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Caring Well Strategy

for Southend-on-Sea Borough Council

2022–2027



Mid and South Essex
Health and Care
Partnership



Southend
Clinical Commissioning Group

Foreword from the Directors



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We are delighted to write this foreword for our Caring Well Strategy which focuses on people who provide unpaid care and support to their friends and loved ones and we wanted to take the time to recognise what a valuable role they play.

In a social care blog recently, there was something that we feel absolutely sums up the future for health and care that we seek together in Southend.

“We want to live in the place we call home with the people and things that we love, in communities that look out for one another, doing the things that matter to us.”

We appreciate that for some people this has been a really challenging time because of Covid and the restrictions and you may question whether this is the right time to think about a five-year strategy. But we think this is the perfect time for us to build on the fantastic work that happened across the community during the pandemic, and it offers us the opportunity to rethink social and health care whilst considering how we can maximise the health and wellbeing of the people of Southend.

When we spoke to carers in Southend, many of them told us that looking after an ill, older or disabled loved one, is just something they do without a second thought. They told us about



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“We want to live in the place we call home with the people and things that we love, in communities that look out for one another, doing the things that matter to us.”

some of the challenges they face which can include becoming isolated from their friends, struggling to find the right information and advice for both themselves and the person they care for as well as not always being involved in decisions about care and support. This strategy provides us with an opportunity to address some of those challenges.

We would like to take the opportunity to thank those carers and the people they care for who have worked with us to produce this five-year strategy which sets out how we can ensure that they are recognised for the vital part they play and how we can support them to continue in that role. The messages you have given us are clear, and we recognise how important it is that we continue to listen and work with you to ensure we are able to deliver the aims set out in this strategy.

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Introduction

Carers, of all ages, play a significant role in preventing the need for more formal care and support for the people they look after. The health and social care system continues to rely heavily on unpaid care, it has a central role in our health economy and there would be a huge cost involved should we need to replace this care.

We recognise in Southend-on-Sea that supporting carers is the responsibility of everyone. This includes organisations working directly with carers and the cared for, across the statutory and voluntary sector, and with the community, and families. We have a shared responsibility to provide an effective, efficient, and co-ordinated service to support carers health and wellbeing.

This strategy has been co-produced with Southend-on-Sea carers and they have helped develop eight priorities for the next five years. The strategy sets out the commitment from both the Council and the NHS Clinical Commissioning Group to carers and describes how we intend to meet the key priorities that carers and the people they care for have told us are most important to them together.

It is important to recognise that this joint strategy is just the starting point in an ongoing conversation with carers and relevant stakeholders. It includes a delivery plan which will be co-produced through continued engagement with carers and their support groups. We will continue to review this strategy based on those conversations and the delivery plan will be updated yearly.

Southend 2050

Southend 2050 is the community vision for the future of Southend. This ambition was developed following extensive conversations with those that live, work, visit, do business and study in Southend-on-Sea.

These conversations asked people what they thought Southend-on-Sea should be like in 2050 and what steps are needed now, and in the coming years, to help achieve this. We received thousands of responses which provided a rich source of information from which the ambition has been developed. The ambition is grounded in the values of Southenders. It is bold and challenging and will need all elements of our community to work together to make it a reality.

This strategy will help to deliver on several of the outcomes for Southend 2050 namely:



Safe and Well

- People in all parts of the Borough feel safe and secure at all times
- Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives
- We are all effective at protecting and improving the quality of life for the most vulnerable in our community
- Residents feel safe and secure in their homes



Active and Involved

- Even more Southenders agree that people from different backgrounds are valued and get on well together
- Residents feel the benefits of social connection, in building and strengthening their local networks through common interests and volunteering
- Residents are routinely involved in the design and delivery of services
- More people have physically active lifestyles, including through the use of open spaces

South East Essex Place Plan

The priorities for the NHS in Southend Essex are set out and described in a plan that has been developed in partnership with a wide range of organisations across south east Essex that come together as the South East Essex Alliance.

Our vision is that empowered citizens that are well informed to make a choice and have control over their health and wellbeing. The NHS's role in this is to help enable smooth and easy access to integrated health and care provision. We will do this by working alongside citizens, stakeholders and partner organisations, including Southend-on-Sea Borough Council, in an equal partnership to create an environment and culture that unites us all, that organises services and activities around people, and that has active citizen engagement.

One important way for NHS Southend CCG to facilitate this will be to work with people to prevent problems escalating and to intervene earlier, or to ensure that they have the right support when they reach crisis point. This Carers' Strategy, and the detailed implementation plans that will flow from it, are important parts of our approach to achieving this.



