

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee - 26 November 2015  
**Subject:** Carers Consultation - Paper 1  
**Report of:** Nathan Atkinson, Interim Head of Commissioning

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**Summary**

This paper explains the methodology that was undertaken for the carers' consultation. It sets out the results of the consultation and reports the changes that are being put in place based upon the findings. Involvement of carers and co-production with organisations will continue to be an ongoing part of the development of support for carers.

**Recommendations**

To consider and comment on information in the report

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**Wards Affected:** All

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**Background documents (available for public inspection):**

Summary of Face to Face Consultations (Appendix 1)  
Carer Consultation Feedback (Appendix 2)  
We Care, Our Care, Carer Feedback report May 2015 North, Central and South  
Clinical Commissioning Group

## 1.0 Introduction

- 1.1 The Census 2011 showed there were approximately 42,640 people in Manchester providing unpaid care. Carers make a vital contribution and are the major providers of care in the City.
- 1.2 The Council has a strong tradition of supporting carers. The first Carer's Strategy was published in 2002, and Manchester was one of the first local authorities to introduce a carer's individual budget.
- 1.3 Significant changes have occurred in Health and Social care since the first Carers' Strategy in 2002, including the introduction of the Care Act. This has led the Council to reassess how it supports carers. Stakeholders, including carers, have been consulted and have worked with the Council throughout this process to ensure there is a coproduced model of assessment and support.
- 1.4 Alongside the consultation process with carers, work commenced on developing a coproduced model of carers' services. All providers of carers' services were invited to an initial meeting to discuss the redesign and consultation. Representatives were subsequently appointed to attend a series of coproduction meetings with other stakeholders. This group was tasked specifically with appraising commissioning options for delivering support to carers. A separate report outlines recommendations from this co production group about a preferred delivery model.

## 2.0 Background

- 2.1 An 8 week consultation with carers was launched on the 10<sup>th</sup> August, which ran until the 5<sup>th</sup> October. The consultation covered 3 areas:
  - **The Carer Strategy** The consultation asked if the draft strategy was focused upon the right areas and priorities and if there were any other areas that the Council should focus upon.
  - **The Carer 'Support Offer'** The support offer was consulted upon and people were asked what would help them continue in their caring role.
  - **The Carer Assessment** Changes in the assessment and the assessment process were consulted upon and people were asked if they agreed with the changes, or if they thought that there were other approaches that would make the assessment easier.
- 2.2 A detailed plan was prepared, which set out a comprehensive consultation and engagement methodology to encourage carers using services, stakeholders and residents to participate in the consultation.

This included:

- Using the Council's website
- Individual questionnaires

- Targeted Events – all carers organisations across the city were asked to organise a session with carers for Council staff to consult with them.
- Letters – all carers known to the Council were written to and asked to complete a survey online, or via the paper copy.
- Carers Care Managers and Social Care Staff were asked to inform all people that they came into contact with about the consultation.
- Elected Members – Members were briefed on the consultation and were asked to mention the consultation at Ward meetings and with their constituents in order to ensure people were aware of it.
- Voluntary organisations – the Consultation was tweeted via MCC and MACCs communications.

### 3. Consultation Results

#### 3.1 Targeted Events

Targeted events were organised with carer's organisations. The attendance was significant and is as below.

<b>Carers Consultation Events</b>	<b>Date:</b>	<b>Number of people</b>
Admiral Nurses	01/10/2015	4
Afro Caribbean Mental Health Services	20/08/2014	15
Connect Support	30/09/2015	27
Himmat	14/09/2015	16
Indian Senior Citizens Centre	01/10/2015	21
Manchester Carers Centre	01/10/2015	29
Manchester Carers Forum	26/08/2015	7
Manchester Jewish Federation	07/10/2015	5
MCCR (Manchester Comm Council Relations)	29/09/2015	24
Moodswings	24/09/2015	12
Neesa Well Women	03/09/2015	15
Stroke Association	28/09/2015	10
Talbot House	22/09/2015	16
Wai Yin Chinese Society	30/09/2015	10
<b>Total Number of People</b>		<b>211</b>

3.2 Notes were taken at the face to face meetings and have been summarised alongside findings from the questionnaire. There was good attendance at the group with 211 carers represented. This equates to around 40% of the people known to attend commissioned carers services every month. Whilst this is a good representation of the carers who use services, it does need to be recognised that the views of carers not known to carer's organisations are not represented.

#### 3.3 Questionnaire

In total 239 questionnaires were returned (187 online and 52 paper copies). However not all carers completed all questions. More carers completed the

questionnaire in relation to their views on the strategy than on the support offer for carers and carer's assessments. This may be due to the order of questions as they appeared in the questionnaire (strategy questions came first).

- 3.4 There was both quantitative and qualitative analysis of carers' responses in the questionnaire showing both numbers of carers who agree or disagree with the proposed approaches and we have also looked at the written responses carers made.
- 3.5 The questionnaire findings are very useful in helping to develop the support and assessment processes for carers. However the questionnaire on its own is not representative of all carers as the return rate was low and the Council is only in-touch with a small percentage of the total number of people who identified themselves as having a caring role (Census 2011 showed there were around 42,640 people in Manchester providing unpaid care). Therefore whilst it is useful to look at the findings the council also need to ensure that the findings are considered in context of other feedback from carers.

