

Carer services and support consultation: Open Public Consultation Strand Report



Cumbria County Council's carer services and support consultation consisted of different strands of engagement, each aimed at involving people in different ways. As such, the reports from each engagement activity all differ in their format.

In order to consolidate the messages arising from each engagement method, a 'strand report' has been produced for each, which aims to capture key issues in a consistent manner. These strand reports will then feed into an overall review report. The strand reports are generally intended to be internal documents and form a central part of the reporting audit trail.

1. Introduction

Audience: All members of the public

Outline of event / strand: An online questionnaire was available through the county council website and paper copies were made available in libraries and by request.

Dates: 28th September 2012 to 28th December 2012

Aim /objectives: As per overall carer services and support consultation aims.

Publicity: There was a press release at the start of the consultation and at the midway point both of which generated articles in various local newspapers across the county. It was promoted on the homepage of the county council's website and carer support groups were informed.

Participation: 89 people completed the survey. 17 completed paper copies, the remainder were completed online.

Nature of engagement: The survey was intended to provide quantitative and qualitative data on the views of carers on how Cumbria County Council should provide or commission information, advice and support services in Cumbria. While the sample size was relatively small, results are assumed to be indicative of wider opinion amongst carers. This survey was also designed to give opportunity to those who care for others but do not currently receive services commissioned by Cumbria County Council. Of the 89 respondents 32 indicated they have not accessed any carer services in the last 12 months.

This open public survey was carried out alongside a postal carer survey. Participants for the postal survey were selected by random from a database of known carers. This survey formed part of a national survey. Questions were added to this survey for purposes of this consultation the results of which will form a separate strand report.

2. Strand Objectives

Strand objectives include:

1. What works well at the moment, and what could be better, in terms of the provision of information, advice and support regarding carer services?
2. To understand the impact the caring role has on the individual.

A summary of the main messages from this strand in relation to each objective is given below.

Objective 1: What works well at the moment, and what could be better, in terms of the provision of information, advice and support regarding carer services?

How did this strand cover Objective 1?

The survey asked if people had tried to find out information about carer support services. For those who had they were asked how they had tried to access that information, and how effective that information was. Questions were also asked about the development of the service. A question was also asked about the needs of the person who is cared for to understand what specialist support may be needed.

Feedback from the survey

As can be seen from table 1 the services that the respondents accessed with the highest frequency were support from carer groups and information and advice; respite service also generated a significant response. There was a relatively low number who indicated they had accessed support to keep them in employment. Of those who stated they had accessed 'other' services these included those related to mental health, support at home and carer wellbeing services. Respondents were able to make multiple choices so total number of responses will be higher than 89.

Table 1: Different services that respondents have accessed in the last year

Which, if any, of the following types of support or services have you accessed	No. of respondents
I have not accessed support or services in the last 12 months	32
Information and advice	37
Support from carer groups	40
Training for carers	11
Support to keep you in employment	4
Respite services	20
Other	21

Respondents were asked what had prevented them from accessing services, again they were able to make multiple choices. From table 2 it can be seen that 30 or about a one third of those completing the survey indicated that nothing had prevented them from accessing support and services. The reason that was selected with the highest frequency for being a barrier to accessing services was carers not being aware of services available; again about a third of all respondents gave this as a reason.

Of the 32 who have not accessed services only 5 stated that nothing had prevented them from accessing services. Over half (19) of the same group indicated that lack of awareness about support services was a reason for not accessing support and services; again this was the cause indicated with the highest frequency.

Table 2: What respondents indicated had prevented them from accessing services

What has prevented me from accessing support and services	No. of respondents
Nothing has prevented me accessing support or services	30
I do not wish to access support or services	4
I am not aware what support or services are available to me	29
The support and services available do not meet my needs	14
The support and services are not available in my local area	7
The support and services are not available at the right times	12

The questionnaire asked carers to expand on difficulties they had faced in accessing services; some of the reasons included:

- Unable to take advantage of carer trips because would also need respite support.
- Services not available at the time of need with reference to counselling services becoming available 6 months later than required.
- Lack of awareness about specific support such as winter warmth and holiday grants.
- Appropriate equipment aids not being available.
- Having to travel to services; example given needing to travel to Kendal from Ulverston as local drop in centre had closed.
- Mentoring/training in how to care for someone.
- Issue of cost and having to travel to services.

