

Carers' Strategy 2015-18



Document status:	Final
Prepared by:	Carers UK
Reviewers:	Chris Pelham, Marion Willicome Lang, Simon Cribbens
Owner:	Chris Pelham
Approved by:	Community and Children's Service Grand Committee
Implementation date:	tbc
Review date:	+ 12 months
Document end date:	+ 3 years
Version:	2

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1. Executive Summary

This new carers' strategy for the City of London recognises the vital role that carers play in supporting vulnerable adults in the City and enabling them to stay in their own homes and local communities. It acknowledges the impact that caring can have on a carer's own health and wellbeing and explores ways to improve outcomes for all carers and the people they care for in the City.

The strategy informs future developments for carers' services and has been written in light of important new legislation, in particular the Care Act 2014, which has strengthened the rights of carers to assessment and services. It considers and incorporates national and local outcomes including those laid out in the most recent update to the national carers' strategy.¹

The Census 2011 identified 576 carers living in the City of London, of which around 1 in 10 are known to the City of London Corporation. The strategy aims to identify and support more carers across the City, at an earlier stage, with a focus on improving their health and wellbeing outcomes.

This document has been developed following consultation with carers and other stakeholders and a thorough review of national and local intelligence on carers and caring. It is underpinned by **six strategic priorities** that form the basis of an action plan to improve support for carers over the next three years. The priorities have been informed by the voices of City of London carers and national best practice:

1	Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for
2	Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break
3	Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised
4	Carers are supported to improve and maintain good physical and mental health and wellbeing
5	Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life
6	Carers are supported to cope with changes and emergencies and to plan for the future, including when the caring role is coming to an end and to have a life after caring

¹ <https://www.gov.uk/government/publications/carers-strategy-actions-for-2014-to-2016>

2. Introduction

2.1 Who are carers?

Across the UK today, 6.5 million people are unpaid carers, supporting a loved one who is older, disabled or seriously ill. That's 1 in 8 adults who care, unpaid, for family and friends.² Research has shown that carers save the state billions of pounds each year by providing much needed care to help sustain people in their own homes.³

Every day, 6,000 people become carers and this may be sudden, or something that happens gradually over time.⁴ Some people provide unpaid care to a loved one for a few hours a week; others provide round-the-clock support. Some people care for loved ones at home; others care for people who live further away. Some caring roles are short-term; others last for many years or a whole lifetime. Every caring journey is different.

Anyone can become a carer and carers come from all backgrounds, can be any age and support a multitude of conditions. Some of the impacts of caring are common to all carers; however, some carers experience different impacts and issues to others.

Carers play vital, distinct, but interconnected roles within the health and social care system, including:

- Carers as providers of care and support to those with health and social care needs
- Carers as partners in the management and treatment of health and social care needs
- Carers as a group with statutory rights and support needs
- Carers as a population with disproportionately high health and support needs

However, improving the lives of carers does not stop at health and social care. It is a 'golden thread' that should run beyond the health and social care system, to other organisations and employers in the public, private and voluntary sector who all potentially have a role to play.

2.2 Developing this strategy

To develop a new carers' strategy, the City of London Corporation partnered with Carers UK to extend its capacity and fully realise the benefits of working with an external, expert carers' organisation to carry out a range of consultation and research activities, including:

- A survey of key stakeholders followed by a stakeholder workshop
- Telephone interviews with stakeholders
- A survey of carers in the City of London followed by a focus group
- An analysis of the demand for care in the City of London based on the makeup, health and levels of deprivation in the local population

² Making life better for carers (Carers UK, 2014)

³ Valuing Carers (Carers UK, 2011)

⁴ Ibid

- An analysis of the availability, makeup and experiences of carers in the City of London including the impacts they experience on their health and economic activity
- A detailed review of carers' assessments and self-directed support

The evidence base as described above and its findings, supplemented with external evidence from the Carers UK Research Library, have informed the development of the priorities in the strategy.

This strategy has been developed as part of an integrated whole system approach, aligned with other commissioning strategies that seek to improve the lives of carers, including the Dementia Strategy and Health and Wellbeing Strategy. It is targeted at improving outcomes for adult carers of adults, but also covers support for young carers and parent carers at the point of transition to adult services. A separate young carers' strategy is under development.

2.3 Progress since the last carers' strategy

The City of London Corporation's previous **Carers' Strategy 2011** identified 8 strategic themes following consultation with carers:

- Theme 1: Identifying and referring carers
- Theme 2: Personalised approach to looking after carers' health and wellbeing
- Theme 3: Providing respite care
- Theme 4: Providing relevant training
- Theme 5: Offering financial guidance
- Theme 6: Helping carers to plan for emergencies
- Theme 7: Involving carers
- Theme 8: Embedding accurate recording processes

Since the last strategy was developed, a number of significant changes have taken place which have altered the landscape for carers' support nationally and in the City of London. Nationally, new legislation including the Health and Social Care Act 2012 and the Care Act 2014, have revolutionised health and social care; locally, City has commissioned its own City Carers' Service offering individual and group services and access to respite care. Crossroads Care was commissioned to offer planned and emergency respite to carers, but take up was low and so this service is no longer available.

Full carers' needs assessments have been provided based on eligibility criteria and a non-means-tested carer's individual budget has been available, providing £150, £750 or £3,000 a year per carer.

3. Strategic context

3.1 National

The health and social care landscape in England has been going through a period of major change. The **Health and Social Care Act 2012** and the **Care Act 2014**

introduced the most dramatic changes to health and social care in the last sixty years, including an extensive reorganisation of the structures and governance of the NHS and widespread reform of social care law in England. These changes came alongside the implementation of the **Welfare Reform Act 2012**, which marked a radical shakeup of the benefits system and financial support for disabled people and their families.

