

PEOPLE WHO HELP OTHERS

Report

Unpaid Carers

Scrutiny Investigation

January - February 2017

Members

Councillors:

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Introduction

We have only just started to unveil the work that's under way in Gwynedd to support those key people who work quietly and without pay to look after someone.

The general public, people like ourselves, but special people who ensure that their loved ones, friends and acquaintances are given encouragement, a service and care to help them live healthier and happy lives.

The topic of this Investigation is the way in which we help these people who help others.

It became clear to us early on that the Council, the Health Board and the third sector organisations who operate in this field succeed in providing excellent support to support unpaid carers in Gwynedd; But there is increasing strain on the services. Savings and cuts have had a detrimental effect on the ability to maintain key preventative services and the level of service that is expected to carers.

There is always room for improvement, and the aim of the brief work undertaken by this investigation was to support the developmental work that the Cabinet Member is carrying out to see whether our arrangements and the current situation are suitable considering the expectations imposed by the Social Services and Well-being (Wales) Act 2014.

This investigation, whilst acknowledging the excellent work that is taking place, nevertheless, focuses on ways of improving.

Our thanks are extended to all officers who have contributed sincerely to the work and our requests (tiresome at times, I'm sure!) for data and information.

Councillor R. H. Wyn Williams (Chairman)

Recommendations

Recommendation 1 – Identifying Carers

That the Cabinet Member commissions detailed work with our partners to agree how to identify and to keep a record of ‘hidden’ carers in Gwynedd.

Recommendation 2 – Assessments and Records

That the Cabinet Member undertakes work with our partners in care across the North in order to standardise methods of holding assessments and records.

Recommendation 3 – Response from Carers

That the Cabinet Member makes use of the information gathered in the Questionnaires returned by Carers to identify strengths, weaknesses and opportunities for improvement.

Recommendation 4 – Information and Advice

- Develop co-ordinated Information, Advice and Assessment (IAA) arrangements across the County without delay.
- Raise awareness of Members and front line officers and staff of the support services for carers
- Chemists to distribute carer leaflets with medicine
- Surgeries to distribute leaflets when issuing prescriptions
- Schools to distribute leaflets to pupils

Recommendation 5 – Respite

- Hold a detailed review to find out how many instances of lack of respite opportunities occur
- Create a policy to support Council employees who are carers with respite periods

Recommendation 6 – Effect of Savings and Cuts

That the Cabinet Member holds a detailed assessment of the effect that the reduction in spending on support services for un-paid carers/ people who help others.

Recommendation 7 – Third Sector and Community Businesses

Plan core and preventative services with the Third Sector and Community Businesses

Recommendation 8 – Mental Health

That the Cabinet Member holds an urgent review to assess the situation in full.

Recommendation 9 – Welsh Language

That the Language Committee undertakes specific work to monitor and support services to provide bilingual services for carers.

1. Background

- 1.1 One of the priorities of the Council's work programme for the 2016-17 year (as part of the Council's Strategic Plan 2013-17) is to review the effectiveness of our current arrangements of supporting unpaid carers (Priority Project G7). [Link to the Strategic Plan](#)
- 1.2 The Project aims to carry out a detailed review of the existing provision for unpaid carer support, implement short term arrangements where possible to support and develop the support and make plans to set out robust and sustainable arrangements for the medium and long term.
- 1.3 To support this developmental work, some members of the Services Scrutiny Committee agreed to conduct an Investigation to consider:
 - What support is available for unpaid carers who support individuals voluntarily?
 - How can that support be improved?
 - How does the Council communicate the information about the available support?
- 1.4 The main questions to address are: 'How sustainable is the provision for supporting carers in Gwynedd today and in future? And how do we communicate the provision?'
- 1.5 We attempted to answer these questions by gathering evidence on the three following elements:
 - That public services plan and provide sufficient support for carers.
 - That Gwynedd Council, the Health Board and their partners collaborate to sustain and improve support services for carers.
 - That Gwynedd Council and the Health Board consider the opinion of carers when providing and planning services.

2. Methodology

- 2.1 Five meetings of the Scrutiny Working Groups were held in order to gather information by Public Sector and Voluntary Sector representatives, and evidence was submitted in writing by some organisations. (See Appendix 1)

- 2.2 Observations received from some Members were considered. These observations had been conveyed by individuals in the community about their experiences of being carers and about the support provided by the services.
- 2.3 Consideration was given to performance reports, and measures and documents used by the Adults, Children and Health Services to identify and record the information about carers.
- 2.4 Council websites were looked at, as were Third Sector organisations and publications, from the point of view of the older and younger carer.
- 2.5 It is timely that the Council's Carer Support Service has carried out a Questionnaire which was distributed to over a thousand carers in September 2016 and that the analysis of the results had just been received (February 2017). This gives Investigation Members a good indication of the opinions of service users.

3. **Who is a Carer?**

Recommendation 1

That the Cabinet Member commissions detailed work with our partners to agree on how to identify and record 'hidden' carers in Gwynedd.

- 3.1 Understanding the significance of who is a carer is vital. The Council used to ensure that support was provided to carers; now, the Council's first responsibility is to assess the need and refer for support.
- 3.2 *The Social Services and Well-being Act (Wales) 2014 defines carer as 'an individual who is providing or who intends to provide care for an adult or child... local authorities can treat a person as a carer even if he/she would be otherwise considered a carer, if it believes it would be appropriate to do so in the context of a caring relationship.'*

The vision of the Gwynedd Carers Partnership (now called the Gwynedd and Anglesey Carers Partnership) defines a carer as '*a person who looks after a relative or friend who is unwell, fragile or disabled, and who is unable to live at home without unpaid practical or emotional support from you...*'

One of the features of carers is that a number of them do not call themselves carers.

The situation of being a carer is unique to each carer.

A lack of support can have a very negative effect on the health of carers and on their ability to care.

4. How many Carers are there in Gwynedd? (see Appendix 2)

4.1 According to the 2011 Census, there were 12,433 people in Gwynedd who identified themselves as carers.

4.2 This figure is likely to be far lower than the actual number as many do not identify themselves as carers.

4.3 The latest data from the Council (up to December 2016) notes

- The number of Carers on RAISE (the Council's record keeping system) - 165
- The number of Carers identified from the Core Data form - 114
- The number of Carers according to the definition of the Social Services and Well-being Act - 90

4.4 A further analysis is provided on the 165 recorded by RAISE:

Age	Number
18-64	60
65-74	24
75-84	42
85+	30
Total	165

4.5 The Report on Carers Questionnaires by the *Gwynedd Council Carer Support Officer* notes that over 1000 questionnaires were sent to carers in Gwynedd who have registered with the *Carers Outreach Service* or *Hafal*.

4.6 A difference is also observed in the distribution of carer numbers across Gwynedd.

An analysis of the 2011 Census figures shows the ranges as follows:

a) Working Areas - Percentage of the Population who are Carers (round figures)

Bangor	8%
Caernarfon	11%
Central (Port-Blaenau-Harlech)	11%
Pen Llŷn	10%
South Meirionnydd	12%

b) LSOA (Lower Super Output Area) Areas - Percentage of the Population who are Carers (rounded figures)

Highest Percentile	Dyffryn Ardudwy (South Meirionnydd)	15%
Lowest Percentile	Menai (Bangor)	3%

- 4.7 A significant difference can be seen between the areas of Bangor and South Meirionnydd in general and even more so between specific wards/LSOAs.
- 4.8 In addition, it appears from the information submitted and from discussions with officers and practitioners in the Focus Groups that the Council does not have reliable information on the number of carers who live in the County.
- 4.9 The situation seems to be no clearer in other counties, and the Cabinet Member is encouraged to work with our partners on a county, regional and national level (including Welsh Government) to address this vital issue.
- 4.10 Without knowing the extent of the need, it is not possible to address it.

5. **Assessments, Records and Measures**

Recommendation 2

That the Cabinet Member commissions detailed work with our partners in care across north Wales to co-ordinate the work of conducting assessments and record keeping

- 5.1 One of the reasons for setting up the investigation was to discover the reason why, in 2014-15, Gwynedd fared worse than anywhere else in Wales on the national measure:
- How many carers of adults were offered their own assessments?
- 5.2 The performance had fallen from 100% in 2012-13 to 58% in 2014-15. The 2015-16 performance shows improvement with a figure of 70%, but the performance remains the worst but one in Wales.
- 5.3 Though there is a small improvement in performance, it is not clear to Members why this measure continues to perform badly, but a few possible reasons are as follows:
- The system for gathering and recording data varies across Wales
 - Although assessments are carried out, they are not being recorded.
 - Officers prioritise other more important work.
 - Officers lack time to record information

- The record keeping arrangements and methods are unclear
- Are the number of assessments per officer consistent across north Wales

5.4 Once more, there are no clear answers, but here are some suggestions:

- In the case of an adjoining council (Anglesey) which performs at a level of 95%, there is a self-referral form on the Council's website which enables individuals to request a health and care assessment on-line.
- There may be inconsistencies between the way in which assessments are conducted in Gwynedd compared with other counties; that these assessments are more thorough and take longer to complete.
- Work pressures may mean that more assessments are carried out per officer.
- Lack of consistency and clarity in the way in which information is relayed and reported on between Council officers.

