

Carers' Strategy 2008-11

Produced by the Croydon Carers Partnership Group



Foreword

We are delighted to introduce Croydon's new three year Carers' Strategy 2008-11. This is Croydon's third strategy and is the result of the work of the Carers' Partnership Group (CPG). The CPG is a multi-agency strategic body made up of carers as well as statutory and voluntary sector agencies. Its basic remit is to identify and meet gaps in services for carers. This strategy builds on our current achievements for carers and demonstrates how we aim to tackle the challenges over the next three years. The work involved engaging carers, voluntary sector partners and professionals to seek their views on carers' issues. Many carers gave up their time in March to come to the Open Spaces engagement events that helped shape the strategy. No one single agency can meet the needs of carers on their own but by continuing to work together in partnership we can achieve much to increase the quality of life of carers.

So often we focus our attention on the service user/patient and forget about the carer but it is always useful to remind ourselves that the estimated economic value of carers' contribution in our health and social care system is £400 million. The recently published national carers' strategy '*Carers at the heart of 21st century: families and communities*' highlights that carers' views often weren't sought by professionals even though they knew the person well and knew when something was wrong. We must ensure that here in Croydon we avoid making these mistakes. Continuing to take account of their experience and knowledge of life as a carer will help ensure that they are respected partners in social and health care provision and that we are also sensitive to and address their needs adequately.

In Croydon we have already made headway in developing services for carers from providing information and advice to support and breaks. We have also improved access to services for carers of people with drugs/alcohol or substance misuse problems and for our black and minority ethnic (BME) communities.

However, as we look forward to the years ahead there are still some significant challenges to be met. These include: supporting more young carers so that they enjoy their childhood and achieve positive outcomes in their lives such as in their education and health; developing an emergency support provision to respond to carers' personal crises such as ending up in hospital for a few days or having a sudden work commitment; developing personalised and more integrated services tailored for both carer and the cared for; improving the access to and the process of carers' assessments for all carers to ensure that not only more carers are identified and receive help but that a holistic approach to carers' needs is taken, so that they too can enjoy their lives as equal citizens in Croydon.



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1. Introduction

Croydon Carers' Strategy 2008-2011 (the strategy) builds on the two previous carers' strategies, the most recent one ending in 2008. It operates in tandem with the government's latest national carers' strategy, published in June 2008. It addresses local needs of carers taking into account local priorities and performance and national developments. The strategy begins by defining and identifying carers. It explains the national and local context and branches out into key themes. Under these themes we highlight issues raised by our partners and seek to address them through a set of strategic aims to be undertaken over the next three years. These aims, with the engagement of the CPG, will be put into an annual action plan. Through our action planning we will develop services for all carers in the community which are flexible, responsive, preventative and of a high standard.

Croydon's new strategy aims to benefit young carers, adult carers, disabled carers, older carers, parent carers and working carers. It is also intended to inform all funders and planners of gaps in carers' services and to be a guide or focal point when commissioning or developing quality services so that carers' basic needs are met. Hence, it is recommended that the strategy is used as a main reference for all social, health or housing developments or plans, externally as well as in-house, where carers are one of the main stakeholders. This will ensure that there is a joined and shared approach to supporting carers across services and within the community.

As supporting carers is very much a joint responsibility, the carers grant cannot be the only funding stream to develop carers' services. Funding for services can be expected from a variety of sources such as health or other community care budgets, or from charitable trusts; this is because the grant has a number of constraints. For instance, local authorities receive the grant as part of an area-based grant from the government which is no longer ring fenced. The estimated allocation from the council to further develop carers' services from the area-based grant for 2009/10 is £1.486m and the same for 2010/11. This includes services for both adults and children.

2. About Carers

2.1 Who is a carer?

Not to be confused with the term paid carer, a carer is someone who looks after or provides regular unpaid help to family members, neighbours or friends who are sick, frail or disabled. This includes parents or guardians of children with disabilities. Parent carers are likely to provide more support than other parents because their child is ill or disabled. A parent carer will probably support their child for many months or years and this will have a significant effect on other children in the family.

Children and young people, normally under the age of 18, who undertake caring responsibilities are known as young carers. (The age limit can extend up to 25 years, as in Croydon.). A young carer carries out emotional and/or physical care to a member of their family, assumes some level of responsibility normally taken by an adult and the caring role has an impact on their wellbeing and development. The family member may have a mental health issue, learning difficulty, physical or learning disability, long-term illness (including HIV) or drug and alcohol problem. Young carers can potentially care for their family members well into their own adulthood and the impact on their lives can be substantial.

2.2 What carers do?

2.2.1 What I do as a young carer

"I do lots of chores for my mum who has cerebral lupus, which affects her brain and makes her forget things. She got lupus when I was five-years-old, I am 12 now. She asks me when she needs things. I do the shopping and when she is ill I take her temperature and bring her water. I'm happy to do these jobs for my mum. Sometimes I stay awake at night to look after her. That's when I get stressed. If she's really sick, it's hard for me and I sometimes have to stay home but that hasn't happened much. The Young Carers' Project is great. I feel that I can talk to someone other than my mum. When I feel stressed they take me out and I feel happy - but I still worry about my mum and I phone her when I am out."

2.2.2 Caring responsibilities

Carers carry out a range of activities and these can differ according to the health needs of those they are caring for:

- Cooking, shopping, cleaning, attending appointments with a doctor or hospital.
- Lifting and handling, dressing, bathing and administering medication.
- Providing emotional support.
- Number of hours caring can vary – parent carers could be caring for disabled child/ children round the clock and the caring role may well continue as their child moves into adulthood.
- Young carers could care throughout the life of their sick or disabled family member.
- Not all carers are able-bodied or well - they too may be ill, frail or disabled. In some cases carers have a mutual inter-dependency, e.g. a daughter with learning disability looking after her elderly frail mother.
- Tending to emergencies involving the person they care for or organising care when they are faced with an emergency of their own.
- Carers not always recognise their caring role, particularly parent carers or a husband or wife caring for their spouse.



2.3 Caring in Britain

Data from the National Census 2001 tells us:

- 5.2 million people in the UK are carers.
- There are about 55,000 young carers in the UK.
- 21% of carers look after someone for more than 50 hours a week.
- 25% of carers have been looking after someone for more than 10 years.
- 17% of women and 13% of men are carers.
- Women have a 50% chance of being a carer by the age of 59.
- Half of all carers look after someone over the age of 75.
- Only half of carers are in paid employment with many facing barriers to employment. It is estimated that at any one time one in 10 people in Britain is a carer, with the majority being women.

2.4 Carers in Croydon

Data from the National Census 2001 tells us:

- Croydon's population in 2001 was 335,650.
- There were an estimated 29,426 carers.
- It is further estimated that out of 29,426 carers:
 - 18% provided more than 50 hours of caring a week;
 - 10% provided 20 – 49 hours of caring a week;
 - 72% provided less than 20 hours of caring a week;
 - 10% of carers reported that they were in poor health due to their caring role;
 - 45% of carers were unemployed;
 - 40% of carers were in full-time work;
 - 15% of carers were in part-time work.
- Mid-year estimates show that in 2007 Croydon's population increased to 339,500 and the number of carers had increased to an estimated 29,800.
- Based on mosaic profiling of the council's adult carers' data, the groups of carers most under represented are likely to be the ones with the highest mix of ethnicity, and are generally located in the north-east side of the borough. (See Appendix 2 for a detailed explanation.).
- In March 2008 council data showed that a total of 1,033 carers' assessments were conducted.