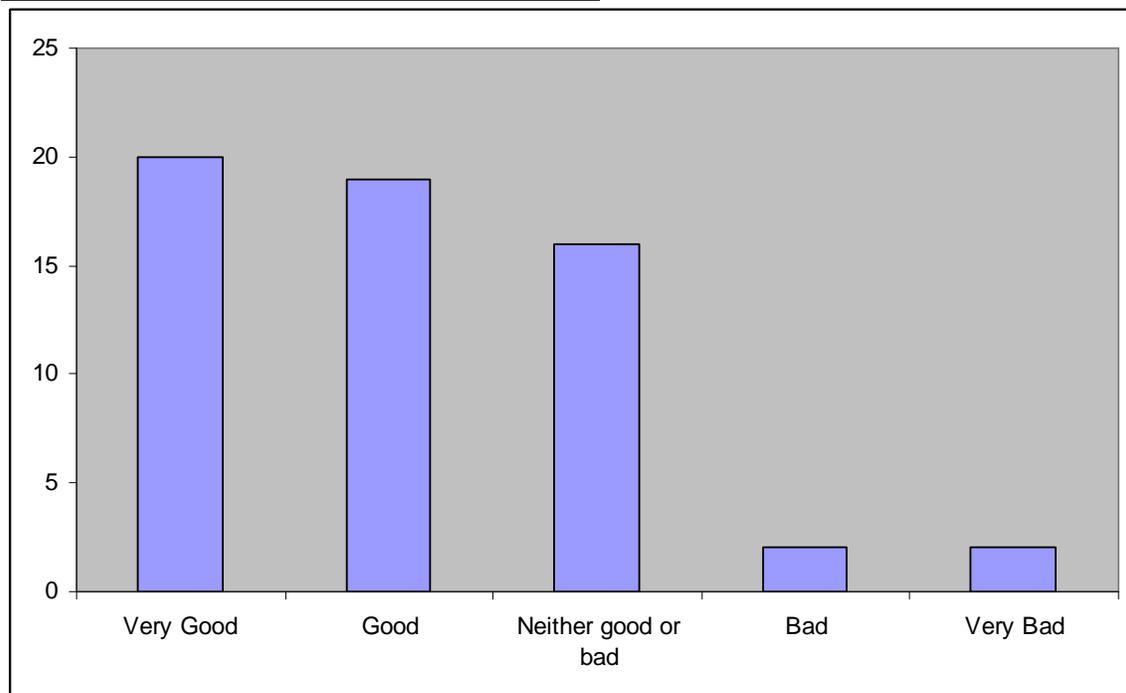
There were also a number of references to the need for better mental health support services.

There were 84 responses to a question about quantifying how easy or difficult carers had found accessing information on support services. Of those 32 stated they had found it very/fairly easy and 29 stated they found it very/fairly difficult or were not able to find information at all.

Carer associations received a number of positive comments about providing good information. Comments about accessing information via the internet was mixed with some carers stating this was a good way of getting information where others raised

concerns about internet access and computer literacy. Again concerns were raised about getting information about specific mental health issues.

Table 3: How those carers who have received information rated the helpfulness of that information by number of respondents



When carers were asked to rate the helpfulness of information after they had received it the picture was far more positive with 39 out of 59 stating it was good or very good; only 4 out of 59 stated it was bad or very bad.

Although the response to this question was very positive it was with a caveat by a number of carers who stated when they got information it was good but they stressed they often had difficulty in finding the information, with it sometimes taking a long time to find or being passed 'pillar to post' by different agencies. Carers also raised concerns about lack of information about changes to charging for services and mean testing. Concerns were also raised about the length of time to get an assessment in some cases.

