

## Carers: Summary

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- A carer is a person of any age, who provides unpaid support to a partner, child, relative or friend who couldn't manage to live independently or whose health or well-being would deteriorate without this help.
- The number of carers in the UK has increased significantly (11%) in the past ten years from 5.2 million to 5.8 million in England and Wales between 2001 and 2011. It is estimated that this number will continue to rise
- The 2011 census showed a 17 % increase in carers in Greenwich with a total of **22,014 (about 9 % of the population). Almost a quarter of these people provide a minimum of 50 hours care a week.**
- The local carers strategy estimates that the value of support provided by carers is in the range £3.1m- £6.25m per annum
- The national carers strategy, Caring for Carers was originally published in 1999 emphasising the importance of giving information, support and care to carers.
- This strategy was updated in 2010 with the document Recognised Valued and Supported: Next Steps for the Carers Strategy. This strategy outlines six key priorities outlining the importance of:
  - 1. Identification and recognition**
    - Every carer registered with adult social care services in Greenwich is entitled to a Carers Assessment and under 1200 receive an assessment i.e. just 4% of all estimated carers receive a service, information or advice. If all this advice was provided to those giving 50 plus hours per week this would mean a maximum of 15% would be receiving some form of services to help. An estimated 10% of carers are recognised by their GP practice.
  - 2. Realising and releasing potential**
    - It has been estimated that three in five people will become carers at some stage in their lives, the majority during their working lives (Department of Health November 2010) <sup>1</sup> yet currently only half of carers are in paid employment, many facing barriers to employment.<sup>2</sup>(Greenwich carers council strategy 2011)
  - 3. Supporting carers to stay healthy**
    - There is a clear correlation between caring and poor health that is proportional to the duration and the intensity of the caring role. Those providing high levels of care are twice as likely to have poor health outcomes compared with non-carers. <sup>3</sup>(Carers UK (2004) In poor health)

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<sup>1</sup> Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own. Guidance, Department of Health, 25 November 2010,403882,15179

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_122393.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122393.pdf)

<sup>2</sup> Greenwich council carers strategy AV 15Apr2011

<sup>3</sup> Carers UK (2004) *In poor health: The impact of caring on health* <http://tinyurl.com/in-poor-health>  
*In poor health: The impact of caring on health* <http://tinyurl.com/in-poor-health>

- Research studies of more diverse populations have reported that: older carers who report ‘strain’ have a 63% higher likelihood of death in a 4 year period than non-carers or carers not reporting strain <sup>4</sup>(Schulz R & Beach S. 1999. Providing high levels of care is associated with a 23% higher risk of stroke<sup>5</sup> (Haley WE, Roth DL, Howard G, Safford MM, stroke 2010)
  - Carers stated that caring had a negative impact on their physical health (83%) and mental health (87%), 39% have put off medical treatment because of caring.
  - Those providing high levels of care are twice as likely to have poor health outcomes compared with non-carers.<sup>6</sup>(Carers UK (2004))
- 4. A life outside caring**
- Respite for carers is essential; there are a number of voluntary organisations, providing short breaks in the Borough.
- 5. Developing the evidence base on supporting carers-**
- The Department of Health is currently running a large randomised control trial of Assistive Technology (telehealth and telecare) to help carers.
- 6. Supporting local delivery, transparency and local accountability.**
- Every carer registered with adult social care services in Greenwich is entitled to a Carers Assessment.
  - Between 2011 and 2015, as part of its Carers’ Strategy, nationally an additional £400 million has been provided by the government to improve support for carers of all ages.
  - The Princess Royal Trust for Carers, in partnership with the Royal College of General Practitioners (RCGP), has published a good practice guide that is available on the RCGP website. This highlights the needs of carers and their health.
  - The Greenwich Carers Centre (GCC) is a key partner in delivering services to Carers in the borough. It is commissioned to provide Information, Advocacy and Advice directly to Carers and runs the Carers’ Forum and other groups for carers and training courses.
- Planned service developments include commissioning of one-to-one support, peer support groups and day respite, and personalisation of services to give better access, choice and control through provision of information, advice and advocacy.

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<sup>4</sup> Schulz R & Beach S. Caregiving as a risk factor for mortality. *Journal of the American Medical Association* (1999) 282 (23): pp. 2215-2219

<sup>5</sup> Haley WE, Roth DL, Howard G, Safford MM. Caregiving strain and estimated risk for stroke and coronary heart disease among spouse caregivers. *Stroke* (2010) pp. 331-336

<sup>6</sup> Carers UK (2004) *In poor health: The impact of caring on health* <http://tinyurl.com/in-poor-health>  
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# Carers

What do we know about Carers?