Milestone recovery and aligned plans

As part of the recovery from the COVID pandemic, commissioners in Southend-on-Sea Borough Council worked with adult social care and NHS partners in 2020 to draw up priorities for action in the next 18 months (over the period 2020–2022).

Three **milestone plans** agreed and published in late 2020 (one focused on Older People, another on Adults of Working Age and a third on unpaid Carers of all ages). A shared priority of each of these plans was to develop longer term, five-year strategies with more detailed priorities for action over the period 2022–2027.

This joint Council and CCG five-year strategy for Caring Well sits alongside two additional Council strategies entitled Living Well and Ageing Well.

Commissioning plans 2021–2024

Southend commissioners have been working on the coproduction of a suite of documents that will support the delivery of the priorities in this strategy and the other two five-year strategies, Caring Well and Aging Well. These will be published in 2022/2023 on the council's website and will include:

- Market Position Statement
- Workforce Development Plan
- Quality Strategy



Our vision for Adult Social Care in Southend

Our overarching vision for Adult Social Care in Southend is:



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“To work collaboratively with people to enable them to live safe, well and independently in the community, connected to the people and things they love.”



We will achieve this by:

- Listening to people and focusing on their strengths.
- Transforming care and support to ensure that there are flexible options that enable independence.
- Getting the best value from the Southend pound for the people we support.

Delivering this will mean people in Southend:

- Can easily access information and advice that connects them to support that helps prevent, reduce, delay the need for care and support
- Can lead the discussion where they might need more formal assessment
- Are supported to live well and longer in their community with choice and control
- Have a good experience of the care and support they receive
- Have a smooth transition into adult services with a focus on their potential and living independently

The Mid & South Essex Health and Care Partnership Vision

The Mid and South Essex Health and Care partnership brings together NHS organisations and local authority adult social care and children's services under a single umbrella partnership focused on understanding and meeting the health and care needs of the population of Mid and South Essex, including Southend. This includes understanding and supporting carers as a fundamental part of the local health and care system. This includes:

- Helping every child to have the best start in life – including supporting carers.
- Find ways to support carers to better manage their own health and wellbeing.
- Move to a model of care for older people that supports the move from a reactive, hospital-centric, health and care offer to one of prevention, empowerment and community and personal resilience. This will include ensuring that there is sufficient support for carers, on whom the system relies so much on.
- Adopt an integrated approach to primary care and community-based services, to ensure all community treatment and support services are aligned to best meet the needs of patients and carers.



Where are we now?

The number of carers in Southend

There are many different sources of information about carers in Southend-on-Sea, including Carers registered with their GP; those known to the Council's commissioned carers service; those known to CCG commissioned services, such as local services for people with dementia; adult social care and young carers service, as well national statistics on the numbers of people claiming Carers Allowance. However, all of those sources have limitations in providing us with a complete picture when

considering the total number of carers in Southend, for example not every carer will claim Carers Allowance or be registered as a carer with their GP or with carers support services.

Perhaps the most accurate record of the number of carers in Southend is provided by the Census in 2011. Whilst recognising this information is now a decade old, it does at least provide us with the most complete picture of the number of carers in Southend.