Carers were given the option of making multiple choices of which information and advice they found important as a carer. Table 4 shows there was a fairly even distribution amongst the listed options. The information and advice carers were most likely to indicate as not being important was for benefits or managing finances.

Table 4: information and advice services indicated as very/quite important by carers

How important are the following information and advice services are to you as a carer	No. of respondents saying very/quite important
Benefits or managing finances services	58
Condition, illness or disability that may effect the person you care for	78
Coping with the physical and emotional aspects of caring	73
Services and support that are available to you as a carer	72

Table 5 shows which ways carers indicated that they would access information; they were able to select multiple options. Printed information was the option chosen with the highest frequency with 71 selecting this option. Face to face with social worker, carer support worker or other health professional also scored well and notably higher than face to face with carer groups and or with other carers. There was a reasonable response for accessing information online through the county council website and other specific carer websites but very few respondents indicating they would use social media as a source of information with only 7 selecting this option.

By a considerable margin social media was by far the method that carers actively stated they would not use as a way of accessing information with 61 responses the next highest was face to face with carers groups or speaking to carers with 22 responses.

Those who had not accessed services in the last year broadly gave similar responses as a group to how they would access information compared to the group as a whole. Table 6 shows that those who indicated that they had difficulty in finding information or couldn't also broadly follow the overall trend.

Table 5: What ways of accessing information would carers use
(Base = all respondents)

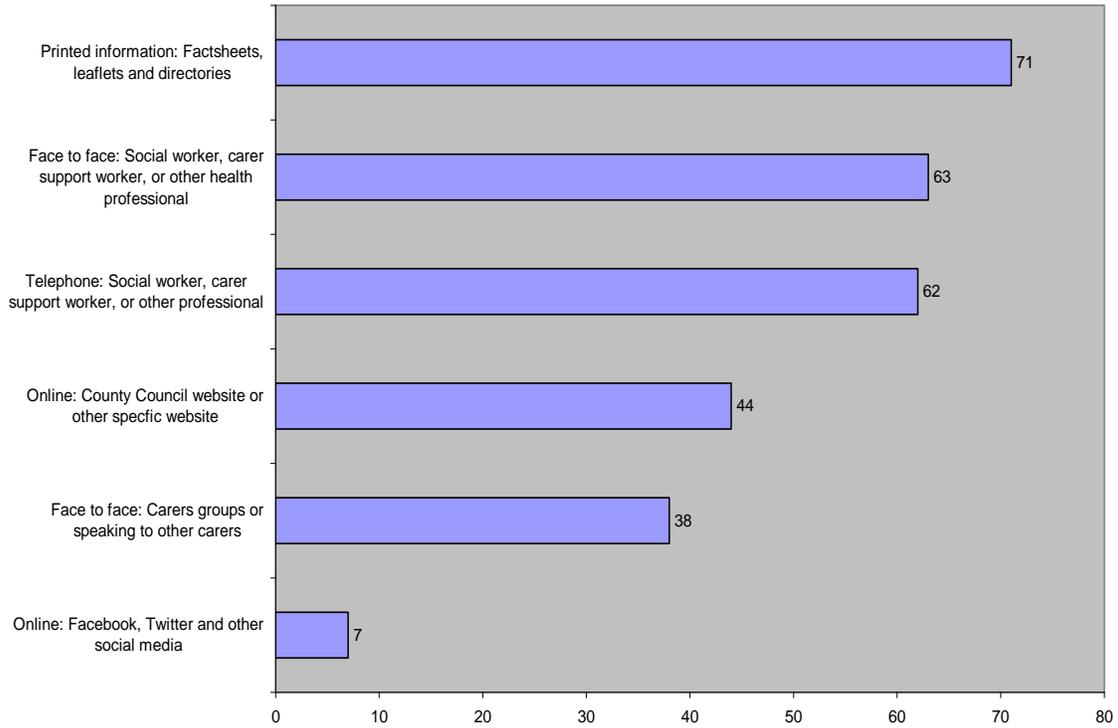


Table 6: What ways of accessing information would carers use
(Base = all those who had difficulty or couldn't access information)