## Introduction

A carer is a person of any age, who provides unpaid support to a partner, child, relative or friend who couldn't manage to live independently or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or a serious health condition, mental ill health or substance misuse. The role of carers can be extremely fulfilling and rewarding; carers provide an indispensable role in society and enable those they care for to maintain independence in their local community. Society has a duty to care for the carers.

The number of carers in the UK has increased significantly in the past ten years from 5.2 million to 5.8 million (by 11%) in England and Wales <sup>7</sup>(ONS census 2011). This increase is thought to be secondary to an ageing population, an ageing workforce and tighter public sector budgets for care and support services. The 2011 census showed a 17 % increase in carers in Greenwich with a total of 22,014 and this constitutes around 9% of the Greenwich population. (ONS census 2011)<sup>8</sup>

Our health and social care system depends on the support that carers provide. As such they provide a significant level of “free” care for people that may or may not have qualified for social care services. The local strategy estimates that the value of support provided by carers is in the range £3.1m- £6.25m per annum. (Greenwich local strategy April 2011)<sup>9</sup>

The caring role can be extremely physically and emotionally challenging, especially without recognition and appropriate support. It is vital that carers are identified and supported at the earliest possible stage so that they have access to the support they need.

## National Strategies

The national carers Strategy, Caring for Carers was originally published in 1999, highlighting the importance of giving information, support and care to carers. The strategy was reviewed and updated in 2010, as Recognised Valued and Supported: Next Steps for the Carers Strategy. In this strategy the Department of Health sought views from carers, on what they felt priorities should be over the next four years. Some of the key points highlighted were:

- The importance of respect and acknowledgment from health care professionals and social services. Carers felt they needed better and timely access to information- on the illness or condition of the person they are caring for; on appropriate caring; on accessing benefits and other support; and on financial and employment issues. Carers expressed they can often feel excluded by clinicians.
- Carers expressed they often feel forced to give up work to care.
- Carers often neglect their own health and need advice to maintain their wellbeing.

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<sup>7</sup> 2011 Census, ONS

<sup>8</sup> 2011 Census, ONS

<sup>9</sup> Greenwich council carers strategy AV 15Apr2011

- Carers need breaks from caring in order to sustain their role as a carer.
- Carers feel that the value of the Carer's Allowance is inadequate, the rules around overlapping benefits are unfair and the earnings limit is a disincentive to work;
- Carers feel more should be done to identify and support young carers.

With the above points in mind the updated strategy outlines six priorities;

1. **Identification and recognition**- identifying and recognising those in a care position early so that more can be done to support them.
2. **Realising and releasing potential**- empowering those carers who wish to achieve education and employment.
3. **Supporting carers to stay healthy**- Supporting carers' mental and physical wellbeing.
4. **A life outside caring**- Providing a personalised approach to enable carers to have a more balanced lifestyle.
5. **Developing the evidence base on supporting Carers**- Previous research, (Department of Health, 25 November 2010) shows that effective support to carers goes beyond a single intervention and encompasses good quality mainstream services, and sensitive and carer-aware professional practice.
6. **Supporting local delivery, transparency and local accountability.**

These priorities will inform the structure of this section of the JSNA.

## Facts and figures

### Identification and recognition

As outlined in the national strategy early identification and recognition of the contribution of carers is essential. Carers should be involved in designing local care provision and in planning individual care packages.

According to the 2011 Census there were 22,014 people (9%) in Greenwich providing some measure of unpaid care. With just under a quarter of these (5,410) providing a minimum of 50 hours of care per week.

As demonstrated in Table 1, there has been a considerable rise nationally and in Greenwich of those providing over 20 hours of care a week. Such care responsibility has a significant impact on the ability to hold down paid employment as well as having significant impact on the carer's health and wellbeing.