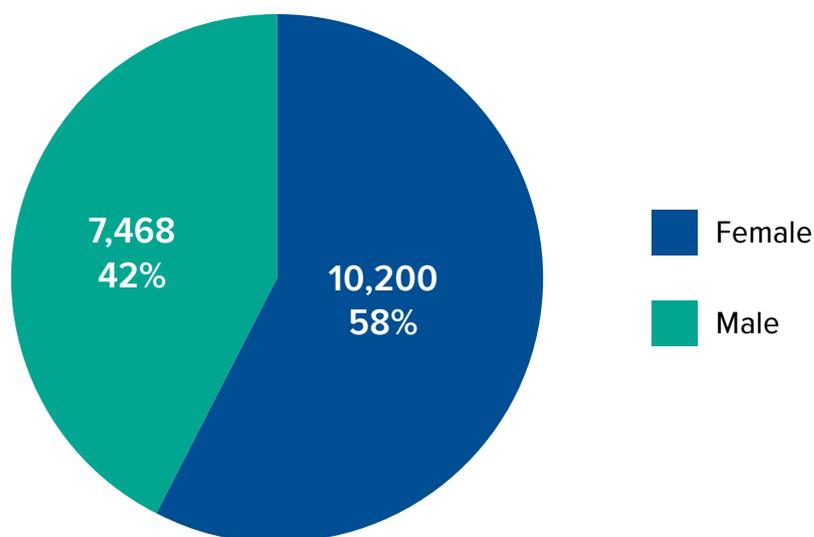
Table 1: Number of Carers in Southend

Southend-on-Sea Census 2011	Age 0–15	Age 16–24	Age 25–34	Age 35–49	Age 50–64	Age 65+	Total
Provides 1 to 19 hours unpaid care a week	310	617	939	2,924	4,604	2018	11,412
Provides 20 to 49 hours unpaid care a week	45	110	197	545	729	505	2,131
Provides 50 or more hours unpaid care a week	39	103	315	1,027	1,067	1,588	4,139
Provides unpaid care Total	394	830	1,451	4,496	6,400	4,111	17,682
Total population of Southend (2011)	33,037	17,884	22,905	38,061	30,973	30,798	173,658

Table 2: Number of Carers in Southend by ethnicity

Ethnic Group	% Southend population	% Southend population who provide unpaid care
White	91.48	94.58
Gypsy / Traveller / Irish Traveller	0.09	0.07
Mixed / Multiple ethnic group	2.10	0.87
Asian / Asian British: Indian	1.04	1.00
Asian / Asian British: Pakistani	0.61	0.38
Asian / Asian British: Bangladeshi	0.54	0.36
Asian / Asian British: Chinese	0.62	0.39
Asian / Asian British: Other Asian	0.89	0.61
Black / African / Caribbean / Black British	2.10	1.53
Other ethnic group	0.52	0.21

Figure 1: Gender of carers in Southend, Census 2011



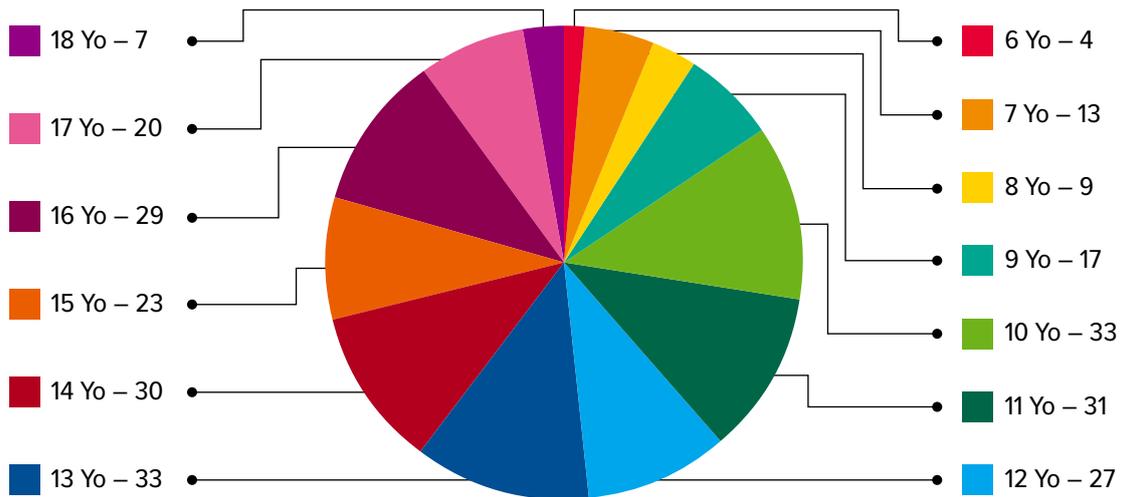
Young carers

Given the age of the data, the Census 2011 won't necessarily provide us with the most accurate data on young carers but the diagrams below illustrate the numbers of young carers currently registered with the Southend-on-Sea Borough Council's Young Carers Service.

Table 3: Total number of Young Carers in Southend

Carer	Number	Percentage %
Primary Young Carers	24	8.60
Secondary Young Carers	255	91.40
Total Young Carers	279	

Figure 2: Number of Young Carers in Southend by age



Demand Predictions

If the population projections for each age group are applied to the carers population from the Census 2011, it is estimated that there will be 20,878 carers in Southend by 2030, which is an increase of 3196.ⁱ

However, this is a very simple calculation that does not consider various specific local factors that are likely to have an impact on the number of carers in Southend-on-Sea. For example, the demand predictions do not consider that there is expected to be a 19% increase in the over 65 population in Southend-on-Sea by 2030,ⁱⁱ who may need additional support from family and friends.

