

Caring for the carers

A review of the council's support for carers

September 2007



Social Services, Health and Housing Policy Overview Committee

Members of the committee:

Cllr Judith Cooper (Chairman)
Cllr Tim Barker
Cllr Pat Jackson
Cllr John Major

Cllr Sid Garg,
Cllr Peter Kemp
Cllr Michael White



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Chairman's Foreword

The Council provides a large amount of care to vulnerable people. However we – the Council – could not cope without the vast number of care hours offered by those who care for loved ones. This is a challenging role and it is essential that the Council fully supports this dedicated and committed 'workforce'. In short, we must 'care for the carers'.



In the course of this review I have met carers and voluntary organisations that represent and support carers. It is clear that the Council offers a wide range of services to support carers in their challenging role. Carers appreciate this: often they would not be able to cope without this. We therefore strongly urge Cabinet to ensure these resources remain committed to providing this essential support to carers if the Government removes the 'ring-fencing' from the Carers Grant.

Despite the invaluable support provided by the Council, problems can arise and carers may be frustrated with what they perceive to be the bureaucracy of Council. Carers' frustration in trying to understand social care bills, for example, can undermine the support offered to carers in other areas. As such, I hope that Cabinet will be able to investigate improving the format of bills to service users, and I have taken this issue up with the Leader of the Council.

The demand for social care services is likely to increase due to demographic changes in society. I am sure that the Council will continue to work hard to ensure its resources are used to maximum effect. But the Council's resources are not unlimited. As a result, the role of those caring for loved ones is likely to increase, and caring for carers will become ever more important.

Finally, on behalf of the Committee I would like to thank the witnesses who contributed to our review, and also the officers who advised on the main issues from the Council's perspective. Particular thanks go to Sue Tarling for her comprehensive briefings on this topic. I commend the report and recommendations to Cabinet.

A handwritten signature in purple ink, which appears to read "Judith Cooper".

Cllr Judith Cooper

Summary of Recommendations

This review examines the support provided to carers, and how this can be maintained and potentially improved. Following the evidence received, we make the following recommendations. For ease of reference we highlight to whom each recommendation is addressed and timescale for response.

1. That Cabinet joins the Committee in recording its appreciation of the work undertaken by carers in Hillingdon, and notes that carers provide at least £210 million of unpaid care. Given this, the Committee ask Cabinet to provide an undertaking that the money allocated by Central Government as part of the Carers Grant will continue to be spent on supporting carers if the 'ring-fence' on that grant is removed and the funding forms part of the general Council grant.

Recommendation lead: Cabinet
Timescale: Short-term (by end of 2007)

2. That Cabinet ensures the Council continues to offer employment policies that support carers. Furthermore, we ask Cabinet to ensure that the Council uses its Community Leadership role to encourage all employers in Hillingdon to fully support employees with caring responsibilities. We suggest that the Local Strategic Partnership can play a significant role in this, including helping disseminate information on the rights of carers.

Recommendation lead: Cabinet
Timescale: Ongoing

3. That Cabinet notes the evidence heard by the Committee that suggests the Council has less respite care available for people with physical disabilities compared to other client groups, and asks the Cabinet Member to report back to the Committee with further information on this.

Recommendation lead: Cabinet Member for Social Services, Health & Housing
Timescale: Short-term (by end of 2007)

4. That Cabinet notes that the modernisation process, designed to ensure the Council meets increased demand for services, can cause anxiety amongst service users, and ensures service users and carers continue to be fully consulted and involved in proposals for service modernisation, as this reduces the anxiety and stress that service redesign may involve.

Recommendation lead: Cabinet
Timescale: Ongoing

5. That Cabinet supports our view that communication and publicity are vital: carers must be aware of the support that is available to them, in particular the right to have their needs as a carer assessed separately from those of the cared for. We ask the Cabinet Member to ensure officers are aware of the importance of offering carers the option of having their needs individually assessed, and that officers ensure carers are offered this option.

Recommendation lead: Cabinet Member for Social Services, Health & Housing
Timescale: Ongoing

6. That Cabinet notes the concerns raised by witnesses about the format of the bills issued by Adult Social Care, Health & Housing and asks officers to investigate whether the format of the bills could be improved. The Committee notes that this could be a long-term issue involving payment-processing software but ask for Cabinet's response to these concerns.

Recommendation lead: Cabinet Member for Social Services, Health & Housing
Timescale: Long-term (with response from the Cabinet by end of 2007)

7. That following the publication of Government guidance, the Cabinet Member for Social Services, Health & Housing ensures the Committee are briefed on how the £118,000 of additional Central Government money allocated to develop emergency care support will be spent, and the outcomes this will deliver.

