

People and Families Scrutiny Committee

10:30	Thursday, 12 May 2016	Committee Room 1, County Hall, Chelmsford, Essex
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Quorum: 4

Membership

Councillor I Grundy
Councillor D Blackwell
Councillor R Boyce
Councillor J Chandler
Councillor M Danvers
Councillor K Gibbs
Councillor A Goggin
Councillor C Guglielmi
Councillor T Higgins
Councillor P Honeywood
Councillor R Howard
Councillor A Jackson
Councillor M McEwen
Councillor A Wood

Chairman

Non-elected Members

Richard Carson
Marian Uzzell

For information about the meeting please ask for:

Robert Fox, Scrutiny Officer
Matthew Waldie, Committee Officer
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www.essex.gov.uk/scrutiny



Essex County Council

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Part 1

(During consideration of these items the meeting is likely to be open to the press and public)

		Pages
1	Apologies and Substitution Notices The Committee Officer to report receipt (if any).	
2	Declarations of Interest To note any declarations of interest to be made by Members in accordance with the Members' Code of Conduct	
3	Minutes of previous meeting To approve the minutes of the meeting held on 10 March 2016.	5 - 14
4	Questions from the Public A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. On arrival, and before the start of the meeting, please register with the Committee Officer.	
5	Carers Strategy To receive an update on the Carers Strategy. Michael O'Brien, Head of Commissioning Education and Lifelong Learning, and Helen Gilbert, Senior Commissioning Delivery Officer, Commissioning Support, will be in attendance Report PAF/07/16 attached.	15 - 106
6	Community Agents To receive an update on Community Agents. Helen Gilbert, Senior Commissioning Delivery Officer, Commissioning Support, will be in attendance Report PAF/08/16 to follow.	
7	Children's Centres and Healthy Child Programme Consultation To receive an update on KPIs relating to pre-birth to 19 year olds. Stav Yiannou, Head of Commissioning, Early Years and Childcare, and Carolyn Terry, EYCC Commissioner for Sufficiency and Sustainability Integrated Commissioning and Vulnerable People – People Commissioning, to the meeting. Report PAF/09/16 to follow.	

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| 8 | Residential and Domiciliary Care Task & Finish Group
To receive a verbal progress report on the work of the Residential and Domiciliary Care Task & Finish Group. | |
| 9 | Scrutiny recommendations tracker and work programme
To receive an update on the work programme. PAF/10/16 attached. | 107 - 112 |
| 10 | Date of Next Meeting
To note that the next committee meeting is scheduled for Thursday 14 July 2016 at 10.30am. | |
| 11 | Urgent Business
To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency. | |

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

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| 12 | Urgent Exempt Business
To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency. |
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**MINUTES OF A MEETING OF THE PEOPLE AND FAMILIES SCRUTINY
COMMITTEE HELD AT AT COUNTY HALL, CHELMSFORD, ON THURSDAY 10
MARCH 2016**

County Councillors:

* I Grundy (Chairman)	* C Guglielmi
* S Barker	* T Higgins
D Blackwell	* R Hirst
R Boyce	* P Honeywood
* M Buckley	* R Howard
* J Chandler	A Jackson
* M Danvers	* M McEwen
K Gibbs	* A Wood
A Goggin	

Non-Elected Voting Members:

* Mr R Carson	Ms M Uzzell
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*present

The following Members were also present:
Councillor K Bobbin

The following officers were present in support throughout the meeting:

Robert Fox	Scrutiny Officer
Matthew Waldie	Committee Officer

The meeting opened at 10.30 am.

1. Apologies and Substitutions

The Chairman reported the receipt of the following apologies:

Apologies	Substitutes
Cllr D Blackwell	
Cllr R Boyce	Cllr S Barker
Cllr K Gibbs	
Cllr A Goggin	Cllr M Buckley
Cllr A Jackson	Cllr R Hirst

2. Declarations of Interest

Cllr Barker declared a personal interest in respect of Agenda item 5, Children's Centres Consultation, as Deputy to Cllr Butland, Cabinet Member for Health.

Cllr Chandler declared a personal interest in respect of Agenda item 5, Children's Centres Consultation, as Chairman of the Chelmsford and Maldon District Children's Centres Partnership Board.

3. Minutes of Previous Meeting

The minutes of the People and Family Scrutiny Committee meeting of 14 January 2016 were approved and signed by the Chairman.

In response to a Member's query, the Scrutiny Officer agreed to ensure that the Newsletter referred to under Item 6, bullet 6, in respect of Community Agents, be circulated to Committee Members.

4. Questions from the Public

There were no questions from the Public, but Cllr Dave Harris, Member for Colchester Maypole, presented a petition to the Chairman and briefly addressed the meeting.

This petition originated from the Berechurch Children's Centre Users and was supported right across the political spectrum. It expressed concern over any proposed closures of Children's Centres and asked the Council to retain them as they are now.

Cllr Harris shared with Members several views expressed by users of the Berechurch Centre, which indicated the level of support given to new mothers in particular, the benefits to both mothers and their pre-school children, and the importance of retaining a local service within the community.

The Chairman thanked Cllr Harris and confirmed he would pass the petition on, to be dealt with in the appropriate manner.

5. Children's Centres Consultation

Members received PAF/04/16, a report on the consultation being held on Essex Sure Start Children's Centres. The Chairman welcomed Stav Yiannou, Head of Commissioning, Early Years and Childcare, and Carolyn Terry, EYCC Commissioner for Sufficiency and Sustainability Integrated Commissioning and Vulnerable People – People Commissioning, to the meeting.

Members were reminded that they had been informed of the impending consultation at the November 2015 meeting, and had been informed of the changes in the pre-birth to 19 services envisaged at that time. This consultation related to the Children's Centres' element of the changes that will be made from 2017 onwards.

This sits under the Children and Young People's Plan, which is also under (separate) consultation. The overall intention is to seek greater collaboration of services and better use of resources. Children's Centres, the health visiting service, the school nursing service, the healthy schools initiative within schools and the family nurse partnership will all come under the same contract. Work has been done, based on previous research, on how people access the existing services, and on what the stronger areas are for people themselves. Various activities led to over 1100 responses being received from a range of stakeholders, including substantial numbers of parents/carers, children and young people themselves. This has led to a better understanding of what works,

and the intention to redesign systems to improve services to the people of Essex, from pre-birth to 19 year olds.

Certain features:

- There should be greater clarity on outcomes for families, both at a community and at County Council level
- There will be metrics used to measure performance
- There will be a strong focus on the community
- There should be one workforce, so families can deal with just one agency/contact.

With regard to Children's Centres specifically, feedback has been good overall, with responses particularly positive in respect of accessibility and location. Staff are seen as being good at listening and some parents have been helped to deal with their feelings of isolation. On the negative side, there is some perception that services/activities have been reduced and so more are sought; and stakeholders expressed the desire for longer opening hours and on different days. Also, a more integrated service, especially in respect of health services, was also considered necessary.

More up-to-date and accurate information is needed on what services are available, but without creating information overload.

The intention is to reduce the number of Children's Centre buildings. One in each District will become a Family Hub, which will become the focal point for services in that area. Other delivery sites will be used, but, as a study of the figures has revealed that the use of existing Children's Centres is predominantly between the hours 10.00 am to 2.00 pm, their opening hours will probably be restricted to reflect this. There are numerous questions in the consultation document about which days and times people would prefer.

There will be more taking the service to people in the community, rather than requiring them to come into Children's Centres. Families were saying that they did not necessarily want to go into the existing buildings. Two years ago, only 50% of priority groups were being reached; now the outreach figure is up to 72%.

There will be one point of access – a virtual place rather than a physical one, giving access to one system.

It was pointed out that, in previous consultations, changes had been made to plans, in the wake of comments received.

A number of points were raised by Members, with relevant responses from officers:

- The message regarding the shutting of buildings has not come across well so far, with many people thinking that users would be restricted to one location in each district. In fact the consultation document is quite clear that it is a consultation and that multiple delivery sites were intended. Various means would be used to signpost services – health visitors, going out to play areas, libraries, etc. It was strongly suggested that the

message needs to be relayed that the process is a public consultation and, as yet, nothing has been agreed

- The existing providers have been kept engaged in the process; the contract will go out to tender later in the year. CCGs across the county have been contacted
- The consultation has anticipated factors such as expected population in certain areas, insofar as these will be addressed with any potential bidders. It was noted that in some areas, there seem to be a concentration of delivery points in certain parts, but fewer in others
- It was not yet clear whether there would be one, pan-Essex contract, or one for each quadrant
- It was agreed that the Key Performance Indicators would be presented to the Committee at its 12 May 2016 meeting
- It was proposed that the three Children's Centres on Canvey Island should close, with the hub placed in Thundersley. It was suggested that this would not be acceptable, given the poor transport links to the Island. It was noted that there would be a consultation event on Canvey and that local people should be encouraged to present their views at this, and via the online consultation process
- A similar situation was noted in Jaywick, where closure of the centre was proposed and local residents did not tend to travel for services. It was pointed out that the centre had not been used for children's centre services and the intention was to use it for childcare services. However, local people would be encouraged to provide services from their own community and a consultation event would be arranged for the locality
- It was noted that advice had been taken with regard to various legal issues concerning the contracts, and in particular in respect of OJEU limits
- It was confirmed that getting access to priority families had increased since the closure of a number of children's centres across the county, and the intention of these proposals was to enhance services, rather than merely to save money
- Harlow centres were recognised as being well used and its specific situation was going to be reconsidered, to ensure the whole town continued to receive adequate services in future
- It was noted that in view of the analysis already carried out there would be considerable staff requirements and at present there was no conscious effort to keep the service contracts in house. However, HR could be asked to look at the practicalities of doing so and this option could be explored if it were thought appropriate
- One proposal was to make more use of libraries as venues, extending services available and using times when they would otherwise be closed. It was noted that some libraries were already very well used and some presented logistical problems such as having limited access. It was also noted that other venues would also be considered, according to availability and suitability
- Existing groups should be encouraged and engaged by future providers. Shenfield was cited as a good example of where local groups already provided a good service to the community, operating out of its local library. Consortium bids would be considered, so enabling smaller groups to be able to offer their services
- Regarding pre-schools, they do not provide services, although there already exists a measure of collaboration with early years provision, and there is no intention to make formal arrangements with providers in future.

The Chairman thanked officers for their presentation. He noted that they would be invited to the May Committee meeting, when the consultation period had finished, to address the Committee on KPIs.

He added that the questions and comments would be collated and formally submitted as part of the consultation process

**6. Overview of 2015 Education Attainment and Progress in Essex
Update on Task & Finish Group Report – Educational Attainment in Essex**

Members received PAF/05/16, a report on the 2015 education attainment and progress in Essex. The Chairman welcomed Cllr Ray Gooding, Cabinet Member for Education and Lifelong Learning, Clare Kershaw, Director for Commissioning; Education and Lifelong Learning, and Pippa Shukla, Lead Strategic Commissioner for Intelligence Education and Lifelong Learning (People Commissioning), to the meeting. He confirmed that these two items would be considered together, with Ms Kershaw addressing the overview for 2015, followed by Ms Shukla giving an update on the Task and Finish Group Report.

Cllr Gooding introduced the item by pointing this was a good opportunity to demonstrate what progress had been made recently.

Ms Kershaw picked out some key headlines in progress in 2015. Overall, for another year running, outcomes for children and young people across the county have improved.

There are three key strategies that drive the work within Education & Lifelong Learning:

- i. Every school to be judged good or outstanding
- ii. Our performance to be judged in the top 25% of local authorities nationally
- iii. To improve outcomes for disadvantaged children and young people.

Noted were:

- Three or four years ago, Essex sat firmly in the third quartile nationally. Now, at KS1 Essex is in the second quartile; at KS2 it remains in the third quartile, but has moved up to 65th out of 151 authorities; at KS4, Essex has moved into the second quartile, ranked 56th; at KS5 it lies in the top quartile. There has been some degradation in special schools
- With regard to schools being judged as good or outstanding, now 85% primary schools, 82% secondary schools and 100% special schools are so rated. These demonstrate a higher rate of improvement than the national average
- With regard to the Early Years profile: increasing the good level of development, at 68%, it has risen from 53% in 2012 and is higher than the national average. Regarding the inequality gap, calculated on the difference between the attainment of the 20% most deprived children, set against the rest, this has dropped to below 29% (below the 32% national average), but still remains an area for further improvement
- KS1 has traditionally been a strong area for Essex, and the percentages of children achieving the expected level in the three key areas of reading, writing and maths, as well as in science, have risen consistently over the years 2013-15

- In 2015, for the first time, Essex moved above the national average in children achieving expected levels in reading, writing and mathematics at KS2 level
- In the primary sector, there is an standards & excellence commissioner, who works with most schools. Every school is given a RAG rating. Every school is visited termly, with a lighter touch given to green schools and more support to those classed as red. Additional support is given through targeted intervention work. Also, new head teachers gets more support, with help from experienced head teachers
- At secondary level, only 7 schools remain below the national floor standard (ie 40% pupils attaining five good GCSE grades including English & mathematics), which is an improvement. Also, over half secondary schools are involved in the peer review triad model, which involves head teachers peer reviewing themselves in groups of three; this has produced very good feedback from those involved
- In KS4, the criteria have changed over the past few years, but Essex, with 58.4% pupils achieving 5 or more good GCSE grades, including English and mathematics (the national indicator), sits above the national average in 2015
- In respect of the number of young people (16-19 year olds) not in education, employment or training (NEETs), the figure has been dropping, from 5.7% in 2012/13 to 4.4% in 2015/16. This is a very good figure, although the aim is to reduce it further
- Outcomes for disadvantaged pupils. This is the number one priority. It is a complex area, which requires disadvantaged children actually to make more progress than others, for them to close the gap. Although most measures show improved performance for disadvantaged pupils overall, there have not been the same improvements in reducing the gap
- Outcomes for children in care is a key area. For the KS4 national performance indicator, the improvement between 2014 and 2015 was 10%, but it still only stands at 19% (2014 was very poor). This is higher than the national average, but it is still remains a focus for activity.

Ms Shukla gave a brief update on progress made to the actions and recommendations of the Task & Finish Group in July 2015.

Recruitment and Retention Issues:

- Encouraging schools to pool resources, where possible, to address staff shortages. The Secondary Head Teacher Association (ASHE) has been active in seeking staff from overseas; and one strategy has been for some schools to overstaff in certain subjects, with a view to sharing staff within clusters
- Understanding the nature, level and location of these issues. A more strategic approach is desired and a major initiative has begun, involving Essex officers and head teacher groups, to consider this. The specific area of in-year supply cover is also being addressed.

Early Years Issues

- Linking early years provision with that of infant/primary schools to provide seamless transition. Focus here is on school readiness, particularly in respect of children from deprived backgrounds. There is already a school readiness project in place in Basildon, Harlow and Colchester, with further planned for Braintree and Castle Point. There are a number of schemes

aimed at helping this process, eg providing parent support, improving communication

- Schools with lower attainment than the national average have been targeted, with emphasis on the core subjects

Assisting Governors

- How employers could be encouraged to release employees for service as governors. A pilot scheme has just been launched, with five people being appointed as e-governors, who did not have to physically attend meetings. This would be monitored to judge whether it might lead to high quality candidates coming forward as governors
- How to encourage governing bodies to share best practice. The governance effectiveness mark has been used to judge how governing bodies rate in the 9 relevant areas. Two partnerships, in Basildon and Harlow, have looked at this and there are other clusters and consortia of schools have shown interest and become involved

Data and Standards

- Looking to achieving higher targets, with the express aim of being in the top quartile of educational achievement. In view of the substantial changes happening within this area over the next year or so, it has been decided to set interim targets in the meantime
- Provision of clearer annual reports to the Committee. More information has been provided this year and feedback would be appreciated on this
- Encouraging schools to make use of Pupil Premium to produce improved outcomes for pupils. Amount from Pupil Premium is about £45 million. The National Education Trust has engaged in certain activities to take this forward
- How the County Council is involved in raising standards within hard-to-reach groups. Flowing from the work with the National Education Trust, some work will be done to encourage parental best practice, and raising aspirations

School Organisation and Planning

- Impact of migrant children on schools, particularly with regard to class sizes. The number of pupils in primary schools had risen by 8% and the level of surplus places has fallen to 7% (still higher than the 5% recommended by the DfE); at secondary level, the level of children has dropped by 5% and the number of surplus place risen to 12%. It was noted that Essex is a nett exporter of children into schools outside the County, although the impact is very small. Overall, the data suggests that this is not an issue for concern at present.

Cllr McEwen, as chairman of the Task & Finish Group, thanked all those involved with the initial work and noted the enthusiasm the Task & Finish Group had encountered in the schools, both amid staff and pupils, and at County.

In response to the question on whether the Group had been able to identify new issues, Ms Kershaw pointed out that the overall scrutiny had been welcomed, but spotlighting certain particular areas had been especially valued: the work on getting governing bodies to cluster together, recruitment and retention issues and the impact of migration on the availability of school places.

A number of points were raised by Members, with responses from officers where appropriate:

- Members would receive information broken down into district profiles shortly. The Cabinet member added a caveat, that some figures might be skewed by the popularity of certain schools and the consequent uneven concentration of parental preference
- The disparity between reading and writing levels at KS1 was noted. It was pointed out that a number of schools had benefited from improvement opportunities in reading, which had raised this level. There was also a recognised problem with boys, who were noticeably better at reading at KS1 than writing. This discrepancy lessened in time
- Managed Moves/Permanent Exclusions. It was suggested that the use of managed moves for pupils, rather than exclusions, could be seen to be a manipulation of figures and give a wrong impression. It was pointed out that managing moves was a formal process, involving negotiation between families and schools involved, and the impact of an exclusion on the child concerned was generally much greater than that of a move. However, Members were asked to inform officers if they had evidence of any poor practice in this area
- It was acknowledged that there were issues concerning recruitment and retention of teaching staff in the county, in particular where schools were situated next to London boroughs, which might benefit both from enhanced pay for staff and a higher premium for each individual pupil. The size of the County added an extra dimension to this. Another source of discontent stemmed from the ongoing changes within the profession – some bringing clear benefits, but others more challenging in what they bring.
- It was noted that this report would be very different next year. Essex tries to give as support to schools where it can, and it would take the substantial changes into account when considering next year's returns
- A Task & Finish Group has been set up to look into recruitment issues
- Although Essex does not have any legal authority over academies, it takes its duty of care toward children very seriously and continues to work with all schools. It will send someone in to a school if it thinks it necessary, reporting that school to either the Academies Trust or the regional schools commissioner, who do have authority, if that is considered appropriate.

Cllr Higgins left the meeting at this point.

- The intention to achieve a “seamless transition” from pre-school to school can be thwarted when parents cannot get into their local school. Popular schools will fill up but efforts are being made to get schools to cluster, to help alleviate this problem
- School readiness. There were a number of factors involved in this, with the ability of the child to learn and not have to be looked after constantly the most important ones. KPIs relating to this aspect will be included in the detailed returns to members.

Cllr Barker left the meeting at this point

- The position of FE Colleges was noted. It was pointed out that Essex was not responsible for these, this falling to Ofsted and the Educational Funding Agency. FE Colleges had suffered from funding cuts but efforts were being made by Essex to assist them in achieving better results.

Cllrs Hurst & Buckley and Mr Carson left the meeting at this point.

- Funding of capital projects. Essex has made considerable efforts to obtain funding from central government and has been relatively successful, and is diligent in trying to get the best value for the children of Essex.

The Chairman thanked Cllr Gooding, Ms Kershaw and Ms Shukla for their comprehensive contributions and noted the improvements that had been made over the past two years. He suggested that they contact the Scrutiny Officer, if there was anything that the Committee could do to assist in the management of outcomes, such as those with regard to disadvantaged children, for example. He also suggested it might be useful to have a Members' session on schools admissions and her team and agreed that they should provide an update on this to the Committee for the May meeting.

Cllr Boyce left the meeting at this point.

7. Scrutiny recommendations tracker and work programme

The meeting noted:

- the Residential & Domiciliary Care Task & Finish Group was about to meet and would be producing an interim report for the May meeting of the Scrutiny Committee
- a final report of the Children's Centres consultation, plus KPIs, should be coming to the May meeting
- Cllr Madden should be bringing a report to the Committee on Children in Care at the May meeting.

8. Date of next meeting

The Committee noted the date of the next meeting: 10.30 am on Thursday 12 May 2016. Venue: Committee Room 1 at County Hall.

The meeting closed at 1:27 pm.

Chairman

		AGENDA ITEM 5	
		PAF/07/16	
Committee:	People and Families Scrutiny Committee		
Date:	12th May 2016		
<u>Carers Strategy</u>			
Adult Carer Enquiries to:	Name Designation Directorate Telephone Number Email address	Mousumi Basu Head of Commissioning, Vulnerable People People Commissioning 07894 964294 Mousumi.basu@essex.gov.uk	
Young Carers Enquiries to:	Name Telephone Email	Michael O'Brien 07717867492 Michael.obrien@essex.gov.uk	

Purpose of the Paper

To update the People and Families Scrutiny Committee on the Essex Unpaid Family Carers Programme. The report covers:

1. Progress against the Essex Carers Strategy 2015-2020; 'Carers Count in Essex'
2. Outcomes achieved for Family Carers 2015-16
3. Support for Young Carers
4. Strategic, local and carer engagement

A number of appendices have been included to support this report:

- Appendix 1 – Carers strategy
- Appendix 2 - Details of the single point of contact for carers
- Appendix 3 – Case Studies
- Appendix 4 – Carer survey results
- Appendix 5 - Young Carers Commissioning Report

A. Introduction

The Essex Carers Strategy was launched just over one year ago. Signed off by the Health and Wellbeing board and published in April 2015, the strategy set out our new offer to Essex family carers of all ages, and how the County Council and partners will meet duties under the Care Act. The strategy was developed jointly with Essex CCGs and delivery is overseen by the Carers Partnership Board. This board has carer representation and co-chaired by a family carer to ensure the carer's voice continues to be heard.

What is currently in place to support Essex carers

During 2014 we undertook an open grant round to secure services for carers for two years, whilst we worked towards developing a model that would provide carers with a single point of access – something that carers had been telling us that they wanted. We were very pleased to award the funding to a partnership of local carers organisations who wanted to work together and provide a single point of access for carers.

The ‘Supporting Carers in Essex Partnership’ encompasses the following organisations:

- Action for Family Carers
- Essex Carers Support
- Crossroads Care Tendring and Colchester
- Crossroads Care Braintree District & Chelmsford
- Carers Trust Epping Forest, Harlow
- Crossroads Care Brentwood & Basildon

The following range of support is delivered for carers through this Partnership (see Appendix 1 for more detail):

- (i) A single point of contact for carers via a single telephone number or email address and a central point of contact for professionals
- (ii) Adult carer community based support, delivered by phone, home visits and peer-led support groups
- (iii) Hospital carer support in all acute hospitals in Essex
- (iv) Macmillan carers support for carers looking after someone with a terminal diagnosis or at end of life
- (v) Carers Rapid Response Service – short term support for carers experiencing exceptional difficulties or waiting to have a carers assessment
- (vi) Young carers secondary school-based support for carers aged 11 – 18yrs
- (vii) Young adult carers transition support for carers aged 16 – 24yrs

Additionally, more specialist support for carers has been funded via

- Headway
- Hamelin Trust
- SNAP
- Support 4 Sight

A range of additional more local support for carers is provided in local communities via the CCGs, other voluntary sector groups and the mental health trusts.

B. Progress against the Carers Strategy Action Plan

(i) Strategy progress – one year on

- ✓ **New services delivered:** For the first time one single point of contact across the county for family carers, and specialist provision for carers of people with specialist needs.
- ✓ **Better joined-up working and networking:** Carer organisations now regularly meeting to make better connections so that carers are supported in a more joined-up way.
- ✓ **Improved carers information:** New on-line information, the Living Well Essex website launch as a source of carers information and advice.
- ✓ **Better links between specialist services:** Better join up in ECC across Increasing Independence, Dementia and Autism programmes around carers.
- ✓ **Improved carer engagement:** Co production – funded a post at Healthwatch for 2 years to recruit, train and support carer ambassadors ensuring we continue to listen to and work alongside carers.
- ✓ **Improved and increased access to Carers Assessments:**
 - Adult Social Care – Implemented new processes for carers assessments, so that the focus of a discussion with a carer is about their health and wellbeing and a nominated lead for carers identified.
 - Practitioners Group set up which is meeting regularly to share and address practice issues.
- ✓ **New models of care in primary care:** Projects with GP practices in each CCG locality to develop GP carer friendly practices. Specifically in Castle Point & Rochford – a pilot with carer support workers offering drop-ins and 1:1 conversations based in GP practices.
- ✓ **New tools to help carers:** Recognising we need to support carers to plan better for all stages of the caring role a tool called 'Thinking Ahead' has been tested with a small group of older carers who are looking after someone with a mental or physical disability. As a result of the success of this, this tool is being rolled out across all increasing independence teams in Adult Social Care.
- ✓ **Supporting Mental Health of Carers:** Whilst carers mental health was not specifically identified in the strategy action plan, recent engagement with carers has identified this as a real issue. A mental health task and finish group has been set up with mental health providers to scope how support for carers can be improved.
- ✓ **Better engagement of CCGs:** There is evidence of greater engagement and interest in carers agenda in the NHS, outcome of close working in past year.

- ✓ **Better information on social care performance:** Developed a Management Information pack to performance manage social care and to inform future commissioning

(ii) Who has been supported and Outcomes delivered in 2015/16

- 5626 adult carers have been supported by the voluntary sector
 - 4924 by the partnership
 - 702 by the remaining funded organisations
 - 568 carers supported by Community Agents
- 3390 adult carers supported by Adult Social Care
- 1093 adult carers receiving direct payment
- Just over half of the carers supported by Adult Social Care are over the age of 75yrs
- The partnership support the majority of carers in the age band 65yr to 79yrs
- Patterns of referrals with the voluntary sector are roughly in line with referral patterns to Adult Social care

Outcomes

- 39% of Carers said that if they had not received support from Supporting Carers in Essex, they would have gone to their GP
- 26% of Carers said that if they had not received support from Supporting Carers in Essex, they would have gone to Social Care
- 81% of Carers feel that Supporting Carers in Essex has helped them feel more in control and able to make better choices in their Caring role
- 80% of Carers feel that their Caring role is recognised and respected more now than prior to receiving support from Supporting Carers in Essex
- 90% of Carers have increased knowledge of the support and information available
- 84% of Carers reported that Supporting Carers in Essex has helped them to maintain or improve their health and wellbeing
- 81% of Carers feel less isolated
- 86% of Carers feel more able to continue in their caring role

Hospital

- A total of **406** Carers have benefited from Support while the person they Care for was in hospital
- **60%** of Carers receiving Carer Support in Acute Hospitals, felt more confident to access the support they need, in order to help prevent future inappropriate admissions to hospital of the person they look after. **80%** felt that the support

they received had helped them to understand the hospital processes, so the person they look after was discharged safely and appropriately from hospital.

