

## 8. Carers

### Chapter Summary

Wirral's governance structure for carers comes under the Local Authority. The strategic lead is via the Department of Adult Social Services (DASS) in partnership with the NHS, other public sector organisations, voluntary, community and faith sector carer organisations and carers themselves. Below is a summary the information contained in this chapter.

- According to the Census 2011, there are an estimated 40,340 carers in Wirral. This is around 12.6% of the Wirral population, compared to around 10.3% nationally and 11.1% regionally
- The value of the care provided by carers in Wirral is estimated to be £755m per annum (Carers UK, 2011)
- As of October 2012, there were around 3,200 carers identified by GP systems and 1,300 who are receiving information and/or services from Wirral Local Authority (there may be some overlap between these databases). This clearly indicates that only a small number of carers are currently identified and known to services
- A Wirral Short Breaks programme was established in February 2012, based on feedback from local carers. As of September 2012, 590 carers had accessed the programme (224 of whom were not previously identified as carers).
- It is important that those providing care are identified and supported because caring can have a negative impact on the health of the care-giver. Those most likely to report that caring has impacted on their own health are those who balance looking after a family with their caring role and those who provide care in their own household
- Most carers in Wirral were caring for a spouse or partner (43.4%), followed by a parent (28%) and most were caring in their own home (75.8% or 3 out of every 4 carers). Caring in your own home is associated with greater psychological impact
- The largest percentage of those providing care in Wirral are doing so because the person they care for has a physical disability or long-standing illness.
- Despite the older age profile of Wirral, a smaller percentage of Wirral carers say they care for somebody because of ageing related problems or dementia than is the case nationally (38% in England, compared to 31.6% in Wirral in 2009-10).
- A slightly higher proportion of carers reported their health as bad or very bad in Wirral compared to England in 2009-10 (10.4% in Wirral compared to 9% in England). The most common health impacts reported by Wirral carers were tiredness, stress, sleep problems, irritability and short-temperedness and depression
- Increasing hours of care are associated with increasing poor health. Those providing 20+ hours of care were around twice as likely to report these health impacts as those providing less than 20 hours of care per week
- Nationally, 17.1% of carers reported having given up work due to providing care, this figure was 16.4% in Wirral in 2009-10
- There is evidence that many carers do not claim benefits to which they are entitled. In 2011, Carers UK estimated that in Wirral, unclaimed Carers benefits to be in the region of £6.3m
- Projections on the future number of carers suggest that the number of Wirral carers aged 85+ will increase by 65% between 2012 and 2030. This compares to an overall increase in the number of older carers (those aged 65+) of 27%. Those aged 85+ are also most likely to be providing more than 50 hours of care per week

- Robust local information on the number and diversity of carers is currently lacking. It is important to increase the identification of carers from other groups likely to be under-represented, for example, BAME community, substance misuse, other vulnerable adults and young carers.
- Local carers identified the following issues at recent Carers Events (held September 2012):
  - The need for improved information about support, services, benefits and allowance is key
  - Services should allow carers to exercise choice, control & flexibility and fit around the carer and those they care for
  - Gaps in current services (e.g. emergency response services) which can mean that carers only receive help when at crisis point
  - Practical concerns and worries relating to issues such as money and transport
- A recent (December 2012) survey of local care service providers (7) highlighted a number of potential impacts of the local authority proposals for budget and service changes on the lives of Carers and, by extension, those they care for such as: Carers services are already limited and could be stopped completely, increase in levels of stress, added worry and potential isolation of carers, further pressure to the remaining services, effects on vulnerable and isolated people including ethnic minority groups and young carers, transport changes creating possible other family issues and the need to minimise impacts to individuals and families

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## 8.1 Definition

The Department of Health defines a carers as those who spend a significant proportion of their life providing unpaid support for relatives, partners or friends who are ill, frail, disabled or have mental health or substance misuse problems (*Carers at the Heart of the 21<sup>st</sup> Century families and communities, Department of Health 2008*).

The term 'carer' should not be confused with 'Care Worker' or 'Care Assistant' who receive payment for looking after someone.

## 8.2 Carers: national context

'Carers are the first line of prevention. Their support often stops problems from escalating to the point where more intensive packages of care are necessary' (*Department of Health, 2010*)

In 2010, the Department of Health sought views of carers to inform their document, [Recognised, valued and supported: next steps for the Carers Strategy](#). In it, carers identified the key priorities that should be addressed over the next four year period to ensure all carers felt recognised, valued and supported. Over 750 responses were received, representing the views of over 4,000 carers.

Key messages from respondents were as follows:

- Carers need better and timely access to information on: the illness or condition of the person they are caring for; appropriate caring; accessing benefits and other support; and financial and employment issues;
- Carers can often feel excluded by clinicians. Health and social care professionals should respect, inform and involve carers more as expert partners in care;
- Carers find accessing assessments overly bureaucratic and slow and are often disappointed about the paucity of the services that follow;
- Carers often feel forced to give up work to care;
- Carers often neglect their own health and need advice to maintain their own well-being;
- Carers need breaks from caring in order to sustain their role as a carer;
- Carers feel that the value of Carer's Allowance is inadequate, the rules around overlapping benefits are unfair and the earnings limit is a disincentive to work
- More should be done to identify and support young carers; in particular, schools should be more 'carer aware' and the 2009 Memorandum of Understanding between Statutory Directors for Children's Services and Adult Social Services, ['Working together to support young carers'](#) should be embedded.

The Department of Health also asked the Standing Commission on Carers (the Government's expert advisory group chaired by Dame Philippa Russell), for its views with regard to the survey's findings. Following their advice on the findings, four strategic priority areas were identified and are detailed in the Department of Health 2010 revised Carers Strategy ['Recognised, valued and supported - next steps for carers'](#). The four priorities are:

### 1. Identification and recognition

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages

## 2. Realising and releasing potential

- Enabling those with caring responsibilities to fulfil their educational and employment potential

## 3. A life outside of caring

- Personalised support both for carers and those they support, enabling them to have a family and community life

## 4. Supporting carers to stay healthy

- Supporting carers to remain mentally and physically well

Future challenges in supporting carers regionally and locally have been discussed in the *Department of Health (DH, 2011)* paper "[Carers in the Region: A profile of the North West](#)". The article discusses challenges that include:

- Severe deprivation in some areas: levels of illness and disability, poverty, worklessness and social exclusion put particular pressure on carers.
- Delivering appropriate help and support for carers in black and minority ethnic communities: rates of illness and disability are often high
- A higher proportion of carers being relied upon are aged over 65 themselves

## Wirral Carers Strategy

The Wirral Carers Strategy (2008–11) will be reviewed and refreshed through the Carers Development Committee and Carers Action Group in January 2013. The strategy will be developed in partnership with carers, statutory and voluntary sector providers

## 8.3 Valuing Carers

State of Caring 2013: Carers UK survey report results

On 1st May 2013 at Carers UK's *State of Caring Conference*, Carers UK launched their [State of Caring 2013 research report](#). This report provided details of a survey completed by over 3,000 carers from across the UK who took the time to share their experiences, views and concerns. This survey gives a picture of the state of caring in the UK today, and Carers UK intend to carry this out on an annual basis to track what is happening in carers' lives.

The key challenges determined from the survey are:

- Continue to ensure better access to support and information
- Delivery of services and workplaces that support carers to juggle work and care
- Action to prevent carers' financial hardship
- Ensure carers are able to achieve the best health outcomes possible
- Delivery of high quality care and improve the interface between health and social care services

[A shortened report can be accessed via this link.](#)

[The full report on the Carers UK website can be accessed here](#)

The economic value of the contribution made by carers in the UK is an estimated £119 billion according to Carers UK in '[Valuing Carers](#) (2011)'.

**An estimated 1 in 8 UK adults (around six million people, or 10% of the total population) are currently carers. By 2037, it is anticipated that the number of carers could increase to 9 million.**

- An estimated 58% of carers are women, 42% are men
- Over 1 million people care for more than one person
- Over 3 million people juggle care with paid work. The significant demands of caring however, mean that 1 in 5 carers are forced to give up work altogether.
- The main carer's benefit is £58.45 for a minimum of 35 hours, equivalent to £1.67 per hour - far short of the national minimum wage of £6.19 per hour (2012-13 figures)

**Valuing Carers, 2011 also suggest that people providing high levels of care are twice as likely to be permanently sick or disabled themselves and estimate that:**

- 625,000 people suffer mental and physical ill health as a consequence of the stress and physical demands of caring.
- 1.25 million people provide over 50 hours of care per week

### 8.3.1 Valuing Carers 2011: calculating the value of carers support

The estimated value of unpaid care provided by carers in 2011 was calculated using a methodology similar to that used in 2007 (Buckner and Yeandle, 2007). This estimates the unit cost of replacement care at £18 per hour for an adult. In addition, the data presented here includes an estimate of the number of carers in 2011. These figures are calculated by applying the 2001 Census local carer prevalence rates by age, sex and amount of care, to the 2011 projection and can be seen in Table 8.3.1a below.

