, a mental health problem or an addiction, cannot cope without their support. This is 8.5% of our resident population -- similar to the average for SW London (8.4%) and London as a whole (8.5%), and lower than the average in England (10.2%). In general, a lower proportion of Richmond's population provides over 19 hours of care per week. However, according to General Practice data, currently there are fewer than 1,000 carers recorded in General Practice (0.45% of the registered population), furthermore a limited number of the total carer population (1,800 adult carers) are registered with Richmond Carers Hub Service, and fewer than 300 carers assessments were performed by Richmond Council, suggesting that health professionals and support services may not be aware of the carer responsibilities and associated support needs of patients.

By applying local prevalence rates from the 2011 Census to population projections estimates of numbers of carers by gender and age group in 2018 have been calculated. Note that these rough estimates do not take into consideration changes in the number of people requiring care. It is estimated that:

- Of those who provide unpaid care in Richmond-upon-Thames, 58% are female (n=9,800).
- Of all care providers, 31% are aged between 25 and 49 years, 41% between 50 and 64 years, and 22% are aged over 65 years.
- Of those who provide more than 50 hours of care per week, 39% are older than 65 years.
- Six percent of carers are younger than 25 years (n=970)

The 2011 census identified that there are 864 carers in Richmond-upon-Thames aged younger than 24 years who provide unpaid family care, and as of 2018 this figure is estimated to be 970. In June 2018 450 young carers were being supported by Richmond Carers Centre.

Based on information from Richmond Carers Centre a greater proportion of young carers are from Black and Minority Ethnic (BAME) groups than the average for all carers within the borough (29% of young carers compared to 13% of all carers identified by the 2011 census).

In Richmond, 2011 census data reveals that 14.1% of the population are from BAME groups, 14.5% of the population belong to non-British White ethnic groups and the remaining 71.4% are White British. The population of unpaid carers in Richmond has a similar ethnic composition although the proportion of White British carers is higher than in the total population (77.9% compared to 71.4%). The proportion of BAME and non-British White carers are both lower than the proportion of these ethnic groups within the total population at 12.6% and 9.4% respectively.

In Richmond, 20% of carers report their health is poor (this is reflected in the 20.74% of carers registered with Richmond Carers Centre who have reported having their own physical or sensory disability or long-term condition (as at end April 2018)), compared to 11% of those who do not provide care. This risk of poor health increases with the number of hours of unpaid care that are provided.

The risk of poor health also increases with age, in Richmond-upon-Thames 67.4% of carers aged 65 and over reported having at least one long-term health condition compared to 53.3% of carers aged 18 to 64.

Compared to other South London Boroughs, carers in Richmond are more likely to have had to see a GP for health issues relating to their caring duties in the past 12 months (33.9% in Richmond-upon-Thames, compared to 27.8% Kingston-upon-Thames, 32.3% Merton, 31.4% Sutton. Just 8.1% of carers in Richmond reported that their caring responsibilities had no effect on their health. This is slightly lower than other South London boroughs (average 10.5%).

More information on the demographics and needs of unpaid carers in Richmond can be found in the Richmond Carer's Needs Assessment which was published earlier this year on www.datarich.info.

3.1 Services for carers and young carers in richmond

Services for carers currently commissioned by Richmond Council and/or Richmond Clinical Commissioning Group through the Better Care Fund include:

- Richmond Carers Hub Service: this service provides universal and specialist information and advice services, informal individual and group emotional support, a caring café for carers and people they care for living with dementia, a dedicated young carers service, training and learning opportunities for adult carers, opportunities for carer engagement, carer awareness training for professionals and strategic leadership. Services are provided by a group of six charities working together: Richmond Carers Centre (lead), Addiction Support and Care Agency, SW London Alzheimer's Society (Richmond), Crossroads Care Richmond and Kingston, Richmond Borough Mind (Carers in Mind) and Integrated Neurological Services
- Richmond Borough MIND's Acute Carers Recovery Worker works in acute wards and supports unpaid carers of people with acute mental health issues.

Services for carers currently delivered by Richmond Council and/or Richmond Clinical Commissioning Group include:

- Carers assessments: these give carers the opportunity to discuss the physical, emotional and practical impact of caring on their life and enables social care practitioners to direct them to services which can support them. For adult carers, assessments are delivered by the Richmond Adult Social Services Directorate. For young people, carers assessments are delivered by Achieving for Children.
- Carers Emergency Card: available to carers who have had a carer's assessment and enables

access to emergency respite if the carer is suddenly unable to provide care due to accident or other exceptional circumstances.