**Table 1: Increase in provision of unpaid care, 2001-2011, Greenwich, England and Wales.**

Area	Total number of carers 2001	Total number of carers in 2011	% increase in 10 years.	Number and % increase of those providing 1-19 hours care	Number and % increase of those providing 20-49 hours care	Number and % increase of those Providing 50 plus hours care.
<b>England and Wales</b>	5,217,805	5,800,246	11%	3,665,072 3%	775,189 35%	1,359,985 25%
<b>Greenwich</b>	18,797	22,014	17%	13,085 8 %	3,519 55%	5,410 24%

Source ONS census data 2011

The Quality and Outcomes framework<sup>10</sup> has an indicator that relates to the identification of carers registered in GP practices. However a large proportion of carers are not being recognised by their GPs. Less than 1% of practice lists are identified as carers compared to approximately 10% of the population being carers.<sup>11</sup> (2001 Census and 2009/10 Household Survey) The annual flu vaccine campaign can be a good time to encourage carers to identify themselves.

In 2011/12 Royal Greenwich carried out 1131 Carers Assessments and provided a service, information or advice to 809 carers. This means that under 4% (809/22014) of all the estimated carers in Greenwich received some type of support or assessment and a maximum of 15% (809/5410) of those providing care for 50 hours a week or more (assuming that all the care, information and advice was to those providing 50 plus hours per week which is unlikely).

The small number of carers' assessments is likely to be in large part due to the fact that services that were previously badged as "carers' services" are now included in service users' care packages. As a consequence, the number of carers that are offered or choose to take up an assessment has fallen because they will not qualify for any further support, albeit that the total level of care and support being provided will not have changed.

Annual Carer Assessments are the responsibility of social services and are fundamental to identifying carer's needs such as gaining employment or education; having a balanced lifestyle and staying healthy (see below) and determining how these needs can be met.

<sup>10</sup> Quality and Outcomes Framework (QOF) the framework for paying additional incentive payments to GP practices for key policy work or public health work

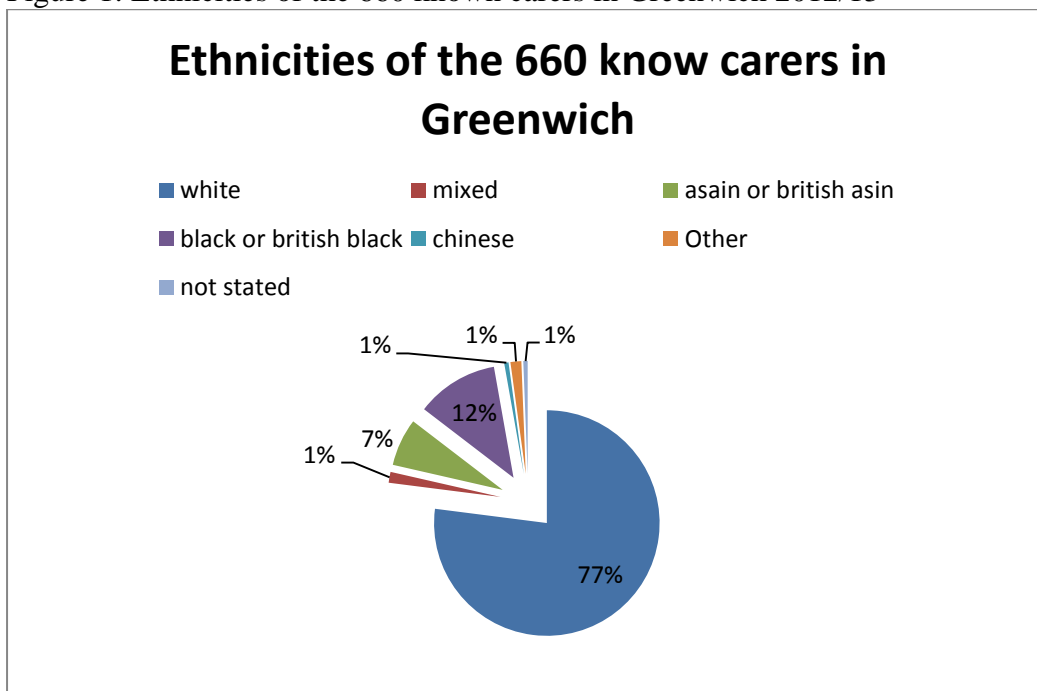
<sup>11</sup> 2001 Census and 2009/10 Household Survey.

The Carer’s (Equal Opportunities) Act April 2005, places a duty on local authorities to ensure that all carers know that they are entitled to an assessment of their needs.

