CARERS AND CARING

What’s the issue?

“Whilst caring for an ill, elderly or disabled relative or friend can be rewarding, it can be a difficult experience without the right support” [73]. Some carers sacrifice their own way of life, lifestyles, and careers to become carers and the needs of other family and friends for the loved ones, and it can affect the carer’s physical and emotional health if the care needs are high or the carer does not have sufficient support. With the ageing population, it is often the case that elderly couples are caring for the other, with the carer also having significant health needs. The Care Act gives specific rights to all carers and places a responsibility on the local authority to assess and meet their needs.

What’s our situation?

From the local adult Health and Lifestyle Survey 2011-12 [63], 16% of respondents reported that they were responsible for the long-term care of someone, with the highest percentage caring for a sick or disabled partner (5.1%). From the local Young People Health and Lifestyle Survey 2012 [74], one-third of pupils stated they helped look after someone (disabled or ill mother / father / brother / sister, elderly grandparents or someone else). The predicted future numbers of people in Hull providing unpaid care to a partner, family member or other person among those aged 65+ years has been estimated [75]. For 2015, it was estimated that 5,118 carers are aged 65+ years (including 333 aged 85+ years) in Hull but that this will increase to 6,000 by 2025 (including 435 aged 85+ years). It is further estimated that 2,727 of these carers aged 65+ years are providing 50+ hours of care per week in 2015, increasing to 3,232 by 2025.

From the Adult Social Care Survey 2015/16 [71, 72], 38.8% of carers had as much social contact as they would like which was similar to England (38.5%) but slightly lower than the region (40.5%).

For more detailed information, see the JSNA Toolkit: General Health, Disabilities and Caring and JSNA Toolkit: Older People reports.

What are the strategic needs?

The Priority Families programme in Hull aims to change these repeating generational patterns of poor parenting, abuse, violence, drug use, anti-social behaviour and crime in the most troubled families in Hull (see the JSNA section on crime, www.hullpublichealth.org/jsna2017.html#c13 which will influence safeguarding and the number of children in care. The ‘Hull Early Help and Priority Families Strategy 2015 – 2020” gives further information on the four different ‘levels’ of early help: (i) universal response (no additional needs); (ii) early help response (additional needs); (iii) targeted early help response (complex needs); and (iv) statutory and specialist response (risk of significant harm) [76].

There is a need to work with partners to ensure that services are integrated, high quality and accessible in ways that offer people appropriate choices. Also working with partners to promote self-care, reablement or mutual support in community settings so this is viewed as the norm and reduce reliance on residential or home care. Where appropriate, ensure provision of specialist and adapted housing that is fit for purpose. The new Care Act 2014 gives carers the right to receive services in their own right and focuses around promoting wellbeing and meeting needs rather than simple provision of services and on preventing, reducing or delaying the development of need, so individual needs should be assessed holistically within the context of the person’s support network and each individual’s circumstances considered, in order to provide the most appropriate care, help and support for that individual. When assessing the needs of an individual in need of care and support, the needs of the carer must also be considered, and carers can access services in their own right even if the person they care for does not, is not eligible or is a self funder.

One of the aims of the local Humber, Coast and Vale “Start Well, Live Well and Age Well” Sustainability and Transformation Plans (STP) [3] is to support everyone to manage their own care...
better through communities and public and voluntary sector organisations working together which includes those providing care (see the JSNA glossary (www.hullpublichealth.org/jsna2017.html#c82) for more information). Work is ongoing in Hull around the asset-based approach which utilises assets within the community to support people and improve their health. This approach can be used to for carers as well as the people they care for (for more information, see the section on social capital and asset-based approach, www.hullpublichealth.org/jsna2017.html#c14).

References