2.5 Young carers in Croydon

Data from the National Census 2001 and the Young Carers' Project in 2008 tells us:

- There are approximately 2,755 young carers.
- 360 young carers are identified and supported, of whom; 54% are from ethnic minority backgrounds (Black 24%, Asian 13%, mixed-race 6%, other 11%),
- 49% are caring for their mothers, 13% for their fathers, and 4% caring for both.
- Top reasons for caring – physical disability and mental health.
- Young carers are typically aged between 6 and 25, and the average age is 13.

2.6 Carers in the future

Data from Croydon's Joint Strategic Needs Analysis 2008 tells us that:

- By 2018 Croydon's population is expected to rise to 352,500.
- By 2018 greatest population increases are expected in the over 50's age groups.
- By 2018 Croydon's ethnic population is expected to rise to 47%.
- In Croydon there are increasing numbers of children presenting with autistic spectrum disorders, conduct disorders and social and behavioural issues.
- There is a national upward trend in the numbers of children with long-term ill health and disabilities.
- By 2009 one-in-four people will have experienced a mental health problem.
- Total numbers of people living with limiting long-term illness is predicted to increase from 48,660 in 2001 to 53,315 in 2018.
- Growing numbers of people with severe learning disabilities will need adult social care services over the coming years.



3. The National Context

3.1 The National Carers' Strategy

In recognition of the commitment of carers, their valued contribution to society and the difficulties faced by many of them the government in June 2008, developed its second national carers' strategy; *Carers at the heart of 21st century: families and communities*. This builds on the progress made since the government's first carers' strategy published in 1999; *Caring for carers*. The new national carers' strategy also sits alongside several other government papers such as; *Our Health, Our Care, Our Say (2006)*, *Independent Living Strategy (2008)*, *Transforming Social Care 2008* and *Putting People First (2007)*. Broadly, these papers signal a new direction in the way community care and health services are provided with emphasis on the need to develop preventative services and to offer people more independence, choice and control.

The long term vision is that by 2018:

- Carers will be universally recognised and valued as being fundamental to strong families and stable communities.
- Support will be tailored to meet individuals' needs.
- Carers will be helped to maintain a balance between their caring responsibilities and a life outside caring.
- The person they support will be supported to lead a life as a full and equal citizen.

Short-term plans will be implemented over the next three years. They will be accompanied by investment of over £255 million, some of which will be allocated via the area-based grant allocated to local authorities. This includes initiatives on:

- Information and advice.
- New break provision.
- Pilots to look at how the National Health Service can better support carers, including annual health checks.
- Better support for carers to be able to combine paid employment with their caring role.
- Improving carers' access to emotional support.
- Ensuring that young carers are protected from inappropriate caring and receive the broader support they need.
- Making training available to carers to empower them in their dealings with care professionals – to become expert partners in care.
- Providing training to a broad cross section of professionals to help them provide better services and support for carers.
- Strengthening the amount of provision made available by the third sector throughout the country.
- Providing better data about carers to help commissioners and policy makers at a local and national level provide better support.

3.2 New national performance arrangements for local authorities

In 2008 the government introduced a single set of 198 national indicators (NI) for England to measure local performance. Amongst these there is a main carers' indicator NI135 which measures the number of carers receiving a carers' assessment or review, a specific carers' service, advice or information. All local authorities, including Croydon, will be required to measure this indicator.

Other relevant indicators to which carers' support contributes are as follows:

- NI 124** People with a long-term condition supported to be independent and in control of their condition.
- NI 127** Self-reported experience of social care users.
- NI 128** User-reported measure of respect and dignity in their treatment;
- NI 129** End of life access to palliative care, enabling people to choose to die at home;
- NI 130** Social care clients receiving self directed support (direct payments and individual budgets);
- NI 131** Delayed transfers of care from hospitals.
- NI 136** People supported to live independently through social services (all ages);
- NI 141** Number of vulnerable people achieving independent living.
- NI 142** Number of vulnerable people who are supported to maintain independent living.

Young carers' support can contribute to the following indicators:

- NI 50** Emotional health of children.
- NI 68** Referrals to children's social care going on to initial assessment.
- NI 69** Children who have experienced bullying.
- NI 87** Secondary school persistent absence rate.
- NI 110** Young people's participation in positive activities.
- NI 117** 16 to 18 year olds who are not in education, training or employment



4. The local context

4.1 Joined-up services

As carers' issues are cross cutting, Croydon's new carers' strategy makes links with a wide number of other strategies, priorities, policies and plans, particularly *Improving health and well-being: our plan for a healthy Croydon*. Other links can be made with Croydon's social inclusion agenda, housing and supporting people, the draft older people's housing strategy, children and young people plan 2006-9, strategy for learning disability, and the draft older peoples' strategy. The latter strategy will develop preventative services for older people with the intention of giving them increased choice, control and independence. It will concentrate on key themes for older people and their carers such as improved advocacy services, improved travelling around the community to reduce isolation and developing a one-stop shop to access information, advice and other state-of-the-art services. The examples above of joined-up working are by no means exhaustive. Furthermore, the carers' strategy recommends that any new developments in social care, health care or housing, if relevant, should refer to this strategy as well as consult with the CPG for a carer impact assessment in order to address and meet the basic needs of carers.

4.2 Joined-up working in action

Strategy for learning disability services

Within this strategy there is a dedicated section on carers. It states that all carers of current and future clients of the joint community learning disability team will continue to be offered carers' assessments. Care plans will be established to give carers the services they need in the way they want, with help and support from staff. The section also explains about; how carers will be informed on a range of services, direct payments, respite, supported housing options, supporting older carers, and working across local health services.

4.3 Self directed support programme

A strand running through Croydon's social care reforms is to offer more choice and control to users and carers. One way this will take effect is through the council's self directed support programme. It will transform the way adult care is provided. People in Croydon will have a far greater say in the support they receive to maintain their independence and well being. People eligible for support will have a *personal budget*. The budget will be agreed at the outset which they may choose to manage in a number of ways to meet their support needs, including receiving a direct payment and arranging their own services (with support if needed) or asking the council to arrange services on their behalf. There will be a greater emphasis on prevention and information, and advice and advocacy services will be available to all people needing support irrespective of their eligibility for public funding. An inclusive stakeholder forum will be set up to test out new ways of doing things with users and carers.

4.4 Safeguarding of adults and children

As well as the drive to provide social care in a personalised way the strategy has relevance with work in the borough around safeguarding of adults and children. Safeguarding is the new term encompassing all work that is carried out to protect vulnerable adults and children. There are many reasons why people mistreat each other. Croydon's safeguarding awareness training programme informs us that carers can be driven to mistreating the person for whom they are caring for the following reasons; behaviour traits of the person being cared for, the nature of the tasks that have to be done every day, frustration experienced by the carer, the carer's sense of isolation, anger at "role reversal" (if partner/son/daughter is the carer), anger at "lost future" (if partner/son/daughter is the carer), and lack of services and/or other community support. In some instances carers can also experience mistreatment from the people they are caring for. There is a need for a much wider awareness of the different forms of abuse; how to recognise it and how to report it.