The **Care Act 2014**⁵ includes significant and welcome measures to improve the rights of adults caring for adults, including:

- Giving eligible carers, for the first time, a clear right to receive services
- A duty on local authorities to promote the wellbeing of carers including their physical, mental and emotional wellbeing and participation in work, education and training
- Duties to provide information and advice, advocacy and preventative services which reduce carers' needs for support
- New rights to assessment meaning that carers are put on an equal footing with the person they care for
- A national eligibility threshold bringing greater clarity around entitlement for carers and for those they care for
- Measures to ease the transition between children's and adults' services

Rights and support for young carers and parent carers have also been improved and made clearer as part of **the Children and Families Act 2014**.⁶

The integration of health and social care services was given a boost in 2013 with the announcement of the £3.8bn **Better Care Fund (BCF)**. This is a single pooled budget to support health and social care services to work more closely together in local areas. The City's BCF plan delivers on national requirements to reduce admissions to residential and nursing care and avoidable emergency hospital admissions, and includes a local metric to measure effective support to carers.

In 2014, the Government published an action plan, building on the 10-year **national carers' strategy** from 2008⁷ and the update of 2010.⁸ It retained the strategic vision and outcomes from 2008, but focused on progress against the four priority areas which were highlighted in 2010 (see **Figure 1**).

The next steps identified in 2014 included working with local authorities to support them to prepare for implementation of the Care Act 2014 and Children and Families Act 2014, as well as supporting local initiatives to encourage the identification and recognition of carers across local authorities and the NHS. The Government also committed to schemes to support the identification of young carers and to support carers to remain in paid employment.

In July 2015, Secretary of State for Health, Jeremy Hunt, announced that a new carers' strategy, led by Care Minister Alistair Burt, will aim to answer the question:

⁵ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

⁶ <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

⁷ Carers at the heart of 21st-century families and communities (2008)

⁸ Recognised, Valued and Supported: next steps for the carers strategy (2010)

What do we need to do as a society to support people who are caring now, and crucially, for the millions who will have a caring role in the future?⁹

⁹ <https://www.gov.uk/government/speeches/personal-responsibility>

Vision from the national carers' strategy of 2008:

Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.



Priority outcomes identified in 2008:

Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role

Carers will be supported to have a life of their own alongside their caring role

Carers will be supported so that they are not forced into financial hardship by their caring role

Carers will be supported to stay mentally and physically well and will be treated with dignity

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



Priority areas identified in 2010:

Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages

Enabling those with caring responsibilities to fulfil their educational and employment potential

Personalised support both for carers and those they support, enabling them to have a family and community life

Supporting carers to remain mentally and physically well

Figure 1: The vision and priority outcomes and areas identified by the national carers' strategy in 2008 and the refresh in 2010; Source: Carers Strategy: Second National Action Plan 2014 – 2016

3.2 Local

There are a number of local strategic documents that exist within the City of London that align to and support the aims and objectives of the carers' strategy, as shown in the table below:

Strategic document	How it aligns to the carers' strategy
Corporate Plan 2015-19	The Corporate Plan's vision and strategic aims include providing and maintaining modern, efficient, accessible, responsive and high quality services to local residents within the Square Mile. These are supported by six key policy priorities including improving the value for money of services and maximising the opportunities and benefits afforded by the role of supporting London's communities.
Community and Children's Services Business Plan 2015-17	This plan has a vision to make a positive impact on the lives of all service users by working together with partners to provide outstanding services that meet their needs. Specific actions include undertaking a sector-led peer review of Care Act implementation (with reference to carers and personalisation), undertaking a strategic review of services for carers and refreshing the City's carers' strategy. Performance indicators include increasing the number of carers' assessments completed.
Joint Health and Wellbeing Strategy	This strategy identifies a number of health and wellbeing challenges, including ensuring that all City residents are able to live healthily, and improving access to health services. The strategy identifies the difficulty with getting meaningful data on health needs and service provision for City residents due to the small size of the population.
Joint Strategic Needs Assessment (JSNA)	The evidence base for the Joint Health and Wellbeing Strategy comes from the City's JSNA which includes a section related to carers and some limited data from the Census 2011. This identifies that carers in the City are generally older (average age 64) and have been caring for a long time (average duration 14 years).
Integrated Care in the City of London: A One City model	This report was published in May 2014 and details a project to develop a local approach to integrated care across health and social care for vulnerable adults and older people. This encompasses mental health, end of life care, public health and the support provided by voluntary and community services.
Dementia Strategy 2013-2015	The Dementia Strategy demonstrates how the City will develop and deliver health and social care services to better meet the needs of people with dementia and their carers. It is underpinned by 10 strategic objectives – from improving early diagnosis to improving end of life care –

	and aligns with the principles set out in the Carers' Strategy 2011 to support carers.
Housing Strategy 2014-2019	The Housing Strategy sets out the City of London Corporation's ambitions to deliver homes and housing services fit for the future in the Square Mile and central London including improving joint working with health and social care to support vulnerable and older people.
Mental Health Strategy for Older People in City & Hackney 2008-2018	A joint statement of intent between local authorities, NHS bodies and the voluntary sector in City and Hackney, to show clearly the key national and local priorities for mental health services for older people and the commissioning tasks that need to be undertaken to implement those priorities, including new support mechanisms for carers of people with mental health issues in the community.
The City of London Cultural Strategy 2012-17	This strategy sets out what the City of London Corporation plans to do to ensure the City continues to flourish as a cultural centre. Part of this includes supporting elderly and vulnerable adults, to give them skills and confidence to lead independent lives.

4. Background

4.1 The City

The City of London is a major business and financial centre with more than 400,000 people employed within the Square Mile.¹⁰

The City has a growing resident population of almost 8,100 people¹¹ of which 8.4% are aged under 16 and 14.0% are aged 65 and over.¹² There are more men (55.1%) than women (45.9%) in the City and 4 in 10 people are from a BME community (42.5%).¹³

The resident population is predicted to grow to more than 11,000 in the next 25 years with particularly significant increases in the older age groups.¹⁴

4.2 Carers in the City

There were 576 carers in the City of London at the time of the 2011 Census, making up 7.8% of the total population, compared to 8.4% of the population in London and 10.2% across England.

¹⁰ <http://www.cityoflondon.gov.uk/about-the-city/who-we-are/Pages/key-facts.aspx>

¹¹ Mid-2014 Population Estimates (ONS, 2015)

¹² Census (2011)

¹³ BME includes all ethnic groups apart from White: English/Welsh/Scottish/Northern Irish/British

¹⁴ Round Demographic Projections (GLA, 2015)

The table below shows the carer population by Census Resident Zone (see **8. Glossary**). The percentage of carers in the population varies from 2.2% in Queenhithe to 11.7% in the Mansell Street Estate area. In terms of actual numbers, the most significant carer populations are in Barbican (281) and Golden Lane (101). The overall number of carers in some areas is small so this analysis should be viewed with caution.