- Shared Lives Scheme: this Council funded scheme helps carers of people with dementia, autism and learning disabilities by providing a Shared Lives Carer to look after the person they care for.
- Telecare/Careline and emergency alarms: 24-hour emergency monitoring systems that can help older and vulnerable people to remain living independently and safely in their own homes, giving peace of mind to carers who do not live with the person they look after. The telecare service is delivered by the Council, following an assessment.
- Children's services: single point of access (SPA:) the SPA acts as a single gateway for all incoming contacts into the Richmond-upon-Thames Children's Services (Achieving for Children), providing telephone and web-based support to professionals, children, young people and parents. Children's Services refer adults for a self-directed support assessment where young people are identified as providing a caring role to an adult with disabilities or a long-term condition. Young carers identified by Adult Services are referred to Children's Services for appropriate assessment and support including weekly support sessions, respite trips and activities and one-to-one support.
- There are a range of universal health and social care services that have specific targets for carers. This includes free annual seasonal flu vaccinations and NHS health checks. These services are delivered by local health partners including GP surgeries, and some local pharmacies.

The voluntary and community sector in Richmond provide an array of services for unpaid carers that are funded by other sources. For further information see www.careplace.org.uk

There are also a range of services funded and/or delivered by the Council, the NHS and community and voluntary sector that carers will access even though they may not be designed explicitly for carers. It is essential that these services consider how they can reduce barriers so carers can access



37%

37% of carers described their financial situation as 'struggling to make ends meet'

47%

47% of carers said they cut back on essentials such as food and heating to cope.



29.7%

29.7% of carers aged 65 and over report having as much social contact as they want, compared to 36.3% of carers aged 18 to 64

67.4%

67.4% of carers aged 65 and over reported having at least one long-term health condition compared to 53.3% of carers aged 18 to 64.

Issues and Challenges

The Richmond Carers Needs Assessment identified challenges in providing services for carers and young carers: Gaps within current service delivery have been identified through engagement with local carer groups and stakeholders:

Financial wellbeing

There is a lack of information on the financial wellbeing of carers in Richmond, and services tailored to this. National surveys indicate this is a key issue, in a recent survey 37% of carers described their financial situation as 'struggling to make ends meet', and of this group 47% said they cut back on essentials such as food and heating to cope.

Social isolation and recognition

Social isolation is a pressing concern felt by many carers, particularly those who have not been identified as carers, and often services are unable to alleviate this. 73% of carers felt their role was not valued or understood by government and carers, especially those aged 65 or older, are at risk of social isolation, In Richmond-upon-Thames just 29.7% of carers aged 65 and over report having as much social contact as they want, compared to 36.3% of carers aged 18 to 64. This is a pressing concern for the local population as 60% of carers are aged 50 or older.

Transition

Transitions within the caring role, such as going from caring to no longer having caring responsibilities, or from being a young carer to an adult carer, are often neglected within research and studies conducted around caring. More could be done to tailor services to carers in these scenarios and help carers manage changing relationships.

Health needs of older carers and young carers

The number of carers aged over 65 years is increasing more rapidly than the general carer population and of those who provide more than 50 hours of care a week 39% are older than 65 in Richmond. Older carers are also more likely to have long-term health conditions than younger adult

carers (in Richmond-upon-Thames 67.4% of carers aged 65 and over reported having at least one long-term health condition compared to 53.3% of carers aged 18 to 64. This is therefore a key group to target and develop services for, and more could be done to highlight how this is being considered, beyond offering free health checks. The challenges of identifying young carers means that issues that may lead to mental health problems such as bullying, loneliness, caring related stress and educational difficulties, may not be picked up and addressed as early as they could be.

Negotiating complex systems

The Richmond Carers Health Needs Assessment has highlighted issues of duplication, lack of communication with referrers and carers, and no clear path following assessment. Carers can face difficulties in negotiating these systems on behalf of the person being cared for. They also face challenges in accessing universal services that can support their health and well-being.

Carer Assessments

The number of carer and young carer assessments has significantly reduced in recent years. This reduction can be attributed in part to procedural changes relating to the removal of incentives for completing the assessment and in part to systems issues related to the recording of assessments.

Working and Caring

People juggling paid work with unpaid caring need flexible support to enable them to keep working and caring. Caring is a significant and growing reason for employees leaving the labour market and former carers can struggle to re-enter the market.

Social isolation is a pressing concern felt by many carers, particularly those who have not been identified as carers

Key Priorities

5.1 Summary

Four key priorities have been developed based on local engagement with carers, the recently conducted Richmond Carers Needs Assessment, and national strategic initiatives. These four priorities are:

Priority One

Improving the Recognition of Carers and Our Understanding of Their Needs

The number of carers reported in the 2011 Census is much higher than the number of carers that are identified in general practice, the voluntary sector and in social care. Identification of carers is important. By identifying carers, we can help carers to look after their own physical and mental health, reduce isolation and loneliness, reduce the risk of carers becoming overwhelmed by their caring responsibilities, reduce pressure on health and social care services, and direct resources to more effectively meet the needs of the local carer population.