Recommendation lead: Cabinet Member for Social Services, Health & Housing
Timescale: October 2007

8. That the Cabinet Member for Social Services, Health & Housing ensures the Committee receive information in spring 2008 on the outcomes of the telecare trial and whether this trial will be extended.

Recommendation lead: Cabinet Member for Social Services, Health & Housing
Timescale: Spring 2008

9. That Cabinet notes the problems often faced by carers as people they care for move from children's to adults' services and that, due to Government directives, this will often lead to a reduction in care hours provided. We ask the Cabinet Member for Education & Children's Services and the Cabinet Member for Social Services, Health & Housing to brief the Committee on how the Council ensures the transition from children's to adults' social services progresses smoothly.

*Recommendation lead: Cabinet Member for Education & Children's Services and
Cabinet Member for Social Services, Health & Housing*
Timescale: Short-term (by end of 2007)

10. That Cabinet notes the significant number of young people with caring responsibilities in Hillingdon, and the challenges these responsibilities may pose for young people's personal development. We ask the Education & Children's Services Policy Overview Committee to consider examining this issue, particularly whether schools could do more to support young carers.

Recommendation lead: Education & Children's Services Policy Overview Committee

Timescale: Medium-term (2007/8 Council year)

11. That Cabinet notes the value to elderly carers of Council funded transport for their dependents when travelling to and from day care. As such Cabinet currently ensures the needs and concerns of elderly carers are considered, and committee urge them to continue to do so if this transport provision is revised in the future.

Recommendation lead: Cabinet

Timescale: Ongoing

Introduction

Reason for review and terms of reference

1. This review follows a motion that was unanimously passed by Council in January 2007. The motion read:

'The Council recognises that there are over 23,000 carers in Hillingdon and that they save the statutory authorities including this Council over an estimated £220 million, because of their dedication to their loved ones and dependents.

It further recognises that there is a good degree of commitment from the Council towards assisting this sometimes beleaguered group. This is demonstrated for instance, by the current work being done to refurbish the respite care centre at Merrimans.

The Council recognises that some difficulties may have inadvertently been created for a minority of carers, by the changes in interpretation of Social Services Eligibility Criteria. So in order that the Council continues to do everything it can to support carers it requests that the Social Services Health and Housing Policy Overview Committee investigates support for carers as part of its work programme for 2007/08. To make recommendations to Cabinet on how Council support can be maintained and if possible improved in the future.'

2. The review sought to:

- i Identify the range of support provided by the Council to carers;
- ii Review the effectiveness of this support, including:
 - a The benefits delivered by the Council's respite and other support services
 - b The impact of the Council's modernisation programme
 - c Whether there any gaps or significant weaknesses in this support
- iii Examine whether the Council's support for carers could be improved, and make recommendations to the Cabinet as appropriate.

Methodology

3. The Committee used a combination of informal and formal evidence gathering. Members of the Committee attended the Carers Fair in the Pavilions Shopping Centre on 12th June, the Carers Relaxation Project at the Methodist Church at Ruislip Manor on 20th June, and visited Merriman's respite centre on 29th June. This provided Members

with valuable information that provided background to the formal evidence gathering session at the Committee meeting on 3rd July.

4. That meeting heard from the following witnesses:
 - Claire Thomas – Hillingdon Carers
 - Shelley Sweeney – Crossroads
 - Jane Wood – Head of Adult Services, LBH
 - Phillip Sharpe – Head of Older People's Services, LBH
 - Sue Tarling – Carers Development Manager, LBH

5. The next section of the report provides background on the main issues, and then presents the main issues arising in our evidence. We then make recommendations to Cabinet, which we believe will address these issues.

Background

Who is a carer?

6. There is no single definition of a 'carer' in law. Hillingdon Carers' website defines a carer as: *'someone who has taken on the responsibility of looking after someone with a disability, illness, a special need or someone who is elderly frail'*.
7. The Carers Strategy Group (one of the multi-agency joint strategic planning groups reporting to the Healthier Communities and Older Persons Theme Group) has developed the following definition:

A carer is someone of any age, who is not paid under contract for looking after and supporting a relative, child or friend who cannot manage without help because of disability, illness, the effects of ageing, mental health problems or substance misuse.

Carers are found in all communities. Invariably their lives are restricted and often their own health is impaired because of their caring responsibilities. Many who provide care do not identify themselves as carers.

Young people should not be expected to carry the same caring responsibilities as an adult. They should have the same life opportunities as other young people and may require special support to achieve this.

How much care is provided?