The table also shows that 21.0% of carers provide unpaid care for 20 or more hours a week. This is lower than London (36.9%) and England (36.4%). 12.2% of carers provide care for 50 or more hours a week. This is also lower than London (21.6%) and England (23.1%).

Area	1-19 hours	20-49 hours	50+ hours	Total carers	Total pop.	% carers
Barbican	244	14	23	281	2,994	9.4%
Bishopsgate	9	2	0	11	222	5.0%
Botolph	11	1	0	12	227	5.3%
Carter Lane	8	0	1	9	276	3.3%
City West	6	1	2	9	151	6.0%
Golden Lane	68	12	21	101	1,130	8.9%
Little Britain	4	0	0	4	123	3.3%
Mansell Street Estate	25	9	9	43	369	11.7%
Middlesex Street Estate	20	4	8	32	391	8.2%
Minorities	7	2	1	10	225	4.4%
Queenhithe	7	0	0	7	319	2.2%
Smithfield	20	4	2	26	628	4.1%
Temples	26	2	3	31	320	9.7%
City of London	455	51	70	576	7,375	7.8%
London	435,278	105,399	149,296	689,973	8,173,941	8.4%
England	3,452,636	721,143	1,256,237	5,430,016	53,012,456	10.2%

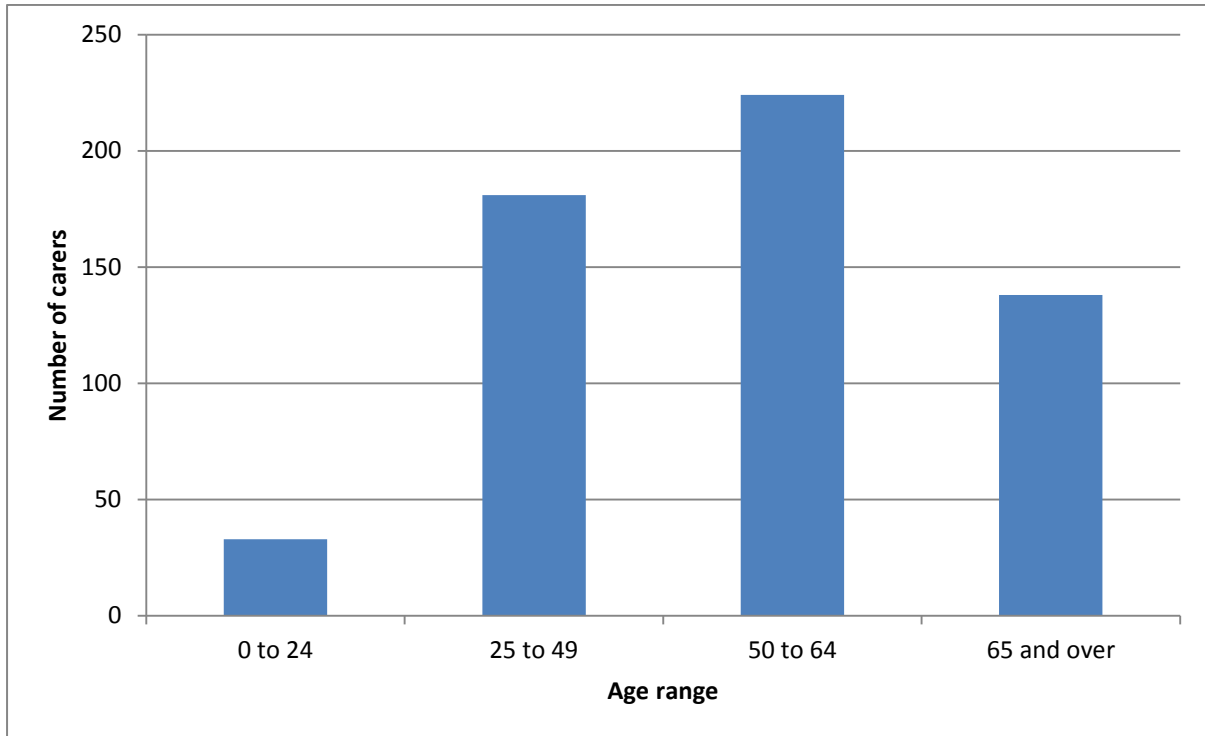
*Provision of unpaid care in the City of London by hours of care provided a week;
Source: Census (2011)*

Around 53 carers received an assessment from the City of London Corporation in 2014/15. 1 in 5 of those (19.2%) live outside of City borders, with 15.4% living in another London Borough. The largest known carer population is in Barbican (32.7%) followed by Golden Lane (23.1%). The Census identified ten times as many carers living in the City than are known by services.

