

MARKET POSITION STATEMENT – ADULT CARERS

1. Brief Description

Introduction

Carer definition: A carer is an adult who provides or intends to provide care and/or support to another adult or adults, unpaid and not as part of a volunteering or other formal scheme.

Services are commissioned for carers to enable them to care safely and effectively, and to achieve their own most important outcomes. These might include, for example, looking after any children they have responsibility for, maintaining relationships with other family members or having a break to enable them to rest and recover their strength and energy.

Types of services that support carers

There are three main types of provision/resources that support carers:

- Caring Well in Devon, a specifically commissioned carers support service, which may itself commission some services, e.g. training for carers;
- general social (usually personal) care or technology;
- general community facilities, services and resources not involving personal care.

Unless universally available, services for carers will usually be paid for by carers through carers personal budgets.

1. Caring Well in Devon – is the primary specific commissioned service for carers, delivered by a consortium led by Westbank: “Devon Carers” and is carer-led. It has been let to April 2023 plus possible two one - year extensions. It is underpinned by themes of independence, resilience, wellbeing, and strengths – based working. Its focus is on providing a strong universal offer and targeted interventions to improve Carer wellbeing and reduce the risk of crisis from occurring.

There are three levels to the carer offer

- Level 1 - Universal Offer for Carers
- Level 2 - Targeted Services for Carers
- Level 3 - Personal Offer for Carers. More detail is contained in Appendix to this statement

The service also provides Carer Assessments, Support Planning and Reviews as delegated Statutory Functions. [for Carers of people with mental health needs DCC has delegated the same Statutory Duties to the Devon Partnership NHS Trust.]

Working in close association with Devon Carers are two other contracted provisions:

- “Looking after me” – a training provision to support self-care.
- “Working Age Carers” –benefits advice for carers considering taking up, leaving, reducing or increasing their commitment to work, and Appeals.

2. General Social Care Services and Technology

These services aim to:

- a) Complement care provided by the carer
- b) Meet the carers’ own eligible needs) including “replacement care” (sometimes referred to as “respite).
- c) Substitute for the carer in the short term when the carer is not available to undertake their usual care – for example if the carer is hospitalised.
- d) Improve the independence of the cared-for person and/or enable the carer to do so. This includes “enabling” in collaboration with carers and training for carers.

Where personal care is provided to the cared-for person, this may be offered via a personal budget to the cared-for person or commissioned for them, and any charges related to this are paid by the cared-for person, not the carer.

More information is available on technology in The Technology Enabled Care Commissioning Statement, residential care in the care homes statement, personal care in the Living Well @ Home statement, day care in the Supporting Independence statement and the Individual Purchasing Statement covers Personal Assistants.

3. General community facilities, services and resources (not involving personal care).

Carers access a range of community - based and commercial services to achieve their outcomes, including:

- Breaks not involving replacement care, for example:
 - Relaxation and exercise classes
 - Leisure centres and swimming pools
- Gymnasias and active leisure facilities (for health)
- Training for employment/ job coaching
- Volunteer support
- Digital shopping services
- Cleaning or gardening, most usually so that carer's needs for a break or healthful activity can then be undertaken
- Personal Assistance. E.g. helping a carer who has lost control of household and personal administration to get back on top of it, or to de-clutter.

2. What do we want from this area in the future?

General Characteristics- all services

All services should work collaboratively with carers in line with the following principles:

- 1) Carers, and the essential role they play, are identified at first contact or as soon as possible thereafter;
- 2) Staff are carer - aware and trained in carer engagement strategies;
- 3) Policy and practice protocols regarding confidentiality and sharing information;
- 4) Defined roles which focus on carers issues are in place – for example a lead senior manager, team champions;
- 5) Information for carers on the service is available across the pathways;
- 6) Carers are enabled to access a range of carer support services

In addition, providers as employers should be aware of and support the carers who work or want to work for them

Our assessment is that there is room for improvement across all markets in these respects. Providers who can demonstrate these qualities will be more successful, both in meeting outcomes and securing future business.

Advice on improving carer awareness and responsiveness can be secured from Mr Billy Hartstein, Head of Carers' Services, Farm House Rise, Exminster, Exeter EX6 8AT, email billy.hartstein@devoncarers.org.uk
<https://devoncarers.org.uk/>

Advice on employment practice is available from Employers for Carers:
<https://www.employersforcarers.org/>

Devon County Council's membership of Employers for Carers covers Devon based SME's which can therefore access policy and practice resources free of cost. (Plymouth and Torbay also have this membership)

Specific Characteristics – services for carers

Whilst we wish to develop services based on evidence, it is acknowledged nationally that there is insufficient evidence on what works for Carers:

- Training is the exception to this. This is arranged by and accessed through Devon Carers.
- Carers tell us that support from other Carers can be the best there is. This is also sourced through Caring Well in Devon
- Breaks and services that support the sustainability of the Caring role are critical; this can include a very wide range of services and facilities.