Furthermore, it also does not consider research carried out as part of Carers Week 2020, that estimates 26% of the UK adult population is providing unpaid care since the coronavirus pandemic began.ⁱⁱⁱ This is more than double the number of unpaid carers recorded in the 2011 census which found there were 6.5 million carers in the UK.

This suggests there could be around 37,000 adults currently providing some form of unpaid care in Southend-on-Sea, and this number is likely to increase over the next five years.

ⁱ Office for National Statistics, 2018. [Population projections for local authorities: Table 2 - Office for National Statistics](#)

ⁱⁱ [Projecting Older People Population Information System](#), Accessed, July 2021

ⁱⁱⁱ Carers Week, 2020. [The rise in number of unpaid carers during the coronavirus outbreak](#)

What have people told us?

In early 2021, two carer community panels were formed: an adult carer community panel and a young carer community panel.

Over six weeks, we discussed the challenges and positives of being a carer in Southend-on-Sea. From these discussions, we developed eight priorities for the next five years.

These priorities have also been reviewed against the Southend-on-Sea Family Carers Survey 2020, 204 people responded to this survey between February-June 2020, and the National Institute for Health and Care Excellent (NICE) Guidelines and Quality Standards for supporting adult carers (there is yet to be similar guidance for young carers developed). This was to ensure that the priorities reflected the wider views and experiences of carers in Southend-on-Sea, as well as aligning with wider evidence and research.

The eight priority themes are:

- Identifying, respecting and valuing carers
- Information and support
- Carer's voice, knowledge and understanding
- Assessing carers needs
- Maintaining balance
- Helping carers stay in, enter or return to work, education or training
- Prepared for changes
- Integration and partnership



What are we going to do? – Our priorities for action

1. Identifying, respect and valuing carers

Identifying carers and encouraging them to come forward and to self-identify as a carer is an important step in preventing them from developing needs of their own and enabling them to remain safe and well. Many carers take years to recognise their role, which means they can miss out on crucial financial, practical, and emotional support in the meantime.

It is important to recognise that not everyone wants to be labelled or identify as a carer. Many of the people we spoke to told us that their caring role was just something they did as a mother, father, son, daughter, partner or friend of the person they cared for – it did not need to be defined. Some of the young carers we spoke to do not necessarily want people at school or college to know about their caring responsibilities.

However, in areas where carers felt valued and understood by their community, they were more likely to be able to maintain a healthy lifestyle, maintain relationships with close friends and family, and are able to get to essential shops and services, compared to carers who did not feel valued by their community.^{iv} Respecting and valuing the role carers play in our community will encourage more carers to identify themselves. This is

especially important for groups of carers who are currently under-represented in Southend-on-Sea, such as carers who do not identify from white ethnic group, male carers, and working age carers (18-64).

To address this, we will:

- Develop a range of information and training for frontline health and care professionals to enable them to increase their knowledge of this area. The aim will be to use every opportunity we can to identify carers, including through GP patient surveys, flu jab appointments, home visits, outpatient appointments and social care assessments. We will also look to improve identification of ‘hidden carers,’ such as young people who may be living with a parent with problematic drug or alcohol use, many of whom will take on caring responsibilities directly for that parent or for a sibling.^v
- We will raise the profile of carers in the community, including in schools, workplaces and the wider community to improve the understanding and recognition of caring.

2. Information and Support

We know that carers play a significant role in preventing the need for formal, paid care and support for the people they are looking after and it is estimated that care provided by

iv Carers UK, 2016. www.carersuk.org/for-professionals/policy/policy-library/building-carer-friendly-communities-research-report-for-carers-week-2016

v Children’s Commissioner, 2021. [Local and national data on childhood vulnerability](#) | Children’s Commissioner for England Children’s Commissioner for England According to the Children’s Commissioner for England’s [data on childhood vulnerability](#), there were 478,000 children living with a parent with problem alcohol or drug use in 2019 to 2020, a rate of 40 per 1,000.

family carers is worth £132bn p.a.^{vi} However often this is to the detriment of themselves which can make it exceptionally challenging to offer crucial practical, financial, and emotional support to carers, as they will always put the needs of the cared for before their own.

Being able to easily access accurate information that is consistently communicated is essential for carers and it is estimated that 40% of carers have missed out on financial support as a result of not getting the right information and advice.^{vii}

In the 2020 Southend-on-Sea Family Carers Survey, 44% of carers said they were not able to access the information, advice and guidance they needed to support them in their caring role. They also told us that when they were given information it was not always clear, for example, there was confusion around the different types of care packages that were available with terms such as reablement being used without anyone explaining what it meant.

