



Carers in Harrow

Joint Commissioning Strategy & Action Plan
2018 - 2021

Contents

Page

1. Introduction	2
2. Vision Statement	2
3. Strategic Aim	3
4. National and local policy context	4
5. The local picture - Carers in Harrow	13
6. Consultation, Feedback and Engagement	18
7. Current Services for Carers in Harrow.	21
8. How We Are Currently Meeting Carers' Needs	28
9. Summary of findings	30
10. Future Demand	31
11. Monitoring and evaluation	31

Appendices.

A. Carers in Harrow – Joint Action Plan 2018-2021

1. Introduction

Supporting carers to care effectively and safely; to look after their own health and well-being; to fulfil their education and employment potential; and to have a life of their own alongside caring responsibilities are key priorities for Harrow Council and Harrow Clinical Commissioning Group (CCG). It is well known that most people are likely to be affected by or have caring responsibilities at some stage in their lives.

Harrow's carers are vital to the wellbeing and independence of thousands of vulnerable people. They are as diverse as the people of the borough, live in all parts of the borough including young people under the age of 18 and come from all sections of the community.

Some may have become carers recently, when a family member, partner or friend became frail or disabled, while others will have been caring for many decades. Some carers have given up paid employment; others are balancing employment or education and caring, while some will be grieving after the death of the person they cared for and trying to work out what that now means for their lives.

The caring role can be stressful, and isolating. Some people may not even recognise themselves as carers or know there is support available to them in their caring role and in their life outside of their caring. The demands of being a carer can affect a person's quality of life, their ability to study and work, their finances and their health. The Carers Trust reports that in a survey, carers providing more than 50 hours of care per week are twice as likely to report ill-health as those not providing care. Carers providing high levels of care were associated with a 23% higher risk of stroke. 17% of carers who had taken a break of more than a few hours experienced mental ill-health compared to 36% of carers who did not have such a break since beginning their caring role. Providing care can also have the following adverse effects: anxiety, stress, tiredness, and strain within family relationships, restrictions in social activities and relationships, and under-engagement in education.

Both Harrow Council and Harrow CCG are committed to delivering their vision for carers as outlined in Section 3. This joint strategy between the Council and the CCG has been developed with the help of Carers' Services, carers themselves (including adult, young adult and young carers) and key stakeholders.

2. Vision

The vision we have adopted in Harrow is the one stated in the national Carers Strategy and Action Plan 2014-2016 and the Carers Action Plan 2018. 'Carers will be 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'.

Our vision is underpinned by the following national priorities

- **Identification and recognition**- Supporting people with caring responsibilities to identify themselves as carers at an early stage and recognising and valuing their contribution. Involve carers in designing local care and individual care provision. Supporting professionals working with young people to identify and support young carers within their organisation.
- **Realising and releasing potential** - support young and adult carers to fulfil their education and employment potential
- **A life alongside caring** - ensure personalised support for carers and the people they support and ensure good quality information, advice and support is available.
- **Support carers to remain mentally and physically well** - Prevention and early intervention for carers within their local community and supporting carers to look after their own health and well-being.

In addition to these national priorities, the local vision and values for young carers are:

“Supporting Young Carers to be happy, healthy and successful, from the moment they start caring until they transition to adulthood, by working together.”

- Young Carers are children first: they will be protected from excessive or inappropriate caring responsibility
- Caring is an incredibly important service; to those cared for and to society in general. Young Carers should always be made to feel valued for what they do.
- Identifying and supporting Young Carers is the responsibility of all organisations in contact with them, or their families.

3. Strategic Aim

Harrow strategic aim for carers is in keeping with the National Carers Strategy to support carers and achieve the following outcomes:

- To be respected as expert care partners and will have access to personalised services they need to support them in their caring role
- Be able to have a life of their own alongside their caring role
- Be supported so that they are not forced into financial hardship

- Be supported to stay physically and mentally well and treated with dignity
- To improve the identification and support available to young carers to enable them to learn, develop and thrive to enjoy positive childhoods.
- To support families to ensure children and young people do not provide inappropriate caring.

4. National and Local Policy Context

The NHS Information Centre Survey of Carers in Households - England, 2009-10 showed carers performed a wide variety of tasks for the person they mainly cared for they were most likely to provide practical help such as:

- Preparing meals, shopping and doing the laundry - 82 per cent
- Keeping an eye on the person they cared for - 76 per cent
- Keeping them company - 68 per cent
- Taking them out - 62 per cent

4.1 Carers Action Plan 2018

In June 2018 the Government published its Carers Action Plan policy 2018-2020. The plan builds on the Carers Strategy 2015 to look at what more needs to be done to support the existing and new carers. The needs of carers will be central to the forthcoming social care green paper setting out long-term sustainable solutions for the social care system.

The plan aims to:

- Put a focus on current delivery and what is being done, or is planned, within government.
- To look for solutions to include businesses, local communities, the voluntary sectors and individuals.
- Support carers so they can gain employment, learn the skills they need and feel supported by the communities they live in.
- Increase the number of employers who are aware of caring and the impact this has on their workforce.
- Support health and social care professionals to be better at identifying, valuing and working with carers.
- Improve the evidence base on carers to inform future policy and decisions.

- Ensure that the needs of carers are recognised in relevant government strategies such as 'Fuller Working Lives', 'Improving Lives: the Future of Work, Health and Disability'.

Five primary themes were identified to raise awareness and improve the identification of carers so that their views are appropriately taken into account:

- Services and systems that work for carers
- Employment and Financial Wellbeing
- Supporting Young Carers
- Recognising and supporting Carers in the Wider Community and Society
- Building Research and Evidence to Improve Outcomes for Carers

4.2 Recognised Valued and Supported: next steps for the 'Carers' strategy. Department of Health (2010)

The strategy states that more should be done to identify and support young carers, with particular emphasis on involving and supporting schools to be more carer aware. There should be a Memorandum of Understanding between Adult Social Care and Children and Young People's Services; on how to ensure that they will work positively together to support young carers.

The strategy's vision is that 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

4.3 Carers Strategy: Second National Action Plan 2014 - 2016

This Action Plan builds on the previous Government's national Carers Strategy 2008 and updated in 2010 retaining the strategic vision for recognising, valuing and supporting carers and four priority areas to support carers.