The Personal Social Services User Experience Survey of Carers is a statutory survey undertaken by all local authorities nationwide. All eligible carers in the Greenwich borough were sent a survey for 2012-13. Eligible carers are those aged 18 or over, who are helping or looking after someone aged 18 or over and who have been assessed or reviewed, either separately or jointly with the cared for person during the 12 months prior to the sample being extracted. In Greenwich 660 carers were sent a survey, of those 322 (48.8%) completed the survey. The eligible carers who were sent the survey equates to 3% of the people that self-identified themselves as a carer in the 2011 census. Out of the 660 eligible carers in Greenwich 32% are male and 68 % were females. Just over 60% were aged 18-64, 31% were 65 and over remaining 9% were unknown.

Figure 1 shows the ethnicity of the eligible carers.

Figure 1: Ethnicities of the 660 known carers in Greenwich 2012/13



Source: The Greenwich Personal Social Services User Experience Survey of Carers 2012/13

### Trends

The 2011 census shows a marked increase in carers in Greenwich and nationally.

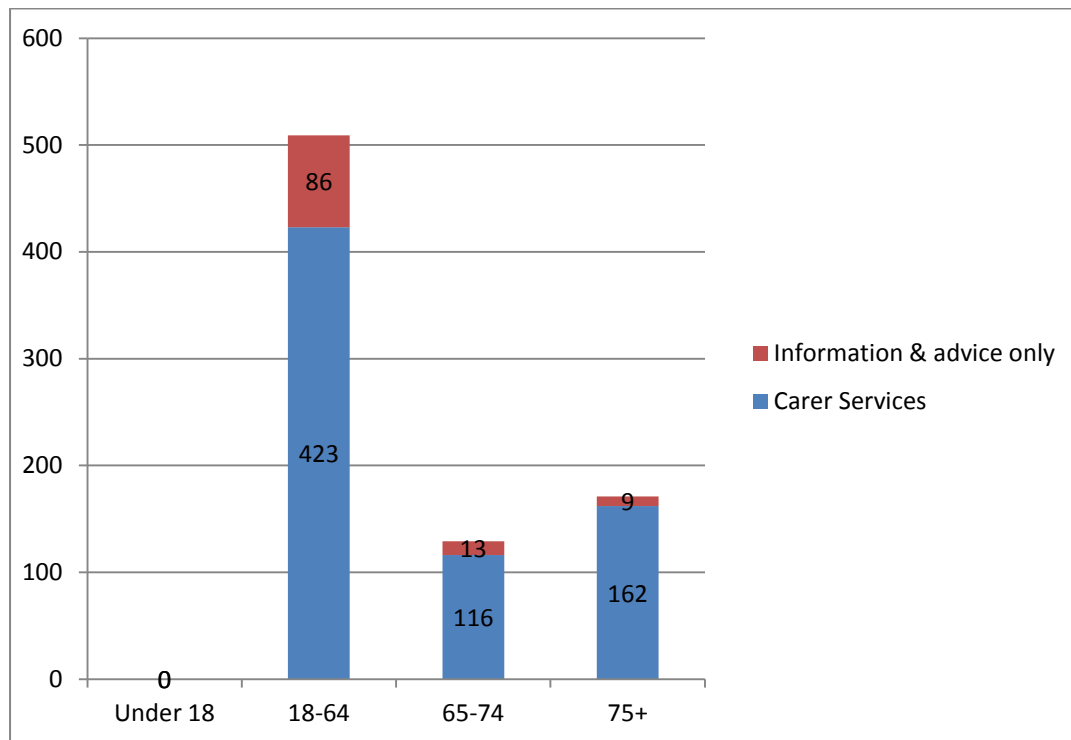
Heléna Herklots Chief Executive of Carers UK said:

“Caring is a growing issue as our population changes and ages. An increase of 11% in carer numbers is a really significant rise. We are going to see many more families struggling and becoming physically, emotionally and financially overwhelmed by caring as their health suffers, as they fall out of employment and as their relationships are pushed to breaking point because they cannot get the right support. At a time when public finances are the tightest they

Source: Greenwich JSNA 2013/14 “Closing the Gap.” Public Health & Well-Being, Royal Borough of Greenwich.

have been for decades and with local authority and welfare budgets under pressure – not to mention families’ own finances - it is vital that carers receive the fullest support possible.”

**Figure 2: Carers Services - Broken down by age group of the Carer. 2011/12**



Source: RAP return (Referrals, Assessments and Packages of care) RBG

Figure 2 shows the age breakdown of the carers known to social services (but these represent just 4% of all carers who self- identified in the 2011 census and therefore provide a snapshot of those who are coming forward for services rather than necessarily reflecting the profile of all carers in Greenwich).