5.5 During the Focus Group held on 10 January 2017, the Health Board's first Annual Review of the way in which the Board and its partners operate and monitor the North Wales Carers Consultation and Information Strategy for the period of 1 April 2015 and 31 March 2016 was considered.

5.6 Observations and information were provided by the Head of Service User Experience at the Betsi Cadwaladr University Health Board. Some observations are quoted below:

The Carers Strategy Measure (Wales) 2010 was introduced to impose a statutory duty on the National Health Service (NHS) and Local Authorities in Wales to work together to prepare, publish and implement and Information and Consultation Strategy for Carers. The main purpose of this strategy was to ensure that:

- *Carers are identified early*
- *Carers receive more ordered assistance and at an earlier stage*
- *Change of culture, so that carers are empowered in all decision-making processes relating to care management*
- *Matters involving carers are main-streamed to **the National Health Service's (NHS)*** day to day work practices*

The Local Health Boards were designated as the lead authorities in developing the Information and Consultation Strategy for Carers. This strategy was developed in partnership with the six local authorities and third sector organisations and was approved by Welsh Government in 2012.

***It is suggested that 'and the Local Authorities and other partners' be added here.**

5.7 It is, therefore, clear that the national framework is in place to promote collaboration on a strategic level nationally and, as a dedicated partner, the Council must ensure it contributes fully to this work.

5.8 It is suggested that the North Wales Carers Strategy Group needs to address methods of registering, recording, assessing and monitoring carers in order to standardise arrangements across north Wales.

5.9 Although some progress has been made to achieve the strategy, the Report highlights a number of challenges which include:

- *Retaining a Carers Project Manager and administrative assistance remains a challenge because of the temporary nature of the budget. There are two empty posts at present.*
- *It has been difficult to obtain reliable performance measures. Work continues with carers outreach organisations to develop reliable indicators*

5.10 It will be difficult for the Partnership to develop effectively without, first of all, dealing with the above.

6. **What do Carers tell us?**

Recommendation 3

That the Cabinet Member uses the information in the Questionnaires to identify strengths, weaknesses and obstacles, and opportunities to improve.

6.1 Over 1000 questionnaires were sent to Gwynedd residents who are on the Carers Outreach Service and Hafal information systems. 227 questionnaires were returned and the main messages from the responses are as follows. (See Appendix 3)

Here is a summary of the results:

Type of care provided:

- Over 150 carers provide emotional support, personal care and general support.
- Between 100-150 provide support with mobility and medication
- Between 50-100 provide financial support

The challenges facing carers in their daily lives:

Tiredness/stress	50+
Lack of 'me time'	40
Loneliness/Isolation	25
Disability / illness	25
Working and caring	10
Concern about the future	5

7. Information and Advice

Recommendation 4

- **Develop co-ordinated Information, Advice and Assessment (IAA) arrangements across the County as a priority.**
- **Raise awareness among Council Members, officers and front line staff about support services for carers**
- **Pharmacist to give out a carer's leaflet when dispensing medication**
- **Surgeries to give out leaflets with prescriptions**
- **Schools to distribute leaflets to pupils**

7.1 The commissioners, providers and users provided evidence that the support services available to carers in Gwynedd were of a high standard.

7.2 Local Authorities are required under the Social Services and Well-being Act (Wales) 2014 to provide a bilingual Information, Advice and Help service as part of their preventative services.

7.3 In Gwynedd the Advice and Assessment Team has operated for 8 years as a Single Point of Access and can direct carers swiftly to the most suitable place for service. Residents in the Cricieth and Porthmadog area are referred to Alltwen Hospital as part of the Ffordd Gwynedd pilot scheme. It's an area of work that is currently receiving attention by the Adults, Health and Wellbeing Department with the view to further develop the provision in order to address the requirements of the Act in terms of Information, Advice and Assessment (IAA).

7.4 The Gwynedd Carers Partnership (Gwynedd and Môn now) is effective in gathering information about support that's available locally. The work is coordinated by the Part-time Adults and Children Carer Support Officer for Gwynedd who is employed by the Gwynedd Council Adults, Health and Well-being Department.

7.5 A comprehensive leaflet is published (electronically and on paper) with information about the organisations that support carers. ([Do you look after someone?](#)). Paper copies are available at libraries, surgeries and hospitals. There is useful advice on a range of issues, including:

- Health and Leisure
- Work, training and courses
- Financial Matters
- Legal Matters
- Maintaining and adapting your home
- Transportation
- Care to the end
- Complaints

- 7.6 In addition, there is a detailed reference book of 99 organisations with a summary of what is available and useful contacts.
- 7.7 A national scheme, DEWIS, also provides information in electronic format.
(<https://www.dewis.wales/>)
- 7.8 The officers and practitioners interviewed noted that the information available through the Council's link was useful, but the same enthusiasm was not there for DEWIS.
- 7.9 The point was made that the value of the information depended on the quality of the information inputted, and the information from Gwynedd on the DEWIS website tended to be lacking in parts and the information needed to be maintained and updated. This is the responsibility of individual organisations, not the Council.
- 7.10 In addition, observations were made that gathering, sharing and updating information about more local events such as club and society activities could be highly valuable for carers and those they look after, but that it was difficult to deliver this effectively.
- 7.11 Despite the existence of the above information, the Carers Outreach Officer told us that there was clear evidence that the majority of carers had been given the most useful information from another person - sometimes social services, sometimes health services and often the third sector, and specifically Carers Outreach Services, Hafal and Action for Children.
- 7.12 Getting hold of the right information at the right time is vital for the well-being of carers.
- 7.13 The problem is how to let carers know about the provision. This is a substantial problem if one considers that there are, roughly, 2,000 carers in Gwynedd who are in touch with a third sector organisation or the Council or the Health Board. This leaves 10,000 who have no contact. (Taking the 2011 Census figures, namely 12,433 carers)
- 7.14 The Adults, Health and Well-being Department provides one to one information for carers through the Advice and Assessment Team and the adults team, and the Children and Supporting Families Department provides the same service for young carers and parent carers. Third sector organisations do likewise.
- 7.15 Despite this, it is considered that there is room for improving the availability of information across the County e.g. in leisure centres, schools and surgeries. There was no opportunity to air these ideas in detail in these areas during this investigation.

- 7.16 One of the difficulties in sharing information with carers is that carers, often, do not identify themselves as carers. Often, the first contact will take place with the health services in an emergency situation. It is, therefore, vitally important that the information be available in these places.
- 7.17 In the first national survey by Wales Carers - Follow the Act which was published in November 2016, it is noted that: *82% of unpaid carers said that they had not seen any published information by their local authority which would help them in their role as carer.*

8. Respite

Recommendation 5

- **Conduct a detailed survey to see the extent of the lack of respite opportunities**
- **Create a policy to support Council employees who are carers with respite periods**

- 8.1 In accordance with the requirements of the Social Services and Well-being Act (Wales) 2014, when carrying out assessments, carers' needs of respite must be considered. This is vital in order that carers may maintain their own health and well-being and in order for her/him to have a life beyond their role as carer.
- 8.2 A period of respite could mean a few hours, days or weeks. Having someone clean the house for a couple of hours could mean a period of respite for the carer. The respite period helps the carer continue with the role of carer as well as being important for health and well-being.
- 8.3 Respite can be provided by statutory services, third sector, friends and families.
- 8.4 Evidence was provided by the Carer Support Officer that the resources available are insufficient to meet the identified need among the, approximately, 2,000 carers we know about in Gwynedd, the other 10,000 notwithstanding. Although many carers are able to carry on, unfortunately, in reality their health is likely to suffer before they are identified.
- 8.5 A range of respite periods are provided in Gwynedd:
- The care-recipient attends a day centre, or one of the Council or private sector Carers call by to give the carer some respite
 - Friends and family
 - The care-recipient receives a Continuous Health Care Package with which the Health board can arrange a respite period for the carer and support to maintain the health of the carer

- Third Sector Organisations - transportation, sitting services, activities for carers and their families
- Private Sector - either as part of a care package or paid for themselves.

8.6 Although the respite periods on offer are important and very valuable, there are a number of problems:

- Local Authorities and Health Boards lack financial resources to commission and maintain the service
- The care-recipient unwilling to release the carer
- Lack of care workers, especially in Meirionnydd
- Lack of Welsh speakers
- Lack of flexibility at short notice e.g. to enable the carer to attend a funeral.
- Specific lack in the ability to release carers who support patients with Dementia and Mental Health.

9 Services Budgets

Recommendation 6

That the Cabinet Member conduct a detailed assessment of the impact of the spending cuts on support services for unpaid carers / people who look after someone.