4.4 The Care Act (2014)

The Care Act places new statutory duties on local authorities to support carers through various ways such as:

- To provide information and advice to help people understand how the care service works, what services are available locally and how they can be accessed. Local Authorities will have to ensure a diverse range of quality services are available to meet the needs of people and work with various organisations to integrate services.

- To take a proactive approach to meet the needs of people, make earlier interventions and provide more services that are intended to prevent, delay or reduce the need for care and support.
- To meet a carer's eligible needs and to review their care and support plan regularly to ensure that their needs are met.
- To consider where appropriate the impact of the adult's needs on the young carer's wellbeing, welfare, education and development and whether any caring responsibilities being undertaken by the young carer are inappropriate.
- To adopt a whole family approach to adults' or carers' needs assessments in order to take a holistic view of the person's needs in the context of their wider support network.
- Parent carers to be assessed for services that they may currently be unable to use.
- To develop and promote diversity and equality in the provision of services.
- To ensure Local Authorities identify any children who are involved in providing care.
- To consider, (where appropriate and with the consent of all involved) combining the assessment of the adult needing care and support with a carer or young carer's assessment and/or an assessment relating to a child.
- To ensure all young carers are offered an assessment of their needs. This new provision works alongside measures in the Care Act 2014 for transition assessment and planning for young carers as they approach adulthood, and for assessing adults to enable a "whole family approach" to providing assessment and support.
- Ensure access to an independent Advocacy service to ensure that young carers' and their families are able to access support to understand the assessment process.

It also provides rights to carers such as:

- Carers to have a legal right to an assessment of their needs regardless of their level of caring. This duty is comparable to that of the people for whom they provide care.
- Carers to have the right to be consulted in relation to the assessment and support plan of the people they care for and to have a copy of their support plan.

4.5 NHS Operating Framework (2013-2015)

This requires Clinical Commissioning Groups (CCGs) to agree funding and support for carers in their localities. CCGs must publish the level of funding they are allocating to support carers and transfer these funds to local authorities. The CCG must also publish plans on how they intend to support carers and set out how many breaks the allocated funding will provide for carers.

4.6 NHS England's Commitment to Carers (2014)

There are around 5.4 million people in England who provide unpaid care for a friend or family member.

Harrow CCG will continue to have in place a Carers local enhanced scheme (Carers LES). The Carers LES for GP practices helps to support carers practically to ensure carers are looked after and supported in their important role as carers and, in turn support the Harrow out of Hospital Strategy which helps to look after patients in their own homes. Over 97% of the GP practices in Harrow have signed up to becoming a "Carers aware GP surgery" the LES has been in place with Harrow CCG since February 2013.

The scheme aims to:

- Support patients who are carers in their caring role.
- Maintain carers own health and sustain their ability to take the primary caring role.
- Enhance the carer's ability to support the person they care for.
- Support delivery of the out of hospital strategy.
- Provide the support for carers that they themselves have indicated would be beneficial to them.
- Enable GP practices to support carers in a practical and demonstrable way.
- Provide awareness of carers and their needs at practice level.

The scheme operates through 3 phases:

Phase1: Identification of patients who are carers

Phase 2: Equipping the practice to provide advice and support to carers

Phase 3: Health and wellbeing checks for carers

Harrow CCG recognises the contribution carers make with over 1.4 million people providing 50 or more carer hours a week for a partner, friend or family member. In support of Carers, Harrow CCG commission Harrow Carers along with other voluntary sector organisations to ensure the 37 NHS England commitments and priorities are met:

- 1) Raising the profile of Carers
- 2) Education, training and information
- 3) Service development
- 4) Person-centred well-coordinated care
- 5) Primary care
- 6) Commissioning Support
- 7) Partnership links

4.7 Outcome Framework (2015-16)

Enhancing quality of life for people with long-term conditions (Domain 2); Over a quarter of the population (15.4 million people) have a long term condition, and an increasing number of these have multiple conditions (the number with three or more is expected to increase from 1.9 million from 2008 to 2.9 million in 2018). Figures suggest people with long term conditions use a significant proportion of health care services (50% of all GP appointments and 70% of days spent in hospital beds), and their care absorbs 70% of hospital and primary care budgets in England.

Harrow CCG supports people to be as independent and healthy as possible if they live with a long-term condition such as heart disease, mental illness or dementia, preventing complications and the need to go into hospital. The CCG will work with social care and voluntary/community organisations to ensure that people are supported to leave hospital and recover in the community.

4.8 NHS England CCG Outcomes Indicator Set 2015/16

- Enhancing quality of life for carers
- Enhancing quality of life for people with mental illness
- Enhancing quality of life for people with dementia; improve quality of post-diagnosis treatment and support for people with dementia and their carers

4.9 The Government's mandate to NHS England for 2016-17

Carers should routinely be identified and given access to information and advice about the support available.

4.10 Mental Health Parity of Esteem

Harrow CCG has set out in its 2016/17 commissioning intentions to provide high quality care and treatment all people receiving treated holistically for their health problems. The drive is to deliver parity between physical and mental disorders.

4.11 The Children Act (2004)

This Act highlights the importance of providing services to children and young people to prevent the escalation of need. The Act is supported by legislation related directly to the rights of carers (including young carers) and targeted guidance for meeting the needs of young people (including carers). This legislation cross-references:

- Children Act (1989)
- Carers (Recognition and Services) Act (1995)
- Carers and Disabled Children's Act (2000)
- National Service Framework for Children, Young People and Maternity Services
- Carers (Equal Opportunities) Act (2004)

4.12 The Children and Families Act 2014

The Act has introduced changes in the way in which young carers are identified and supported. The changes include:

- The same right to assessment and support for young carers as adult carers
- Giving parent carers the same right to assessment and support as adult carers
- To take reasonable steps to identify the extent to which there are young carers within their area who may have needs for support.
- If it appears to the Local Authority that a young carer may have needs for support they must assess whether the young carer has needs for support, and if, so what those needs are.
- Where a Local Authority carries out a young carer's needs assessment they must consider and decide whether the young carer has needs for support in relation to the care which he or she provides or intends to provide; whether those needs could be satisfied (wholly or partly) by services which the authority

may provide under section 17; and if they could be so satisfied, whether or not to provide any such services in relation to the young carer.