Macmillan End of Life

A total of **675** Carers have accessed support since the 1st April 2015, **214** of whom are newly identified Carers

Through feedback and evaluation, **42%** of respondents said that they would have gone to the GP if they had not received support through the Macmillan service. **100%** said that they were satisfied or very satisfied with the support they had received. **98%** of Carers felt that our service had helped them to maintain or improve their own health and wellbeing, which included feeling less stressed and anxious. **94%** also reported that they were less isolated and felt more able to continue in their caring role.

C. Supporting Young Carers

i)

Y

Young Adult Carer Transition Support

A total of **169** Young Adult Carers have accessed support since the 1st April 2015, the majority of whom were aged between 18 and 20 years and **34%** were male. This was less than our indicative number, which was high and had been based on the figures of a younger cohort, and this age group are a challenge to engage.

106 new Young Adult Carers have been identified and a total of **300** Young Adult Carers are known to the service and registered on our database. The majority of Carers were looking after someone with physical disabilities or mental health needs. **194** people were reached through outreach work and **470** individual interventions took place. These ranged from home visits and group sessions to telephone calls and emails, with the majority of interventions providing emotional support. **57%** of these interventions were level 2, providing personalised advice and support. The service will continue its invaluable work over Year 2, further developing the service and providing this vital support to more young people

ii)

Y

Young Carers Early Intervention School-based Support

The 2014 SHEU survey figures indicate that there are 12,000 young carers aged 11-18 in Essex who provide care every day to someone, with just over 6,500 providing more than one hour of care.

A total of **392** Young Carers have accessed support through the Schools programme, the majority of whom were aged between 12 and 15 years, and 65% were female. **369** Young Carers have been newly identified and a total of **4,485** people have been reached through outreach work.

The team conducted **5,107** individual interventions, which ranged from home visits and group sessions to telephone calls and emails, the majority of which were

providing emotional support and at level 2. A total of **935** Young Carers are registered on our database.

The Young Carers Schools project has been actively working with 46 secondary schools across Essex, and is in regular contact with all **79** schools, actively encouraging them to participate with the service. Four secondary schools are being supported by the service to achieve the Carers Trust and The Children's Society Young Carers in School Award.

The team have been working with Provide to deliver Young Carer, Identification, Recognition and Support training to school nurses and school health champions. They have facilitated awareness sessions at Anglia Ruskin University and liaised with Primary Schools to identify year 6 pupils who have a Caring role, to ensure support is in place when they attend secondary school in September.

D) Strategic, local and carer engagement

Clinical Commissioning Groups - Over the last year, our relationships with the CCGs have developed, with improved attendance at the Carers Partnership Board and a willingness to start work to develop GP friendly communities. We have agreement that learning from all the different activity will be shared across all the CCGs. We have had early indications from some of the CCGs to invest funding for carers services in with us which we will be exploring further during 2016/17. The partnership has also focussed this year on meeting with the CCGs quarterly to update them on progress.

Hospitals – there are carer support workers based in each of the acute hospitals which are delivered through the partnership. This took a while to establish itself, and each worker is undertaking a slightly different role to reflect hospital need.

Community Agents – there are good links between the two partnerships, with the agents using the expertise of the carers partnership, and the carers partnership using the connections that the Community Agents have.

Mental Health Trusts – mental health trusts are part of the carers partnership board and a carers mental health task and finish group has been set up.

Parent Carers and Young Carers-

Support for young carers is delivered through assessments provided by ECC targeted youth advisors, with a number of young carer groups across the county, providing breaks. This is enabling us to have much better data about the needs of young carers which will be informing future commissioning.

Parent carers identified via our contact centre or through the Supporting Carers in Essex partnership are being linked to the current offers available through the Local Offer. The partnership is taking weekly referrals from parent carers and is able to offer information and advice and support, however, the partnership have recognised

that these parents are often managing very complex situations, and are planning additional training and support to their staff.

Engagement

The strategy was co-produced with carers full involvement, setting the outcomes, vision and principles and building on this, a post has been funded at Healthwatch to recruit and train carer ambassadors to ensure the carers voice is maintained. There are currently 6 active carer ambassadors and we have a network of 200 carers who indicated that they wanted to be involved in any future developments for support for carers following the engagement we did for the strategy. We have recognised that there are many people who do not recognise themselves as carers and we expect that the ambassadors getting out and about into the community will ensure we hear the voice of a wider group of carers.

There have been a number of events held with young carers across Essex to capture their views and to hear their voice in developing our next steps.

We will be promoting carers during carers week (6th – 10th June 2016) and following this will be then running a number of roadshows out across the county to help us share information about support for carers, to use as an opportunity to engage with carers, but also to offer them some time out at these sessions to focus on themselves.

E. Next steps - priorities for 2016/17

In the short period since publication of the Carers Strategy important and significant developments have taken place. We have seen improved engagement of the carers agenda within Social Care and the NHS. For the first time there is a single point of access for carers in Essex. Greater numbers of family carers are being assessed for their own needs and accessing Direct Payments. We have a range of carers providers working more closely together than ever before. Carers are now having a stronger voice in Essex. This is a sound platform for continued improvement. We have identified the following priorities for the year ahead to embed the good work:

1. Empowered and informed carers- including young carers
2. Designing the offer for carers with carers
3. Better join up of adult social care and children's services, including improved transitional arrangements for young carers becoming adults
4. GP recognition of carers
5. Carers mental health
6. Further development of the Data Information Pack

F. Conclusion

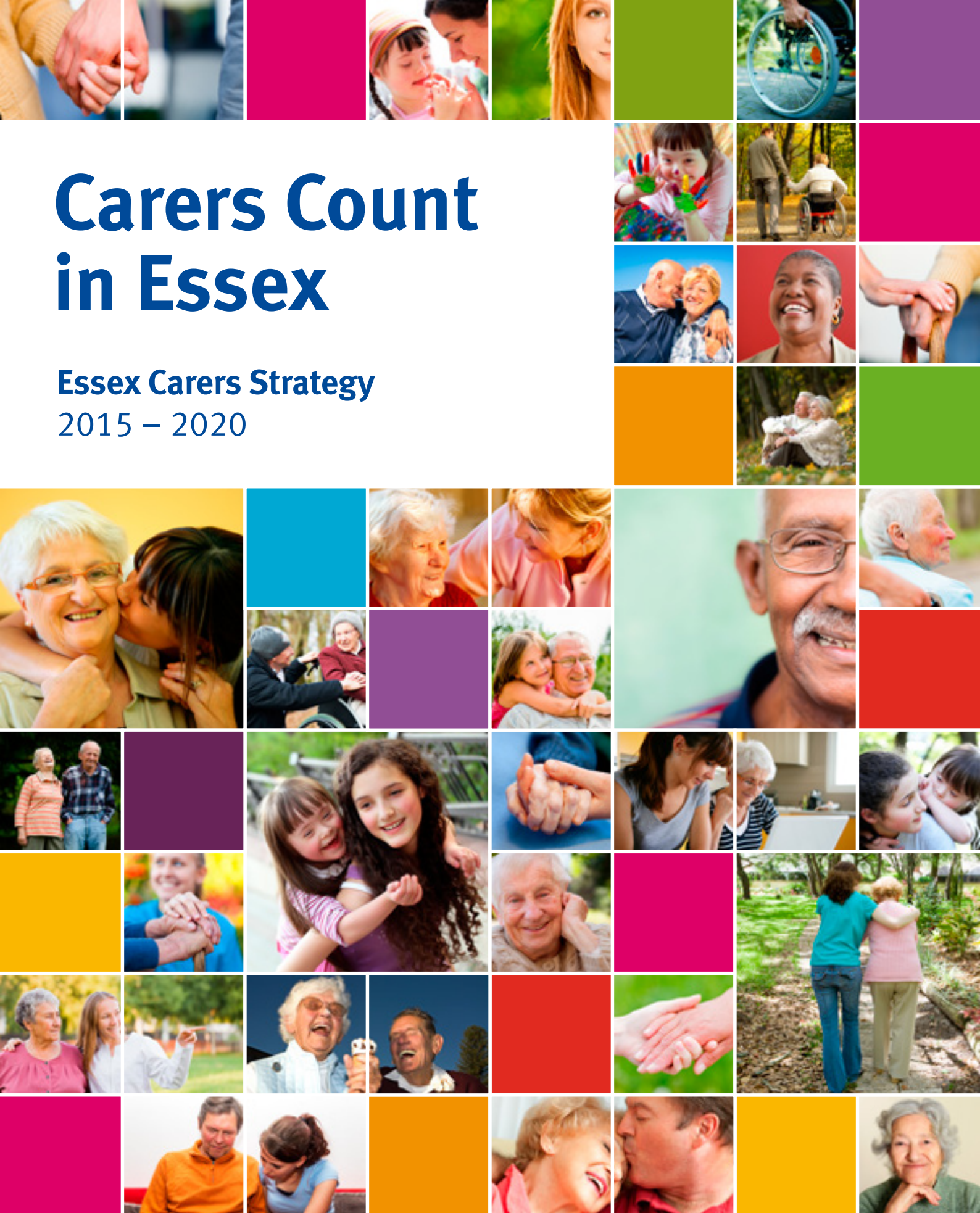
In the past year we have seen a number of new and more co-ordinated carers services in place and greater numbers of carers are identified and supported across Essex. We have seen improved outcomes for family carers with 86% of those supported by the partnership feeling better able to cope with the caring role.

Looking forward we will finesse existing carers information pathways. We will continue to engage with family carers to help shape the future of carers' services and recruit additional Carer Ambassadors as an important mechanism to cascade carer's

agenda at a local level. We will build and share good practice on GP engagement and to embed with emerging local neighbourhood teams. There will a new and improved offer to support young carers and those going through transition. Outcomes will continue to be captured to understand what difference is being made and engage on gaps and areas of improvement. We feel through the steerage of the multi-agency and carer-led Essex Partnership Board many new exciting developments can be delivered to give Essex carers a better quality of life and well-being.

Carers Count in Essex

Essex Carers Strategy
2015 – 2020





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Jointly prepared by:







As Chair of the Essex Health and Wellbeing Board, I am delighted to introduce this strategy for 2015 to 2020, which sets out the shared aspirations of Essex County Council and our five Clinical Commissioning Groups and our commitment to improving outcomes for carers in Essex.

While, in one sense, caring is a very normal part of life, with one in three of us likely to take on a caring role at some point, it is not something that people necessarily plan for, or choose to do. Caring doesn't always come easily and alongside the complexity of navigating health and social care systems, comes the practical and emotional impact of being a carer which means it may be very hard to do well in school or to stay in work; friends may drop away; finances can suffer; and your own health may start to deteriorate.

Yet despite these very real difficulties, we see every day the vital role that carers play in supporting people across Essex to live independently within their own homes and communities. We know this because of the work already done with carers, for example in the engagement activity undertaken by the Essex Carers Network and Mencap Essex, which informed the recent report 'The System Is Not Working With Us: Learning From Family Carers In Essex', which has helped to shape our approach. We know, quite simply, that without the ongoing commitment and efforts of thousands of carers, the health and social care system could not continue to function.

The Care Act has set us a challenge, creating a fundamental shift in the way carers are viewed and supported, focusing on their health and wellbeing and giving them parity of esteem with service users and patients. We are pleased to respond to that challenge, knowing that it will bring improved outcomes for carers and the people they care for. This strategy sets out our plans to transform our approach, creating a new relationship with carers and a new model of support, which together will really make Carers Count in Essex:

- Supporting carers of all ages to maintain their own quality of life by focusing on their health, wellbeing and life opportunities.
- Recognising, respecting and involving carers as expert partners in care.

We have a long way to go and we don't have all the answers yet, but over the next five years we will work with our with carers, and our partners across the public, private, voluntary and community sectors to develop the right solutions. If you are a carer we hope that this strategy will help you to be heard and supported.

A handwritten signature in dark ink, appearing to read 'David Finch', written in a cursive style.

David Finch

Chair, Essex Health and Wellbeing Board

Executive Summary

Why carers are important

In Essex an estimated 145,000 people provide care and support for someone else who needs help with their day-to-day life. These unpaid carers play a vital role in supporting people who are frail, ill, disabled, or who have mental health or substance misuse problems. But carers have needs too. Many are particularly vulnerable to stress and breakdown: about 32,000 are estimated to provide care for more than 50 hours per week.

Caring is not just something that is done by adults. An estimated 10,000 carers across Essex are aged between 11 and 18, combining the role of supporting and caring for someone with enjoying their childhood and completing their school work. Over a quarter of all young carers of secondary school-age experience problems of some kind, while 40% of children caring for someone who misuses drugs or alcohol have educational difficulties. Supporting young carers is crucial if they are to get the best start in life and have opportunities for the future.

Changing expectations

We have supported carers in Essex for many years, but the Care Act 2014 signals a real change, making care and support clearer and fairer and putting people's wellbeing at the centre. The Act places carers on an equal footing with those for whom they care, giving them new rights to assessment and support for eligible needs. It also means that information for carers should be easier to access and they should be better involved in the care and support of the person they care for. Additionally, the Children and Families Act 2014 makes sure that young carers, and parent carers, get the support they need.

What it means if we don't get it right

Caring can be stressful and carers have needs and rights too. Their health and wellbeing can suffer if they are not supported and this is not only bad for them but also has wider costs. The value of care provided by unpaid carers in Essex is estimated to be £2.5 billion a year, based on the cost of alternative home care provision. Unpaid carers are therefore an asset to their communities as much as they are to the person they are supporting.

What needs to change

We need to embrace a prevention agenda. For carers, this means reducing the impacts of caring on their lives, enabling them to achieve their aspirations and cope with crises in their caring roles. This requires a fundamental shift from reactive services that address ill health and care needs once they have arisen, to proactive approaches that build individual resilience and help people to achieve their potential.

The Essex Carers Strategy...

This strategy presents what we know about caring in Essex and describes the changes we'd like to see over the next five years. With growing recognition of the value that carers bring to our health and care systems, and an increased focus on the wellbeing and life chances of carers of all ages, this strategy sets the framework for an outcomes-based approach to recognising, respecting, working with and supporting carers. It includes a high-level action plan and describes a set of principles which will shape how we work together in partnership to achieve improved outcomes for carers – making Essex a place where Carers Count.

Our Vision: Carers Count in Essex

Carers of any age are identified, recognised, and valued as essential to our communities, helping to support and care for people in need. Carers will be able to feel in control of their lives and able to balance a life outside of caring, maintain good health and wellbeing. Young carers will have the same life opportunities as their peers.

The strategy sets the high-level direction for all agencies working with carers, and describes a set of outcomes for carers, based around the following themes:-

1. **Choice and Control** – Carers know what their options are now and for the future and are supported to plan for all stages of their caring role;
2. **Respect and Recognition** – Carers are recognised, respected, valued and included as expert and knowledgeable partners by professionals;
3. **Access to networks of support** – Carers are connected to local community support networks;
4. **Achieving full potential** – Carers are able to access education, employment and life opportunities;
5. **Good Health and Wellbeing** – Carers are able to maintain their health and wellbeing, both physically and emotionally, whilst managing their caring role; and
6. **Independence** – Carers are resilient and able to sustain a life of their own alongside their caring role.

To ensure progress towards achieving outcomes for carers, the strategy includes a high-level action plan which shows how we will implement our new model of support.





Background

A definition of what we mean by the term ‘carer’

National policy and legislation

The impacts of caring

Why it makes sense to support carers

What do we mean when we say ‘carer’?

While many of those who regularly offer care and support would not recognise or label themselves as carers, for the purpose of this strategy we define a carer as a person who is unpaid and looks after or supports someone else who needs help with their day-to-day life, because of:

- A long-term illness.
- A disability.
- Mental health problems.
- Substance misuse.

Carers may be family members, including children and young people who live with the person they care for, or family, friends or neighbours who live elsewhere.

The term ‘young carer’ applies to anyone under the age of 18 whose life is in some way restricted because of the need to take responsibility for the care of a person on a regular basis. They may be the main carer, or provide partial care for an adult or sibling. The majority of young carers provide support for parents or siblings, with a smaller number caring for grandparents or other family members. In some cases the young carer is looking after more than one person.

The term ‘carer’ does not include any carer who gets payment either in cash or in another way for the care they provide; or who works as a volunteer on behalf of a voluntary organisation.

A carer may help with tasks such as washing, dressing, using the toilet, getting someone up or helping them to bed, shopping, cleaning, laundry and making meals. The caring role can also include providing emotional support, and childcare responsibilities. The care may mean keeping an eye on people who are confused or at risk if not supervised, or encouraging them to do everyday things for themselves.



National and local attention on carers

The UK Government continues to champion carers - publishing the first National Strategy for Carers in 1999, which has subsequently been revised (2008) and updated (2010 and 2014). The needs of carers have also been recognised and strengthened in related employment and health policy, while advocating closer working between Health and Social Care.

In 2014, the Government continued its recognition of the importance of carers by releasing the 'Carers Strategy: Second National Action Plan 2014-16'. This plan prioritises issues for action:

Priority Area 1: Identification and Recognition

- Supporting people with caring responsibilities to identify themselves as carers so they can access the information, advice and support that is available.
- Carers feeling their knowledge and experience are valued by health and social care professionals.
- Involving carers in planning individual care packages and in developing local strategies.

Priority Area 2: Realising and releasing potential

- Support for young carers and young adult carers.
- Support for carers of working age.

Priority Area 3: A life alongside caring

- Personalising support for carers and the people they support.
- Availability of good quality information, advice and support.

Priority Area 4: Supporting carers to stay healthy

- Impact of caring on health and wellbeing.
- Prevention and early intervention for carers within local communities.
- Supporting carers to look after their own health and wellbeing.

In 2014, NHS England published a 'Commitment to Carers' in eight priorities:

- | | |
|--|-------------------------------|
| 1. Raising the profile of carers | 5. Primary care |
| 2. Education, training and information | 6. Commissioning support |
| 3. Service development | 7. Partnership links |
| 4. Person-centred, well-coordinated care | 8. NHS England as an employer |

Foreword by Rt. Hon. Norman Lamb Minister of State for Care and Support:

'Supporting carers to care effectively and safely; look after their own health and wellbeing; fulfil their education and employment potential; and have a life of their own alongside caring responsibilities are priorities across this Government.'

Locally, Essex County Council has identified action to improve outcomes for carers within the following Commissioning Strategies:

- Children in Essex get the best start in life
- People in Essex enjoy good health and wellbeing
- People have aspirations and achieve their ambitions through education, training and lifelong learning
- People in Essex can live independently and exercise choice and control over their own lives

New legislation for 2014 – requirement to act

The Care Act 2014 means important changes for carers from 1 April 2015:

- Carers have the same legal rights as those for whom they care.
- Local authorities have a duty to assess carers who appear to have eligible needs.
- Local authorities must consider a carer's overall wellbeing, which includes physical, mental and emotional wellbeing, participation in work, education and training, and social and economic wellbeing.
- Carers who meet eligibility criteria will have a right to support to meet their eligible needs.
- Carers should be supported to retain and gain employment.
- Carers will have new rights to be consulted on the cared for person.
- Local authorities will have a duty to provide information and advice.

The Act requires local authorities to provide information and advice relating to care and support locally, to include:

- **Training** – learning and skills for caring.
- **Coping** – with routine caring responsibilities.
- **Managing work** – how the workplace takes into account carer's responsibilities.
- **Local support and services** – knowing where to go close to home.
- **Benefits and finance** – assistance and independent advice available
- **Information on assistive technology** – devices and equipment that improve daily living.

The Children and Families Act 2014, in conjunction with the above, adults-focused Care Act, seeks to make sure young and parent carers get the support they need. Under this Act, local authorities are expected to try and identify young carers so they can be offered support and both adult and children's social services will need to work together on helping young carers.

Young people turning 18 and their carers may also become entitled to adult social care services; there is therefore cross over between the two acts in respect of the provision of support to young people between 18 and 25. The needs of carers, reflective of the changed circumstances of the young person as they move towards adulthood, should also be considered as part of transition planning.

What Carers UK said:

'The Care Act gives landmark new rights to carers, for the first time giving them the same entitlements to assessment and support as those they care for.'

'We welcome this recognition of the contribution of carers and the need to support them to live their own lives at the same time as caring for a loved one.'

Why carers need support – the impact of caring

Health and wellbeing

- Forty-three percent of people caring for an older person are themselves aged over 65.
- Nearly half of older carers reported high blood pressure or hypertension, cholesterol and arthritis. Around 20% of older carers experienced self-care difficulties themselves, for example, as many as 13% reported difficulty dressing. (Independent Age ‘The Bigger Picture: Understanding disability and care in England’s Older Population’ Dec. 2014).
- 58% of carers said that their mental health had been adversely affected by being a carer (Carers Trust survey).
- 27% said that caring had a negative impact on their physical and mental health.
- Substantial numbers of young carers report stress, anxiety, low self-esteem and depression.

Social challenges

Carers Trust research suggests that:

- One of the most difficult challenges carers have to cope with is the impact on their relationships, with two thirds (66%) saying their relationships had suffered as a result of their caring responsibilities.
- The same percentage said they felt a loss of identity as a direct result of their caring role.
- Three-quarters had not had a regular break from caring in the past 12 months and 38% had not had a single day off.
- Many young carers report feeling isolated from their peers. They also feel that they lack the time and opportunity to socialise and can also be reluctant to do so.

Financial difficulties

- 59% of carers said that being a carer had a negative impact on their working life; with 17% having to stop work; 15% having to reduce their paid working hours; 15% having to use holidays for caring duties (Carers Trust survey).
- A survey of 3,000 carers found that 44 per cent had been in debt as a result of caring (Carers UK 2013).
- More than two thirds (67%) reported they were financially worse off as a result of caring (Carers Trust survey).

Educational attainment

- 27% of all young carers of secondary school-age experience some educational problems, while 40% of children caring for someone who misuses drugs or alcohol have educational difficulties. Many miss school and fail to attain any educational qualifications. This, combined with ongoing caring responsibilities, serves to exclude some young carers from the labour market.

Hidden impacts

- Identifying young people with caring responsibilities for a relative at home is difficult – they may not have the language, confidence or self-awareness to relay the physical and/or emotional impact of living with a relative who requires care. Many experience traumatic life changes such as bereavement, family break-up, losing income and housing, or seeing the effects of an illness or addiction on their loved one.

Why carers need support – the impact of caring (cont...)

University of York research found that:

- Emotional and mental health problems are more often associated with care giving than physical health problems.
- Carers are more likely than non-carers to report high levels of psychological distress, which can include anxiety, depression, and loss of confidence and self-esteem.
- Carers report that emotional health problems interfere with their everyday activities and work. Restrictions on personal, family and social life also take their toll on carers' health.
- Maintaining carers' health, and ensuring their access to health services, are important in their own right. Promoting carers' health may also bring health and other benefits to the person they care for.



Why supporting carers makes sense

Health and wellbeing

Research shows that increasing support for carers:

- improves health and wellbeing outcomes for patients and recipients of care.
- improves health and wellbeing outcomes for carers, who suffer disproportionately high levels of ill-health.
- reduces unwanted admissions, readmissions and delayed discharges in hospital settings.
- reduces unwanted residential care admissions and length of stays.

(Supporting Carers, the Case for Change, Princess Royal Trust and Crossroads Care)

Financial value of caring

Nationally, the support provided by carers has been estimated to save the state a staggering £119 billion a year (Carers Trust). Locally, the value of care provided by unpaid carers in Essex is estimated to be £2.463 billion a year, based on the cost of alternative home care provision (University of Leeds).

In Essex there are 32,000 people providing unpaid care for more than 50 hours a week – these are the ‘high-end’ carers for whom carer breakdown is a real possibility and the potential financial impact of this is significant:

- 12 residential placements for people with a learning difficulty for a year could cost £1 million per year.
- 55 residential placements for older people could cost £1 million per year.

Prevention and early intervention

By focusing on prevention, in line with the expectations of the Care Act, we can reduce the negative impacts of caring, enabling carers to maintain good physical and emotional health, achieve their aspirations and cope with crises in their caring roles. This requires a fundamental shift from reactive services that address ill health and care needs once they have arisen, to proactive approaches that build individual resilience and help people to achieve their potential.

Responding to increasing demand

Into the future, carers will continue to be a critical part of our plan to respond to increasing demand for health and social care. The NHS recognised that ‘it’s likely that every one of us will have caring responsibilities at some time in our lives’, and we must keep supporting the increasing number of carers across Essex in a way that maintains their good health and wellbeing, independence and choice and control over their lives.



What do we know about carers in Essex?

Carers' statistics

Current support for carers

Carers' views and experiences

What do we know?

A picture of caring:

- 146,211 adults in Essex provide informal care to relatives, friends or neighbours according to the 2011 Census - a 13% increase in the number of carers from the previous Census. A large number of carers (31,882) provide more than 50 hours of care per week.
- An estimated 10,000 young carers aged between 11 and 18 years old provide daily care to someone, with almost 6,000 of these providing more than one hour of care a day.
- For adults with physical disability, carers are likely to be spouses in their mid/late years. 43% of people caring for an older person are themselves aged over 65.
- The number of older carers (65 years and over) providing care is also significant at 35,512.
- 10,500 adults in Essex receive a carer's allowance because they regularly spend at least 35 hours a week caring for person who gets a qualifying disability benefit, and have limited earnings of their own.

The future picture of caring

- The need for care and support is predicted to rise significantly over the next five years, and as our population ages, so will our carers, with fewer people of working age able to provide the levels of care required.
- This makes it even more important to ensure that people are encouraged and supported to care; that caring becomes sustainable; and that crises (and escalated service needs) are avoided.

Carers in CCG areas

Mid Essex

(Braintree, Chelmsford and Maldon)

There are currently an estimated 38,741 carers in the Mid-Essex region, making up around 10% of the population of the area. Of those 38,741 carers, 7,651 provide more than 50 hours of care per week. This represents 20% of the overall caring population.

North Essex

(Colchester and Tendring)

There are currently an estimated 33,920 carers in North Essex, making up around 11% of the population of the area. Of the total 33,920 carers, more than 8,300 provide care for more than 50 hours per week, representing 24% of the overall caring population of the area.

West Essex

(Epping Forest, Harlow, Uttlesford)

There are currently an estimate 28,803 unpaid carers in West Essex, making up 10% of the population of the area. Of this number, 5,702 (20%) provide more than 50 hours care per week.