4.5 Croydon's Local Area Agreement

The strategy supports many of Croydon's Local Area Agreement (LAA) priorities spanning from achievement of young people at school to supporting older people to lead more independent lives. These LAA priorities are, in the main, lifted from local government's national performance framework called the National Indicator (NI) set (see section 3.2).

To put it simply, LAA is an agreement between the government, local government and its local partners within the health, community, voluntary and business sector to collectively prioritise work on issues deemed to be of particular importance in the borough. Specific examples of how LAA targets relate to the provision of carers services are listed in Appendix 2.



5. How we developed this strategy

5.1 Seeking views from key partners and partnerships

The development of the new carers' strategy largely came out of an Open Space event that was held in March 2008. Comments from the council's Equalities and Social Cohesion Board and the Strategy Board, the Croydon Mental Health Forum and Healthy Croydon Partnership have also been taken into account in the formulation of this strategy.

Over 140 carers, professionals and organisations came together at the event to highlight areas for development. (An Open Space event is a method for holding meetings that allow people to self-organise. There are no speakers, no set agenda and timings are loose. The people who attend create the event; they suggest the agenda and they organise their own discussion groups.) The attendees identified the priorities from a list of 26 topics. Three similar events followed where these priorities were further developed into eight headings:

- a. Funding.
- b. Respite/emergency/specialist care.
- c. Access to information.
- d. Carers' assessments.
- e. Assessment of carers' needs.
- f. Need for continuity (for carers and those receiving care across all agencies).
- g. Taking a family/social setting view.
- h. Multi-agency working.

A small working group comprising of representatives from the voluntary and statutory sector subsequently met for a facilitated session in September 2008 to shape these headings into key themes. It was recognised that *need for continuity* (f), *taking a family/social setting view* (g) and *multi-agency working* (h) had a wider applicability and were incorporated under each theme, where appropriate. It was felt that the issue of *assessment of carers' needs* (e) tied in with *carers' assessments* (d) and that (e) should be defined as *health and wellbeing* instead. These key themes were further refined to ensure that all carers' issues were covered.

As a result, two further themes were added; **carers' involvement and recognition** and **young carers**.

The main themes, listed below, form the basis of the chapters in this strategy and they mark out the basic needs of carers which will enable them to lead an improved quality of life:

- Breaks – I need time out.
- Access to information – I need to know more.
- Carers' assessments – this is about me.
- Health and wellbeing of carers – looking after me.
- Help for carers in emergencies – back-up for me in a crisis
- Carers' involvement and recognition – my voice counts.
- Young carers – enjoying my childhood.

5.2 Equalities Impact Assessment

In addition to engaging stakeholders as above, this strategy has undergone an equalities impact assessment to ensure that the strategy has fully addressed all the equalities issues. For more details please refer to Appendix 3. The equalities impact assessment process involved consulting the following additional groups:

- The Equal Group (EQUA).
- Community and Voluntary Groups.
- Equalities Board.
- Carers' Partnership Group.
- Faith Groups.
- User and Carer Reference Group which is made up of mainly BME groups.

Our Priorities - meeting the basic needs of carers

6. Breaks - 'I need time out'

Caring for Tom

Tina is mother to Lauri, aged eleven, and Tom, aged 16. Tom was diagnosed with Aspergers' Syndrome and ADHD (Attention Deficit Hyperactivity Disorder) at the age of seven. She says:

"When Tom was between the ages of seven to 13 it was like living in hell. He had an uncontrollable anger that became impossible to live with. My mum helped care for him and I had a little bit of respite care but not enough. My mum died when Tom was 12.

I then got thirty six hours of respite care. Before then I was at breaking point. I even asked for him to be put into care I was that desperate. Respite care gives me the time to relax and spend some quality time with my daughter. Before then I tried not to put all my attention into Tom, it was difficult not to. If it wasn't for the support groups in Croydon, which are excellent, I don't know where I would be. I've made some really, really good friends from them."

6.1 Carers in Croydon tell us:

"Although we are new to the scheme, I as a carer find having an evening off wonderful – It gives me time to refresh and have some quality time with my son, also my daughter really enjoys the company of her well-matched carer. The whole experience is proving a great success."

"The service has helped us to look after our mother for longer in her own home; we would be lost without it."

"It has allowed me to have four hours at one stretch when I can go out and know that my husband will be well looked after. I am able to meet my friends, go to art galleries and special events that otherwise I would not be able to do."

"I am able to go to work for one afternoon per week without worrying about my mother's safety needs"

6.2 Why this is a priority

When a person becomes a carer they give up many of the opportunities that non-carers take for granted. Carers' lives also become increasingly synonymous with the person they care for which limits the opportunities they have for a life outside their caring role. For carers a break means they can recharge their batteries and access a life beyond caring.

A break can cover anything from a couple of hours to go to the shops or for a swim to having a break away for a couple of days. It can in some circumstances offer the opportunity to support the carer to remain in or seek employment.

The needs of parent carers should also be factored in, as prescribed by the *Government's Aiming High for Disabled Children* initiative. More specifically, breaks for parent carers and their families can be particularly useful if they have to provide intense care for a disabled child. Family circumstances can become complicated if they are caring for more than one disabled child. Breaks not only provide opportunities for disabled children to progress in their own development, but can assist parent carers in spending some time with other family members, being able to go to work or to support the family financially to go away together for a short holiday.

Carers and professionals told us that there needs to be good quality, culturally-sensitive, flexible respite/breaks services and gave well-known examples of paid care workers turning up late or not at all. In Croydon a self directed support programme is running and within that systems will be developed which will take into account the needs of carers.



In addition, the national carers' strategy announced £150 million investment for short breaks for carers which would be allocated through PCTs over the next two years (£50 million in 2009-10 and £100 million in 2010-11).

6.3 What we are doing well

- Commissioned a range of break provision to meet diverse needs including the needs of carers from BME communities. In the last two years performance on the number of breaks provision to carers has improved from 11,347 in 2005/06 to 26,246 in 2007/08.
- Continued to recognise the importance of breaks for carers as a way of preventing carers' circumstances from deteriorating. Carers can access breaks directly through voluntary sector organisations.

6.4 What we will do in the next three years

- Croydon Council and Croydon PCT will work together in consultation with carers and carers' organisations to evaluate and jointly commission breaks provision in the borough.
- We will jointly commission services for a range of carers, including carers from our BME communities and working carers, which are flexible, responsive and culturally sensitive in their design in order to better meet carers' needs.
- Ensure the quality of services by consistent monitoring.
- We will explore how self directed support can help in provision of flexible breaks through the council's self directed support programme and its inclusive stakeholder forum.
- Review the time allocation scheme – Croydon's version of a voucher scheme to access funding to meet carers respite needs on a limited basis.