The Greenwich Carers Strategy notes that the average age at which people who take on a caring roles is between 55 and 59. The strategy outlines that because of this age profile, if a carer gives up work to care, they find it harder to return to work after a period of caring.

Typically women are more likely to be a carer than are men. Overall 58% of carers are women and this rises to 62% for carers of pensionable age.

The local strategy outlines that those in a lesbian or gay relationship who are carers face additional barriers in accessing service because their relationship may not be recognised or the service offered may not be culturally acceptable.

Carers are a minority group within their own right; they are made up of a diverse group of people with different needs. Examples include those who care for people with;

Source: Greenwich JSNA 2013/14 “Closing the Gap.” Public Health & Well-Being, Royal Borough of Greenwich.

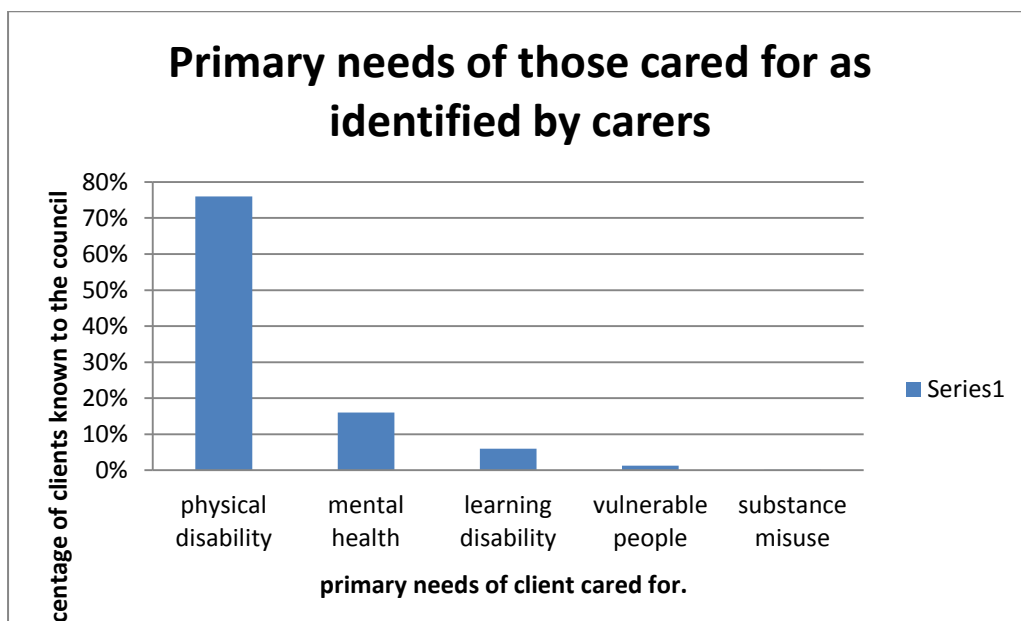
- Learning disabilities
- Physical disabilities
- Sensory impairment
- Mental health problems
- Substance misuse
- Long term illnesses
- Adults, older people
- Young carers

It is fundamental to identifying and recognising the needs of different groups of carers in order to improving support and services available for them.

For example research shows that carers of people with dementia experience greater strain and distress than carers of other older people. 52% of carers for people with dementia are not getting sufficient support to enable them to carry out their caring role.<sup>12</sup>(Alzheimer’s Society,2012). Other carers, such as those caring for people with mental health or substance misuse problems, may provide less physical tasks, but provide a great deal of emotional support.

Figure 3 shows the breakdown of the primary needs of those being cared for as identified by their carers in the Personal Social Services User Experience Survey.

Figure 3: Primary need of the clients that are cared for, as identified by the carers in Greenwich 2012/13



Source; The Greenwich Personal Social Services User Experience Survey of Carers 2012/13

<sup>12</sup> [http://www.alzheimers.org.uk/site/scripts/document\\_pdf.php?documentID=546](http://www.alzheimers.org.uk/site/scripts/document_pdf.php?documentID=546) Carer support.



According to the Greenwich Carers Strategy in April 2011 there are an estimated 2,000 young carers in the borough. Young carers are a particularly vulnerable group, recognition and support for young carers can be particularly important. Very often they mature beyond their years; they may also have a difficult time playing and socialising with their peers, due to time constraints or lack of parental support. These factors may contribute to high levels of bullying reported among young carers. Caring can also have a negative impact on education. Little is known about the health implications for young carers. The primary care teams and the council have a responsibility to young carers to ensure they are well supported, enabled to grow and develop normally and are not required to take on inappropriate caring roles.