Age and gender of carers

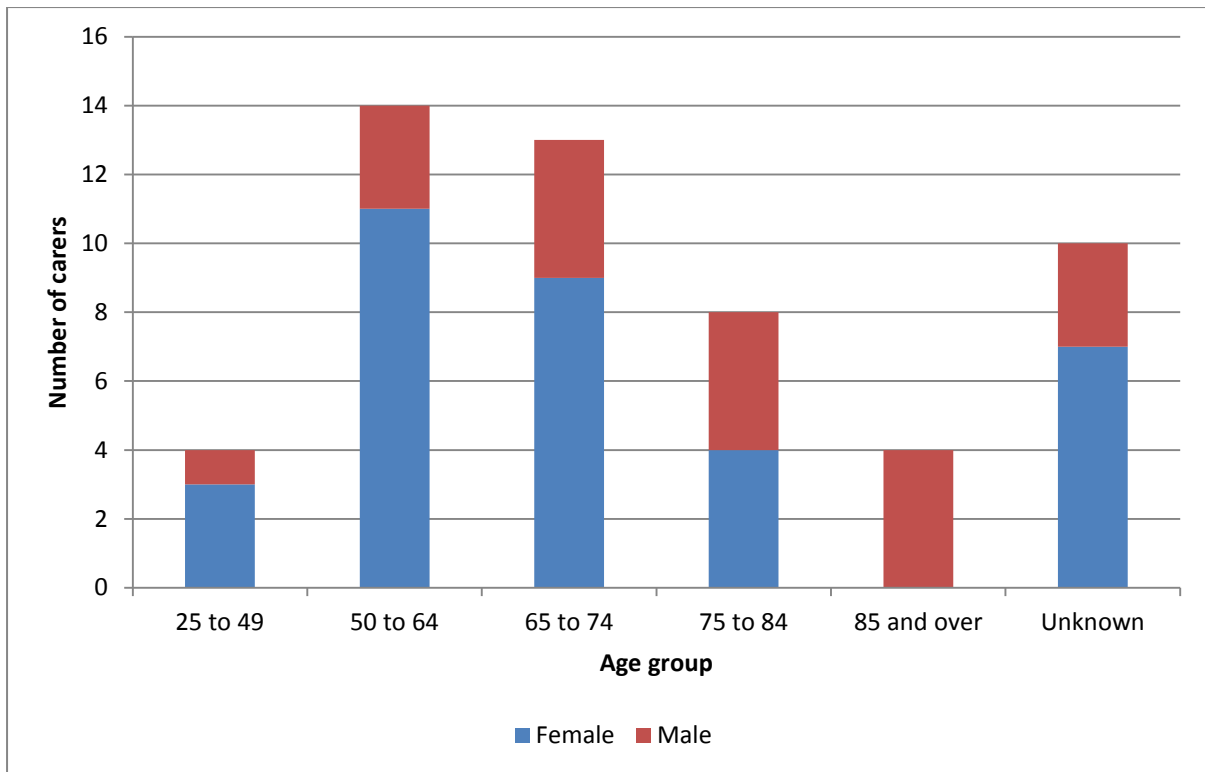
The Census shows that 5 in 10 carers in the City of London are male (49.9%), compared to 4 in 10 carers in London (42.5%) and England (42.2%); however, 6 in 10 carers (61.4%) in the City providing care for 50 or more hours a week are female.

The figure below shows that the age profile of carers in the City of London peaks between 50 and 64; 38.9% of carers are in that age group and 15.9% of people aged 50 to 64 are carers. 17.1% of carers aged under 65 are providing 20 or more hours of care a week; for carers aged 65 and over, this jumps to a third (33.3%).



Distribution of City of London carer population by age; Source: Census (2011)

The figure below shows the age and gender breakdown of 53 carers known to the City of London Corporation who received an assessment or reassessment of their needs in 2014/15. This shows that the known carers are predominantly female (64.2%) and aged 50 to 74 (50.9%).



Age and gender of carers known to social care; Source: City of London Corporation

Compared to the information about carers in the City of London from the 2011 Census, male carers are underrepresented and carers aged 65 and over are overrepresented in the number of carers known to adult social care. The age profile is more balanced when looking at carers providing the most care (20 or more hours a week) who may be seen as more likely to have had a carer’s assessment.

Carer ethnicity

In the City of London, 29.2% of the carer population are from BME groups (all communities that are non-white British) compared to 42% of the general population in the Square Mile. 5.4% of the BME population in the City of London provide unpaid care, compared to 9.6% of the White British population. The table below shows that this ranges from 3.1% of the Black/African/Caribbean/ Black British population, to 7.6% of the Asian/Asian British population.

Ethnic Group	Population	Provides care	% provides care
White: English/Welsh/Scottish/Northern Irish/British	4243	408	9.6%
White Irish/Gypsy or Irish Traveller/Other White	1556	71	4.6%
Black/African/Caribbean/Black British	193	6	3.1%
Asian/Asian British	940	71	7.6%
Mixed/multiple ethnic group	289	11	3.8%
Other ethnic group	154	9	5.8%

Percentage of the population who provide unpaid care in the City of London, by ethnic group; Source: Census (2011)

4.3 The impacts of caring

Caring for others can adversely affect your health and wellbeing and research has consistently shown this.¹⁵ Census data shows that carers are significantly more likely to be in poor physical and emotional health than those without caring responsibilities.

Carer health

2 in 10 carers (19.9%) in the City of London report being in 'not good' health, compared to 1 in 10 non-carers (11.5%). 4 in 10 people (38.8%) providing 20 or more hours of unpaid care a week report being in 'not good' health; this increases to 6 in 10 carers (58.7%) aged 65 and over.¹⁶ More than 110 carers in the City (including more than 50 aged 65 and over) declare their health to be 'not good'. This includes around 30 who declare their health to be 'bad or very bad'.

Out of the areas in the City with the highest numbers of carers, Golden Lane in particular has a high proportion of carers in poor health, with 3 in 10 (29.0%) saying their health is 'not good' against 2 in 10 (17.0%) in Barbican.