7. Access To Information - 'I need to know more'

Caring for Perry

Kathy is mother to Harry, 19, Pippa, 14 and 11-year-old Paul. She also cares for her brother Perry, aged 57, who has Downs Syndrome. Perry has lived with Kathy and her family for four years since their father, his main carer, died. Although grateful for the support she has received to date she finds it difficult sometimes - her main contact is through the duty team and each time she rings she has to explain everything again. At times she feels forgotten. She says: "When Perry first came to live with us I had a very nice social worker. As the years go by, they think you're coping and everything's fine. I would like some sort of ongoing visits so I can be kept updated on what's going on and have a main point of reference."

7.1 Carers in Croydon tell us:

"Links between services and information need smoother pathways"

"What about joined-up services?!"

"Need plain English communication to carers"

7.2 Why this is a priority

For new carers there is much to take in and think about. This is also true for existing carers as their caring role increases as care needs become more complex. For instance; what will happen to their jobs if working? Is the family accommodation suitable enough now? How will they cope physically, financially, socially and emotionally? Could the benefits system help raise their family income? Can they rely on family and friends for support? How do they get to know more about their sick family member's condition and navigate their way through the social, health care and benefits system in the community?

Carers are not a fixed group. Everyone has the potential to become a carer at any time during their lives. Carers are telling us that they need better, timely and co-ordinated information, and support on how to access

help. Help should not just be forthcoming when there is a crisis, they would like to know which services to contact in order to access this help. Much of the frustration is caused to carers who are trying to find out who the right person is or service to contact and are being pushed from pillar to post in the process. The case study above echoes views by many that there is a need for periodic reviews of carers' needs so that they receive services according to their changing circumstances.

Some carers in the community do not access carers' services in the first place. This is indicated by the census figures and the mosaic profiling recently conducted on council's adult carers' data. Mosaic profiling shows those groups that are under-represented are likely to contain carers with the highest mix of ethnicity. Based on these analyses we can say that a substantial number of carers remain unidentified. We can also say that carers from BME communities are under-represented in benefiting from carers' services and they also score high in the multiple score of deprivation. Appendix 4 shows that Groups D, E, and F are most under-represented in receiving services, and are mainly concentrated in the north-west side of the borough. Group D is close-knit, inner-city and manufacturing town communities, Group E is educated, young, single people living in areas of transient populations and Group F represents people living in social housing with uncertain employment in deprived areas. Local developments, such as the recent merging of council adult social care and housing services, provide us with new opportunities in targeting these carers through the council's own housing infrastructures.

In recognising that the basic need for information is often not being met the government, in its new carers' strategy, states that one of its commitments to be achieved by 2011 is to develop a national information helpline for carers. In addition, local plans to develop targeted and universal services in Croydon will help in the delivery of information to carers.



7.3 What we are doing well

- Developing information which is complementary to the national information helpline for carers.
- Developing and publishing a 'how to' guide for carers and professionals in Croydon to access a range of services.
- Organising carers' events – Carers' Rights Day and Carers' Week events - where a significant number of carers attend and are able to obtain information on a range of issues including carers' assessments, welfare benefits, breaks and active lifestyles.
- Availability of a carers' information website.
- Provision of a carers' newsletter by a voluntary sector partner, which is circulated to all professionals and organisations with latest updates on services and policy.
- Publishing and making available the short break leaflet.

7.4 What we will do in the next three years

- A range of up-to-date information will be provided – general as well as targeted - to include electronic and printed material. We will actively promote information and services to a range of statutory and community groups, including housing services and general practitioners (GPs).
- Make carers' information available electronically through the Croydon Primary Care Trust (PCT), the council website and through the council's contact centre
- Use mosaic profiling information to make better use of the knowledge we have available on carers and how to best communicate with them.
- Develop strong multi-agency working whereby organisations and departments are working closely together and are aware of each other's services, as well as updating each other of changes or new developments to their services.
- Provide/explore the provision of training/awareness to care managers, funded organisations and other professionals to include issues such as importance of communication with carers and having the necessary knowledge and information to be able to signpost effectively.
- Croydon Council and Croydon PCT will work together to better engage and inform GPs and other health professionals and organise better referral arrangements.

8. Carers' Assessments - 'This is about me'

8.1 Carers in Croydon tell us:

"The assessment process is not user friendly"

"The assessment process needs to focus on positive outcomes for carers"

"Why mop up disasters caused by lack of support that could have been preventable?"

"There's a lack of holistic planning and the services are too 'satellited'"

8.2 Why this is a priority

The assessment is the gateway to a carer getting support and services. It should be fundamental in identifying and meeting carers' needs. Carers are entitled to a carers' assessment or a child in need assessment. (See Appendix 1.) In addition, the Carers' (Equal Opportunities) Act, which came into force in April 2005, places a duty on local authorities to ensure that all carers know that they are entitled to an assessment of their needs, and to take into consideration the wider interests of the carer whether it be work, study or leisure activities.

Unfortunately, all too often the assessment process fails to take into consideration the full needs of the carer including those who are disabled carers. It also fails to be a two-way process, not taking into account the carer's life within the family context as well as accessing life outside of caring. Assessment of parent carers, if relevant, should also deal with matters such as transition relating to their disabled children and the resulting impact on them as well as the family. Another main issue with the carers' assessments is that professionals sometimes fail to identify or recognise that a person is a carer. This results in carers not receiving an assessment of their needs, thus missing out on getting the necessary support to lead a more balanced life.

Outside of these there are policy developments nationally around introducing self assessments and the common assessment framework for adults. These may have an important bearing in the way we conduct carers' assessments in future. A self assessment gives people the choice to assess their own care needs and the common assessment framework for adults is a generic approach to assessing the health, social care and wider support needs of individual adults. Through the sharing of appropriate information it aims to support improved co-ordination between health and social care services.



8.3 What we are doing well

- Identification and assessment of young carers has improved through the provision of an assessment service by a voluntary sector organisation in partnership with the council.
- Recently commissioned and trained voluntary sector organisations to undertake carers' assessments on the council's behalf in order to help carer's access services more easily.

8.4 What we will do in the next three years

- Ensure that carers' assessments are actively promoted and accessed.
- Improve the quality of the carers' assessment by ensuring a more holistic approach, i.e. that all the circumstances need to be taken into account such as carers ability to care, carers' disability, health needs, family setting, transition for disabled children, and access to work, education or training. This will involve exploring developments in the self assessment process and the common assessment framework for adults.
- Re-design the carers' assessment form and actual delivery of assessment so that there is more opportunity for the needs of carers to be better identified and there are prompts in the form to ensure the care manager/ assessor discusses emergency planning and transitions, and, where relevant, signposting to other services.
- Ensure that carers are able to have regular reviews in order to help meet their changing circumstances.
- Improve and make available the training process on assessments for care managers and assessors.

9. Health and Wellbeing of Carers - 'Looking after me'

Caring for James

Ginny is mother to Paul, aged 13, and James, aged 11. James was diagnosed with autism when he was four-years-old. Getting support has been frustrating for her. She says: "It's like a knitted pattern with holes in it; it's just not coming together. The anger inside me grows and grows and there's no one there to support you until things get really bad then they worry about the children because I'm so angry – it's a vicious circle. No one really listens and my health has suffered".