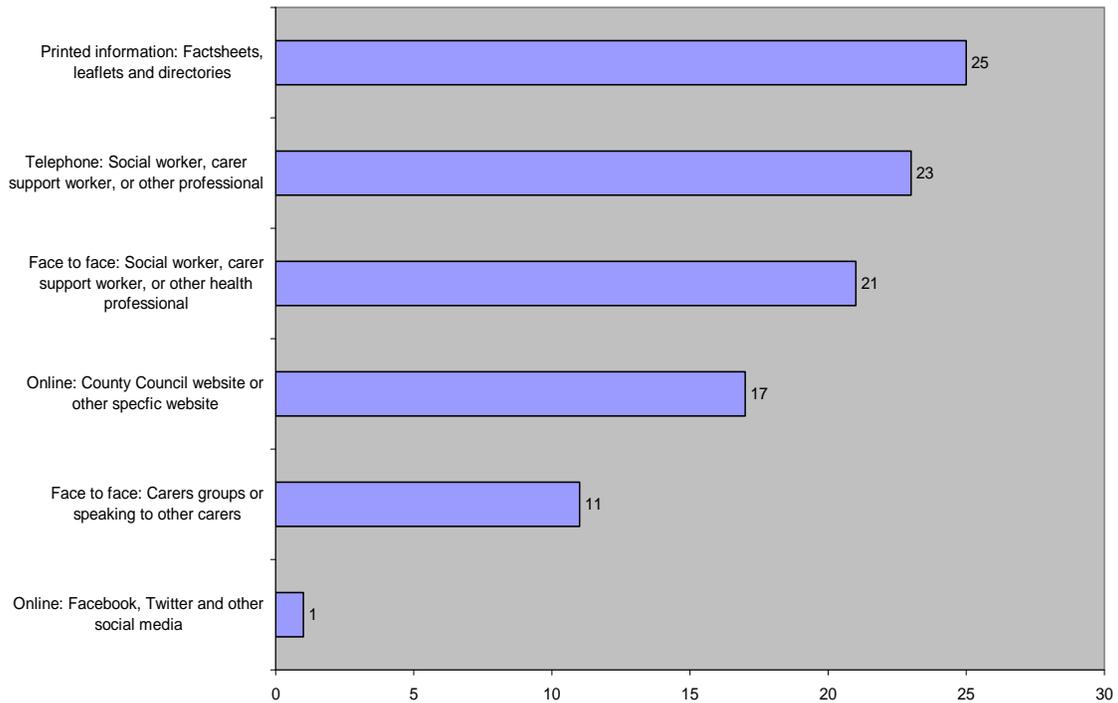