## **Realising and releasing potential**

The Caring for Carers priority for carers to realised and release their potential outlines the importance of carers to fulfil their educational and potential needs. It has been estimated that three in five people will become carers at some stage in their lives, the majority during their working lives.( Department of Health, November 2010) <sup>13</sup> Yet currently only half of carers are in paid employment, many facing barriers to employment.<sup>14</sup> Greenwich Carers strategy, April 2011) Carers that want to work should be supported to do so.

This is a particular focus for young carers. It has been outlined that more needs to be done to identify and support young carers – in particular schools need be more carer aware, supportive and understanding towards their needs.<sup>15</sup> (Association of Directors of Adult Social Services and Association of Directors of Children’s Services (2009))

The Princess Royal Trust for Carers and the Children’s Society have produced a pack to help schools develop young carer policy’s. (The Princess Royal Trust for Carers and The Children’s Society (2010) )<sup>16</sup>The Department for Education and Department of Health are working with the National Young Carers Coalition to develop an e-learning module to enable schools to identify and support young carers. Local young carer services have also broadening the support they offer to meet the needs of young adult carers.

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<sup>13</sup> Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own.Guidance, Department of Health, 25 November 2010,403882,15179  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_122393.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122393.pdf)

<sup>14</sup> Greenwich council carers strategy AV 15Apr2011

<sup>15</sup> Association of Directors of Adult Social Services and Association of Directors of Children’s Services (2009) *Working together to support young carers: A model memorandum of understanding between Statutory Directors for Children’s Services and Adult Social Services. Working together to support young carers: A model memorandum of understanding between Statutory Directors for Children’s Services and Adult Social Services*<http://tinyurl.com/supporting-young-carers>

<sup>16</sup> The Princess Royal Trust for Carers and The Children’s Society (2010) *Do you care? Supporting young carers: A resource for schools*  
<http://tinyurl.com/supporting-young-carers-prtc>

## Health inequalities

### Supporting carers to stay healthy

The role of caring can have significant impacts on people's mental and physical health. Those providing high levels of care are twice as likely to have poor health outcomes compared with non-carers. (Carers UK (2004))<sup>17</sup> Carers often ignore their own health problems to fulfil their caring roles. It is associated with high levels of stress, anxiety and frustration. Depression can be related to financial worries, social isolation and loss of confidence and self-esteem.

Research on of carers has consistently demonstrated that caring has a distinct adverse effect on psychological health:

- 40% of carers have significant distress and depression levels.<sup>18</sup>( Pinquart M, Sorensen S. 2003)
- Carers providing more than 20 hours of care per week over extended periods have twice the risk of experiencing psychological distress over a two year period than non-carers. There is a clear correlation proportional to the duration and the intensity of the caring role; the effects are evident beyond the end of caring episodes.<sup>19</sup> (Hirst M 2005)

Effects on physical health are less clear as many surveys are self-reported and not representative of all carers. Research studies using more diverse populations of have reported: Older carers who report 'strain' have a 63% higher likelihood of death in a 4 year period than non-carers or carers not reporting strain<sup>20</sup>. (Schulz R & Beach S. 1999). Providing high levels of care is associated with a 23% higher risk of stroke.<sup>21</sup>(Haley WE, Roth DL, Howard G, Safford MM, 2010)

In 2012 a partnership of eight charities set out to explore through an online survey, the impact of caring on carers' health and well-being. In addition, the charities wanted to explore the extent to which carers were able to access services and if the cuts to social care were having an effect.<sup>22</sup> (Age UK, 19 June 2012)

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<sup>17</sup> Carers UK (2004) *In poor health: The impact of caring on health* <http://tinyurl.com/in-poor-health>  
*In poor health: The impact of caring on health* <http://tinyurl.com/in-poor-health>

<sup>18</sup> Pinquart M, Sorensen S. Differences between caregivers and noncaregivers in psychological health and physical health: a meta-analysis. *Psychology and Aging* (2003) 18 (2), pp. 250-267

<sup>19</sup> Hirst M. Carer distress: A prospective, population-based study. *Social Science & Medicine* (2005) 61, 697-708.

