

# Wiltshire Carers Strategy 2012-2014



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## **1. Introduction**

The Wiltshire Carers Strategy 2012-2014 has been designed with carers at its centre and is about making sure that action takes place. It outlines the commitments of various organisations in Wiltshire to develop and deliver good quality services to carers. These organisations include Wiltshire Council, NHS Wiltshire, and providers of services to carers (including those in the voluntary and community sector).

## **2. Who is this strategy for?**

This is a document that can be used by carers and organisations which provide services to support carers.

It should be noted that within the definition of carers there are three broad groups:

- Adult carers
- Parent carers
- Young carers

Within these groups there are people who have differing needs and identities which we have taken account of through equalities analysis work.

The Wiltshire Young Carers Joint Commissioning Strategy & Implementation Plan should be read in conjunction with this Carers Strategy.

These groups of carers are included within this strategy although it should be noted that there are a range of services that support these individual groups of carers which are also identified in other local strategies and commissioning plans. These documents look specifically at the different types of groups of people that carers care for:

- Mental Health Strategy and Commissioning Plan 2008 – 2013
- Wiltshire Physical Impairment Strategy 2009 – 2014
- Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire (2006)
- Joint Learning Disabilities Commissioning Strategy
- Joint Dementia Commissioning Strategy
- End of Life Strategy
- Wiltshire Participation and Community Strategy (Children and Families) 2009 – 2011
- Wiltshire Commissioning Strategy for Aiming High
- Wiltshire Alcohol Strategy & Implementation Plan
- Wiltshire Drug Strategy & implementation Plan
- Wiltshire Young Carers Joint Commissioning Strategy & Implementation Plan

### **3. How we developed this strategy?**

This strategy has been developed in line with 'Recognised, valued and supported: Next steps for the Carers Strategy 2010'. It also builds upon the previous Wiltshire Carers Policy & Strategy, the Strategic Health Authority Self Assessment undertaken in 2011; national carer's research and, most importantly, it reflects the main issues for carers in Wiltshire.

Ongoing consultation and discussions with carers and the organisations that represent them have taken place in recent years through various means including carer's focus groups, Wiltshire Carers Action Group and other carers groups and events, including a BME carer's event held in June 2010. The feedback and views of carers have been taken to form this strategy and influenced the commitments of Wiltshire Council and NHS Wiltshire,

The Strategic Health Authority Self Assessment, which took place in early 2011, has also contributed to this strategy. It involved a process of consulting with carers to identify what works well and what needs to be improved in terms of carer's services in Wiltshire.

In developing this strategy an initial equalities analysis has been completed and this has shown that there may be more specific activities required to ensure that the needs of all carers are met. This will be initially explored during the consultation processes and will be ongoing throughout the term of the strategy. Issues identified will be incorporated in to the strategy and action plan through regular updates.

### **4. Who is a Carer?**

There are various ways to identify carers

In Wiltshire:

"A carer is someone who provides unpaid support to a family member, partner, friend or neighbour. This could be because they are ill, frail, disabled or has mental health or substance misuse problems."

"A young carer is a child or young person (up to the age of 25) whose life is affected by caring for someone with a disability or long-term illness, mental ill health or substance misuse, over and above just helping out."

Carers will be from any ethnic, faith or social background. They can be any gender and of any sexual orientation. Each carer will have their own individual needs based on their own life as well as their caring role, and this has been addressed in the action plan of this strategy.

Carers give practical and emotional support and may look after someone to keep them safe.

Caring responsibilities may vary over time and may be difficult to predict day to day. Anybody can become a carer. Becoming a carer might happen suddenly or it might be a gradual process which grows over time.

Many carers do not recognise themselves as carers, because they see the support and help that they give as part of their normal relationship with the person they care for.

The caring role can continue whilst the person being cared for is in hospital or another setting.

The term 'carer' can be misused. The use of 'carer' should not be used for paid staff, such as care workers, because it can lead to misunderstanding relating to the recognition, status and rights of carers.

Parents and guardians of disabled children are carers as well, and their role goes beyond that of a parent of a non-disabled child. This should be recognised by the services that support them in their role as both a parent and a carer.

There are many people with learning disabilities who are carers. They have the same wishes and needs as other carers, but often they may find it even more difficult than other carers to be recognised for what they are doing and to be offered any information, advice and practical support.