South West Essex

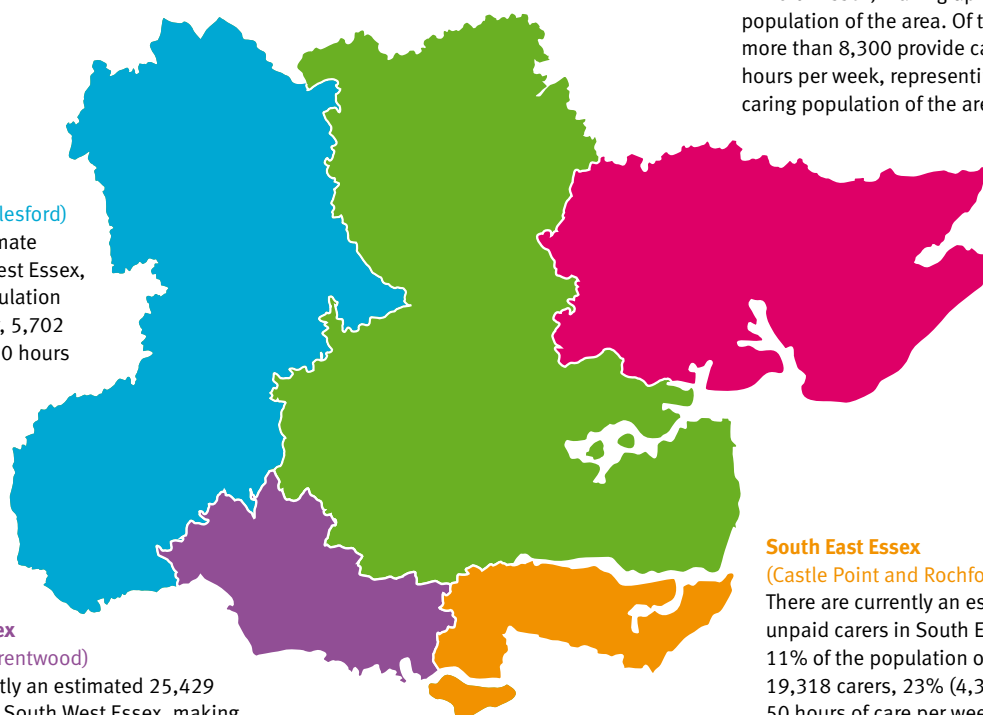
(Basildon and Brentwood)

There are currently an estimated 25,429 unpaid carers in South West Essex, making up 10% of the population of the area. Of the total 25,429 carers, 23% (5,893) provide more than 50 hours of care per week.

South East Essex

(Castle Point and Rochford)

There are currently an estimated 19,318 unpaid carers in South East Essex, making up 11% of the population of the area. Of the total 19,318 carers, 23% (4,389) provide more than 50 hours of care per week.



Support for carers is currently provided via four main routes:

1. Social care assessment and support - resulting in information and advice, signposting to support services, or Carers Direct Payments:
 - 10,208 carers were assessed or reviewed by ECC in 2013/14
 - 28% of those assessed received a Carer's Direct Payment (2,898 people)
2. For young carers - support to young carers from 8 to 18 is currently via Essex Youth Service, with funding to local voluntary providers as well as some direct delivery. This provision facilitates group sessions in each district, which provide a respite from caring responsibilities as well as social and developmental opportunities, including accredited learning programmes and peer support. Young carers are assessed and needs identified, as well as emergency support plans put in place – about 1100 young carers each year are supported by these sessions across Essex.
3. Voluntary and community sector services across Essex, funded by both ECC and NHS, which include information, advice and support services, sitting services and support groups. Support is provided by specialist carer organisations and also as part of condition-specific approaches, for example to carers of people with dementia.
4. Engagement with health and social care professionals in primary, secondary and social care settings, for example in relation to support for young carers and their families:
 - Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents/carers to make changes.
 - Practitioners offer support and services to help families find their own sustainable solutions. The aim is always to build resilience in children and families and the capacity to overcome their own difficulties for the remainder of their lives.
 - Work to a conceptual model and windscreen which illustrates how we will respond to the requirements of children and families across four levels of need (Universal, Additional, Intensive and Specialist).

<http://www.escb.co.uk/Professionals/EffectiveSupportforChildrenFamiliesinEssex.aspx>

Carers' views

"More service support for carers will lead to better lives for the cared for."

"We need GPs/social workers to understand that we know things about caring and the person we're caring for – they need to involve us!"

"I don't know where to go for the right information and advice. What are my entitlements? How do health and social care systems work – which agency does what?"

"Young carers in Essex feel that schools should be better at supporting them and being flexible while GPs need to improve their services, including listening to them more and understanding that they have additional responsibilities and needs. They also want to be consulted as carers and listened to by other professionals, including housing, health professionals and social workers – both for them and their cared for."

"We need individuals, and community groups to feel able to ask for support and advice in the same way as they would in any other part of life."

"Essential: keep carers healthy!"

"Looking back on my caring experiences, I can now see that I needed different things at different times. What I needed early on is different to what I need now..."

"We need to be reaching out to connect with patients and carers. We need to identify all carers – who are they? Where are they? Are they OK?"

Identifying carers' needs

Information

- Where can I get information on caring?
- How can I learn to care well?
- How can I meet someone who knows what it's like?
- Where do I start? What are my options?

Finances

- Can I get help?
- What am I entitled to?
- Where can I get good advice?
- How can I plan for the future?

Health

- Am I coping OK? Am I doing too much?
- Who can help? Talking to someone
- Do I feel well?
- Have I had a health check?
- Taking a break
- Making plans for when different things might happen

Respect

- I'm the best source of knowledge
- Am I included in decisions made?
- Can I influence how things happen? What services are available?

Education

- Does my caring responsibility affect school?
- How can I manage?
- How can I help school understand?
- Does school really matter?

Time

- Do I have time for me?
- Do I have time for my friends?

Employment

- How can I manage?
- Does work know about my caring role?
- Managing the work/caring juggle
- What do I need to be happier at work?

Independence

- Where do I go for support?
- What do I want for me?
- What do I want for others?



What do we want to do?

Vision and outcomes

A new model of support

The first step in a renewed approach to working with carers...

Our Vision: Carers Count in Essex

Carers of any age are identified, recognised, and valued as essential to our communities, helping to support and care for people in need. Carers will be able to feel in control of their lives and able to balance a life outside of caring, maintain good health and wellbeing. Young carers will have the same life opportunities as their peers.

This strategy is very much focused on achieving outcomes for carers. By outcomes we mean the change brought about by an action, intervention or service. Outcomes might relate to changes in skills, attitudes, knowledge, behaviours, status, or life condition.

The outcomes for this strategy have been discussed and agreed with a range of carers, commissioners and service providers to ensure they reflect the changes that carers themselves consider important.

We've grouped these outcomes around the following themes:

1. **Choice and control** – Carers know what their options are now and for the future and are supported to plan for all stages of their caring role.
2. **Respect and recognition** – Carers are recognised, respected, valued and included as expert and knowledgeable partners by professionals.
3. **Access to networks of support** – Carers are connected to local community support networks.
4. **Achieving full potential** – Carers are able to access education, employment and life opportunities.
5. **Good health and wellbeing** – Carers are able to maintain their health and wellbeing, both physically and emotionally, whilst managing their caring role.
6. **Independence** – Carers are resilient and able to sustain a life of their own alongside their caring role.



Choice and control

- Carers know where to go for information, advice and support
- Information is available at a time and format to suit carers, support is flexible around the caring role and enables carers to achieve their goals
- Carers know what their options are now and for the future, and are supported to plan for all stages of their caring role, including emergency and crisis management, so they can have confidence and peace of mind in what happens next
- Carers have the skills, information and support that allows them to be the best carers possible for as long as they wish
- Carers influence the development of care and support services in their community

Respect and recognition

- Carers are regarded as a valuable source of information regarding the needs of the cared for person
- Carers are recognised, respected, valued and included as expert partners
- Carers are included in all aspects of care planning and management, including service re-design

Access to support networks

- Carers can access a local carer-led support group
- Carers have access to a peer mentoring or buddy system

Achieving full potential

- Young carers achieve their full educational potential – attendance and attainment to be as good as peers
- Employment and life opportunities for all carers are as good as their peers without caring responsibilities

Good health and wellbeing

- Carers maintain or improve their health, wellbeing and quality of life
- Inappropriate caring tasks and responsibilities are reduced, particularly for young carers
- Carers are able to take a meaningful break from their caring role

Independence

- Carers balance their own life alongside their caring role
- Carers are able to maintain relationships with family and friends
- Carers are able to manage financially

A new model of support...

Our model starts with the belief that most people, most of the time, are perfectly able, with the support of their families and communities, to manage their lives and respond effectively to any events or crises that occur. However, sometimes the difficulties brought about by failing health or different life events mean that people need some help to achieve this.

This could just be information or advice to help them find a solution; or they might need the practical and emotional support of their friends, families and communities. Our new model encourages and supports individuals and communities to find the solutions that work so that people will retain choice and control over their health, wellbeing and quality of life.

Early and effective support for children; every child should have the opportunity to reach their full potential and children are best supported to grow and achieve within their own families. Partners are working hard to develop flexible services which are responsive to children's and families' needs and provide the right level of intervention at the right time.

Community based and led activities

- Reaching out to, identifying and supporting a wider range of carers, focusing on wellbeing and avoiding crisis escalation through early intervention
 - Strengthening individual and community resilience, through self-sustaining peer support networks
 - Working with community groups
-

Locality level 'first stop' services

Voluntary and community-sector lead supporting carers in Essex plan to offer:

- Delivering a co-ordinated, personalised response to carers
 - Supporting improved access to information advice and advocacy
 - Creating an ethos of 'planning to care', enabling carers to plan for and manage changes in their caring role, reducing the impact of crises
 - Ensuring a consistent county-wide offer of support is delivered in line with local context and need
-

Social care assessment and support

- Putting carers on equal footing with those they care for
 - Promoting wellbeing including personal dignity, physical and mental health, protection from abuse or neglect, control over day to day life, participation in work, education or training
 - Ensuring appropriate transition from children's to adults' services
 - Access to advice and guidance on service availability and appropriate referral pathways is provided by dedicated professional staff at the Family Operations Hub
-

Professional awareness and engagement

- Integrating care and support where this promotes, or contributes to the prevention or delay of development of needs, or improves the quality of care and support to carers
- Achieving wider awareness and identification of carers across education, employment, health and social care
- Working with carers as expert partners in care

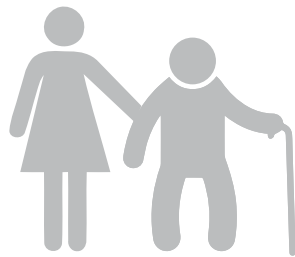
How the new model will work for carers

Community based and community-led activities...

which support those people who take on a caring role, whether or not they define themselves as carers, helping them to find solutions to issues and support from within their communities and natural networks.

Locality level 'first stop' services...

co-ordinating support for carers in each CCG area, a service to identify and respond to carers, providing, co-ordinating or facilitating access to a range of information, advice, and support.



Social care assessment and support...

Improved social care assessment and support in line with the spirit and expectations of the Care Act, enabling carers to maintain their health and wellbeing, continue in their caring role and achieve their potential.

Professional awareness and engagement...

recognising and involving carers as partners in care; factoring their contribution and support needs into mainstream service commissioning, identifying and supporting young carers in education, employment.



How we all work together to deliver the strategy

Principles

Achieving outcomes

Action Plan

Our Principles...

In developing this strategy we have agreed a set of shared principles with carers and stakeholders which will shape how we work with carers and the people they care for, with our communities, with commissioners, practitioners and partners:

Working with and for Carers across Essex we will:

- Focus on carers' outcomes and experiences – supporting what works for carers and measuring success in the difference it makes to carers' lives.
- Involve carers and stakeholders directly, learning from their experience and expertise to understand problems, design, test and implement solutions.
- Communicate honestly about opportunities and constraints, including financial, sharing our plans clearly and transparently.

Working with Commissioners and Service Providers we will:

- Collaborate - respecting each other's work and promoting joint working where it makes sense to do so.
- Work together across the whole system – using the Better Care Fund as a mechanism for investing in carers to sustain and save, aligning our resources to best effect.
- Ensure that our commissioning plans are based on evidence of what is needed and what works, and that we are willing to stop things that aren't working.
- Monitor the effectiveness of our commissioning plans and service delivery in improving outcomes for carers, and share the results.
- Use processes that are clear and transparent.

Working with our Communities we will:

- Look to build the resilience of individuals, families and communities to support themselves and each other.

In developing a new model of support we will:

- Prioritise carers' health and wellbeing, supporting carers to remain mentally and physically well, ensuring that they do not miss out on their life opportunities.
- Support independence, choice and control wherever possible and appropriate.
- Recognise that carers are not all the same and need different solutions that are right for them.
- Ensure carers and young carers are identified early focusing on preventing problems before they occur.

How will we know when outcomes are achieved?

The outcomes-based approach in this strategy sets our future direction for carers. In order to determine the progress towards reaching these outcomes, we will develop a set of **performance measures** and **indicators**.

Our approach to performance measurement will answer three basic questions of actions, interventions or services:

1. What actions were undertaken, for how many people? (type and quantity)
2. How well was it done? (experience, satisfaction and quality)
3. What difference did it make? (impact or outcomes achieved)

Initially, reporting will be based on performance information already collected via surveys and from social care services – relating to both national and local indicators. As new service models are implemented we will work with carers and providers to expand this set of indicators and measures to provide a broader picture of outcomes achieved.

National ASCOF indicators, information collected via surveys:

- 1D. Carer-reported quality of life.
- 1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.
- 3B. Overall satisfaction with social services of carers.
- 3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for.
- 3D. The proportion of people who use services and carers who find it easy to find information about support.

Local performance information, collected via existing social care measures:

- Numbers of carer assessments and reviews.
- Number of missed opportunities to assess or review an involved carer.
- Proportion of carers assessed who receive a service from ECC as a result.
- Number of carer direct payments.
- Number of carers with an emergency plan.

Next steps – our Action Plan

This action plan describes our intention to deliver within identified budgets, and in line with our principles, we will communicate honestly about opportunities and constraints, including financial, sharing our plans clearly and transparently. In keeping with our principles, wherever possible and appropriate, we will engage with carers.

What we're planning to do	Delivery mechanism	Timescales
1). Improving access to information advice and guidance in line with expectations of the Care Act	ECC 'Essex Living Well' online information portal.	By 1 April; then regular updating
2). Building on the roll out of social prescription, time banking and community mobilisation, to increase community-based support for carers. Exploring the learning from West Essex GP pilot activity and Mid Essex Living Safe and Well programme, and focusing on the Carer specific elements	Carer support networks	From October 2015 From April 2015
3). Working with carers to identify and develop sustainable peer support mechanisms	Carer support networks	From October 2015
4). Identifying and supporting carers within their communities	Community agents	In place; Annual report due October 2015
5). Addressing social isolation for carers	Re-commissioning of countywide befriending service	Commissioning activity underway – to be completed by Sept 2015
6). Targeted support – age or condition related in each CCG locality	Voluntary sector grant-funded provision	New funding agreed and services to be implemented by April 2015
7). Countywide partnership scheme, providing consistent and appropriate information, advice and support for carers of all ages; via a single telephone number, web presence, support, outreach activity and respite provision	Supporting Carers in Essex partnership First stop early intervention model	New service model to be implemented from 1 April 2015; grant-funded to 2017
8). Design, procurement and implementation of long-term model, co-produced with carers and providers, incorporating learning from implementation of Essex Carers Voluntary Sector Partnership; In North East, working with carers and stakeholders, shape and design a 'hub' model for carers to be delivered as part of the Care Closer to Home contract.	First stop early intervention model – long term approach	Design work from April 2015. Procurement completed by December 2016. Implementation April 2017.
9). Young carers groups offering educational support, life skills, respite opportunities, information, advice and guidance and peer to peer engagement in localities across Essex.	Young carer groups	From April 2015

Next steps – our Action Plan (cont...)

What we're planning to do	Delivery mechanism	Timescales
10). School link workers; building on existing activity within Mid Essex; scaling up the model for every secondary school in Essex. Developing carer friendly community best practice with selected schools.	School liaison - delivered via the Supporting Carers in Essex partnership	Pilot from April 2015 with a view to extending if successful.
11). Pilot to support families caring for people with disabilities who live at home to plan for the future. Developing a training and development programme to support older carers of working age adults with disabilities.	Pilot of planning tool developed by the Foundation for People with Learning Disabilities.	Pilot from April 2015 with a view to extending if successful.
12). Identifying and supporting carers within hospitals and at point of discharge. Building on successful approaches in Mid and West Essex, extending to other Essex hospitals.	Hospital discharge support - delivered by the Essex Carers Voluntary Sector partnership	In place in Mid and West; further rollout from April 2015
13). Countywide end of life support service; building on existing approach in Mid Essex; Mobilise successful bid within Castle Point and Rochford to secure funding to run dedicated survey of bereaved carers, linked to improving the end of life care across the CCG; evaluating for further rollout	End of life support - delivered by the Supporting Carers in Essex partnership, with MacMillan Friends and Family pilot Further approaches to supporting bereavement to be defined and developed	In place in mid-Essex; further rollout from April 2015
14). Financial inclusion - Review issues impacting on financial health and wellbeing for carers and potential for preventative, early intervention support	Approach to be defined and developed	From April 2016
15). Revised practice guidance; training and development programme to deliver expectations of the Care Act for adult carers New Adult Operations Commissioning Framework Review experience of the assessment process with carers to improve ongoing practice	Assessment and support – Adult Social Care	Guidance and training in place from Feb 2015 In place from April 2015 From July 2015
16). Revised approach to assessment for young carers	Assessment and support – Targeted Youth Advisors	From April 2015
17). Review of pathways for young carers becoming adult and transition support	Assessment and support – Family Operations / Adult Social Care	From Feb 2015

Next steps – our Action Plan (cont...)

What we're planning to do	Delivery mechanism	Timescales
18). Improvements to current service delivery. Development of new approach to planning and crisis response – to be co-produced with carers as part of long-term development of the offer for carers.	Carers Emergency Planning service	In place by March 2015. Design work from October 2015.
19). Carer health checks Practices to include carers on practice registers to ensure appropriate health checks undertaken Further county-wide roll-out to be considered following evaluation of pilot	Pilot activity in Castle Point and Rochford to be undertaken by GP practices within the federation.	Initial pilot complete by April 2015 March 2016
20). Developing a care-co-ordination approach to support engagement of carers and recognise their expertise and contribution within the health and social care provision for the cared-for built around Personal Care Plans, developed by a Care Coordinator in partnership with the individual concerned and their carer/s.	Initial activity led by Basildon and Brentwood CCG	From April 2015
21). Develop carer friendly community best practice with selected GP surgeries across Essex. Improving awareness and recognition of carers by GPs through a series of meetings in GP forums. In West, carers are embedded in the transformation work streams, with key priorities including identification of carers, care planning and support in order to promote wellbeing, choice and control. In Mid, developing integrated pathways with statutory and voluntary sector partners for better information and support for carers in areas such as Dementia.	Supporting Carers in Essex partnership Castle Point and Rochford CCG West Essex CCG Mid Essex CCG	From April 2015 From October 2015 From October 2015 From October 2015
22). Employer awareness and engagement – awareness raising activity to be delivered on carer-friendly employment approaches; initially within ECC and health organisations. Develop plan for broader long-term rollout of awareness campaign for employers on the issues that face carers.	Supporting Carers in Essex partnership	From October 2015

Acknowledgements

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This information is issued by

Essex County Council, Strategy and Communications.

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Sign up to Keep Me Posted email updates on topics you want to hear about at **essex.gov.uk/keepmeposted**

Read our online magazine at **essex.gov.uk/youressex**

Follow us on  **Essex_CC**

Find us on  **facebook.com/essexcountycouncil**

The information contained in this document can be translated, and/or made available in alternative formats, on request.

Published April 2015.

Supporting Carers in Essex

A single source of help and advice for all unpaid carers from 1 April 2015

What is Supporting Carers in Essex?

Supporting Carers in Essex is a partnership of registered charities working together to support unpaid carers of all ages across Essex. It provides a single contact point for carers via a single telephone number or email address and a central point of reference for professionals.

Who is it for?

Any unpaid carer looking after someone who lives in Essex who needs support

What partner organisations are involved?

Led by Action for Family Carers, the partnership brings together:

- Essex Carers Support
- Caring for Harlow Carers (merging with Action for Family Carers from 1 April 2015)
- Crossroads Care Tendring & Colchester
- Crossroads Care Braintree District & Chelmsford
- Crossroads Care East Anglia
- Carers Trust Epping Forest, Harlow, Havering & Redbridge - Crossroads Carer Services
- Crossroads Care Brentwood & Basildon.

What services will be available?

Services detailed below are for carers aged over 18 years, unless specified and will be available from 1 April 2015

Adult carer community-based support, delivered by phone, home visits and peer –led support groups providing;

- Practical and emotional support, information and signposting
- Crisis and contingency planning
- Carers training
- Volunteer-led counselling

Hospital carer support, in all acute hospitals in Essex (phased in during 2015)

- Providing practical and emotional support for carers when the cared for person is admitted to hospital
- Working with discharge teams to make sure discharge package in place

Macmillan carer support of people at end of life, provided in partnership with Macmillan Cancer Support (phased in during 2015)

- Practical and emotional support service for carers looking after people with a terminal diagnosis or at end of life
- Delivered by home visits, over the phone and regular drop-ins in each of the acute hospitals in Essex and community hospitals

Carers Rapid Response service – providing breaks for carers in crisis

- Support for carers experiencing exceptional difficulties or waiting to have a carers assessment
- Taking care of their cared-for in or out of the home, depending on carer preference.
- A short term response, offering up to 48 hours of care (up to 4 hours per session) over a period of up to 12 weeks

Supporting Carers in Essex

A single source of help and advice for all unpaid carers from 1 April 2015

Young carers secondary school-based support for carers aged 11 to 18 (phased in during 2015)

- Practical support, information and signposting and individual emotional support, identifying issues relating to their caring role that are affecting their education.
- Working with staff and governors to raise awareness of young carer issues

Young adult carers transition support for carers aged 16 to 24, delivered through one-to-one support sessions and group drop-ins

- Identifying issues relating to their caring role and providing practical and emotional support as they move into adulthood.
- Personal development such as basic cooking skills or managing personal finances.
- Working with colleges and universities to raise awareness of young adult carer issues.

How do carers access the service?

Call single phone number 0300 7 70 80 90

Email: info@carersinessex.org.uk

Coming shortly - online referral form.

What are the hours of operation?

The telephone line will be available Monday to Friday, 9am – 4.30pm

If a carer is ringing about the Rapid Response service, this service is contactable from 7am to 10pm, 7 days a week. The office hours telephone number will let the carer know who to contact.

Due to the nature of the support for carers, we are not always available to give an immediate response. In situations such as this we aim to follow up within 3 working days for all services, except Rapid Response, where initial contact will be made within 48 hours.

What's different about Supporting Carers in Essex?

- Single point of contact for all carers, with one phone number and email address
- Carers details will be recorded on the first conversation, saving the need to repeat their story

What do we not do?

- We are not an emergency service
- Formal advocacy for carers is provided through Essex Advocacy, a separate partnership of local and national organisations including Action for Family Carers and Essex Carers Support.
- Some condition specialised support which may be needed after initial more general support
- Young carer clubs are provided through separate district-level contracts with Essex County Council and may be delivered by other partner organisations in some areas

Supporting Carers in Essex is a partnership of registered charities working together to support unpaid carers of all ages across Essex.

Funded by Essex County Council and the NHS working together

Case Studies – May 2016

Hamelin Trust

I am writing regarding the help and support that I get as a carer from Umatter2 (Hamelin). I care for both my husband of 55 and mum of 83 whom both have Alzheimer's, I still work 25 hours per week, Mondays can be a little tricky after the weekend as they both do not understand why I have to work Umatter2 support me on a Monday afternoon, what is wonderful for me is that the support workers really understand the problems I face as with the dementia so many people do not understand, having Sue allows me to continue to work as she supports us with lunch, I am able to book appointments on a Monday so I have assistance to take one or the other knowing that one or the other will be supported and I can concentrate on dealing with one person at a time. Sue sometimes takes them both out for walks which allows me also to work or have an hour on my own.

I am supported with any household chores or shopping that I need, I do not have any real time to myself once a month they go to singing with the brain which gives me a whole afternoon. I am able to access the wellbeing events.

We all look forward to Sue coming and without this support it would be incredibly hard like it was before this help. I also get someone to talk to not just about how I am feeling but about everyday things.

All the support works that I have come in contact with at umatter2 are understanding and extremely help full, if the can offer help they do ,If they say they will support they will and they actually go out of their way to make things happen. As I said before if not for this service life would be more difficult.

It is great to know that I have someone at last there to listen and support me.

Headway

Mrs B is the main support and carer for her husband who over recent years has had a stroke and cerebral vasculitis. She has been supporting her husband at home following a lengthy spell in rehabilitation, which has been difficult and placed a strain on her and their relationship. He requires constant care and attention due to how he interprets his environment and also the communication and actions of others. The situation has affected Mrs B's own life, pursuit of hobbies, maintaining her work role and also a financial strain now that her husband is unable to work.

Mrs B has received support from Headway Essex Community Support Worker including one to one Support both prior and also since her husband has returned home. Mrs B has received support from Headway through confidence building and access to groups and workshops.

Mrs B is now far more confident in dealing with other agencies and professionals, which has resulted in her securing more hours of formal support which has enabled her to remain at work and to be financially secure. Through attendance at groups, Mrs B has developed a network of friends who she can call on.

SNAP Parent Counselling Case Study (name has been changed)

Context:

Jane has been in contact with SNAP since her son was born with a lifelong disability. She was totally unprepared for this and it has affected all aspects of her family life. She has recently returned to work following maternity leave but is experiencing stress and low mood, constantly worrying about her son's health and development. Jane experiences feelings of isolation and exclusion in social groups such as church and school.

The counselling sessions started out with a 6 week model focussing on using some CBT strategies for understanding triggers and coping with stress and stressful situations. This progressed somewhat with a thought diary put in place. However everyday crises and the child's health concerns overtook the sessions and they became mainly supportive for a while – a space for Jane to process the sadness and worry.

Jane is supported with practical solutions and strategies to manage the reality of the ongoing concerns for her child and managing family life whilst exploring past issues and the underlying guilt of her son's disability which has resulted in constant exhaustion low mood and worry.

Outcome (to date)

This is a very complex situation. Jane knows there are no quick fixes for her situation and that no one can give her a clear answer on which direction she should go in. The ability to talk has enabled her to feel slightly less stressed and now has a better understanding that she needs to develop her own resilience and wellbeing to manage life and her family.

Support for Sight Case Study: Mrs. B

Mrs B. contacted Support 4 Sight in September 2015 on behalf of her mother who is visually impaired and struggling with her sight. Her mother's eyesight was failing and Mrs B as the main carer was worried for her mother's safety and mental health. Mrs B was very anxious herself and unsure how to help her mother, while also trying to hold down a job and looking after her own family and house. The conversation with our Support Worker allowed Mrs B to say how she felt and to talk about the situation.

Mrs B joined the carers group. At first she was not sure it would help, but after the chat she was happy to be added and information was sent out to her. Mrs B was also happy to join the Facebook group, although she felt she may not be able to attend a support group meeting regularly. Mrs B has become a regular on our carers Facebook page and had posted a note on the forum asking for information about a chiropodist and immediately had a response from other carers in the group.

During a follow up visit from our Support Worker to Mrs B's mother, our Support Worker felt that Mrs B's mother was clinically depressed and before Support 4 Sight could help with visual aids, a visit from the GP was advised. A little while later, Mrs B was contacted again to see how everything was going with her and her mother. The GP had been seen and agreed that her mother was in need of psychiatric help. They were waiting for the next step.