Carers told us that having contact with a person who is knowledgeable, but not too formal, who they can offload to and who can offer practical support, but whose priority is the carer not the cared for, is really valuable. They also said that support needs to be flexible and meet the different needs and personal situations of carers, especially carers who are new to caring – a one size fits all approach does not work.

To address this, we will:

- Focus on particular ‘pressure points’ during the caring journey and work with colleagues in various teams (e.g., Integrated Discharge Team) to identify carers as key partners in care planning and to use these opportunities to improve the provision of information, such as at hospital discharge and during adult social care assessments.

- Improve the access to both mainstream and carer specific information, including explaining to people how they can best navigate the system and access the right advice to support them in their caring role. We will reinforce the roles of dementia navigators and social prescribers in Primary Care Networks (PCNs) to be ‘Carer Friends’
- Create a more flexible and personal carers support offer, which is accessible without necessarily requiring a statutory assessment.
- Explore opportunities to create a network of support so that carers have contact with people who are knowledgeable and can support them, such as creating a peer network of carers with appropriate professional support to assist with clear and consistent messages and information sharing.

3. Carers voice, knowledge and understanding

We know that the range of carers in Southend is extremely diverse and that their experiences have shared, but also unique characteristics. This means that identifying ‘what works’ for each of them, is not necessarily straight forward. However, understanding their needs and how best they can be supported is vital and needs to be informed by evidence and knowledge.

High quality, personalised care and support, can only be achieved where there is a vibrant, responsive market of service providers and whilst such a market does exist, we need to do more to actively help shape this market to be as vibrant and responsive as possible. To do this, we need to listen to the wishes and aspirations of carers and adapt services to meet their needs.

Many carers have told us they do not

vi Carers UK and the University of Sheffield Valuing Carers 2015: the rising cost of carers’ support

vii Carers UK Missing Out: The Identification Challenge



feel listened to and are often cut out of conversations between health and care professionals who they feel do not always respect their caring role or the expertise they can bring. This is especially challenging when the cared for does not want the carer to be involved.

“No one listens at present. You get fobbed off, even though we are experts in knowing what we need, and the challenges of the role, no one ever listens to that, in my experience”^{viii}

To address this, we will:

- Increase opportunities to listen to carers so we can better understand their aspirations, priorities, and preferences. This will include ensuring that all support and services for carers are co-produced with them, supported by a commitment to include carers in the care planning process where appropriate, for both health and social care provision.
- Work across health and social care organisations to promote ways of working

with carers that acknowledge them as expert partners in care and value their skills and knowledge about the person they care for. This will include supporting carers and making sure they know what further information and support is available if the person they care for refuses to involve them.

- Explore the use of clauses in contracts for health and care services which provide additional benefit to carers in terms of ‘added social value’.
- Ensure that care pathways from acute services into the community must include confirmation of discussion with carers before any decisions are finalised.

4. Assessing carers needs

Young carers (children under 18 with caring responsibilities) and parent carers (someone over 18 who provides care for a disabled children under 18 for whom they have parental responsibility) have a right to a carers assessment under the Children and Families Act 2014, whilst carers over the age of 18 caring for an adult (over 18), have a right to an assessment under the Care Act 2014.

The 2019 GP patient survey found that 63% of carers report having at least one long term condition, disability, or illness, compared to 51% of non-carers.

While some carers assessment may result in identifying eligible needs and a plan is put in place to offer support, which may include a personal budget and direct payments, this is not their only purpose. Carer’s assessments should facilitate a person centred, strengths-based conversations, but pressures and demands can make these conversations almost impossible to achieve. One carer said that they feel health and social care have a ‘don’t come to us mentality’ and make things unnecessarily confusing and overly bureaucratic.

^{viii} All quotes in the strategy are from carers who responded to the strategy consultation in summer 2021.

The feedback from carers is that they do not understand what the carer's assessment is for, with many viewing it as an assessment of their finances or their ability to care for the person. This means that many people do not believe they need a carer's assessment.

“It would be of help to visit you as a carer, to assess your needs, and tell you what support is available.”

To address this, we will:

- Raise awareness across all health and wellbeing services and agencies and with carers about the purpose and benefits of carer's assessments, this will include improving the language we use in explaining what the assessment is for.
- Change the conversations we have with carers of all ages so that all assessment processes are person centred and based on a conversation that focuses on their strengths.