Carers of people with issues of problematic substance use are an extremely hidden group of carers. In the UK nearly 1.5 million adults are affected by a relative's drug use. The total annual saving to the statutory services providing services to problem drug users by family members is estimated to be around £750 million, but there is no accurate comparison figure for alcohol use. In Wiltshire there are approximately 1200 people in treatment, with around 30 new clients per week. In 2010 there were 1,057,000 alcohol-related admissions to hospital. There are also many thousands of unidentified problem drinkers and drug-users based on national and local data, so we can assume that at least one person will be providing care and support to them and many of these are likely to be parent carers.

## **5. National Policy and Legislation**

The services and support available to carers in the UK have come a long way in the last twenty years and one reason for this is the development of national policy and legislation. Some of the most important of these are:

- Carers (Recognition & Services) Act 1995 – This entitles carers who provide or intend to provide regular and substantial care to someone who has a community care assessment and care plan to have an assessment of their own needs as a carer.
- Carers and Disabled Children Act 2000 – This extended the rights of carers to an assessment of their caring needs, even when the person they care for refuses to be assessed. It also gave local authorities the power to provide services directly to carers.
- Carers (Equal Opportunities) Act 2004 – This places a duty on local authorities to ensure that carers receive information about their right to an assessment. This assessment must take into account the carer's wishes in relation to taking part in leisure, education, training and work activities.

- Work and Families Act 2006 – This gave carers the right to request flexible working.
- Carers at the heart of 21<sup>st</sup> century families and communities 2008 – This national strategy set out the Government's short-term agenda and long-term vision for the future care and support of carers.
- Recognised, valued and supported: Next steps for the Carers Strategy, 2010 – This is the Coalition Government's agenda for carers and is a refresh of the previous National Carers Strategy, 'Carers at the heart of 21<sup>st</sup> century families and communities'.
- Equality Act (2010) – This brings together previous acts and pieces of legislation in relation to anti-discrimination into one single piece of legislation. Within this the protected characteristics which form the foundation of the act include:
  - Age
  - Disability
  - Gender reassignment
  - Marriage and civil partnership
  - Race
  - Religion or belief
  - Sex
  - Sexual orientation

For carers the Equality Act is important as if they are caring for someone who is elderly or disabled, the law will now protect them against direct discrimination or harassment because of their caring responsibilities. This is because they are counted as being 'associated' with someone who is protected by the law because of their age or disability.<sup>1</sup>

There have also been various other key pieces of legislation and policies that are important to carers, which amongst others include:

- Valuing People (2001)
- Independence, Well-being and Choice (2005)
- Our Health, Our Care, Our Say (2006)
- Putting People First (2007)
- Aiming High for Disabled Children: Transforming Services for Disabled Children and their Families (2007)

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<sup>1</sup> Equality Act 2010: What do I need to know as a carer?, Government Equalities Office, 2010

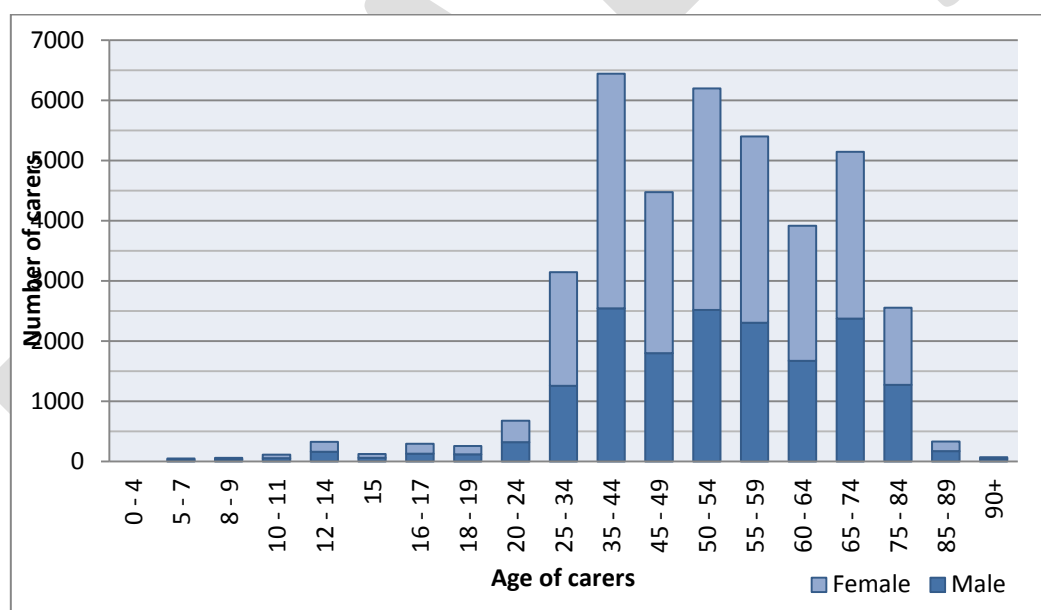
## 6. Facts and Figures

Within the UK, a national organisation called Carers UK has estimated that:

- Over 3 million carers balance caring with paid work<sup>2</sup>
- £11,000 is the average amount of income per year that someone loses as a result of being a carer<sup>3</sup>
- 58% of carers are women and 42% are men<sup>3</sup>
- 2.3 million people in the UK either become or stop being a carer every year<sup>3</sup>
- 21% of carers look after a friend or neighbour<sup>3</sup>
- There are 500,000 Black Asian Minority Ethnic (BAME) carers in England<sup>4</sup>

In the 2001 Census<sup>5</sup>, there were 39,886 adults and 969 children and young people who said that they provided unpaid care in Wiltshire. The real figure is likely to be higher than this, as many people do not see the support they provide to their family or friends as unpaid care and so would not have identified themselves. In 2011, Carers UK estimated that the value of unpaid care given by Wiltshire Carers is **£727.6 million per year**.

The tables and graphs below give information about the carers in Wiltshire and this information was collected in the 2001 Census<sup>6</sup>.



In Wiltshire:

- 43% of carers are men and 57% of carers are women
- 969 carers who are aged 18 and under – 2.43% of carers in Wiltshire
- 405 carers who are 85 or over – 1.02% of carers in Wiltshire

<sup>2</sup> Caring at a Distance: Bridging the gap, Carers UK, 2011

<sup>3</sup> Policy Briefing: facts about carers, Carers UK, 2009

<sup>4</sup> Half a million voices: Improving support for BAME carers, Carers UK, 2011

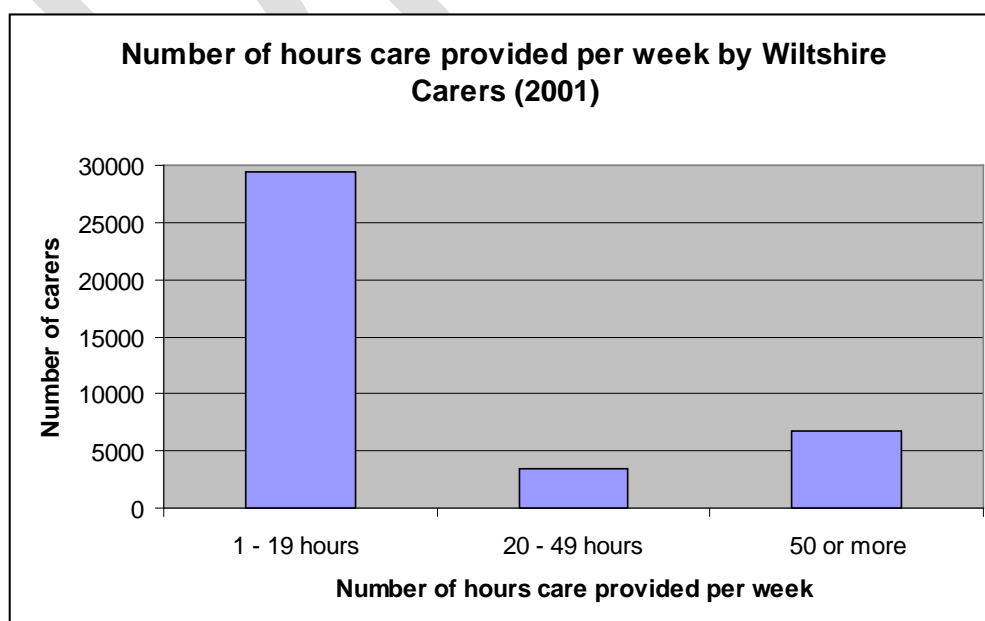
<sup>5</sup> Census, Office for National Statistics, 2001

<sup>6</sup> Valuing Carers 2011: Calculating the value of carers' support, Carers UK and University of Leeds, 2011