#### 8.3.1a Projected change in carer prevalence and projected costs of replacement care

	<b>Carers (estimated numbers 2011)</b>	<b>Change in carer no's 2001 - 2011 (%)</b>	<b>Value 2007 (£ms)</b>	<b>Value 2011 (£ms)</b>	<b>Change 2007-11 (£ms)</b>	<b>% Change 2007-11</b>
<b>England</b>	5,346,325	10	£70,521m	£96,495m	£25,973m	+37%
<b>Wales</b>	369,628	8	£5,687m	£7,721m	£2,033m	+36%
<b>N. Ireland</b>	207,373	12	£3,118m	£4,390m	£1,271m	+41%
<b>Scotland</b>	517,387	8	£7,677m	£10,377m	£2,699m	+35%
<b>UK</b>	6,440,713	10	£87,005m	£118,983m	£31,978m	+37%
<b>Wirral</b>	37,929	1	£596m	£755m	£158m	+27%

Source: [Valuing Carers, 2011](#)

According to Carers UK (2011), the value of care has increased for two main reasons. Firstly, the cost for replacement care has increased from £14 to £18 per hour, an increase of 24% and secondly, because there has been a 10% increase in the number of carers nationally.

### 8.3.2 Why it is important to quantify value

Quantifying the value of carers' support is critical. It serves as an economic measure which, if it fluctuates, has significant implications for what the state may have to provide, or families have to fund themselves. Carers UK (2011) for example, suggested that a 1% change in the number of carers providing care or the number of hours being provided would cost the state another £1 billion in care costs. This has an added significance given our ageing population and the need for people to work longer to build up pensions and other entitlements. They draw attention to what is known as the 'Tipping Point in Care' – where the number of people available to care is not sufficient for all those who need care. Either people become less able to care as they have to choose work over care, or they are forced to give up work, which we know that 1 in 5 carers already do - risking lasting poverty as a result (Carers UK 2011).

### 8.3.3 Identifying and supporting carers

As detailed in the Governments plans for identifying and supporting Carers in [Recognised, valued and supported](#) (DH 2010) over £400 million was invested into breaks for carers, which was funded by the NHS. One of the key requirements of this funding as set by the Government, is that it expects the NHS to work with its local authority partners and local carer organisations to agree plans for identifying and supporting carers.

At a local level, a pilot of identifying carers in GP Practices and [Short Breaks Programme for Wirral Carers](#) was established following extensive consultations and engagement with health professionals, local authority partners, carer organisations and carers. The pilot programme was commissioned and awarded to Wired (Wirral carer's organisation) by Wirral's three Clinical Commissioning Groups (CCGs):

- Wirral GP Commissioning Consortium
- Wirral Health Commissioning Consortium
- Wirral NHS Alliance

The programme started on the 1st February 2012 and was rolled out to all Wirral GP practices after extensive carer awareness training for GPs and other practice staff. To date (September 2012), 590 carers have accessed the programme (224 of whom were not previously identified as carers).

### **Carers Short Breaks Programme Event (September 2012)**

The event aimed to inform and improve the Short Breaks Programme and over twenty carers and ten organisations relevant to carers attended, including Wired, the Carers Association, NHS and Local Authority. Key messages and themes from the event were:

- **Confidence:** Short Breaks organisers should bear in mind the guilty feelings many carers have about how the person they care for will be looked after in their absence and ensure the service allays these worries and concerns
- **Choice, control & flexibility:** Short breaks should be flexible and fit around the carer and those they care for. The variety of options should be creative and innovative which could include longer term provision (e.g. weekend or overnight breaks).

- **Information:** Lack of good/relevant information to help carers when making key decisions about short breaks was identified as a gap. Related to this, carers felt that short breaks should be advertised widely not only across carer organisations, but in the wider community and amongst statutory agencies, to ensure carers who work are aware of the programme.
- **Terminology:** concern was raised about use of the term 'carer', with many carers not seeing themselves as carers, just people looking after a loved one. Also awareness of what 'short break' and 'respite' mean and difference between them.
- **Worry about the future:** Worry about future provision of services once the GP Clinical Commissioning Consortia's are operating and whether this could create inequity in services depending on where you live (postcode lottery)
- **Perceived gaps in current services:** Inflexibility of current services (not Short Breaks programme). Carers mentioned not feeling in control and services not always meeting their diverse needs (e.g. age, gender, ethnicity, caring responsibilities etc.). Availability of an emergency response services was also mentioned as a gap, due to the service not being available to all carers and it not being a 24/7 service (carers felt it should be). There was also concern that GPs were still not proactive enough in identifying carers early, meaning it is often only at crisis point that things happen.

For a [summary of the Carers Short Breaks programme event held in September 2012](#) (from which the above information came), please click on the above link.

The Department of Adult Social Services fund Wired to provide a Carers Support Service which includes the Carers Helpline, a voluntary Carers register, advice, information and signposting service, as well as Carers Advocacy.

## 8.4 Wirral Carers Population

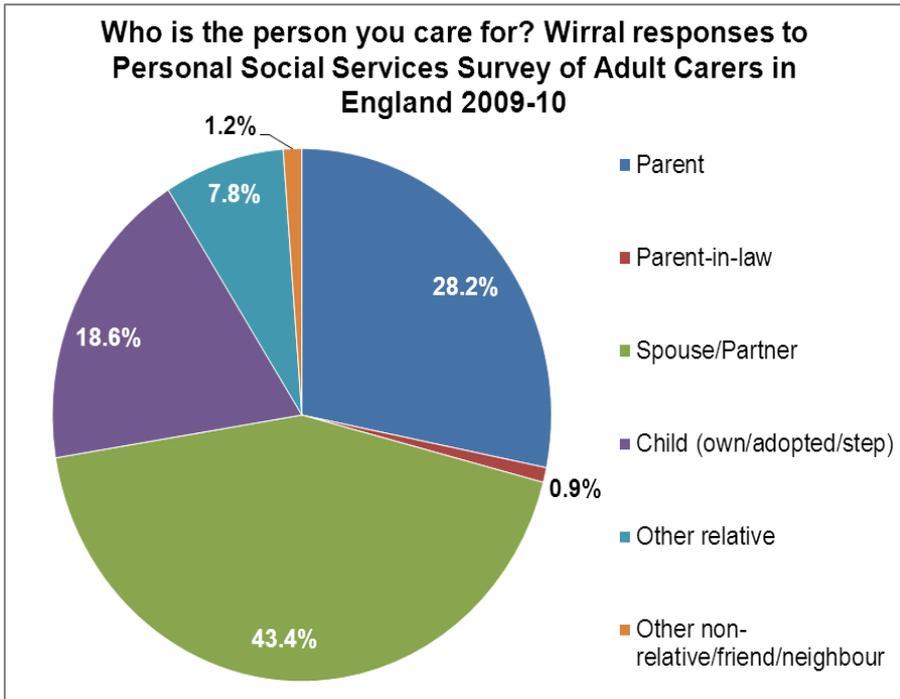
### 8.4.1 Estimated number of carers in Wirral

In Wirral, the estimated number of people who might identify themselves as carers (based on the 2001 Census estimates) is 37,929. This estimate is around 1% higher than the Census in 2001. The estimates suggest that 12% of the Wirral population are carers, compared to the estimated 10% of the population nationally.

### Who do carers care for?

The [Personal Social Services Survey of Adult Carers in England \(2009-10\)](#) collects this information. Results for Wirral are shown in Figure 8.4.1a below.

**Figure 8.4.1a: Who do Wirral carers care for?**



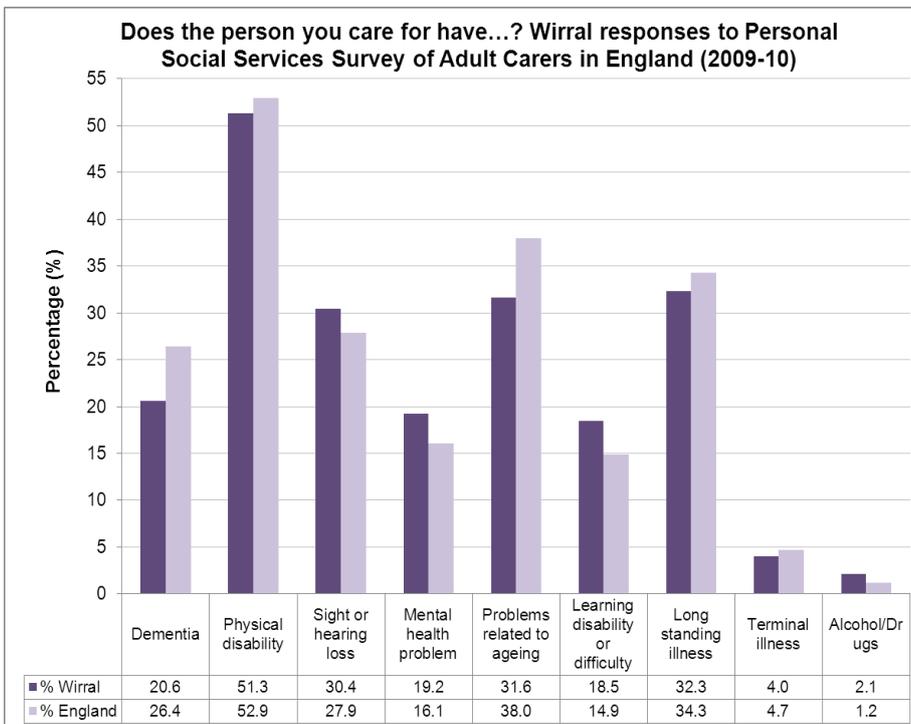
As Figure 8.4.1a (left) shows, Wirral carers are most likely to be caring for a partner or spouse (43%), followed by a parent (28%). This is interesting, as data from the [Survey of carer households 2009/10](#) suggests that caring for somebody in your own household results in greater negative impact for carers (see page 16 for further details).

