

7 Carers

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7.1 About this chapter

This chapter includes the population needs of all carers including young carers and young adult carers. Information about the different care and support needs of people being cared for can be found in the following chapters:

- Children and young people
- Older people
- Health, physical disabilities and sensory impairment
- Learning disabilities and autism
- Mental health
- Violence against women, domestic abuse and sexual violence
- Secure estate
- Veterans
- Homelessness

Definitions

The Social Services & Well Being (Wales) Act 2014 defines a carer as “a person who provides or intends to provide care for an adult or child”.

The act goes on to state that “in general, professional carers who receive payment should not be regarded as carers for the purpose of the act, nor should people who provide care as voluntary work. However, a local authority can treat a person as a carer even if they would not otherwise be regarded as a carer if they consider that, in the context of the caring relationship, it would be appropriate to do so. A local authority can treat a person as a carer in cases where the caring relationship is not principally a commercial one.”

This definition includes carers of all ages.

Carers often do not see themselves as carers. They will describe themselves as a parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, but not as a carer.

Some carers will describe themselves as carers, but not as people who have other roles in life – employee, employer, club or society member, student, household organiser and so on.

A *parent carer* is a parent or guardian who has additional duties and responsibilities towards his/her child because his/her child has an illness or disability. Parent carers will often see themselves as parents rather than carers,

but they may require additional services in order to meet or continue to meet the needs of their child.

How will the Social Services and Well-being (Wales) Act 2014 change things?

The act includes a broader definition of a carer (see above) and removes the requirement that carers must be providing a 'substantial amount of care on a regular basis'.

Carers now have the same rights as those they care for. Local councils have a new duty to offer an assessment to any carer where it appears to the local authority that a carer may have needs for support. If the local council determines that a carer's needs meet the eligibility criteria then they must consider what could be done to meet those needs. Previously, it was the responsibility of the carer to request an assessment.

A carer's needs meet eligibility criteria for support if:

- a) the need arises as a result of providing care for either an adult or child
- b) the carer cannot meet the need whether
 - alone
 - with the support of others who are willing to provide that support, or
 - with the assistance of services in the community to which the carer has access, and
- c) the carer is unlikely to achieve one or more of their personal outcomes which relate to the specified outcomes in part 3 of the act.

The local council may now carry out a joint assessments, where an assessment of the cared for person and the carer is carried out at the same time if both parties are willing and it would be beneficial to do so. This is good practice although there are concerns that the assessment of the carer may be compromised by focussing on what the carer can and can't do for the cared for person rather than looking at their desired outcomes in their own right.

The carer's element of the assessment needs to focus on 'what matters' to the carer and the carers needs in their own right, for example, their employment, education and training needs.

The local council must involve the carer in the assessment and include:

- The extent to which the carer is able and willing to provide the care and to continue to provide the care
- The outcomes the carer wishes to achieve

An assessment of a carer must also have regard to whether the carer wishes to work and whether they are participating or wish to participate in education, training, or leisure activities.

Carers will need to be very clear about what they can and can't do and any differences between their expectations and that of the person cared for. The people carrying out the assessments will need to be skilled in drawing out this information. The act says carers need to be asked what they can do, so this will need to be monitored to make sure it happens in practice and is included in the assessment. It is important that the individual feels that they are an equal partner in their relationship with professionals.

The act recognises that carers have a key role in the preventative service approach within a local authority area, and that carers themselves provide a form of preventative service.

The emphasis on the increased use of direct payments is a significant change for carers. Local councils now have to offer direct payments although taking them up is still the choice of the person. Direct payments enable individuals to purchase assistance or services that local councils would otherwise provide. They give individuals control providing an alternative to social care services provided by a local council. This helps to increase opportunities for independence, social inclusion and enhanced self-esteem.

The act sets out a new national 'eligibility framework' to determine whether or not a carer who has been assessed and who has support needs will meet the criteria for services. Carers with eligible needs will have a support plan centred on outcomes they have identified themselves. It will also set out the support to help them achieve the outcomes identified. Support plans will be subject to regular reviews by local councils, and re-assessment of needs if their circumstances change (Care Council for Wales, 2016).

The Carers Measure helped to begin changing the culture of early identification and support of carers, particularly for the health board. There are concerns that the duties and obligations are more diluted in the new act. There is still more to be done to make sure health staff are identifying carers, in particular GPs and other primary health care staff (Betsi Cadwaladr University Health Board, 2015).

See the Care Council for Wales, 'Getting in on the act' website for more information about carers and the act <http://www.ccwales.org.uk/learning-resources-1/carers-and-the-act/> .

See appendix 7a for more detail about the historic legislation, strategies and policies relating to carers.

Safeguarding

The stress of caring can create safeguarding issues both for the carer and the person cared for. There are times when carers experience abuse from the person to whom they are offering care and support or from the local community in which they live. Risk of harm to the supported person may also arise because of carer stress, tiredness, or lack of information, skills or support. Service providers need to carefully assess capacity to care in order to prevent risks arising and to ensure the carer is supported to maintain their wellbeing reducing emotional or physical stress factors.