8. It is estimated that there are about 6 million carers in the UK – 10% of the UK population – and that about a third of these carers provide support for more than 20 hours a week.¹ Middle-aged women account for the largest group of carers, with care often provided to parents and spouses. Carers' bodies estimate that the 'hidden' value of unpaid carers to the state could be as high as £57 billion a year.
9. Based on an average rate of £9.95 per hour, the Carers UK report *'Without Us..?'* estimated that the economic value made by carers in Hillingdon was £209,800,000.
10. At the 2001 Census 23,118 people in Hillingdon identified themselves as carers:

Provides 1 to 19 hours care a week	16,231	70%
Provides 20 to 49 hours care a week	2,558	11%
Provides 50 or more hours care a week	4,329	19%

¹ *Public* magazine: May 2007, p. 7

11. However, given that some people will not consider themselves as carers (particularly those caring for a spouse or child), and young people providing care may also have been excluded from the count, it is likely that this figure understates the number of carers in Hillingdon.
12. There is a continuum of caring – some people may be providing one or two hours per week, others will be providing care for 24 hours a day, every day. Most will be somewhere along the continuum between these. The nature of caring responsibilities are such that some carers drop in and out of the caring role depending on how well the person they support is. Others will be providing care for life and in these cases the level of support provided may change over time.

Impact of being a carer

13. Being a carer can have a significant impact on a carers' life. The degree of this impact is also dependant upon other demands on the carer, for example whether they have a job, are looking after a family, have health difficulties of their own or are looking after more than one person.
14. Hillingdon Carers is a local voluntary sector organisation, which aims to improve the well-being of all carers in the London Borough of Hillingdon. It seeks to do this by:
 - Providing advice, information and support services;
 - Ensuring the voice of carers is heard by policy makers;
 - Promoting a wider recognition of the value of carers in the community.
15. The organisation highlights the following key areas for carers:
 - Availability of good quality and relevant information in a variety of media
 - A range of respite and support options
 - Access to timely and reliable benefits advice
 - Support groups to reduce isolation and loneliness
 - Taking care of the carers own health and well-being
 - Feeling valued in the caring role
16. Financial issues can be particularly difficult and good quality benefits advice to improve financial well-being is an important element of carer support. The carers' allowance paid by central government is £46.95 a week. Carers UK, the national carers' group, state that this is the lowest earnings replacement benefit. The group believes this can create financial problems for carers, for they suggest that it costs about three times as much to raise a disabled child as it does to raise a non-disabled child.

Supporting carers

17. There is a no 'one size fits all' approach to carer support. Each carer will have their own individual support needs based on a variety of factors including: other demands from work or family, the number of people being cared for and the carers own health or age-related needs. The Council and voluntary sector therefore provide a diverse range of services to support carers.
18. The Council provides support for carers through a number of different funding streams. This includes grants to the voluntary sector through Corporate Resources; the Adult Social Care, Health & Housing base budget; the Mental Health Grant; and the Carers Grant.
19. The Council also directly provides carer support including:
 - Directly provided residential respite services for children with disabilities and for adults with a learning disability
 - Purchased respite places from the independent and voluntary sectors across service user groups
 - Provision or purchase of day care places which provide carers with a short break
 - Domiciliary care
 - Direct Payments
20. The Council has undertaken a series of developments to its support to carers, including:
 - Older Persons Services are investing £336,000 in supporting vulnerable older people living at home, which will be used to provide equipment that can provide sophisticated monitoring of vulnerable people. These 'telecare' developments will be of great value to carers who do not live with the person they care for, or those carers in employment who are not home during the day.
 - Children Services have invested £1.3 million in a new purpose-built respite unit (Merryfield) for children with disabilities
 - Adult Social Care, Health & Housing have undertaken a £660,000 redevelopment of the Merrimans respite service for adults with a Learning Disability. Parent carers and service users have been closely involved in the planning, design and delivery of this project.
 - A drop-in café/day service is being developed for older people with low level mental health problems
 - Dedicated Carers Assessors for carers supporting people with long-term and chronic mental illness, developed in partnership with making space.

21. The information above therefore provides a flavour of the many services provided to help support carers in their challenging role. The following section of the report highlights the key issues arising from the Committee's discussion with carers' representatives and as requested in the Council motion, makes recommendations on how this support can be maintained and developed.