Source: [Personal Social Services Survey of Adult Carers in England \(2009-10\)](#)

**What is the reason(s) care is provided?**

Again, the [Personal Social Services Survey of Adult Carers in England \(2009-10\)](#) collects this information and results for Wirral are shown in Figure 8.4.1b below.

**Figure 8.4.1b: What are the reasons that care is provided?**



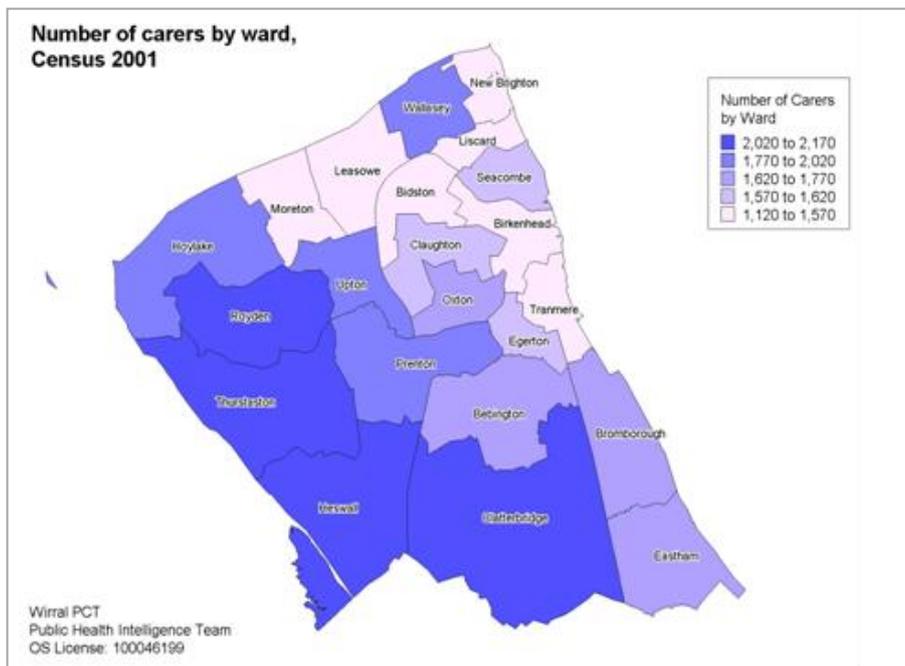
As Figure 8.4.1b shows, the largest percentage of those providing care in Wirral are doing so because the person they care for has a physical disability or long-standing illness. Interestingly, despite the older age profile of Wirral, a smaller percentage of Wirral carers reporting caring for somebody because of ageing related problems or dementia than is the case nationally (38% in England, compared to 31.6% in Wirral).

Source: [Personal Social Services Survey of Adult Carers in England \(2009-10\)](#)

Note: Categories are not exclusive; person being cared for may have more than one of the conditions listed

## 8.4.2 Carers by Geography

Map 8.4.2b: Map of number of carers by Wirral ward (2001)



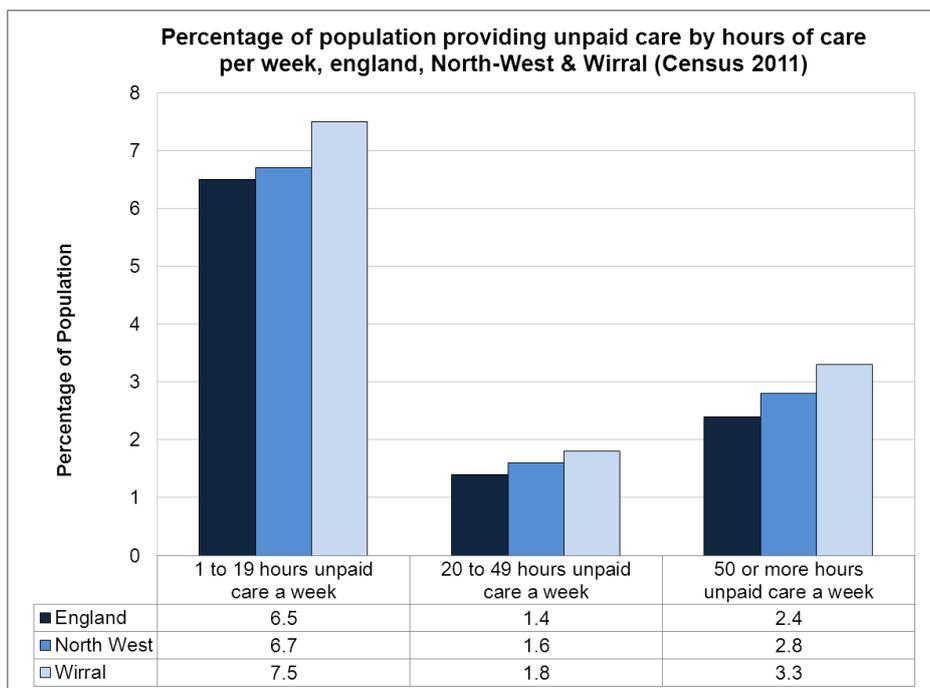
Source: Census, 2001

As the map in 8.4.2b shows, in 2001, there were a greater number of carers living in the west and south Wirral (Royden, Heswall, Thurston and Clatterbridge) with over 2,000 carers in each ward. There were fewer carers in the east of Wirral (Bidston, Tranmere, Leasowe and Birkenhead).

## 8.5 Hours of caring provided

### 8.5.1 Estimated number of hours of caring

Figure 8.5.1a: Hours of care provided (Census 2011)



Source: Census, 2012

The Census indicates there are 40,340 carers aged 18+ in Wirral.

It also identified that the majority of carers in Wirral provide between 1 and 19 hours of care each week. There are a higher proportion of people providing care in Wirral in all the categories (20-49 hours and 50+ hours) compared to both England and the North-West.

Many of the estimates for Wirral presented here are produced by POPPI (Projecting Older People Population Information), a system maintained by the Department of Health and Oxford Brookes University. The information below relates to the care provided by those aged 65+. Figure 8.5.1b below shows the estimated number of older carers in Wirral in 2012 by the hours of care they provide.

**Figure 8.5.1b: Estimated hours of care provided by older carers aged 65+ in Wirral in 2012,**

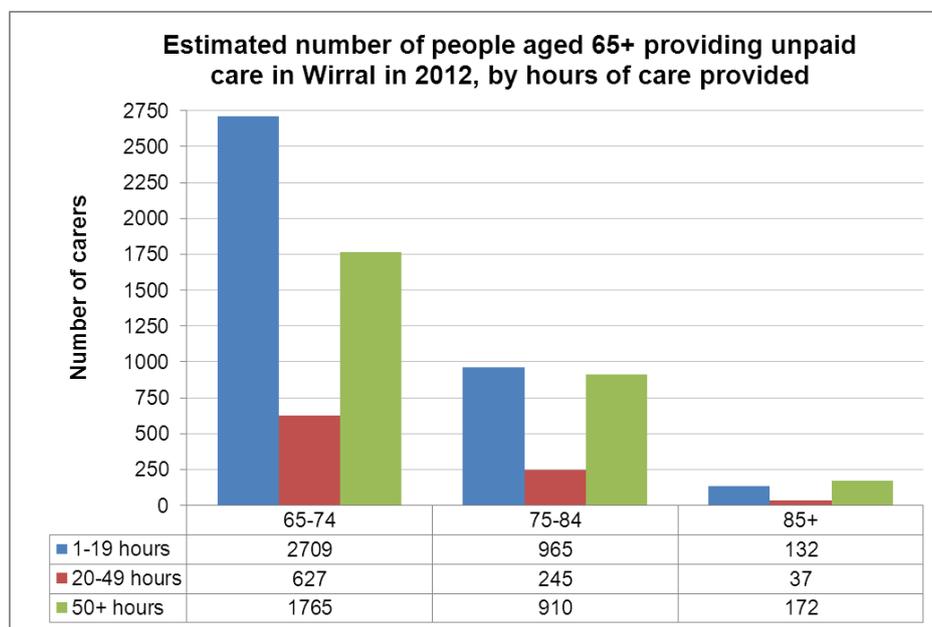


Figure 8.5.1b shows the estimated number of older carers, by the number of hours of care they provide. As the chart shows, amongst 65-74 year olds, most are providing 1-19 hours of care, whilst amongst the 85+ age group; most are providing more than 50 hours of care.