During our last call to Mrs B. she explained she is now coping much better with managing care for her mother, while also continuing to work and manage her life at home. She no longer feels under pressure from all the anxiety she was experiencing before and is better

able to live her own life alongside her role as a carer. She will continue to use our support when she needs it and has remained a contributor to the Facebook group

Supporting Carers in Essex Partnership

An example of the impact of the Adult Carer Support in the Community

Following a diagnosis of Vascular Dementia and Parkinson's disease, Mrs A called for respite services. Following a detailed conversation at a home visit Mr A began attending one of our outreach sessions. Regular contact was maintained with Mrs A at the monthly Carers drop in service, and support was given through attending the home of the Carer and completing a Carers Assessment, as well as a Financial and Benefits Assessment.

As Mr A's condition deteriorated, Mrs A's own health also began to be affected. Through early intervention we were able to help place Mr A into residential care for 3 weeks respite. During the break Mrs A was able to recuperate and since returning home Mr A's interests and behaviour have improved and family life is much calmer. Mrs A has also decided to bring in domiciliary care support as she now understands her own limitations and realises the benefit of regular breaks and asking for extra support

An example of the impact of Carer Support in Acute Hospitals

Mrs H was the primary Carer for her Father Mr D, who was an inpatient at Broomfield Hospital. Mr D was aged 85 years and of Eastern European origin, he had Parkinson's disease and was admitted with an exacerbation of this progressive condition, resulting in swallowing difficulties. Mr D did not speak English and lived with his wife (Mrs D), daughter (Mrs H), son in law and grandson, aged 10 years. Mrs H also cared for her mother and worked part time. Once deemed medically fit, the hospital sought a translator to facilitate an assessment for continuing health care funding. The Hospital Liaison Worker acted as an advocate for the Carer. Mr D was adjudged not to have mental capacity to consent to an assessment or make any decision relating to his care.

The Carers Hospital Liaison Worker supported the Carer through this process, advocating on her behalf, providing emotional support and informed her of her rights as a Carer. Mrs H wanted to Care for her father at home, and the Carers Hospital Liaison Worker also helped her source specialist equipment to enable her to do so. A best interest decision was made that Mr D should remain in the community. The family were then passed onto the Adult Carers support in the community team and the Young Carers support service.

Mr D was discharged and remained there until his death several months later. There were no further admissions to hospital and the family felt able to continue in their extensive caring role whilst still maintaining their own physical, mental and emotional wellbeing as well as employment status.

Mrs D still lives with her daughter who continues as a working-age employed family carer and Mrs H feels confident to contact Supporting Carers in Essex should she need to in the future.

An example of the impact of the Macmillan service

Carer A was visiting the hospital with a friend. The Carer visited the Macmillan Information Centre in one of the Acute Hospitals, concerned about how she would cope with her home

situation. Her husband had very recently been given a terminal diagnosis of Liver cancer and had a prognosis of approximately 12 months.

Carer A felt that she would like to give up work to be there more but is concerned how they will cope financially. She has a daughter that has also been diagnosed with cancer and would like to continue looking after her grandchildren.

The Macmillan Information Centre volunteer referred her to the Macmillan End of Life Carer Support service. She arranged to visit the carer at home and discussed the financial options available including carer support and fast tracking benefits due to the terminal diagnosis. She met with the carer several times, once taking her out for coffee so she could speak in private about her concerns regarding her husband dying at home.

Emergency planning was arranged, alongside a couple of respite days so the carer could visit her daughter. The cared for had spoken about his preferred place of death and the doctor was made aware of this.

As a result of our support the carer felt better able to cope, felt more resilient when stress increased, felt more positive that she would be able to manage and give up work, understood financially what she was entitled to, had increased knowledge of other support resources and felt less likely to hit crisis point. The cared for achieved their preferred place of death and contact remained in place with the carer for the time after the loss of her husband.

An example of the impact of the Rapid Response Home Support

A couple referred to Rapid Response have been married for more than 50 years. Wife was diagnosed with Alzheimer's two years ago. As her illness has advanced, she has needed progressively more care, her husband has given up work to care for his wife and is now her full time Carer.

The Husband is extremely exhausted as he is not getting much sleep as wife likes to roam at night. The husband provided all of his wife personal care needs this included during the night. The husband did not access any other services and was at breaking point, feeling that he could not cope.

Rapid Response was provided for 4 hours per week, whilst the statutory assessment was being completed.

The husband stated that the service had helped so much and he had been able to go out and get things done without having to worry about his wife, as he knew she was being cared for. The husband had also been able to catch up on sleep, if he had a particularly bad night with his wife, whilst Rapid Response staff were there. The husband has felt more able to cope with caring for his wife and feels more positive about the future. They have been awarded direct payments and continue to use our service directly.

Quotes from carers:

I can't thank you enough for all the practical and moral support that you've been to C and me over the past 6 months. My life would be so much more of a slog dealing with things by myself.

I certainly have found much relief and enjoyment of having time out to myself for a while. I have personally gained much benefit from the sessions I have been to and look forward to them with grateful appreciation. They have certainly help me look forward again.

Being a carer for two people i would not have done all the above on my own as i am so busy, but this gives me "me" time and i feel it "re-charges my batteries" and gives me more energy for my demanding role.

"I will take away a sense that I have a great network of support available to me and my family and that I should never be afraid to ask for help"

'Thanks goodness you are there. I don't what I do without you. I feel I have someone there to support and guide me'.

**Your Essex
is changing**

let's talk

about it

Have your say...

**Adult Social Care Carer's
Survey**

Developed by Social Care Information Centre (HSCIC)

Gemma Warsap

March 2015



Essex County Council

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Introduction

The introduction of the Adult Social Care Survey (ASCS) in 2010-11 was the first time all service users had been surveyed on a national basis using the same methodology and questionnaires. The Adult Social Care Survey consults annually with service users and biennially with carers, the questions in the survey cover a range of social care related issues, including satisfaction with services and choice and control. This survey provides an opportunity for service users and carers to give their views and feedback about social care provision and the services that they receive and or have access to.

Growing demand for social care services, together with limited funding means Essex County Council has a duty to make sure it gets best value from all resources. This will help protect the council's financial sustainability and services for the future for all its citizens, especially the most vulnerable. The ASCS survey provides assured, benchmarked local data, in order to support local services to think about ways of improving outcomes within the current financial climate.

The most recent ASCS survey took place during October and November 2014, a random selection of adult carers in Essex (people over the age of 18 who care for someone also over 18) were sent the survey.

The results of this survey are currently being used by Essex County Council and CCGs to inform future planning, commissioning of services and to make sure there is a well-developed and managed market that is able to deliver the range of options required to support carers and individuals in a cost effective way.

This report will be accessible to members of the public via our online portal and alternative formats are available on request.

Key Conclusions

- Over half of the respondents said that the person they care for is aged 75+, whilst most carers themselves were aged 55-64. Over a third of respondents care for someone more than 100 hrs. a week, for some this is 24/7 care, day and night.
- Several positive comments were made about social services and agency personnel, praising the work of social workers and care staff. For some the care packages and support services that they have in place allows them to have a break from caring and continue with their normal routines.
- A number of respondents praised respite services and commented that without them they would not be able to care full time, however for some there is an anxiety and worry around respite care, with some people reporting bad experiences and others just unable to get the respite care that they feel they need.
- A number of people commented about personal budgets and carer's allowance, for some personal budgets have helped the people they care for have a sense of independence and enabled them to access services and activities that they otherwise would not have been able to. Some respondents criticized carer's allowance, commenting that it was inadequate and that working part-time to earn extra money just wasn't feasible due to caring duties.
- A number of respondents highlighted issues around the quality of care and services received, stating issues such as punctuality of staff, poor quality of care when visiting the home, inconsistencies with carers and not following instructions properly.
- Other respondents criticized the lack of information and advice, highlighting the importance of having correct, relevant and up to date information. For some there were issues around not knowing where to find information or finding it difficult to access it.
- A number of respondents also criticized the efficiency of social services, stating issues with high staff turnover, fragmented services, poor communication and often very long waiting times to speak or meet with a professional in order to set up services or support.
- When asked to provide additional information, several comments were made about the effects of caring for someone else, highlighting a number of issues including; feeling isolated, lonely, stressed, depressed and unable to cope at times.

Executive summary

The majority of respondents said that the person they care for was aged 75 + years (56%) and lived with them (64%), while 36% said that the person they cared for lived somewhere else. Over 60% of respondents said that the person they cared for had a physical disability, 41% had problems connected to ageing and 36% had a long-standing illness. When asked about how long they had been looking after the person they care for the majority (73%) said 5 years or more, while 27% said 5 years or less. A third (33%) of all respondents said that they look after the person they care for more than 100 hours a week.

When asked about the things that they did for the person they care, the highest rated answers were, 'practical help', 'keeping an eye on him/her' and 'helping with paperwork or financial matters.'

Respondents were asked how satisfied they were with the support or services that they have received from social services, over half (51%) said that they were satisfied while 14% said that they were dissatisfied. When asked about the support or services they receive, over half (58%) said that they either usually or always felt involved or consulted, while 6% said that they never felt involved or consulted.

Respondents were given a list of support and services and asked if the person that they care for had used any of them in the last 12 months. For respite services, personal assistance lunch club, meal services and day centre/day activities the majority of people answered no. For home care/home help, lifeline alarm and equipment or adaptation to their home the majority of respondents answered yes.

Respondents were asked about their social life and how they spent their time, over half the responses (61%) said that they did things that they value or enjoy but not enough, while 14% said that they didn't do anything that they value or enjoy with their time. Nearly half (44%) said that they felt they had a good social life, while 41% said that they had some social contact with people but not enough. When asked about their own well-being, over a third said that they sometimes didn't look after themselves or felt they were neglecting their own personal care.

Respondents were asked how easy they have found it to find information and advice about support, services or benefits, 40% said that they find it easy, while in comparison 28% said that they find it difficult. For respondents that found it difficult to find information a number of issues were highlighted, including knowing where to look, issues concerning telephone services and feeling pushed and pulled between different departments.

For those that have received information and advice, over half (57%) found it helpful, while 9% found it unhelpful. For respondents that found this information unhelpful a number of issues were highlighted including, the information and advice provided not being relevant or up to date, the time it takes to receive information and little or no feedback or follow up.

Respondents were asked about how they found out about support available for carers from voluntary organisations, over a third (38%) were not aware that there was any support available. For those that had approached the voluntary sector for support, 21% said that the support had helped them, while 10% said that the support had helped them either a little or not a lot.

When asked to describe any other experiences and provide feedback, 233 comments were made. Out of those 16 respondents made positive comments about social services and agency personnel, 3 people made positive comments about personal budgets, saying that it has enabled the person they care for to live a more independent and full life and 12 people highlighted the importance of additional support from family members. For some respondents the care packages and support services that they have in place allows them to have a break from caring and continue with their normal routines.

However just over a third (34%) of all comments made criticised the quality of social care services, with 34 people highlighting that they have received no help or support, 30 people commenting that the time and efficiency of services has been poor and 26 people said that they had issues with the quality of the services and care that was provided (mainly staff). Other respondents (20) criticised the lack of information and advice, saying that it is difficult to find correct up to date information and to know what support services are available and where to look.

There were 12 negative comments made regarding social services assessment processes, saying that assessments took a very long time and were difficult to complete. There were nine people that made negative comments relating to respite care, some around the quality of care when received while in respite and others that they have found it difficult to request respite services. Several respondents highlighted issues around their carers allowance and in most cases saying that this was inadequate and had a huge impact on their own personal well-being and quality of life.

Respondents also spoke about the effects of caring for someone else and the support that they receive as a carer, with over 20 comments highlighting that they felt isolated, stressed or depressed.

Who gave their views?

A total of 520 people responded to the survey. Of the total, 67% of respondents were female and 33% male. For ethnicity, 496 respondents identified as White British, while 6 were Black/Black British, 2 were mixed race, 1 respondent Chinese and one identified as other ethnic group. Nearly half of respondents (49%) said that they do not have a disability, while 21% stated that they have a long-standing illness, 17% a physical impairment or disability, 12% sight or hearing loss, 5% a mental health problem or illness and 2% stated that they had a learning disability or difficulty.

Most respondents were aged between 55-64

		Response Total	Response Percent
16-24		2	0.3%
25-34		2	0.3%
35-44		20	4%
45-54		82	16%
55-64		156	30%
65-74		137	26%
75+		107	20%
Unknown		14	3%
Total Respondents			520

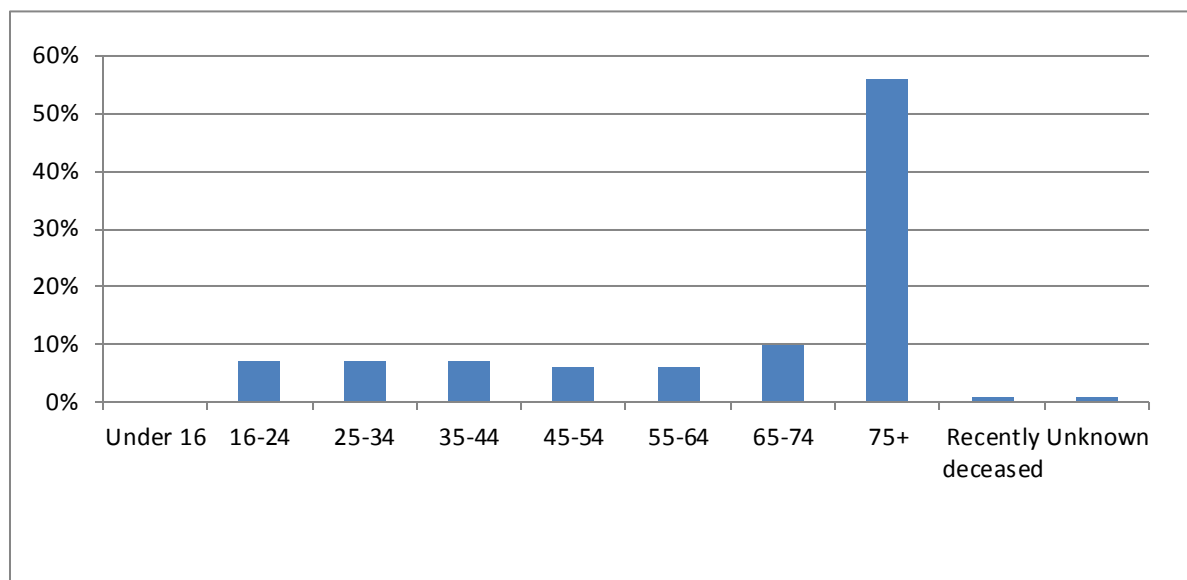
The breakdown of respondents by the home district is shown below

		Response Total	Response Percent
Basildon		56	12%
Braintree		38	8%
Brentwood		32	7%
Castle Point		40	8%
Chelmsford		52	11%
Colchester		69	14%
Epping Forest		39	8%
Harlow		24	5%
Maldon		17	4%
Rochford, including Rayleigh		36	8%
Southend-on-Sea		4	1%
Tendring		52	11%
Uttlesford		21	4%
Total Respondents			480

Detailed findings

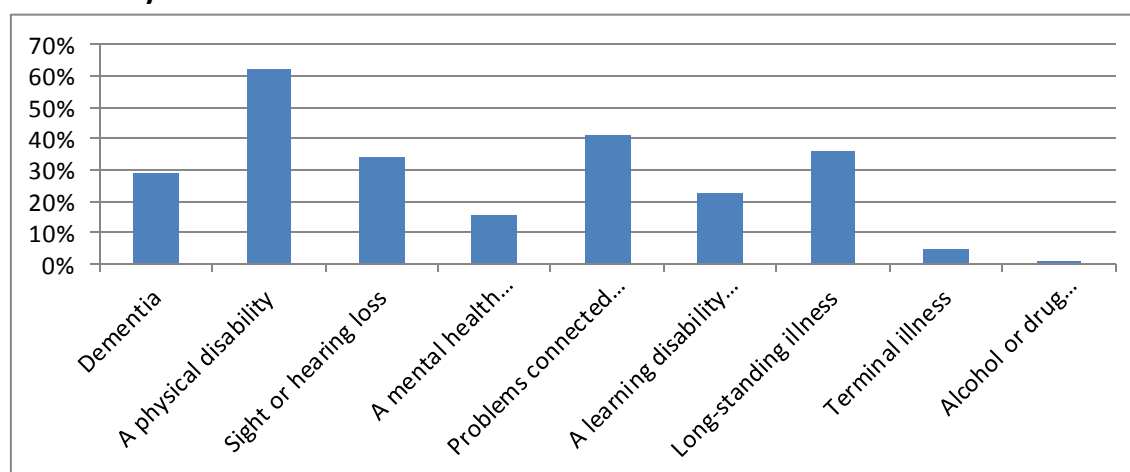
Section 1: About the person you care for

Q1. This question asked respondents the age of the person being cared for.



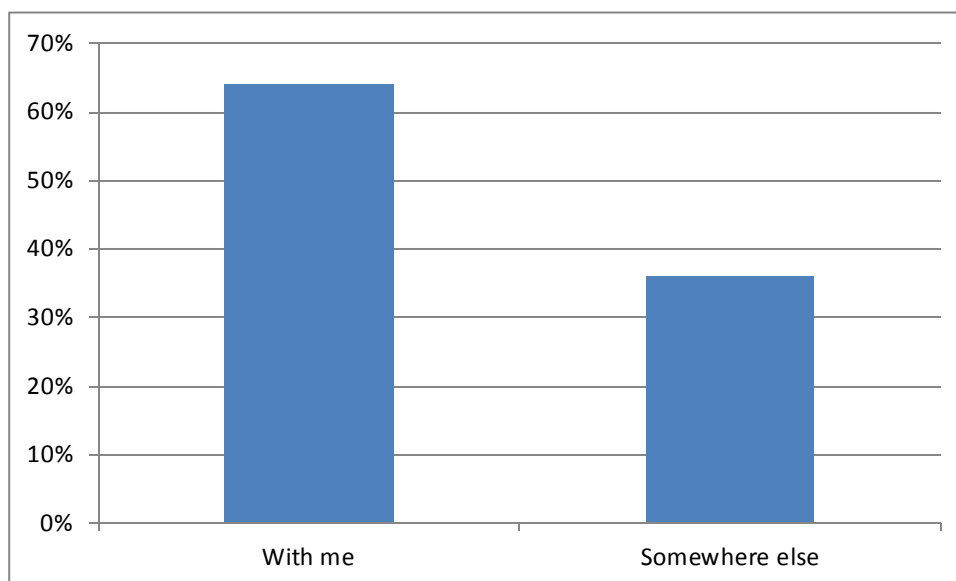
Respondents were asked the age of the person that they care for, with the majority of those aged 75 + years (56%) and 65-74 years (10%). Out of the 520 respondents only one stated that the person they care for was under 16 years.

Q2 This question asked respondents if the person that they care for had any of the below health or disability issues.



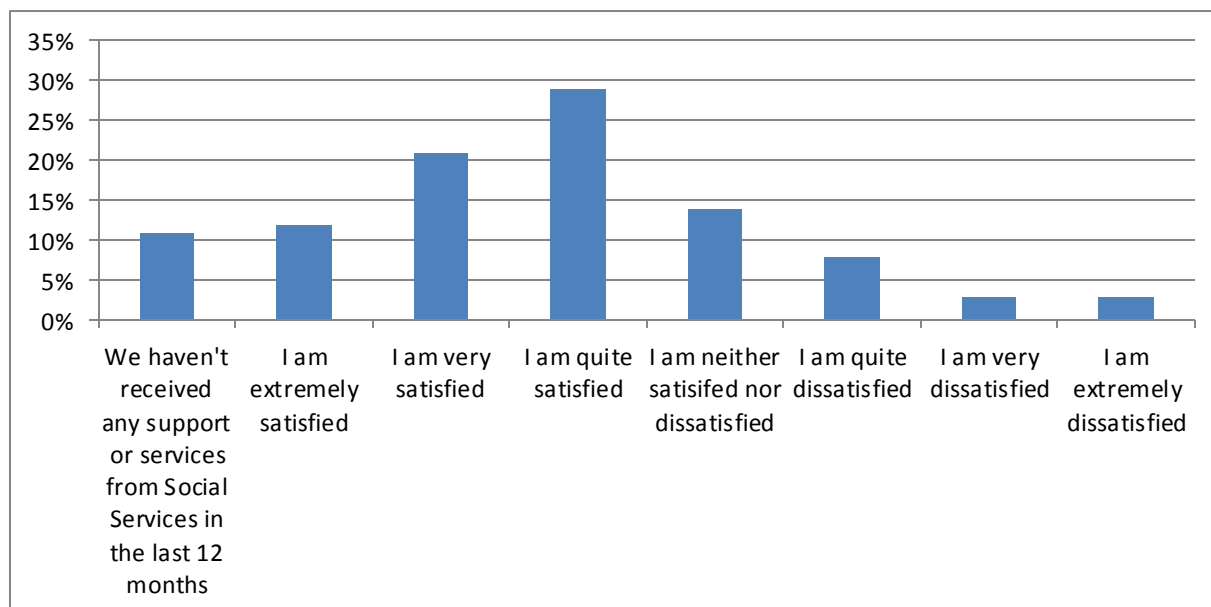
Over 60% of respondents said that the person they cared for had a physical disability, while 41% had problems connected to ageing and 36% had a long-standing illness. Nearly a third of responses (29%) stated dementia, 23% a learning disability or difficulty and 16% a mental health problem. The lowest responses given were 5% have a terminal illness and 1% alcohol or drug dependency.

Q3. This question asked respondents where the person that they care for usually lives.



The majority (64%) of respondents said that the person that they cared for lived with them, while 36% said that they lived somewhere else.

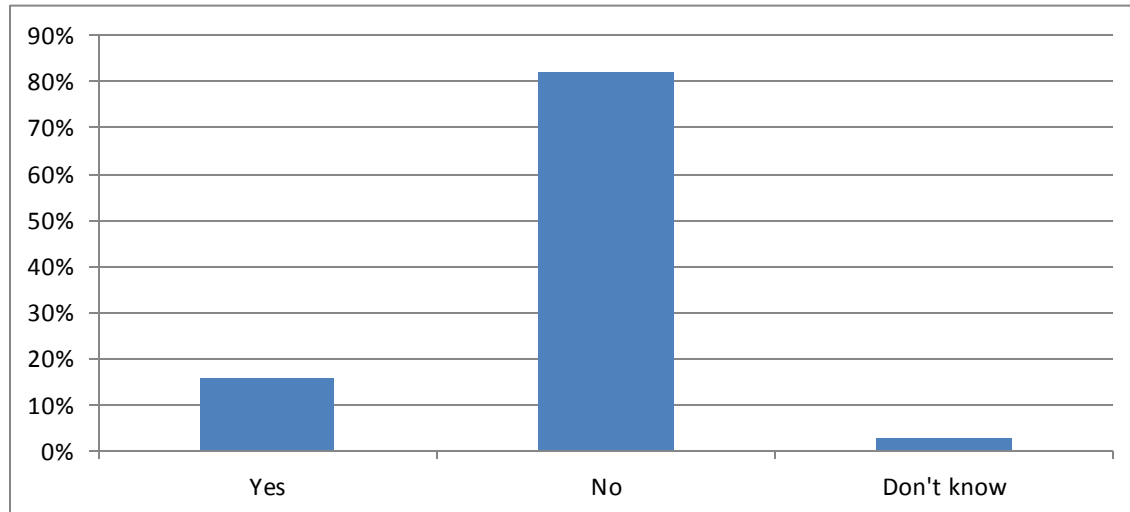
Q4. This question asked respondents how satisfied or dissatisfied they were with the support or services that they and the person they care, for have received from social services in the last 12 months



Nearly a third (29%) of respondents said that they were 'quite satisfied', while 21% said that they were 'very satisfied' and 11% said that they were 'extremely satisfied'. However 8% of respondents said that they were 'quite dissatisfied', 3% said that they were 'very dissatisfied' and 3% 'extremely dissatisfied'. Out of the 506 respondents 11% said that they 'haven't received any support or services from social services' and 14% said that they were 'neither satisfied nor dissatisfied'.

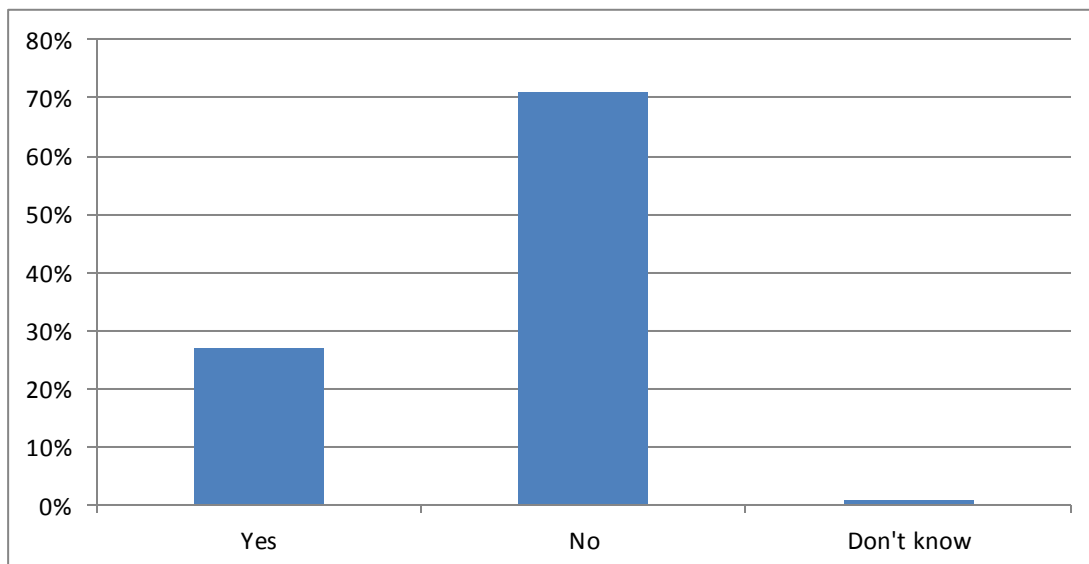
For question 5, respondents were given a list of support and services and asked if the person that they care for had used any of them in the last 12 months.