The new act includes a new definition of ‘child at risk’ and ‘adult at risk’, a new duty for relevant partners to report children and adults at risk and duties for local councils to make enquiries (Care Council for Wales, 2015).

7.2 What do we know about the population

Around 73,000 people provide unpaid care in North Wales according to the 2011 census, which is about 11% of the population. This is slightly lower than the all Wales figure of 12% and slightly higher than the England and Wales figure of 10%.

The number of carers in North Wales is increasing, particularly in north-west Wales

There were 6,000 more carers in North Wales in 2011 than in the 2001 census, which is an 8% increase. Overall, more women provide unpaid care than men: 57% of carers in North Wales are women, and 42% are men, which is similar to the proportion across Wales and in each local council area. This difference has narrowed slightly since the 2001 census by one percentage point due to a greater increase in the numbers of men providing unpaid care.

Table 7.1 shows that Flintshire has the highest total number of carers in North Wales and Anglesey the lowest, which reflects overall population numbers.

Table 7.1 Number of carers in North Wales by local authority, 2001 and 2011

	April 2001	April 2011	% increase
Anglesey	7,200	8,000	11
Gwynedd	11,000	12,000	11
Conwy CB	12,000	14,000	11
Denbighshire	11,000	12,000	9
Flintshire	16,000	18,000	7
Wrexham	15,000	15,000	2
North Wales	73,000	79,000	8

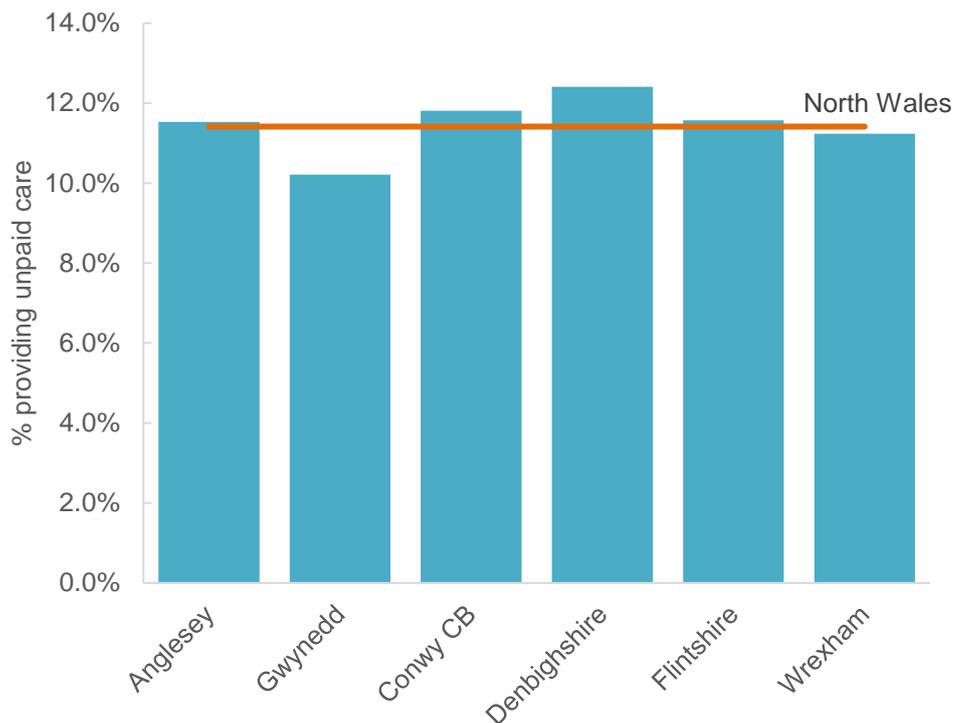
Numbers have been rounded so may not sum

Source: Census

The increase in need for social care identified in the other chapters of this population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer. Changes in working patterns and the increasing retirement age may reduce the capacity of people to provide unpaid care. People moving to the area to retire may also have moved away from the family and social networks that could have provided support.

Figure 7.1 shows the number of carers as a proportion of the total population in the county: Denbighshire has the highest proportion providing unpaid care while Gwynedd has the lowest. Although Flintshire has the highest total number of carers, this is not much higher than the average in North Wales as a proportion of the population.

Figure 7.1 Percentage of total population who provide unpaid care, 2011



Source: Census

People aged 50 to 64 are the most likely to provide unpaid care

In North Wales around 20% of people aged 50 to 64 provide unpaid care compared to 11% of the population in total. Generally speaking the proportion of people providing unpaid care increases with age until the 65 and over age group. In the 65 and over age group 14% of people provide unpaid care, which is the same proportion as in the 35 to 49 age group. These proportions follow a similar pattern in each local authority.