Economic activity

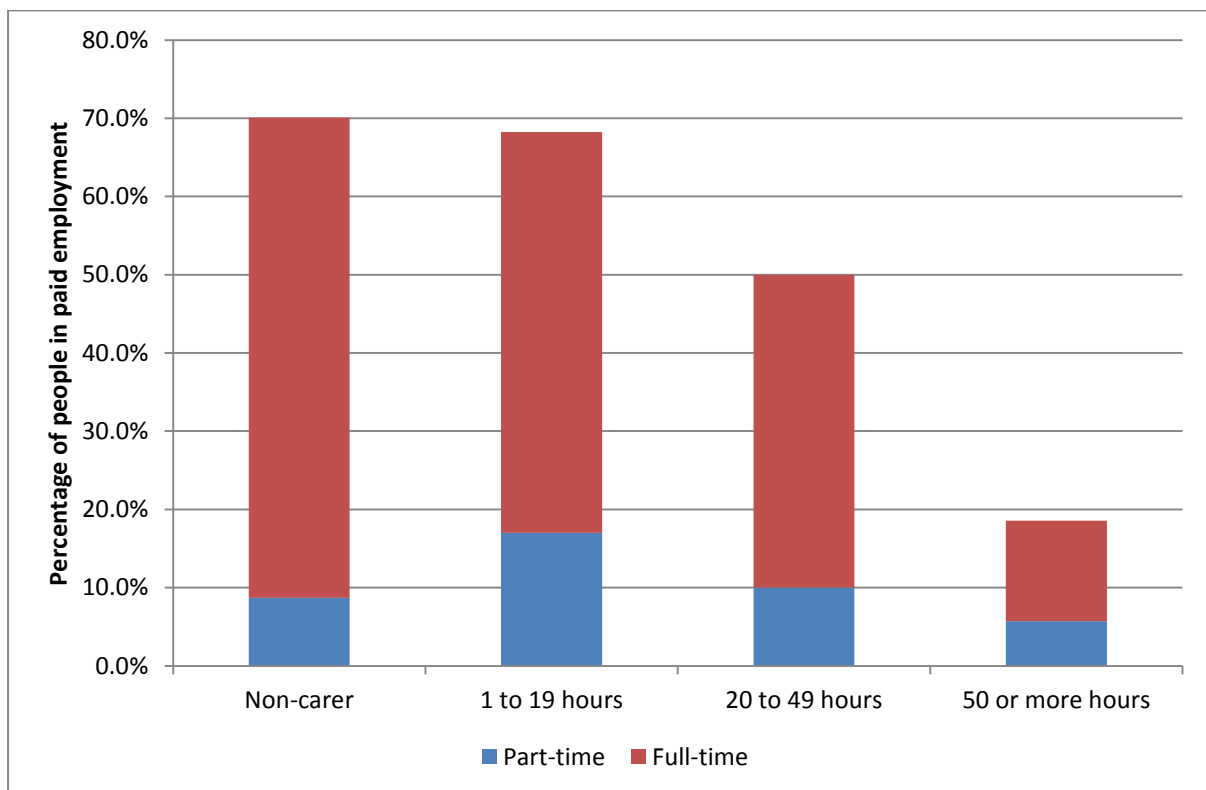
In the City of London, the proportion of carers aged 16 and over in full-time employment is 45.5%, lower than the 61.4% of non-carers aged 16 and over. Carers

¹⁵ In Sickness and in Health (Carers Week, 2013); State of Caring report (Carers UK, 2015)

¹⁶ Responses of 'fair', 'bad' and 'very bad' represent 'not good' health

are more likely to be in part-time employment; 15.0% of carers are in part-time work against 8.7% of non-carers.

As you would expect, the figure below shows that the proportion of carers in employment differs significantly depending on the intensity of their caring role. 7 in 10 people (68.2%) providing unpaid care for 1 to 19 hours a week are in some type of employment, against less than 2 in 10 (18.6%) who provide care for 50 or more hours a week.



People aged 16 and over in paid employment in the City of London by hours of care provided a week; Source: Census (2011)

Carer finances

There were 20 carers claiming Carer's Allowance in the City of London in February 2015 – equivalent to £64,584 annually – and this number has been steady for more than five years. All claims have been active for at least two years and half have been active for five years or more. All claimants are aged between 50 and 64.¹⁷

¹⁷ Source: Nomis

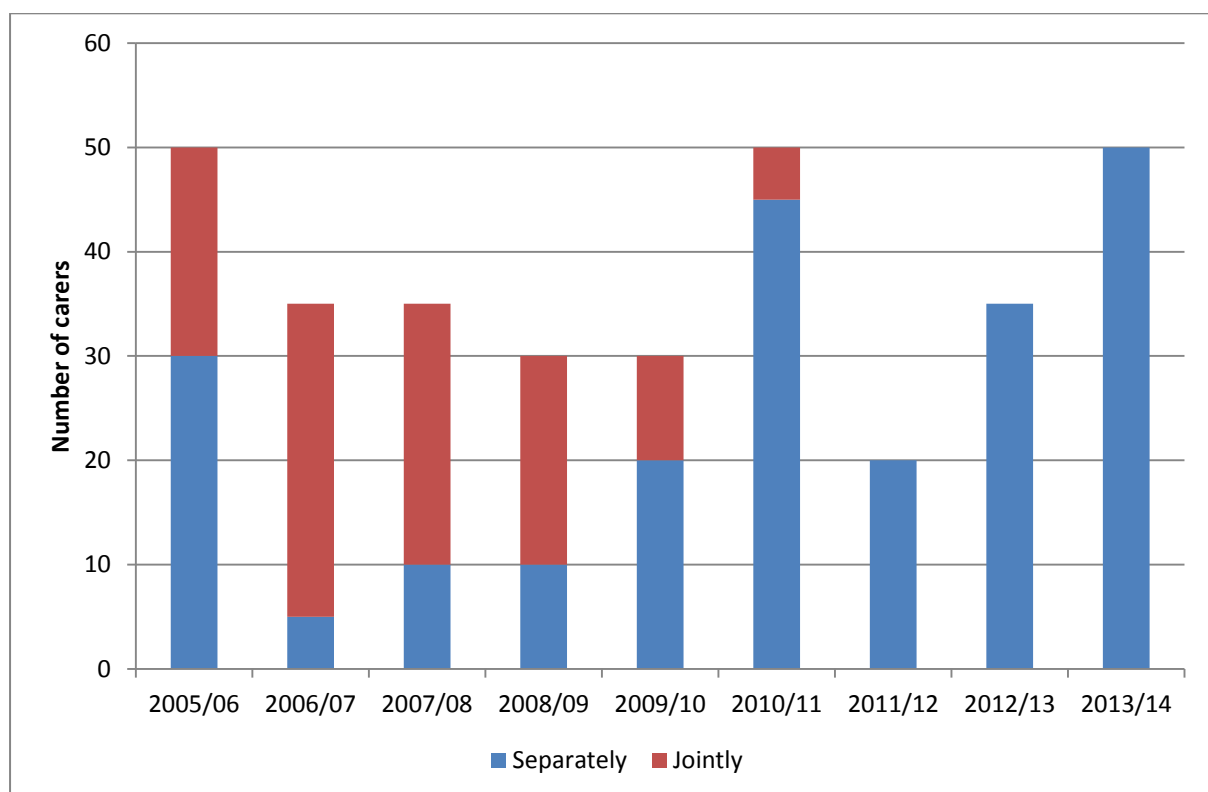
4.4 The current City offer for carers

Support for carers from statutory services

The City of London Corporation's Adult Social Care Team is part of People's Services under the Community and Children's Services department. The team works across all client groups and includes specialist support for adult mental health, occupational therapy and reablement, as well as care navigator roles linked to primary and secondary care.