Caring for Nathan

Maggie, aged 93, cares for her son Nathan who has a learning disability. After a stay in hospital she was sent home in a taxi by hospital staff in her night dress, and her other clothes and dentures were left at the hospital. Nathan, aged 67, who also suffers from agoraphobia, was extremely disturbed and agitated by this. Taking the role of a carer for Maggie, Nathan called a well-known voluntary sector agency in Croydon to get support for his mother and support to cope in and around the home.

9.1 Carers in Croydon tell us:

"There is no consideration or safeguard for carers own health or ill health."

"Regular physical health care checks."

"Carers are particularly vulnerable to health problems as they put their own health needs last"

"They would like access to counselling and support services before a crisis point is reached."

"Establish support networks for carers that meet different types of emotional or mental health needs."

"There should be more information available about charges, money matters and benefits."

"Council billing information/letters on community care services should be written in appropriate language that does not cause undue stress to the carer and their family."

"Professionals to acknowledge the carer as a valuable member of the care team...staff should not hide behind the issue of confidentiality."

"Improved efficiency by pharmacies and clinicians."



9.2 Why this is a priority

Caring can be lonely and demanding and, as a result, carers can become very isolated. This can be compounded if the carer is also disabled. Carers who provide high levels of care for their sick or disabled friends or relatives are more than twice as likely to suffer from poor health compared to people without caring responsibilities. Carers are more likely to report high levels of psychological distress which can include anxiety, depression, loss of confidence and self esteem. Carers from BME communities are more unlikely to access support due to the stigma of certain health conditions such as mental ill health and are also unlikely to access support generally compared with other ethnic groups, as the mosaic profiling shows in Appendix 2.

Carers felt that health professionals should also be mindful of carers' own health needs and patients, particularly mental health patients, should receive regular physical health checks due to the correlation between physical and mental health. The need for improved efficiency of pharmacies was also highlighted. For example; in administering correct tablets and dosage, prescriptions being ready on time and careful checking before giving to patient, discreet dispensing, and listening to carers about medication as they witness the side effects of drugs. Those who care for people with mental health disorders felt that police needed to have access to training and awareness of carers' issues as some carers are forced to call the police when they cannot access mental health services.

The impact that caring has on their financial security can be significant for a lot of carers, especially those providing regular and intensive support. This brings in worries such as their ability to keep a job, pay the mortgage, pay the bills and whether the size and nature of their living accommodation is suitable. Constant worrying about financial issues can contribute to the disproportionate amount of ill health suffered by carers. Figures, produced by the Department of Work and Pensions in 2006, showed that carers who provided more than 35 hours or more of care a week and those in receipt of the statutory carer's allowance are more likely to be in the second lowest and middle income bands than the general population.

Older carers state that they need to know how they can plan for the future to ensure that the needs of those they care for are provided for and met if they are no longer able to care or not around. Future planning may involve making a will, advance care planning with social care managers, looking at supported housing or other long-term placements. Planning for future provides a peace of mind for older carers.

9.3 What we are doing well

- Over the past three years we have organised successful carers' events on Carers' Rights Day and during Carers' Week. During Carers' Week in June 2007 a carers' indulgence day was organised where over 200 carers attended. A similar number of carers attended events in June 2008.
- Carers' counselling and support needs are met by commissioning these services in the voluntary sector, including organisations from BME communities.
- In order to increase access to carers' assessments we have commissioned voluntary sector organisations to carry out assessments on the council's behalf. This has helped carers in the high need category to access community care services. It has also helped those classified as having low to moderate need to access other voluntary sector based services much earlier, and not just when they face a crisis.
- The council's welfare benefits team as well as other commissioned services advise carers in terms of how they can maximise their income.

9.4 What we will do in the next three years

- Establish a joint group to include Croydon Council and Croydon PCT to commission and help develop innovative and complementary services, e.g. working with GPs and pharmacies, funding breaks, better recognition and involvement of carers, health awareness of carers, working with the police.
- Encourage carers to influence changes in the health, housing and social care systems such as through LINKS (local involvement networks, see page 25), carer involvement groups and tenant participation forums.
- Encourage social care and housing services to work more closely with user/carer groups, e.g. finance departments to ensure letters and other communication use appropriate language in terms of billing and charging.
- Make information and awareness sessions available to carers not only around their own health needs but around the condition of the cared for, such as lifting and handling courses, safeguarding and managing self directed support.
- Ensure training/awareness of professionals including the police.
- Support financial, emotional and physical wellbeing of carers, including carers from the BME communities and working carers, by commissioning a range of services such as general advice and information, income maximisation work, back to work advice and information, counselling and befriending services, support groups (for both men and women carers), lunch groups and breaks.
- Improved communication between professionals and with carers to explore ways of information sharing, e.g. information sharing protocols.



10. Help for carers in emergencies - 'back-up for me in a crisis'

Caring for Holy

Rianna is mother to George aged 16 and Holly aged 10. Holly is severely disabled. Although she loves caring for Holly, Rianna ends up with very little time for herself. Rianna has a care package for Holly and is happy with the service. For any emergency she only has to make one call and it's sorted. Rianna feels supported knowing that if something happens there is access to back up support very quickly.

10.1 Carers in Croydon tell us:

"We need to have a plan to follow if we, as carers, are rushed into hospital or have another crisis. We need to know who will care for our child, spouse, friend, relative..."

"Carer assessments should contain emergency plans"

"We care for each other, we don't know many people..."

10.2 Why this is a priority

Many carers worry about what will happen to the person they care for if they have an accident or are suddenly taken ill. There are other kinds of emergencies as well such as having a sudden work commitment, having to attend an urgent dentist or doctor's appointment or having to tend to other children in the family in a crisis. It can be very difficult for carers who are socially isolated to access support in times of emergencies. However, not all carers need to rely on services in an emergency as they may be able to access support from other relatives or friends. Locally, there is very limited provision of emergency care provision for carers. The case study above shows that on the whole emergency provision exists for the cared for. There are calls to develop a "24 hour - seven days a week" crisis service with an emergency contact number for carers. It has been recommended that the carers' assessment process should include helping the carer put together a back-up plan to be followed in the case of an emergency. This would amongst other things, identify key people in the carer's life who would be willing to help at short notice. National pilots on emergency planning for carers show that such provision gives carers peace of mind and helps to reduce their stress and anxiety levels.

10.3 What we will do in the next three years

- A planned emergency support service will be developed with relevant criteria.
- Care managers and assessors will be trained and supported to develop emergency plans.
- Develop and promote an emergency alert card (as part of the emergency service for carers) that holds the key to details of who to contact in the case of the carer being involved in an accident or faced with some other emergency.
- To ensure that parent carers as well as young carers have access to emergency care provision.

11. Recognition and involvement of carers - 'my voice counts'

11.1 Carers in Croydon tell us:

"Getting professionals to recognise carers as 'experts'; carers should be loved and appreciated."

"Not being involved in the care because staff hide behind the issue of confidentiality."

"To give recognition that carers are entitled to a quality of life."