Table 7.2 Number of carers in North Wales by age and local authority, 2011

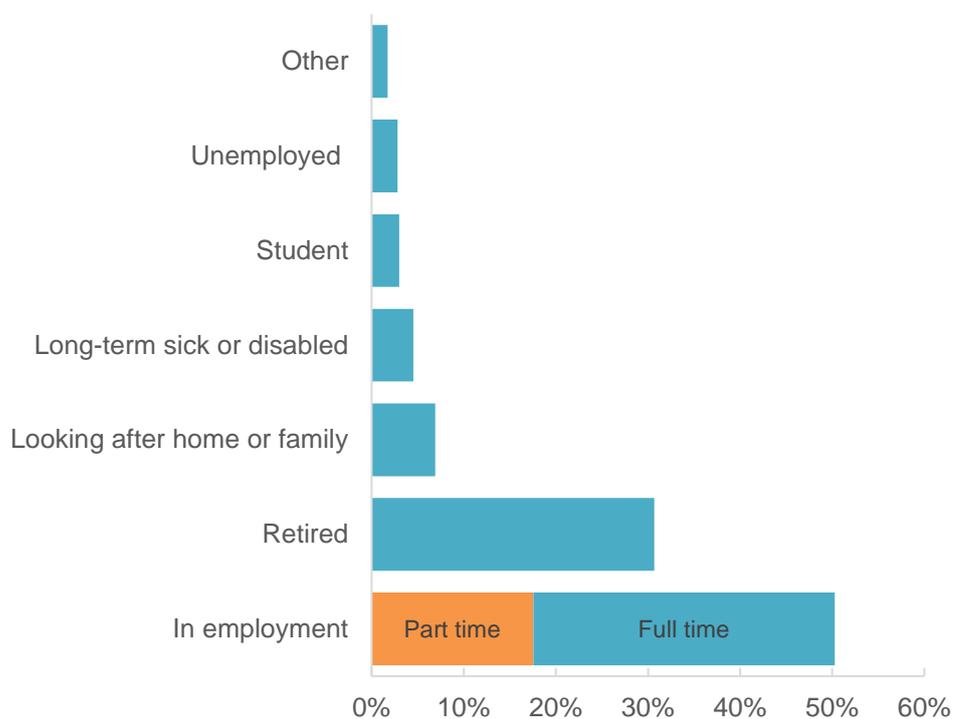
	Age					
	0 to 15	16 to 24	25 to 34	35 to 49	50 to 64	65 and over
Anglesey	140	360	520	1,800	3,000	2,200
Gwynedd	250	620	780	3,000	4,500	3,300
Conwy CB	260	550	750	3,200	4,800	4,100
Denbighshire	260	640	740	2,800	4,100	3,100
Flintshire	340	920	1,200	4,500	6,600	4,100
Wrexham	290	860	1,300	4,000	5,400	3,200
North Wales	1,500	4,000	5,300	19,000	28,000	20,000

Numbers have been rounded so may not sum
 Source: Census

Half of all carers in North Wales are in employment

The majority of the 50% of carers who are in employment work full time as shown in Figure 7.2 below. Around 30% of carers are retired.

Figure 7.2 Percentage of carers in North Wales aged 16 and over by economic activity, 2011



Source: Census

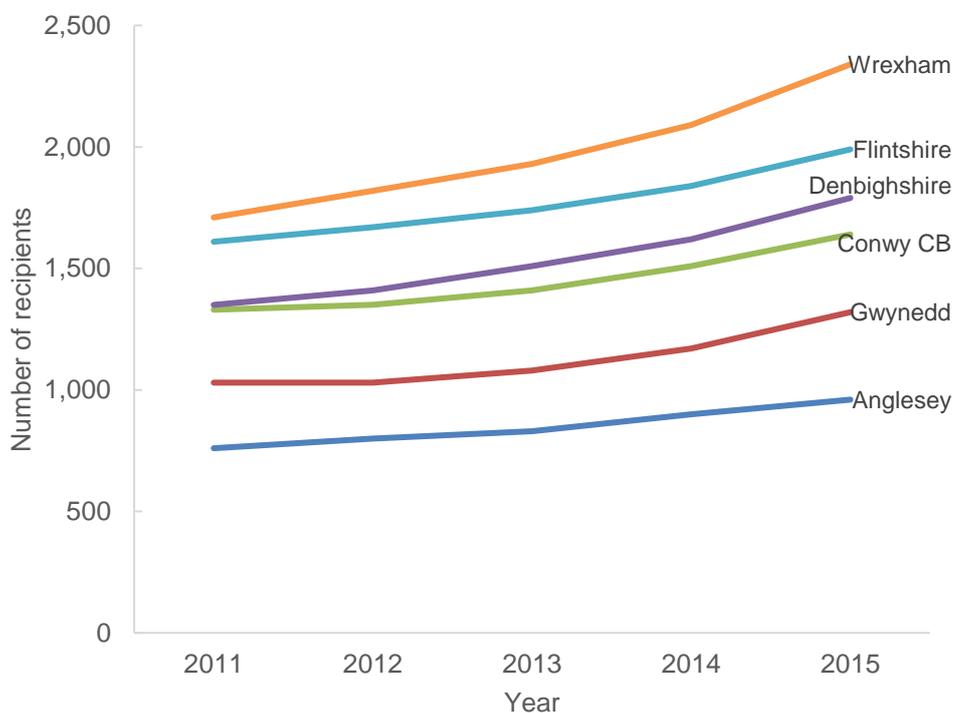
Of the 39,000 carers in employment across North Wales, 5,800 provide more than 50 hours of care each week and 1,600 work full-time and provide more than 50 hours or more of care a week. There are 3,500 carers in north Wales who describe themselves as having a long-term illness or disability, of which 1,500 provide 50 or more hours of care a week. For carers in employment, the support of their employer and colleagues is vital to helping them continue their caring role. This is important to consider when planning services, particularly

with the focus in the new act on supporting carers to continue in employment if they want to.