### **3.6 Clinical Commissioning Group Questionnaire**

As well as using feedback from this survey to inform recommendations, the Council has also reviewed feedback from a questionnaire North, South and Central Manchester Clinical Commissioning Groups (CCGs) coproduced in partnership with Manchester Carers Forum in May 2015, which was mailed out as a paper copy to 3000 carers. As well as paper copies of the survey there was an electronic link to an online survey. The response rate for this questionnaire was 11%. The results of this consultation are included in Appendices.

## **4.0 Summary of Analysis from Consultation**

A breakdown of the analysis of each question is included in Appendix 2. Below is a summary of some of the main findings of the consultation on the specific three areas that were consulted on.

### **4.1 Strategy**

With regard to the strategic vision for carers there was broad agreement with the priorities. The priority looking at how the Council offers personalised support, which includes how the Council uses the carer's individual budget, was the exception to this. Overall, carers felt the proposals to meet the other priorities were good, but stressed that the priorities need to be realistic, clear, measurable & specific. What was really clear from the face to face meetings was a plea from carers for some honesty about what the Council can deliver when it sets out its vision. Many carers felt that the vision did not reflect their reality.

- 4.2 The quantitative analysis of the answers regarding the Councils Strategy and strategic goals for carers identified 78% of carers felt that the priorities set out

in the strategy would help to meet the Councils vision to identify carers early on (question 4). Carers responded positively (either strongly agreeing or agreeing) to the proposal to have a wider range of services to enable carers to fulfil their educational and employment potential.

- 4.3 Carers' suggestions for priorities in the strategy were: more collaborative working, raising awareness across organisations, better recognition of carers and young carers, keeping carers informed, financial advice and support for carer's health and wellbeing as they get older.

#### **4.4 Support Offer and Assessment for Carers**

Carers were asked whether the Council should only provide a carers individual budget where the carer had limited financial means. Opinion was evenly split 41% of carers against and 41% of carers for means testing the Carers individual budget.

- 4.5 In identifying what should be included in the Carers Offer there was a mixed response as to whether it should include a sitting service for carers (a service where someone sits with the cared for person allowing the carer to take a break). A consistent message from carers was the need for all support to be personalised. What suits one carer and the person they care for may not necessarily be appropriate for someone else. Having a budget to meet an identified need will need to be an available option to ensure there are different ways to meet need rather than just one particular type of service.
- 4.6 Telephone support, befrienders, peer support, regular newsletter, and being able to book respite in advance were things that carers felt would improve their lives and ensure they were not isolated.

#### **4.7 Carers Assessments**

The main concern carers had with the existing carer's assessment was that there was often a lack of empathy and understanding by the person carrying out the assessment. Intrusive and inappropriate questions, reading from a check list were mentioned a number of times in the face to face meetings. In the survey 69% of carers either agreed or strongly agreed that carers should take an active part in working out their own support needs and finding solutions.

- 4.8 This approach fits with an asset based model looking at the uniqueness of people, their potential skills, assets, relationships and community resources. This different approach concentrates primarily on what is important to people, what they want to do, and the strengths and nature of their social networks. This underpins wider Council priorities of building self reliance and strengthening communities.
- 4.9 In the questionnaire 77% of carers agreed or strongly agreed that, once an assessment is finished, the Council should review whether what has been

jointly agreed in a support plan is working for the carer six weeks after the assessment. This was endorsed by the face to face meetings with carers.

4.10 Whilst carers thought training on computers would help them in completing online assessments, many still said a range of options would need to be available and sometimes carers would want to talk to a person. Therefore assessments need to include an online assessment but this did not remove the need for a face to face assessment.

4.11 In the qualitative analysis carers expressed concerns about the needs of young carers to have a childhood, do well at school and have the same aspirations and ambitions as young people without caring responsibilities.

#### **4.12 CCG Survey Findings**

The findings from the survey carried out by the CCG looked at the impact of caring on carers' health. The survey portrays a concerning picture about the impact of caring on the carer. The impact of caring on a carer was not something the MCC questionnaire asked directly, but it was evident in the responses as part of the face to face meetings with carers. The CCG survey showed that of carers who replied:

- 58% were caring for over 50 hours per week.
- 77% said that they had experienced anxiety and stress
- 56% of carers said their health would improve by having respite / break

#### **4.13 Key points from all consultations**

The point was made in both the CCG and Councils questionnaire findings that the carers' health and wellbeing is directly affected by how well the person needing care is supported. Therefore support for carers to remain well is reliant on ensuring the support that is provided to the adult / child with care needs is good quality, timely and delivered in a personalised way.

4.14 Better recognition of carers by health was a consistent theme in all consultations. Carers reported that often GPs had little understanding of the impact that their caring role has upon them. Practical measures such as flexibility with appointments for carers, or using alternative methods of communicating, were recommendations in the CCG questionnaire of how carers could be better supported.

4.15 Support for older carers was a common thread in all consultations, as was support services that were culturally appropriate for different groups, where carers could meet other carers who had a shared language and background.

### **5.0 Next Steps**

A summary of all the consultation findings will be amalgamated into one document, which will then be circulated to carers via carers' organisations and also published online in the format of 'You Said, We did.'

- 5.1 The findings from the consultations are already being used in the coproduction work detailed in the Carers Redesign Paper 2 and in refreshing the Carers Strategy, influencing what is included in the Carers offer.
- 5.2 The consultation outputs will also help shape future models for Carer's Assessments. The process of reviewing carer's assessments at 6 weeks and the mixed views about limiting individual budgets to those on less financial means will be fed back into the Officer group working to implement the requirements of the Care Act.
- 5.3 Officers are coproducing a Carers Tool Kit, which was seen in the consultation as a positive way of ensuring the offer to carers includes a wide range of information and support and is personalised to the individual.
- 5.4 The Carers Strategy is being refreshed, in conjunction with carers services to ensure the views of carers about having specific, measurable and achievable targets are included whilst also recognising the complexity and many issues that impact on carers, some of which are outside of the Councils control.
- 5.5 The work with carers' organisations in redesigning services will continue. This involvement and coproduction will be an ongoing part of the development of support for carers.