4.13 Young Carers – The Support Provided to Young Carers in England (2016)

In December 2016, the Children's Commissioner issued a report of the lightening review carried out with Local Authorities in England to collate the 2015-16 operational data on the identification and support of young carers. A qualitative research was also undertaken with professionals delivering or commissioning young carers services and young carers themselves.

The findings were:

- The definitions and criteria for the definition of a young carer used by Local Authorities can be wider than the definition used in the 2011 census.
- Across England, 97% of those young carers who were assessed were deemed to be in need of support whilst 94% of those not deemed to be in need of support had not received a young carer's assessment.
- The emphasis on identification and assessment in legislation may lead to support for young carers being overlooked.
- The majority of Local Authorities in England were taking 'reasonable steps' to identify young carers.

Of the 117 Local Authorities who have established mechanisms in place to identify young carers:

- 49% had multi-agency approaches in place that sought to identify young carers through health, children's services, adult services and education.
- 36% stated that they had invested in developing and issuing guidance and/or training frontline professionals to identify young carers.
- 29% stated that they had introduced flags on IT systems used by frontline professionals in order to encourage identification and improve data collection/sharing.
- 20% deliver activities and administer schemes in schools to identify children with caring responsibilities, including, for example, appointing a member of school staff to act as the young carer lead.

When asked to comment on the barriers and challenges in the identification and referral process, 590 Local Authorities responded that there was an under identification of young carers and over half stated that under-identification stems from a lack of awareness and understanding of young carers by professionals. Not all young carers will know that they are young carers. It is important that professionals are able to identify children with caring responsibilities.

4.14 The Impact of Caring on Children's Health, Wellbeing and Development¹

Overall: A relatively large scale and recent study found; “young carers were considerably less likely than those in the comparison group to report their health as ‘very good’ (37%) than those in the comparison survey (47%), and although numbers are small there was a greater proportion reporting ‘bad’ health (7%) than their peers who were not carers (1%)”²

Physical Health & Injury: boys under the age of 24 who are young carers are twice as likely as their peers to report ‘not good health’ (7.7% cf 3.7%) and girls over 2.5 times as likely as their peers to report ‘not good health’ (9.4% cf 3.6%). In one local authority, it was found that 11% of young carers sustained an injury due to their caring role e.g. from lifting or dressing someone, with less than half having told their GP they were caring for anyone. 35% said they thought their health had worsened due to their caring role, while 35% also experienced the symptoms of an eating disorder.

Mental Health: The evidence shows that young carers have worse mental health than their peers:³

- A survey of 348 young carers found 48% said being a young carers made them feel stressed and 44% said it made them feel tired.
- A survey of 61 young carers in school found that 38% had mental health problems.
- A relatively large scale and recent study found that ‘in the last week’, young carers were:⁴
 - More likely to report having felt happy ‘a lot’ (64%) compared to other young people (55%), but;
 - Less likely to have had ‘a lot’ of fun (69% compared to 76%)
 - Less likely to have felt good about themselves a lot (45% compared to 56%)
 - More likely to have experienced anger a lot in the last week (14% compared to 8%).

Other Health Related Problems that Young Carers may experience: Feeling worried, anxious or stressed about the person they care for; missing healthcare appointments with doctors or dentists; poor diet because of financial constraints on the family food budget, or because they have responsibility for preparing meals but lack basic cooking skills; behaviour problems particularly self-harm⁵

¹ https://makingastepchangepractice.files.wordpress.com/2016/06/briefing-engaging-with-health-services_making-a-step-change-for-yong-carers-andf-their-families-final.pdf

² The lives of young carers in England, Department of Education, January 2017 – p49

³ <https://professionals.carers.org/yong-adult-carer-mental-health>

⁴ The lives of young carers in England, Department of Education, January 2017 – p50

⁵ Supporting Carers: An Action Guide for General Practice

Adult Relationships & Identity: If a child or young person is required to take on a caring role, this responsibility so early in life can affect relationships with others and as a result, former young carers may have their entire lifetime affected by their early caring role. It can create a heightened sense of responsibility for the health and welfare of others and act as a barrier to balanced relationships. Young carers need help to regain confidence in their own identity and the ability to go forward independently of their caring role.⁶

Special Educational Need: “Young carers are 1.5 times more likely than their peers to have a special educational need or disability.

Other problems: the following are other examples of the effects on children and young people of providing care: Missing school or problems with completing homework and getting qualifications; Isolation from other children of the same age and from other family members; feeling that they are different from other children and are unable to be part of the group; being bullied; lack of time for play, sport or leisure activities; problems moving into adulthood, especially with finding work, their own home and establishing relationships.⁷

4.15 Harrow corporate priorities 2016-2019

Harrow council is committed to work in partnership to deliver services that make a difference to residents and in particular those who are vulnerable: One of Harrow's priorities is to protect the most vulnerable and support families:

“We want to make sure that those who are less able to look after themselves are properly cared for and supported. We want to safeguard adults and children from abuse and neglect, keep them safe and ensure they have access to opportunities and a good quality of life.

We want to increase people's ability to look after themselves, and reduce their long term dependency on the Council. We want to increase the choice that our service users have through a more personalised approach so they are more in control of the services they receive and can access the things that will make the biggest difference to their lives.

We want to work more closely with our voluntary and community sector, so they can take a greater role in supporting our most vulnerable residents. We want our youngest and most vulnerable children to have access to the key services that will help to reduce child poverty and give them the best start in life and support those families at risk of losing their homes to find the means to help themselves.