- 9.1 Members of the Investigation are concerned that the Council could create serious financial problems in future by not investing strategically in preventative work in the field of carers.
- 9.2 In the 'Gwynedd Parent Carers Social Return on Investment Evaluation Report' created by Social Value Wales on behalf of Gwynedd Parent Carers, it states that each £1 spent on supporting carers would equate to spending £5.82 if the service provided by unpaid carers were paid for. (See appendix 4)
- 9.3 It's worth pausing for a minute to consider the implication of this.
- 9.4 If Gwynedd Council and Betsi Cadwaladr University Health Board provided these services, for every £1,000,000 of current expenditure, they would actually have to spend £5,820,000.
- 9.5 In the current economic climate, it is highly unlikely that the Council will be in a position to fund this level of service in future, but Members are concerned that there are signs that this already happens.
- 9.6 As a result of the reduction in the Council's funds and the implementation of Savings Strategy since 2007, it is possible that difficult decisions have been taken to reduce

expenditure in Adults and Children Services and which have led to increased spending by the Council.

- 9.7 A Third Quarter Review of Revenue Budget 2016/17 considered by the Cabinet shows an overspend of £226,000 by the Children and Families Department and £88,000 by the Adults, Health and Well-being Department. (see Appendix 5)
- 9.8 In the same report, it was noted that Specialist Services/Derwen achieved an under expenditure of £34,000 – this due to being unable to appoint temporary staff to cover maternity leave. In addition Derwen had to make a saving of £50,000 in 2015-16, a further reduction in their budget of £75,000 this year and a further cut is anticipated for next year. Officers from the service say that this is having a negative effect on un-paid carers; and they are concerned that this may lead to a detrimental effect on their health and increased costs for the Council.
- 9.9 Furthermore, the Cabinet has agreed, in principle (depending on the detailed work) to spend an additional £40,000 next year on the 'Early Intervention/Preventative Programme for groups of vulnerable children and young people in Gwynedd'.
- 9.10 It is suggested that the impact of reducing preventative budgets in the field of unpaid carers and the increase to Council expenditure and the effect on un-paid carers should be considered in more detail and assessed comprehensively.

10. Other matters requiring attention

- 10.1 Members of the Investigation feel that further work is urgently required to assess the risks to carer support services in more detail, but because of the constraints of local government democratic regulations and the May election, there was no time to test these fully. They are, therefore, noted below as matters that need to remain on the carer support development agenda:

10.2 Third Sector and Social Enterprises

There is a great deal of emphasis in the Social Services and Well-being (Wales) Act 2014 for local authorities to work with the Third Sector and to promote social enterprises in order to deliver the requirements of the Act:

“Local authorities must promote the involvement of people who receive care and support, in the design and delivery of services, along with alternative delivery models including: social enterprises, co-operatives, user-led services and the voluntary sector.”

The majority of services noted on the Council website as support services for carers, are services provided by social enterprises and the third sector.

There was some opportunity during the investigation to receive feedback from a small number of them and, although those interviewed stated that they were able to continue to provide services for the carers for the time being, it is clear to Members of the Investigation that the pressure they are under is remarkably great and some noted their concern that they would not be able to satisfy the need at times.

This is true of some core services and preventative services.

Although Members have an awareness of the financial pressures facing us as a Council, they are concerned that insufficient attention is placed on the strategic planning of services.

10.3 Mental Health

Officers of the Council, the Health Board and other organisations stated specific concerns about extreme pressures and suggested that the Cabinet Member conduct an urgent enquiry to fully assess the situation

10.4 The Welsh Language

Members expressed by concern that some services commissioned by the Council were lacking in their bilingual service provision and suggested that the Language Committee carry out specific work to monitor and support services to deliver bilingual services.

Investigation Meetings

Meetings were held on the following dates:

- 1 December 2016
- 10 January 2017
- 31 January 2017
- 15 February 2017
- 23 February 2017

During the above meetings, a discussion was held with the following:

- Councillor W. Gareth Roberts (Cabinet Member - Adults, Health and Well-being)
- Aled Davies (Head of Adults, Health and Well-being)
- Councillor Mair Rowlands (Cabinet Member for Children, Young People and Leisure)
- Marian Parry Hughes (Head of Children and Supporting Families)
- Lester Bath (Part Time Adults and Children Carer Support Officer, Adults, Health and Well-being Department)
- Mannon Trappe (Senior Manager, Safeguarding and Quality and Mental Health, Adults, Health and Well-being Department)
- Manon Williams (Area Manager, Adults, Health and Well-being Department)
- Sharon Williams Carter (Senior Operational Manager, Children and Supporting Families Department)
- Aled Gibbard (Senior Operational Manager Care Resources, Children and Supporting Families Department)
- Non Pierce (Senior Social Worker, DERWEN Integrated Team)
- Carys Hughes (Education Welfare Officer, Education Department)
- Dawn Cooper (Head of Service User Experience, Betsi Cadwaladr University Health Board)
- Eirian Wynne (Engagement Officer (West), Betsi Cadwaladr University Health Board)
- Llinos Roberts (Chief Officer, Carers Outreach Service)
- Sioned Larsen (Health and Social Care Facilitator, Mantell Gwynedd)
- Maria Bulkeley (Service Coordinator, Gwynedd Young Carers Project, Action for Children)
- Roma Hooper (Children's Services Manager, Action for Children)

Others who took part

- Iona Griffith (DERWEN Service Manager)
- Jon Stevens (Chief Executive, North Wales Advice and Advocacy Service)

Investigation Members wish to thank everyone who took part.

GWYNEDD CARERS DATA

March 2017

A	LATEST REPORTING PERIOD: OCTOBER - DECEMBER 2016 (Quarter 3)	18-64	65 – 74	75 – 84	85+	Total
A1	Number of Carers on RAISE*	60	24	42	39	165
A2	Number of Carers identified on CORE DATA form**					114
A3	Number of Carers who received an Initial Assessment on WHAT'S IMPORTANT TO ME – PART 1 form	3	6	9	7	25
A4	Number of Carers who received Follow up Assessment on WHAT'S IMPORTANT TO ME – PART 2 Form	3	3	7	6	19
B	National QUESTIONNAIRE					
B1	Number of Carers according to the Act's SPECIFIC definition who received a questionnaire***					90
B2	Number of Carers who return the questionnaire					30
B3	Carers who indicate that they feel that they are receiving support to Carry on caring					89%
B4	Carers who indicate that they feel that they are included in the Process of creating the Care Plan and support for the one they are caring for					90%
C	Gwynedd QUESTIONNAIRE					
	Number of Carers who received the questionnaire					1,030
	Number of Carers who returned the questionnaire					227
CH	2011 CENSUS	1-19 hour	20-49 hour	50+ hour		
	Number of Carers on th 2011 CENCUS according to weekly hours of care	7,266	1,680	3,497	12,433	
D	APRIL 2014 – DECEMBER 2016 PERIOD According to age group	18-64	65 – 74	75 – 84	85+	
	Number of Carers who have been open on RAISE any time during the period	432	157	159	125	873

*The 165 is the number of clients that were open on RAISE in quarter 3 2016/17 where their client category was marked as carer. Some of these may be open for the whole quarter, opened during the period or closed

** The 114 were identified when filling in the Core Data form on the client. These could be new clients or ones already identified. There is no means of making that link back to see who the carer is or if they have already been identified and there is no means of breaking this down into carers ages.

*** The 90 represents a very specific cohort of carers. These were receiving carer Services on RAISE Service Placements on the first week of September 2016 according to the RAISE Financial category

DRAFT Report on the carers questionnaires (September 2016)

Background

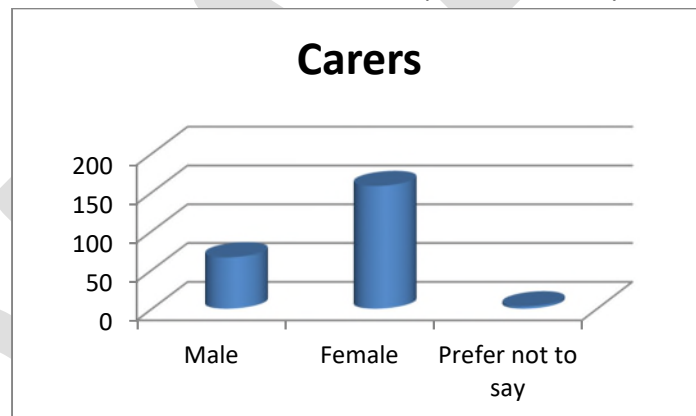
As part of the consultation process around the Population Needs Assessment for Gwynedd, over a thousand questionnaires were sent to Gwynedd carers registered with either Carers Outreach Service or Hafal. 227 questionnaires were received back.