Carers' allowance

In 2015, there were 10,000 people in North Wales claiming carers' allowance. This number is much lower than the estimated 73,000 who provide unpaid care. However, this allowance is only available for those under pension age, there is pension credit element for carers. It also will not be available to the majority of people in employment who make up about 50% of carers. The increase in the numbers claiming is probably due to a combination of an increase in the total number of carers and better awareness of the allowance. These numbers still suggest that there is an issue of carers not claiming the benefits they are entitled to and highlights the importance of welfare rights services for carers.

Figure 7.3 Number of people receiving carers allowance in North Wales, 2011 to 2015



Housing and homelessness

Housing is an important part of carers' wellbeing and housing services are a key partner when supporting carers. Carers may face housing issues such as fuel poverty due to a low income, for example, if they have had to give up work. Housing that is not suitable or needs adaptations can make caring more difficult and it can be more difficult for people living in rented property to make adaptations.

Carers can be concerned that they will be made homeless if the person they care for dies or goes into residential accommodation.

Performance measures and carers assessments

Data is available on the number of carers' assessments that took place across North Wales. We have not included it here as it gave a misleading picture as the numbers were counted differently in each county. It was also based on the assessment of the person 'cared for' so excluded assessments of carers who had self-referred. A consistent approach to assessments and data recording is needed.

New information about carers will begin to be collected by local councils during 2016-17 and should be available for the next population assessment or interim review. This includes an annual survey of carers to be undertaken by local authorities that will find out the number of:

- Carers reporting they feel supported to continue in their caring role
- Carers reporting they felt involved in designing the care and support plan for the person that they care for (Welsh Government, 2015)

Other data that will be collected are:

- Number of assessments of need for support for carers undertaken during the year and of those how many led to a support plan
- Number of carer assessments that were refused by carers during the year
- Number of requests for review of care and support plans and support plans for carers before agreed timescales made by an adult during the year and of those how many were undertaken
- Number of adults who paid the maximum weekly charge towards the cost of care and support or support for carers during the year
- Number of adults who paid a flat rate charge for care and support or support for carers during the year

7.3 What are people telling us?

The main findings from engagement activities carried out for the population assessment and from previous consultation carried out by each local council and health are listed below. For more information please see appendix 7b.

How to support the carer by better meeting the needs of the cared-for person

- Equipment and adaptations and assistive technology can provide a very valuable services. Issues can include training needs and waiting lists.
- Respite, including short-term breaks
- Continuing Health Care (CHC) assessments to include short term breaks for cares
- More activities for people cared-for, particularly individuals with dementia
- Good quality reliable support for cared-for
- Support when carer is ill, both in emergency and planned treatment
- Reliable hospital transport that includes transport for carer. Carers need equal access to transport even when the cared for person is not with them to enable them to collect prescriptions for example.
- Health and social care workers – having workers that can help with medication as well as personal care

Support specifically for carers

- Accessible information and advice (preferably in one place)
- Local information surgeries, hubs, talking points and drop-in services
- Advocacy for the carer
- One to one support for the carer, such as a listening ear and telephone support 24 hours a day
- Socialising and carer groups in local community
- Access to leisure activities
- Volunteering opportunities
- Education, skills and employment
- Recognition and respect, consultation as partners in care, including when a person enters long-term care
- Better communication between all parties included in providing support for carers and the cared-for

- Third sector support – carers really value the range of support provided by third sector organisations
- Support for the carer when their caring role comes to an end, including employment, benefit and housing issues

The consultation also identified the following gaps in services:

- Lack of transport in rural areas
- Lack of services in rural areas, including paid home carers
- Inability in some areas to make appointments with known/named doctor, which is needed for consistency, particularly for people with mental health needs or dementia
- Lack of awareness among primary care staff about carers, their importance and needs
- Insufficient counselling services for carers whose mental health is affected by their caring role; this is particularly important due to the impact and stress of caring role
- Insufficient range, availability and flexibility of respite and short breaks for carers
- Gap in support for carers of people with substance misuse issues
- Long-term, sustainable funding for carer support projects

Other feedback included negative effect of caring on health; caring is easier when there is good support from family and friends (although some carers seem to think that family cannot/should not have to support because they have their own lives to lead); wide variation between carers who feel well supported and carers who say they have no support. Many carers, unless given prompts, failed to see how their local community does/could help.

Need for services through the medium of Welsh

Consultation and engagement highlighted the importance of care and support services being available in Welsh. Services should ensure Welsh language services are built into service planning and delivery and that services are offered in Welsh to Welsh speakers without them having to request it as required by the 'active offer'. The other chapters of the population assessment highlight where these needs are not being met for people receiving care and support and a Welsh language profile of the population is included in the introduction.