<sup>20</sup> Schulz R & Beach S. Caregiving as a risk factor for mortality. *Journal of the American Medical Association* (1999) 282 (23): pp. 2215-2219

<sup>21</sup> Haley WE, Roth DL, Howard G, Safford MM. Caregiving strain and estimated risk for stroke and coronary heart disease among spouse caregivers. *Stroke* (2010) pp. 331-336

<sup>22</sup> *Age UK, 19 June 2012 - Publisher: Age UK - Publication type: Evidence summarie*

Below are some of the key findings from the Age UK survey of almost 3,400 carers:

- 84% of carers that responded never expected to be a carer
- carers stated that caring had a negative impact on their physical health (83%) and mental health (87%)
- 39% have put off medical treatment because of caring
- 37% of carers aged 18-64 had to give up work because of caring responsibility.
- 64% identified a lack of practical support and 50% stated that a lack of financial support had had an impact. Cuts to public spending are also having an impact on carers and causing additional stress and anxiety.

Much less is known about the health of young carers. However they may report:

- anxious or stressed
- physical injuries as a result of caring duties.
- missing healthcare appointments
- poor diet because of financial constraints on the
- behaviour problems, particularly self-harm<sup>23</sup> (Becker F, Becker S., 2008)

In the “In sickness and in health” survey only 23% of carers who responded to the survey reported having been offered a health check by their GP and the majority said finding time for an appointment was an impossible task.<sup>24</sup> (Age UK, 19 June 2012)

“Older carers see it as their duty to devote their lives to caring for their partner and are willing to sacrifice their life to fulfil this responsibility. Lack of mobility and being housebound in their caring duty affects their mental and physical health.”<sup>25</sup>  
(Department of Health, 25 November 2010)

Carers are not themselves classified as housebound but for many their ability to attend health care and social care appointments can be as limited as it is for those they care for.

## What works?

### A life outside caring

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<sup>23</sup> Becker F, Becker S. *Young adult carers in the UK: Experiences, needs and services for carers aged 16-24* (2008). The Princess Royal Trust for Carers. Accessed via: <http://static.carers.org/files/yac20report-final-241008-3787.pdf>

<sup>24</sup> *Age UK, 19 June 2012 - Publisher: Age UK - Publication type: Evidence summarie*

<sup>25</sup> Quote from a carer at the heart of 21st century families and communities: a caring system on your side, a life of your own. Guidance, Department of Health, 25 November 2010,403882,15179. [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_122393.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122393.pdf)

This priority of identifying a life outside caring outlines the importance of personalised support both for carers and those they support, enabling them to have a family and community life.

## **Respite**

Carers often have to give up work and other activities for social integration leading to isolation and social exclusion. Respite for carers is essential. The “In sickness and in health” survey for carers showed that 66% of carers thought their health would be improved by more regular breaks from caring.

In Greenwich there are currently 72 people that use the respite service at Kemsing Road. In addition people in the Shared Lives service (formerly known as Adult Placement) have access to respite. There are approximately 50 people in that service.

There are a number of voluntary organisations, providing short breaks in the Borough including:

- Greenwich Crossroads
- Greenwich Volcare
- Greenwich Mencap
- Greenwich Carers Centre (GCC)

These are funded or part funded by Greenwich Council. According to the 2011 Greenwich strategy, all these organisations would like to expand their capacity and services to provide more hours, but require additional funding. Some additional organisations providing support to carers may be unrecognised e.g. BME groups.

## **Supporting local delivery, transparency and local accountability**

The Carer’s Equal Opportunities Act, April 2005, emphasises it is the responsibility of the local authorities to ensure that all carers know that they are entitled to an assessment of their needs, and that carer's outside interests should be considered when carrying out this assessment.

### Financial support

Every carer registered with adult social care services in Greenwich is entitled to a Carers Assessment. If the impact of a person’s caring role is assessed as substantial or critical they will be entitled to a one-off, annual payment of £250 or £500 and from 2012/13, all carers that have an assessment will receive at least £50 regardless of the impact of their caring role.