The majority of carers' assessments are carried out by social workers and they lead to a support plan which includes a Care Act compliant personal budget.

Carers can choose between a separate assessment of their needs and a joint assessment with the person they care for. The figure below shows how many carers' assessments or reviews have taken place in the City of London each financial year since 2005/6. This shows the number of assessments has fluctuated between 50 and 20. In 2013/14 it had peaked again at 50. Provisional data for 2014/15 shows that 53 carers' assessments were carried out.



Carers can access planned respite care, which enables them to go out and feel reassured that the person they care for is being well looked after. Emergency respite care can also be made available if necessary.

The City of London shares health services with Hackney and although there is an NHS GP practice in the City – The Neaman Practice – it does not serve all residents and some access services from neighbouring boroughs including Tower Hamlets, Camden and Islington. There are 12 private GPs working in the City.

New care navigator roles are helping to lessen the gaps experienced by patients and carers when accessing acute services within other health authorities. They assist carers to access support, ensuring the safe discharge of City of London residents. These roles have been key in developing more effective partnerships with professionals in primary and secondary care services and in coaching and supporting medical staff to enable them to better identify carers.

The care navigators work closely with The Neaman Practice in the City and support social prescribing to improve health and wellbeing of residents. This is currently only available to those residents who attend this practice. The care navigators are working with other GP practices based outside of the City to ensure residents who attend those surgeries are well supported.

In partnership with Adult Social Care, lending libraries in the City provide a collection of books for carers which can be borrowed or reserved free of charge. Libraries also stock the Books on Prescription collection.¹⁸

Local carer-specific services and support

The City of London Corporation commissions its own carers' service from an organisation called Elders Voice, known as City Carers' Service. City Carers' Service provides support, information and advice to adult carers and can help them to find practical and emotional support around their caring role. It holds a monthly carers' support group in the morning at Tudor Rose Court, Barbican and occasional activities throughout the year, particularly during Carers Week.

Universal support services

City 50+ is a service provided by Toynbee Hall for people aged over 50 and living in the City of London. It provides signposting and specialist advice and support with a range of issues. This could be one off support or regular involvement through coffee mornings and social activities.

St Luke's Community Centre in Islington works with people aged 55 and over, including some City carers. It offers people a space to drop in and learn new skills, receive help and advice and make new friends. It also offers a Men's Shed service which is a dedicated space and programme of activities for older men living in Islington and the City of London.

City Advice offers a range of services for anyone living, working or studying in the City of London including information, advice, signposting and advocacy on a range of issues such as welfare benefits, employment, housing and health.

The City of London Volunteering Service provides a befriending service for people who are housebound or isolated.

¹⁸ <http://reading-well.org.uk/>

5. Consultation and engagement

5.1 Survey of Adult Carers in England

In 2014/15, the City of London Corporation participated in the Survey of Adult Carers in England. This mandatory biennial survey captures carers' thoughts and opinions on a variety of topics that are considered to be indicative of a balanced life alongside their caring role. Results are used to inform national policy.

Carers are asked six questions about their quality of life and the table below summarises the results for each of these. Please note that the City of London sample size is low (20-25 carers in 2012/13 and 26-28 in 2014/15) so it is difficult to generalise for the whole population.

Subject	Positive statement	2012/13	2014/15	Change
Occupation	I'm able to spend my time as I want, doing things I value or enjoy	34.8%	15.4%	↓
Control	I have as much control over my daily life as I want	45.5%	35.7%	↓
Personal care	I look after myself	61.9%	66.7%	↑
Safety	I have no worries about my personal safety	95.5%	96.4%	↑
Social participation	I have as much social contact as I want with people I like	60.9%	46.4%	↓
Encouragement and support	I feel I have encouragement and support	57.1%	57.7%	↑

Results from the Adult Survey of Carers in England; Source: HSCIC (2013, 2015)

The table below shows some of the other results from the survey. A number of indicators have fallen since 2012/13, but this is particularly significant for the proportion of carers who reported that they had as much social contact as they would like.

Indicator	2012/13	2014/15	Change
Proportion of carers who reported that they had as much social contact as they would like	60.9%	46.4%	↓
Overall satisfaction of carers with social services	55.6%	54.2%	↓
The proportion of carers who report they have been included or consulted in discussions about the person they care for	84.6%	78.3%	↓
The proportion of carers who find it easy to find information about services	78.6%	82.4%	↑

Results from the Adult Survey of Carers in England; Source: HSCIC (2013, 2015)

5.2 Carers' strategy engagement

In developing this strategy, a series of engagement activities with carers and other stakeholders were held to understand everyone's views and experiences:

Method	Number of responses/attendees
A survey of key stakeholders	6 people including members of the Adult Social Care team, voluntary sector and estate management
Stakeholder focus group	3 people working in the voluntary sector
A survey of carers	35 unpaid carers
Focus group with carers	6 unpaid carers

The carer survey and focus group asked questions about the caring journey – from becoming a carer through to when caring changes – and sought people's views and experiences of being a carer in the City of London and using the services that are available to them.

Key findings from the engagement activities included:

- The City of London Corporation has raised the profile of caring in the City, increasing the number of known carers
- City Carers' Service is doing its best but there could be more flexible support offered and outreach work
- Carers on the east side of the City have the most difficulty accessing support services of all City carers
- A new carers' strategy will offer a fresh perspective on what's being done already and identify strategies to find hidden carers
- Carers were not always aware if they had had a carer's assessment
- Some carers who had an assessment felt that they could not be honest in front of their cared for
- An improved information provision for carers and better communication would make best use of support that is already available
- Some carers felt they did not get enough information at an early stage to allow them to carry out their role effectively
- Carers felt that better communication and more regular contact from services would help
- Two thirds of carers said that their GP is aware they are a carer, but more than half said their GP had not offered them information or signposting
- The Neaman Practice is considered proactive in identifying carers
- Care navigator role has proved to be an excellent resource to identify and signpost carers
- 35% of carers said that caring has had a negative effect on their physical health and 45% said it has had a negative effect on their mental health
- Three quarters of carers do not have an agreed emergency or contingency plan in place should they be unable to care and the future is a source of anxiety

- Support group model does not appeal to all carers and needs to be more flexible

6. Priorities

The six priorities for this new strategy have been developed following consideration of a number of factors:

- Consultation with carers and stakeholders in the City of London
- National and local outcomes for health and social care and carers' support
- National evidence of best practice

Each priority has 3-4 associated outcome measures that demonstrate what achievement of the priority will look like.