Q5.a Support services allowing the carer to take a break from caring at short notice or in an emergency



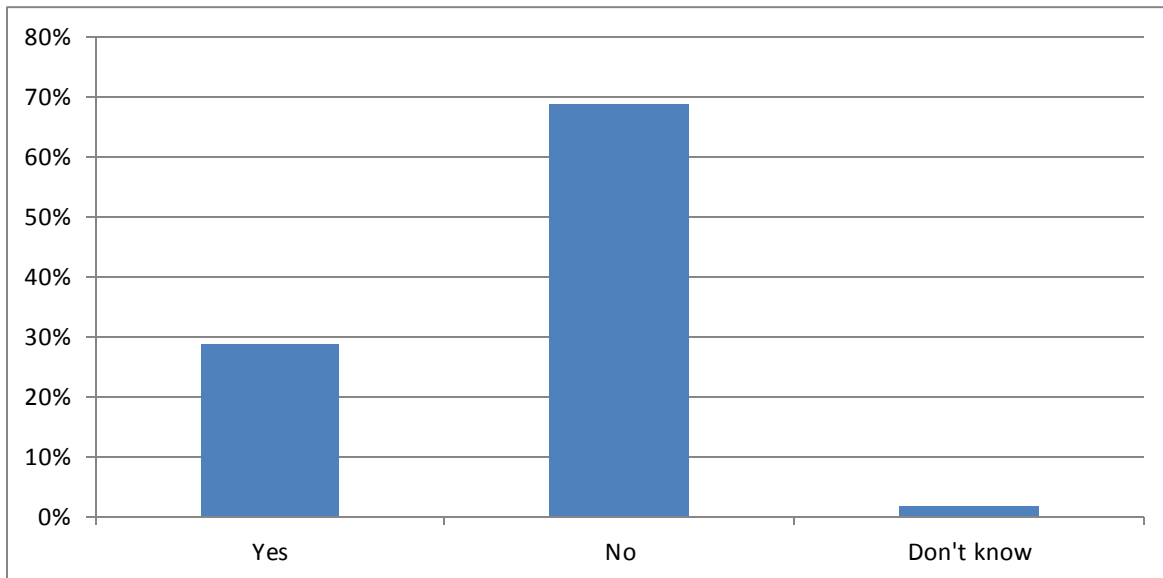
The majority of respondents answered no (82%), while 16% said yes and 3% didn't know.

b. Support or services allowing the carer to take a break from caring for more than 24 hours.



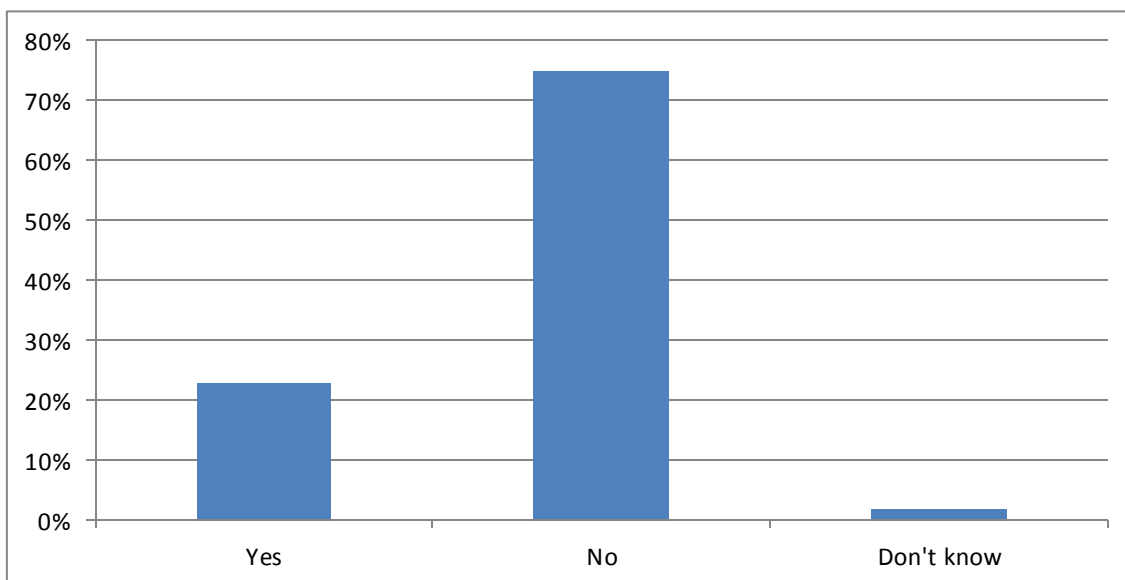
The majority of respondents answered no (71%), while 27% answered yes and 1% said that they did not know.

C. Support or services allowing the carer to have a rest from caring for between 1 and 24 hours (eg. a sitting service)



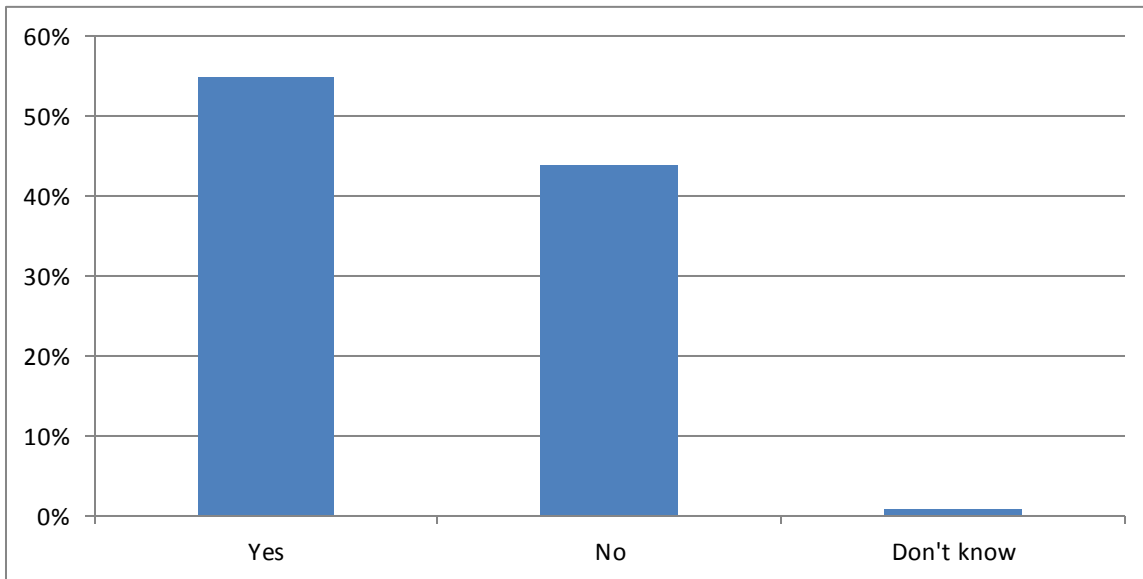
The majority of respondents answered no (69%), while 29% answered yes and 2% said that they did not know.

d. Personal assistant



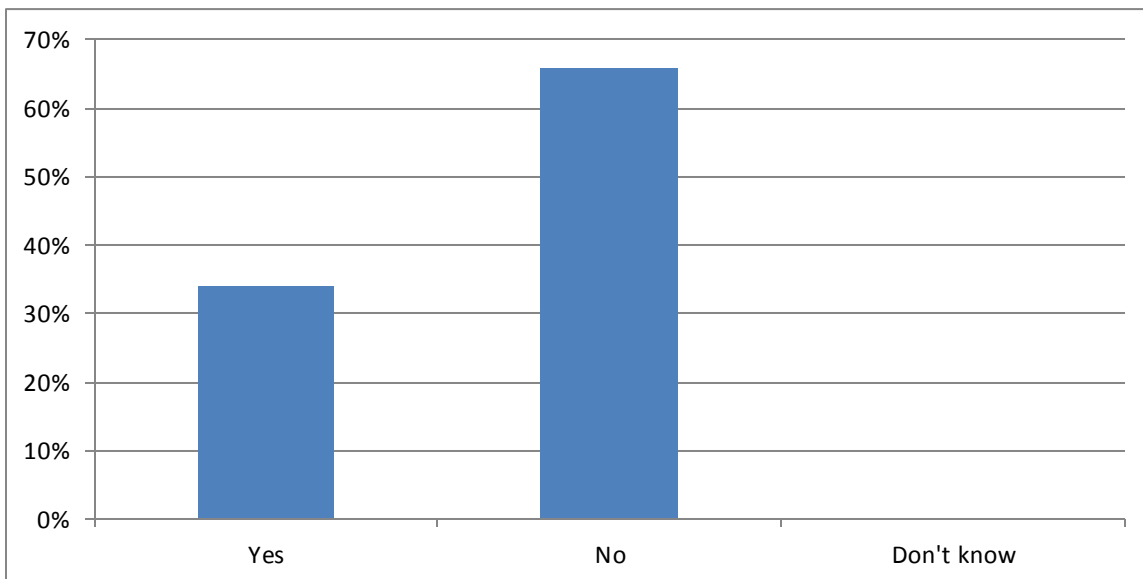
The majority of respondents (75%) answered no, while 23% answered yes and 2% said that they did not know.

e. Home care/home help



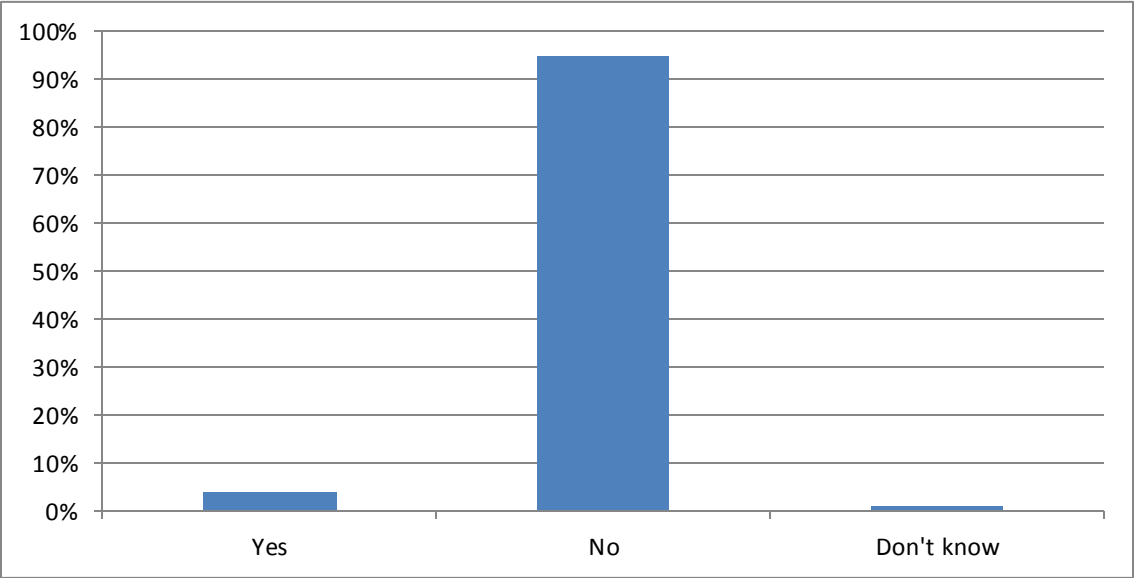
The majority of respondents (55%) answered yes, while 44% answered no and 1% said that they did not know.

f. Day Centre or day activities



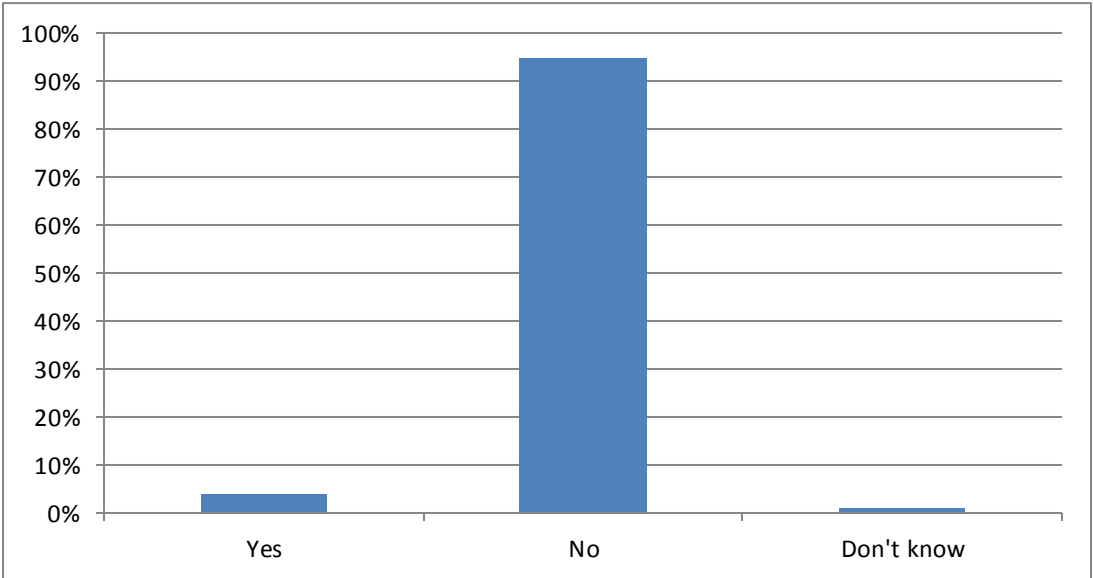
The majority of respondents (66%) answered no, while 34% answered yes and two people said that they did not know.

g. Lunch club



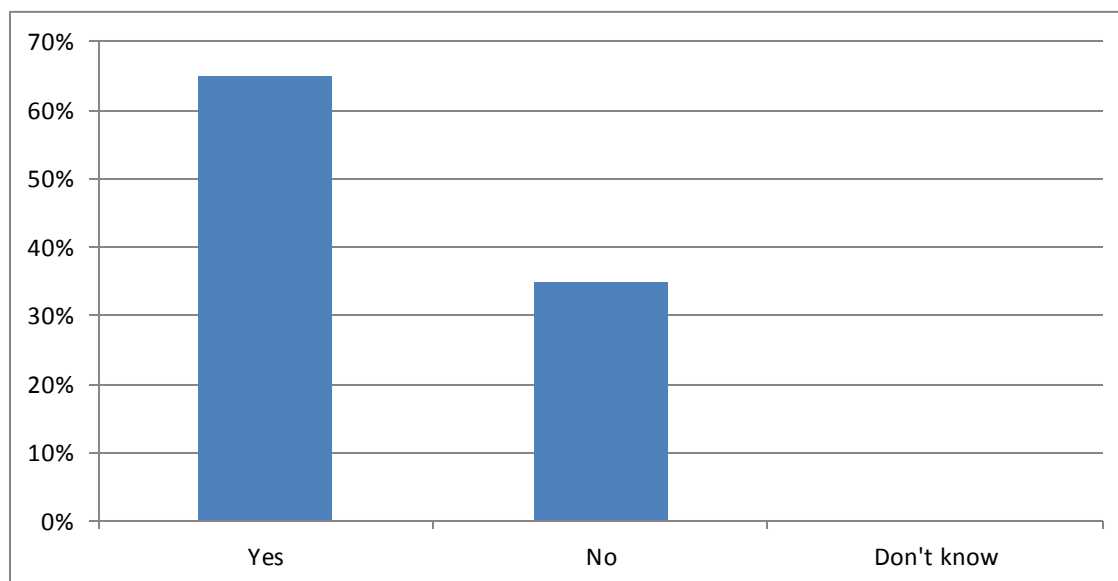
The majority of respondents (95%) answered no, while 4% answered yes and 1% said that they did not know.

h. Meal services



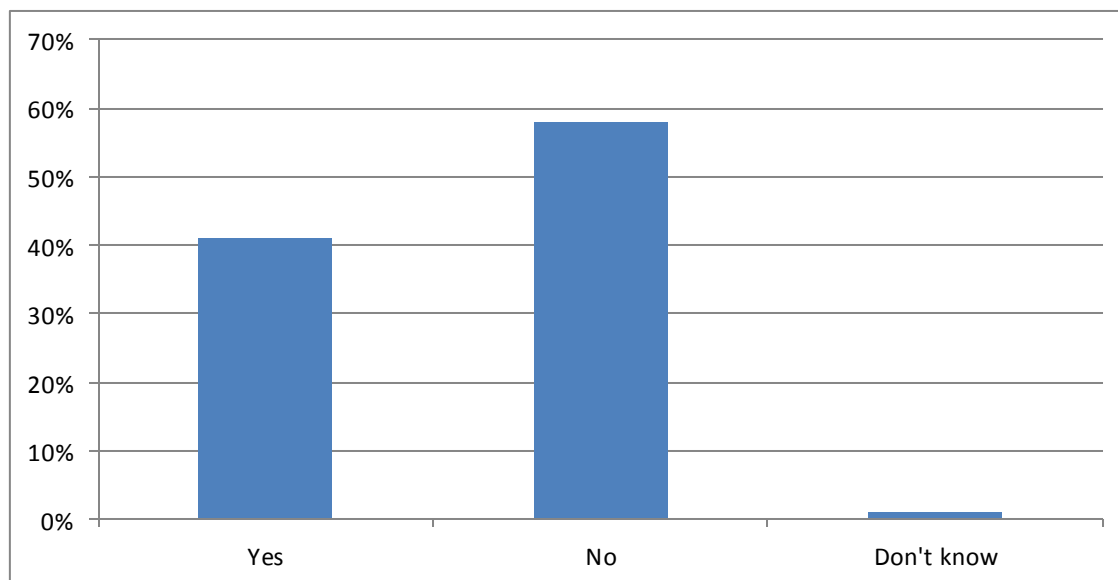
The majority of respondents (91%) answered No, while 8% answered yes and 1% did not know.

i. Equipment or adaptation to their home (such as wheelchair or handrails)



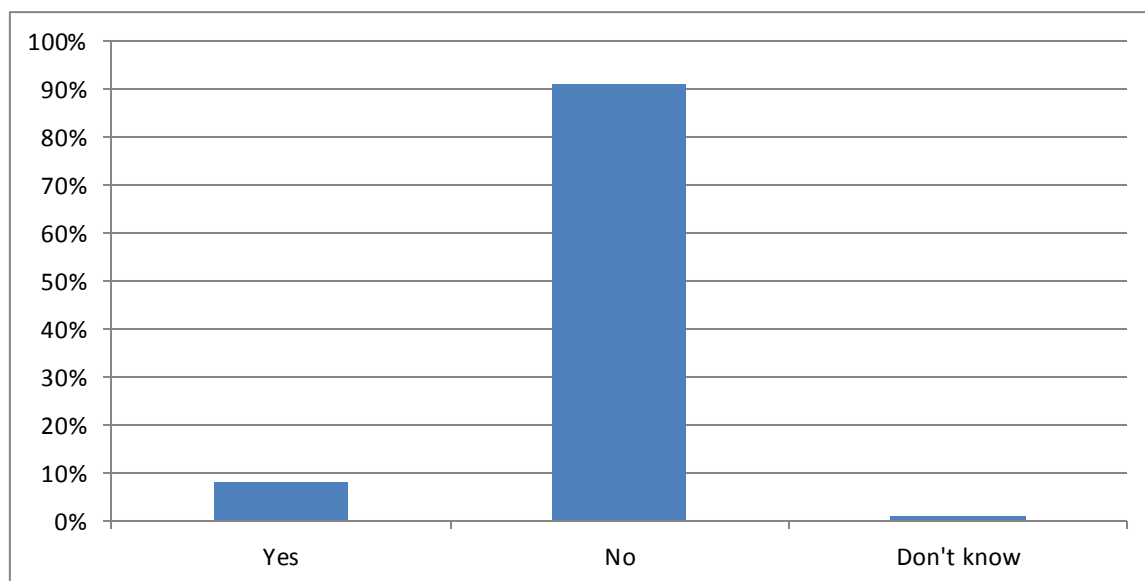
The majority of respondents (65%) answered yes, while 35% answered no and one person said that they did not know.

j. Lifeline alarm



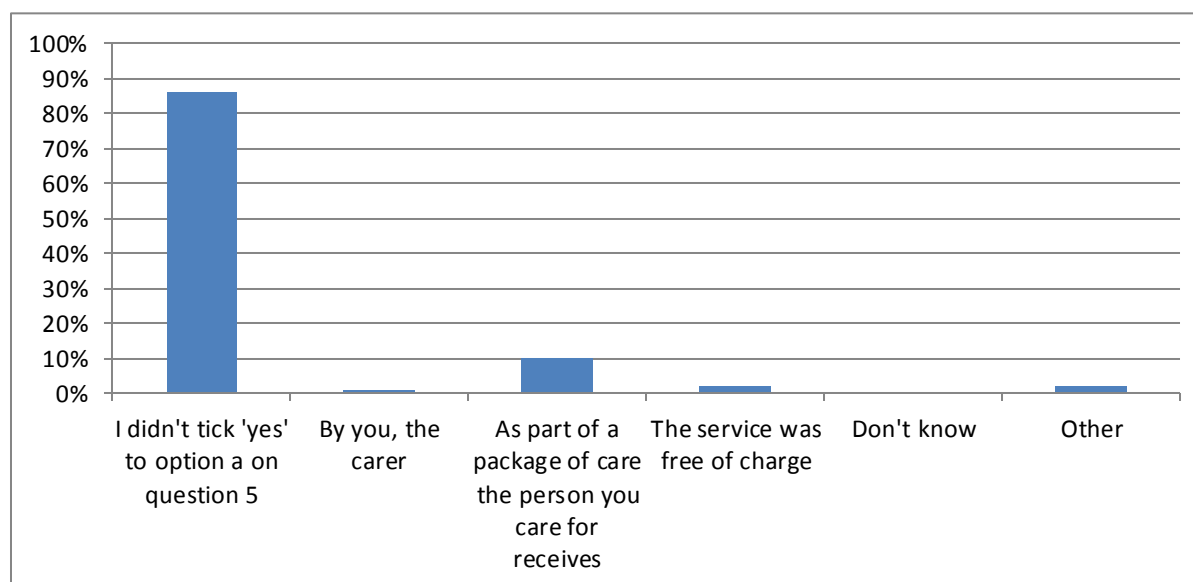
The majority of respondents (58%) answered no, while 41% answered yes and 1% said that they did not know.

k. Permanently resident in a care home



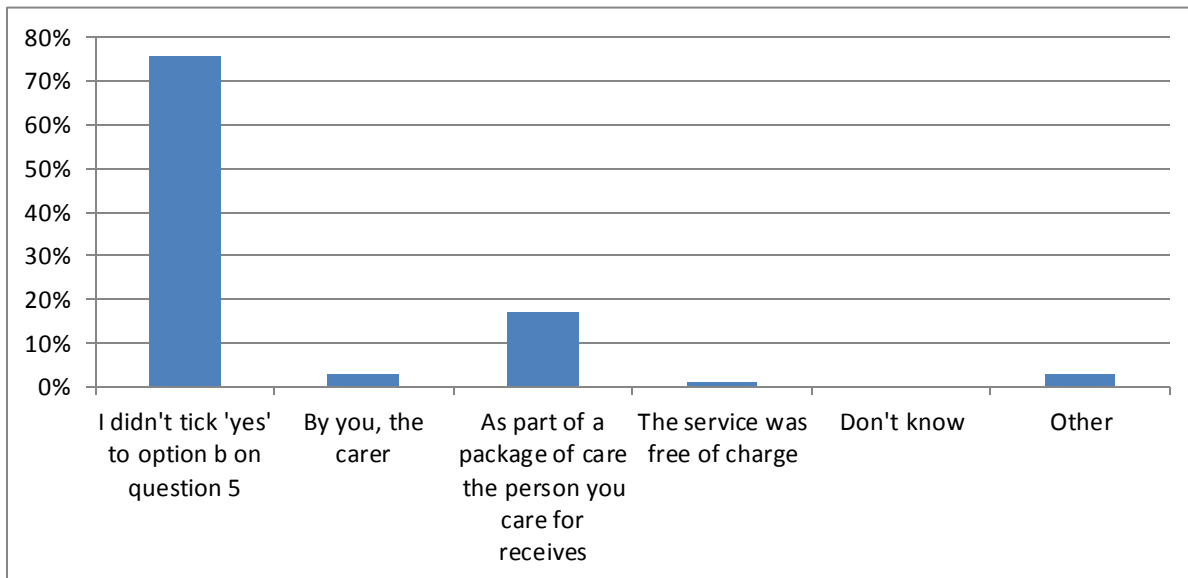
The majority of respondents (91%) answered no, while 8% answered yes and 1% said that they did not know.

Q5i If respondents answered yes to option a) on question 5 - support or services allowing you to take a break from caring a short notice or in an emergency; they were then asked how this service was paid for.



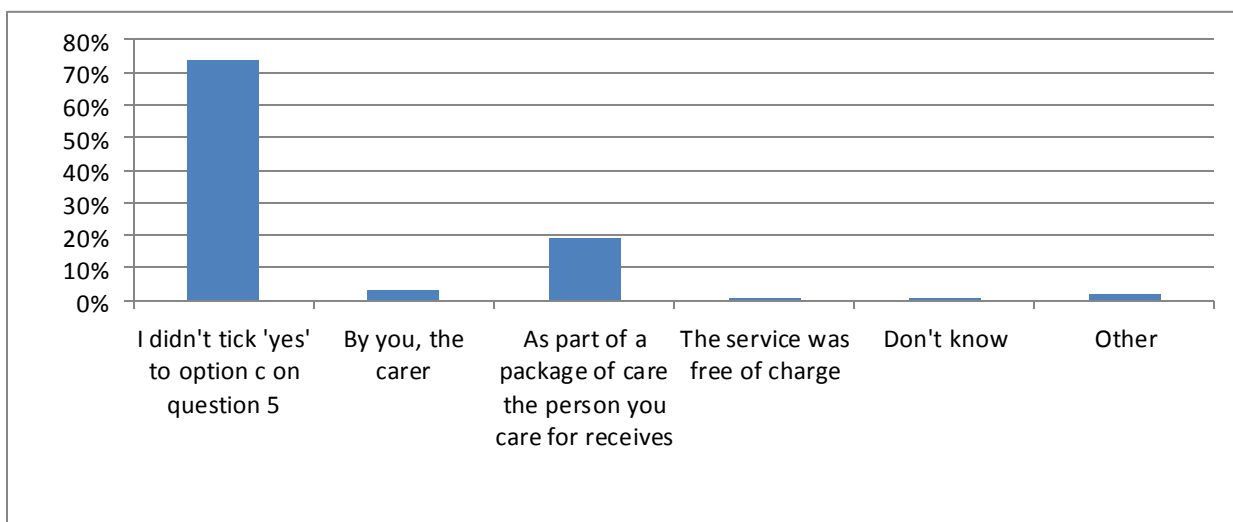
10% of respondents said that they paid for the service 'as part of a package of care the person you care for receives', 2% said that 'the service was free of charge', 1% answered that they paid for the service themselves and 2 % of said that they did not know.

Q5ii If respondents answered yes to option b) on question 5 - support or services allowing you to take a break from caring for more than 24 hours, they were then asked how this service.



17% of respondents said that they paid for the service 'as part of a package of care the person you care for receives', 3% said that they paid for the service themselves, 1% answered that 'the service was free of charge', while 3% said 'other'.