According to research conducted by Carers UK, 54% of carers took over a year to recognise their caring role, and 24% took over 5 years. Many carers, particularly parents, do not consider themselves a carer. Many families also fear the idea of social services involvement and would rather avoid it, likewise young carers may fear of being removed from their caring role. Others are reluctant to identify themselves as such due to stigma around various conditions

Priority Two

Mitigating the Economic and Academic Impact of Caring

Developing carer friendly employer policies, and information and advice for employers on what caring responsibilities entail and how to accommodate and support carers in the workforce, should be a priority for local organisations. Caring can have an adverse impact on the academic performance of young carers and may delay them from pursuing further education and training.

Priority Three

Creating Carer Friendly Services and Communities

A range of services are available for carers – both bespoke services and universal services -- but unpaid carers, and many professionals, often report difficulties in navigating systems and services. Carers who feel that their community understands and values them are less likely to face obstacles in maintaining a healthy lifestyle, maintaining relationships, balancing work or education with care. Even where they do face these challenges, living in a carer friendly community means they are much more resilient and able to sustain their caring role whilst having a life of their own.

Priority Four

Improving Carers Health and Wellbeing

Caring can have a considerable negative impact on a carers mental and physical health and wellbeing. This may be especially true for parental carers of children with severe disabilities, as this can mean a lifetime of caring; and older carers, as they are much more likely to have a long-term health condition of their own. In Richmond-upon-Thames 67.4% of carers aged 65 and over reported having at least one long-term health condition compared to 53.3% of carers aged 18 to 64.

5.2 Co-producing the action plans

For each priority, we have defined in broad terms what we hope to do and what success will look like. Working groups will be established for each priority. These working groups will include unpaid carers as well as representatives from statutory services, voluntary and community services. Where possible, these working groups will establish baseline and aspirational performance indicators to measure the positive changes listed for each priority area. Progress towards addressing the priorities will be monitored by the Carers Strategy Reference Group and will be fed back to partners. Feedback from carers and their representatives, and those who are cared for, will be an essential part of the monitoring process.



54%

54% of carers take over a year to recognise their caring role, and 24% take over 5 years. (carers UK)

33.9%

33.9% of carers in Richmond have seen their GP for health issues relating to their caring duties in the past 12 months



54%

54% of carers took over a year to recognise their caring role, and 24% took over 5 years.

80%

Over 80% of carers use the internet to find information

5.3 Priority one - improving the recognition of carers and our understanding of their needs

Identifying carers can often be a challenge as many people do not see themselves as carers, are reluctant to identify themselves as such due to stigma around various conditions, or, in the case of young carers, fear of being removed from their caring role. Parent carers and distance carers can take a long time to acknowledge their caring role. Many families also fear the idea of social services involvement and would rather avoid it. According to research conducted by Carers UK, 54% of carers took over a year to recognise their caring role, and 24% took over 5 years.

Recognising people's caring roles is important. By identifying carers, we can help them to look after their own physical and mental health, reduce isolation and loneliness, reduce their risk of becoming overwhelmed by their caring responsibilities, reduce pressure on health and social care services, and direct resources to more effectively meet the needs of the local carer population.

Further work is needed to raise the profile of carers and young carers to encourage identification, particularly self-identification for those who do not see themselves as carers, and to ensure their needs are considered as key points of contact with local services.

What We Aim to Do

- Develop education, information and training for a range of frontline staff to increase understanding, knowledge and ability to identify adult and young carers and support them to access local support
- Support GPs and hospitals to review or put in place policies and systems to identify adult and young carers, promote referrals and improve carers health and wellbeing
- Enable and empower schools, voluntary organisations and other professionals to improve their recognition of young carers and make appropriate referrals
- Develop and promote a clear offer to adult and young carers, including options for support in

emergencies and support for young carers when they turn 18

- Improve the approach and practice in relation to having a conversation with carers about the options available to meet their support needs. This should include assessing financial eligibility for statutory services

What will positive change look like for unpaid carers?

- Unpaid carers will have a good experience of care and support
- Unpaid carers will feel they are a full partner in their care
- Unpaid carers will trust the system and services
- Unpaid carers will be encouraged to have their needs assessed and met. They will feel that health, social care, education and voluntary sector staff and volunteers have a good understanding of their caring roles.
- The percentage of unpaid carers who have had their needs assessed will increase from 18% to 80%. Every carer who has their needs assessed will have a support plan and an emergency card or carer passport.
- Unpaid carers will feel that universal services are making reasonable adjustments to support access
- Young carers will feel that their school recognises and understands the impact that their caring role has on their academic potential

Further work is needed to raise the profile of carers and young carers to encourage identification

5.4 Priority two – mitigating the economic and academic impact of caring

More than three million working people, possible as many as one in seven of the UK workforce, are balancing caring responsibilities with paid work. However, many face substantial challenges in balancing employment and caring responsibilities and find it difficult to get support from their employers. Others have been forced to give up work or reduce their hours due to caring, and find it challenging to return to the workplace. Almost two in five carers say that they are struggling to make ends meet and more than half are not able to save for their retirement.