<p>Priority 1: Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for</p>
<p>Outcome measures:</p> <ul style="list-style-type: none"> • Carer identification is embedded across all services that have regular contact with people and families • Carers are identified at the earliest opportunity regardless of their own level of awareness • Carers are able to access information, advice and services to prevent, delay or reduce their needs for support and the needs of their cared for
<p>Why this priority?</p> <ul style="list-style-type: none"> • Identification and support of carers should be 'everybody's business' as carers come into contact with a wide variety of services and local venues • Supporting carers and their cared for at an earlier stage can lead to improved outcomes for carers and can save money on costly health interventions in the longer term • Data suggests that there are ten times as many carers in the City of London than have been identified by services • Many carers in the City told us that caring was something that happened gradually and they can spend a long time in denial
<p>Quotes from carers:</p> <ul style="list-style-type: none"> • "I wished when I took over the job...that there was a formalised mentoring system... one contact person who tells you about your role...at the moment you have to pick it up as you go along." • "I'm never quite sure what is a social services and what is a medical issue...I'm so glad I have a care-coordinator... if I have any questions I go to her." • "You don't know what you don't know."
<p>What we will do: We will:</p> <ul style="list-style-type: none"> • Embed mainstream carer identification across health, social care and other internal and commissioned services that have regular contact with people and families • Develop an outreach model for carers' support

- Develop the preventative support offer for carers that seeks to delay their own needs both as a carer and as a service user including information and advice, health screening, benefits checks and peer support
- Develop information and advice for carers available online through the City of London Corporation web site.

Priority 2: Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break

Outcome measures:

- Carers have access to integrated and personalised services to support them in their caring role and which offer choice and control
- Support for carers is tailored to their individually assessed needs and aspirations
- Services are accessible to all and consider the specific needs of different communities and groups of carers
- Carers are able to access support that allows them to take a break when they need to

Why this priority?

- The Care Act 2014 has further strengthened carers' rights to assessment and support including promoting their wellbeing
- Everyone's caring role and aspirations can be different and therefore the level and type of support that's needed will vary from person to person
- There should not be an institutional assumption that carers are willing and able to provide care

Quotes from carers:

- "My mum wouldn't go into respite, even when I was in hospital... the cleaner stayed for a couple of nights."
- "No one asked me, how are you doing?"
- "There was no conversation about me and my role."
- "I don't have any free time, I take time out."

What we will do:

We will:

- Ensure carers' assessment process is Care Act compliant
- Develop the carers' personal budget process including an e-marketplace solution
- Ensure processes are in place that allow carers to take a break from caring for a one off, short term or longer term need.

Priority 3: Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised

Outcome measures:

- Carers are respected as expert care partners throughout the care process and treated with respect and dignity
- Carers are actively and positively involved and consulted in the care and

<p>support provided to their loved ones</p> <ul style="list-style-type: none"> • Carers are involved in the planning and design of local services
<p>Why this priority?</p> <ul style="list-style-type: none"> • Carers should always be involved in assessments of adults with care and support needs if they are providing care to meet that person's needs • Carers hold a great deal of knowledge about their own needs as well as the needs of the person they care for that is vital to support a better understanding • Assessments and support plans should have regard to the needs of the whole family.
<p>Quotes from carers:</p> <ul style="list-style-type: none"> • "Didn't realise I was caring, it was just there." • "Institutional assumption that you will provide care." • "No plan, they just ask you questions and you answer to the best of your ability, but nothing after that." • "It goes back to the other question that it depends what you feel able to say in front of the other person."
<p>What we will do: We will:</p> <ul style="list-style-type: none"> • Involve carers in assessment and care planning • Develop a training programme for carers that considers their needs as part of a wider workforce • Develop informative and interactive events for carers.

<p>Priority 4: Carers are supported to improve and maintain good physical and mental health and wellbeing</p>
<p>Outcome measures:</p> <ul style="list-style-type: none"> • Opportunities to promote, improve and maintain carers' physical and mental health are embedded across all services including a wider range of local health services • Carers are provided with all the information and support they need to stay healthy and well and make positive lifestyle choices • Carers are supported to ensure their caring role is not putting them at risk and they have all the information they need to care safely
<p>Why this priority?</p> <ul style="list-style-type: none"> • Local and national research shows that carers are significantly more likely to be in poor physical and emotional health than those without caring responsibilities and that this gets worse as the caring role intensifies • Carers are much more likely to be able to sustain their caring role if they are in good health • A third of carers who completed our survey indicated that caring had had a negative impact on their physical health and almost a half indicated that it had had a negative impact on their mental health
<p>Quotes from carers:</p> <ul style="list-style-type: none"> • "You don't know often what the problem is that you have... you have to learn as you go along... I want someone who knows what they're talking about to

tell me what to do."

- "I have a continual problem with tiredness, it's usually my fault as I stay up late...but hey it's free time."

What we will do:

We will:

- Ensure consistent support for carers at GP practices, in particular those based outside of the City
- Extend social prescription model to carers and offer support through community venues
- Target carers for preventative public health programmes
- Offer a web of emotional support to suit a wider group of carers.

Priority 5: Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life

Outcome measures:

- Opportunities to improve carers' individual social and economic wellbeing are embedded across all services
- Carers are able to have their own life alongside their caring role and avoid becoming socially isolated
- Carers are able to access support to enable them to fulfil their educational and employment potential
- Carers are supported to maximise their income and access information and advice related to their financial situation

Why this priority?