Source: [POPPI](#), 2012

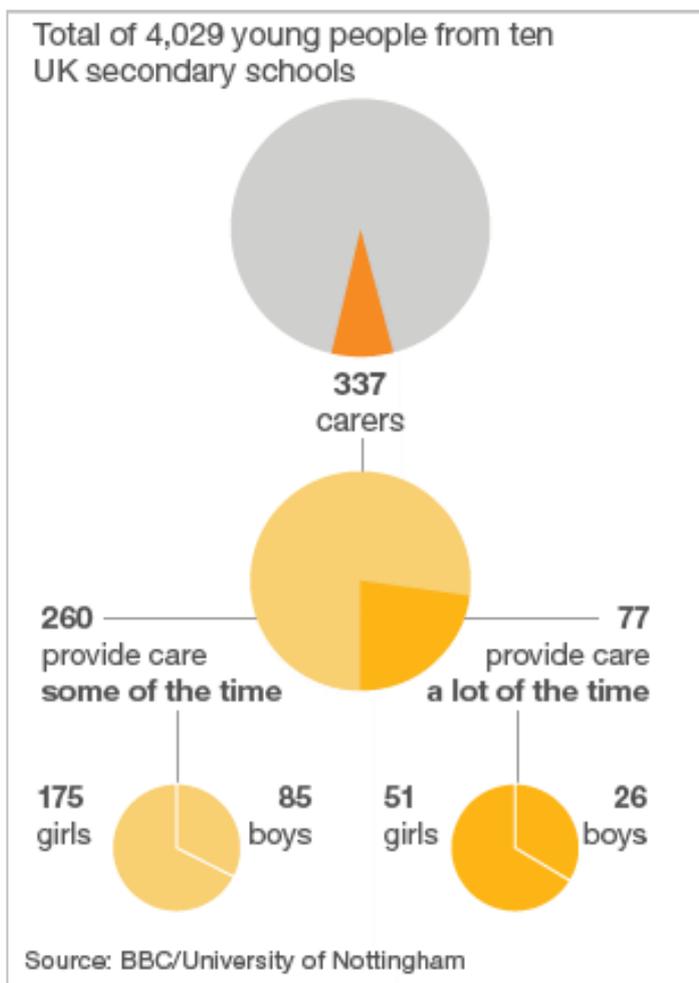
Research by Carers UK, [Facts about carers 2012](#), shows that whilst the total number of carers rose between 2001 and 2011 by 9%, those aged over 65 years increased by 15%.

## 8.6 Young Carers

Young carers are ‘children and young persons under 18 who help to look after a relative who has a disability, illness, and mental health condition, or drug or alcohol problem’. (NHS Choices UK)

The 2001 Census identified 175,000 young carers in the UK, whilst UK policy recognises that young people should not be expected to have excessive caring responsibilities. In England and Wales, the [Next Steps for Carers’ Strategy 2010](#) says that ‘Children and young people should be protected from inappropriate caring and have the support they need to learn, develop and thrive’.

**Figure 8.6a: Number of young people providing personal care in the home in 2010**



A BBC survey in 2010 revealed that the number of young carers could be four times the official ONS 2001 Census figures. This would mean that there are about 700,000 young carers in the UK. The estimated number of young carers was from a survey of 4,029 secondary school children, where one in twelve children stated that they had caring responsibilities. It is likely that many young people are supporting family members with mental health issues or drug and alcohol misuse, placing them in inappropriate caring roles and potentially putting their health and or education at risk. The National Young Carers Coalition explained that the Census figures were from parental responses to the questionnaire, rather than children, and made no mention of more stigmatising conditions, such as mental health, substance misuse or HIV/AIDS. The issues faced by young carers have an impact on a number of areas of their lives, including their educational needs, physical and emotional health and wellbeing and social experiences.

Source: BBC report: [www.bbc.co.uk/news/education-11757907](http://www.bbc.co.uk/news/education-11757907)

Young People with caring responsibilities can find that they are socially excluded in school, home and community environments. They may have limited friendships and miss out on a number of childhood experiences due to the demands of caring. They can suffer from low self-esteem and lack the confidence to access the same activities as their peers. Reports also show that a number of young carers are subjected to bullying at school.

Young carers are also at risk of underachievement at school, resulting in limited work opportunities and/or access to further or higher education in the future.

Caring can mean young people find themselves undertaking tasks and making decisions that would more usually be made by an adult, creating confusion in the child/parent relationship.

Young carers are also more likely to internalise their feelings, stresses and worries (about their parent’s health, their own situation at home and school) as they do not want to place additional strain on family life. Poor physical health due to undertaking practical caring roles and/or neglecting their own health needs can often result (i.e. visits to GP’s, dentists).

The Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children’s Services (ADCS) have joined together to produce a [protocol](#) for joint working which focuses on children and young people who are providing care for family members. There is a lack of research about young carers from Black, Asian, Minority, Ethnic (BAME)

community and families in general. Amongst young, BAME carers, research has shown that they take on caring roles that are beyond their age. Many take on the role of interpreters or translators in visits to the doctors or the hospital where they can then hear about serious illnesses in those close to them e.g. malaria, HIV or AIDS, cancer and psychosis. Further research and investigation is required for BAME young carers. Other factors may impact more on the young person's caring role, particularly the amount of support available to the young person. However BAME young carers are more likely to be socially excluded than white young carers.

More information on ethnicity and carers of all ages is in the next section.

## **8.7 Ethnicity of carers**

Research by Carers UK suggests that nationally, there are an estimated half a million Black, Asian, Minority, Ethnic (BAME) carers in England. The research suggests that proportionately, BAME carers provide more care than their White British counterparts, putting them at greater risk of ill-health, loss of paid employment and social exclusion. Certain groups are reported to experience greater levels of isolation, namely Pakistani and Bangladeshi carers.

Britain's population is ageing and there is increasing pressure on funding for social care. The BAME population is younger than the White British population, but in the next few decades we will see a significant rise in the numbers of BAME older people needing care (Carers UK 2010).

It is vital that creative funding and practical solutions are found to ensure that flexible and appropriate care is provided for BAME older people. If this does not happen, BAME families will have little choice but to provide care, risking unemployment, ill-health and isolation, further worsening health inequalities.

The [Cost of Caring](#) report (Carers UK 2011), showed that 56% of BAME carers (as opposed to 47% of all carers) suffered ill health caused by money worries.

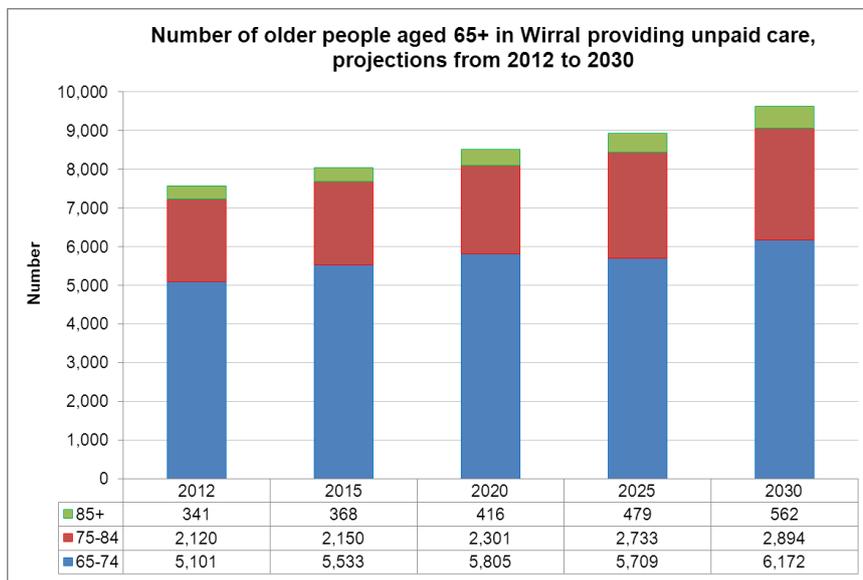
The 2008-09 Wirral Joint Strategic Needs Assessment (JSNA) acknowledged a significant gap in knowledge about Wirral's BAME community including the lack of robust data on population prevalence, and information on its health and well-being needs. A Health Needs Assessment (HNA) of the BAME community was therefore commissioned to help address some of these issues. Some of the key findings for identified BAME carers were the lack of culturally appropriate, flexible and practical support, which was further exacerbated by language barriers and lack of appropriate translation and interpretation services.

BAME community representatives discussed the lack of support for those with caring responsibilities, particularly for the main carers who are usually women. This was mainly in relation to caring responsibilities for older people, but also applied to other caring responsibilities including for disabled children and disabled adults. This was seen as a particular issue for the Asian community in Wirral.

## 8.8 Projections for future numbers of carers

### 8.8.1: Projections for numbers of older carers

Figure 8.8.1a: Number of older people aged 65+ in Wirral providing unpaid



As Figure 8.8.1a shows, the number of carers aged 65+ in Wirral is projected to increase by around 2,000, from just over 7,500 in 2012 to over 9,600 in 2030. Overall, this is an increase of 27%, but the overall percentage increase hides large variation between the age bands. For example, amongst the very oldest people aged 85+, the estimated increase between 2012 and 2030 is 65%. For those aged 75-84, it is 36%.

Source: [POPPI](#), 2012

Projections for the future number of carers of all ages are not currently available for Wirral, but may be something the 2011 Census enables us to estimate locally in the future. The results of the 2011 Census are expected early 2013.

## 8.9 Income and employment

### 8.9.1 Carers in receipt of Carers Allowance (CA)

Carers Allowance (CA) is a non-contributory benefit for people:

- Who look after a disabled person for at least 35 hours a week
- Who are not gainfully employed and
- Who are age 16 or over and not in full time education

ONS data for people receiving carer's allowance in Wirral showed there were 3,680 claimants in February 2012 (Nomis, Official Labour Market Statistics). This is 1.9% of the Wirral population between 16 –64 years; the national average is 1.2%

The number of people claiming Carers Allowance is greater in the Birkenhead and Wallasey areas of Wirral. This is to be expected, as the Carers Allowance has an earnings limit of £100 per week and earnings are generally lower in the more deprived areas of Wirral (which Birkenhead and Wallasey are), this will lead to more people qualifying for Carers Allowance; the number of people who are economically inactive is also higher in this area.