The consultation questions were based on the requirements of the Assessment and also the Social Service and Wellbeing Act (Wales) 2014. The following were asked:

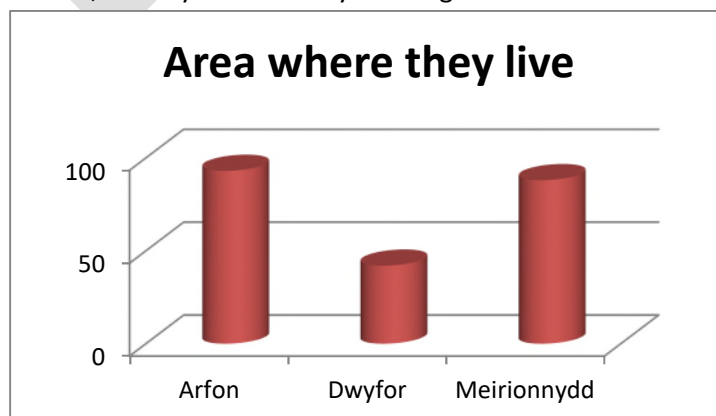
- What are the challenges you face in your day to day life as a carer?
- What or who supports you to overcome these daily challenges?
- How do they support you to overcome these challenges?
- How well is this support working for you?
- How can the support be improved?
- How do / could your friends and family help?
- How do / could your local community help?

Profile of the carers who answered

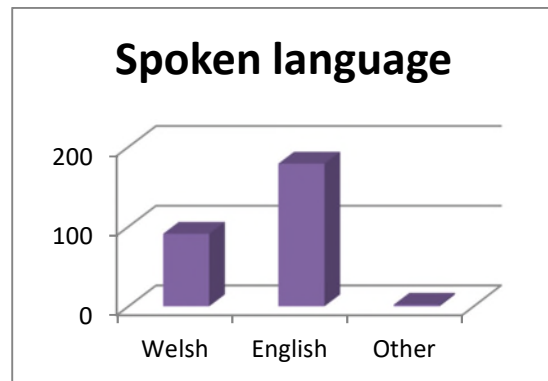
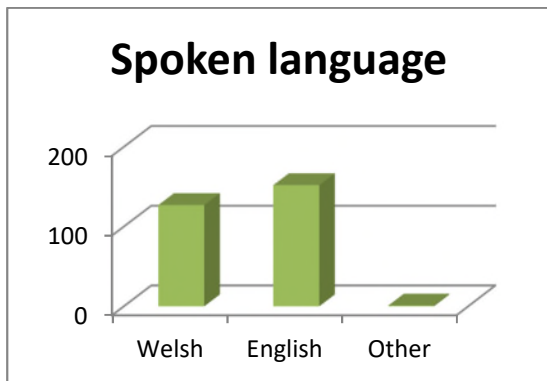
Almost 70% of the carers are female, 29% male and 1% prefer not to say.



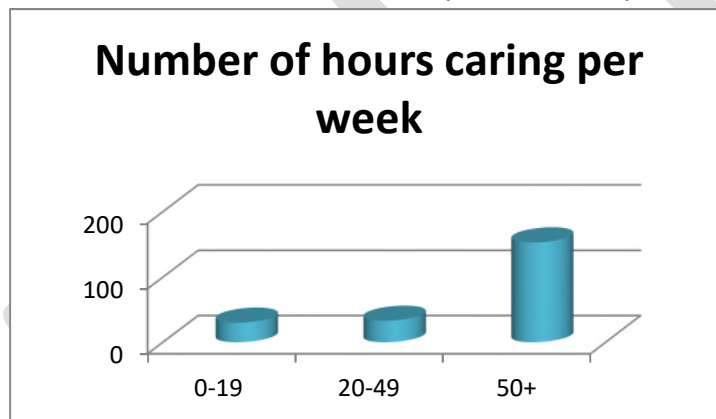
Most live in Arfon and Meirionnydd (41% from Arfon and 39% from Meirionnydd), only 20% of the carers live in Dwyfor. It is hard to know whether the response from Dwyfor reflects the number of carers there i.e. that there are less carers in that area compared with the other two areas, or because of historic reasons, namely the difficulty working with carers in the area.



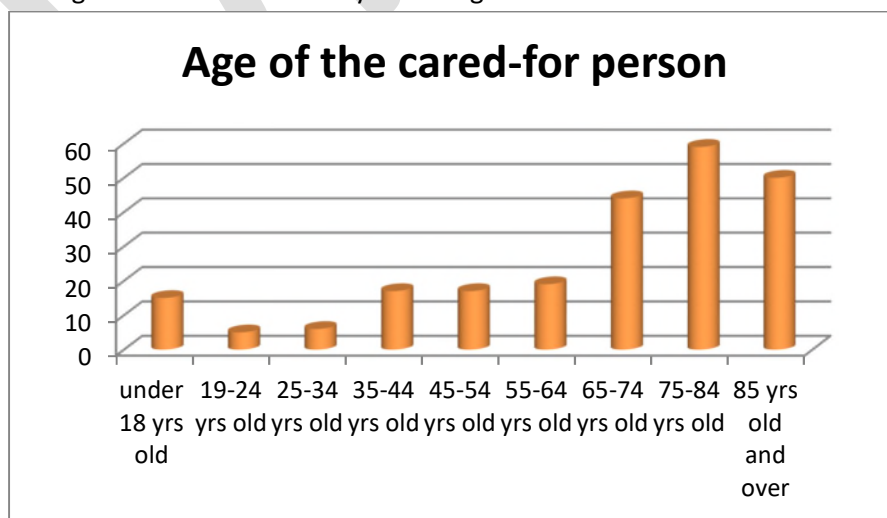
From the point of view of language, most write in English (79%) but although English is the language spoken by the largest number, carers who only speak English are in the minority because a number of carers noted they speak both languages. This underlines the importance of providing support services in Welsh to Gwynedd carers.



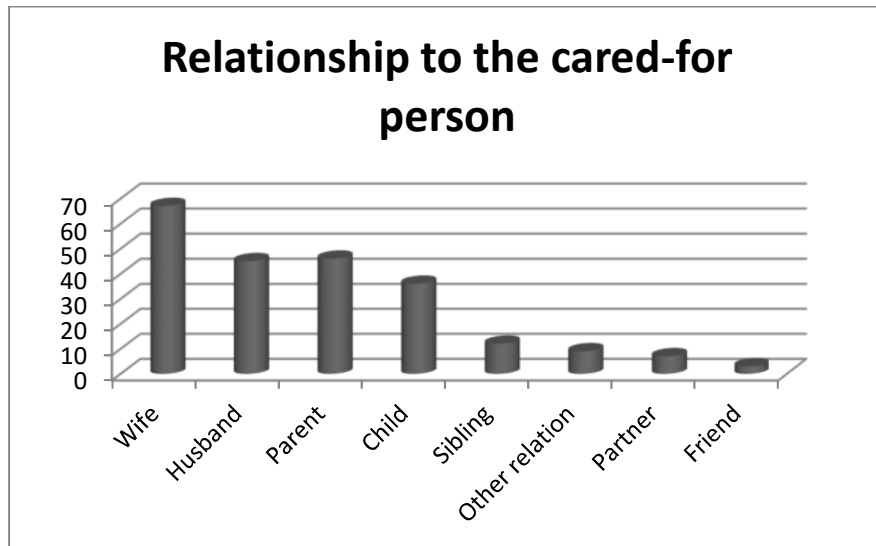
67% of the carers care for 50 hours or more every week, with 15% caring between 20 - 49 hours a week and 13% up to 19 hours. The other 5% of carers say the hours vary from week to week.



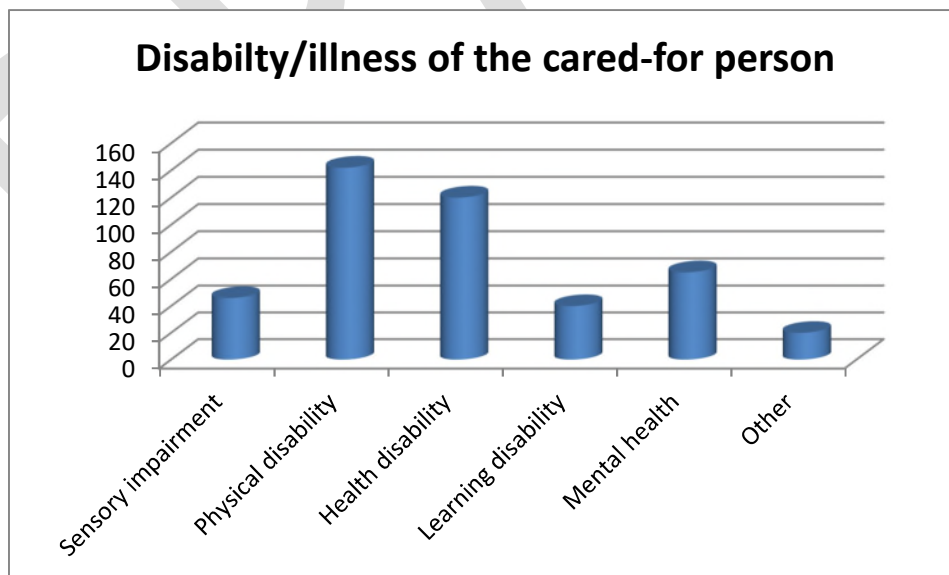
Most of the people who are cared for are over 65 years old (66%) with 45% of them over 75 years old. The smallest group of people who are cared for are those between 19 - 34 years old. 15 carers are parents looking after a child under 18 years of age.