Findings & Recommendations

The Carers Grant

22. The Council receives the Carers Grant from the Department of Health (DoH) and it is designed to enable diversity and flexibility in both opportunities for short breaks and direct services to carers that will support them in their caring role.
23. The Joint Commissioning Team (comprising both the Council and PCT) manages the Carers Grant and the Carers Strategy Group take an overview of the projects funded in terms of value for money and effectiveness.²
24. The Carers Grant is currently divided into 34 allocations, which provide a broad range of carer support both through the Council and the voluntary sector. The Carers Strategy Group have aimed to keep the allocations evenly split between the statutory and voluntary sector and in 2007/08, voluntary organisations are receiving approximately 57% of the overall Grant, with 28% of the Grant being spent on supporting carers from Black and Minority Ethnic (BAME) communities.
25. We heard that the Carers Grant is not increased annually for inflation. In contrast, a 2005/06 DoH review of the national disbursement of Carers Grant Hillingdon's Carers meant that Hillingdon, in common with other London Councils, saw a reduction in the amount of Carers Grant received. In 2006/07 the total was reduced from £917,000 to £892,000. A further reduction of £20,000 was made in 2007/08, bringing Hillingdon's current allocation to £872,000. These reductions were managed within the Grant by planning time-limited projects to ensure planned projects were retained.
26. The Government's plans for Carers Grant are not clear at this time and will be part of the Spending Review. However, we understand that the current ring-fencing of the Grant may be removed with the money being subsumed into the Council's overall Revenue Support Grant.
27. The relaxation of Central Government controls on local government is generally welcome. However, we would be concerned if removal of the ring-fence leads to a reduction in money spent supporting carers. The burdens on carers are usually immense, and carers may be on the verge of being unable to cope. We believe that the projects funded by the Carers Grant can often help make the difference between whether a carer can cope or not. As such, we suggest that the Council would have to provide care far exceeding the £872,000 spent through the Carers Grant if the grant money is diverted to other areas of the Council's budget.

² The Carers Strategy Group (CSG) is a multi-agency joint planning group, comprising carers, former carers, elected members (Cllrs Corthorne and Major), representatives from voluntary sector organisations supporting carers and officers from the Council and Hillingdon Primary Care Trust (PCT).

Recommendation:

That Cabinet joins the Committee in recording its appreciation of the work undertaken by carers in Hillingdon, and notes that carers provide at least £210 million of unpaid care. Given this, the Committee ask Cabinet to provide an undertaking that the money allocated by Central Government as part of the Carers Grant will continue to be spent on supporting carers if the 'ring-fence' on that grant is removed and the funding forms part of the general Council grant.

Supporting carers who work

28. In addition to caring for a loved one, we heard that over half of carers also have a paid job (often referred to as working or employed carers). Hillingdon Carers provide an excellent range of support and advice through their advice centre in Uxbridge town centre. However, employed carers may be unable to visit or access these support services. As such, we were pleased to hear that Hillingdon Carers are working to improve the availability of services for working carers, with proposals including an out-of-hours advice centre.
29. Many employed carers in Hillingdon do not work in Uxbridge town centre and are unable to access the Hillingdon Carers advice centre. As such, we support Hillingdon Carers' proposals to try and distribute information for carers at large employment sites across the Borough such as Stockley Park. The Council has many links with large employers through the Local Strategic Partnership (LSP). We suggest that officers responsible for business engagement and partnership working may be able to help Hillingdon Carers in disseminating information to support carers.
30. A common theme is the difficulty of balancing the needs of the cared for with carers' other responsibilities such as employment and other social activities. Employers can clearly help employees with caring responsibilities by offering personnel policies and practices that help carers balance their many roles.
31. We were therefore pleased to hear that the Council has a wide range of policies in place to support carers who have caring responsibilities, including career breaks, dependency leave, and flexible working. As stated above, the Council has links with many employers and we suggest that these could be used to encourage local employers to adopt a similarly progressive attitude. This is particularly important given that we understand new legislation will give carers the right, in certain circumstances, to request flexible working practices.

Recommendation:

That Cabinet ensures the Council continues to offer employment policies that support carers. Furthermore, we ask Cabinet to ensure that the Council uses its Community Leadership role to encourage all employers in Hillingdon to fully support employees with caring responsibilities. We suggest that the Local Strategic Partnership can play a significant role in this, including helping disseminate information on the rights of carers.