Between 2011 and 2015, as part of the national Carers’ Strategy, an additional £400 million over the 4 years has been provided in allocations made to Primary Care Trusts in England (and commissioning consortia subsequently) to improve support for carers of all ages. Councils also receive a Carers’ Grant within their General Local Government Allowance Grant, rising in line with inflation from 2011-15. Some authorities are using this money to

work with GP practices to reach and support carers.<sup>26</sup> In Greenwich the allocation in 2012/13 was £681,000 for additional work with carers (Royal college of General practitioners, 2011)

### Medical support

General Practitioners are in an ideal position to support carers; they should be made aware of patients with caring responsibilities so that they can keep a note on their medical records to monitor their physical and emotional wellbeing. The Princess Royal Trust for Carers, in partnership with the Royal College of General Practitioners (RCGP), has a Published good practice Guide that are available on the RCGP website (Royal college of General practitioners 2011). These highlight the needs of carers and carers health.<sup>27</sup> The guidelines highlight the importance of GPs to:

1. Just listen.
2. To screen for depression.
3. To ask about finances
4. To signpost services.
5. To help in planning for emergencies.

Carers can play an indispensable role in supporting health care staff in planning care and providing information on those they care for. Both health and social care professionals should respect, inform and involve carers more as expert partners in care.

As part of the QOF (Quality Outcomes Framework for payments to GPs for quality measures) practices used to receive additional money for identifying carers

**QOF indicator Management 9** The practice has a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment

The Carers Trust estimates that just 1 in 10 carers are recognised by their GP practice currently and are concerned about the proposal that from 2014/15 this organisational QOF indicator will no longer receive financial incentive payments. Practices instead will be expected to use their judgement to record appropriate details about carers.

The current NHS health checks targeting those 40 to 74 year olds should help carers, among others, stay well for longer. Difficulties in caring for their own health may limit carers ability to access these health checks, the guidelines emphasise the importance of flexible appointments for carers. The guidelines also emphasise the importance of flexible appointments for carers.

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<sup>26</sup> <http://www.rcgp.org.uk/clinical-and-research/clinical>

<sup>27</sup> <http://www.rcgp.org.uk/clinical-and-research/clinical>

## Community support

The Greenwich Carers Centre (GCC) is a key partner in delivering services to Carers in the borough. It is commissioned to provide Information, Advocacy and Advice directly to Carers and runs the Carers' Forum, and other groups for carers and training courses. From 2012/13 GCC has been responsible for carrying out the majority of Carers Assessments.

The Carers' Forum run by the Greenwich Carers' Centre provides opportunities for carers to come together, share their experiences and also to engage with commissioners and service providers.

Carer centres and other services for carers provided by carers charities are an extremely valuable source of help and support. Full details of the wide range of services run by the Greenwich Carers Centre are listed on their website:

<http://www.greenwichcarerscentre.org/>

## Planned improvements

From 2012/13 responsibility for administering the Carers' Development Fund (the additional money that the DH had allocated) has passed from the PCT to the Council. The allocation for Greenwich in 2012/13 was £681,000. The funding is intended to purchase services that directly benefit carers. The specific services that will be commissioned will include one-to-one support, peer support groups and respite through the provision of additional day opportunities for service users.

Personalisation of services aims to ensure that services are accessible to all, and that everyone in the community has more choice and control through provision of information, advice and advocacy. The shift to personalised care provides opportunities for small businesses and social enterprises to tailor services to support individual, family and carers' needs – whether funded by the State or self-funded.<sup>28</sup> ( Department of Health, 2008)

## Developing the evidence base on supporting Carers

The Department of Health is currently running a large randomised control trial of assistive Technology to help carers. There are 470 carers included in the study of over 6,000 participants. This programme aims to provide fully evaluated evidence of how telecare and telehealth can support people with long-term conditions to maintain or regain independence, to improve confidence and to reduce their dependence on carers and family members. Telecare uses a combination of alarms, sensors and other response equipment to help people live independently. This is done by monitoring activity changes over time and will raise a call for help in emergency situations. It is designed to support carers and people living alone.

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<sup>28</sup> 2008) *Informal care for older people provided by their adult children: Projections of supply and demand to 2041 in England*. Report to the Strategy Unit and Department of Health <http://tinyurl.com/informalcare-olderpeople>. *Informal care for older people provided by their adult children: Projections of supply and demand to 2041 in England*. Report to the Strategy Unit and Department of Health <http://tinyurl.com/informalcare-olderpeople>  
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The Telehealth system is aimed at people with long term health conditions such as diabetes, heart failure and/or chronic obstructive pulmonary disease (COPD). The system connects to the person's television via a set top box. Daily vital signs readings are taken and automatically fed into the unit. These results are viewed daily by health professionals who can take immediate and appropriate action if any abnormalities are detected. One of the principal themes of the evaluation will be to show how the technology can help carers by providing reassurance that the person they are caring for is being effectively supported.<sup>29</sup>

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