Families are at the heart of our communities in Harrow, and we recognise that for some the last few years of “austerity” have been a struggle. We want to make sure that

⁶ Supporting Carers: An Action Guide for General Practice

⁷ Supporting Young Carers and their Families: healthcare worker guidance

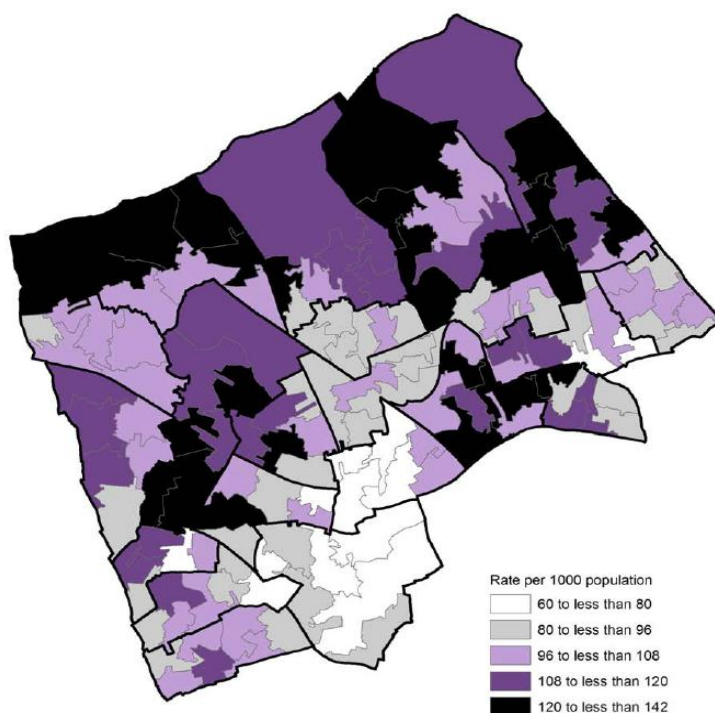
Harrow is a place where families can thrive, from good quality housing and safe neighbourhoods, to good schools for their children and jobs which enable the aspiration of families to be met. We know that the cost of living continues to rise in Harrow, and we will do all we can to support families through this, targeting our resources as best we can so that families can feel the full benefits of economic growth.”⁸

Harrow council are committed to ensuring equality and diversity is integral to everything we do irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.⁹

5 The Local Picture – Carers in Harrow

Carers, 2011

Source: 2011 Census, Key Statistics KS301EW, ONS, Crown Copyright



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⁸ Working Together to Make a Difference for Harrow: Harrow Ambition 2020

⁹ : <http://www.harrow.gov.uk/www2/ieDecisionDetails.aspx?AllId=99586>

5.1 Adult carers

The 2011 census¹⁰ shows that there were approximately 5.8 million people providing unpaid care in England and Wales in 2011, representing just over one tenth of the population. The absolute number of unpaid carers has grown by 600,000 since 2001; the largest growth was in the highest unpaid care category, fifty or more hours per week.

Locally the Census showed 24,620 carers, an increase of over 4,000 (almost 20%) from ten years earlier and the second highest level in London. Harrow's overall population has grown by less than 16% over this period¹¹, so the level of carers has increased at a higher rate. There were 2,300 carers in Harrow aged under 24 and around 4800 older people (14% of all older people in Harrow) also providing unpaid care, which includes both moderate support as well as 'round-the-clock' care.

1.7 per cent of carers provided between 20-49 hours of unpaid care per week, also the second highest level in London.

Of those carers who Harrow supported directly, the national survey of adult carers in 2016 showed that 70% were female, 30% male, with a range of ethnicities and ages.

Survey	2016	2014	Survey	2016	2014
Ages	Percentage	Percentage	Ethnicity	Percentage	Percentage
18-24	2.0	1.4	White	35.5	35.5
25-34	3.7	6.1	Mixed / Multiple	1.3	1.0
35-44	7.5	10.8	Asian / Asian British	43.9	42.2
45-54	22.4	19.3	Black / African / Caribbean / Black British	9.1	6.1
55-64	24.0	24.1	Other	4.0	2.6
65-74	19.7	16.3	Refused / undeclared / not known	0.4	1.8
75-84	14.3	14.1	Missing	5.7	10.7
85+	5.3	4.6	Total respondents and non-respondents	100.0	100.0
unknown	1.1	3.3			
Total	100.0	100.0			

Carers are supporting people with a wide range of conditions and support needs, but physical support needs predominate.

¹⁰ <http://www.ons.gov.uk/census/2011census>

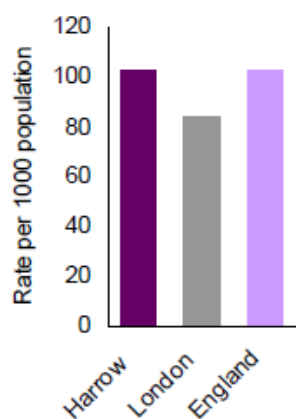
¹¹ http://www.harrow.gov.uk/info/200088/statistics_and_census_information/966/vitality_profiles

Primary Support Reason of cared-for person	Percentage
Physical Support	48.4
Sensory Support	1.9
Support with Memory and Cognition	2.1
Learning Disability Support	12.2
Mental Health Support	17.4
Social Support	1.2
Unknown	16.8
Total	100

Health Conditions of cared-for person	Percentage
Chronic Obstructive Pulmonary Disease	1.5
Cancer	1.9
Acquired Physical Injury	3.8
HIV / AIDS	0.1
Other Long Term Health condition – Physical	28.5
Stroke	5.8
Parkinson's	2.1
Motor Neurone Disease	1.0
Acquired Brain Injury	1.3
Other Long Term Health condition - Neurological	6.7
Visually impaired	4.8
Hearing impaired	4.9
Other Sensory Impairment	2.5
Learning Disability	8.7
Autism (excluding Asperger Syndrome / High Functioning Autism)	1.8
Asperger Syndrome / High Functioning Autism	0.5
Other Learning, Developmental or Intellectual Disability	8.7
Dementia	10.0
Other Mental Health Condition	5.3
No Relevant Long Term Reported Health Conditions	0.1
Total	100

Note: some clients may have more than one health condition recorded

National Comparison



National & London Rank

2/33
185/326

London
England

source: Harrow vitality profile 2011-2013 p.277

The highest concentration of carers is in the wards to the north of the borough, the two Kenton wards and in a cluster around Headstone North and Rayners Lane. Canons have the highest level of carers at 123 persons per 1,000 residents. The wards to the centre and south-west of Harrow have lower levels of carers - these coincide with the areas where there are higher numbers of very young children. Greenhill has the lowest rate, at 78.5 carers per 1,000 residents, below the 2001 level of 87 per 1,000. Harrow on the Hill also has a low rate.

The 2016 Carer Survey showed that carers in Harrow undertake a range of roles;

- 70% of carers said they had been caring for over five years, while almost three out of ten carers said they had been looking after someone for over 20 years.
- Of the carers who received council support in their caring role, 8 out of carers were providing more than 20 hours per week, with a significant group of carers (38%) reporting very substantial caring responsibilities of more than 100 hours per week.