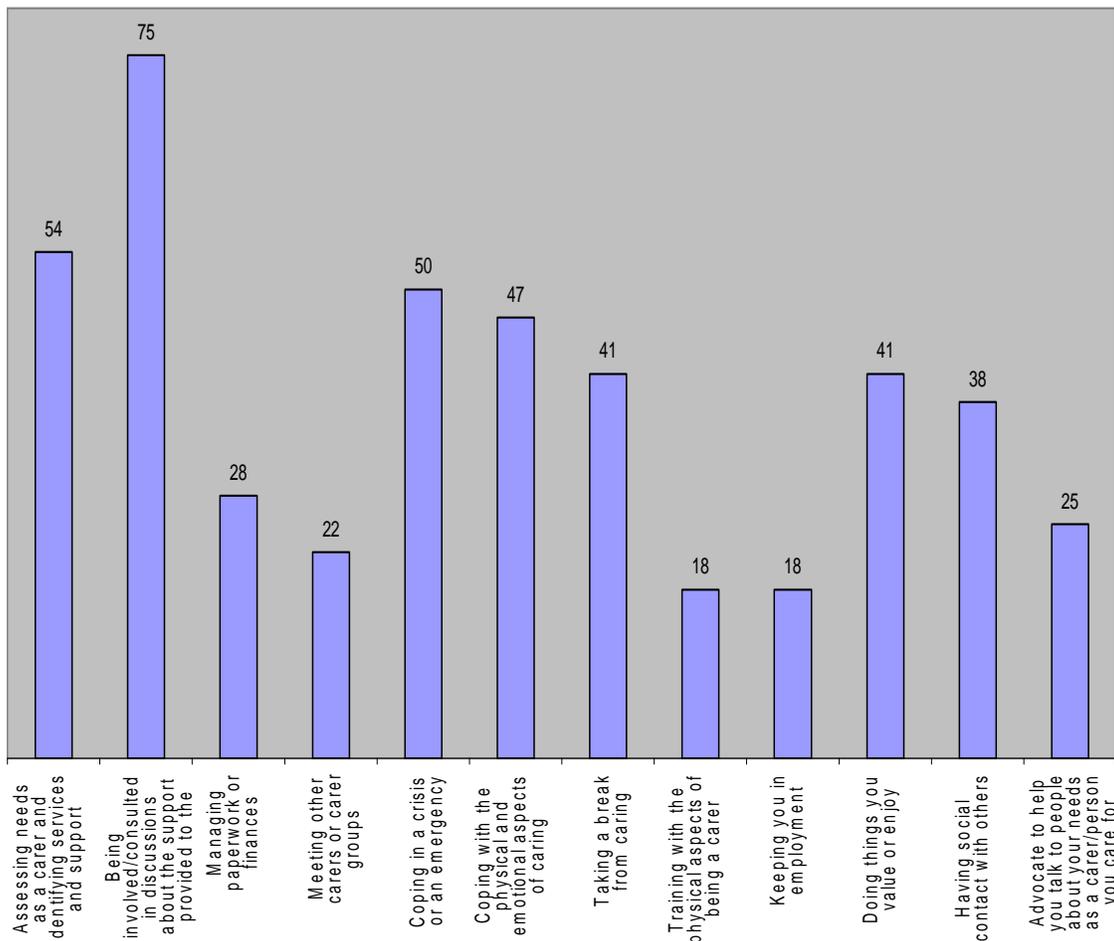