Flexible working policies, building a greater understanding of carers among employers and education/training providers, and supporting carers in returning to work can help to alleviate some of the challenges carers face in relation to employment.

While having caring responsibilities can be rewarding for young carers and can allow them to develop maturity and practical skills, young carers can also experience poor mental and physical health. One in three young carers miss school on a regular basis and their GCSE grades are nine points lower on average than their peers. Caring responsibilities can also delay moving out and have an adverse impact on educational attainment and employment opportunities.

What We Aim to Do

- Promote Employers for Carers Benchmarking Scheme starting with partners in this strategy, and support local stakeholders to implement carer friendly HR policies
- Assist all local schools to implement a young carers policy; appoint a young carer lead and/or enrol in the Young Carers in Schools Programme.
- Implement the Young Carer Health Champions programme (established by NHSE)
- Work with employment and benefit services to ensure their staff understand the unique challenges faced by unpaid carers
- Support unpaid carers in understanding their

- rights around employment and benefits
- Support carers to reframe carer experience into skills and knowledge when looking at returning to work, or in the case of young carers, start their careers.

What will positive change look like for unpaid carers?

- Unpaid carers interested in work or study will receive the flexible support they need whilst balancing their caring responsibilities.
- Unpaid carers will be supported to access financial support when they need it.
- Regular contract monitoring of financial advice and employment services reveal that a proportionate number of unpaid carers are accessing the services.
- Young carers will be fulfilling their academic potential and their academic results and attendance patterns are no different from their peers who do not have caring responsibilities.

5.5 Priority three – creating carer friendly communities

Essentially, Carer Friendly Communities are places that reach out to support carers wherever they can by understanding caring, understanding disability and illness, and doing things differently.

A Carer Friendly Community is a place where carers feel supported to look after their family or friends and are recognised as individuals with needs of their own. Not only will health and care services recognise how unpaid caring can impact on people's ability to effectively access and use services but the whole community – from the high street to other community services – is accessible to unpaid carers.

Carers identify having the right information, training, and equipment as a key priority to help them deliver care well and safely. Over 80% of carers use the internet to find information and therefore it's key that all partner groups have an online presence that is easy and logical to navigate and make relevant local information simple to find.

What We Aim to Do

- Implement guidance on commissioning carer friendly services so that carers have the same access to support as non-carers
- Work closely with schools and Achieving for Children to improve processes for identifying young carers, and improve and enhance their understanding and approach to meeting their needs
- Support carer friendly NHS Services and Council Services

What will positive change look like for unpaid carers?

- Unpaid carers will feel part of the community
- Unpaid carers will feel that their caring role is understood and valued by their community
- Unpaid carers will feel that their communities are places where they are supported to look after their family and friends and recognised as individuals with needs of their own.
- Young carers will know where to look for support – they can ask for help when they need it
- Young carers will feel that key people in their life (including teachers, doctors, coaches) know about their role and understand how this makes them feel
- Young carers will have opportunities to do the things they want, have fun and make friends

5.6 Priority four – enhancing wellbeing

If carers, regardless of their level of caring, are not supported to look after their own physical, mental and emotional wellbeing, then their ability to maintain their caring role is at risk. Unsurprisingly, carers who care for more than 50 hours a week, and carers who have been caring for over 15 years, are more likely to report poorer health. Carers are seven times more likely to say they are always or often lonely compared to the general population. Overall, 81% of all carers report feeling lonely or isolated as a result of their caring role. Carers tell us that their emotional needs can be addressed in a number of ways including feeling that they are being listened to, individual informal support, facilitated group support and peer led support.

What We Aim to Do

- Make it easier for carers to access any local service that could support their overall wellbeing and reduce their sense of isolation and loneliness
- Ensuring social prescribing services recognise the wider needs of carers and how these can impact on their physical and mental health
- Continue to offer carers specific support to address their emotional needs

What will positive change look like for unpaid carers?

- Unpaid carers will receive support to access the information and services they need to support their caring role and maintain their own health and wellbeing.
- Unpaid carers will feel able to maintain a healthy lifestyle
- Unpaid carers will receive the help needed to reduce the stress of caring
- All professionals that carers interact with will be able to have a conversation with carers about services that can support their overall wellbeing.
- Unpaid carers will have access to a range of opportunities for peer support
- Unpaid carers feel they can give feedback about the services they access

A Carer Friendly Community is a place where carers feel supported to look after their family or friends and are recognised as individuals