Q5iii If respondents answered yes to option c) on question 5 - support or services to allow you to have a rest from caring between 1 and 24 hours (eg. sitting service), they were then asked how this service was paid for

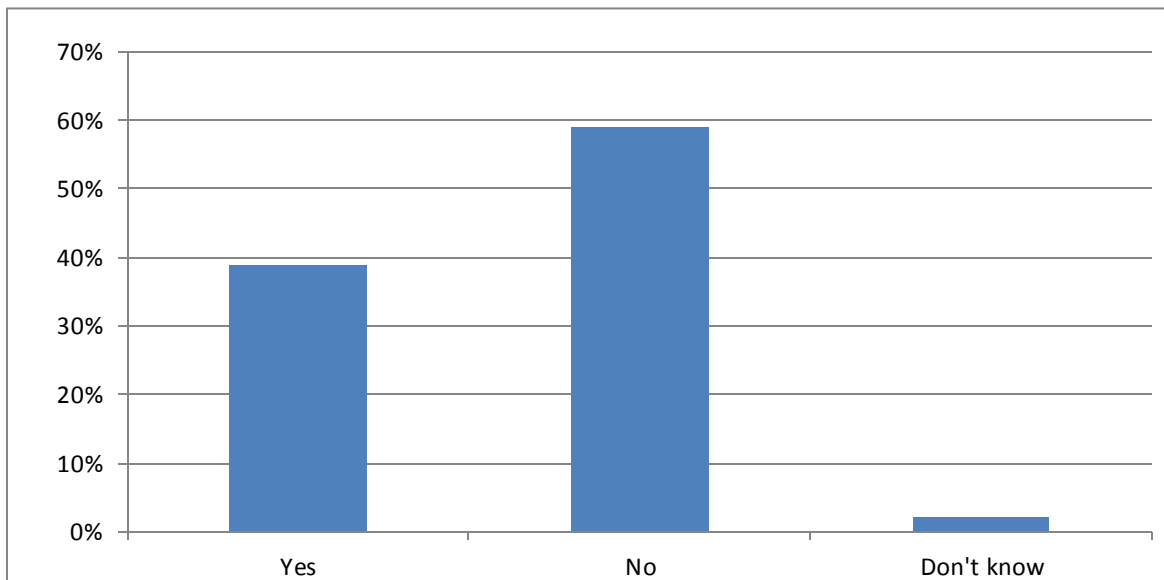


19% of respondents said that they paid for the service 'as part of a package of care the person you care for receives', 3% said that they paid for the service themselves, 1% answered that 'the service was free of charge', while 2% said 'other'.

Section 2: About your needs and experiences of support

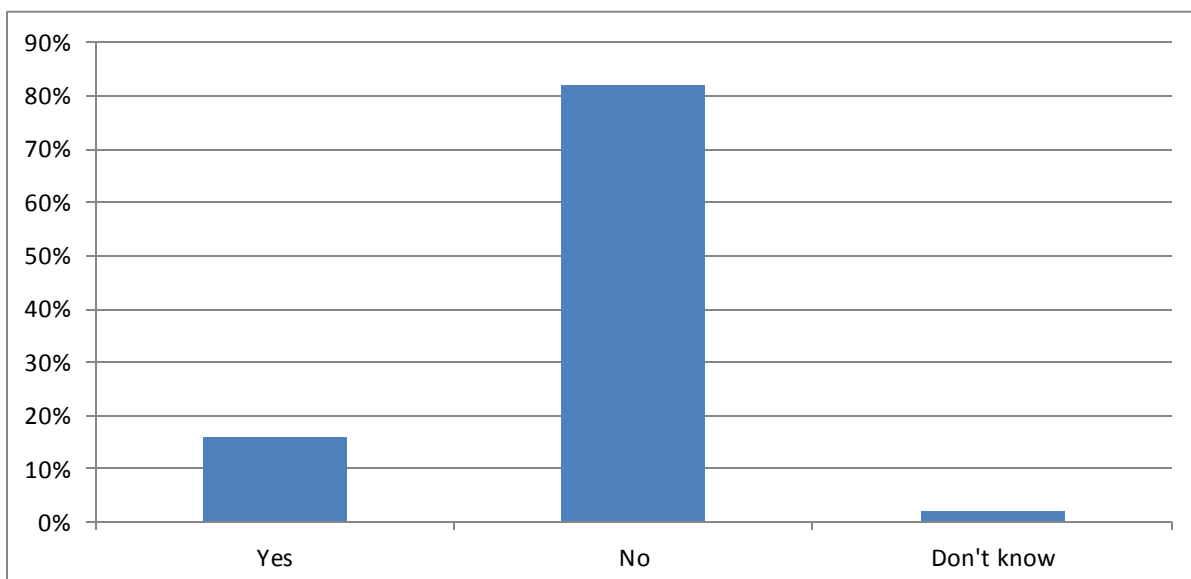
For question 6 respondents were given a list of support or services to help that help them as carers and asked if they had used any of them over the last 12 months.

a. Information and advice



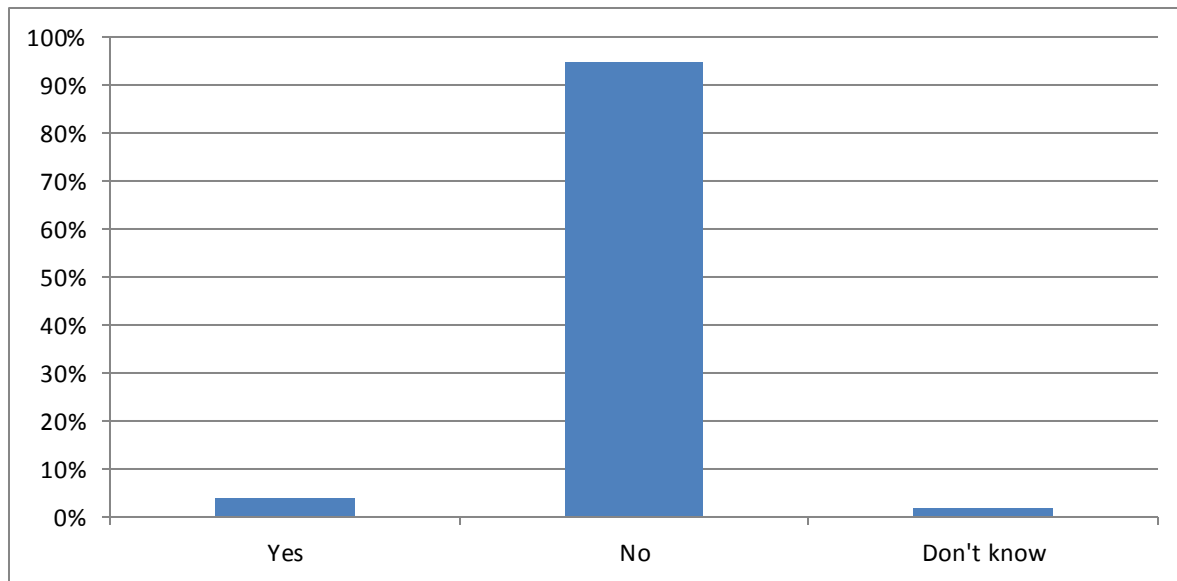
The majority of respondents (55%) answered yes, while 44% answered no and 1% said that they did not know.

b. Support from carers groups or someone to talk to in confidence.



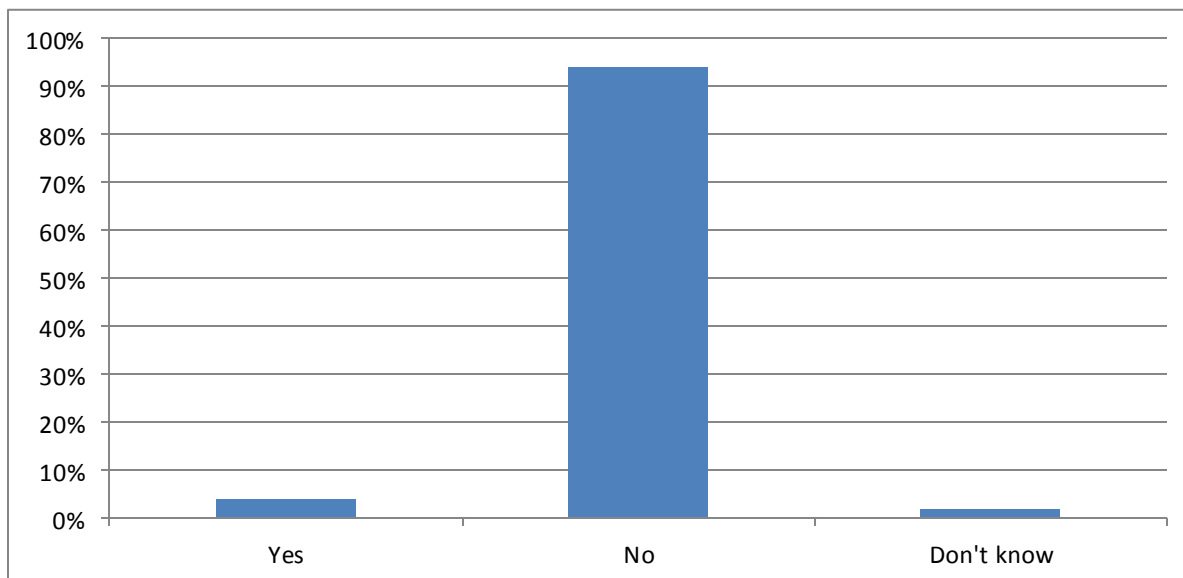
The majority of respondents (82%) answered no, while 16% answered yes and 2% said that they did not know.

c. Training for carers.



The majority of respondents (95%) answered no, while 4% answered yes and 2% said that they did not know.

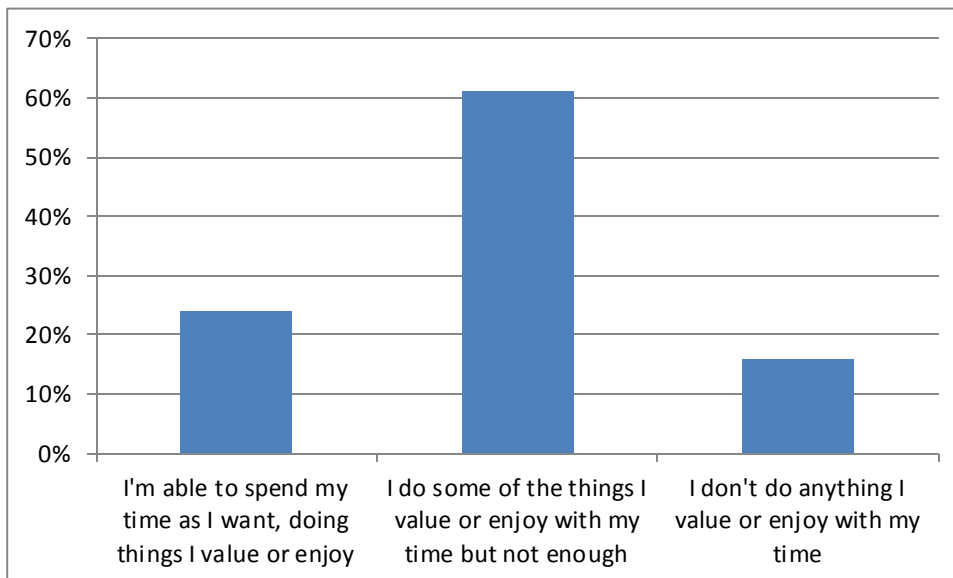
d. Support to keep you in employment.



The majority of respondents (94%) answered no, while 4% answered no and 2% said that they did not know.

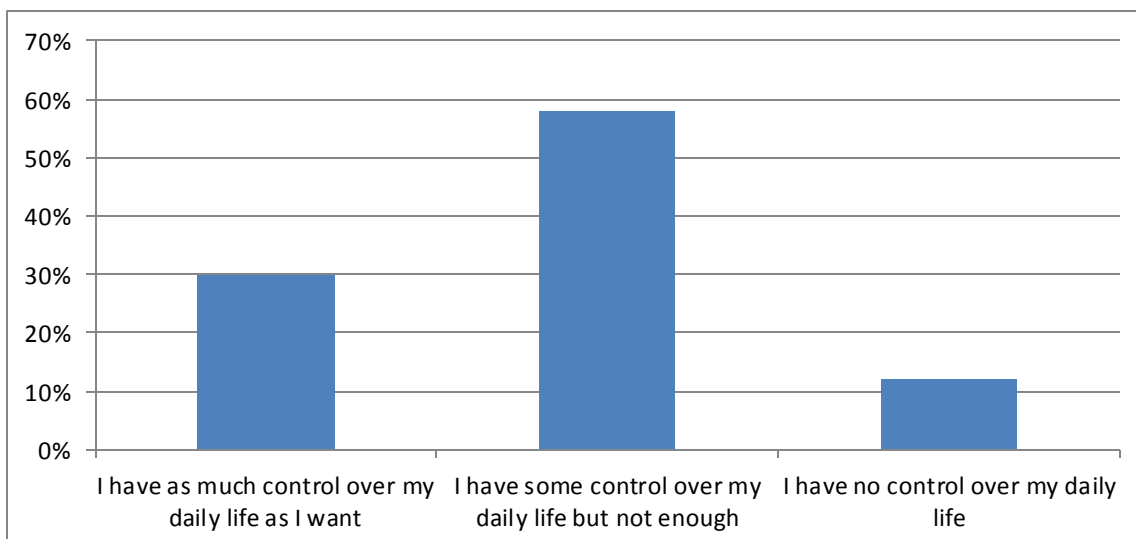
Section 3: The impact of caring and your quality of life

Q7. This question asked respondents which statement best described how they spent their time.



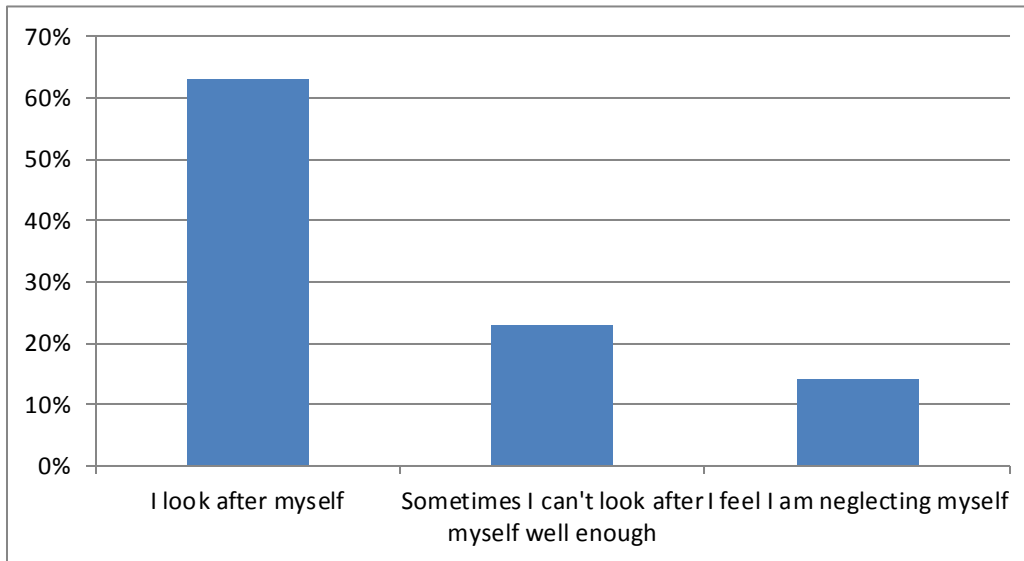
Over half (61%) of the respondents answered 'I do some of the things I value or enjoy with my time but not enough', 23% answered 'I'm able to spend my time as I want, doing things I value or enjoy' and 14% of respondents said that they 'Don't do anything I value or enjoy with my time'.

Q.8 this question asked respondents which statement best describes how much control they have over their daily life.



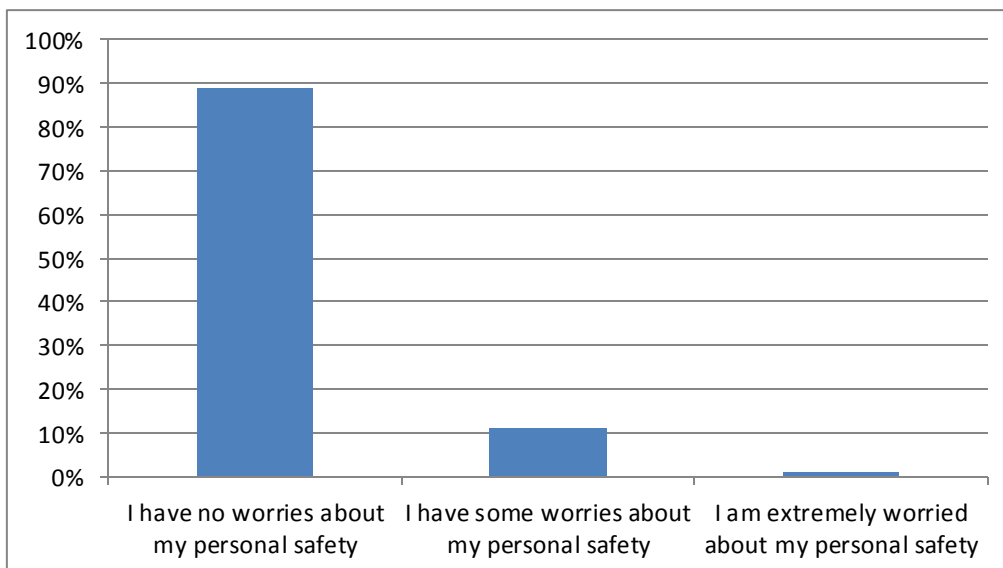
Just over half of respondents (58%) said that they 'have some control over their daily life but not enough'. Nearly a third of respondents (30%) answered 'I have as much control over my daily life as I want'; while 12% of respondents said that they 'have no control over their daily life.'

Q.9 This question asked respondents which statement best describes how much time they have to look after themselves - in terms of getting enough sleep or eating well.



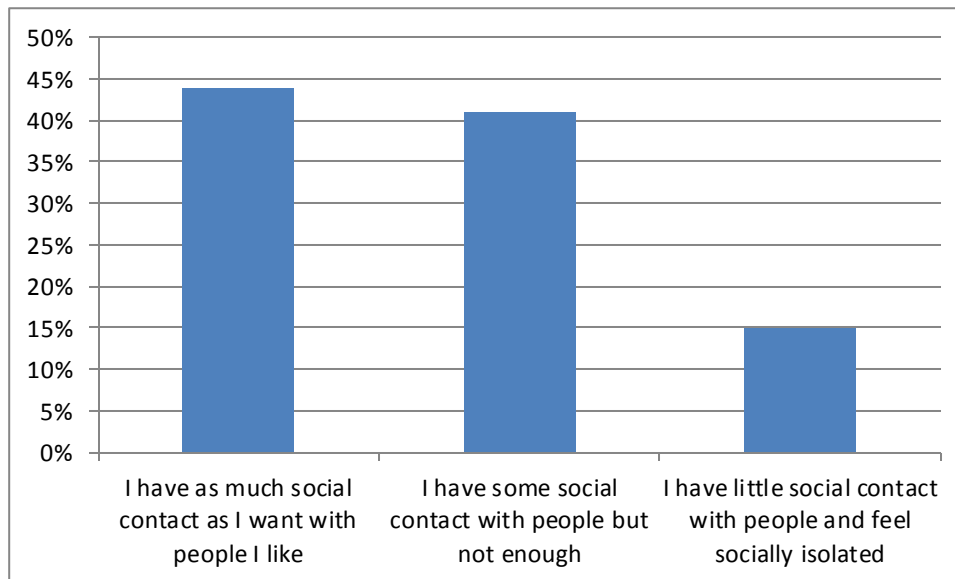
The majority of respondents (63%) answered 'I look after myself', with 23% saying 'sometimes I can't look after myself well enough' and 14% answering that 'I feel I am neglecting myself'.

Q. 10 This question asked respondents which statement best describes their present situation when thinking about personal safety.



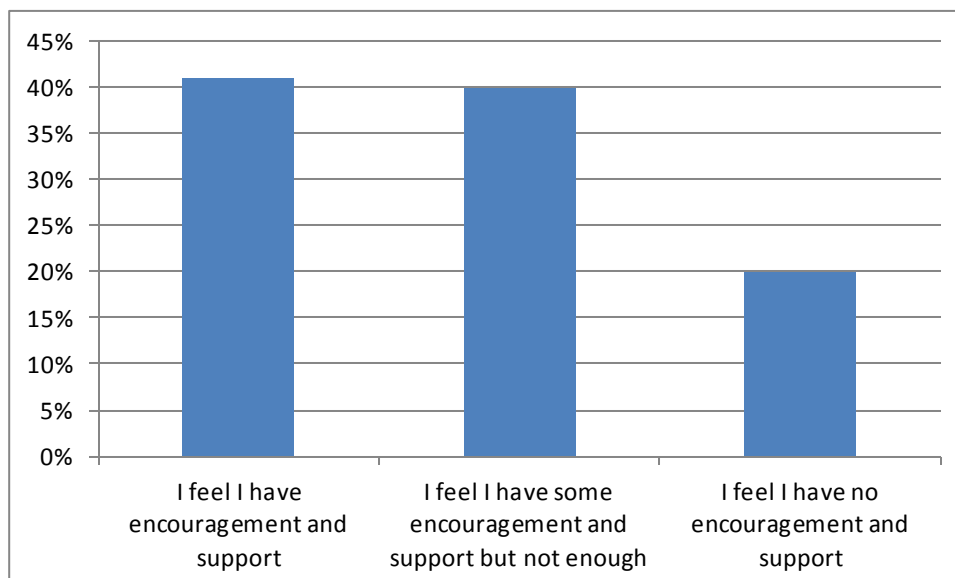
The majority of responses (89%) answered 'I have no worries about my personal safety', 11% of respondents answered 'I have some worries about my personal safety' and 1% answered 'I am extremely worried about my personal safety.'

Q 11. This question asked respondents to think about how much social contact they've had with people they like and which statement best described their social situation.



44% of people said that they 'have as much social contact as they want with people they like', while 41% said that they 'have some social contact with people but not enough' and 15% answered they have 'little social contact with people and feel socially isolated.'

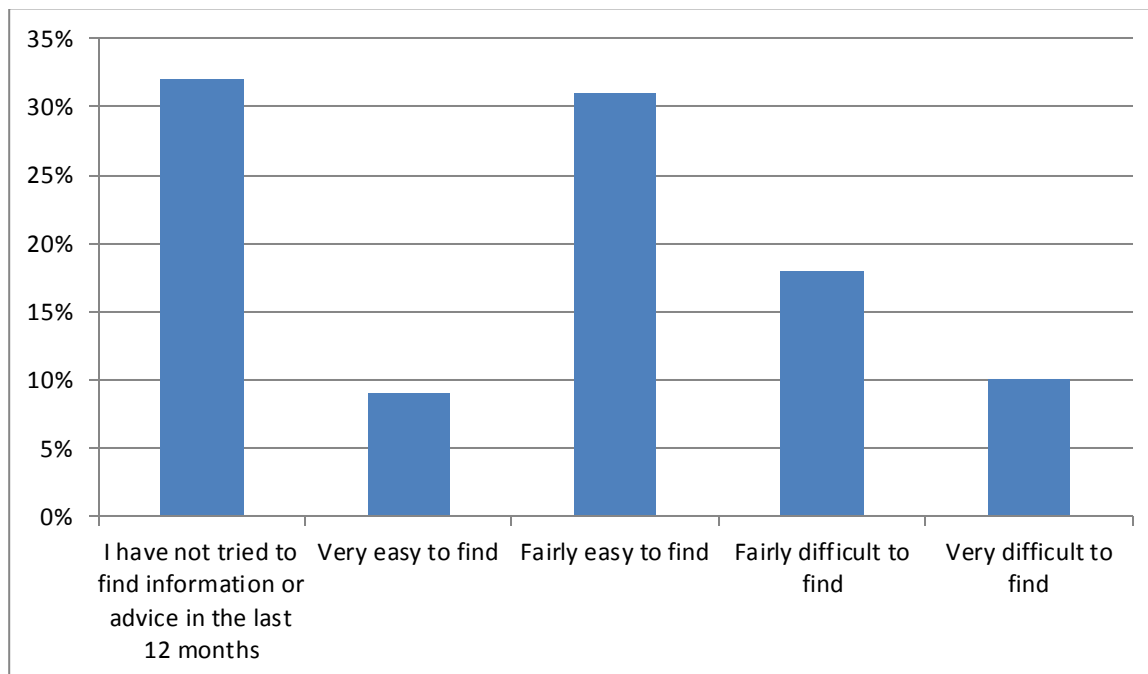
Q.12 This questions asked respondents to think about encouragement and support in their caring role and which statement best described their present situation.



41 % of respondents said that they felt they have 'encouragement and support'; similarly 40% said that they felt like they had 'some encouragement and support', however 20% answered that they felt they have 'no encouragement and support'.

Section 4: Information advice and quality

Q.13 This question asked respondents if in the last 12 months, they have found it easy or difficult to find information and advice about support, services or benefits.



Out of the 500 respondents 32% said that they had not tried to find information or advice in the last 12 months. Over a third of respondents said that they find it fairly easy to find information and advice, with 9% saying that they found it 'very easy'. In comparison 18% of respondents said that they find it 'fairly difficult' and 10% said that they found it 'very difficult' to find information and advice.

If respondents had found it difficult to find information and advice, they were asked why and what can be done to make it easier.

A number of respondents highlighted that they found it difficult to find the right information and advice, with one respondent commenting that *"It is a struggle to find the right help to get the correct care for my daughter."* And another commenting that it is *"hard to know who to speak to as department/roles appear to change."* Another issue of concern related to just not knowing where to find the information, one person commented that they have *"no idea of entitlement"* and another commented that they *"Did not know who to contact with my problem and where to get the information I wanted."* One respondent suggested that it would be useful for social services staff to have knowledge of the area in which they work so that they *"know what help and services exist in the local area"*.

A key issue that was highlighted related to the fact that there is no one-stop place for information. A few people made suggestions that there should be one place that you can go to for all your adult social care needs, one person commented there should be, *"pop up carer's help shops."* And another suggesting *"there should be an advisor who has the experience to point me in the right direction."* Others commented that although they were told where to find information and advice they just simply *"have no time to do this."* And another person commented that *"There is no time*

to spend looking for info either online or by phone, everything is press button – on hold- call back.”