## **Appendix 1 Carers Consultation Events Summary**

**MCC Officers:** Nicola Rea, Elaine Ridings and Donna Grimshaw

**Number of stakeholders:** 211

The representatives of stakeholder groups at the consultation events can be seen below:

- Admiral Nurses
- Afro Caribbean Mental Health Services
- Connect Support
- Himmat
- Indian Senior Citizens Centre
- Manchester Carers Centre
- Manchester Carers Forum
- Manchester Jewish Federation
- MCCR (Manchester Comm Council Relations)
- Moodswings
- Neesa Well Women
- Stroke Association
- Talbot House
- Wai Yin Chinese Women Society

Below is a summary of the key themes that arose from the carer's consultation events.

### **Draft Strategy for Carers**

In respect of the overall vision in the draft strategy, many carers felt the vision was good, and a number of carers expressed that they did not feel valued and did not believe in the Council's vision.

Some carers felt the priorities were good but in reality it is totally different. It can be difficult to be healthy and have a life our own where you are caring.

The majority of the carers agreed with the priorities but stressed the priorities need to be clear, specific and deliverable. Carers want the strategy to be realistic and not to raise expectations it can't meet. The Strategy must embed both cultural and diverse care needs, and link in with a wide range of agencies such as education, health, social care, and housing

### **Partnership**

Carer organisations and carers want more collaborative working with partner agencies including MCC, Heath and Manchester Mental HealthTrust.

### **Communication**

Overall it was felt that there needed to be clearer lines of communication between professionals and other agencies. Communication with the Council also needs to



improve where carers are kept informed using plain language. Written communication needs to be accessible to everyone and produced in a number of formats taking into account carers diverse needs.

### **Priority 1: Identify carers early on**

Carers said there are many people who do not identify themselves as a 'carer' as they are caring for their partner or child and other family members and see it as their duty. Raising awareness to the general public and professionals/agencies is was also raised as a priority.

It was expressed that carers need to be identified early and it was felt that GP's had a big role to play in identifying carers and acting on this. Some carers were supported by their GP however many carers were either not asked if they was a carer, or when they did disclose and talk about their caring role, in general the GP took no further action. Young carers are often not identified and schools are best placed to identify and respond early. Working with key agencies is vital to identify carers and respond to their needs as early as possible.

The majority of carers found out about their caring group by word of mouth and sometimes did not realise their was a carer. They and felt that better ways of informing people about carer groups/organisation and making people more aware generally about carers needed be explored.

Suggestions:

- There needs to be a Government campaign about carers, using social media
- GP's need to flag carers up and contact groups if the carer is not confident.
- Carer information displayed in all local area such as GP's, dentists, chemists, Libraries, schools, colleges and universities.
- Young carers to have a carers care plan

### **Priority 2: Enable carers to fulfil their ambitions**

To enable carers to fulfil their ambitions some carers felt that there needs a 'buy in' from all agencies to share responsibility of meeting the needs of carers and to recognise this as a positive investment. It was felt that carers are everyone's business and they should not be taken for granted.

Suggestion - Carers need to be in the locality plan

Example where a working carer had missed out on work opportunities because of their caring role – *"I have held back"*

*"Carers want positivity – value of having a good laugh/that is the prevention stuff"*

### **Priority 3: Personalise support to carers to enable them to achieve their individual goals**

Many carers felt they needed to be supported to enable them to achieve their individual goals. Many carers did not know where to go for support and some had no support after their cared for had been diagnosed.

It was highlighted by many carers that they did not know where to go when they reached crisis point, or what support was available out of hours. A crisis can happen anytime including evenings and weekends.

*“ Support is not long enough for the carer to do anything in the time”  
(couple of hours max)*

#### **Priority 4: Support for carers to remain physically and mentally well.**

An example was given where a carer discharged themselves early from hospital due to their caring responsibilities. It was expressed that hospitals need to have a better understanding around carers and their needs.

There were a number of carers who commented on the fact that once they had become a pensioner their carer allowance had stopped however their caring role remained the same.

The impact of carers wellbeing is greatly influenced on whether their cared for needs are met and a number of carers felt that paid professionals did not always value their expertise and felt they were not being listened to.

#### Comments:

- Carers need to be listened to and take their experiences into account.
- It is important to look at us as professionals – Professionals don't listen to us or like what we have to say.
- Carers have gone to the GP and they have not understood the difficulties and issues of being a carer of someone with mental health issues.

The majority of carers expressed the value and positive impact on them by attending carer groups.

#### Comments:

- You can come here and have a rest from your caring role.
- We have made friendships and talk to each other outside of this group.
- You do not feel you are on your own.
- If I did not come here I would be just sitting looking out of the window
- It is very good here.

#### **Carers Support Offer**

Carers expressed support should be personalised using a variety of provision. There should be easy access to information and advice and a route into appropriate provision such as caring organisations, respite, break provision, health services, and social care services. Finding the right information and advice was also highlighted

about specific conditions and illness for the cared for so that carer had a better understanding.

Carers felt that their caring role was not always acknowledged by some professionals/agencies.