From the point of view of relationship to the cared for, the majority are wives but there is less of a difference between the number of wives who care and the number of husbands than there is between the number of mothers and number of fathers. Out of all the parents who care, over 90% are mothers, and it is the same pattern with children who care for their parents, and brothers and sisters for a sibling; 72% daughters and 75% sisters.

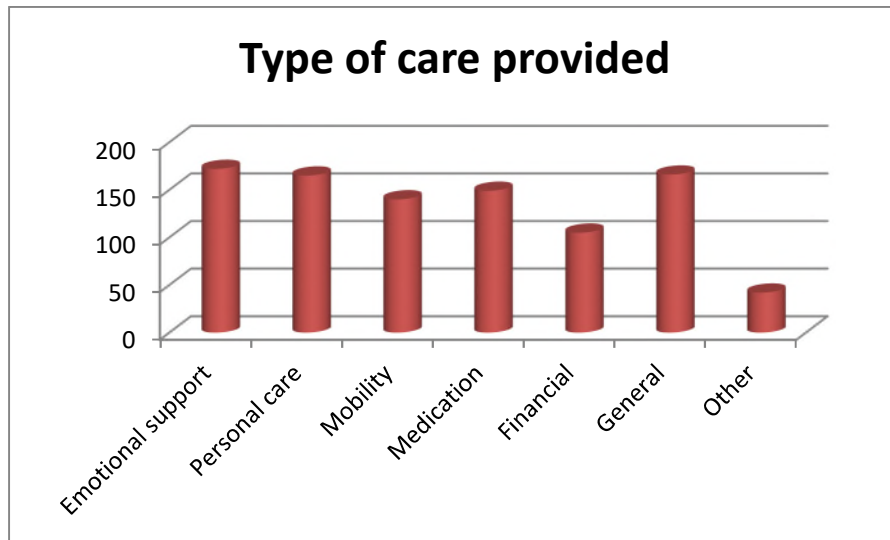


A lot of the carers are looking after someone with more than one illness or disability. Although some note only one disability, the majority note more than one, with many noting up to four. The complicated health condition of many of the cared-for is reflected in the number of hours the carers are caring every week.



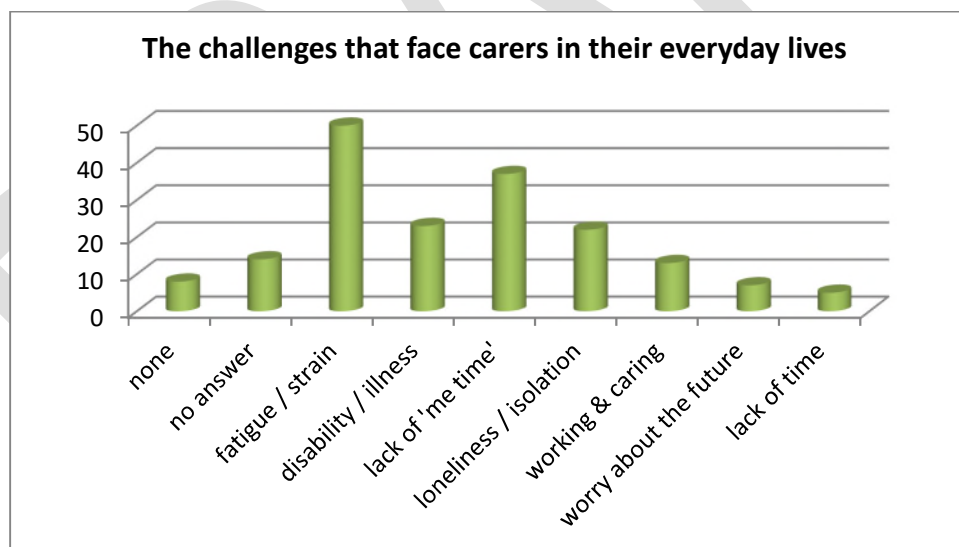
Very few note that they provide only one sort of care; a lot more say that they do everything. Some of the men note housework and cooking as part of their caring role and it must be recognised that

coping with these tasks which they had not done before can be a real challenge for an elderly man trying to complete them on top of everything else he is doing whilst caring for his wife.



The challenges that the carers face in their everyday lives as carers

Carers were asked what the challenges in their everyday lives as carers were and although every answer, like every situation, is different and unique, there are some themes which arise regularly as shown in the chart below.



Fatigue and/or strain is the biggest challenge (22% of the carers noted this); sometimes the problem is fatigue only - some say that they do not get a good night's sleep - and sometimes it is only strain. A lot mention emotional strain. Often carers face a number of challenges with one causing another e.g. lack of support/time for oneself is causing strain for one carer:

"Lack of understanding from other people. Lack of understanding by family members who refuse to accept difficulties. Having no time to myself, although my wife tries her best and feels a burden, which is not true. I feel I can do everything, but sometimes I break down."

A feeling of isolation or loneliness adds to emotional strain and causes a number of carers to suffer from depression. In reply to this question one man wrote: *"Loneliness & despair."*

Many of the carers have health problems themselves (over 10%) and some are seriously ill (including cancer) or they have a physical disability.

"... I have a spinal problem that I was offered a spinal fusion operation for but have put it off due to long recovery time."

In noting that 45% of those cared for are over 75 years of age and the spouse is usually the carer, it is obvious that a lot of the carers are elderly, and some note this as a cause for concern on top of their health problems, fatigue and strain.

"As a 79 yr old with arthritis. Who has to keep a strict time table with meals for my husband who has no stomach. Routine. Relentless. Day to day. Tiredness. Seeing to house maintenance. Paying bills. Worrying about money. Wishing to do admin jobs I can't get help with. I still run a clean tidy home. And home cook as far as I can...."

16% of the carers mention the lack of time for themselves, with some noting that they have to be on call 24 hours a day; that it is impossible to have a holiday and that there are not enough hours in the day.

"Being 'on-call' for my wife 24 hours a day, 7 days a week, as she is totally dependent on myself for all care tasks. The challenge is not being able to leave the house when I want. Everything has to be planned ahead."

Lack of time to relax can increase the problems of fatigue and strain for the carer and, in the end, affect their health, so the opportunity to have respite care is very important.

Although some of the carers still work, they mention this as a challenge, and some say that, as carers, they do not have support/understanding from their employers/workplace, which causes problems/extra strain for them. A few noted that they had to give up working because of their caring role which has caused them money worries.

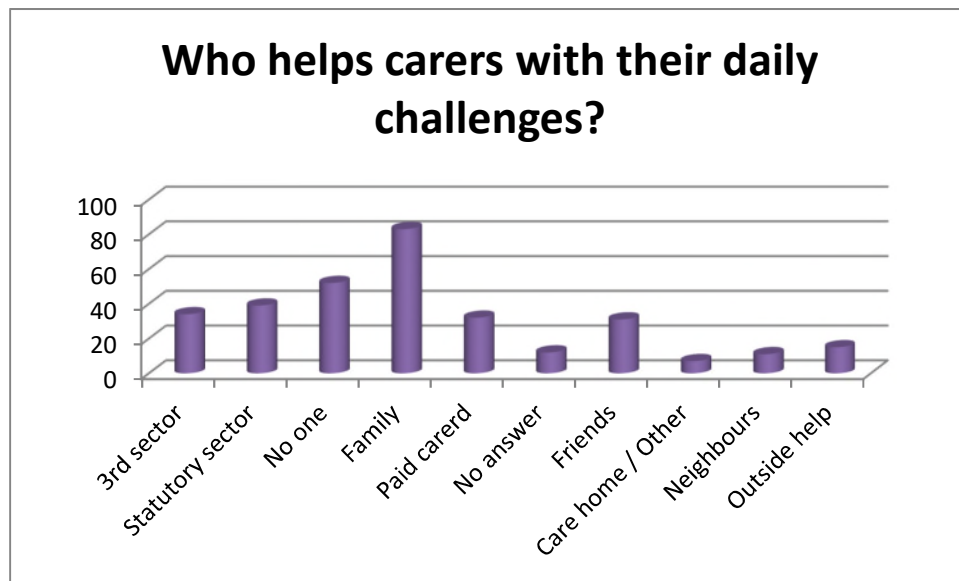
Very few say that they have no challenges, with some saying they are all right 'at the moment' and others saying they take things day by day; or as one said, *"I just get on with it!"*

Who or what helps the carers overcome the daily challenges

Family is the biggest group of people who helps these carers, but it is necessary to note that it is not only the family who supports them to overcome the daily challenges. Although 37% say that their family help, only 17% say that only the family supports them. The next largest percentage is those who say that no one helps them, namely 23% which is almost a quarter. This is a substantial number and a cause for concern, considering the nature of the challenges identified, but also raises the following question; what do people/carers consider to be help? Everyone received their questionnaire from a 3rd sector organisation that exists to support them as carers and with whom they have registered. Do some people think only of the statutory sector as providers of help and support?