We need to see innovation in approaches to support and the use of digital resources and technology to increase the choices of, and access to, services available to carers and provide best value. More technology information is in The Technology Enabled Care Commissioning Statement.

Market Opportunity

We need to see expansion and innovation in replacement care, especially to meet the needs of carers who are supporting a cared-for person with complex needs. See further information in the Replacement Care Commissioning Statement.

e.g. a person with complex mental health needs, and on the Autistic Spectrum, although living in supported accommodation away from home and theoretically independent, had frequent escalations of need and the parent/carers were the only source of support acceptable to that person. We need to see innovation from non-social care services so that people with care and support needs can be adequately supported in the absence of their carer(s) so that people are not forced into care settings unnecessarily.

The outcomes and benefits we expect to see are contained in the Appendix

3. What is the assessment of need?

It is estimated that there are 86,595 adult carers in Devon, rising to 89,384 by 2024. 21,000 are known to Adult Care and Health or Devon Carers. Further analysis of need is shown in the appendix to this statement.

Key characteristics:

- Just over half of all known Carers are retired, and half are in employment, volunteering or in education;
- We know proportionately fewer male than female carers;
- The ethnicity profile of Carers broadly follows that of the Devon population;
- Particularly at-risk carer groups include those aged 85+, Carers with a Learning Disability in employment, and "sandwich" Carers who care for people across a range of ages.

The need for replacement care is likely to be most required for those Carers of working age, those aged 85+, and Carers looking after young children whilst also caring for older or other people with disabilities.

Market Opportunity

Many carers do not seek assessment and support and many are aware that for formal social care services the person(s) they care for would be regarded as self-funding. Hence the assessment of need presented here may be an understatement and may suggest a market opportunity for providers to offer services more widely to carers.

For more information on replacement care need please see the Replacement Care Commissioning Statement

3. General community facilities, services and resources (not involving personal care).

Carers have similar needs to access community facilities, services and resources as other members of the community but experience higher barriers to doing so, notably:

- Finance – carers are in general poorer than the general community
- Time – caring can severely restrict the time carers have to access resources
- Attitudes – putting the needs of the person(s) they care for before their own
- Health – carers are in generally in poorer health than the wider population
- Rurality - carers in remote rural areas are highly likely to have needs for access to community resources which they cannot fulfil.

4. What is the assessment of supply?

The range and availability of services to support carers is varied across Devon and providers may wish to think about the services that they can offer to carers to extend their portfolio and strengthen commercial sustainability. For example, where staff are employed on shifts it might be possible to deploy those staff during less busy times to offer affordable carer support. Or PA's may see an opportunity to develop their offer.

Market Opportunity

The market is particularly weak in relation to:

- Community based replacement care in rural areas e.g. affordable sitting services
- Bed-based replacement care.
- Day time replacement care – building or non-buildings based.
- Personal Assistants available to provide replacement care.
- Bookable services to enable carers to take planned breaks – all services.

5. What changes are we looking for from this service in the future, including any market opportunities, and what can DCC help to move towards these changes ?

Challenges exist for **all** services to **Identify** carers, **Inform** carers about sources of information and support, **Involve** them as expert partners in the care of their loved one(s), and put them **In Touch** with carers' support services.

We will increasingly be looking at how providers relate to carers as employees and potential employees.

1. Caring Well in Devon

Challenges for the service "Caring Well in Devon" include:

- “hidden carers”, where the carers do not recognise themselves as carers, or where there is stigma or other inhibition on self-identification (for example where caring for someone with a substance misuse problem)
- male carers and working age carers
- carers in rural or coastal areas
- carers from minority community groups, including Gypsies and Travellers who may be reluctant to have contact with services
- LBGT+ carers, who may feel uncomfortable with accessing services

Devon Carers is keen to work with providers to shape services and providers are encouraged to explore opportunities for partnering or business development in the following areas:

- **Training for carers, especially in relation to caring safely and effectively**
- **Volunteer and staff - provided support, including at short notice, to support carers to prevent hospital admission or facilitate discharge**
- **Training for staff in carer awareness (for purchase by providers)**

2. General Social Care Services and Technology

We need to develop the offer for replacement care available for longer periods (for example a weekend up to a fortnight) in domiciliary or residential settings and bookable ahead (more than six weeks in advance)

However, we are looking to **innovation in this area beyond traditional service approaches** and to making the delivery of replacement care more personalised and sensitive to individual needs. For example:

- carers who have not had a break because the type of care they provide is not easily replaced. For example, parents who provide emotional and some physical care to an adult with complex mental health needs, learning disabilities and or Autistic Spectrum conditions when there are escalations or crises, which occur without warning, frequently and at random intervals.