## Carers by community area

Area	Number of carers	% of population who are carers
Amesbury	2633	8.28
Bradford on Avon	1663	10.28
Calne	1704	8.96
Chippenham	3660	8.78
Corsham	1701	9.44
Devizes	2628	9.62
Malmesbury	1740	9.75
Marlborough	1607	9.46
Melksham	2239	9.4
Mere	575	10.29
Pewsey	1433	9.84
Salisbury	3705	9.13
Southern Wiltshire	2076	10.28
Tidworth	1059	6.97
Tisbury	727	10.13
Trowbridge	3278	9.05
Warminster	2235	9.29
Westbury	1456	9.25
Wilton	873	9.92
Wootton Bassett & Cricklade	2575	9.14
WILTSHIRE	39567	9.36

The community areas that have the greatest proportion of carers within their populations are Mere (10.29%), Bradford on Avon (10.28%), and Southern Wiltshire (10.28%). The community areas that have the lowest proportion of carers within their population who are carers include Tidworth (6.97%), Amesbury (8.28%) and Chippenham (8.78%).





In Wiltshire, 74% of carers provide 1 – 19 hours care per week, 9% provide 20 – 49 hours care per week and 17% provide 50+ hours care per week.

It should be noted that the needs of a carer do not solely relate to the number of hours care they provide. Other factors such as other sources of care provision, personal commitments such as children, family, employment and education and the carer's own health and wellbeing must be taken in to account. It should never be assumed that a carer is able and willing to provide the care that they do.

The figures below demonstrate that carers in Wiltshire are more likely to have poor health compared to non-carers. This is particularly true for those carers aged 45 - 64 years who as a group are twice as likely to report that they are not in good health, as their non caring counterparts.

Age	Wiltshire population who are non carers and who are in not good health		Wiltshire Carers who are not in good health	
	Numbers	%	Numbers	%
0- 4	320	0.08	0	0.00
5 - 7	110	0.03	0	0.00
8 - 9	64	0.02	3	0.01
10 - 11	86	0.02	0	0.00
12 - 14	132	0.03	7	0.02
15	40	0.01	3	0.01
16 - 17	112	0.03	9	0.02
18 - 19	155	0.04	9	0.02
20 - 24	462	0.12	30	0.08
25 - 34	1711	0.45	192	0.49
35 - 44	2535	0.67	401	1.01
45 - 49	1413	0.37	328	0.83
50 - 54	1975	0.52	447	1.13
55 - 59	1997	0.52	473	1.20
60 - 64	2078	0.55	356	0.90
64 - 74	4186	1.10	599	1.51
75 - 84	4437	1.17	500	1.26
85 - 89	1361	0.36	84	0.21
90 +	559	0.15	11	0.03
TOTAL	23733	6.23	3452	8.72

## 7. Our commitments to carers

We want to ensure that carers in Wiltshire:

1. Will be respected as expert care partners and have access to the integrated and personalised services they need to support them in their caring role.
2. Will be able to have a life of their own alongside their caring role.
3. Will be supported so that they are not forced into financial hardship by their caring role.
4. Will be supported to stay mentally and physically well and treated with dignity.
5. Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.
6. Can be free from discrimination so that they have fair & equal access to services.

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To do this we need to ensure that the actions in this strategy are carried out (see the Wiltshire Carers Action Plan). In order for this to happen, it is vital that:

- Carers are an important priority for all partner organisations
- There is a plan in place so that organisations and carers can work together to plan, develop and improve future services.
- Work is done to increase the number of people who recognise themselves as carers and who are in contact with carers services.
- Carers can access timely and good quality assessments, support and services that meet their needs as carers.
- Carers are treated as equal partners in care.
- All carers are free from discrimination when accessing services, support and contributing their opinions.
- Support is in place so that carers have access to the same life opportunities as non-carers.

## 8. What do Carers in Wiltshire tell us?

Carers in Wiltshire tell us that they want to be respected and recognised for the valuable work that they do, that they want to be heard and acknowledged and that they want high quality services that meet their needs in a timely and appropriate manner.

## 9. What next?

In order to make sure that carers are supported in their caring role and are able to have a life outside of caring, the partner organisations in Wiltshire who have signed

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<sup>7</sup> 'Recognised, valued and supported: Next steps for the Carers Strategy' Dept of Health 2010.

up to this strategy are committed to a set of actions and targets (set out in the Wiltshire Carers Action Plan).

These partners will be responsible for meeting these targets and reporting their progress to the Wiltshire Carers Action Group. This meets four times a year and is made up by carers and representatives from the partner organisations listed at the start of this document. The Wiltshire Carers' Action Group will monitor performance and progress to ensure that action is taken to improve services for carers into the future.

This strategy will be reviewed every year and if necessary, refreshed as changes and improvements can be made in order to respond to carers' needs and reflect the progress achieved.

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