

By: Mr K Lynes, Cabinet Member for Adult Social Services
To: County Council – 13 December 2007
Subject: Select Committee: Carers in Kent

Summary: To receive and comment on the report of the Select Committee on Carers in Kent

FOR INFORMATION

1. Introduction

1. The Adult Social Services Policy Overview Committee proposed the establishment of a Select Committee to look at the some of the issues around support for Carers in Kent. This was agreed by the Policy Overview Co-ordinating Committee at its meeting in February 2007.

2. Select Committee Process

Membership

(1) The Select Committee commenced its work in June 2007. The Chairman of the Select Committee was Mr Leslie Christie, other members being Mr Alan Chell, Mr Jeff Curwood, Mrs Valerie Dagger, Mr Godfrey Horne, Mr David Hirst, Mr George Koowaree and Mrs Maureen Newell

Terms of Reference

(2) The Terms of Reference for this Select Committee Topic Review were to:-

- (a) consider what support carers require to assist them in their caring role, how needs are met and how this can be delivered
- (b) consider all carers, including young carers and hard to reach carers
- (c) understand what needs to change to improve outcomes for carers

This review considered a number of factors, including the following:-

- Accessing Support and identification of needs
- Carer Support Services (including respite and emergency care)
- Information for carers
- Involvement of carers

3. The Executive Summary of the Select Committee's report is attached for all Members of the County Council. If you wish to see a full copy of the report then please contact Angela Evans on 01622 221876 or email her at angela.evans@kent.gov.uk. Copies are available in the Information Point and in the Members Lounge.

4. The Cabinet received the Executive Summary and a presentation from a cross-party group of the Members who served on the Select Committee at its meeting on 3 December 2007.

5. Recommendation

The County Council is asked to note the report and thank the Select Committee for producing a relevant and balanced report.

Background Information: *None*

Mr K Lynes, Cabinet
Member for Adult Social
Services

Carers in Kent Select Committee

Executive Summary and Recommendations

Carers have identified a number of needs as crucial and fundamental in supporting them to continue to care. These include breaks from caring, adequate respite care for the person being cared for (the client), better services from both the local authority and health authority, access to information, and greater involvement in decision making relating to the client.

Information is a key priority as carers use it to have choice and control, access available services, claim benefits and understand the system. A common theme emerged was in relation to the difficulty people have of accessing the right information at the right time. Once Carers are 'in the system' or known to the Carer Support Organisations there was general consensus that access to information was good, it was more an issue of finding out about services in the first place or discovering what path to follow. Many carers are unaware of the services that are available from voluntary organisations and statutory bodies or how to access them. There was a clear need for co-ordination especially around where to go for help initially.

Communication is paramount and key messages to carers need to be repeated and targeted at, for example people new to caring and hidden carers. Improving awareness and early sign-posting of carer support organisations and targeting of information at carers in the first year of caring is crucial. As well as Social Services, the Health Sector, General Practices, and others such as pharmacies have a key role to play as they are most likely to be the first point of contact with many carers. Information, advice and support is a 24/7 requirement, but this is not currently available. The identification of hidden carers remains a priority, and is the joint responsibility of Social Services as well as education services and Health as early identification and referral to carer support services can prevent crisis and carer breakdown. An Adult Carers Strategy could have the potential to develop joint action to target hidden and new carers, and raise the profile of carers and carer support organisations, potentially pooling resources.

Carers need assessments backed up by preventative support, essential to sustaining the carer role. Carers needs often change due to changing circumstances and it emerged that these are often not identified or met before crisis. There is a need for a two way process between care managers and carers and to reinforce the relationship that exists, and a smoother process for regularity of reviews. There should be regular contact and carer reviews annually as a minimum.

KCC has developed and supported a wide range of preventative services and invested in/financially supported the Voluntary Sector, who provide a broad range of services to carers. The services provided by the Voluntary Sector are numerous and can appear fragmented, growing/changing over time in response to area needs and resources available. There is a perception that allocation of funds is also partly historic and does not take full account of the number of carers supported or service being provided. The services provided by the sector are highly valued but there is concern that many services have considerable waiting lists, with a lack of resources

to meet demand, increases in numbers referring and increased levels of need for support and distress.

Respite and short breaks are essential to carers welfare, providing a break and enabling many to continue to care. KCC has developed a system of short breaks and longer-term respite and sees its continued partnership and investment in the Voluntary sector as crucial. However it is clear that the quantity of respite provided in the locality is not enough for a substantial number of carers and that flexible respite options need to be extended further, and a more co-ordinated approach taken.

The development of a multi agency Adult Carers strategy and action plan is a clear priority. It would give a clear direction to commissioners about the future services that need continued support and those that need to be developed. It is important that all organisations acknowledge their responsibility for supporting carers and actively work together to do so. A broad range of issues has been identified by this review and there is an underlying need for a more strategic joined up approach to addressing them. Although the need for a multi Agency strategy was agreed in October 2006, there is little evidence of progress and should now be taken forward as a priority.