As Carers Allowance is an 'overlapping' benefit, many carers (especially if they are older) will not actually receive it because they qualify for another higher benefit, such as State Retirement Pension; Incapacity Benefit; Bereavement Allowance or Severe Disability Allowance. However, if someone is entitled to Carers Allowance, but is receiving another benefit, they will still be classed as a carer in the benefits system.

[Carers Missing Millions – A report in to unclaimed benefits](#) (Carers UK 2010) reported that there were 4,170 carers in Wirral claiming Carers Allowance to the value of £11,687,676. It is estimated that the number of carers missing out on claiming carers allowance is 2,245, the total value of which would be £6,293,364 per annum.

### 8.9.2 Carers lost earnings

Carers UK carried out research with 4,200 carers to identify the extent of carers' lost earnings (The State of Caring survey, Carers UK, 2011). The main findings were:

- Over two thirds (68%) who had given up work were more than £10,000 a year worse off and 10% were £30,000 or more worse off.
- A fifth of carers lost between £10,000 - £15,000 in earnings due to giving up work, or cutting their hours, with a further fifth losing out on £15,000 - £20,000
- Carers in their late fifties and early sixties faced the biggest loss in earnings. Those aged 55 - 64 lost earnings of at least £30,000 when taking on greater caring responsibilities. This suggests that many carers had skilled jobs.

### 8.9.3 Carers in Employment

Juggling the demands of caring with the responsibilities of a paid job can be very demanding and as many as 1 in 5 people with caring responsibilities give up work.

The Personal Social Service Survey of Adult Carers in England 2010 (NHS Information Centre 2010) report contained the results of a [detailed survey of carers in households in 2009/10](#). It asked about many aspects of caring, one of which was combining paid work with caring, see results for England and Wirral in Table 8.9.3a below.

**Table 8.9.3a: Answers to the question, 'Thinking about combining paid work and caring, which of the following statements best describes your current situation?'**

Questions from survey	Wirral	England
I am in paid employment and I feel supported by my employer	12.7%	12.1%
I am in paid employment but I don't feel supported by my employer	3.4%	3.8%
I do not need support from my employer to combine work and caring	8.3%	5.7%
I am not in paid employment because of my caring responsibilities	16.4%	17.1%
I am not in paid employment for other reasons	15.1%	14.4%
I am self-employed or retired	44.1%	47%

Source: [Personal Social Services Survey of Adult Carers in England \(2009-10\)](#)

As Table 8.9.3a shows, the majority of Wirral carers are retired or self-employed (44%) and this was a similar picture to England (47%). The next largest group are those who say they have given up work due to their caring responsibilities (16% in Wirral, 17.1% in England).

In Wirral 21% of carers reported that they either feel supported by their employer, or did not need support, a slightly more positive finding compared to England, where only 17.8% said this.

The Wirral Council Staff Survey 2010 asked the question "Are you responsible for looking after anyone who relies on you for care and attention". Across the council there were 2,051 respondents:

- 294 people identified themselves as providing care to relatives over 60 years and/or disabled and sick adults;
- This is a 14% positive response, suggesting that there is a higher than average number of carers who work for Wirral Council (Carers UK suggests a national figure of 10.5% and estimate the Wirral figure at 11.8%).

JobCentrePlus now has a system for flagging flexible jobs and staff have a responsibility for Carer related issues ([www.direct.gov.uk](http://www.direct.gov.uk)).

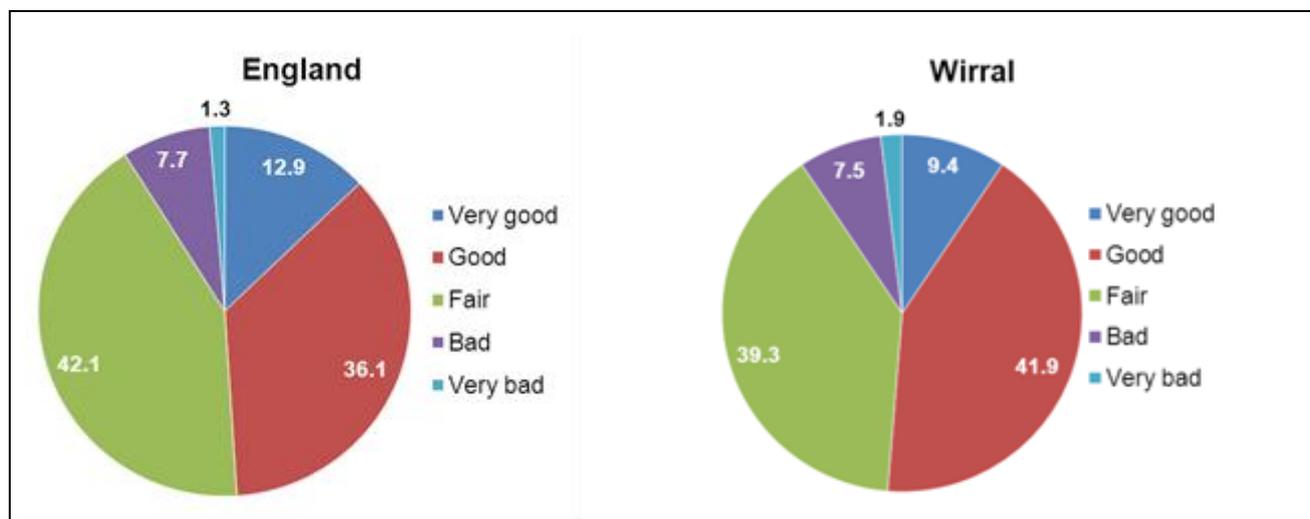
[Employers for Carers](#) maintain that in the current economic climate there are increasingly reduced employment opportunities for carers and call for support for working carers from employers to enable them to remain in work.

## 8.10 Health and Wellbeing

### 8.10.1 Health of Wirral carers

The Personal Social Service Survey of Adult Carers in England 2010 (NHS Information Centre 2010) report contained the results of a [detailed survey of carers in households in 2009/10](#).

Figure 8.10.1a: Answers to the question, 'How is your health generally?' from carers in Wirral and England, 2009-10



Source: [Personal Social Services Survey of Adult Carers in England \(2009-10\)](#)

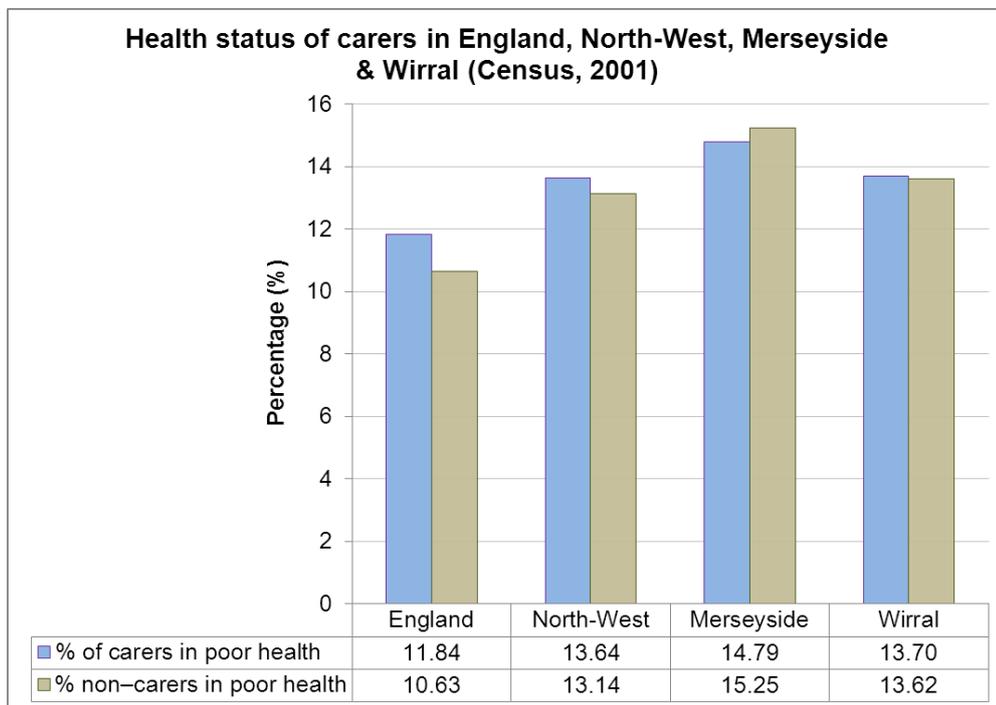
As 8.10.1a shows, the majority of carers in both England and Wirral report their health was either very good or good (a slightly lower proportion of carers responded positively to this question in Wirral, 49% compared to 51.3% in England).

A slightly higher proportion of carers reported their health as bad or very bad in Wirral compared to England (10.4% in Wirral compared to 9% in England). This is slightly different to the 2001 Census, which asked a question about whether people provided unpaid care for a family member or friend and included a question on what they regarded their health status to be.

The Census question was worded slightly differently however, just asking people whether they were in poor health or not. Figure 8.10.1b shows the percentage of adult carers (aged

16+) and non-carers who classified themselves as being in either poor health, compared with England, the North-West and Merseyside.