Market Opportunity

- host family provision might be further developed for daytime or short stay services, so that families can develop longer term relationships and plan ahead.

Market Opportunity

We are exploring how these can be made more readily available and are starting with the potential contribution of volunteer-provided sitting services.

The timescale for the introduction of the new Replacement Care arrangements is set out in the Replacement care Commissioning Statement

3. General community facilities, services and resources (not involving personal care).

a) Passports: In 2020/21 we will develop a Carers' Passport scheme. This will facilitate carer contacts with health and social care professionals but we will be looking to include discounts and privilege access to community facilities, services and resources and will be looking for providers to be partners in delivering this.

Market Opportunity

b) Breaks: we wish to see further development of non-social care providers, for example Bed and Breakfast establishments, small hotels and holiday resorts, working alone or with social care providers where this is necessary, to enable carers to take breaks either i) by accommodating the carer and the cared-for person(s) enabling access to local care provision as needed; and/or ii) accommodating the cared-for person(s) who may be provided if necessary with visiting social care; providing low cost accommodation for carers

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Appendix to Carers Commissioning Statement

1. Carers Offer

Levels 1 and 2 include advice and information, including via Digital Services and a Helpline, training, Peer Support, and some 1:1 support.

Training for Carers is commissioned directly by the provider and covers a curriculum across this range (illustrative, not comprehensive):

- Core carers issues – “introduction to caring”
- Practical Caring Skills
- Advanced Skills, e.g. assertive communication, strategies for caring and managing time, legal issues
- Key Life Points Challenges
- Dealing with specific conditions
- Life skills
- Encouraging and supporting independence in the cared-for person(s)

Peer support – the contract provides support to carer-organised peer support of various kinds, including very small arrangements (“buddying”), geographically cased and specialised (according to the conditions of the cared-for persons). Peer support groups meet in a variety of community and ordinary public facilities determined by carers themselves. Carers are inventive in finding very cheap or free venues and peer support groups meet in places that include village halls, garden centres and public houses. Where organisations can make space available free of charge to carers for these purposes this is particularly desirable.

The service also has commitments to improving community awareness of carers and by extension community support for them; and to supporting services, particularly health and social care services, to improve their responses to Carers. Where services and organisations require support, particularly in respect of Carer Awareness training and this is not part of the contract “Caring Well in Devon”, services can approach Devon Carers for advice and purchase of service. DCC can also provide free of charge a simple “Carer Recognition Tool” for front line staff and managers.

The provider, “Devon Carers” is carer-led, a Member of the Carers Trust and has the Carers Trust Centre of Excellence award for its work with adult carers

2. Outcomes and Benefits

Outcomes/ benefits we are seeking for the service user (Carer):

- I have choice in and about my caring role.
- I find support in my community and from local community organisations
- I can easily find the information and advice I need in my caring role.
- I have a contingency plan for when I cannot care
- I am respected as an expert partner in care
- I am able to care safely, confidently and effectively.
- I am able to maintain my own health, wellbeing and independence
- I am able to achieve my own most important life-goals, including education, training and working
- I am assured of the quality of the services I and the person(s) I care for use, and that my views are taken into account.
- I am supported to achieve the above when I have difficulty in doing so and am involved in designing the support I need
- I am able to share my experience and knowledge as a Carer with other Carers

Benefits for the Commissioning Organisations and the wider community:

- More Carers are well informed and are confident in their caring role
- Emergency admissions to hospital and to residential care are reduced/delayed (as a result of the care given by the Carer)
- More Carers in crisis are supported quickly, locally, and efficiently and can access preventive health and wellbeing services
- More Carers report that they feel well safe, supported and able to have the breaks they need.
- General Practice and Health and Social Care service staff are carer aware and understand how to work with carers and link them to sources of support.
- Communities become more aware of carers and caring and are better able to support them.