Consultation and engagement is needed to highlight specific areas of need for Welsh language provision for carers, for example, our consultation highlighted the need for a Welsh language carers support group in Meirionnydd, which is being addressed and will be provided by the third sector.

7.4 Review of services currently provided

Historically, much of the support that carers need can be provided through a statutory assessment of the cared for person. With the introduction of the new act, the provision of information, advice and assistance or preventative and rehabilitative services for the cared for person must be considered. This assessment, and the care and support plan will focus on outcomes to be achieved and innovative ways to achieve them such as attendance at local groups providing day time opportunities – however, if there is no other way, then services such as domiciliary care will be provided by social services. In addition, the provision of respite services in the form of short term care in a residential setting, and sitting services can be delivered to the cared for person to provide carers with a break from the caring role. **All of these services can provide carers with support and breaks away from the caring role.**

In addition, however, a wide range of support for carers in North Wales is grant funded or commissioned to third sector organisations who have a long and valued history of supporting carers. These include preventative services that can support carers throughout their caring journey, and commissioned services that meet statutory obligations such as carers' needs assessments.

Local council and health board grants can either partially or wholly fund carers' services, and in some cases the funding contributes to core costs. Some third sector services receive funding from both local councils and Betsi Cadwaladr University Health Board (BCUHB) although not necessarily under a single contract. The WCD Young Carers service (serving Wrexham, Conwy, Denbighshire) is a good example of collaborative working leading to a regional commissioning approach along with BCUHB to support carers.

It must also be recognised that the third sector can effectively draw in external funding to develop carers services to provide added value to service provision.

The following are examples of the type of services that are provided to carers across North Wales, which vary across the region. It must be noted that while some of these services are generic, others are specialist services, for example, providing support for carers of individuals with dementia or mental health conditions. The list also includes services that raise awareness of carers issues:

- Information, advice & assistance
- Dedicated carers needs assessors (in-house & commissioned out)
- One to one support
- Listening ear / emotional support
- Counselling
- Carer support officers – acute hospitals
- Support groups/forums/cafes

- Primary care officers – raising awareness with GP practices
- Training for carers, for example, dementia, first aid, moving & positioning, relaxation, goal setting
- Training for staff – to raise awareness of carers issues and support available
- Direct payments / support budgets / one-off grants
- Support to access life-long learning, employment, volunteering opportunities
- Support and activities for young carers and young adult carers

Short term breaks: local councils and BCUHB also invest significantly in carers' services that provide short term breaks in the form of sitting service or replacement care. Although these are services delivered to the cared for person, they are regarded as carers' service. The contractual arrangements and criteria for these services varies across the region but they are all currently non-chargeable services to the carers. Some third sector organisations also draw in external funding for these types of services.

The appointment of a regional post to map the full range of services available to carers in North Wales has been agreed by the North Wales Regional Partnership Board.

The All Wales Citizen Portal, DEWIS, provides social care and well-being information including services and support for carers <https://www.dewis.wales/>.

7.5 Young carers

Welsh Government define young carers as carers who are under the age of 18. The Code of Practice for Part 3 defines young adult carers as being aged 16-25.

Local councils are required to offer a carer's assessment to any carer with a presenting need. Annex A of the Code of Practice includes a range of examples that relate to young carers including:

- The child is unlikely to achieve development goals
- The individual is/will be unable to access and engage in work, training, education, volunteering or recreational activities.

In assessing, the council must have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child.

Where the carer is a child the council must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. This should lead to consideration by the council of whether a child carer is actually a child with care and support needs in his or her own right.

What do we know about the population?

The identified number of young carers in North Wales has grown in the last few years due to an increase in referrals through successful awareness raising and positive relationships with partner agencies.

At time of writing 1,096 young carers are being supported across North Wales (November 2016) as shown in Table 7.3. The 2011 census identified 1,500 young carers aged 0 to 15 and 4,000 aged 16 to 24 in North Wales.

Table 7.3 Young carers open caseload, North Wales, November 2016

	Number of young carers
Anglesey	80
Gwynedd	157
Conwy	223
Denbighshire	174
Flintshire	265
Wrexham	197
North Wales	1096

Source: Young carers service providers (Action for Children, WCD Young Carers, Barnardos)

Carers Trust Wales highlight the following issues facing young carers.

- There are an estimated 29,000 carers under the age of 25 in Wales, 17,500 over the age of 18, although research suggests this number may be significantly higher. Wales has the highest proportion of young adult carers out of the whole of the UK.
- UK-wide research (Nottingham University and Carers Trust) clearly found that young adult carers are a group that are under-identified and under-supported.
- Young carers on average achieve 9 grades lower at GCSE.
- Young adult carers miss or cut short on average 48 days of school each year (nearly 5 weeks).
- Young adult carers are four times more likely to drop out of higher education.
- One in four young carers said they were bullied as a result of their caring role.