Respite care

32. Respite care is a central component of carers support services and can involve a break of several hours or much longer e.g. a whole weekend. Statutory and voluntary organisations both provide respite care, and the Council has recently demonstrated its commitment to such services. For example, the Council has invested £1.3 million in Merryfields – a new purpose built respite unit for children with disabilities, and £600,000 for redeveloping Merrimans – a respite centre for adults with learning disabilities. The PCT also provides nursing respite at Mount Vernon and Hayes Cottage, and funds a Marie Curie Nurses team.
33. We heard that the voluntary sector provides invaluable respite services. Shelley Sweeney gave evidence to our Committee and told us about the respite breaks offered by Crossroads to those caring for people with acute needs. These can include respite breaks for three hour periods or longer including overnight stays and weekends. We heard that these short breaks are often vital in enabling carers to cope with their caring responsibilities, allowing carers to carry out their food shopping, attend medical appointments or undertake other social activities.
34. We heard that the PCT withdrew £98,000 of funding earlier in the year, because it viewed Crossroads' services as 'social' rather than 'health' care. This means that Crossroads has had to introduce charges for its services. The Council provided Crossroads with an extra £51,000 in response to this PCT reduction. This meant that Crossroads was able to prevent staff redundancies and did not have to decrease respite hours for 2007/8. Crossroads charge £4 per hour which is a subsidised rate and does not reflect the full cost of the respite service which is £17.23 per hour. Again, we welcome this financial assistance provided to the voluntary sector for it undoubtedly prevents the statutory agencies needing to step in and provide care.
35. Witnesses advised us that they believe a particular gap in respite services is in those available for people aged 35-60 who have had a stroke or other illness. We heard, for example, that an old people's home would be unlikely to offer appropriate respite care to a 45 year old recovering from a stroke. While the Council has recently invested in modernising respite services for both adults with learning disabilities and children, we heard that the Council has not committed similar resources to providing respite services for adults with physical disabilities.

36. We understand that the Council does not have unlimited resources and must balance many competing demands for expenditure. However, we feel it is important to note that there is likely to be an increased need for such respite services given an expanding number of people requiring support with physical disabilities. This is largely due to medical advances that enable people to first survive, and then live longer, with physical disabilities when this may not have been possible in the past.

Recommendation:

That Cabinet notes the evidence heard by the Committee that suggests the Council has less respite care available for people with physical disabilities compared to other client groups, and asks the Cabinet Member to report back to the Committee with further information on this.

Impact of the Council's modernisation programme

37. In response to the growing demand for social care services the Council is in the process of implementing a major modernisation of its services. A key element of this programme are the revisions to the eligibility criteria for services – known as Fair Access to Care (FAC). We are fully aware of the issues surrounding this initiative, and along with our colleagues on the Executive Scrutiny Committee have welcomed the full and ongoing briefings from officers on the implementation of the changes. While we as Members have had the opportunity to receive reassurance and further information, it is important to note that some concerns do still exist amongst service users and those caring for them.
38. In particular, Hillingdon Carers told us their view that these changes have had a significant impact on working carers, for these carers are usually supporting people with needs assessed as moderate or below. The organisation told us that the number of carers who are elderly is increasing and these carers feel that the modernisation programme, particularly for learning disabilities, is disproportionately affecting them. Many of these people have provided care to their relatives with learning disabilities for many years and may be worried about the impact of the modernisation programme.
39. Officers advise that the modernisation programme is seeking to ensure that the Council is able to continue to support carers, and it is not seeking to undermine the support to carers. We as Members found officers were able to assuage our concerns about aspects of the modernisation programme and strongly believe that similar communication and dialogue between officers and carers is vital. Many concerns stem from fear and a lack of communication. We were pleased to hear that attendance by the Cabinet Member and officers at carers' fora often reassures carers, and we strongly hope that this will continue as the modernisation progresses.

Recommendation:

That Cabinet notes that the modernisation process, designed to ensure the Council meets increased demand for services, can cause anxiety amongst service users, and ensures service users and carers continue to be fully consulted and involved in proposals for service modernisation, as this reduces the anxiety and stress that service redesign may involve.

Ensuring carers are aware of the available support

40. Many services are therefore available to support carers. However provision alone is not enough; carers must be aware of the services available to support them. We believe that targeted marketing is essential: different media and content are needed for different audiences. Work is already underway on this, with for example, the Council hosting a carers' A-Z directory on its website which provides links to organisations and information on specific issues. The Council and PCT are also developing a video web cast about carers assessments that can be viewed in Punjabi, Gujarati or English, and a hard copy information pack has been produced for carers of people with mental health problems.
41. However, it is clear that there is still more work to be done in relation to ensuring that carers are aware of the support services available to them, particularly the right to have their needs as a carer assessed separately from those of the cared for. Such assessments seek to encourage the carer to examine their own needs, both in relation to their caring role and also in terms of their aspirations for lifelong learning, leisure and employment opportunities.
42. The number of carers having their needs individually assessed has increased over the last three years. In 2006/7 Adult, Social Care, Health & Housing carried out 645 assessments of carers' needs, 393 of which were individual carers assessments. However, witnesses advised us that many carers believe that the Council does not always advise them of their right to a separate carers assessment. Given the benefits of such assessments, we ask Cabinet to investigate further.

Recommendation:

That Cabinet supports our view that communication and publicity are vital: carers must be aware of the support that is available to them, in particular the right to have their needs as a carer assessed separately from those of the cared for. We ask the Cabinet Member to ensure officers are aware of the importance of offering carers the option of having their needs individually assessed, and that officers ensure carers are offered this option.