This suggests that those who seek support from social services have been carers for longer, and are providing more hours of unpaid care per week than those who don't receive support.

The 2016 survey also reported the following (among carers who have received council support):

- An increase since 2014 in the number of tasks carers carry out and time spent in providing support to people they care for.
- Carers' reported quality of life dropped between 2014 and 2016, with a decrease in the percentage of people who say they have enough free time. In 2014 one in four carers said they could spend time as they want, but this had dropped to one in five by 2016.
- In addition, the proportion of carers who said they had as much social contact as they would like dropped significantly from 46% in 2014 to 30% in 2016. We know that social networks and encouragement in their caring role is crucial in maintaining carer wellbeing.
- 20% of carers reported having a long standing illness, 15% mentioning a physical impairment, 16% a hearing or sight impairment and 6% mental illness. 3% reported a learning disability.
- Carers who themselves have a long-standing illness and/or cared for someone with a mental health problem were much more likely to be at risk of a poor well-being.

- More carers overall were able to access information and advice, with about 6 out of 10 saying it was easy to find information. This however was a decline since 2014 when 7 out of 10 carers who had reported they had been able to find information easily. 86% of those who had received information and advice said it had been useful, which was consistent with 2014.
- Carers said they felt less involved in discussions with social services about the cared-for person than in 2014.

5.2 Young carers

Research carried out by the BBC in 2010¹² indicated that there may be as many as 700,000 young carers. The BBC survey of more than 4,000 UK school pupils found that one in 12 had moderate or high levels of caring responsibility, four times the official figure

The 2011 census identified 178,000 young carers in England and Wales alone; an 83% increase in the number of young carers aged five to seven years and a 55% increase in the number of children caring who are aged eight to nine years compared to 2001.

The 2011 Census also shows that in London there are a total of 26,231 young carers aged 5 – 17.

- Of these, 20,636 (79%) provide 0 – 19 hours care per week.
- 2,944 (11%) provide 20 – 49 hours care per week, and
- 2,650 (10%) provide over 50 hours care per week, Of which 556 (21%) are aged 5 – 9.
- There are an estimated 250,000 young people living with parental substance misuse.¹³

Of the 24,620 carers in Harrow identified In 2011 Census:

- 2,272 are young carers aged 5 – 24
- If we are to apply the London percentages to those in Harrow, we can estimate that there are 863 young carers aged 5 – 17.
- Of these 863 it is estimated that 113 (13%) are aged 5 – 9.

¹² <http://www.bbc.co.uk/news/education-11757907>

¹³ Hidden Harm, Advisory Council on Misuse of Drugs, June 2003, Home Office

- The number of young carers aged 5 – 18 currently recorded as receiving support within a Harrow School is 212. The majority of who are over the age of 11.
- The majority of Harrow schools felt that there were a significant number of 'hidden' young carers on role.
- In both Mathematics and English, 63% of Harrow's identified young carers are below levels expected by their school and well below national expectations, 37% are on track or at national standards and 51% are on track in only one.

6 Consultation, Feedback and Engagement

6.1 Adult Carers

Past feedback from adult carers, outcome of consultation with a reference group of unpaid carers from key networks in 2014 and 2015 has been collated to avoid asking the same questions again. Key reflections are set out below:

- Carer engagement not leading to visible actions
- Carers do not feel they are adequately heard by services
- Improving services for the cared for will ease the pressure and stress on carers
- A sense of "battling the system" remains
- Information resources are poor and difficult to access particularly to help them navigate the system
- Support to sustain employment or return to work after caring
- Personal budgets for carers own needs (not just respite)
- Many friends and family providing support do not recognise themselves as carers, or do not wish to
- A need to make opportunities more accessible for Carers e.g. joined up thinking, meeting the need through the first point of contact, GP's co-ordinating all aspects of the Carers needs.
- A need for flexibility and reliability for respite care.

In November 2016 Harrow Carers held a consultation event with key stakeholders including carers, the CCG, the LA, and other voluntary sector organisations. Some of the points raised at the consultation are:

- GP receptionists not always sure what to do when someone identifies themselves as a Carer.
- Education and awareness to the wider society to contribute to reducing the stigma, particularly for males
- A need for flexibility and reliability for respite care so that care can be arranged at short notice.
- Young adults living at home who may be providing some element of care which is impacting on their work performance
- High car parking charges at hospitals.
- Reduction of day and residential care services for the cared for, have an impact on Carers
- Advice, guidance and support for young carers
- Improved number of health professionals identifying carers.
- Carers are unclear on what falls under health and what falls under Social care.
- Forms are a barrier to accessing services as they are often cumbersome, long and use of language and words not always understood.
- GP to identify carers and be informed once a carer has had a carers' assessment.
- On-line system for Personal health budgets. Perhaps as part of the My Community ePurse (MCeP) system.

6.2 Young Carers

Feedback from consultation with young carers during 2014 and 2015 showed:

- Those young carers accessing the young carers youth club were happy with the provision but would like their friends who did not have a caring role to be able to attend with them.

- Young carers in schools that had good support systems in place felt adequately supported especially during times of change.
- Those young carers attending schools where the support systems were not as advanced would like further support.
- Some of the support systems within schools that young carers valued were:
 - Concession for late homework
 - Lunch time young carers club
 - Support during transition from primary to secondary school
 - Support at school during difficult times such as being able to phone home when a parent is in hospital
 - A named person at school to approach if experiencing difficulties.
- Some of the gaps identified by young carers are:
 - Targeted activities such as cookery, finance management, time management, health improvement
 - Being provided with information about the cared for person's illness/disability
 - Being able to go on outings/holidays as a family – two of the reasons cited as preventing this were finances and lack of transport for the cared for person
 - Reassurance that young carers would not be referred to Social Services and 'taken away' from the family if they identified themselves – evidence suggests this is nationally a barrier to young carers' identification.
 - Financial support
 - Free private tutoring
 - Education in primary schools of young carers

During 2014, Harrow Council worked closely with 41 schools in Harrow to gain a better understanding of the number and educational attainment of known young carers and to consult with schools. Some of the findings are:

- Identification needs to be more systematic and rigorous across all schools as every school believes numbers are far greater than currently assessed. "The number of Young Carers is probably 5 times this number".(High School colleague)
- High Schools throughout Harrow were alert to the needs of young carers and keen to develop further identification and support mechanisms.
- Primary schools currently have less developed mechanisms in place around young carers but were ready to engage with this area. Primary schools engagement is key to the future success of any work around Young Carers.