Table 7 shows that what carers consider most important to them in their caring role is being involved and consulted about the care and the support that the person they care for receives; this was rated significantly higher than any other service option. The service which respondents actively stated with the greatest frequency was not important to them was support in keeping in employment. The proportion of under 65's who stated that being involved and consulted about the support for the person they care was even higher with 56 out of 58 stating this was either very or quite important to them.

Table 7: Number of respondents who indicated that these services would be 'very important to them in their caring role' (Base = all valid responses)



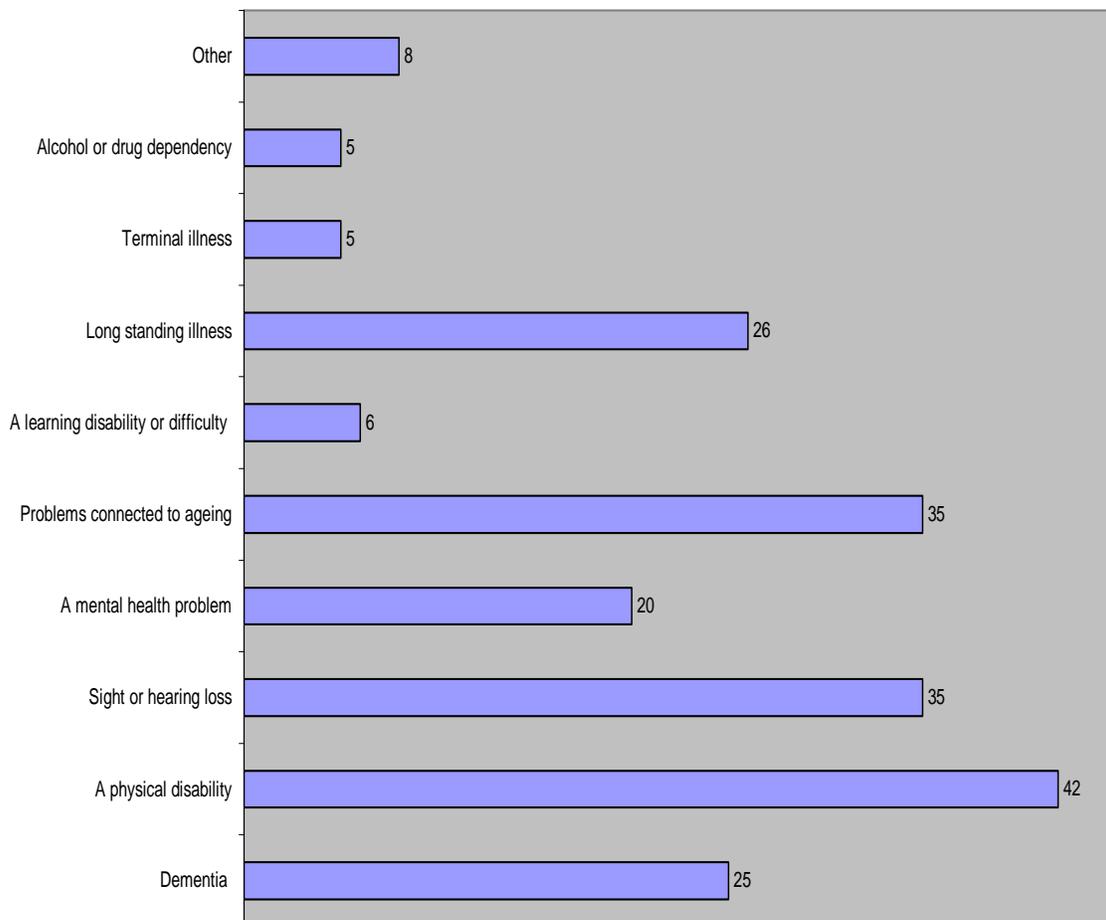
Carers were asked what services they would like to have in place. There was a wide variety of services that respondents indicated would help them in their caring role. However the two most prevalent themes centred around having access to specialist knowledge and respite services/information. A number of carers said they would benefit

from having access to a specialist who understood the condition of the person they cared, mostly related to mental health issues. From table 8 it can be seen that 20 carers say they care for people who have a mental health issue. When thinking about what specialist services carers might need the top 3 conditions that carers said the people they cared for had were a physical disability, sight or hearing loss and problems connected to ageing. Also a number of people said they and the person they cared for would benefit from more respite services and better access to information about respite services. Some respondents also raised concerns about the costs of respite services and they were finding them difficult to afford.

There were also a number of responses were people said they would like an emergency help/advice service such as telephone or e-mail so they could speak to someone when they had difficulty coping and under pressure.

There was also a call for better support for carers to understand the needs of the person they were caring for as well as more social interaction opportunities for themselves and the person they care for.

Table 8: Conditions that carers state the people they care for have



Objective 2: To understand the impact the caring role has on the individual

How did this strand cover Objective 2?

The Survey specifically asked a number of quantitative questions

Feedback from the survey

From 87 that answered the question where does the person you care for live 51 stated it was with them and 36 stated somewhere else.

Carers were asked which of three statements best described how they spend their time (see table 9); from 84 who answered this question the overwhelming majority (66) stated they were able to do some things they enjoyed and valued but not enough.

Table 9: Agreement with statements about how carers are able to spend their time

Which of the following statements best describes how you spend your time?		
I'm able to spend my time as I want doing things I value or enjoy	I do some of the things I value and enjoy but not enough	I don't do anything I value or enjoy
12	66	6

Carers were then asked which of three statements best described their level of social contact (see table 10). Just over half of the 84 responders stated they had some social contact but not enough. Carers appeared slightly more polarised about the issue of social contact compared to that of how they are able to spend their time; as they were twice as likely to say they have as much social contact as they like compared to spending their time as they like but two and half times as likely to state they have little social contact compared to they do not do anything they enjoy.