Review of services provided

Specific support for young carers and young adult carers has been commissioned across North Wales from the third sector. WCD/Credu Young Carers is commissioned to provide these services in Wrexham, Denbighshire and Conwy, Barnardos provide the service in Flintshire and Action for Children provide the service across Gwynedd and Ynys Mon. Young adult carers are provided by NEWCIS (Flintshire); Wrexham Carers Service (Wrexham) and Carers Trust North Wales Crossroads Care Service (Anglesey).

These organisations all provide similar levels of support including information and advice, social activities and events, support with personal resilience and wellbeing, transport, counselling, advocacy and liaison with school, college, social services or health professionals. These services do not intervene directly to address the needs of the person being cared for by the young person, but are there to mitigate the impact of the caring role on the young person.

The most common needs of young carers identified by these service providers are: the need for respite and opportunities to socialise (giving them time to be a child); building resilience, emotional wellbeing and self-esteem; need for peer support networks with other young carers who understand; support with education and learning; and, advocacy support to have their voices heard.

The majority of referrals come from social services, specialist children's services, Families First and educational welfare officers on behalf of the schools. North West Wales have seen an increase in referrals from the health service, mainly from school nurses, health visitors and consultants in the past

two years following a pilot project aiming to improve the health and emotional wellbeing of young carers.

Emerging trends

All providers report a significant increase in young carers requiring 1 to 1 support which is having a significant impact on available resources. Several causes for the heightened need have been identified including: waiting lists for counselling/emotional support for children; an increase in the presentation of self-harming behaviour; and, an increase in children and young people coming to the service who have been diagnosed with ADHD/Autism and other significant behavioural problems.

Housing and homelessness

Young carers may feel insecure about their housing as they are not able to receive benefits or take on responsibility for paying council tax themselves.

Safeguarding

There can be a number of factors for young carers that mean safeguarding issues can arise. Young carers are often difficult to identify and this can mean their needs only come to light when there is a crisis. The extent of the child's caring role and the impact that it has on their own development can be a safeguarding concern in itself, which is why it is vital that services quickly recognise and fully assess their needs to ensure the right support is in place at the right time.

Young carers are vulnerable to the impact of caring on their emotional and physical development, education and social networks and friendship (Becker *et al.*, 2000). Very young carers, those under the age of eight, are at particular risk and have been excluded from some young carers' assessments and services in the past on the grounds that a child under eight shouldn't have any caring responsibilities. Commissioners need to make sure there is support in place for these young people whether through young carers' services or other services for vulnerable children.

There may also be differences of view between children and parents about what constitute appropriate levels of care and parents can sometimes be reluctant to engage with services because of negative perceptions or fears relating to the action social services may take.

Young adult carers equally face safeguarding issues similar to young carers. The caring role can place a significant strain on young people, which can impact on their educational attainment, accesses to training and employment and their general health and wellbeing.

Being a young carer does not mean that a child or young person is automatically in need of protection. However, it highlights that services must put

preventative processes in place to ensure families do not find themselves in crisis, resulting in child protection procedures being triggered.

What have young carers told us?

Findings from the consultation and engagement with young carers.

Areas young carers found challenging were: concentrating, communicating, being confident and making friends (possibly because of their caring role). Their needs were as follows.

- To be valued and supported by teachers to succeed academically;
- Advocacy when dealing with professionals, who may not listen to young carers, particularly younger ones.
- Counselling services and support with their own health needs.
- Problems making GP appointments.
- Lack of awareness and respect by some professionals, particularly in health.
- Accessible user friendly information either online or one to one without using jargon.
- Be recognised, supported and listened to by friends, family and professionals in all fields.
- Places to go to make friends and have fun.

Findings from consultation and engagement regarding young adult carers found specific needs for respite care and practical support, information and 1-1 support. Some carers use respite support to enable them to go out as a family, without one member of the family having to stay behind to care for the cared-for. Others prefer practical support with household chores so the young adult carer does not have so much to do when they get home from college, freeing up time to study. Feelings of isolation, sometimes due to issues with transport can also be a problem for some young adult carers.

Review of services provided

In the main services for young carers are commissioned to support children aged over 8 years old as it is believed that a child under this age performing a caring role indicated a higher level of need and in these cases the family should receive intervention and support from social services. However WCD/Credu Young Carers have secured additional grant money from the BBC Children in Need to provide bespoke support of young carers under the age of eight.

Further clarity is needed to develop our understanding of the scope of support that young carers are providing across North Wales. While the majority of referrals relate to a young person supporting a family member who suffers from

a disability or long-term illness an increasing number of referrals highlight that their caring role relates to a parent or parents with a substance misuse problem.

More work is needed to explore the range of need within the young carers' population in North Wales. Each services delivers a tiered level of support based on an assessment, although this is not standardised across the three providers and the numbers of children supported at each tier is unclear. The emerging trends which have been raised need to be explored to clarify the prevalence of each issues to inform future service development and commissioning plans.

The feedback from service providers indicated there is a gap in provision for young adult carers and young carers under the age of 8. The needs and experiences of these cohorts of young carers are very different to young carers (aged 8-16) and require a different level of support.