"Carers need to be involved in service delivery."

"Better identification of carers and making sure those carers are aware of their responsibilities."

11.2 Why this is a priority

Carers will not gain recognition unless they are identified as such by professionals and by themselves. For instance, a wife caring for a husband will not necessarily see herself as a carer or a parent caring for a disabled child may not recognise that they are a parent carer. Consultation relating to the national carers' strategy further reinforced the view locally that recognising carers and their caring role would open the way for them to feel more involved in the care they are giving, and ensure that they are firm partners with health and social care professionals. Carers cite patient or client confidentiality as preventing them from becoming fully involved.

There are several national developments which address some of the issues above. They are:

- As part of the national carers' strategy an expert carers' programme called 'caring with confidence' has been developed which will seek to empower carers in their caring role. It will inform them of their rights, the services available to them, develop their advocacy skills and their ability to network with other carers to support their needs.
- Local Involvement Networks (LINKS) have been set up in each local authority, as per the Local Government and Public Involvement Act 2007, where carers and users and other stakeholders can become involved in health and social care issues that concern them.
- The 'Aiming High for Disabled Children' initiative in 2008 prescribes parent involvement and participation. In addition to this a new national indicator (NI 54) on services for disabled children has been created. It will be used to measure parental experiences of disabled children and young people aged up to 19 against core standards of service delivery.
- As previously mentioned there are other national indicators that measure user satisfaction that will concern carers too such as NI 127 (self reported experience of social care users) and NI 128 (user reported measure of respect and dignity in their treatment).
- Within the council there are plans to map all carer and user groups to see how these could be engaged with more effectively.



11.3 What we are doing well

- We have commissioned Local Involvement Network (LINK).
- A User and Carer Reference group which has good representation from carers has been established. The council will be looking to consult and engage with this group on health and social care issues and developments. To date issues of concern on these matters have been discussed and fed back from this group.
- Increased carer participation in the Carers' Partnership Group (CPG).
- Parent participation in Partnership Commissioning Group (PCG), Children with Disabilities Partnership and in the council's children, young people and learners department.
- User involvement in Croydon's commissioning framework.

11.4 What we will do in the next three years

- Explore ways of reaching hidden/new carers and ensure that any advice and information provided helps them and professionals to recognise that they are carers.
- Monitor relevant health and social care systems to ensure that they are responsive to carers needs by working closely with partners, groups and teams such as; LINK, councils' complaints team, performance teams, consulting with CPG members, receiving feedback from the council's user and carer reference group, parent involvement groups, and tenants' participation forums.
- Ensure carer involvement in service quality, planning, design and delivery, for example through LINK, CPG, commissioning, parent /carer participation groups, self directed stakeholder forum, user and reference groups and tenants' participation forums.
- Mapping of all council's adult social care and housing department user and carer groups and find opportunities to involve carers, particularly from housing services.
- Ensure that every new social, housing or health care strategy or plan carries out a carer impact analysis through the CPG.
- Complement the national carers' expert programme "*caring with confidence*" by making training available on various issues that would enable carers to care more confidently, such as training on mental health issues, safeguarding, safe lifting and handling and planning for the future for older carers.

12. Young Carers - 'enjoying my childhood'

Caring for mum

Zara lives at home with her mother who suffers from bi-polar disorder. Zara carries out a wide variety of tasks in the home and is also responsible for bringing in shopping, collecting benefit payments and dealing with bills. Money is a frequent source of tension at home.

Mum has regular thoughts of suicide with a history of attempts. Zara has been the first to encounter mum after each attempt and dealt with the emergencies. When mum is feeling low she prefers Zara to be at home and will use the threat of suicide as a means to keep her from going out.

Zara is a conscientious student but has poor attendance. Her academic performance has suffered accordingly and she finds it difficult to make friends both in and out of school. This is particularly concerning as she is due to start her GCSE's next year. Zara enjoys trips with the young carers' project and meeting up with workers individually. Although initially reluctant to open up, she has shared some of her experiences and concerns about both mum and herself.

12.1 Young carers in Croydon tell us:

"I care for mum because I want to. I worry about her a lot and I feel I know best what mum needs."

"I do what I do for mum because I love her but it's stressful sometimes."

"I like to feel useful. It makes us closer as a family."

"I don't mind helping. She is disabled and needs extra help from others."

12.2 Why this is a priority

"They have a right to be a child."

"Recognising the importance of early intervention especially where young family members are affected, and their need for support in their own right."

"Kids should not be carers."

Consultation locally, as well as that relating to the latest national carers' strategy, emphasises that young carers are a highly vulnerable group recognising that they should not take on inappropriate levels of caring. It is widely acknowledged that young carers need early intervention and support should be delivered through a whole, family-centred approach. This is to ensure that young carers, parents, sibling carers including disabled child/children are supported within the family, thus easing the pressure of caring on young carers. It has also been suggested that the wider family is engaged in supporting young carers. Caring can have a huge impact on young carers' lives in relation to their health, emotional well-being, school work, social activities and higher education. Our findings, locally and nationally, show that:

- Schools and other agencies/professionals/GPs do not necessarily identify young carers or identify them early.
- Young carers are often bullied because of their caring role.
- Young carers face a range of crises at home which impact on their emotional well-being from time to time.
- Young carers are twice as likely to suffer from mental health issues if they are caring for a parent/s living with mental ill health.
- Young carers have several extra hoops to jump in order to reach their full potential at school and as individuals for which they need support.
- Young carers do not necessarily have a smooth transition from primary to secondary school or from school to college or university.



- Young carers also need to have a break from their caring role.
- Young carers should have the same opportunities as other young people.
- Young carers may not necessarily be identified in the adult social care and housing section, and when they are they may not be referred to the children and young people learners' department or the young carers' project.
- There are hidden young carers where parents or older siblings have drugs, alcohol or substance misuse issues.
- There is greater recognition of the issue that more young carers could be identified from Croydon's new and emerging communities.

12.3 What we are doing well

- Funding breaks for young carers which include organised trips, days out during school holidays and an annual residential break.
- A befriending scheme for young carers.
- Providing carers and teachers support in some schools.
- Young carers' service undertaking assessments in order to better meet needs of young carers.
- Funding of an assessment officer to identify new, young carers.

Life as a young carer

Guy lives with his mother who has a terminal illness. Over the next few years mum will deteriorate severely, both physically and psychologically. Guy's caring role is both physical and emotional with an almost full role reversal in the parent - child relationship.

While the family has been open to some support from the physical disabilities team at the council, both mum and Guy are more comfortable handling daily life by themselves. Guy has stated that he wants to be mum's main carer until she dies.

12.4 What we will do in the next three years

Develop a multi-agency young carers steering group, which will become part of Croydon's children and young people plan, to focus on the following issues:

- To explore how a young carers' project could adapt to a whole, family-centred model of working.
- To develop a multi-agency young carers steering group to include youth, education and health services.
- Ensure that young carers can access appropriate information, support (casework and emotional support), breaks and advocacy.
- Raise awareness of young carers amongst other agencies including GPs.
- Ensure that schools have policies and procedures to identify and support young carers.
- Ensure that young carers are achieving at school at all levels.
- Ensure that young carers are supported if they are being bullied.
- Ensure that young carers are supported to maintain their emotional wellbeing.
- Ensure that young carers are not within the NEET category (not in education, employment or training).
- To explore the development of emergency care planning for young carers and how to engage wider family members for these purposes.