Format of bills issued by Adult Social Care, Health & Housing

43. We were pleased to hear of the wide range of services provided or commissioned by the Council to support carers in their valuable and demanding role. It is clear that many carers would be unable to cope without this support.
44. However, we heard that certain actions by the Council can inadvertently increase the stress facing carers. Witnesses clearly expressed their view that the format of Council bills is a significant cause of concern for carers. Witnesses showed us an example of a bill, and we agreed that the format was not easy to understand and may lead to confusion. There was also evidence of inaccurate billing and consequent late payment. We welcome the news that finance officers have already – and continue to be available to – address carers’ groups to discuss concerns about the format of bills. This is clearly positive, however we believe that a longer-term solution is required, which adopts a clearer format. We appreciate that this is a complicated issue that may involve payment software that is used in other parts of the Council, however the current system is clearly causing significant problems for some carers.

Recommendation:

That Cabinet notes the concerns raised by witnesses about the format of the bills issued by Adult Social Care, Health & Housing and asks officers to investigate whether the format of the bills could be improved. The Committee notes that this could be a long-term issue involving payment-processing software but ask for Cabinet’s response to these concerns.

A New Deal for Carers – the Government’s new initiatives for carers

45. As part of the Government’s review of the National Carers Strategy, a £33 million package of support for carers was announced in February 2007 under the banner of ‘A New Deal For Carers’. Nationally, these funds are to be divided as follows:
- £25 million on providing short-term home based replacement care for carers in crisis or emergency situations
 - £3 million towards the establishment of a national helpline for carers
 - £5 million to support the development of an experts carers programme
46. We heard that Hillingdon will receive approximately £118,000 to develop emergency replacement care support. It is expected that funding will be available pro-rata from October 2007. We understand that this additional funding is likely to be added to the Carers Grant and guidance from the Government about how the money can be used is due out this summer of this year. Officers had not received more precise information on how this money could be spent and were unable to provide further detail in absence of the Government guidance. We hope to receive an update from officers when they have more information from the Government.

47. We also heard that the Older People's Service are investing approximately £336,000 in 'telecare' technology. This will help people living at home, by providing equipment with the capability of sophisticating monitoring e.g. to alert a control centre if an elderly person has fallen out of bed. As such, we heard that this equipment will offer particular reassurance for carers who work during the day or do not live with the person they care for. This trial is being funded through the assistive technology grant from Central Government and we look forward to receiving an update on the outcomes of the trial.

Recommendation:

That following the publication of Government guidance, the Cabinet Member for Social Services, Health & Housing ensures the Committee are briefed on how the £118,000 of additional Central Government money allocated to develop emergency care support will be spent, and the outcomes this will deliver.

Recommendation:

That the Cabinet Member for Social Services, Health & Housing ensures the Committee receive information in spring 2008 on the outcomes of the telecare trial and whether this trial will be extended.

Caring for Carers: the children and young people's dimension

48. We are responsible for examining social care services provided to adults in Hillingdon. However, in the course of this review we identified issues relating to children and young people as both service users and carers.
49. We heard that the transition from children's to adults' services can often be stressful for carers and service users. Due to differences in Government funding and care requirements, many children receive higher levels of respite care than adults do. This often means that families witness a reduction in support as the service user enters adulthood. This can be a source of further stress and anxiety for carers and this transition needs careful management. We welcome the way in which the revised Council service structure helps ensure joined-up education and social services for children, but that this must not be at the detriment of joined-up children's and adults' social services.

Recommendation:

That Cabinet notes the problems often faced by carers as people they care for move from children's to adults' services and that, due to Government directives, this will often lead to a reduction in care hours provided. We ask the Cabinet Member for Education & Children's Services and the Cabinet Member for Social Services, Health & Housing to brief the Committee on how the Council ensures the transition from children's to adults' social services progresses smoothly.

50. In addition, it is vital to acknowledge that many young people are also carers themselves. It is estimated that nationally approximately 175,000 people under the age of 18 are carers.³ High levels of caring can have an adverse impact on young carers, including friendship difficulties, limited time for social and leisure activities, and lack of time for school and home work. As such, caring responsibilities can limit opportunities and make transition into adulthood more problematic.⁴ National surveys commissioned by Carers UK indicate that a high proportion of young carers (22% of survey respondents) miss school as a result of their caring responsibilities.⁵
51. The 2001 Census identified 687 young people in Hillingdon as having caring responsibilities:

Provides 1 to 19 hours care a week	583	85%
Provides 20 to 49 hours care a week	60	9%
Provides 50 or more hours care a week	44	6%