**Figure 8.10.1b: Health status of Wirral carers (Census, 2001)**



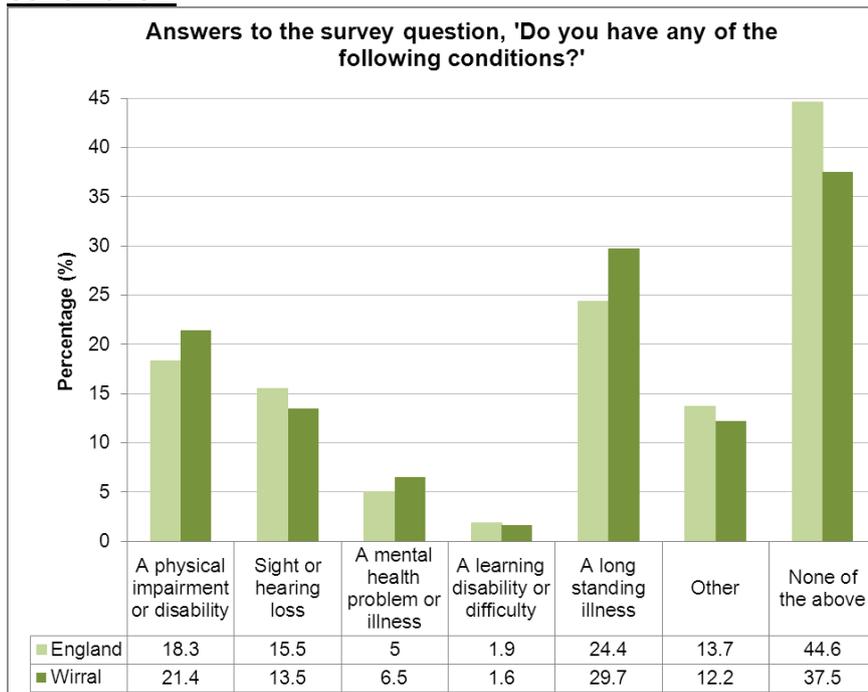
As the chart in 8.10.1b shows, in England and the North-West, carers are more likely to report themselves as being in poor health, compared to non-carers. This is not the case in Merseyside however, where non-carers are more likely to report poor health. The difference between carers and non-carers in Wirral is negligible.

Source: Carers UK (2004) and Census (2001)

- The total number of carers in Wirral who reported that they were not in good health in 2001 was 5,026
- Carers who reported providing 50+ hours of care each week were more likely to report being in poor health (22.94% compared to 13.62% of non-carers)

The more up to date [Personal Social Services Survey of Adult Carers in England \(2009-10\)](#), also asked carers about their health conditions, the results are shown in Figure 8.10.1c.

**Table 8.10.1c: Answers to the survey question, 'Do you have any of the following conditions?'**



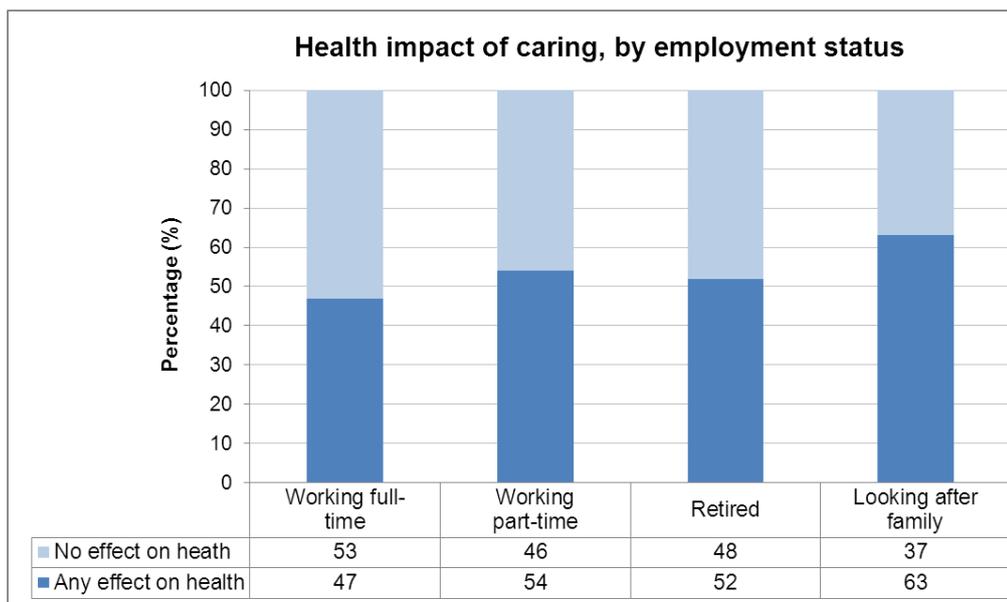
As figure 8.10.1c shows, the majority of carers report none of the conditions or disabilities mentioned in the survey, although a smaller proportion of Wirral residents reported no adverse health conditions compared to England (37.5% compared to 44.6% in England). The most commonly reported condition was a long standing illness or condition, followed by a physical impairment or disability, and both of these were slightly higher in Wirral compared to England overall.

Source: [Personal Social Services Survey of Adult Carers in England \(2009-10\)](#)

Note: Results are for those carers already known to Social Services who complete this regular survey, not all carers in Wirral or England

A separate but linked survey (the [Survey of Carers in Households 2009-10](#)) also identified the proportion of carers who reported their health being affected by the number of hours spent caring per week, seen in Figure 8.10.1d below.

**Figure 8.10.1d: Health impact of caring by employment status (2009/10)**



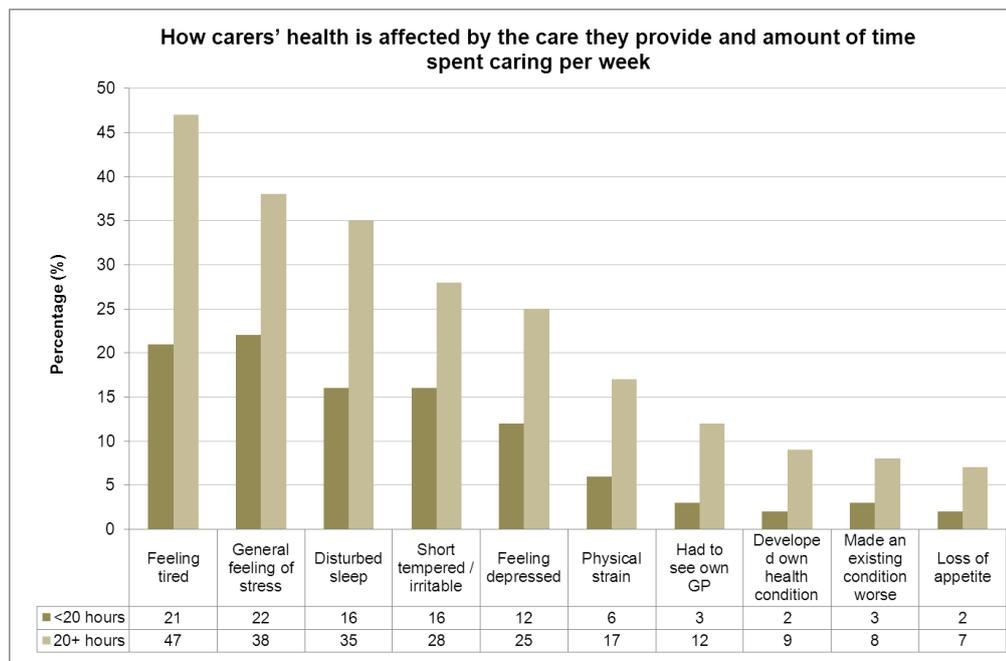
As Figure 8.10.1d shows, the health impact of caring appears to be most acute in those who are combining caring with looking after a family. Perhaps surprisingly, those working full time were the least likely to report that caring had had an effect on their health.

Source: NHS Information Centre [Survey of carer households 2009/10](#)

Carers UK recently produced a report called [Sandwich Caring](#) which aimed to better understand the extra pressure that those with a sandwich or dual caring role have (i.e. those who combine caring with looking after a family).

There is a clear relationship between poor health and caring that increases with the duration and intensity of the caring role. Those providing high levels of care are twice as likely to have poor health compared with those without caring responsibilities. (DoH, 2010) Much of this ill health is avoidable or can be minimised. Supporting carers to remain physically and mentally well is therefore a key part of the prevention and public health agenda. See Figure 8.10.1e for how carers reported their health is affected by the amount of hours of care they provide.