5. Maintaining Balance

We know that the nature of unpaid care is broad, and the roles that carers perform vary greatly and people are affected very differently. However, what is important, but often elusive, for carers of all ages is finding some balance in their life and looking after their own health and wellbeing which often takes a backseat.

From the 2011 census we know that carers have worse general health than those who do not provide care and that generally their health deteriorates the more hours of care they provide. Similarly, carers have told us that their role can often feel all-encompassing meaning they lose their sense of self and are no longer able to do the things they used to do or continue with the relationships they once had.

“Without balance there is not progress”

Connecting with communities

We know that carers who feel their community understands and values them are much more likely to be able to maintain or balance the other areas of their life.

We also know that spending quality time with friends or family, talking to someone about how you feel can help stop people from feeling lonely and improve their mental health and wellbeing. This is particularly true in the case of young carers who told us that they especially valued peer support and that it was great to have someone to talk to and knowing that there are other people in similar situations was really helpful. This was echoed by our adult carers who said they found it helpful to talk with people in a similar situation.

However, it is important to recognise that in some cases carers do not always want to share their experiences. In the Southend-on-Sea Family Carers Survey 2020, 66% of respondents said they did not engage with other carers to share experiences and emotional support. When asked why, most responders said they simply did not want to and in some cases that it was actually the last thing they wanted to do. This again highlights the need to have a range of different options to support carers across all age ranges, as not every option will work for every person in every situation.

To address this, we will:

- Ensure that the Livewell Southend Website is up to date with information about the support and wider community services that are available to carers of all ages including advice on self-help groups, community and faith groups, financial support and advice about self-care.
- Explore how we support people to

overcome practical barriers to connect to their community, such as access to reliable IT/internet etc. for those carers who are unable to do this for themselves, and affordable transport.

- Make Southend-on-Sea a place where carers feel supported and are recognised as individuals with needs of their own by exploring options such as a carer passport scheme which enables them to receive discounts or local concessions in the community.
- Ensure there are a variety of peer support opportunities available for people who want to access them, and these are led and designed by carers from Southend.

Taking a break

A survey by Carers UK found that carers who have not taken a break from caring within the last year were more likely to report that their mental or physical health had suffered as a result of being a carer. Carers who had been able to take a break said that this had a positive impact with their health and wellbeing improving as a result.^{ix}

Good quality breaks for adults can take many forms such as short breaks in residential care, sitting services, family holidays, shared activities or just some time out to relax. Good breaks are personalised, planned, offer flexibility, a positive experience and are enjoyable. It is important to recognise that simply enabling carers to sleep or attend medical appointments is not a break.^x

For young carers making friends in a similar situation, building confidence and learning about themselves outside of the caring role are all positive outcomes of breaks. The major barriers for young carers nationally, include not

wanting to leave the person they support and lack of transport to activities.^{xi}

Many carers told us that even if breaks are available, they do not necessarily feel comfortable taking time away unless they are confident that the replacement care is of the same quality that they would provide.

To address this, we will:

- Increase the number of opportunities and the variety of support available to enable carers to take a break in addition to the support that is already available.
- Work with carers to improve the information we provide to them so that they understand the importance of taking a break and realise what is available to them. We will also ensure the quality of care available is of a good standard so that carers can be confident that the replacement care is the same as they would provide.
- Review the Short Breaks grant programme for children and young people with disabilities and additional needs.

Health and Wellbeing

We know that regular physical activity is associated with decreased mortality and lower morbidity, with adults who are physically active reporting more positive physical and mental health. We know that being active improves sleep, helps to maintain a healthy weight, manages stress and improves overall quality of life. Given the demands of their role, being physically active is especially important for carers but the State of Caring survey found that 54% of carers have reduced the amount of exercise they do because of their caring responsibilities.^{xii} Furthermore, three quarters of carers over 55 do not feel they are able to

ix Carers UK, 2019. [GiveUsaABreak_Aug19_FINAL.pdf \(carersuk.org\)](#)

x SCIE, 2019. [Adult carers' breaks: guidance for commissioners and providers | SCIE](#)

xi SCIE, 2020. [Young carers' and young adult carers' break and support \(scie.org.uk\)](#)

xii Carers UK, 2017. [State of Caring 2017 - Carers UK](#)

do as much physical exercise as they would like to.^{xiii}

In the 2020 Southend-on-Sea Family Carers Survey, carers told us that the top five ways their health had been affected by their caring role was:

- Feeling tired (85%)
- General feeling of stress (80%)
- Disturbed sleep (66%)
- Feeling depressed (59%)
- Short tempered/irritable (50%)

The carers we spoke to told us that whilst they recognised how important being active was for both their mental and physical health, it was just not a priority due the demands placed on them. Many carers also told us it was important to have something to keep them going and to help them maintain their personal identity. This could be work, volunteering, pursuing an interest, or anything that is not directly related to their caring role as any of these activities can help maintain balance and reduce pressure.