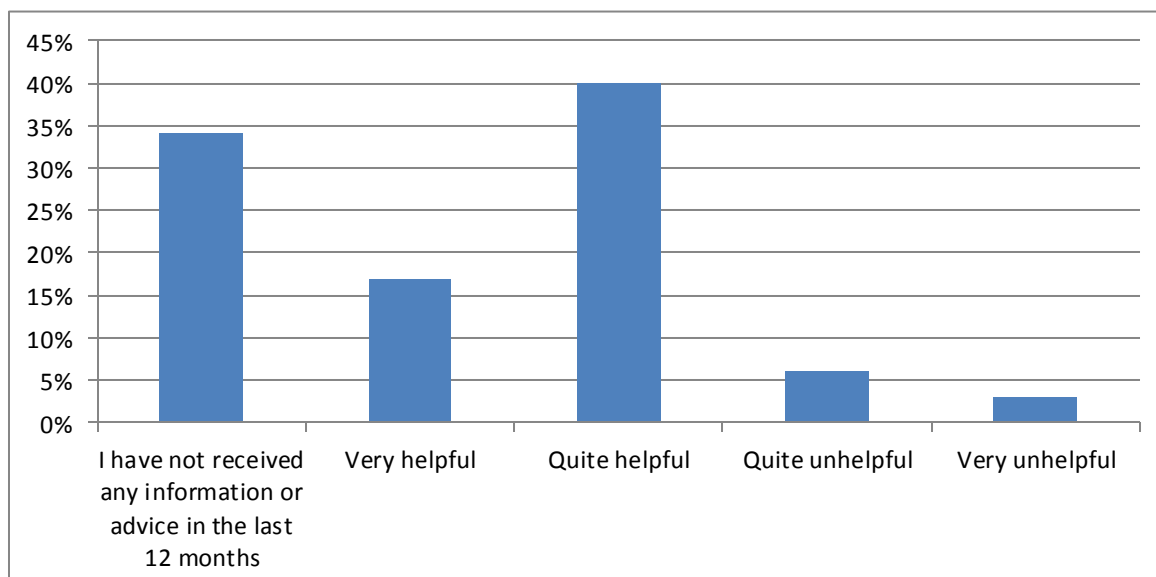
Issues concerning the telephone services seemed to be a common theme with many respondents saying that their phone calls are rarely returned, with one person commenting *“I leave messages and no one rings me back.”* And another respondent said *“High telephone demand = too long waiting to be answered because of queues.”*

A number of respondents have highlighted the issue of being pushed and pulled between different departments, with one person commenting *“I am being pushed between three different services, each then passing me back to the other.”* With another saying that they *“felt like we were passed from one service to another.”*

Listed below are issues people found difficult to find/get information on;

- Not knowing what equipment to buy or request
- Dementia
- Financial aspect on home help/carer from social services
- CAB limited open hours
- Finding alternative activities for cared for person to attend
- Benefits and allowances
- Respite care
- Support and services entitlement
- DLA
- Mental health

Q14. This question asked respondents in the last 12 months how helpful has the information and advice that they have received been



Out of the 495 respondents over a third (34%) said that they had not tried to find information or advice. For those that did, 40% said that they had found it 'quite helpful' and 17% said that they had found it 'very helpful'. In comparison 6% of respondents said that they found it 'quite unhelpful' and 3% said that they found it 'very unhelpful'.

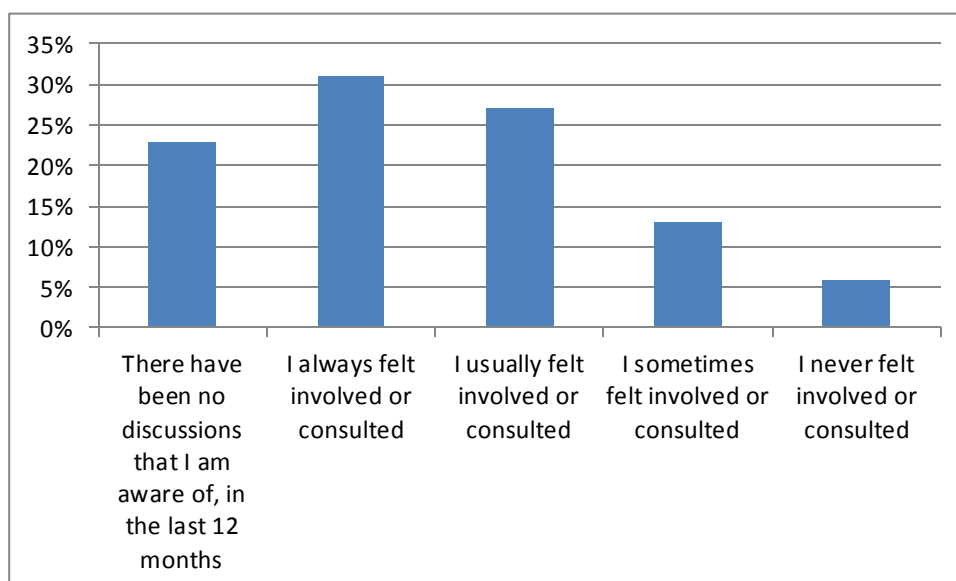
If respondents had found the information and advice that they received unhelpful then they were asked why and what could be done to make it more helpful for them.

One of the key issues highlighted by respondents related to the information and advice provided not being relevant, up to date and useful. One person commented, *“Information about dementia only told me what I already knew”* and that the information from the OT was not relevant or helpful as they had *“not thought about activities or past times for someone with memory loss.”* Another commented that the leaflets she receives are out of date and not relevant to her son’s condition, saying that they *“imply that either all children had ADHD or Autism, my child has neither,”* and *“are a complete waste of paper, envelope, postage and my time.”* Others commented that they do receive good information but the issue is that this information is not passed on to relevant professionals and there is a lack of communication amongst services. One person commented that *“Because agencies do not share information between each other adequately, we say the same thing to each service.”* and that no one *“takes responsibility for my questions”*

Another key issue involves the time it takes to receive information, one person commented *“Got advice and information from a voluntary organisation but even then still took a long time to get it.”* Comments would also suggest that initially information is provided or first contact made but this is rarely chased or followed up by the professionals, one person commented *“All information that I have received has been by me chasing it.”* And another said *“I have had a carer’s assessment but have had no feedback.”*

Section 5: Arrangement of support and services in the last 12 months

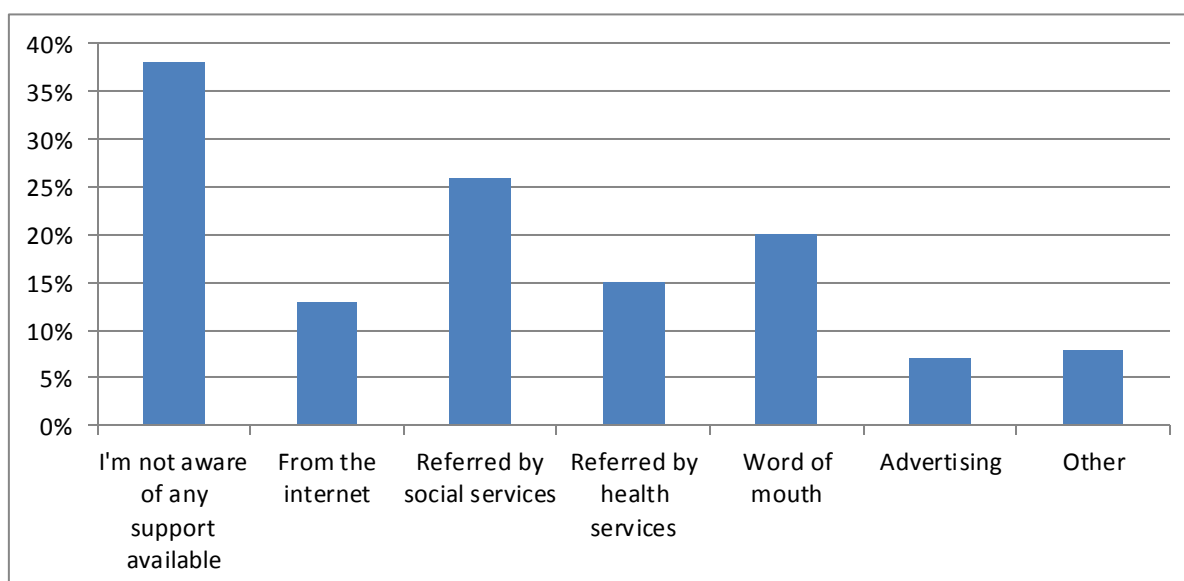
Q15 This question asked respondents in the last 12 months, if they felt that they had been involved or consulted as much as they wanted to be, in the discussions about the support or services provided to the person they care for.



Nearly a third (31%) of respondents said that they ‘always felt involved or consulted’, while just over a quarter (27%) said that they ‘usually felt involved or consulted’. In comparison, 13% of respondents said that they sometimes ‘felt involved or consulted’ and 6% said that they ‘never felt involved or consulted. Just under a quarter (23%) said that there have been no discussions that I am aware of, in the last 12 months’.

Section 6: Voluntary Organisations

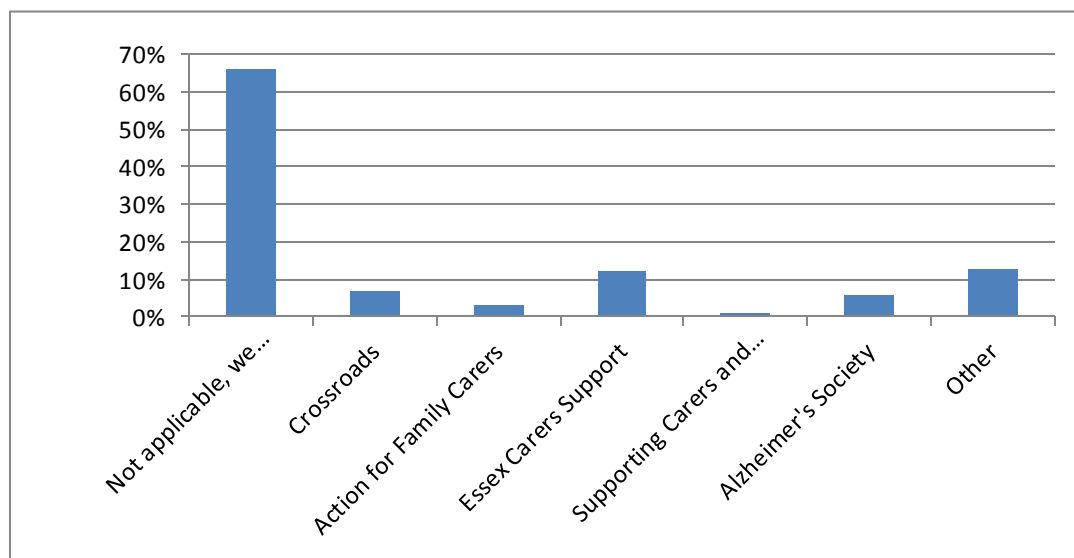
Q16. This question asked respondents how they found out about support available for carers from voluntary organisations in their local area.



Over a third (38%) said that they were ‘not aware of any support available’, just over a quarter of respondents (26%) said that they were referred by social services, 20% by word of mouth, 15% referred by health services, 13% from the internet, 7% through advertising and 8% answered ‘other’. If respondents answered ‘other’ they were asked to specify, a few examples of these included:

- Action for carers, Age UK, Alzheimer’s Society, Armed forces charities Essex Carers, The stroke club, Mencap, Homecare and Farleigh Hospice
- GP, doctor at Hospital
- Library
- MENCAP magazine
- “Leaflets and posters in the GP”
- “Internet from other relative who has computer ”
- “I asked a friend to google info for me”
- “The only person who could help me at any time was the receptionist at my mother’s GP”

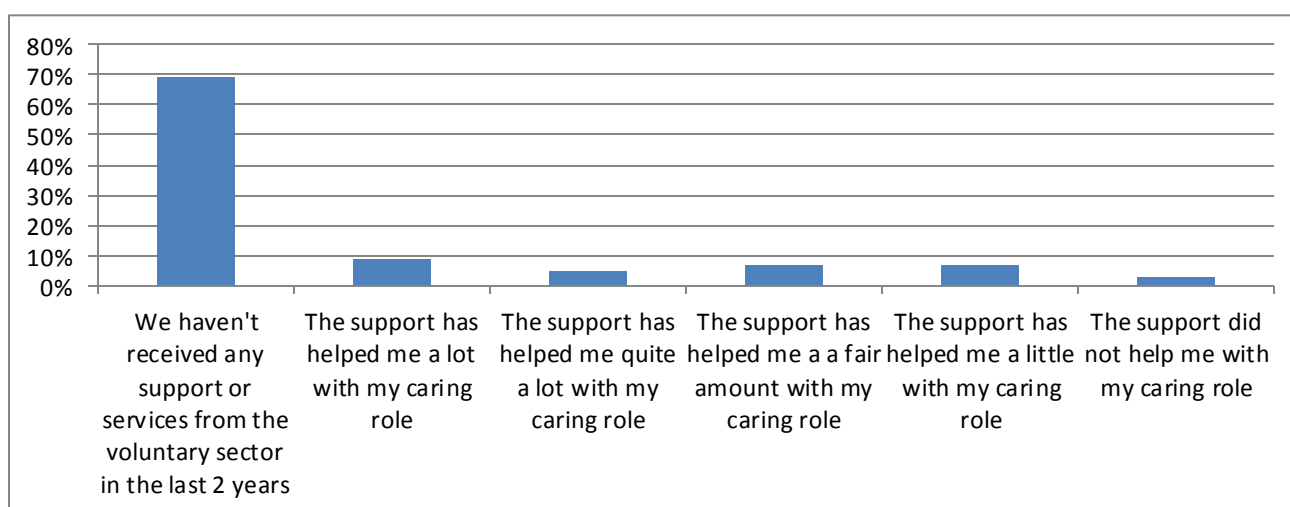
Q17. This question gave respondents a list of voluntary sector organisations and asked which ones they have approached for support in the last 2 years.



The majority of respondents (66%) said that they hadn't approached the voluntary sector for any support. Out of the 502 respondents 12% answered Essex Carers support, 7% Crossroads, 6% Alzheimer's Society, 3% Action for Family Carers, 1% Supporting Carers and Families Together and 13% answered other. If respondents answered other they were asked to specify, a few examples given were:

- Action for carers, Age UK , Care UK, Dementia support service, Downs Syndrome Association, Essex Dementia, Essex Cares, Essex Pass, GP care advisor, Headway, Home Instead, iBasis, London Care, Macmillian Cancer Nurses, MENCAP, Mosaic, MS Society, SNAP, Parkinson's support group, Rethink, RNIB and social services.

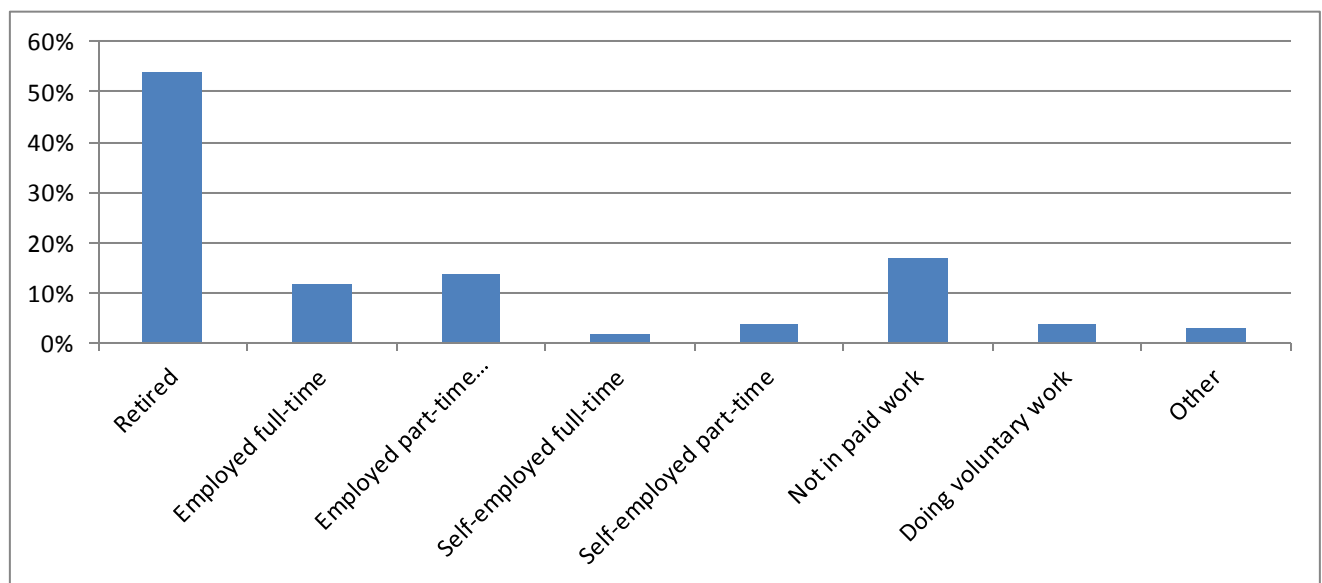
Q18 This question asked respondents if they had approached voluntary sector organisations for support in the last 2 years, did the support help them to carry out your caring role.



Out of the 458 people that answered this question the majority said that they had not received any support or services from the voluntary sector in the last 2 years, 9% of respondents said that the support has helped them 'a lot' and 5% said that the support has helped them 'quite a lot'. 7% of respondents said that the support has helped them a 'fair amount' and similarly for 'helped me a little', while 3% said that the support 'did not help' with their caring role.

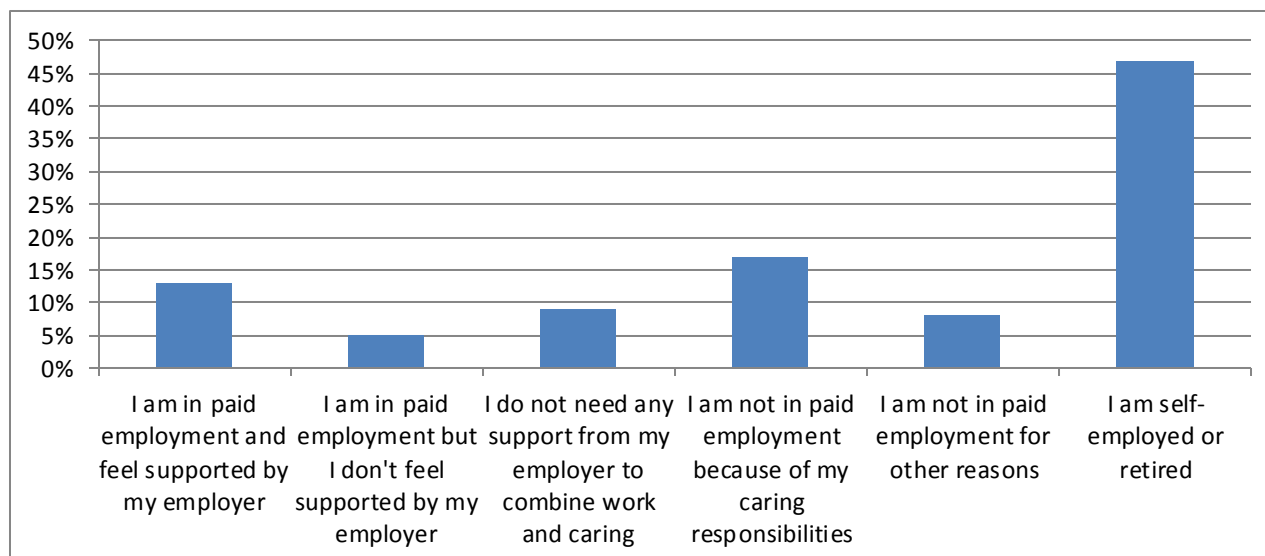
Section 7: About yourself

Q19 In addition to their caring role, respondents were asked which employment status applied to them.



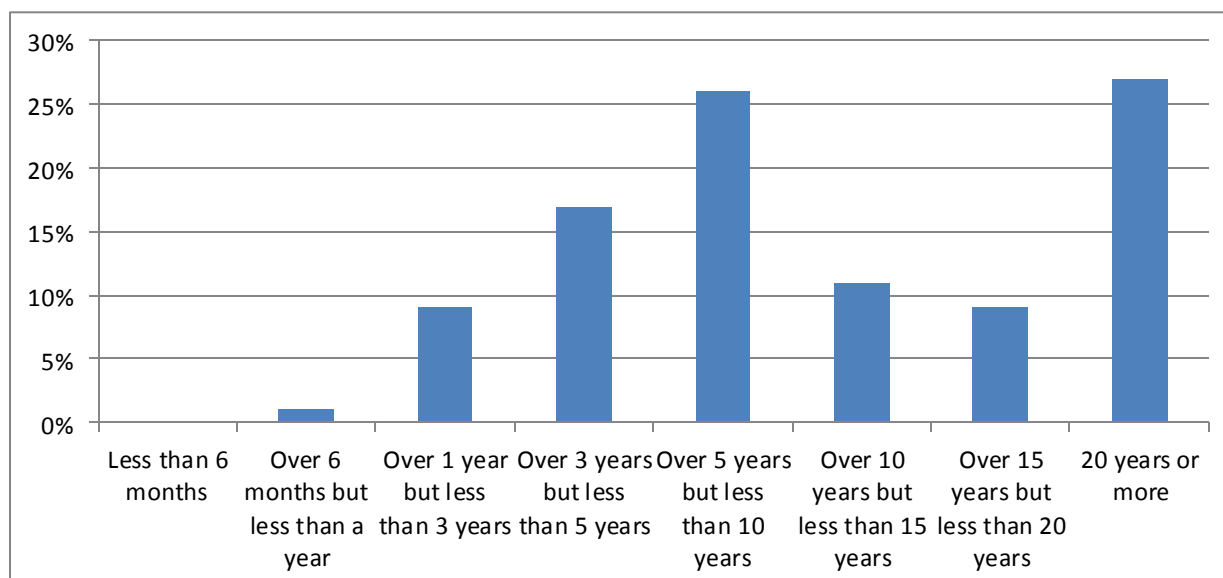
Over half (54%) of respondents said that they were retired, 12% in full-time employment and 14% in part-time employment (working 30 hours or less). 17% of respondents said that they were not in paid work and 4% said that they were in voluntary work, while 2% said that they were self-employed (full-time) and 4% that they were self-employed (part-time). 3% of respondents answered 'other'.

Q20 This question asked them to think about combining paid work and caring and which statement best described their current situation.



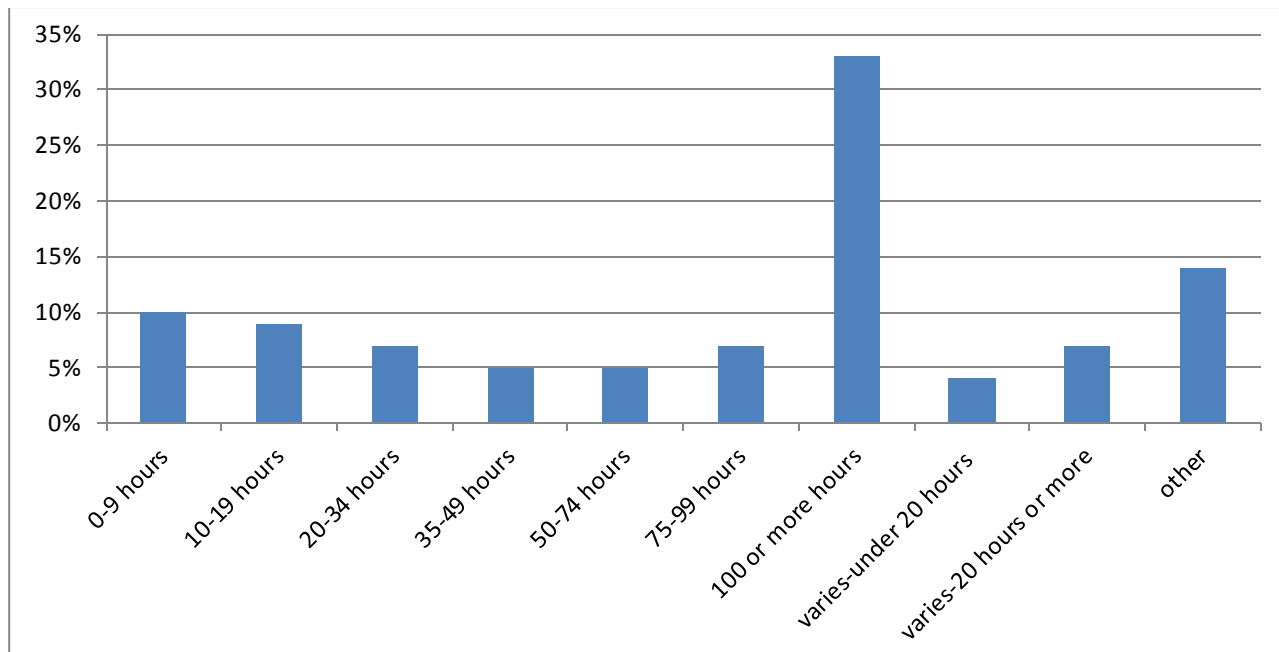
Nearly half of respondents (47%) said that they were self-employed or retired, 13% said that they were in paid employment and felt supported by their employer while 5% said that they were in paid employment but didn't feel supported by their employer. 17% of people said that they are not in paid employment as a result of their caring responsibilities and 8% said that they did not need any support from their employer to combine work and caring.

Q21 This question asked respondents about how long they have been looking after or helping the person that they care for.



The two highest responses were for over 5 years but less than 10 years (26%) and 20 years or more (27%). 17% of respondents said over three years but less than five, 11% said over 10 years but less than 15, 9% over 15 years but less than 20 years. 9% said over one year but less than three years, and 1% for over six months but less than a year.

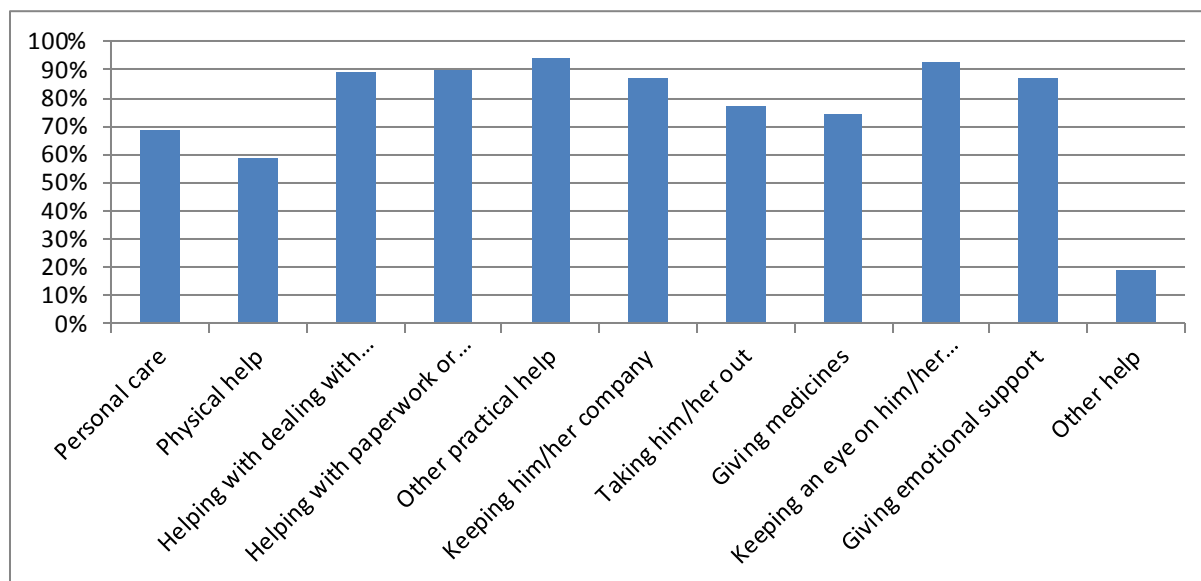
Q22. This question asked respondents about how long they spend each week looking after or helping the person that they care for.



A third of respondents said that they looked after the person that they care for more than 100 hours a week, 14% of respondents answered other and were asked to specify.

Some respondents commented that the time they spent caring was dependent on the health or mental state of the person that they care for, one person said *"it depends on my daughter's mental state."* Another commented that the time they spent caring varied as the person they cared for was a diabetic. Other people commented that the person they care for is still in full-time education and therefore the time that they spent caring varied during term time, school holidays and weekends, one person commented *"depends, 50-74 hours in term time and 75-99 hours in school holidays."* Another said that they only see their son *"every fortnight"* but care for them *"24/7 during school holidays."* A large number of respondents commented that they spend 24 hours a day seven days a week looking after the person that they care for, one person said *"full time"* while a few respondents said *"all week"*.