#### **Carers Support Offer - Sitting Service**

Many carers liked the idea of a sitting service which would need to be affordable and accessible to everyone. A number of carers said the person they cared for does not want to leave the family home and needs the security of familiar surroundings. Other carers have to be with their cared for at all times.

The sitting service would need to have mechanisms where the paid carer can become familiar with the cared for, as they would be distressed with an unfamiliar carer. "It can make a big difference if the cared for knows the person coming in to care for them". Concerns around the quality of a sitting service was raised.

Comments:

- Someone coming every now and then for the cared for and for the carer would be good so you don't feel alone.
- Sitting service is a very good idea.
- It would be good if you could get someone to come out twice a day to help with things such as food and medication.
- Better to get someone to come to the house.
- People with dementia – it is very important to keep their security.
- People with dementia will need to know the carer from the sitting service and would need to build up a relationship with each other.
- The sitting service would have to tackle language barriers so the service was accessible.
- It is not easy to get someone in your language.
- A sitting service would be useful and to be available in the evenings.
- A sitting service might be useful, but might not – the cared for might not be happy to have someone else with them. "Normally falls to the carer".

#### **Carers Support Offer - Respite**

There was a mixture of carers who had, and who had not used the service. An example was given where a carer had booked a holiday in advance and then had to cancel it because they could not get respite care as there was no one suitable for them.

Comments:

- Issue for carers with the quality of the care.
- I have been using this service for the past six years. This is an easy process and I have a twelve month timetable. Sometimes I may have to cancel one of the dates but I will always be given another slot. This carer said she has benefitted from this service and their cared for is happy.
- I do not have a cared for budget

#### **Carers Support Offer - Individual budget**

A number of carers felt the proposal for the Carers' Individual Budget supporting only those with limited financial resources could be a more effective and fairer option, however consideration would need to be taken on individual carer's circumstances and needs. They also felt that the IB would better serve those assessed as most in need, rather than the IB spread more thinly among more carers. A number of carers said that it would be better to have different services as you need the support long term.

There was also a number of carers who felt that all carers should get the Individual Budget regardless of their financial means.

Comments:

- Some need it more; IB should be done for need
- It would be better to focus on a smaller group
- If you have a limited budget there is no point distributing it, this may need to be means tested
- IB should be about the carer having time away.
- IB for breaks - you have something to look forward to. *"What a difference this makes"*
- Money should fund group breaks
- If you have a good job, they don't need it.
- Depends on how much money is coming in and the circumstances.
- Not right if people with huge incomes/wealth can get it – but that's not the case for most people.
- Distribute budget into organisations.

Comments:

- All carers should get an IB.
- Some people may not need carers' assessments but should have an IB.
- Having an IB is good as this money has to be spent on me
- IB is the only money they are getting in recognition.
- If you are a pensioner you do not qualify and the IB enables me to take a holiday.
- If carers are working they should still have a break
- Young carer would not attend any carers group as all needs being met by having a job and feeling fulfilled in this way.
- IB provided me with money for an I Pad.
- If you are a carer and work full time you should be rewarded.
- I work part time because of the condition of my cared for, so means tested would be difficult.
- Carers are doing more for less.
- If financially assessed people will say – people on benefits get everything.

A number of carers raised concerns at the additional expense of parking.

An example was given where a carer gave up work to take their cared for to hospital on a regular basis and has to pay parking fees for each visit as the appointment take longer than the time allocated for free parking.

There were some carers across the City who attended the consultation events that have ever had an Individual Budget and was not aware of the IB.

It was suggested when the Council are focusing on assessing those with limited financial resources, they look at decent income thresholds with different types of work scenarios (part time working, people with low income)

Questions were raised about what the Council defines as 'limited financial resources' and what is the minimum and maximum amounts the IB would be, as carers currently get different amounts.

The issue of administration costs attached to means testing was raised where this would not be cost effective with the limited budget.

A question was also asked on how the Council will manage the budget with the increasing number of carers under the Care Act.

### **Carers Toolkit**

The majority of carers welcomed the idea of a carers toolkit in bringing together different ways to meet individual needs including a range of services suitable for all carers. Some carers felt this should be in addition to the individual budget. Many carers and carer organisation shared their views and ideas about what was needed in the Toolkit.

A carer role is autonomous and the support should be personalised for the individual, and having a Toolkit would help to support this ethos. Part of this personalised care would need to ensure there are services for carers where they can go and get the support they need in their own language; with people who understand their culture and the nature of their caring role.

It is important to look at what is available for carers to enable this personalised support so the Toolkit will need to be creative. This should include using different voluntary, community and statutory services. The importance of carers accessing support and services in the local community was also highlighted.

*"The needs of carers are different – the support needs to be tailor made"*

One organisation gave some examples of their existing toolkit which included volunteers, carers, a carer's forum and services to sign post or refer to.

### **Summary of Suggestions for the Toolkit:**

A range of accessible services

- Bereavement support and counselling
- Fast track counselling for carers with an easy referral system.
- Early intervention services
- Community based services
- Good crisis care services (out of hours)
- Out of hour's services.