52. We heard that Hillingdon was one of the first London boroughs to develop a Young Carers Project. Funded by Carers Grant, Hillingdon Carers developed this scheme in 2002 and, as at March 31st 2007, there were 140 young people registered with the project.
53. Based on their experience gained with the Young Carers Project, Hillingdon Carers established a separate scheme to support young carers with caring responsibilities for someone with a substance misuse problem. The SPACE project was devised as a 12 month pilot scheme funded jointly by the Carers Grant and Drugs and Alcohol Services. We heard that Hillingdon Carers secured funding from BBC Children in Need to extend the project into a second year. This project is part of a stretch target in the Local Area Agreement (LAA) signed between Hillingdon Council and partners, and Central Government. This target seeks to increase Hillingdon Carers' support to young carers affected by substance misuse, from 150 young people in 2005/6 to 300 by 2009/10.
54. The Council and partners are therefore providing a range of services to help support young people who have caring responsibilities. Although we heard that the awareness of young carers has improved, we believe that there is still more work to do to ensure that young people are supported and do not have to provide unacceptable levels of care that will affect their personal development.
55. We suggest that schools often do not know that one of their pupils is a carer, and may not realise that these responsibilities could be the cause of poor attendance,

³ *Public* magazine: May 2007, p. 7

⁴ Young Carers in the UK: 2004 Report – C Dearden & S Becker

<http://www.carersuk.org/Policyandpractice/PolicyResources/Research/YoungcarersReport2004.pdf>

⁵ as above

performance, or socialisation. We strongly believe that schools must play a proactive role in identifying and then supporting young carers. We suggest that this should include a named lead for young carers in every school and may include providing a safe space for young people to do their homework. We heard that the Carers Strategy Group worked with officers in Education and Children's Services to produce a Young Carers Strategy that seeks to address the above issues. Given the importance of this issue we strongly recommend that the Education & Children's Services Policy Overview Committee examine this issue in further depth.

Recommendation:

That Cabinet notes the significant number of young people with caring responsibilities in Hillingdon, and the challenges these responsibilities may pose for young people's personal development. We ask the Education & Children's Services Policy Overview Committee to consider examining this issue, particularly whether schools could do more to support young carers.

Transport for service users

56. Following our witness session the Carers' Champion highlighted the value to carers of the Council provided service that transports service users between day care centres and their home. We heard that there are at least 60 carers over the age of 70 who care for their spouses or children. Many of these elderly carers are unable to drive and therefore cannot transport their dependents to day care services themselves. Many of these carers would not therefore be able to receive this vital respite if the Council withdrew this much valued transport service. As highlighted earlier, we understand that the Council must modernise its services in order to meet increasing demand for its services. However, we ask that if Cabinet does review transport services in the future it ensures the impact on elderly carers is fully considered.

Recommendation:

That Cabinet notes the value to elderly carers of Council funded transport for their dependents when travelling to and from day care. As such Cabinet currently ensures the needs and concerns of elderly carers are considered, and committee urge them to continue to do so if this transport provision is revised in the future.

Closing Word

57. Carers are therefore a vital aspect of social and health care in Hillingdon. Over 23,000 people provide over £220 million of care and the statutory care agencies such as the Council could not cope without the dedication and commitment of this often 'hidden workforce'.
58. Our review highlighted just some of the work undertaken by the Council to support carers in this vital role, both directly and through funding to the voluntary sector. We commend this support, and have not found any major weakness or problems. Our review makes a series of recommendations which, as requested in the Council motion, seek to ensure this support is maintained and developed in the future. In particular, we strongly urge Cabinet to ensure that the Central Government money allocated as part of the Carers Grant remains used for supporting carers in the event of the current ring-fence being removed.
59. Finally, the review identified that although support is available, it can only be of use if carers are aware such help exists. Communication and signposting of services are therefore vital and we will return to these issues in our forthcoming review on user engagement and participation.

Appendix: Allocation of grants for supporting carers 2007/8

The table below covers allocations under the Corporate Resources Grant, Mental Health Grant, Carers Grant, and Social Services Grant