Q.23 This question gave a list and asked what kind of things they did for the person they care for over the last 12 months.



Nearly all answers given had high response rates, the highest rated answers being 'other practical help' (94%), 'keeping an eye on him/her' (93%), 'helping with paperwork or financial matters' (90%), 'helping with dealing with care services and benefits' (89%) and 'giving emotional support' (87%). The lowest rated answers were 'physical help' (59%) and 'personal care' (69%), while 19% said that they gave 'other help' that wasn't listed.

Section 8: Comments and feedback

The last section of the survey asked respondents to describe any experiences that they would like to talk about, or to provide any other feedback. Overall 233 comments were made, both positive and negative, with some key themes and issues arising, including: Not getting enough help or support 34 comments (15%), time and efficiency of services and support 30 comments (13%), quality of the services provided (staff) 26 comments (11%) and lack of information and advice 20 comments (9%).

Out of the 233 comments, 16 respondents made positive comments about social services and agency personnel, one person saying that he found all staff at worst, "polite and civil and usually helpful, cheerful and charming". While another said that they have always found social services personnel "very helpful and good listeners." One person said:

"I think the care my mother receives is fantastic. She is a very difficult person, probably because of her mental illness and I think the carers who attend her should be given a medal."

For some respondents the care packages and support services that they have in place allows them to have a break from caring and continue with their normal routines. One person said that they “appreciate the visits I get from Essex Carers, social services and others, they do a good worthwhile job, it’s hard work caring for my husband, but up to now I manage ok.” While another commented, “My mother attends a day centre twice weekly leaving my father and I free for six hours to catch up with shopping, chores etc.” One respondent said:

“Social services provided a budget for respite which was a true help for me. They also provided a sitting service from crossroads. The lady was fantastic with my wife; it helped her so much and has benefited me greatly.”

Out of the 233 comments, 12 people described how family support plays a huge part in their caring roles. One respondent said “My brother supports me in the care and this allows me to have a social life as well as providing care as stated.” And another said “Both my sister and I looked out for and care for our mother, for some time she was cared for by ourselves and care agencies.”

A number of respondents made positive comments about personal budgets, one person saying that “we are very grateful for the personal budget, which we feel helps my son lead a more full life.” While another commented that:

“My son has a personal assistant supported by a personal budget; this has been invaluable and not only supports me and my husband but really enhances my son’s social life as well.”

There were quite a few positive comments made about the speed and efficiency of setting up services, one respondent commented, “I got in touch with a social worker, just before Christmas 2012 and she put a care package together within days.” Another said that once her husband had been discharged from hospital after stroke rehab “I just didn’t know how to deal with the situation and I made a call and was helped with, speed, efficiency and compassion.”

However just over a third (34%) of all comments made criticized the quality of social care services, with 30 people criticizing the length of time that it took to put services in place or find out information. One respondent said that although once social services were involved “the equipment provided was excellent and good quality,” that it took “a long time for social services to start the process.” Another respondent commented that “Cogs turn very slowly in terms of setting up a support structure for the person cared for.” And another said. “It has taken three years to get my mother to the level of support and activity that she now enjoys.” One person praised the support that her Mum now receives but criticised the length of time it took, “It took 6 months to get up and running.”

A fairly common criticism from respondents (26 comments in total) related to the quality and efficiency of the care that was given. There were several comments made about carers not arriving on time or not turning up at all:

"The care agents were an absolute waste of time... they were always late, couldn't do what was needed and caused more worry and stress."

"Have carers come in but don't come on time."

"Carers vary the times that they come and often ignore instructions."

"When a carer is delayed by a previous emergency they should phone to let the next person on the list know that they will be late, often late at night my mother thinks they have forgotten her, this has also happened when she has been left off rotas."

"The care company is not terribly reliable and mum gets upset that the carers are constantly changed and arrive at all different times, there is nothing regular and static and with an elderly person you need to have things constant and regular."

There were also several negative comments made about the quality of the care provided by the carers both in their own homes and in care homes (permanent and respite):

"My time is spent clearing up the mess left by the carers eg. Coffee granules spilt on the side and floor, coffee (liquid) spilt, crumbs and jam dropped on the work surfaces."

"Our main issue is finding a care home where Albert's fluid intake is carefully monitored. When he goes in for respite he generally comes out dehydrated and ends up in hospital."

"The carers are mostly very good, although sometimes they seem a bit slapdash – eg. Poor quality washing up."

"My mother has carers morning and evening but some are not good, it's the little things really, not cleaning up properly... making my mum's breakfast with the gloves on that they used to wash her with... not making the bed properly... mum's nails are always dirty so they are not helping her to clean them- I have to do it etc."

"Care firms are useless. The employ people who do not care about patients; they are only interested in MONEY."

There were 34 comments in total made about receiving little or no help for the person that they care for:

"I am so angry about the treatment, or lack of it, I have received since 2011."

"Following a stroke in 2003 my wife was discharged from hospital with severe memory loss and was confirmed later with vascular dementia, during the 10 yrs. of her illness we received little or no help from the NHS or social services."

"I became my husband's carer and took a career break from work. I've tried to contact the Essex Young carers for help and support with my 11 year old daughter who helps me a lot but they never contact me or offer any help."

"I consider my wife is not getting enough mental health support."

"I fear there is not enough support available for my father as he falls in a bracket that he has some savings but is required to spend all of this on his care, whilst others who have made no provision for the future have a wide range of help and facilities available to them for no cost."

"I have found that as my mother was paying privately for her care I had no support from social services except for OT."

Other respondents (20 comments in total) criticised the lack of information and advice, with one person commenting that the *"Information is out of date."* And another commenting that, *"I am saddened that at the age of 30 with disability from birth that there has not been sufficient information or help to enable my daughter to live truly independently."* One respondent commented that is difficult to find correct and up to date information saying *"I have no idea what sort of help I can get and I don't know where to look or who to contact."* Another said *"I would like to know what support services are available for myself and my mother but have no idea where to start."*

There were 12 negative comments made regarding social services assessment processes, with people saying that they found that assessment processes *"takes a very long time"* and are very difficult to complete. One respondent commented that the assessment process for the carer's package and carer's support *"requires simplification... and Carer's plan should be completed and monitored by the same social worker, giving one point of contact."* This issue of consistency was common, with five people commenting that there often too many different carers and social workers and that this made it difficult to build up trust and for the carer to understand their needs without having to keep explaining, *"You would always get different people who would not understand his needs."* One respondent commented that *"Social workers come and go"* and that *"Social workers do not inform when cases are being transferred/banked/relocated/reallocated."* Another commented that the main issue re social services is the *"constant changing of staff so no consistency."*

There were also comments regarding social services being *"too fragmented"* and poor coordination and communication between different services, one person said that they had a *"terrible job"* of getting their father released from hospital following a fall mainly because *"The hospital OTs and social workers don't talk to each other."*

There were also issues raised around understanding the carer's needs, one person commented that, *"Being a male and a carer is not always recognised and referred to and some services, not all, can override your decision making."* Another respondent said that *"people do not understand the problems of the deaf,"* and agencies have not understood that the person she cares for cannot speak down the phone. There have also been issues with letters and forms that have been sent out from agencies written with *"language well above her understanding despite knowing who they are writing to."*

There were nine negative comments made relating to respite care, some around the quality of care when receiving respite services, one person explained that her husband had gone into respite while she was away on holiday but when he returned home he had two grade two pressure sores and also a cough which turned into pneumonia, after this she feels that she *"cannot go on holiday with no worries."* There were several comments made about reductions in respite care, one respondent said that respite for her son had been *"cut down from 36 days to 28 days"* and that this was *"not a lot"*, commenting that carers *"need to have respite so we can recharge our batteries so as to give the support we need"*. Others have found difficulties in requesting respite, one person commented that *"requests for respite have not been possible"* and another that *"the care service we use fails to understand my own limitations,"* and that he does *"not get any break from caring"*.

One respondent said *"without my respite and my daughters day services I wouldn't be able to maintain my job as a full time carer."* But with *"budget cuts to services"* and many agencies closing due to *"lack of funding"* this is leading to even more *"stress and anxiety"*.

One person commented that *"when we lived in London our daughter could have respite, so we had a break."* However since moving to Brentwood they have had only *"2 respites in the last 6 years."*

There were also several comments that would suggest a level of anxiety and worry regarding leaving the person cared for in respite, one person commented that *"Social services have suggested respite but I am worried about leaving my husband."* Another speaking about their daughter said that it would of *"no use us having respite as she wouldn't settle away from us and be very distressed."*

Six respondents highlighted issues around their carer's allowance and in most cases saying that this was inadequate and had a huge impact on their own personal well-being and quality of life; one respondent commented that *"my carer's allowance is £30 per week; I suffer from depression and arthritis. I feel tired and worn out most of the time and obviously my benefits do not stretch to doing anything for myself."* Another person said that their carers allowance of *"£60 a week is so inadequate, it does not even begin to cover the bills,"* and highlighted that *"working elsewhere to earn extra money is impossible as there are not enough hours in the day."* This was a common criticism with many people explaining that they felt they could not work extra or get part-time jobs as they were too busy caring. Many respondents commented that *"carers should be given more support"* as they *"are saving the government so much money."* One person explained that they

made a 60 mile round trip to care for their father and this *"takes all of my carer's allowance."* And *"there should be help with carer's travel expenses."* There were also several comments made around carer's allowance in regards to limits on what the carer can ear, with one person commenting that the government should *"let them earn a decent wage while claiming carer's allowance."* Another commented, *"we should have a proper wage."*

A large number of respondents (29 comments in total) spoke about the effects of caring for someone else and the support that they receive as a carer. Many respondents highlighted that they felt isolated, stressed or depressed. Some comments described the impact that it had on their own families and lives, with some carers feeling that support services are only interested in the person being cared for and not the carers themselves:

"I would like to get out of the house and meet other people; I feel very isolated and feel like I don't have a life of my own."

"Being a carer is a full time and lonely life; you sometimes lose sight of yourself and become totally overpowered by your caring role. You have little or no social life"

"Caring for someone is very demanding."

"I am finding it increasing difficult and feel very isolated."

"I am so stressed I cannot even go into it at this moment."

"My life is very mundane, I do the same thing every day and "I do not receive any advice"

"Most of the time I feel totally stressed out."

Having a disabled child one respondent explained, was now the "whole focus of her life" and has had a "profound effect on family", explaining they feel like they are living on a "Knives edge" fearful that the care package that allows for them to work will change and they are uncertain about what the future could hold.

This publication is issued by Essex County Council, Involvement & Engagement Team

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Published April 2015



Young Carers Commissioning People & Families Scrutiny Committee

INTRODUCTION

Young carers need the same access to education, employment, training, social activities career and wider opportunities as other young people in the community who do not have caring responsibilities.

Section 96 of the Children and Families Act 2014 introduced new rights for young carers to improve how young carers and their families are identified and supported

From April 2015 all young carers are entitled to an assessment of their needs from the local authority. This new provision works alongside measures in the Care Act 2014 for assessing adults to enable a “whole family approach” to providing assessment and support.

The Children and Families Act 2014 defines a young carer as “a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work).” Under this Act, local authorities are expected to take reasonable steps to identify young carers so they can be offered a Statutory Needs Assessment leading to appropriate support.

Additionally, transition planning should be available to support the move to adult services at 18 years.

The Government commitment to young carers was reaffirmed in October 2014 - “Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods”.

CURRENT ACTIVITY

There is a young carers group based in each district supported by Essex Youth Service.

Additionally, Action for Family Carers (AFFC) and Supporting Children and Families Together (SCAFT) have received external funding to support pilot projects in schools (AFFC & SCAFT) and Young Adult Carers groups (AFFC). These provisions extend the range of services in some Districts.

Under the Supporting Carers in Essex (SCiE) contract, the partnership provides the following support

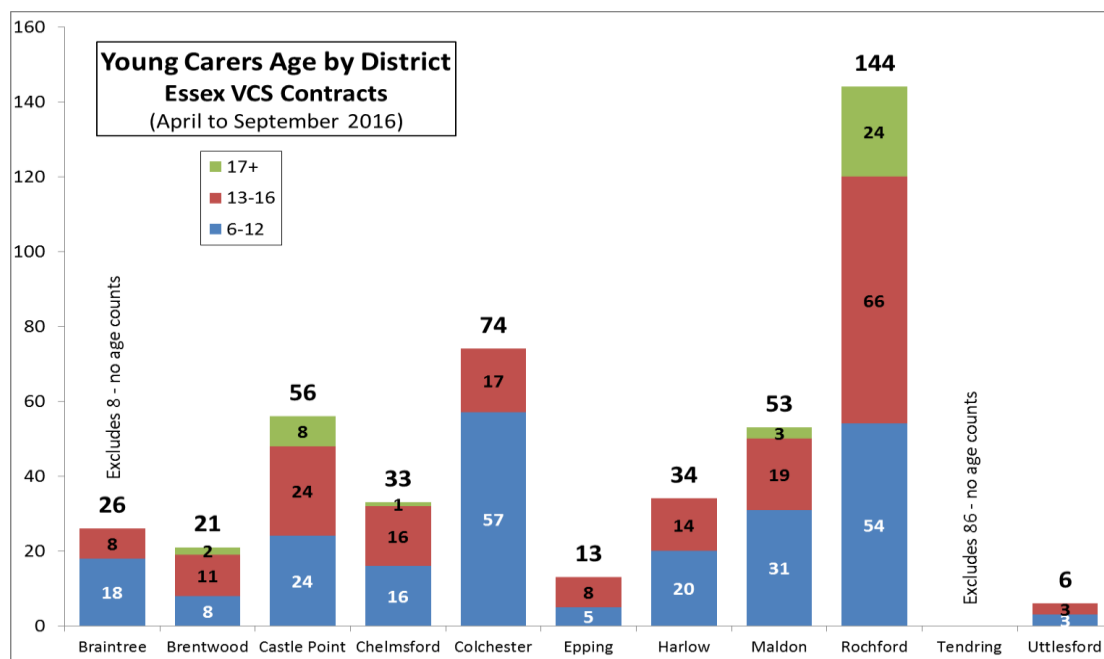
Young carers secondary school-based support for carers aged 11 – 18yrs

Young adult carers transition support for carers aged 16 – 24yrs

The Children’s Society have been commissioned in Mid-Essex to deliver the ‘Dare to care’ pilot project which supports young carers of adults with substance misuse, mental health issues and also providing emotional support to young people living in houses with domestic abuse.

In response to the Children and Families Act 2014, from April 2015 dedicated young carers assessment moved to the ECC Targeted Youth Adviser team in order to ensure an independent assessment, no waiting lists and that all the needs can be considered and an appropriate action plan can be agreed with the young carer

Mid-year data 2015 from VCS providers =



Data suggests that 4.9% of young carers attending groups are from BME communities

DEVELOPMENTS & NEXT STEPS

Healthy Schools - In order to build upon and improve support for young carers in schools, there is a need to embed awareness and on-going support in every school. This will not only provide appropriate support but also help schools improve attainment. The intention is to include a Young Carers module within the Healthy Schools programme which currently includes 95% of schools in Essex. This should ensure that those schools are working towards the quality standards specified. This can then be supported through commissioning training and awareness sessions and encouraging schools to achieve the Carers Trust Schools Award.

0 – 19 strategy - We have agreed targets for School Nurses and Community Nurses to identify and refer young carers for assessment. It would also be advantageous to follow the example of good practice as in Medway/Kent which includes confidential support to young carers from School Nurses within all schools as standard which would support the delivery of the Healthy Schools programme as above.

Young Carers Views - Young adult carers in Essex, have articulated that future commissioning should focus on providing a network of young carer and young adult carer support workers offering one to one personally tailored support and advocacy when required, rather than maintaining support to weekly recreational 'respite'

groups. Opportunities for young carers to meet together for meaningful respite activities could be funded during school holiday periods.

The existing VCS young carers groups would be supported to continue using the community capacity building model the Youth Service has successfully deployed to deliver youth activities across the county.

Young Carers asked us to explore the possibility of providing a countywide network of 'Street Nannies' who could provide practical support within the home to offer some relief from the caring burden of young carers.

Young Carers have said, there is a need to greatly improve access to information.

They have asked we ensure websites and links are up to date and easily accessible. Young people have also requested an App for Essex Young People to access Essex specific information, which could be an innovative way forward.

An additional suggestion is to support young carers is to provide access to personal budgets which could better support them to make life choices and access to FE or employment. This could help to broaden their ability to access respite and development opportunities.

There is a need in line with the national 'No Wrong Doors' Strategy to ensure improved collaborative working across Health, Adult Social Care and Family Operations which will enable young carers to be identified and offered appropriate support whenever a family is in contact with statutory services.

PEOPLE AND FAMILIES SCRUTINY
COMMITTEE WORK PROGRAMME

	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
MONTH AT A GLANCE (with links to papers)	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:
	8th	none	10th	none	4th	none
	Papers deadline	Papers deadline	Papers deadline	Papers deadline	Papers deadline	Papers deadline
	28-Apr	none	2nd	none	26-Aug	none
	Other activity	Other activity	Other activity dates	Other activity dates	Other activity dates	Other activity dates
	none	none	Special Reablement T&F Group	none	none	none
	SORT by May-15	SORT by Jun-15	SORT by Jul-15	SORT by Aug-15	SORT by Sep-15	SORT by Oct-15
Portfolio Holder Updates Cllr's Anne Brown, Ray Gooding, Dick Madden						
Carers Strategy Cllr Anne Brown, Sharon Longworth	Interim report presented to the Committee by the Task and Finish Group in March 2015 with the recommendation to keep a watching brief in the first year of implementation of the strategy.					
Community Agents Cllr Anne Brown	Report received					
Children's Centres and Healthy Child Programme Consultation Cllr Dick Madden, Stavroulla Yiannou						
Adult Community Learning Cllr Ray Gooding, Ros Parker						
Essex Police HMIC Reports						
Domestic Violence Cllr Dick Madden, Sheila Norris			Report received from the Cabinet Member			
Safeguarding Adults Annual Report Cllr Dick Madden, Paul Bedwell						
Essex Safeguarding Children's Board Annual Report Cllr Dick Madden, Paul Secker						
Essex Cares Cllr Roger Walters, Keir Lynch (Essex Cares Limited)		Update report to be received.				
Social Impact Bonds Cllr Dick Madden, Clare Burrell/Tanya Gillett						
Residential and Domiciliary Care Cllr Dick Madden					T&F 1	
Educational Attainment in Essex Cllr Ray Gooding, Chris Kiernan	Draft Final Report received and approved by the Committee		Cabinet Member response to the Final Report and Recommendations			
New Operating Model for the Youth Service Cllr Ray Gooding, Michael O'Brien						
Changes to Funding to Housing Related Support Funded Older People's Services (Call-in) Cllr Dick Madden, Dave Hill						
Meals on Wheels Cllr Dick Madden			Status report received from the Cabinet Member		Verbal update to be received	
Member Visits to Care Homes Cllr Malcolm Maddocks						

PEOPLE AND FAMILIES SCRUTINY
COMMITTEE WORK PROGRAMME

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
MONTH AT A GLANCE (with links to papers)	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:
	13th	none	15th	none	12th	none
	Papers deadline	Papers deadline	Papers deadline	Papers deadline	Papers deadline	Papers deadline
	11th	none	6th	none	3rd	none
	Other activity dates	Other activity dates	Other activity dates	Other activity dates	Other activity dates	Other activity dates
	none	none	none	TBC	TBC	TBC
	SORT by Nov-15	SORT by Dec-15	SORT by Jan-16	SORT by Feb-16	SORT by Mar-16	SORT by Apr-16
Portfolio Holder Updates Cllr's Anne Brown, Ray Gooding, Dick Madden			Cllr Brown update			
Carers Strategy Cllr Anne Brown, Sharon Longworth						
Community Agents Cllr Anne Brown						
Children's Centres and Healthy Child Programme Consultation Cllr Dick Madden, Stavroulla Yiannou	Initial consultation report received		Consultation paper due to be received but deferred due to consultation delay		Consultation of Committee. Committee to provide a paper into the consultation	
Adult Community Learning Cllr Ray Gooding, Ros Parker			Update received			
Essex Police HMIC Reports						
Domestic Violence Cllr Dick Madden, Sheila Norris						
Safeguarding Adults Annual Report Cllr Dick Madden, Paul Bedwell						
Essex Safeguarding Children's Board Annual Report Cllr Dick Madden, Paul Secker						
Essex Cares Cllr Roger Walters, Keir Lynch (Essex Cares Limited)						
Social Impact Bonds Cllr Dick Madden, Clare Burrell/Tanya Gillett						
Residential and Domiciliary Care Cllr Dick Madden	T&F 2	T&F Sub Group (Market) 1		T&F 3 and 4	T&F 5	
Educational Attainment in Essex Cllr Ray Gooding, Chris Kiernan					Implementation update from T&F report and Annual Report of attainment	
New Operating Model for the Youth Service Cllr Ray Gooding, Michael O'Brien	Update received. Further report in November 2016					
Changes to Funding to Housing Related Support Funded Older People's Services (Call-in) Cllr Dick Madden, Dave Hill	Call-in, 2 November 15. The Committee voted 8:1 to ratify the Cabinet Member decision. NO FURTHER ACTION					
Meals on Wheels Cllr Dick Madden						
Member Visits to Care Homes Cllr Malcolm Maddocks	Update received.					

PEOPLE AND FAMILIES SCRUTINY
COMMITTEE WORK PROGRAMME

	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
MONTH AT A GLANCE (with links to papers)	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:
	12th	9th	14th			
	Papers deadline	Papers deadline	Papers deadline	Papers deadline	Papers deadline	Papers deadline
	4th	1st	5th			
	Other activity dates	Other activity dates	Other activity dates	Other activity dates	Other activity dates	Other activity dates
	TBC	Prep for Safeguarding Reports	TBC	TBC	TBC	TBC
	SORT by May-16	SORT by Jun-16	SORT by Jul-16	SORT by Aug-16	SORT by Sep-16	SORT by Oct-16
Portfolio Holder Updates Cllr's Anne Brown, Ray Gooding, Dick Madden	Cllr Brown update		Cllr Madden update			
Carers Strategy Cllr Anne Brown, Sharon Longworth	Committee update					
Community Agents Cllr Anne Brown	Report requested					
Children's Centres and Healthy Child Programme Consultation Cllr Dick Madden, Stavroulla Yiannou	KPIs to be presented					
Adult Community Learning Cllr Ray Gooding, Ros Parker		Update				
Essex Police HMIC Reports		Invite to attend Committee				
Domestic Violence Cllr Dick Madden, Sheila Norris			Report to be received.			
Safeguarding Adults Annual Report Cllr Dick Madden, Paul Bedwell			Committee			
Essex Safeguarding Children's Board Annual Report Cllr Dick Madden, Paul Secker			Committee			
Essex Cares Cllr Roger Walters, Keir Lynch (Essex Cares Limited)					To receive Annual Report	
Social Impact Bonds Cllr Dick Madden, Clare Burrell/Tanya Gillett					Update to be received by the Committee	
Residential and Domiciliary Care Cllr Dick Madden	T&F Care Home Visits and T&F 6					Draft Report of the Task and Finish Group
Educational Attainment in Essex Cllr Ray Gooding, Chris Kiernan						Impact update
New Operating Model for the Youth Service Cllr Ray Gooding, Michael O'Brien						
Changes to Funding to Housing Related Support Funded Older People's Services (Call-in) Cllr Dick Madden, Dave Hill						
Meals on Wheels Cllr Dick Madden						
Member Visits to Care Homes Cllr Malcolm Maddocks						

PEOPLE AND FAMILIES SCRUTINY
COMMITTEE WORK PROGRAMME

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
MONTH AT A GLANCE (with links to papers)	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:	Cttee Meeting:
	Papers deadline	Papers deadline	Papers deadline	Papers deadline	Papers deadline	Papers deadline
	Other activity dates	Other activity dates	Other activity dates	Other activity dates	Other activity dates	Other activity dates
	TBC	TBC	TBC	TBC	TBC	TBC
	SORT by Nov-16	SORT by Dec-16	SORT by Jan-17	SORT by Feb-17	SORT by Mar-17	SORT by Apr-17
Portfolio Holder Updates Cllr's Anne Brown, Ray Gooding, Dick Madden						
Carers Strategy Cllr Anne Brown, Sharon Longworth						
Community Agents Cllr Anne Brown						
Children's Centres and Healthy Child Programme Consultation Cllr Dick Madden, Stavroulla Yiannou						
Adult Community Learning Cllr Ray Gooding, Ros Parker						
Essex Police HMIC Reports						
Domestic Violence Cllr Dick Madden, Sheila Norris						
Safeguarding Adults Annual Report Cllr Dick Madden, Paul Bedwell						
Essex Safeguarding Children's Board Annual Report Cllr Dick Madden, Paul Secker						
Essex Cares Cllr Roger Walters, Keir Lynch (Essex Cares Limited)						
Social Impact Bonds Cllr Dick Madden, Clare Burrell/Tanya Gillett						
Residential and Domiciliary Care Cllr Dick Madden	Final Report of the Task and Finish Group					
Educational Attainment in Essex Cllr Ray Gooding, Chris Kiernan					Annual Report at attainment	
New Operating Model for the Youth Service Cllr Ray Gooding, Michael O'Brien	Update requested.					
Changes to Funding to Housing Related Support Funded Older People's Services (Call-in) Cllr Dick Madden, Dave Hill	Update					
Meals on Wheels Cllr Dick Madden						
Member Visits to Care Homes Cllr Malcolm Maddocks						

PEOPLE AND FAMILIES SCRUTINY COMMITTEE WORK PROGRAMME	May-17
MONTH AT A GLANCE (with links to papers)	Cttee Meeting:
	Papers deadline
	Other activity dates
	TBC
	SORT by May-17
Portfolio Holder Updates Cllr's Anne Brown, Ray Gooding, Dick Madden	
Carers Strategy Cllr Anne Brown, Sharon Longworth	
Community Agents Cllr Anne Brown	
Children's Centres and Healthy Child Programme Consultation Cllr Dick Madden, Stavroulla Yiannou	
Adult Community Learning Cllr Ray Gooding, Ros Parker	
Essex Police HMIC Reports	
Domestic Violence Cllr Dick Madden, Sheila Norris	
Safeguarding Adults Annual Report Cllr Dick Madden, Paul Bedwell	
Essex Safeguarding Children's Board Annual Report Cllr Dick Madden, Paul Secker	
Essex Cares Cllr Roger Walters, Keir Lynch (Essex Cares Limited)	
Social Impact Bonds Cllr Dick Madden, Clare Burrell/Tanya Gillett	
Residential and Domiciliary Care Cllr Dick Madden	
Educational Attainment in Essex Cllr Ray Gooding, Chris Kiernan	
New Operating Model for the Youth Service Cllr Ray Gooding, Michael O'Brien	
Changes to Funding to Housing Related Support Funded Older People's Services (Call-in) Cllr Dick Madden, Dave Hill	
Meals on Wheels Cllr Dick Madden	
Member Visits to Care Homes Cllr Malcolm Maddocks	