Young Carers are one of the most vulnerable group of children and young people for whom KCC has responsibility. The impact of being a young carer can be significant. Only a small proportion of Young Carers in Kent access the young carers projects and it is estimated that only a small proportion of young people accessing these projects are known to services. It is important to recognise that other than education, young carers may not access services provided by local authorities and are unlikely to have knowledge about services available. It was clear that many young carers remain unknown to their schools, and therefore are unsupported by them. Education has a key role in supporting young carers, especially as this may be the only service in contact with young carers. The Young Carers strategy 'Invisible People' was welcomed, and the recent development of an accompanying commissioning strategy to back this up should ensure that steps to improve support for young carers are evident on the ground.

The health sector has a key role to play through identifying carers and sign-posting carer support services/organisations, and it was clear that more could be done in partnership with General practices. The need to support carers of mental health patients was particularly highlighted especially at times of crisis and out of hours.

Confidentiality continues to be an issue. Carers reported that their views are not listened to, that there is a lack of information due to privacy laws, which can create barriers for carers and that carers of people with mental health needs find it difficult to access the support they need. Carers particularly expressed the need for support to help with coping strategies and the importance of improving communication with and for carers.

Recommendations to improve outcomes for carers

Communication and Access to information (6.0)

1. **Need to raise awareness and profile of carers and carer support services and make information available out of standard hours.** Initial contact is difficult, but once in the system information is readily available. Need to consider campaign about local services and find innovative ways to raise the profile of carers, where to find support and what support services are available. Access gateways to services need to be knowledgeable of services for carers in area. However raising the profile and access to information needs to be backed up by tangible support (whether financial, emotional or practical) to remain credible. The focus of information services should be reviewed to assess options for providing support and information outside of normal office hours.
2. **Promote single point of contact for carers** – Carers are often unaware of entitlements, support networks and help available and the diversity of sources of information are confusing and often overwhelming. Need simplified way to make contact for initial guidance, and possibility of a one-stop shop approach should be explored. It should be ensured that the contact centre has the knowledge to provide an effective point of contact for carers.

Carers Assessments (7.0)

3. **The involvement of the Carer Support Organisations at assessment and subject to carers consent sharing the statutory assessment should be considered,** and need to ensure carers are informed that they can have someone present at their assessment – e.g. a friend, advocate or interpreter.
4. **reviews or contact from Care managers should be regular with annual reviews as a minimum.** This issue needs to be addressed. Case management to have systems in place so improved contact and carers regularly asked if circumstances have changed and ensure reviews are carried out annually (as a minimum). There should also be a general target for time taken following a request for a review before it is undertaken.

Support Services (8.0)

5. **District Social Services Teams to address and overcome issues around call management** and ensure improvements are made around response and accessibility of team members.

Emergency Support for Carers (9.0)

6. **Emergency Card Schemes, backed up by emergency plans and response teams should be expanded and developed kent wide if the pilot is successful.** If successful a Kent Carers Emergency Card scheme, rather than individual district based schemes should be considered with a commitment to have an emergency plan for all carers, with every carer to be offered access to a scheme.

Respite and Short Breaks (10.0)

7. **KCC together with Health and VCO's need to ensure that provision of respite/breaks is flexible, of the right type and that provision meets the needs of carers as well as the cared for person.** It was clear that carers value this service and that there is simply not enough, and not always the right type of respite available to meet growing demand. There needs to be a multi agency plan and commissioning strategy to address identified issues and gaps, developing a more co-ordinated approach to access and provision of respite locally for carers. KCC to pursue with Health the need for **appropriate respite options for people with mental health needs and their carers and issues around levels of provision in the county.**

Adult Carers Strategy (11.00)

8. **Multi Agency Adult Carers Strategy to be progressed as a priority and agreed within a mutually agreed time frame, suggested within a year as a maximum.** The strategy needs to be realistic and developed through a commissioning plan.

Young Carers (12.00)

9. **Need to ensure that awareness is raised within schools to increase understanding of what it means to be a 'young carer' and to ensure that actions to support young carers within schools are identified and put in place.** Each identified young carer should have an education plan and also need to ensure that specific reference to young carers is incorporated in anti bullying policies.
10. **Consider the need for a clearly identified Lead for young carers on CSS operational front and education, alongside those for policy/strategy.** Carer support projects give opportunity to support young carers, and young carers to meet together and also provide a good contact point for services. Consideration should be given to having a young carers care manager, who could for example have a floating presence or contact with centre managers.
11. **Need to ensure clear responsibilities and care pathway for young carers between Adult Social Services, CFE education and CFE children social services and other agencies.**

12. Invisible People – the multi agency young carers strategy and accompanying commissioning strategy (currently in draft) should be implemented urgently and monitored to ensure objectives and targets are met. Regular updates on progress and issues should be reported to the Childrens Trust Board and Chief Executive/POC.

Health sector (section 13.0)

13. KCC in partnership with Health and the VCO's need to **improve understanding and signposting from Health sector** to available help and support for carers in the county. (Multi Agency action).

14. KCC to pursue with Health the **need to consider how carers of mental health patients (and service users) can be better supported, particularly at times of crisis and out of hours**. Access to response support service in crisis is a key issue for carers, and needed especially out of hours and for those not meeting CATT criteria, as timely support can prevent harm and further deterioration and increased pressure on the carer. Need to give consideration to response times, communication, and consider how Carers/families can be better supported, to enable them to cope more effectively with crises, psychotic episodes and emotional strain of caring.

NB: see also recommendation 7 on type and provision of respite services in the county. (respite was discussed in section 10.0 and 13.26)