To address this, we will:

- Ensure that carers are regularly informed about and supported to attend opportunities to increase physical activity as well as courses that enable them to pursue a new interest.
- Provide advice on how carers can look after their own physical and mental health, as well as their emotional and spiritual wellbeing. This will include information about emotional support services, counselling and psychosocial therapies.

- Encourage carers to attend health checks and ensure that these are accessible. We will also improve the links to carers support services, Primary Care Networks and the hospital to help carers access their own health appointments, with a review of arrangements that support people to do this.

6. Helping carers stay in, enter or return to work, education or training

We know people who are in good quality employment tend to enjoy happier and healthier lives than those who do not work. However, national research has found that 2.6 million



^{xiii} Carers UK and Sport England, 2021. [Carers and Physical Activity: A study of the barriers, motivations and experiences of unpaid carers aged 55 and over in England - Carers UK](#)

people have given up work to provide unpaid care.^{xiv} While recognising that not all carers will want or be able to work (such as those who are retired), ensuring carers who do want to work, attend education or training are able to, is important.

“If we can earn some money, the financial strain becomes less, and we get back our self-worth”

In response to the question in the Southend-on-Sea Family Carers Survey 2020: Does your caring responsibility limit your ability to work, access education or access training, as much as you would like to? Carers in Southend were split almost 50/50. However, when you break down by age you start to see a slightly different picture with over 60% of carers aged between 25-49 saying being a carer impacts on their ability to work, access education or training. Carers also reported that they have had to reduce or limit their working hours due to their caring role, that there were no flexible quality employment options and that they have to use their annual leave or take unpaid time off work for caring responsibilities. This is also echoed nationally.^{xv}

In 2014, Carers UK reported that half of working age carers live in a household where no-one is in paid work; and in 2016, the New Policy Institute noted that 1.2m carers are in poverty in the UK.^{xvi} In 2012, Age UK estimated a cost of £5.3bn p.a. to the economy in lost earnings from tax revenue and additional benefits payments.^{xvii}

If the right financial and practical support is not in place it makes it even more likely that unpaid carers will give up work, which in turn makes them more likely to have poorer health and wellbeing outcomes. It is also more likely that they will experience financial challenges, face increased isolation and loneliness, and have a lower quality of life. Carers UK reported in 2019 that 39% of carers described their financial situation as “struggling to make ends meet,”^{xviii} and 43% of carers said their financial circumstances were affecting their health.^{xix}

It is estimated that three million people combine caring with paid work.^{xx} In 2014 Carers UK reported that half of carers cited problems with accessing suitable care services as a reason they gave up work or reduced their working hours.^{xxi}

Nationally, around one in 20 young carers miss school because of their caring responsibilities. Young carers have significantly lower educational attainment at GCSE level – the equivalent to nine grades lower overall than their peers, and they are more likely than the national average to be ‘not in education, employment or training’ between the ages of 16 and 19.^{xxii}

While the majority of young carers who responded to the Southend-on-Sea Family Carers Survey 2020 said that their caring responsibilities had no impact on their ability to access education or training, the young carers we spoke to talked about how they felt guilty that their parents had to ‘pick up’ more caring responsibilities so they could focus on their exams.

xiv Carers UK, 2019. [Juggling work and unpaid care report final_0119_WEB.pdf \(carersuk.org\)](#)

xv Age UK and Carers UK, 2016. [Walking the tightrope: The challenges of combining work and care in later life - Carers UK](#)

xvi New Policy Institute Informal Carers and Poverty in the UK: an analysis of the Family Resources Survey

xvii Age UK (2012) Care Crisis Wipes £5.3bn from the economy (press release)

xviii Carers UK State of Caring 2019

xix Carers UK State of Caring 2016

xx Census 2011

xxi Carers UK (2014) Caring and Family Finances Inquiry UK Report

xxii Children’s Society, 2013. [hidden_from_view_final.pdf \(childrenssociety.org.uk\)](#)

To address this, we will:

- Ensure carers have access to tailored advice about balancing work, education or training with caring which will include benefits and welfare advice.
- Reduce barriers to accessing work, education and training such as transport and replacement care.
- Raise awareness of working carers issues with employers and encourage and help workplaces to have policies and processes in place that support carers to balance their caring responsibilities with work.
- Work with local schools, colleges and the university to adopt an approach which proactively identifies and supports young carers and young adult carers. This will include exploring options such as including caring as a subject within the curriculum, talking about caring as a normal part of life, or using funding from the Pupil Premium to target support for young carers.