3. Needs Analysis

Year	Total Adult Carers
2018	86,595
2019	87,116
2020	87,609
2021	88,101
2022	88,536
2023	88,951
2024	89,384

Age

44% of Carers, where their age is known, are of working age (18-64). 24% of Carers are in the 65-74 age bracket, 20% of Carers are in the 75-84 age bracket, and 12% of Carers are aged 85 or more.

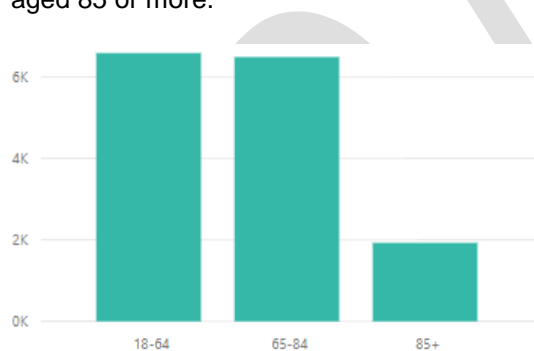


Figure 1 - age profile of known Carers

Gender

Male Carers are not recognised as often as female carers. 70% of Carers known to us are female and the subsequent 30% are male. The actual proportion of male carers in the population is understood to be 40%.

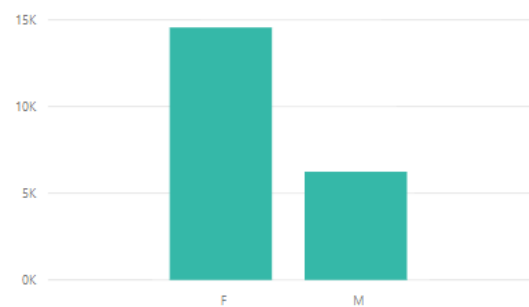


Figure 2 - gender profile of known Carers

Ethnicity

When the numbers of carers who have declined to state their ethnicity is taken into account 97% of Carers known are White British, broadly in line with the demographics of Devon. Other ethnicities follow similar patterns to the 2011 UK Census.



Figure 3 - ethnicity profile of known Carers

After White British, the next largest group (1.5%) of Carers is those of any other White background

Employment status

79% of Carers have not stated their employment status, but of those who have, 53% are retired. 47% are in employment, or some form of volunteering or in education.



Figure 4 - employment profile of known Carers

There is an unknown number of Carers who have a Learning Disability. This particular cohort of Carers is likely to be at greater risk.

A significant proportion of carers give up work to care every year and while this may be a choice more carers need support to enter, continue in or return to employment.

“Sandwich” Carers

397 carers are known to care for 2 people, 26 care for 3 people, 3 care for 4 people, and 1 carer cares for 5 people. Where a carer is caring for 2 or more people the age of the cared-for persons is generally within the 18-64 age range. NB This does not take account of carers also caring for children, whether or not these children have special educational needs or disabilities. Caring while having other family responsibilities can create significant additional stress for carers.

Demand profile

3,889 (18%) of Carers known to us were assessed/reviewed in the 2017/18 financial year, of these 523 Carers were identified as requiring replacement care to meet their assessed eligible needs for support.

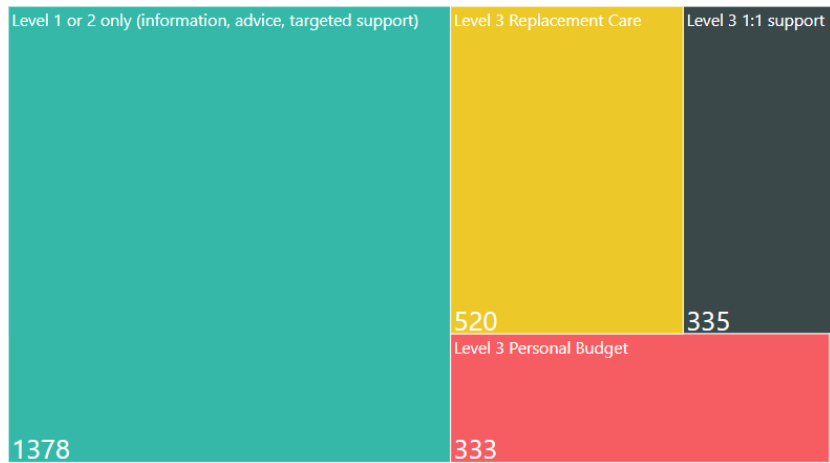


Figure 5 – allocation of support to Carers

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