- Special Schools recognised the potential for siblings in particular to hold a caring role in relation to their pupils.
- In both mathematics and English, 63% of Young Carers are below levels expected by their school and well below National Expectations for these subjects.
- 37% are on track or at National Standards in both mathematics and English.
- 51% are on track in only one of Mathematics or English
- Mental Health needs amongst parents and carers are an area that schools are identifying as one of growing concern, particularly in the primary schools.
- Transition is a crucial time for many Young Carers as opportunities can be missed to ensure continuity of care and support.

7 Current Services for Carers in Harrow

7.1 Harrow Adult Social Care

There were 877 carers of adults that received some form of direct support from social services by the end of financial year 2016-2017.

- Of the 877 carers, 14 (2%) were aged under 18, 546 (62%) were aged 18 – 64, 285 (32%) aged 65-84 and (4%) 113 aged 85+.
- The most common reasons carers were providing support to the cared-for person were for; personal care, mental health, access and mobility and learning disability support needs.
- Approximately 56% of support provided was in the form of a cash personal budget, allowing carers to purchase equipment, respite care, training, or other needs assessed and identified as important to them.
- About 18% of supported carers additionally receive respite care arranged by the council (not purchased through a cash payment).
- Approximately 44% of support to carers consisted of information, advice and other services only.

The Care Act in April 2015 introduced new national eligibility criteria for both clients and carers, with significant new rights for carers. Fewer than expected new carers have come forward, as most being assessed and receiving services were in contact with the council previously.

- In 2016-17, 725 carers received an assessment or review of their needs compared to 999 in 2015-16 and 1804 in 2014-15.
- During 2016-17, 877 carers were supported, including 490 with direct payments and 190 with respite services arranged by the Council. This compares to 1337 carers supported in 2015-16 and 1897 in 2014-15. There were more direct payments provided in 2016-17 but the amount of information & advice provided directly by the council has declined. Carers will be using other sources of information and mentioned several local organisations that had been useful to them, such as a new advice service Harrow has made available to carers called 'SWISH' (Support & Wellbeing Information Service Harrow) run by the voluntary sector. In addition, support is sometimes recorded on the cared-for person's record, rather than the carers record. This will be resolved soon as part of a major refresh of the social care database forms and processes.

Harrow Council runs a day centre providing a wide range of support and activities/services. The day centre is based at Milmans Neighbourhood Resource Centre and is available to people who have been assessed by a Social Worker as requiring this service. One of the services on offer is Annie's Place which is a drop-in coffee morning for people with dementia and their carers.

7.2 Children's Services

Harrow Children's Services undertake holistic family assessments and provides support to families in order to safeguard and promote the welfare of children who are in need. When a young carer is identified, Children's Services offers the following:

- Complete young carers assessment to gain a full understanding as to the level of care the child provides as well as to identify support services to alleviate the child's caring role.
- Signpost children to appropriate services including Harrow Young Carers, Harrow Horizons and Early Support.
- Refer the family member cared for to relevant support services such as Adult Services, Westminster Drug Project, MENCAP and Mental Health Services.
- Partnership working with school, GP and other services involved to explore what additional support can be put in place (i.e. breakfast / afterschool club, counselling, mentoring).
- Joint working with professionals working with family members cared for to ensure that they have the appropriate support package. This is to also reduce burden on young carers.

- Arrange a family meeting or Family Group Conference to bring together the whole family and to agree on a support plan as to how each family member can assist the young carer and person being cared for.
- Children's Services are reviewing processes to identify young carers to improve the identification of currently unknown hard to reach hidden young carers.

During 2016-17, Children's Services supported schools in developing their Young Carers offer through one to one support, and toolkits to support the role of a Young Carers Lead and Identification. This support was provided as a result of the 2015 audit where it was identified that whilst the majority of schools had some support in place, Schools felt there was a need to improve identification of hidden young carers.

7.3 Schools

The majority of schools have Young Carers Leads that young carers can go to for support. The Young Carers Leads also ensure that young carers are supported during times of transition such as to a new school and that the new school are aware of their needs.

Schools also provide Young Carers clubs either through Harrow Carers or independently.

7.4 Harrow Carers

Harrow Carers are funded by Harrow Council to provide a core service in response to the Care Act. Service provision centres on a Carers Centre model of a holistic one stop shop. Core provision is providing information, advice, advocacy and respite with additional provision of Mental Health, Older Carers (Lottery Funded) and Young Carers (John Lyon Trust and BBC Children in Need funded). The service acts as a collaborator to support other carers support services. An open referral pathway is in place; Self, GP, Pharmacies, MH, Voluntary Sector.

Harrow Carers are also funded by Harrow Council to provide a Carers Reablement Service. This aim of the service is to improve wellbeing and prevent emerging needs that carers may have. It is a service that is offered before a full Care Act Carers Assessment, unless carers have a high level of need or they specifically require a full carers Assessment. The services offered are:

Counselling:	6 – 24 weeks of counselling for carers
Training:	Medication management, Moving and handling, First aid, Keeping safe at home and in Harrow, Condition specific training e.g. stroke and diabetes Back care

Complementary therapies: Shiatsu
Massage
Yoga

Activities and clubs: Dance classes
Computer course
Spanish

Support Groups: MS support group
Men's Group
Mental Health Carers Support Group

Drop-Ins: Arts group
St Peter's Coffee morning

Monthly outings

1:1 Support and home visits

Harrow Carers are also commissioned by Harrow CCG to provide the following support services for adult carers:

- Volunteering roles and work related training at Harrow carers
- Financial and rights advice
- Mindfulness
- Stress management
- Voluntary sector run various activities
- Positive psychology
- Counselling
- Training for carers via CNWL Recovery College and Harrow Carers
- Priority GP appointments
- Groups and Psychological Education Sessions
- Facilitate workshops and provide support for carer led drop-ins.
- Develop carers training sessions and peer support

7.5 Harrow Mencap

Harrow Mencap are commissioned by Harrow CCG to provide the following support services for adult carers:

- Reduce the barriers to health care for people with learning disabilities and their carers

- Increase health professional awareness of people with learning disabilities to improve access and experience of health care for people with learning disabilities and their carers
- Develop service users and their carers' knowledge and understanding of how to access health services and self-manage conditions, when possible.
- Training opportunities and information
- Identify and communicate key issues and concerns reported by service users

7.6 MIND in Harrow

MIND in Harrow are commissioned by Harrow CCG to provide the following support services for adult carers:

- Harrow Mental Health Information Line that aims to provide timely and brief interventions to enable callers experiencing a mental health problem, their carers or professionals to make informed choices about accessing mental health support in Harrow.
- Enable people to better manage their mental and physical health and prevent or reduce dependency on statutory services
- To enable people social excluded by mental illness to recover their life in the mainstream and reduce the stigma of mental illness, including mental health inpatients
- To offer opportunities for service users to progress towards mental health recovery
- To engage service users meaningfully in the project delivery
- To create seamless pathways to recovery outcomes through effective partnerships across health and mainstream/private education and fitness providers.
- Ensure the meaningful involvement of users with serious mental health problems in planning, development, standards and evaluation of mental health services in Harrow
- Facilitate an on-going and constructive dialogue between service users, commissioners and service providers through the Harrow User Group and user representatives to improve patient experience and service pathways

7.7 Harrow Women's Centre

Harrow Women's Centre are commissioned by Harrow CCG to provide the following support services for adult carers:

- Offer counselling sessions to women presenting with issues including acute situational depression, loss of confidence due to work place bullying, family relationship issues, low mood due to ill health, and dependence on alcohol, isolation, divorce and domestic violence.
- Link as appropriate with other services and agencies to ensure a seamless delivery of care mainly talking therapies.
- Provides information, advice and support to women in Harrow on;
 - Personalised Advice and Advocacy service
 - Affordable Counselling
 - Complimentary therapies
 - Free Legal advice
 - Immigration Advice Surgery
- Older Women's Social Group
- Child therapy
- Support Group
- Language Exchange Café
- Working Together to Get Back to Work Group and Craft Club
- Cancer Survivors Support Group

7.8 Harrow Association of Somali voluntary Organisations (HASVO)

- Address inadequate information on healthy living among migrant groups in Harrow
- Improve accessibility of public health services and health information in order to reduce unnecessary suffering and premature deaths
- Improve the healthy living conditions of BME groups through activities that will increase their access and use of services and information.
- Reduce the future number of hospital admissions coming through TB, substance misuse and diabetes.

- Establish a working network with key CCG and hospital agencies to facilitate early discharge and post hospital support for the members of the community
- Work closely with medical professionals to provide early identification and screening of health problems
- Provide outreach services and support for those members in the community who are either disabled , chronically sick, old and have a serious linguistic barriers
- Organise confidence building workshops for members to participate in public health programs i.e. on nutrition, exercise and home safety issues in conjunction with the professional organizations to bridge the gap in skills and knowledge between the Somali refugee family and the average British household members
- Outreach services, drop-in sessions, group education, sign posting and awareness raising against risk behaviours.

7.9 The Support and Wellbeing Information Service Harrow (SWiSH)

SWiSH aims to help people in Harrow to access information about local services and advice about ways to keep safe and well. Harrow Community Action (HCA) consortium oversees this service, which is run in collaboration by five local charities: Age UK Harrow, Harrow Association of Disabled People, Harrow Carers, Harrow Mencap and Mind in Harrow (the lead organization).

Anyone in Harrow aged 18 or over can call SWiSH for information and advice including people looking for help for themselves as well as carers, staff in local organisations and anyone with concerns about someone else. SWiSH can offer information or advice about a wide range of local services, including those that can help with:

- Keeping fit and well
- Managing finances
- Joining social groups
- Looking for work
- Starting a course
- Applying for a personal budget

They can also help find services that offer:

- Financial advice
- Legal advice
- Advocacy
- Advice on welfare benefits and housing

8 How We Are Currently Meeting Carers' Needs

Harrow Council and Harrow CCG have been working jointly to meet the carer's priorities as set out below:

Identification and Recognition

- ✓ Council and CNWL [adults] staff identify carers and offer statutory assessments
- ✓ GP practice staff are trained in carer awareness and building registers of carers
- ✓ NHS services work with families on discharge planning and condition management
- ✓ Carers are consulted on changes to care and support provision
- ✓ The Council, Harrow Carers, GPs, other Health professionals and voluntary, public and private sector provides offer various degrees of formal and informal information and advice.
- ✓ Adult Social Care and Children and Families have worked jointly to review and improve processes for identifying carers
- ✓ Harrow Council are developing mandatory training for staff
- ✓ Harrow Council have improved their recording systems

Releasing and Realising Potential

- ✓ Harrow Carers offer volunteering opportunities for carers, which supports some of them to move on to paid employment opportunities
- ✓ Carers can get advice on their employment rights from Advice providers

A Life Outside of Caring

- ✓ Harrow Council funds carers respite via personal budgets and help people to arrange temporary stays in residential or nursing care.
- ✓ People privately purchase the same
- ✓ Harrow Carers provide leisure opportunities and breaks through drop-in groups and day trips.
- ✓ MIND in Harrow arrange home replacement care for carers of people with mental health problems

Supporting Carers to Stay Healthy

- ✓ Harrow GPs identify carers and undertake health checks with them
- ✓ GP practice Patient Participation Groups are engaging with carers to better meet their needs and understand their experiences.
- ✓ Harrow Carers provide a range of relaxation and wellbeing opportunities for carers.
- ✓ Harrow Carers and other organisations provide counselling services which carers can access.

Support for young carers

- ✓ Young carers awareness in schools, particularly in primary schools
- ✓ Identification in schools, adult social care, children's services
- ✓ Support by a lead teacher in schools
- ✓ Lunchtime activities in Schools
- ✓ Access for young carers to school holiday activities

Other support

- ✓ Re-ablement Carers assessments - process in place where following a carers assessment a referral is made for support from voluntary sector providers such as MENCAP, Age UK and Harrow Carers. Services include advocacy, information and advice and counselling.
- ✓ From September 2018, Harrow Council will deliver a more modern and streamlined social care pathway that is easier to navigate for citizens and their carer's. The working partnerships with relevant organisations will be strengthened, and there will be easily accessible information which supports people's wellbeing and independence. Overall, the aim is to deliver better outcomes that are timely and effective for citizens and their carer's.