7.6 Conclusion and recommendations

Carers provide a crucial role in the provision of care and support and provide a preventative service themselves. It is estimated carers provide between 70% and 95% of care, saving £7.72 billion every year in Wales (Yeandle and Buckner, 2015; Welsh Government, 2016). Every caring situation is unique.

Main findings

- The number of carers in North Wales is increasing, particularly in north-west Wales.
- People aged 50 to 64 are the most likely to provide unpaid care.
- Half of all carers in North Wales are in employment: for carers in employment the support of their employer and colleagues is vital to helping them continue in their caring role.
- The increase in need for social care identified in other chapters of the population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer.
- There are over 1,000 young carers identified across North Wales, which is an increase over the past few years.

Gaps in support and recommendations

There is a challenge to services in the current economic climate with services being cut both for carers and for the people they care-for. Much of the support for carers, particularly from the third sector, relies on short-term funding and there are risks to the sustainability of this support.

There is feedback that respite/short-break provision is reducing as well as issues around how far ahead it needs to be planned which means it's difficult for carers to make last minute plans. We need to re-think how we provide services to achieve the best outcomes for carers and the person cared-for in this climate.

Support in acute hospitals is inconsistent – there is a carers' support officer in the West and East regions of North Wales hosted by the third sector, but no provision in the central area. In this, and other areas we need to consider how to provide more consistency across the region.

There is an increasing need for 1 to 1 support for young carers as well as support for young carers under age 8.

In addition to the examples above, the consultation highlighted the need for better support for carers by better meeting the needs of the cared-for person as well as providing support specifically for carers. It highlighted gaps around transport, services in rural areas, awareness of primary care staff, counselling services for carers and support for substance misuse carers. The review of

services highlighted that there is provision in North Wales to meet many of these needs although this provision is not consistent across the region.

The appointment of a regional post to map the full range of services available to carers in North Wales has been agreed by the North Wales Regional Partnership Board. The scoping exercise is likely to identify further gaps and inconsistencies across North Wales and highlight priorities for joint working. There is a regional carers' operational group who will be looking at opportunities for regional working arising from this population assessment.

Equality and human rights issues

This chapter recognises that while carers and young carers are not formally identified as having protected characteristics that carers can be disproportionately impacted as a result of their caring role and in many instances face substantial economic and social disadvantages. For young carers and adult young adult carers this can lead to impacts on their own development and life opportunities.

This chapter highlights that carers can have protected characteristics and identifies data that indicates disproportionate impacts with regard to age and gender. The chapter also has a specific section looking at the needs of young carers and young adult carers.

There are other protected characteristic groups that may be affected due to the nature of their caring role. The equalities impact assessment on this population assessment reflects on further considerations and impacts. Issues affecting people with the protected characteristics may not be picked up by this assessment but could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the plan.

Services for carers must take a person-centred approach that takes into account the different needs of people with protected characteristics and this will be a continued approach during the development of future implementation plans and play a key role on the development of services.

We would welcome any further specific evidence which may help to inform the assessment.

Next steps for the population assessment and area plan

- Find out about the effectiveness of services provided to carers, improve project evaluation and look at what can be replicated across the region to provide more consistent support even with local variations.

- Consider how we capture outcomes and systems to capture unmet need, for example, Gwynedd Council and Denbighshire County Council are piloting using 'what matters' conversations with carers.
- Map carers' services across North Wales, including the availability of provision through the medium of Welsh.
- Share the findings from the population assessment and area plan with Welsh Government to inform the development of the All Wales Strategy for Carers.

Appendix 7a: Historic carers legislation

The Social Services and Well-being (Wales) Act 2014 repeals the majority of existing community care legislation including:

- The Carers (Recognition and Services) Act 1995
- The Carers and Disabled Children Act 2000
- The Carers (Equal Opportunities) Act 2004
- The Carers Strategies (Wales) Measure 2010

A1.1 Carers Strategies (Wales) Measure 2010

“The purpose of this Measure is to enable the National Assembly to legislate to introduce a new requirement on the NHS and Local Authorities in Wales (“the relevant authorities”) to work in partnership to prepare, publish and implement a joint strategy in relation to carers.

<http://www.assemblywales.org/bus-home/bus-legislation/bus-legislation/buslegislation/meas-cs.htm> <http://www.assemblywales.org/bus-home/bus-business-fourth-assembly-laiddocs.htm>

<http://www.legislation.gov.uk/wsi>

A1.2 Carers (Recognition and Services) Act 1995

This was the first piece of legislation that gave rights to carers of all ages who provided regular and substantial care. This contains the core statutory responsibilities and requires local authorities to carry out an assessment of a carer’s ability to provide and continue to provide care, if the carer requests this, at the time of the assessment of the person they care for.

<http://www.legislation.gov.uk/ukpga/1995/12/contents>

A1.3 Carers and Disabled Children Act 2000

This Act gave Carers a right to ask for an assessment even when the person they were caring for refused an assessment. It also gave Local Authorities the power to provide services directly to Carers and to provide Direct Payments to Carers.