- Care co-ordinators – available out of hours
- Dedicated carers team
- Befrienders
- Telephone befriending - (accessible and inclusive)
- Flexible respite
- Break provision
- Carers Advice Line – (accessible and inclusive)
- Carers Helpline
- One telephone number for carers
- Services commissioned in hospitals to support all Manchester residents regardless of where they live in the City.
- *“A service where someone rings you up and checks on you/has a conversation with you” – “would need to be in the carers own language”.*

Other Suggestions:

- Wide range of advice and information (accessible and inclusive)
- Clear routes into services
- Accessible communication formats
- Different ways of reaching people – social /internet/face book/telephone
- A-Z guide for carers
- Newsletter
- Updated MCC Carers booklet (Hard copies and on line)
- Carer awareness training
- Carer awareness campaigns
- Raising awareness with a wide range of professionals/agencies including schools and GP’s
- Raising awareness of different illnesses and conditions
- Displaying a range of materials such as posters and leaflets in common footfalls such as GP practices, pharmacies, schools etc.
- GP surgeries who have an allotted timeslot for carers eg every Wednesday afternoon.
- Flow chart when in crisis – system what to do, who to contact and where to go to if you are in crisis.
- A range of activities for carers
- Employment opportunities for carers
- Provision/support for young carers going into adulthood.
- Discretionary card for every carer (across the Country)
- A carer’s card that trigger what support is needed.
- Assistive technology

*“Activities like book group, art group where carers can have a laugh, sometimes support groups can be more depressing but activity groups for carers can be beneficial*

*“You need to make sure carers know what is out there”*

*“There is a need for ‘assisted referral’ so carer do not have to take first step without support” (someone making phone call on their behalf)*

### **Assistive Technology**

Some carers felt that assistive technology could be a useful An example of an App which would inform carers when their cared for has been visited by a paid carer was not well received by some carers.

Comments:

- I would not be able to switch off and I would be worried if I did not get the message.
- Carers need time for themselves and the respite is so they do not need to worry about any care needs when they have a break.
- The respite needs to be all about the carer with no interruption. With this App you would not be able to relax or switch off.
- Respite needs to be just about me for a couple of hours; someone is engaged with me so I have had that respite.
- You are always thinking about the cared for.
- Assistive technology - useful but does not replace the need for human contact/importance of dignity and promoting independence

Example of an internal door alarm was viewed as a good idea however the carer would not get a good night's sleep as they would have to respond to the alarm.

### **Carers Assessments**

The time carers are having to wait to have their annual carer's assessment had generally been over the 12 month required period.

The lack of understanding or empathy from professionals carrying out the carers assessments was highlighted by many carers. Some carers had been informed that they could have a Carers Assessment but would not get an Individual Budget so it was not worth having the assessment.

There were a number of carers and carer organisation who said there needs to be a change in the way the Carer Assessment is perceived by carers and professionals. The assessment should be about “how we can help you” and about the support and services available.

*“It is not always about the assessment; it could just be about talking or giving emotional support”*

*“The strategy needs to recognise the cared for do better with families so carers need support”*

*“The assessment is not person centred”*

*“Explicit about carer’s breaks in assessment as that is what most carers all say they need”*

Suggestions:

- After the carers assessment there should be a triage into other services.
- Introduce a tick box on the assessment: Do you need support?
- One person goes out to do the assessment and then someone else follows up/supports.

There are some carers do not know about the Carer Assessments and more information about this is needed.

Some examples around the Carers Grant:

- You need to be more disabled to get the carers grant. If you can walk a certain distance you do not get the grant”
- One example was given where a carer was asked to show how far they could walk. This carer did not attend the assessment.

#### The questions on the assessment form

Many carers felt some of the questions on the assessment form are intrusive and inappropriate; and officers were just reading them as a checklist without much thought to the questions. An example of this was where someone in their 80’s was asked about wanting to work when they were not capable of working. Another example was the question - would you leave your cared for with a neighbour? “My neighbour is 89 and would not be able to cope, this is not a relevant question to ask sometimes but assessor asks anyway”

Other Comments:

- There are too many things asked during the assessment but then nothing happens. That is why we do not go for another assessment.
- There are too many questions that you do not want to answer but when you do no one cares.
- There are questions in the assessment that I don’t fully understand.
- A few of the questions make me feel embarrassed and are difficult to answer.
- If you have an assessment and you are not entitled to anything then the council do not want to know.
- Repeat things that are obviously not relevant.
- Carers cannot answer honestly on a carers assessment as it is used against them in the cared for assessment where they get less.
- Some older carer’s worry they will be told they cannot care anymore
- Carers have lots of people coming in asking questions about their cared for so when the questions are for them they give up.

A numbers of carer and carer’s organisation also expressed the difficulties with the questions due to language and cultural differences.

#### On line Carers Assessment



There was a mixed response to this option. Some felt this was a good idea as many carers are busy doing their caring role and could do the assessment at a more convenient time. The option of doing the assessment on the telephone was also seen as a good option. There would need to be qualified professionals overseeing and managing this process effectively. Carers would also need all the information about the assessment and what they need before the assessment is done to make it workable.

Other carers felt that doing the assessment on line was not a good option as some people are not IT literate; do not have access to a computer; would not have the time to do it, or would forget to do it due to their busy caring role. Concerns were also raised where the online assessment would take away the personal element of the assessment, where professionals are more likely to pick up on a carer's wellbeing face to face. Facial expressions and body language can indicate how the carer is feeling and this would not be picked up if the assessment was done on line.

#### Six week follow

Many carers felt that the six week follow up would be useful for carers; and in particular for new carers and would show if their needs had been met.

#### Assessment when needs change

Some carers still wanted to be contacted after twelve months however the majority of carers thought it would be a good idea to contact the Council when their needs change. There was concerns about the current situation of outstanding assessments and not being able to get hold of officers, and wanted to know how this would work and be managed when carers start to ring about their changing needs if the system is not working now.