Provider & Scheme	07/08	Child Act				Stat Sector	Vol Org
	Total Allocation	Carers Services	Services (Pt 3)	Breaks Services	Admin/ Involvement		
1 Alzheimers Soc - Templeton Day Centre (Carers Grant)	23,700	0	0	23,700	0	0	23,700
2 Barnardo's ADHD Sunday Break scheme pilot (to Jan 08) (Carers Grant)	50,000	0	50,000	0	0	0	50,000
3 British Red Cross - Carers Relaxation Project (with Hillingdon Carers) (Carers Grant)	17,500	17,500	0	0	0	0	17,500
4 Crossroads (Carers Grant)	121,920	0	0	121,920	0	0	121,920
5 Crossroads (Community Resources Grant)	140,739	0	0	140,739	0	0	140,739
6 Crossroads (Social Services Grant)	87,710	0	0	87,710	0	0	87,710
7 Fix-a-Breaks for Carers funding (Carers Grant)	10,000	0	0	10,000	0	0	10,000
8 HHT/PCT - Training for Carers (Stroke) (Carers Grant)	3,570	3,570	0	0	0	3,570	0
9 Hillingdon Association for the Blind (Carers Grant)	14,440	0	0	14,440	0	0	14,440
10 Hillingdon Autistic Care and Support (Community Resources Grant)	25,000	0	25,000	0	0	0	25,000
11 Hillingdon Carers - BME Carers Project (Carers Grant)	41,780	41,780	0	0	0	0	41,780
12 Hillingdon Carers - Carer Support Worker (Carers Grant)	7,000	7,000	0	0	0	0	7,000
13 Hillingdon Carers - Carers Centre (Carers Grant)	7,830	7,830	0	0	0	0	7,830
14 Hillingdon Carers - core costs (Community Resources Grant)	106,802	0	0	106,802	0	0	106,802
15 Hillingdon Carers - Older Carers Project (Carers Grant)	43,870	43,870	0	0	0	0	43,870
16 Hillingdon Carers - Respite Planning (Carers Grant)	46,800	0	0	46,800	0	0	46,800
17 Hillingdon Carers - Young Carers Project (Carers Grant)	41,450	0	41,450	0	0	0	41,450
18 LBH - Asha Day Centre (Carers Grant)	59,800	0	0	59,800	0	59,800	0
19 LBH - CMHTs - purchased Carers Services (Carers Grant)	3,000	3,000	0	0	0	3,000	0
20 LBH - CMHTs - purchased short breaks (Carers Grant)	10,000	0	0	10,000	0	10,000	0
21 LBH - CT-PLD - purchased Carers Services (Carers Grant)	2,000	2,000	0	0	0	2,000	0
22 LBH - CT-PLD - purchased short breaks (Carers Grant)	10,000	0	0	10,000	0	10,000	0

Provider & Scheme	07/08	Child Act				Stat Sector	Vol Org
	Total Allocation	Carers Services	Services (Pt 3)	Breaks Services	Admin/ Involvement		
23 LBH - CT-PLD Carers Assessor (Carers Grant)	31,330	31,330	0	0	0	31,330	0
24 LBH - CWD - Outreach Service (Carers Grant)	36,560	0	36,560	0	0	0	36,560
25 LBH - CWD - purchased short breaks (Carers Grant)	10,000	0	10,000	0	0	10,000	0
26 LBH - CWD - Respite at home - children (Carers Grant)	44,190	0	44,190	0	0	44,190	0
27 LBH - Joint Commissioning - Involvement (Carers Grant)	1,500	0	0	0	1,500	1,500	0
28 LBH - OPS - purchased short breaks (Carers Grant)	20,000	0	0	20,000	0	20,000	0
29 LBH - OPS - Respite at Home (dementia) (Carers Grant)	13,900	0	0	13,900	0	13,900	0
30 LBH - OPS Teams - Carers Services (Carers Grant)	6,000	6,000	0	0	0	6,000	0
31 LBH - Poplar Farm - Saturday Day Service (Carers Grant)	44,880	0	0	44,880	0	44,880	0
32 LBH - PPSD - purchased short breaks (Carers Grant)	20,000	0	0	20,000	0	20,000	0
33 LBH - PPSD Carers Assessor Post (Carers Grant)	15,670	15,670	0	0	0	15,670	0
34 LBH - PPSD Team - Carers Services (Carers Grant)	2,000	2,000	0	0	0	2,000	0
35 LBH Arts Service (with Hillingdon Carers) (Carers Grant)	17,270	17,270	0	0	0	17,270	0
36 LBH-JCT - Carers Development & Involvement (Carers Grant)	31,980	0	0	0	31,980	31,980	0
37 LBH-JCT Carers Development Officer (Carers Grant)	15,870	0	0	0	15,870	15,870	0
38 Making Space - MH Carers Assessor Post (Carers Grant)	10,120	10,120	0	0	0	0	10,120
39 Rethink - Carer Support Co-Ordinator (Carers Grant)	27,000	27,000	0	0	0	0	27,000
40 Rethink - Carer Support Worker (Mental Health Grant)	25,000	25,000	0	0	0	0	25,000
41 Rethink - Hayes Drop-In Centre (Carers Grant)	9,070	9,070	0	0	0	0	9,070
	1,257,251	270,010	207,200	730,691	49,350	362,960	894,291