7. Prepared for Changes

The Care Act places a duty on local authorities to conduct transition assessments for children, children's carers and young carers where there is a likely need for care and support after the child in question turns 18. However, we recognise that currently our transition planning for carers is limited.

The impact of being a young carer can have consequences on the person's emotional and physical wellbeing and prospects later in life, so it is especially important that there is not a 'cliff edge' in support services for them as they become an adult.

Transition is also more than just preparing for adulthood, there are a number of other instances where carers will need to prepare for changes in their caring role such as: being less able to care as the carer become older, as the person you care for approaches the end of their life or deterioration and changes in

behaviour of the person being cared for.

In the Southend-on-Sea Family Carers Survey 2020, 72% of carers said they did not feel prepared for changes in their caring role. Those people who responded positively attributed this to having received good professional help, a supportive family (other family member would take over caring responsibilities if required) and being able to make plans with the person they cared for.

To address this, we will:

- Improve access to learning and training to support carers in their caring role and to look after their own health and wellbeing. Including, improving access and clarity of information, advice and learning for carers about the condition of the person they care for and the changes they might expect. This learning and training will be co-produced with carers.
- Improve transitions arrangements for young carers as they prepare for adulthood and for parent carers as their children prepare for adulthood.
- Support carers to develop plans which not only help them manage their caring responsibilities along with their own needs, but also prepare for a time when they may be able to provide less care.
- Improve the support available to carers to develop emergency plans in the event that they are suddenly unable to provide care, including putting in place appropriate back-up support when it is needed.

8. Integration and Partnership

We know that for people to receive high quality health and care support, including carer specific services, local organisations need to work in a more joined-up way. This will eliminate the fragmented care that is a source of frustration for people and which often results in poor care with a negative impact on health and wellbeing. It is clear that a thriving market



of carers services requires good partnership working and integration.

According to data provided by the previously commissioned carers support service, in the last three years only 214 referrals were made from social care and the numbers were even lower when looking at people referred via their GP or hospitals, which we know are places carers often visit. This provides a clear indication that we need to strengthen the partnership between local health and care services so carers are able to access the right support for them as soon as possible.

When we spoke to carers, they told us they found the health and social care system to be very complex and it was hard to understand the roles of the different councils and health systems. The number of organisations involved and the fact they often worked across geographical boundaries meant it was not always clear who did what. Similarly, people who cared for children with special needs told us it was hard to navigate their way through the education and health care system which led to them feeling uncertain.

“If you can try to get different NHS and Council services to work together with a plan, this could stop people from falling through the cracks.”

To address this, we will:

- Commission support for carers to help them understand and navigate the wider health and social care ‘system’ including how to access advocacy services.
- Review how we use the joint health and social care budgets (The Better Care Fund) for carers in Southend-on-Sea.
- Improve how we share information about carers and the support that is available to them with our health and social care partners.
- Work with system partners across Mid and South Essex and the wider county to ensure carers support is as joined up as possible to reduce the difference in what is on offer in different areas. This will include linking PCNs with Adult Social Care and Children’s services and arranging provision to meet the needs of different populations in different localities.

How will we know we have been successful?

We will know the aims set out in this strategy have been successful when:

- There is an increase in the number of known carers and the impact of their caring responsibilities is better understood and respected.
- Adult carers sustain their caring role and there are less incidents of carer breakdown.
- Young carers sustain their caring role where this is appropriate but are able to transition to no longer having caring responsibilities well, if it is deemed no longer suitable.
- Carers maintain good health and wellbeing (physically, mentally and emotionally) alongside their caring role.
- Carers have time for themselves.
- Carers are able to participate in work, education, and/or training.
- Carers feel in control of their finances and have good financial wellbeing.
- Carers tell us they feel prepared for the future.

Delivery and action plan

An annual co-produced delivery plan for this strategy will set targets for improved outcomes for carers of all ages. This plan will clearly identify leads for each of the priorities and it will be reviewed by the Adult Social Care Recovery Board with further oversight being provided by the Health and Wellbeing Board.





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This document is published by Southend-on-Sea Borough Council. A summary can be provided in alternative formats such as Braille, audio-tape or in large print.

Translations of this document in alternative languages are also available upon request.

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