Figure 8.10.1e: Health impact of caring by amount of care provided (2009/10)



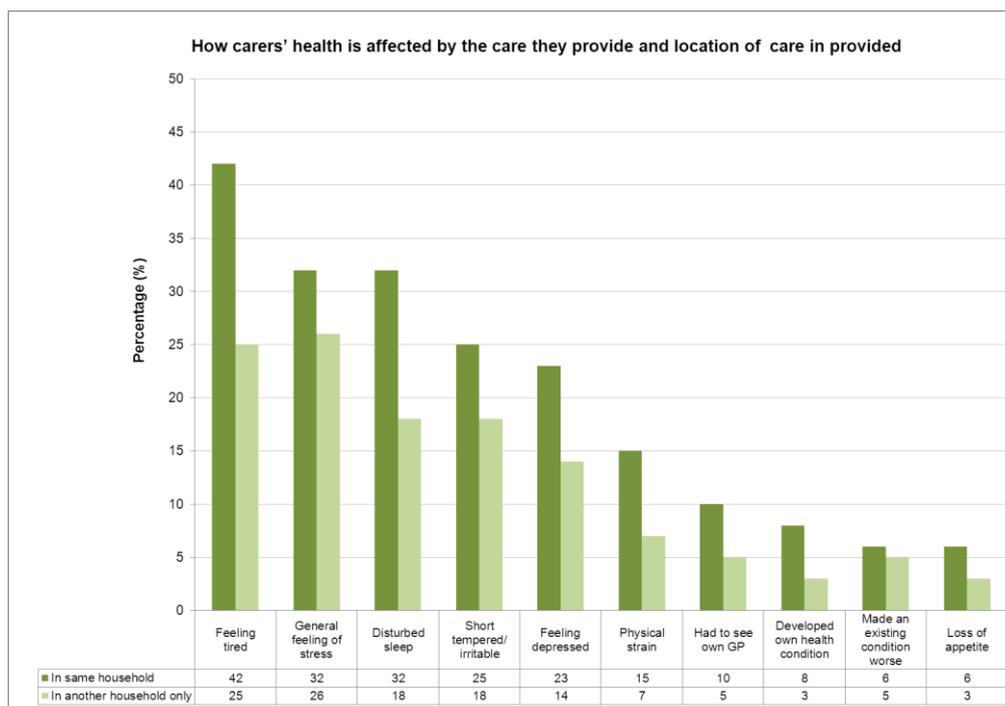
As the chart (left) shows, the number of hours spent caring has a clear impact on reported health of caregivers. Among those who spent 20+ hours caring, negative health symptoms were almost twice as likely to be reported compared to those who spent less than 20 hours caring.

Source: NHS Information Centre [Survey of carer households 2009/10](#)

The survey above confirms the findings of research conducted by Hirst (2004), who 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, and loss of confidence and self-esteem.
- Carers reported that emotional health problems interfere with their everyday activities and work. Carers' personal, social and family life is also restricted due to their caring role and this again impacts on their health status. The demands of caring often mean carers do not have enough time to take care of their own health and well-being.
- The risk of psychological distress increases with intensity of the caring role and activities.

**Figure 8.10.1f: Health impacts of caring by the location of the care (2009-10)**



The information shown by this chart is interesting as it appears to confirm the last point above about the intensity of caring resulting in increased psychological impact. For all the reported health issues, greater impact is reported when the carer is providing care in the house in which they live, i.e. a more intense situation as they cannot leave it.

Source: NHS Information Centre [Survey of carer households 2009/10](#)

Related to the chart above, Table 8.9.1g below, shows where the cared for person usually lived and compares Wirral to England.

**Table 8.10.1g: Answers to the question, ‘where does the person you care for usually live?’ England & Wirral (2009-10)**

	At home	Somewhere else
England	73.3%	26.7%
Wirral	75.8%	24.2%

Source: [Personal Social Services Survey of Adult Carers in England \(2009-10\)](#)

As the table shows, 75.8% of carers in Wirral live in the same household as the person they care for, slightly higher than the England average. This means that 3 out of 4 carers are at risk of experiencing the more intense pressure that comes with providing care in your own home.

Ongoing care increases the risk of distress, and adverse health effects can continue beyond the end of care giving.

- Carers who experience distress often have unmet support needs and may require help from service providers, including services for carers to take a break from caring.
- Diminished immune response and susceptibility to physical illness and infection may result from the stress associated with providing round the clock care.

## Issues identified by Wirral carers (September 2012)

The Carers Event held in Wirral in September 2012 provided an opportunity for Wirral carers to identify what their key issues were and a forum for discussion. The four key issues identified by local carers discussed at the event were:

- Loneliness and isolation
- Difficulties in arranging respite
- Transport
- Financial worries

To read about the issues identified by Wirral carers in more detail, plus the potential solutions proposed, please [click on this link](#).

## Consultation by Agencies for Carers Executive members (December 2012)

In December 2012 Wirral Agencies for Carers' Executive (ACE) provided collective information in response to the Council's 'Options for Change' consultation.

ACE comprises representatives from non-profit and charitable organisations in Wirral who offer services and support to Wirral's carers. They conducted a survey of providers in an attempt to assess the impact of authority proposed budget and service changes on the lives of Carers and, by extension, those they care for.

The survey was based on the options offered in the Council's consultation documents and consisted of a short questionnaire and options for added information.

Key points suggested as potential consequences of the proposed budget and service changes:

- Carers services are already limited
- Concern that carers services could be stopped completely
- Increase in levels of stress, added worry and potential isolation of carers
- The expected rising numbers of people with dementia could add further pressure to the remaining services
- Reduction in service provision could affect a number of vulnerable and isolated people including ethnic minority groups and young carers
- Transport to day services could be affected in turn adding to family issues such as employment and health
- The need to manage any service changes is important so to minimise impacts to individuals and families

[A shortened version of the response can be accessed via this link.](#)

## 8.11 Health and social care services

### 8.11.1 Number of carers receiving services from DASS

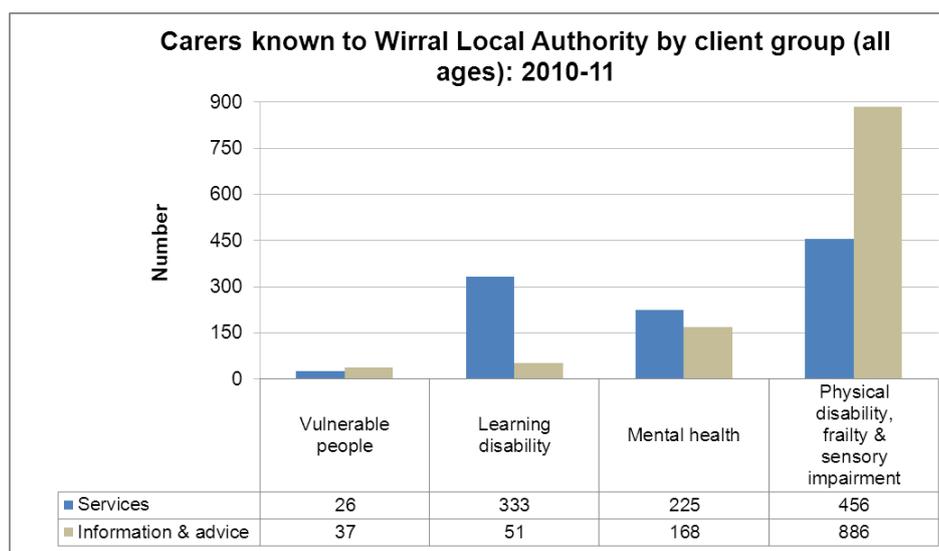
The Department of Adult Social Services in Wirral operates [Fair Access to Care](#), a framework for determining eligibility for access to services provided through the Department. This is currently set at [substantial and critical](#). Following assessment a support package is agreed for both the carer and the cared for person. The nature of each support package is determined via self-directed assessment and support planning, but can

include components like day care, sitting services, home care and residential short breaks, all of which can benefit the carer as well as the cared for person.

At the time of writing work is underway to improve the accuracy of the data contained in the following figures 8.11.1a to 8.11.1c; however it is provided here until more accurate data is available.

The numbers of carers of all ages known to the local authority can be seen in figure 8.11.1a.

**Figure 8.11.1a: Number of carers receiving services, or information and advice following an assessment or review by Wirral Local Authority by client group (All Ages) 2010-11**

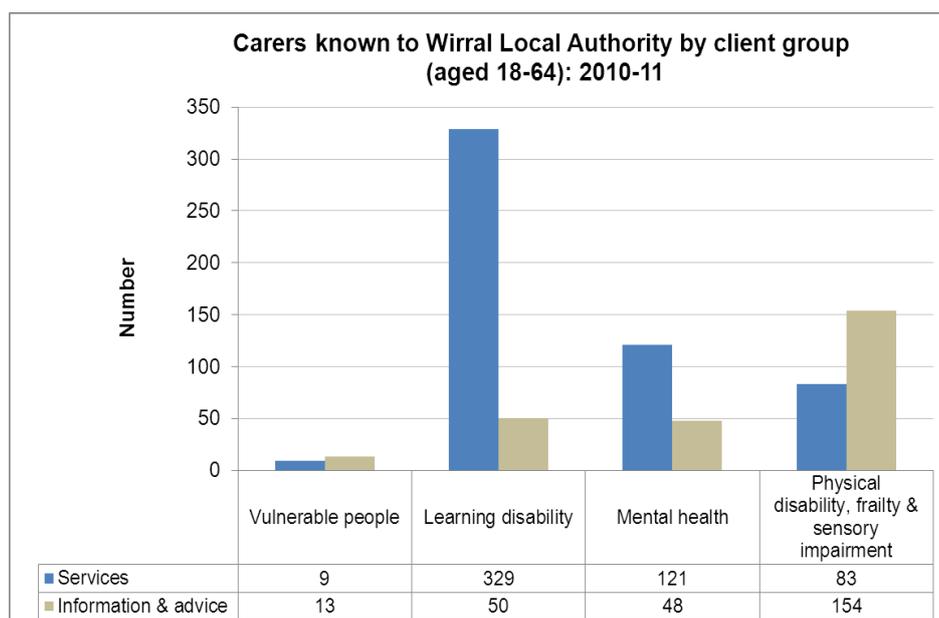


The chart shows that carers of those with physical disability, frailty and sensory impairment access both services and information and advice services (including carers breaks) in much greater numbers than carers of other client groups. This could suggest that there may be some inequity in access to services and information and advice.