- Local and national research shows that carers are far less likely to be in employment than non-carers and that this gets worse as the caring role intensifies
- National research shows that carers are facing serious and lasting financial consequences due to the extra costs of caring
- Carers in the City told us that caring had negatively impacted on their employment, leisure time and social life
- Less than half of City's carers who participated in the Survey of Adult Carers in England 2014/15 said they have as much social contact as they want and this figure has got worse since 2012/13

Quotes from carers:

- "...trapped by this financial hole that you can't get out of."

What we will do:

We will:

- Ensure carers' assessments and support planning promote carers to have a life of their own outside of caring
- Develop a 'carers' card' offering local discounts and emergency support
- Encourage carers to access income maximisation services
- Support working carers through corporate responsibility links.

Priority 6: Carers are supported to cope with changes and emergencies and to plan for the future, including when the caring role is coming to an end and to have a life after caring

Outcome measures:

- Carers are provided with information, tools and strategies at an early stage to prepare them for changes in their caring role and emergency situations
- Carers are treated in a sensitive manner and provided with support when their caring role comes to an end
- Former carers are supported to transition into mainstream services
- Young carers and parent carers are prepared for the transition into adult carers' support services and supported through the process

Why this priority?

- In line with City's Dementia Strategy, carers should be fully supported through end of life care, be involved in planning and have access to advice and support
- Three quarters of carers said they did not know what they would do if they were unable to care

Quotes from carers:

- "You find by bitter experience what works and what doesn't work."
- "I think it's the emergency thing, supposing I died first, knowing that services are there to provide an emergency system to sort things out... I would have confidence and faith in them."

What we will do:

We will:

- Offer contingency planning as part of the assessment and review process
- Develop an emergency/future planning scheme for carers
- Support carers when their caring role comes to an end
- Support carers to have a life after caring
- Supporting young carers and parent carers during transition.

7. Glossary

Carer

A carer is anyone who cares, unpaid, for a friend or family member who is older, disabled or seriously ill. Unpaid carers are sometimes mixed up with paid carers, or care workers.

Carer's Allowance

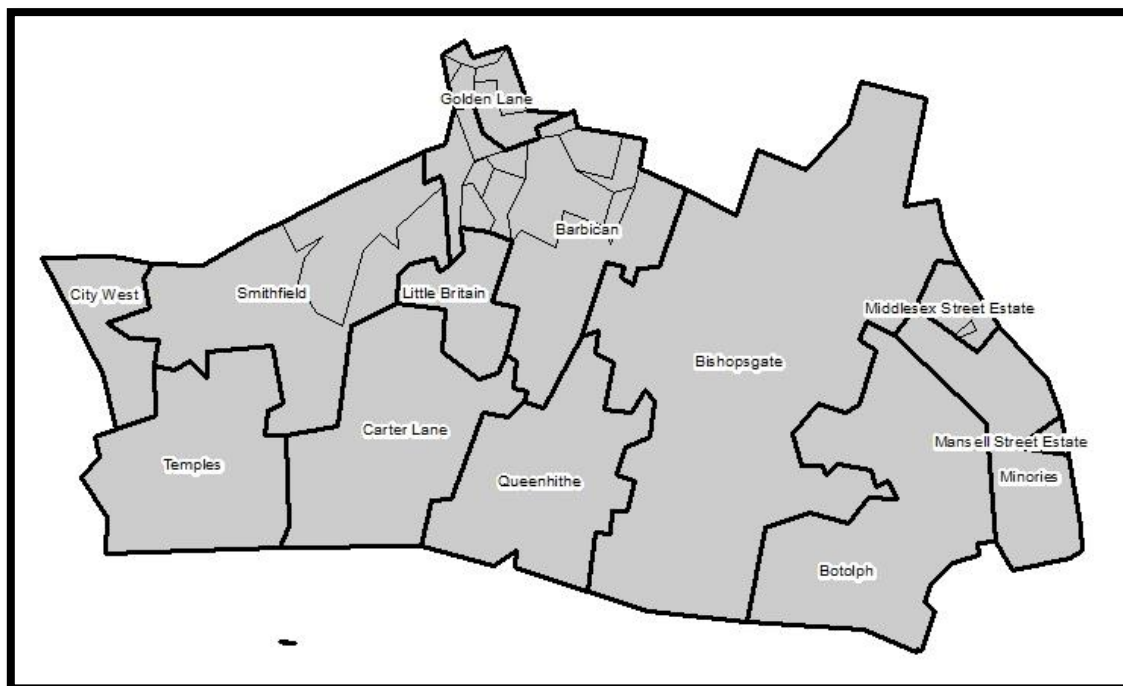
A taxable weekly benefit to help you look after someone with substantial caring needs.

Carers' Assessment

An opportunity for carers to discuss how caring affects their life and the support or services they need to be able to carry on caring, if they are willing.

Census Resident Zone

It is not practical to analyse geographical data at ward level for the City of London, where the wards are primarily made up of business voters and the residential population is low. Therefore, Census Resident Zones have been created for the purposes of analysis, which are based upon aggregation of Output Areas. Output areas are the lowest statistical levels upon which Census data is published. The map below shows the 13 Census Resident Zones in the City of London.



Map of the City of London showing 'Census Resident Zones'
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Commissioning

The process of ensuring that the right local services are available to meet people's needs.

Eligibility

The national eligibility criteria set a minimum level for adult care and support and carer support. All local authorities must at a minimum meet people's needs at this level.

Integrated care and support

A partnership in which health and social care work together, putting the needs and experiences of people, their carers and families at the centre of how services are organised and delivered.

Outcome

The result that happens or is expected to happen following provision of care and support.

Parent carer

Parents or carers of a child with a disability or additional needs. Parent carers have generally been recognised to be supporting children and young people aged under 18.

Personalisation or personalised services

Personalisation is a social care approach which means that everyone who receives support, whether provided by statutory services or funded by themselves, will have choice and control over what that support looks like in any care setting.

Social prescription

Social prescriptions are about connecting people to non-medical sources of support to improve their health and wellbeing, for example, exercise, learning and self-help.

Transition

The process of change for young people with disabilities as they progress from childhood to adulthood.

Young carers and young adult carers

Young carers are children and young people who help to look after family members who have a disability, illness, mental health condition, or substance misuse issue. They often take on responsibilities that would not normally be expected of someone their age.