13. How we will deliver this work

Together with carers and our partners in the health and voluntary sector we will develop an annual action plan based on the findings of this strategy. The action plan will form part of the regular business of the CPG and will be linked directly to the funding available for carers' services. As carers are considered to be central to the health priorities in Croydon we will also plan to report regularly to the healthy Croydon Partnership.



Appendix 1

Carers' legislation

Carers' rights have been legally established through various acts of parliament:

- The Carers (Recognition and Services) Act 1995 introduced the right to a carers' assessment.
- The Carers and Disabled Children Act 2000 extended these rights to include the right to support services and for these services to be made available with direct payments and vouchers.
- The Carers (Equal Opportunities) Act 2004 promotes more opportunities for carers in areas such as work, leisure and studying. It places a duty on local authorities to ensure that all carers know that they are entitled to an assessment of their needs and to consider carers' outside interests when carrying out an assessment.
- The Children Act 1989 gives young carers (under the age of 18) of a disabled parent the right to be regarded as 'children in need'.
- The Children Act 2004 highlights the importance of providing services to children and young people to prevent the escalation of need and there is a direct relationship to the preventative services young carers may require.
- The Children Act 2004 highlights the importance of providing services to children and young people to prevent the escalation of need and there is a direct relationship to the preventative services young carers may require.
- The Mental Health Act 1983 (as amended by the Mental Health Act 1997) gives carers (if they are the nearest relative) of people with a mental health problem the right to ask for an assessment of the person they are caring for.
- The Civil Partnership Act 2004 enables same-sex couples to obtain legal recognition of their relationship. Couples who form a civil partnership will have a new legal status, that of 'civil partner'. Civil partners who are carers will therefore have greater rights in areas such as welfare benefits.
- The Employment Rights Act 2002 introduced the right to request flexible working in April 2003. It gives certain employees the right to ask to work flexibly and employers the duty to consider this seriously.
- National Health Service and Community Care Act 1990 - a local authority social care department has a duty to carry out assessments for people it believes to be in need of services and to assess sick or disabled people. Services following an assessment could include aids and adaptations, meals on wheels, home care, sitting and respite schemes, day care and residential and nursing home care.

Appendix 2

Croydon's local area agreement

Below is a list of some of Croydon's Local Area Agreement targets to which Croydon's Carers' Strategy relates.

- **Achieve independence for older people through rehabilitation/intermediate care (NI 125)** - carers (spouses, family members, parents, friends and neighbours etc.) often play a crucial role in maintaining and improving independence but require support themselves to continue to do this. This is particularly true for older carers who are getting frail and/or develop health problems themselves.
- **Support people with long term conditions to be independent (NI 124)** - as above.
- **Increase the percentage of vulnerable people achieving independent living (NI 141)** - carers are often the backbone in supporting vulnerable people to be independent. For example, a parent carer of a person with learning disabilities will assist and support a young adult to make independent living choices. Increasingly, it is recognised that moving towards independent living requires a greater contribution from carers. (Carers at the heart of 21st century families and communities, DH 2008).
- **Environment for a thriving third sector (NI 7)** - the strategy goes towards supporting a vibrant and diverse third sector and contributes and compliments local social care reforms in Croydon.
- **Supporting families and reducing child poverty** - take up of formal child care by low income families – (NI 188) e.g. parent carers who want to work, study or take up training.
- **Improving life chances of vulnerable children and young people - bullying, (N1 69)** – young carers particularly experience bullying and this affects their emotional well being, amongst other things. They need to be supported in learning and using various coping strategies.
- **Improving school performance, educational attainment, school attendance, employment, education and training amongst young people (NI 99,100,101 72,73,74,75,83,93,94,95,96, 97,98,87,114,117)** - by taking on too much responsibility for caring young carers can underachieve compared to children from other 'normal' families. It is therefore essential that young carers are supported in a school and family setting in order to ultimately achieve.
- **Reducing childhood obesity (N155)** - young carers can be encouraged along with their parents to eat healthily and participate in physical activities.
- **Reducing worklessness and raising adult skills and increasing adult qualifications (NI152, N162, N164)** - carers are particularly vulnerable to worklessness. The strategy allows us to use resources innovatively to develop services that support carers into employment.
- **Tackling inequality of opportunity and promoting social mobility (NI106, NI 80)** - the Young Carers' Project supports young carers to achieve economic wellbeing and ensures that, through assessments and other support, young people are able to continue and progress to higher education.
- **Providing better cultural and leisure opportunities (NI 11 and N1 8)** - the carers' grant provides opportunities for carers from a range of diverse cultures and backgrounds to lead a much fuller life through the funding of social respite activities, support groups and transport costs. Carers often complain of living in isolation with little or no social networks.

Appendix 3

Equality impact assessment (EIA)

The outcome of the equality assessment was as follows:

- The strategy meets our legislative requirements under various legislation outlined in Appendix 1.
- Services and initiatives from the strategy will assist in overcoming barriers to services, leisure, education, employment, and other opportunities.
- Carers who come from a diverse range of backgrounds will be supported to continue to be able to care ensuring choice and control over their lives and the lives of those they care for.
- All carers will benefit – a wide range of organisations will continue to be commissioned to provide a range of services including community groups. In 2006/07 there was major increase (from approximately 14% to approximately 45%) of breaks being accessed by BME communities. Much of this was through generic services.
- The EIA has looked at the impact of the strategy on all equality strands and strong links have been made with safeguarding adults.
- Another element of the strategy will be its impact on commissioning services – current arrangements enable carers to access services directly from the voluntary sector and this will continue as part of our approach to prevention.

Appendix 4

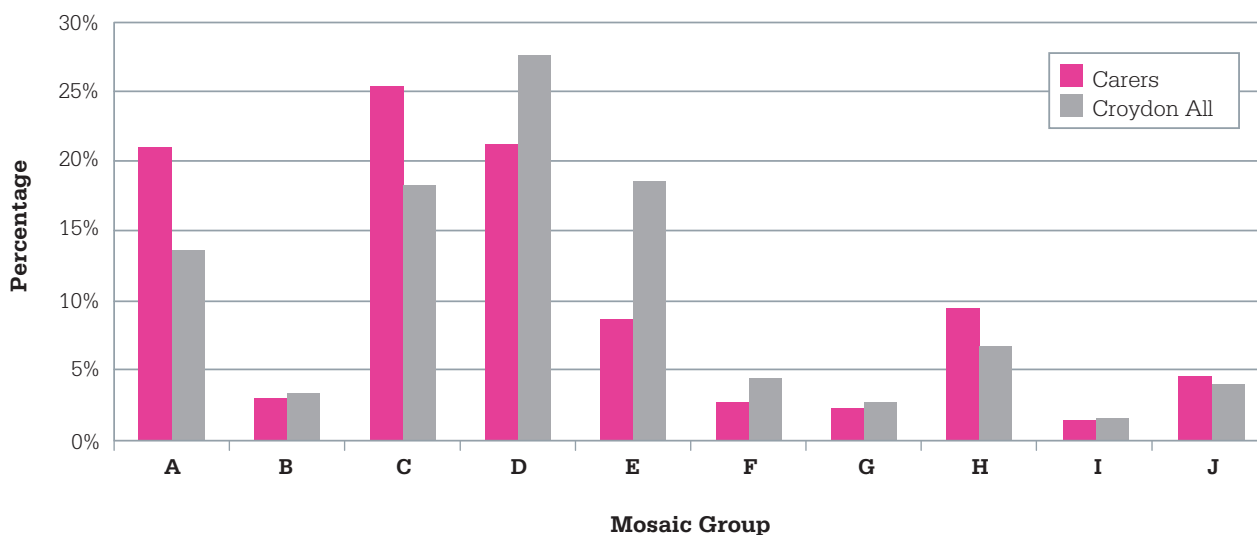
Mosaic public sector profiling/classification