Health providers in Harrow have been working in partnership for 4 years to develop a Whole Systems Integrated Care (WSIC) model for the over 65's. In 2016, Harrow CCG and local care partners made a decision to take the next step in the journey to deliver integrated care. The partners include the Local Authority, community service providers, Harrow CCG, General Practice, the acute trust, the mental health trust, the voluntary sector, and citizens. A number of the provider partners signed a Memorandum of Understanding in 2017 as a commitment to the delivery of integrated care in Harrow.

An Accountable Care Development Programme (now Integrated Care Development Programme) was established and is developing new models of care to be delivered by a new Integrated Care Partnership/Alliance of service providers. The new models of care will be tested for some of the 65+ population of Harrow from April 2019 and then implemented for the whole adult population from 2021.

9 Summary of findings

Considering the feedback from adult and young carers, key stakeholders, the services currently provided and future demand the following are key areas that need to be considered in the future:

9.1 Identification and Recognition

It was felt that there was a need for improved identification, recognition and an understanding of the impact of caring on both adult and young carers, not only within the Local Authority but within Health, Education, the voluntary sector and the wider community. 'Hidden' carers are likely be accessing universal provision rather than targeted and/or specialist services. Self-recognition was also seen as an issue.

9.2 Releasing and Realising Potential

Carers have a wealth of knowledge and skills that could be beneficial to the community and the economy of the Borough. Support is needed to release this potential through various means such as volunteering and employment. Young carers and their families need to be supported to enable them to access the same educational and employment opportunities as their peers.

9.3 A Life Outside Caring

Carers need to be supported to enable them to access opportunities outside their caring role in various ways. This could be through various respite packages to enable them to have a break from caring, access educational opportunities etc.

9.4 Supporting Carers to Stay Healthy

Carers health needs can vary from being able to access community and hospital services through to having the time to access health prevention initiatives. Carers can often ignore their own needs whilst concentrating on the needs of the cared for and therefore health services need to be aware of these issues and have systems and training to ensure they are able to support carers.

10 Future Demand

In future we anticipate there will be an increase in people requiring care and fewer numbers of carers. Projections indicate that Harrow has an aging population and it is predicted that over the next years;

- The number of people requiring care from the 65plus age group is set to increase by 17% and the 80plus age group by 18%.
- There is also likely to be more families requiring paid care for a person with a disability or who is frail or has an illness as due to medical advances it is expected that more people with long term illnesses and disabilities will live longer.
- More women in the age 45-65 age group who traditionally carry out a larger share of the caring role are increasingly likely to be working and unable to provide the care.
- There is also likely to be an increase in people requiring care from the black and ethnic minority communities.
- The 2011 census data showed that in Harrow approximately 8600 adult and older carers provide more than 20 hours of support per week. If all of them came forward for assessment, an additional 2150 carers providing less than 20 hrs./wk. could also potentially seek support (using the 4:1 ratio, $8600/4=2150$).
- Joint working with key stakeholders to improve their identification and working practices in relation to young carers will increase the number of known young carers.

11 Monitoring and evaluation

11.1 Adults

We will use the Adult Social Care Outcomes Framework (ASCOF) national tool and Think Local Act Personal - Making it Real¹⁴ 'I statements' that people want to see and experience to assess progress in adult social care. We also monitor a number of local indicators in relation to support provided to carers as well as a biennial survey.

¹⁴ Think local Act Personal –Making IT REAL –marking progress towards personalised, community based support, 2012

Outcomes

The table below show how we will use the “I” Statements to monitor our progress on achieving outcomes for individuals.

Making it real	What carers will say about our services
Information, advice, guidance	<ul style="list-style-type: none"> I have the information I need when I need it to support access to services I have the support to train, study, work or engage in learning activities that match my interests, skills, abilities
Active supportive communities	<ul style="list-style-type: none"> I have access to support to help me find training and employment opportunities I can access a range of community services
Health and wellbeing	<ul style="list-style-type: none"> I know who my GP is and where to go when I feel unwell I have access to sport and leisure activities I know how and where to access health and well being services including mental health services
Work force	<ul style="list-style-type: none"> My support is coordinated, cooperative and works well together and I know who to contact to gets things changed I have help to make informed choices if I need and want it
Personal budget and self funding	<ul style="list-style-type: none"> I have support to enable me to access respite and other services. I have support to claim benefits I am entitled to.
Risk enabled	<ul style="list-style-type: none"> I feel safe, I am supported to live the life I want

National indicators

We have taken the measures below to monitor progress throughout the life of the strategy.

National and local performance indicators	2014-15	2015-16	2016-17
% of carers receiving support which was <i>self-directed</i> support	100%	99.5%	100%

% of carers receiving support in the form of a cash direct payment	100%	99.5%	100%
Carers receiving services (incl. info & advice) as % of total carers linked to long term service users	50.4%	n/a this data is being collected again in 2016-17	50.2%
Carer reported quality of life (score from 1-12)	8.1 (ranked: 3 of 32 in London)	7.3 (ranked: 21 of 32 in London)	Next Survey in Autumn 2018
Proportion of carers who reported that they had as much social contact as they would like	46.0% (ranked: 19 of 32 in London)	30.7% (ranked: 18 of 32 in London)	Next Survey in Autumn 2018
Overall satisfaction of carers social services	29.8% (rank: 28 of 32 in London)	27.6% (rank: 28 of 32 in London)	Next Survey in Autumn 2018
The proportion of carers who reported they have been included or consulted in discussions about the person they care for	62.4% (rank: 24 of 32 in London)	61.7% (rank: 26 of 32 in London)	Next Survey in Autumn 2018
The proportion of people who use services and carers who find it easy to find information about services	67.0% (rank: 11 of 32 in London)	57.4% (rank: 23 of 32 in London)	Next Survey in Autumn 2018

In addition, statutory data is collected and submitted to central government on the number of carer assessments, reviews, respite provision and other types of support offered by Harrow Council.

11.2 Young Carers

There are no national measures as such on young carers however the Local Authority reports to NHS Digital on the number of young carers (under the age of 18) who provide support to an adult, which was 15 in 2016-17.