Although many carers felt it was good to contact the Council when needs change they felt there should still be some sort of system where carers are contacted for their wellbeing around twelve months as carers can be very isolated. There were also concerns that carers may not ring when their needs change.

#### Comments:

- You tend to settle into a routine so you may miss out on things you are entitled to.
- Carers are busy and just get on with it, so you may forget to do it or you have not got time; or you can't be bothered"

#### Suggestions

- Send a gentle reminder using a generic letter / checklist every twelve months asking have your needs changed.
- Include in the new guidelines if you are a grandparent looking after your grandchildren in addition to your caring role. As this is not currently taken into consideration.

Some carers shared they had not seen any officer for a long time and would like a phone call to see how they are.

#### Comments:

- “We are not seeing a social worker – we would like a phone call off them to see how we are.
- Not all carers have a social worker.
- My social worker is very nice.
- We don’t know who the social worker is and this has been the case for the past three years.

### Contact Centre

Concerns were raised by a number of carers about the difficulties when ringing the Contact Centre. Many carers spoke about the time it takes to get through, and the response when they do speak to someone.

#### Comments:

- The contact centre is not very good; you can be on the line for a long time.
- Getting in touch with the contact centre could take days.
- The contact centre does not get back to you.
- It is not a good enough service.
- You have to say you are suicidal for them to take notice.
- Being redirected a number of times
- There are language barriers

### **Carers Redesign-** what does good look like?

#### Comments:

- Better communication – not having to repeat yourself/One Team should help
- Better communication from the Council when sending carers cards out so they know what the card is for
- A hub approach
- One telephone number for carers so they get the right information and support.
- Joining up and collaboration of services
- All carer’s organisations working and coordinating together
- Links with health and carer services
- Hospital social worker role utilised more
- Better networking with other carer groups
- Carers events – *“so we can learn off each other”*
- Good information for carers
- Raising awareness and identifying hidden carers – using social media, local radio station, leaflet and posters in local GPs, chemists, libraries etc.
- Using libraries to access information
- Use of council building could be better – Youth Zone in Harpurhey not utilised
- Satellite services move to where people are
- Peer mentoring
- Practical support from professionals *“it is not just about medication. As a carer I feel lost”*
- Specialist services

- Services who understand the culture/language
- Expand specialist carer organisation across the City and into GM
- Somewhere for carers to go in a crisis – out of hours
- Knowledge of services
- Telling GP's about services

# Carer Consultation Feedback

## Carer Strategy – Part 1

### Question 4 – Total of 239 responses

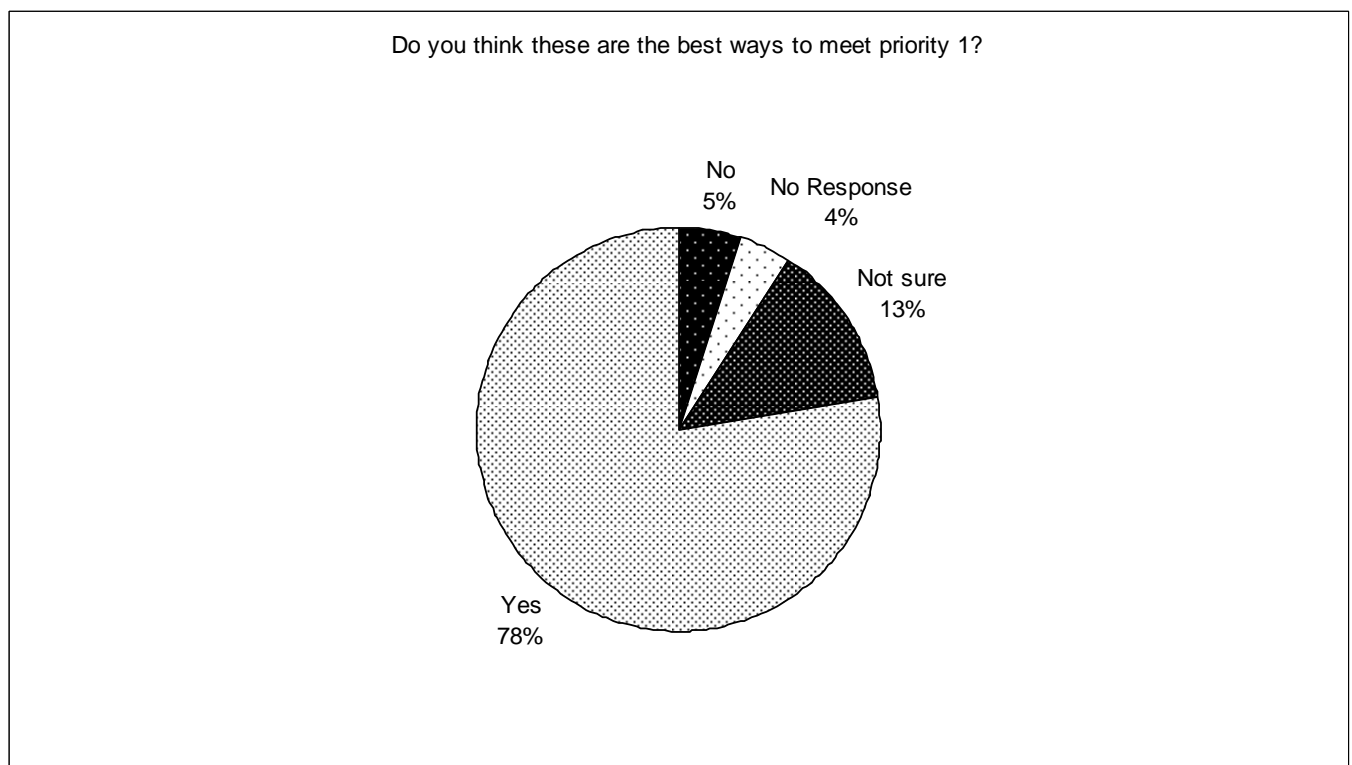
#### Question 4

Priority 1 – support all those with Caring responsibilities to identify themselves as carers at an early stage ( including hidden carers) recognise their value and involve them from the outset in designing local care provision and planning care packages.