<http://www.legislation.gov.uk/ukpga/2000/16/contents>

A1.4 Community Care (Delayed Discharges) Act 2000

It states that when a carer asks for an assessment, Social Services in consultation with their partners in the NHS, must determine what service it will provide for the Carer when the cared for is ready for discharge.

<http://www.legislation.gov.uk/ukpga/2003/5/contents>

A1.5 Carers (Equal Opportunities) Act 2004

This placed a duty on Local Authorities to inform Carers of their right to a Carers assessment. It also ensured that Carers leisure, lifelong learning and employment opportunities be taken into account when carrying out an assessment. It gave Local Authorities the power to enlist the help of Housing, Education and Health in providing support to Carers.

<http://www.legislation.gov.uk/ukpga/2004/15/contents>

A1.6 Children Act 1989

Young Carers can be identified as a 'child in need'.

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

A1.7 Children and Young Persons Act 2008

This requires local authorities to make adequate arrangements for short break provision for Disabled Children.

<http://www.legislation.gov.uk/ukpga/2008/23/contents>

A1.8 Disabled Persons (Services, Consultation and Representation) Act 1986

This requires local authorities to have regard to the ability of the carer to provide or continue to provide care when deciding what services to provide to the disabled person.

<http://www.legislation.gov.uk/ukpga/1986/33>

A1.9 Education Act 2002, Section 175

Section 175 concerns the duties of Local Education Authorities and governing bodies in relation to the welfare of children

<http://www.legislation.gov.uk/ukpga/2002/32/contents>

A1.10 For each of the detaining Sections of the **Mental Health Act 1983** there are duties placed on Hospital Managers (and sometimes others) to provide written and oral information to patients (and in some cases their nearest relative, which may not be the same person as the carer incidentally). To support Hospital Managers to meet their duties, the Welsh Government have developed a series of leaflets. All are available (in English and in Welsh) at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=816&pid=33957>

A1.11 Rights of Children and Young Persons (Wales) Measure 2011

The purpose of this Measure is to impose a duty upon the Welsh Ministers and the First Minister to have due regard to the rights and obligations in the United Nations Convention on the Rights of the Child (UNCRC) and its Optional Protocols, when making decisions of a strategic nature about how to exercise functions which are exercisable by them

<http://www.assemblywales.org/bus-home/bus-legislation/bus-legmeasures/businesslegislationmeasures/rightsofchildren.htm>

A1.12 Mental Health (Wales) Measure 2010

Part 2 of the Mental Health (Wales) Measure places statutory duties on mental health service providers in Wales (LHBs and local authorities) to ensure that all patients in secondary mental health services have a care and treatment plan of a prescribed type, which is developed and reviewed, in partnership with the patient, by a care coordinator. Regulations made under this Part of the Measure require care coordinators to consult with certain other persons (including the patient's carer(s) in developing and reviewing care and treatment plans, and that certain persons (again, including the patient's carer(s)) should be provided with a copy of the plan, or relevant parts of the plan. The care coordinator has some discretion as to whether carers should be consulted and receive copies where the patient has not given their consent, against the patient's wishes.

In addition, this legislation enables carer(s) to request a review of the patient's care and treatment plan if they believe that this is necessary (although the care coordinator has some discretion as to whether a review is conducted following such a request).

The Mental Health (Wales) Measure also places statutory duties on mental health service providers to make certain information available to patients in writing when they are discharged from secondary mental health services (including the reason for their discharge, and the actions to be taken in the event that the individual's mental health should deteriorate at some point in the future). Chapter 7 of the Draft Code of Practice which has been issued by the Welsh Government to support this Part of the mental Health (Wales) Measure states that service providers should consider providing this information to the individual's carer if it is believed that this would be appropriate and the individual is in agreement.

For further information on the requirements of this legislation, see the Welsh Government's Mental Health web pages:

<http://wales.gov.uk/topics/health/nhswales/healthservice/mentalhealthservices/?lang=en>

A1.13 The United Nations Convention on the Rights of the Child (UNCRC)

The Articles of particular relevance to Children as Young Carers are:

Article 3 In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Article 12 States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

Article 13 The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

Article 15 States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly.

Article 19 States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Article 28 States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity

Article 31 States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

Article 36 States Parties shall protect the child against all other forms of exploitation prejudicial to any aspect of the child's welfare.

<http://wales.gov.uk/topics/childrenyoungpeople/publications/uncrcarticles/?lang=en>

A1.14 Work and Families Act 2006

This came into force in Wales in April 2007. It requires employers to consider requests from people with caring responsibilities to work flexibly.

<http://www.legislation.gov.uk/ukpga/2006/18/contents>

Appendix 7b: Consultation and engagement

The consultation and engagement activities included in the summary were:

- Feedback from organisation survey carried out for the population assessment (see appendix 1)
- Carers reference group consultation event (29 June 2016)
- Young carers event report (30 January 2016)
- Young carers consultation (carried out to inform the Conwy, Denbighshire, Wrexham joint contract)
- Flintshire County Council Carers Event (19 October 2015)
- Carers Partnership Board - a consultation with carers in Anglesey

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