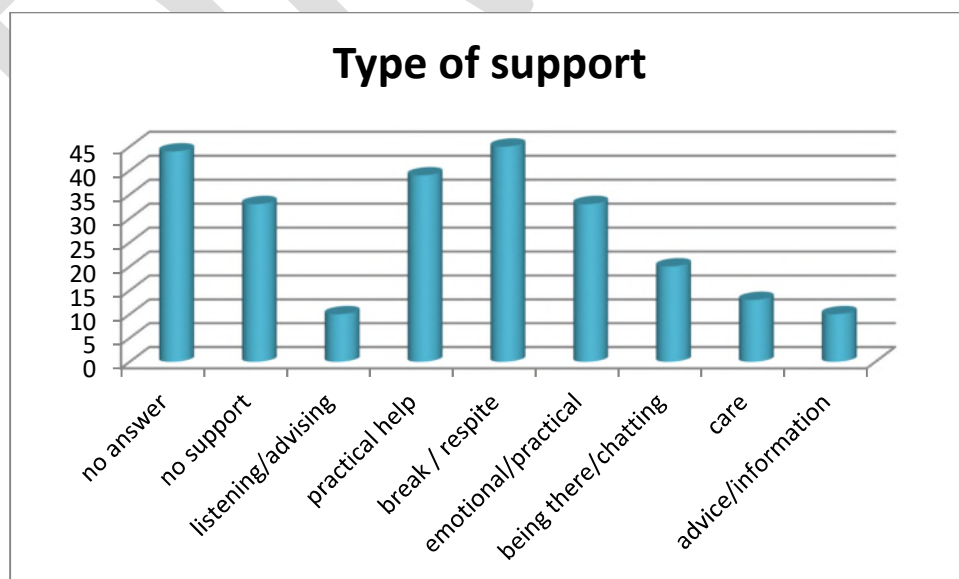
Very few consider either the statutory sector (social services or health) or a third sector organisation (Carers Outreach or Hafal) as the only people who support them. Usually, the carers get help from different sources, e.g. statutory sector, 3rd sector and family, or family, friends and 3rd sector or statutory sector. A fair number (over 10%) say that the paid carers are the people who help them.

55% of the carers note family, friends and neighbours as a source of help to them, which is exactly the same as the carers who note 3rd sector, statutory sector, paid carers, care homes and other outside help.



How they help the carers overcome the challenges

In considering the number of carers who say that nobody helps them, it is not a surprise that almost 34% failed to answer the question about the support provided or else note an absence of support.



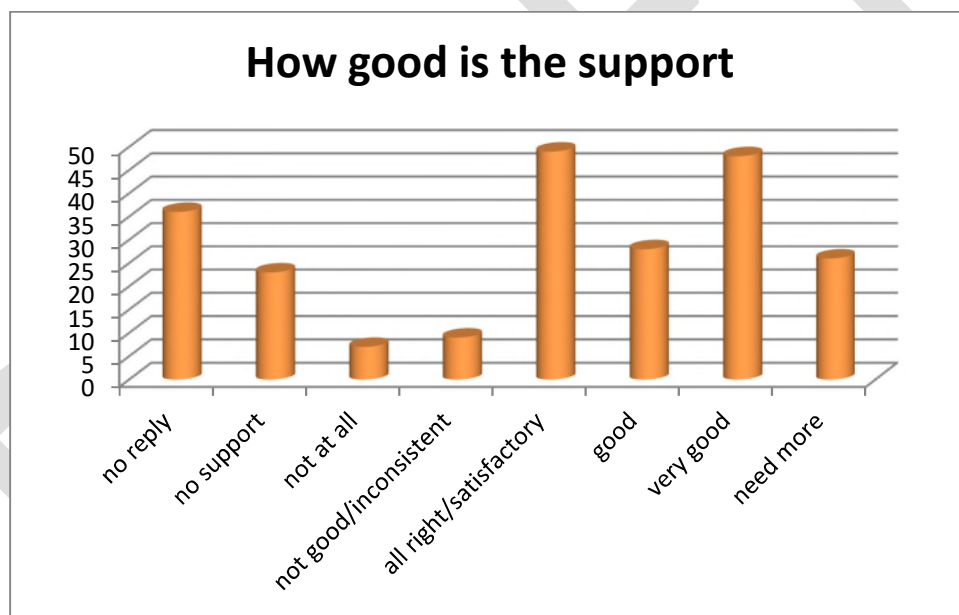
But the biggest support is the chance to have a break or respite (20%) and although a number refer to the hours of respite they get each week through the statutory sector, a number use the time when the paid workers are there to have a break: " *Talking - take time to help with chores. Also they take time for me to do other things* ".

A substantial number depend on other individuals, usually a family member but sometimes a friend or neighbour, to take over the caring role to give them respite, be it a few hours, overnight or a whole week. " *They stay over night in turns so I can sleep.*"

Again the carers usually mention more than one sort of help, and many of them receive practical help, including transport. Some note that they have emotional and/or practical support and others consider the fact that someone is there for them is sufficient; listening and chatting is important: " *Just being there to talk to & make suggestions.*"

Although we know the importance of information for carers, only a few of this group of carers mention advice and information as the sort of support they receive..

How well is this support working



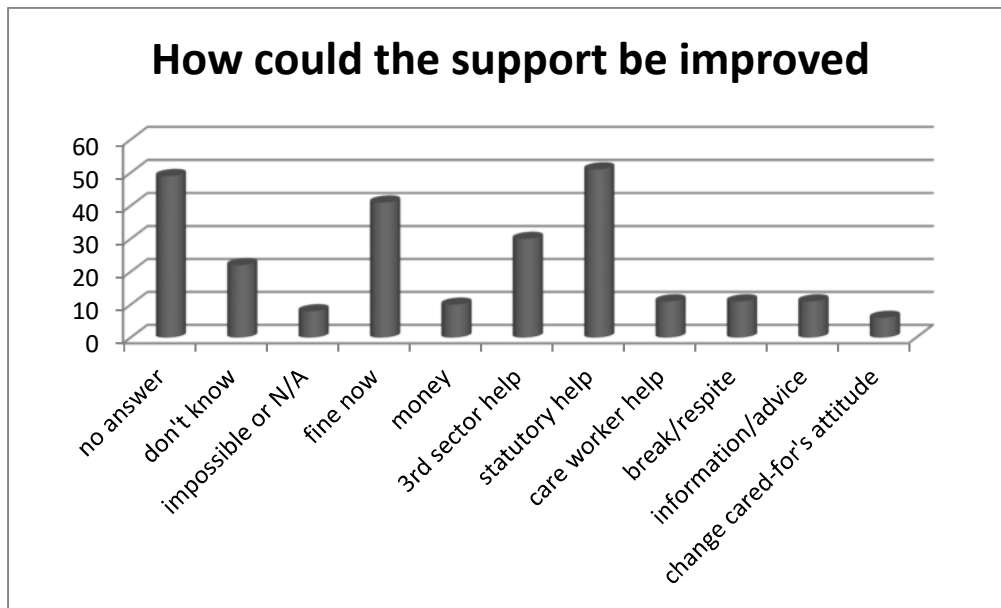
It seems that, usually, the support is working quite well, with 33% of the carers thinking that it is good or very good. However 17% note that they have no support, or the support available is not very good at all, or is inconsistent, and 22% are merely satisfied with the support they receive. Over 10% note that they need more support:

" *My son is my only support but not available for extended periods, although he intends to try to get here more often. Basically I feel on my own with this and I know it can only get worse.*"

How can the support be improved

The biggest percentage of the carers did not answer the question as to how the support could be improved or said that they did not know (31%). A few think that it is not possible to improve the support because of the circumstances; for example one carer wrote, " *No easy answer to this*

question. My wife is severely depressed and is unable to communicate easily. There is no cure to either". The cared-for's attitude can be a major barrier to the carer getting any support at all i.e. the support is available but the cared-for 's attitude prevents the carer accessing it.



On the positive side, 18% think that the support is fine and does not need improving. When mentioning how the support can be improved, many referred to the health services as well as services provided by social services. They mention a number of improvements such as more respite and care hours, out of office hours' support, better transport, people to be there to listen and to share information about what support is available.

"I am very satisfied with the level (and quality) of support that we receive and it is difficult to see how this could be improved given the limited resources available to the caring services. An additional block of 3-4 hrs of respite care (each week or fortnight) would be of great help but it is difficult to see how this would be possible under current funding."