4 out of the 6 who stated that they don't don anything they value or enjoy also stated that they were socially isolated the other 2 stating that they had some social contact but not enough.

Table 10: Agreement with statements about social contact

How much social contact you have with people you like?		
I have as much social contact as I want with people I like	I have some social contact with people but not enough	I have little social contact with people and feel socially isolated
24	45	15

As can be see from table 11 carers are far more positive when it comes to taking care of themselves compared to the other statements; however nearly 4 out of 10 still say either there are times they can't take care of themselves enough or feel like they are neglecting themselves.

Table 11: Agreement with statements about how well carers care for themselves

How much time you have to look after yourself		
I look after myself	Sometimes I can't look after myself well enough	I feel like I am neglecting myself
53	19	15

Table 12 shows the number of hours carers who completed this survey spend in their caring role. 20 out of 83 respondents stated that they spend 100 hours or more per week in their caring role nearly half state they spend 50 hours or more in their caring role. 8 out of 20 carers who are in employment stated than spend 35 hours or more in their caring role. Carers also indicated that the role at times put them under stress, sometimes they felt frustrated in dealing with services and at times felt under valued.

Table 12: Number of hours respondents state they spend in their caring role

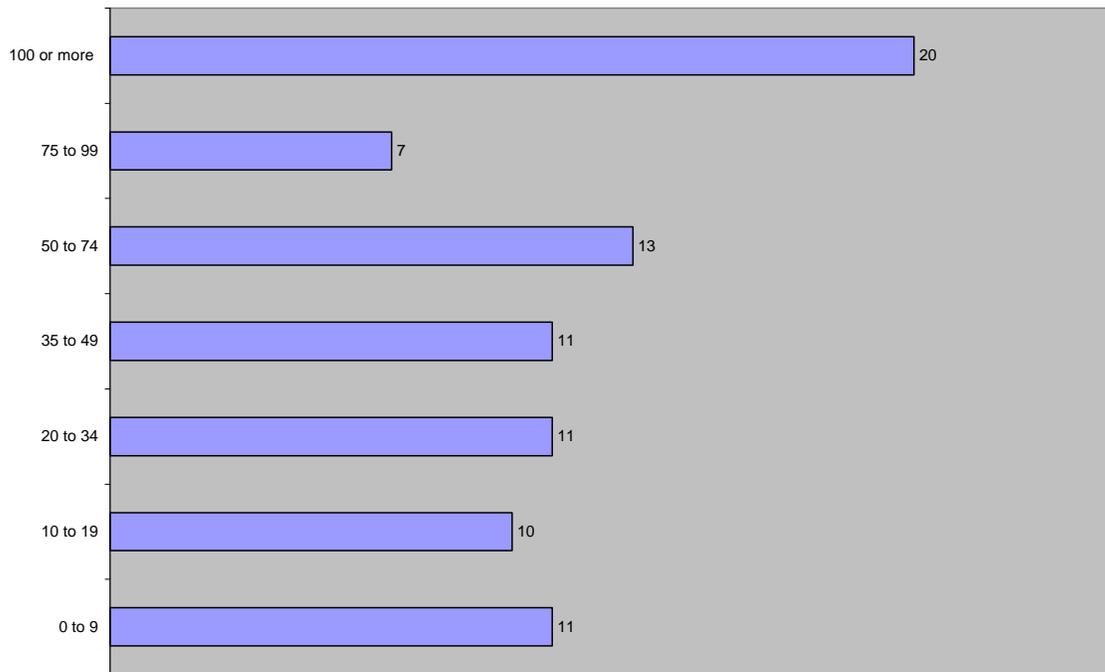


Table 13: Time spent in the caring role