Source: Department of Adult Social Services, Wirral Council

Note: Categories Substance Misuse removed due to numbers being <6

**Figure 8.11.1b: Number of carers receiving services, information or advice following an assessment or review by Wirral Local Authority by client group (age 18-64) 2010-11**

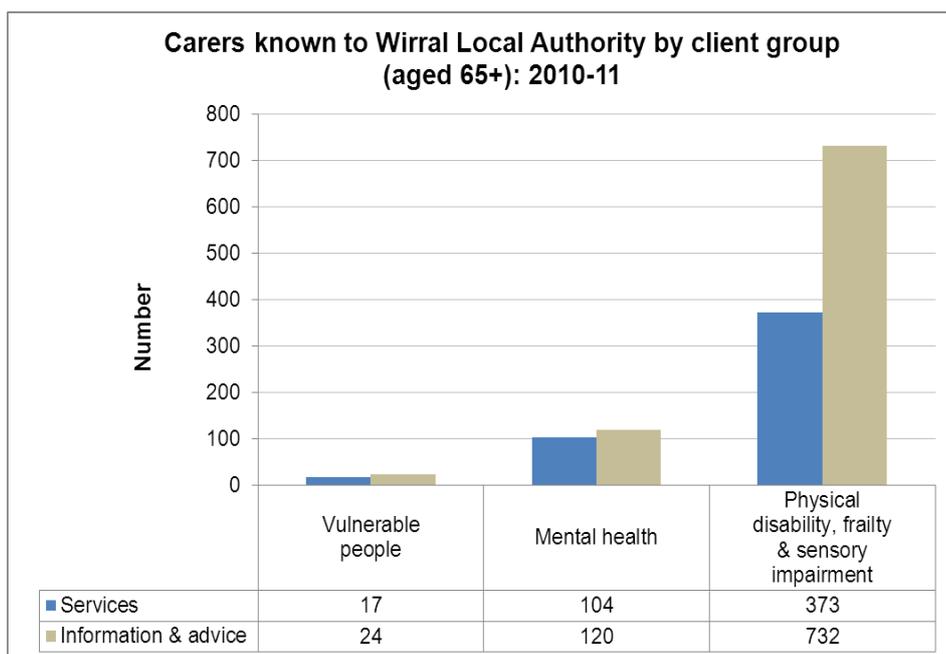


As the chart shows, services (including breaks) are much higher for carers of people with learning disabilities than other client groups in the 18-64 age group. Carers of people with mental health issues are the next largest users of services, whilst carers of people with physical disability, frailty and sensory impairment are the largest users of information and advice from DASS.

Source: DASS (Department of Adult Social Services, 2011)

Note: Categories Substance Misuse removed due to numbers being below 6.

**Figure 8.11.1c Number of carers receiving services, information or advice following an assessment or review by Wirral Local Authority by client group (age 65+) 2010/11**



Those caring for somebody aged 65+ with a physical disability, frailty and sensory impairment were the most likely to have received both services and information and advice from Wirral Council in 2010-11 (with information and advice being the most common outcome). Carers receiving some kind of service or advice for a vulnerable person were negligible

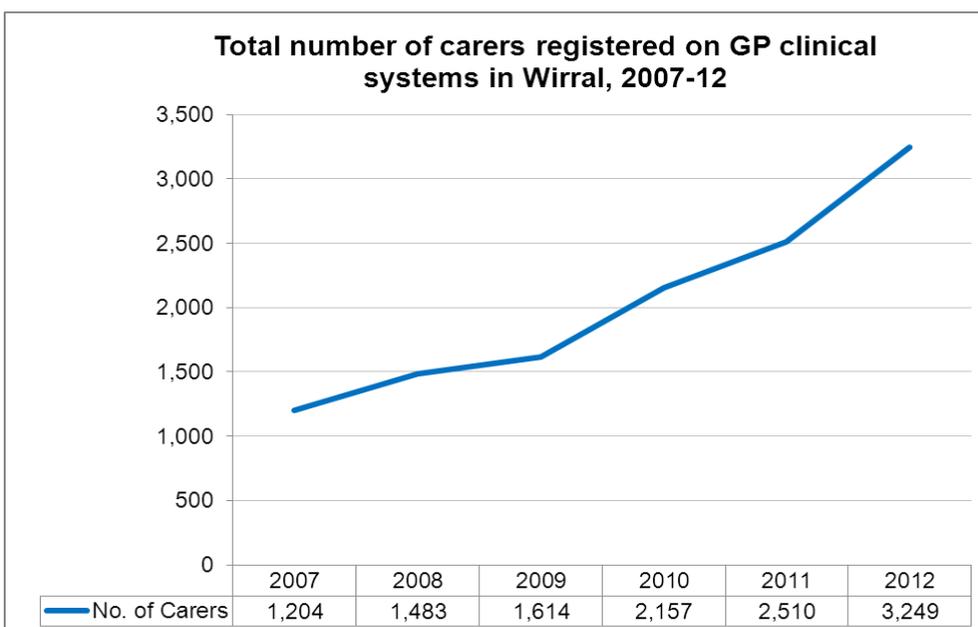
Source: Department of Adult Social Services (2011)

Note: Categories Learning Disability and Substance Misuse removed due to numbers being below 6

### 8.11.2 Audit of Wirral carers by GP practice

Considerable effort has been put into the identification of carers by GPs in Wirral in recent years, with the aim of supporting carers to access GP services and enabling practices to identify carers earlier. This will also support future commissioning of services and correctly target the health needs of carers. This data will not record all carers in Wirral; it can only show those who are *known* as and identified as carers by their GP Practice.

**Figure 8.11.2a: Number of Carers recorded on Wirral GP clinical systems 2007-12**



Efforts to improve the identification of carers in Wirral appears to have worked well, as GP audit data shows a steady year on year increase in the numbers of identified carers locally. The number of carers recorded on Wirral GP clinical systems has increased by 270% over the past five years.

Source: [CWWCSU](#) Primary Care Information Team, September 2012

Figure 8.11.2b Rate of carers recorded on Wirral GP clinical systems by Consortia per 1000 registered population September 2012

<b>Consortia</b>	<b>Rate per 1,000</b>
Wirral GP Commissioning Consortium	12.45
Wirral Health Commissioning Consortium	7.50
Wirral NHS Alliance	10.86
<b>All Practices</b>	<b>10.95</b>

Source: [CWWCSU](#) Primary Care Information Team, September 2012

Figure 8.11.2c: Rate of carers recorded on Wirral GP Clinical Systems (rate per 1,000 registered population) by Practice, September 2012

<b>Practice Code</b>	<b>Practice</b>	<b>Rate per 1000</b>
N85643	Prenton Medical Centre	38.55
N85018	Villa Medical Centre	32.28
N85619/614	Earlston Road Clinic and Seabank MC	32.14
N85040	Moreton Health Centre	30.14
N85633	Church Road Medical Centre	24.39
N85056	Wallasey Village Group Practice	24.08
N85016	Riverside Surgery	22.42
N85048	Moreton Medical Centre	20.48
N85054	Kings Lane Medical Centre	18.92
N85022	Holmlands Medical Centre	18.80
N85028	Moreton Cross Group Practice	18.76
N85616	Liscard Group Practice	16.88
N85617	Spital Surgery	16.87
N85037	Heatherlands Medical Centre	14.25
N85031	Gladstone Medical Centre	13.71
N85007	Heswall & Pensby Surgery	13.08
N85648	Blackheath Medical Centre	12.82
N85013	Upton Group Practice	12.40
N85019	Whetstone Medical Centre	12.08
N85021	Hamilton Medical Centre	11.77
N85029	Fender Way Health Centre	11.53
N85053	Field Road Health Centre	11.53
N85620	Grove Medical Centre	10.97
N85041	Greenway Road Surgery	10.89
N85004	West Kirby Health Centre (Sida)	10.31
N85640	Leasowe Primary Care Centre	10.17
N85032	Greasby Group Practice	10.09
N85625	Miriam Medical Centre	9.97
N85044	Claughton Medical Centre*	9.12
N85046	Hoylake Road Medical Centre	8.92
N85635	Mill Lane Surgery	8.14
N85057	Teehey Lane Medical Centre	7.95
N85005	Eastham Group Practice	7.76
N85634	Vittoria Medical Centre (Murty)	7.60

N85047	Orchard Surgery	7.59
N85017	Cavendish Medical Centre	7.41
N85012	St Georges Medical Centre	7.05
N85059	Hoylake & Meols Medical Centre	7.02
N85002	West Kirby Health Centre (Wells)	6.75
N85027	Central Park Group Practice	6.47
N85038	Vittoria Medical Centre (Edwards)	6.27
N85009	Commonfield Surgery	6.27
N85001	TG Medical Centre *	6.14
N85020	Victoria Park Health Centre	5.98
N85015	Devaney Medical Centre	5.87
Y02162	Woodchurch Medical Centre	5.58
N85024	Somerville Medical Centre	5.56
N85011	West Kirby Health Centre (Smethurst)	5.45
N85023	Manor Health Centre	5.12
N85003	Allport Surgery	4.17
N85006	Civic Health Centre	3.93
N85008	West Wirral Group Practice	3.90
N85014	Townfield Health Centre	3.14
N85051	Parkfield Medical Centre (Raymond)	2.51
N85629	Egremont Medical Centre	0.91
N85034	Parkfield Medical Centre (Hawthornthwaite)	0.48
N85052	Grove Surgery	0.41
N85058	Silverdale Medical Centre	0.20
N85025	St Hilary Brow Group Practice	0.19
Y02569	All Day Health Centre	0

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