Mosaic public sector profiling (mosaic profiling) uses data from a wide range of public and private sources. It has been linked to specific data sources from health, education, criminal justice, local and central government. It provides an insight into every citizen in terms of their requirements of services and how to best communicate with them. Additionally,

it provides a 'common currency' that enables the same citizen to be viewed in the same way by all public bodies, thereby assisting joined-up government and partnership working. The following profile is the first one that we have done and as we continue profiling each year it may become clearer where exactly we need to target services and by what means.

Analysing the carers listed on the Swift System compared to the profile of Croydon overall using Mosaic.

Carers v Croydon by Mosaic Group



	A	B	C	D	E	F	G	H	I	J
Carers	21.16%	2.80%	25.47%	21.23%	8.54%	2.73%	2.08%	9.97%	1.43%	4.59%
Croydon All	13.80%	3.25%	18.24%	27.49%	18.72%	4.30%	2.26%	6.41%	1.52%	4.00%

Groups A, C and H show the largest amount of over-representation.
Groups D, E and F show the largest amount of under-representation.

Appendix 4 continued...

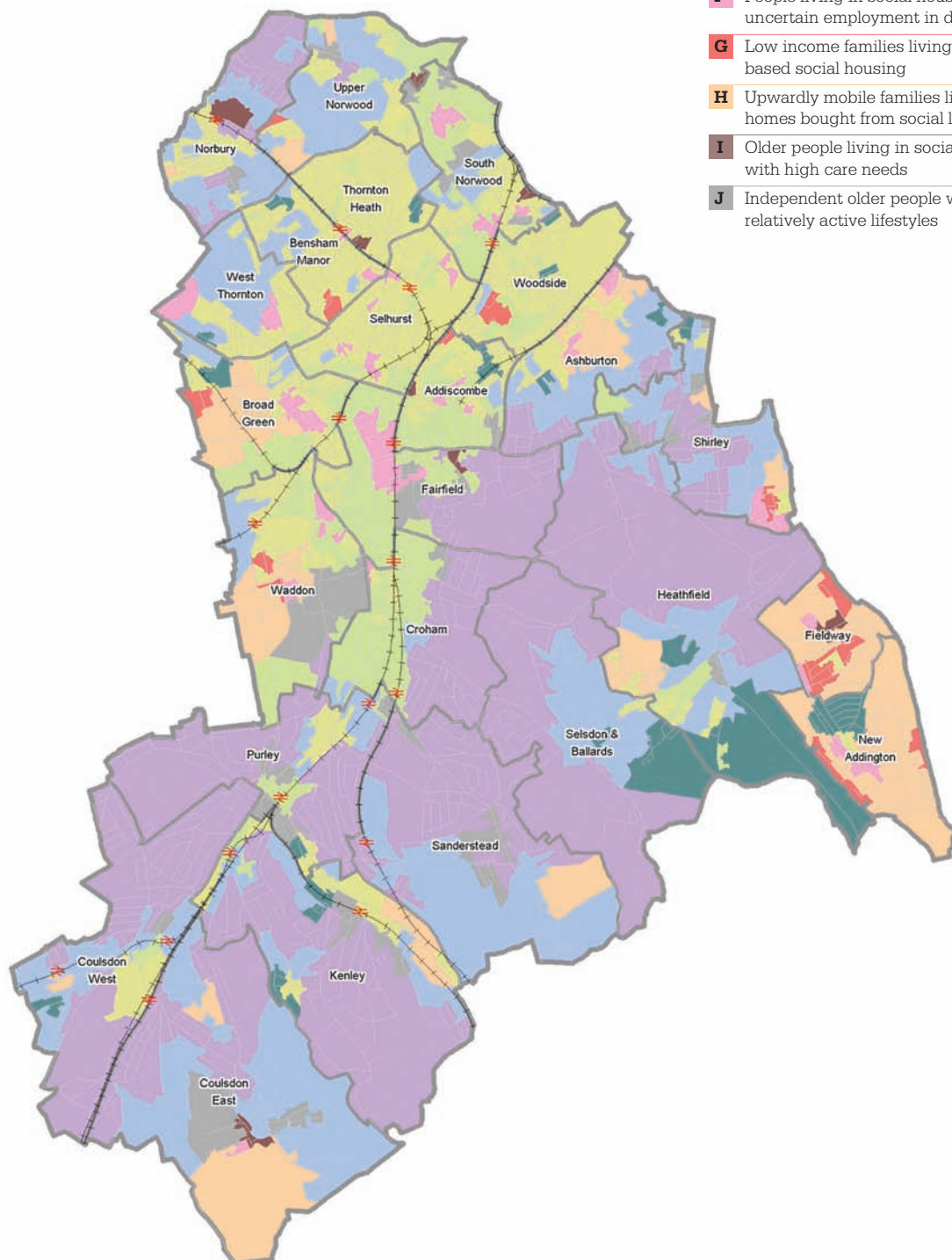
Factors which may affect the amount of carers

Group	Index of Multiple Deprivation	Age 65-84 yrs	Age 85+	Ethnicity: Asian & Chinese	Ethnicity: Black & Caribbean
A	11	6	3	5	8
B	9	11	11	6	9
C	10	3	6	4	5
D	5	9	7	1	3
E	6	10	10	2	2
F	1	8	5	3	1
G	2	7	9	7	4
H	3	5	8	9	6
J	7	2	2	10	10
K	8	4	4	11	11

Ranking (1=High, 11 =Low)

Location of Mosaic groups across the borough

It is worth noting that groups D, E and F which are the most under-represented in our SWIFT carers' data, are likely to be the groups with the highest mix of ethnicity.



- A** Career professionals living in sought after locations
- B** Younger families living in newer homes
- C** Older families living in suburbia
- D** Close-knit, inner city and manufacturing town communities
- E** Educated, young, single people living in areas of transient populations
- F** People living in social housing with uncertain employment in deprived areas
- G** Low income families living in estate based social housing
- H** Upwardly mobile families living in homes bought from social landlords
- I** Older people living in social housing with high care needs
- J** Independent older people with relatively active lifestyles