Some answers are a reminder of the fact that a little help sometimes is what makes a difference to carers, such as *"I love to be able to go out sometimes for a few hours to meet friends & a chat."*

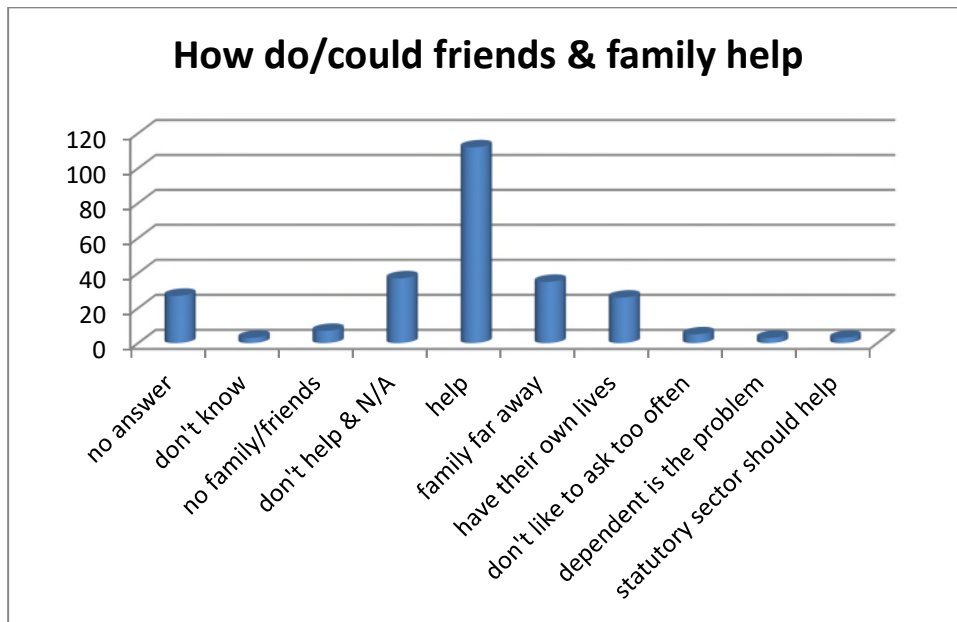
How do / could friends and family help

Three carers said that supporting carers is the duty of the statutory sector and not the family. However almost half (49%) say that their family and /or friends help them, although this is not always on a regular basis because the family live a long way away (15%). A number of the carers also mention the fact that their family/friends lives of their own e.g. working and/or bringing up children (11%), implying that is not possible or fair to expect them to help a lot.

"Family support as much as they can. But my 3 children are all in full-time employment and are raising their young families as well."

And a small percentage (2%) does not like to ask too often.

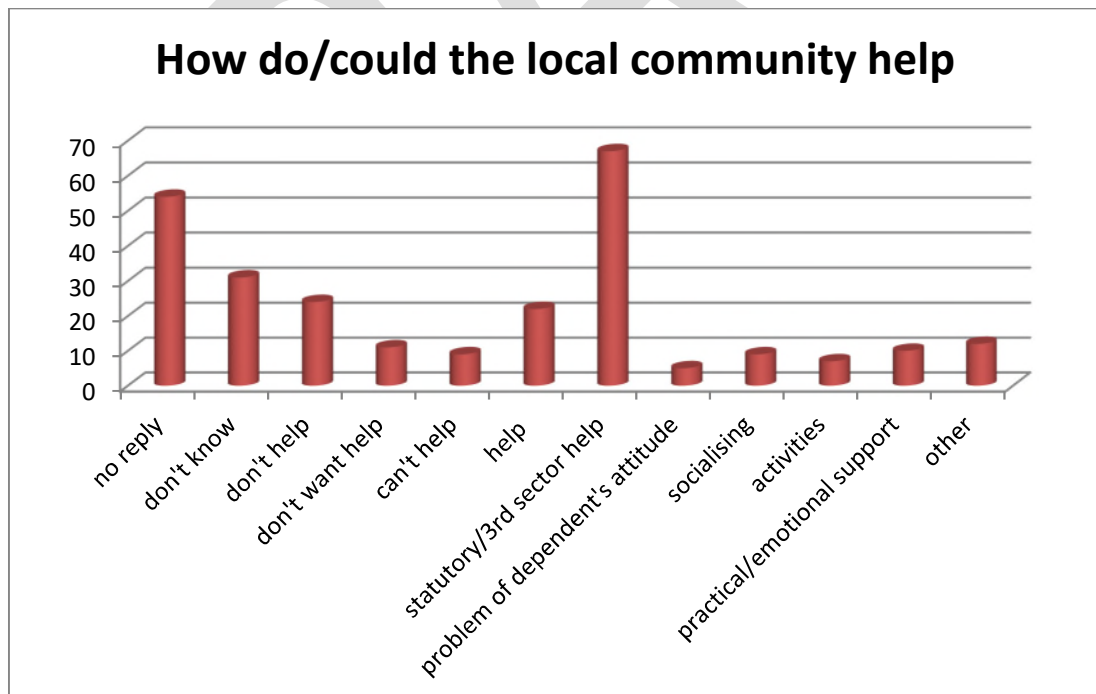
" Family all live in Birmingham. Friends and neighbours always offer but you do not want to become a nuisance."



Sometimes, the problem once again is the attitude of the dependent

" I have no family locally and she had alienated friends & neighbours by her attitude towards them. My son has come to stay in the past but she has been so horrid to him he refuses to support her now. My daughter lives in Suffolk with her family and rarely comes home - also due to Mother's attitude"

How do / could the local community help



By not answering, or saying they did not know, or that no help was available, or they did not want help, or it was impossible for the community to help them, there was a negative response from most of the carers (52%) to the question how could the local community help.

"We are a private family and prefer to remain that way. My wife's needs are high therefore community could not help, nor would we want everyone to be aware of our situation. "

It seems that this is the most challenging questions with 30% mentioning services which are provided by the statutory sector and the 3rd sector, rather than the local community. However this is not true in every case, some of the carers mention members of the chapel calling round for a chat, or neighbours who help, sometimes by doing little things

" They do help by greeting us with a smile when we take our daily walk & stop for coffee. At our age that is much appreciated - more than that our need is small."

11% of the responses refer to practical and emotional support, the need for socialising and activities, which are all the sort of help that could be provided by the local community, if the carer and the cared-for are prepared to accept it,

" I don't think my husband would accept help as he sees himself as a very independent person and only wants to care for him".

Often the carers are thinking about socialising and activities for the cared-for but, at the same time, this support would help them as well. Unfortunately transport can be a problem for a lot of people, particularly in rural areas.

" More help needed in villages. Why can't local halls be used for meeting etc like keep fit. We do go to Pwllheli for up & go classes, not so good in the winter waiting for buses etc & winter time is when we need more support."

Some carers note that they cannot join in local activities because no one is available to be with the dependent.

Perhaps less than a quarter of the carers understood the question i.e. who or what is the local community, and usually they report positively of the support available there, including the following, which is a great example of how the local community can help:

"Because my husband is a partner in the farm he didn't get help to adapt the house - the local community raised money in order for us to make a wet room for him." (translated from Welsh)

To conclude

Although the carers who answered the questionnaire do not reflect the age of most of the carers in Gwynedd, which is between 45-64 years of age according to the 2011 Census, the challenges that they note and the support needed is relevant to many carers of all ages. A lot of research and surveys have confirmed that caring causes fatigue and strain which has a negative effect on carers' health, particularly their emotional and mental health. We are conscious that it is essential for carers to have practical help, such as help from paid carers, and sufficient respite breaks. Unfortunately the questionnaires show that not enough support is available to all carers at the moment,

In reading the responses, it is obvious how unique is each caring experience, so the ideas behind Ffordd Gwynedd and the assessment 'What matters' go in the right direction. The importance of family, friends or neighbours as support for carers is something else which is obvious. When this support is available regularly; the carer feels better, has sufficient respite and is able to share the experience with those who are close to them. This is an experience completely opposite to the large number who fell under strain, tired and lonely. However, unfortunately, a number of carers and

their families expect the statutory sector to help rather than thinking about the informal help available from family, friends and neighbours.

There are a lot of carers in Gwynedd who need support; how to provide it is the challenge, and by whom is the question.

DRAFT

Executive Summary

Funded by Derwen and Children in Need, Gwynedd Parents Carers provides a service for parents in Gwynedd who have caring responsibilities. The service was analysed using the Social Return on Investment (SROI) framework to understand the total value created for parents, children and health and social care agencies. Stakeholders were involved in this analysis providing us with an insight to what changes because of this service. The results demonstrate that significant value is created through the activities of Gwynedd Parent Carers by Carers Outreach.

The result of £5.82:1 indicates that for each £1 of value invested, £5.82 of value is created.

The success of this service is having the Field Officer available to support and advice on various concerns, but also the contact with other families was essential. That peer support was so valuable and was only possible because of the activities organised by Carers Outreach. Having an opportunity to see others going through similar experiences and that support network was so valuable to families.

This report is not about putting a price on everything, but allows us to demonstrate the value of having support for parents who are carers in Gwynedd, allowing us to see how we can create even more social value in the lives of people.



Revenue Budget 2016/17 - Third Quarter Review						
Adults, Health and Wellbeing Department	Revised Budget 2016/17	Estimated Final Position 2016/17	Estimated Gross Overspend / (Underspend) 2016/17	Use of Other Sources Or other Recommended Adjustments	Revised Overspend/ (Underspend)	Net Overspend/ (Underspend) 2nd Quarter Review
Area:-	£'000	£'000	£'000	£'000	£'000	£'000
<u>Provider Services (showing net budget)</u>						
Residential Care	68	154	86	0	86	62
Day Care	(20)	(17)	3	0	3	23
Community Care	92	214	122	0	122	142
Other	25	(2)	(27)	0	(27)	(37)
<u>Provider Services Total</u>	165	349	184	0	184	190
<u>Other Services</u>						
Housing Services	4,403	4,416	13	0	13	28
Departmental Central Services <i>(including Department savings)</i>	3,204	3,483	279	0	279	373
<u>Total Other Services</u>	7,607	7,899	292	0	292	401
<u>Adults, Health and Wellbeing Total</u>	50,207	50,295	88	0	88	168

Adults, Health and Wellbeing Department

Older People's Services - an underspend of (£362k) is forecasted mainly as the trend of a reduction in the number of clients in residential and nursing placements continues, with a reduction of 68 residents since the beginning of the financial year, from 409 to 341 by now.

Physical Disability Services - an underspend of (£72k) is forecasted, with (£50k) of this sum on residential and nursing, the trend of a reduction in the number of direct payment cases continues, but an increase in the demand for home care packages.

Learning Disability Services - the underspend is mainly on residential and nursing and therefore follows the same trend reported on elderly and physical disability services above, an underspend on day services but an overspend on support packages and direct payments.

Provider Services - the trend continues with a net overspend of £188k as a result of new expensive residential and nursing cases, and an increase of £46k during the quarter on the spend on alcohol and drug care. A one-off underspend of £40k on vacant posts has assisted in reducing the overspend.

Mental Health Services - continuation in the trend with an overspend of £184k, mainly on community care, £92k of which is from an overspend on travelling costs with the remainder on staffing and overheads. An increase in the overspend on residential care as a result of additional staffing costs.

Departmental Central Services - there was a significant rise in the number of 2016/17 saving schemes being realised within the Department, and now it is forecasted that the net underachievement will reduce to £273k (£508k in quarter 2), but a number of saving schemes continue to slip, or are yet to be realised in 2016/17. The Department's intention is to take further additional steps to try and ensure that the situation improves by the end of the financial year, and this through repackaging its saving schemes.

Revenue Budget 2016/17 - Third Quarter Review

Children and Families Department	Revised Budget 2016/17	Estimated Final Position 2016/17	Estimated Gross Overspend / (Underspend) 2016/17	Use of Other Sources Or other Recommended Adjustments	Revised Overspend/ (Underspend)	Net Overspend/ (Underspend) 2nd Quarter Review
Area:-	£'000	£'000	£'000	£'000	£'000	£'000
Service Management	467	444	(23)	0	(23)	(22)
Operational Services	1,864	2,090	226	0	226	195
Placement Services						
Out of County Placements	2,264	2,324	60	0	60	72
Agency Fostering	970	995	25	0	25	62
Internal Fostering	1,640	1,750	110	0	110	56
Support Services and Other	1,448	1,547	99	0	99	80
	6,322	6,616	294	0	294	270
Post-16 Services	1,037	853	(184)	0	(184)	(194)
Specialist Services/Derwen	1,444	1,410	(34)	0	(34)	(54)
Youth Justice Services	235	210	(25)	0	(25)	(24)
Early Years Services	107	62	(45)	0	(45)	(51)
Other Services	2,465	2,478	13	0	13	48
Children and Families Total	13,941	14,163	222	0	222	168

Children and Families

Operational Services - an increase of £31k in the forecasted overspend since what was reported in the second quarter review, with an overspend of £226k now being forecasted by the end of the financial year on staffing and higher costs of complex care packages. This field is the subject of a bid for 2017/18.6

Placement Services - an overspend of £294k on placement services, which is £24k higher than forecasted in quarter 2, with the overspend on internal fostering having doubled to £110k following the placing of new cases during the quarter. Part of the increase has been counterbalanced by a reduction of £37k in the overspend forecasted on fostering with agents and £12k on out of county placements, as only one new case was seen during the quarter, and accordingly there is capacity to reduced the relevant provision. The overspend continues on allowances, and the payments for internal fostering, that is the 'Cynllun Aros Ymlaen' overspending by £59k. Work continues to meet the related savings targets.

Post 16 Services - an underspend of (£184k) is forecasted following a reduction in the demand for Post-16 support packages.

Early Years Services - additional fee income but an increase incosts since the second quarter.

It is expected that the Department will take steps to try to manage their budget by the end of the financial year. There are reserves of £58k held by the Department to contribute towards the reported overspend. This will be given further consideration in closing down the accounts, after establishing the final position.

2017/18 REVENUE BIDS

Cabinet Member	Ref	Details of the Bid	Permanent / One Off	Amount (£)	Recommendation		
					Finance (£)	Reject (£)	Comments
CHILDREN AND SUPPORTING FAMILIES DEPARTMENT							
M.R.	PLANT 1	<u>Children in Care Placements</u> Bid in order to deal with the increase in the number of new placements.	One Off Bid	160,000	160,000		Recommend finance the bid in full.
M.R.	PLANT 2	<u>Resources for the Operational Children's Team</u> Bid to finance two social workers and administrator in order to deal with the significant increase in demand for services.	Permanent Bid	120,000	50,000 (Permanent) ----- 50,000 (One Off)	20,000	Recommend finance one of the social workers post permanently and one social workers post temporarily for 2 years. With the Department to identify efficiency options within 2 years.
Total Permanent Revenue Bids				120,000	50,000	20,000	
Total One Off Revenue Bids				160,000	210,000	-	
CHILDREN AND SUPPORTING FAMILIES DEPARTMENT TOTAL				280,000	260,000	20,000	

Revenue Budget 2016/17 - Summary of position by Department

	Third Quarter Review					Second Quarter Review £ '000
	Revised Budget 2016/17 £'000	Overspend / (Underspend) 2016/17 £ '000	Movement to/from Reserves £ '000	Recommen ded Adjustments £'000	Revised Overspend/ (Underspend) £ '000	
Adults, Health and Wellbeing	50,207	88	0	0	88	168
Children and Families	13,941	222	0	0	222	168
Education	89,057	42	0	0	42	13
Economy and Community	11,719	2	0	0	2	73
Highways and Municipal	23,076	58	0	0	58	118
Regulatory (Planning, Transportation and Public Protection)	8,954	(215)	0	115	(100)	(23)
Gwynedd Consultancy	1,163	(47)	0	0	(47)	70
Corporate Management Team and Legal	711	(55)	0	0	(55)	(29)
Finance	765	(56)	0	0	(56)	(67)
Corporate Support	512	(80)	0	0	(80)	(88)
Corporate Budgets <i>(Variances only)</i>	*	(1,285)	0	1,280	(5)	(190)
Totals (net)	200,105	(1,326)	0	1,395	69	213

2017/18 PROPOSED BUDGETS BY SERVICES

	Base Budget 2016/17	Inflation	Increments	Levy, Interest on Balances & Capital Charges	Demography & Transfer to the Settlement	Income Budgets	Various	Pressure, Apprenticeship & Pensions	Savings & Cuts	Base Budget 2017/18
DEPARTMENTS	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Corporate Management Team and Legal	2,052	18	3	0	0	0	(50)	0	(21)	2,002
Corporate Support	7,973	69	3	0	0	(10)	(30)	0	(408)	7,597
Finance	6,144	67	(9)	0	0	0	32	79	(263)	6,050
Trunk Roads	(87)	0	0	0	0	0	0	0	0	(87)
Highways and Municipal	20,559	210	(12)	0	0	(20)	78	726	(1,866)	19,675
Regulatory	6,947	83	5	0	3	(60)	83	(25)	(980)	6,056
Gwynedd Consultancy	318	1	(18)	0	0	0	(1)	0	(105)	195
Central Education	13,289	83	(30)	0	(1)	0	27	247	(415)	13,200
Schools Budget	69,147	689	196	0	34	0	(26)	791	(1,087)	69,744
Economy and Community Adults, Health and Wellbeing	5,965	29	43	0	0	119	(14)	6	(873)	5,275
Children and Supporting Families	44,014	1,363	127	0	327	0	(114)	559	(1,937)	44,339
Children and Supporting Families	12,554	147	10	0	33	0	100	253	(340)	12,757
Departmental Total	188,875	2,759	318	0	396	29	85	2,636	(8,295)	186,803
Corporate and Capital Matters	43,202	999	0	381	565	0	88	781	1,063	47,079
TOTAL =	232,077	3,758	318	381	961	29	173	3,417	(7,232)	233,882
Less Community Council Precepts	(1,826)									(1,826)
TOTAL GROSS EXPENDITURE	230,251	3,758	318	381	961	29	173	3,417	(7,232)	232,056
Financed by: Balances and Specific Reserves	(3,024)	0	0	(251)	0	0	0	(72)	2,591	(756)
NET TOTAL =	227,227	3,758	318	130	961	29	173	3,345	(4,641)	231,300