To meet this priority we think services should:

- a) Support carers but also try to identify them
- b) Raise awareness of young carers and young adult carers, particularly in schools
- c) Not be age specific, where appropriate, should support both young carers and adult carers
- d) Include an annual event (during carers week) to both help identify new carers and support existing carers

Do you think these are the best ways to meet priority

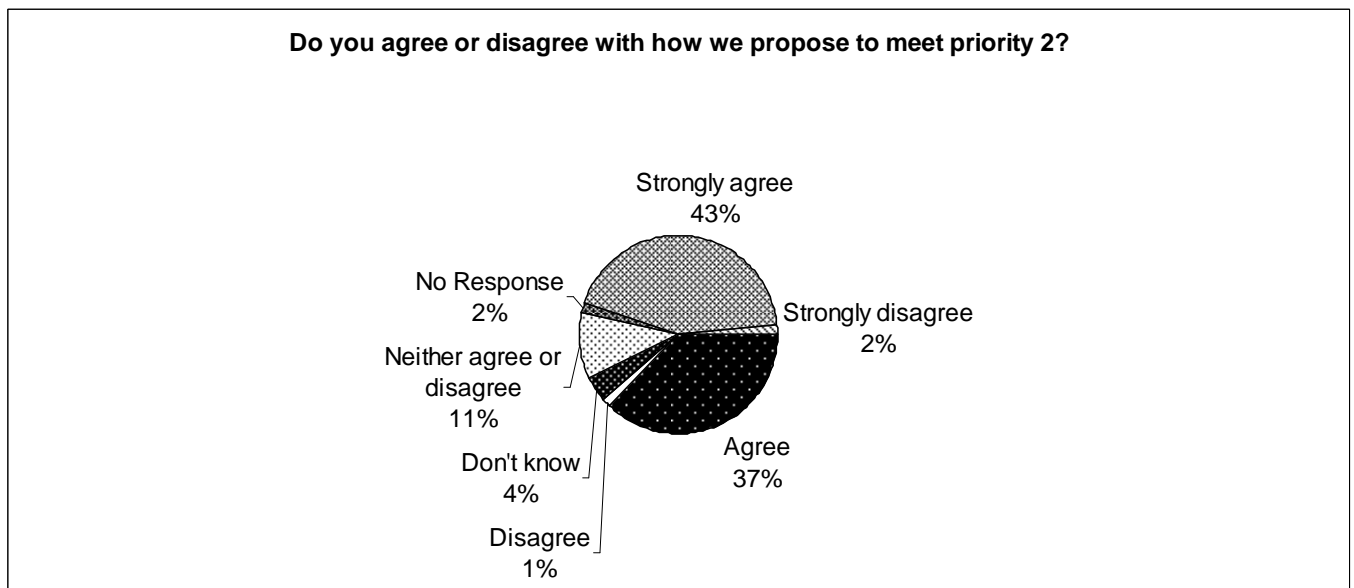


### Question 5

**Priority 2:** enable those with caring responsibilities to fulfil their educational and employment potential.

To meet this priority we propose a wider range of services that support carers to achieve their full potential in education and employment, particularly encouraging young carers or young adult carers to attend school or college enabling them to achieve qualifications and their full potential.

Do you agree or disagree with how we propose to meet **priority 2**?



## Question 6

**Priority 3:** *personalised support both for carers and those they support, enabling them to have a family and community life*

To meet this priority and to meet guidelines in the Care Act we think:

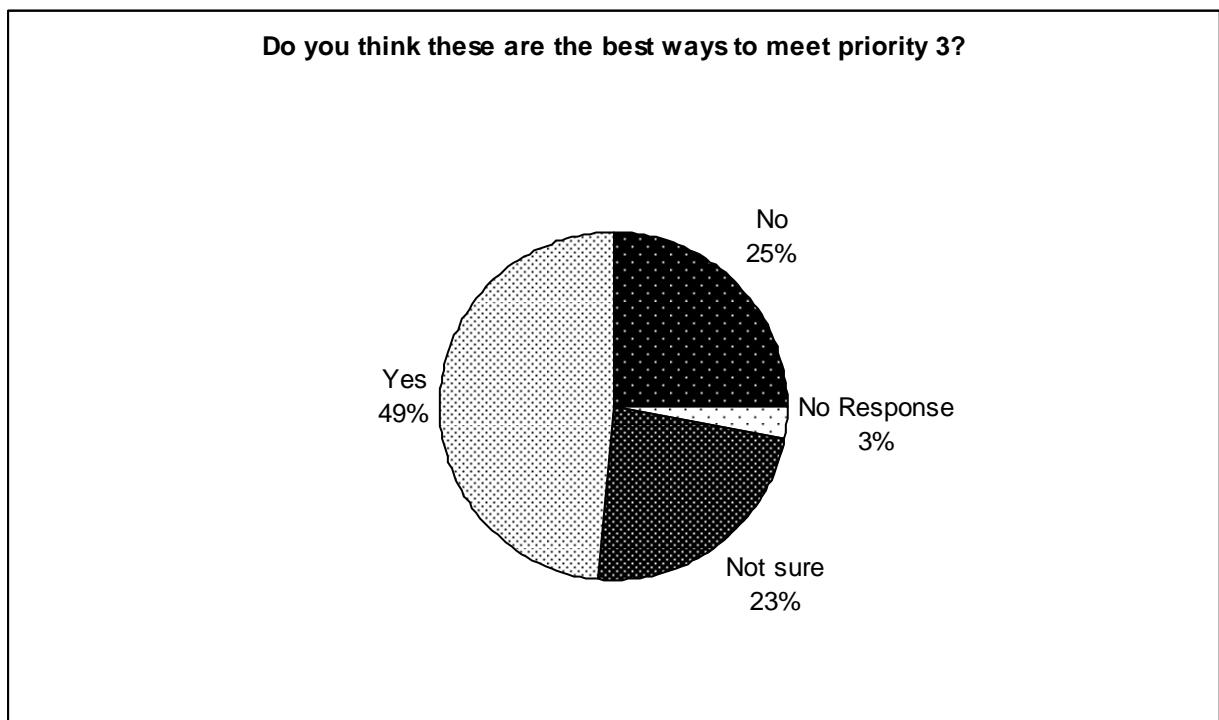
- a) Carers' Individual Budgets\* should go to those assessed as most in need of this type of one-off support, rather than be spread more thinly among more carers.
- b) We should reduce reliance on an annual, one-off Carers' Individual Budget payment and promote the use of carer support services.
- c) We should have separate support for young carers.

\*Carers' Individual Budgets are one-off annual payments carers may receive following an assessment to help towards items and services that will help them sustain their caring role.

We deal with Individual Budgets in more detail in a separate survey – Carer Support Offer

See more about the Care Act at <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

Do you think these are the best ways to meet **priority 3**?



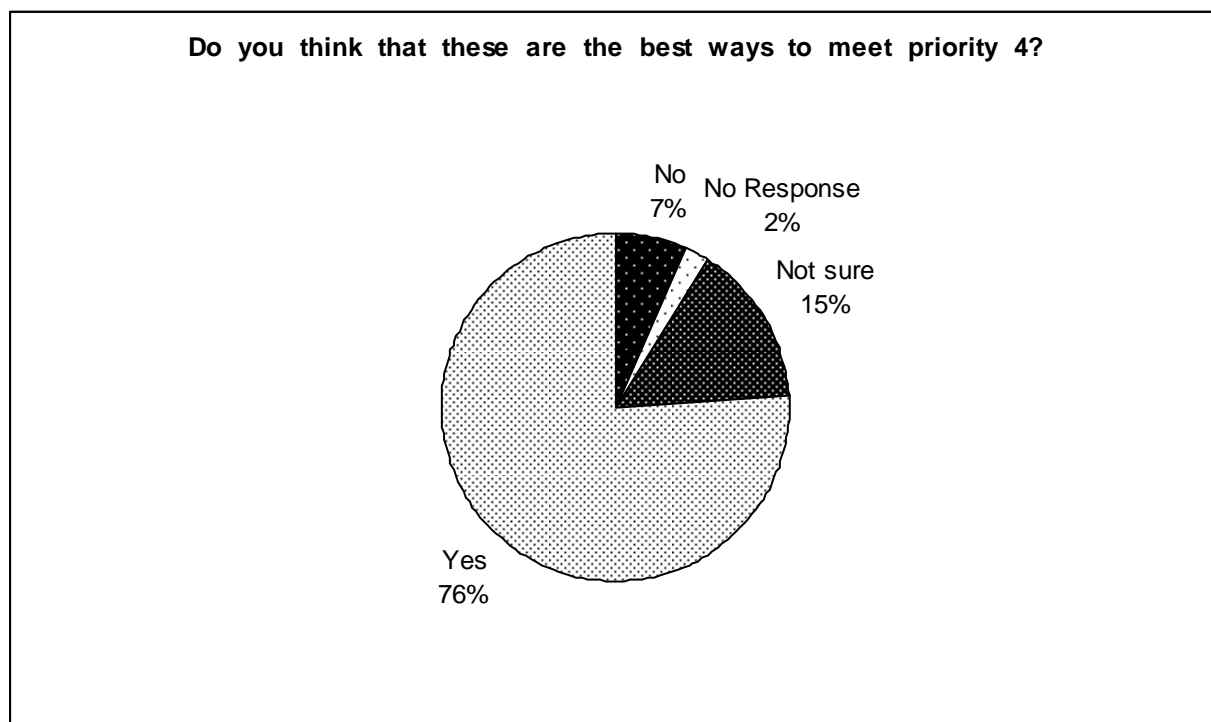
## Question 7

**Priority 4:** support carers to remain mentally and physically well.

To meet this priority we propose to:

- a) Use and gather evidence to make sure our services meet the needs of both the cared-for **and the carer**, and do not treat either in isolation
- b) Work with the NHS to commission carer services together and improve value for money
- c) Change Manchester's School Nursing Service so it identifies and supports young carers
- d) Support carers to continue to access carer support services if the person they care for dies
- e) Use technology to support carers in sustaining their caring role, for example door alarms that show when someone is up, or is leaving the property.

Do you think that these are the best ways to meet priority 4?

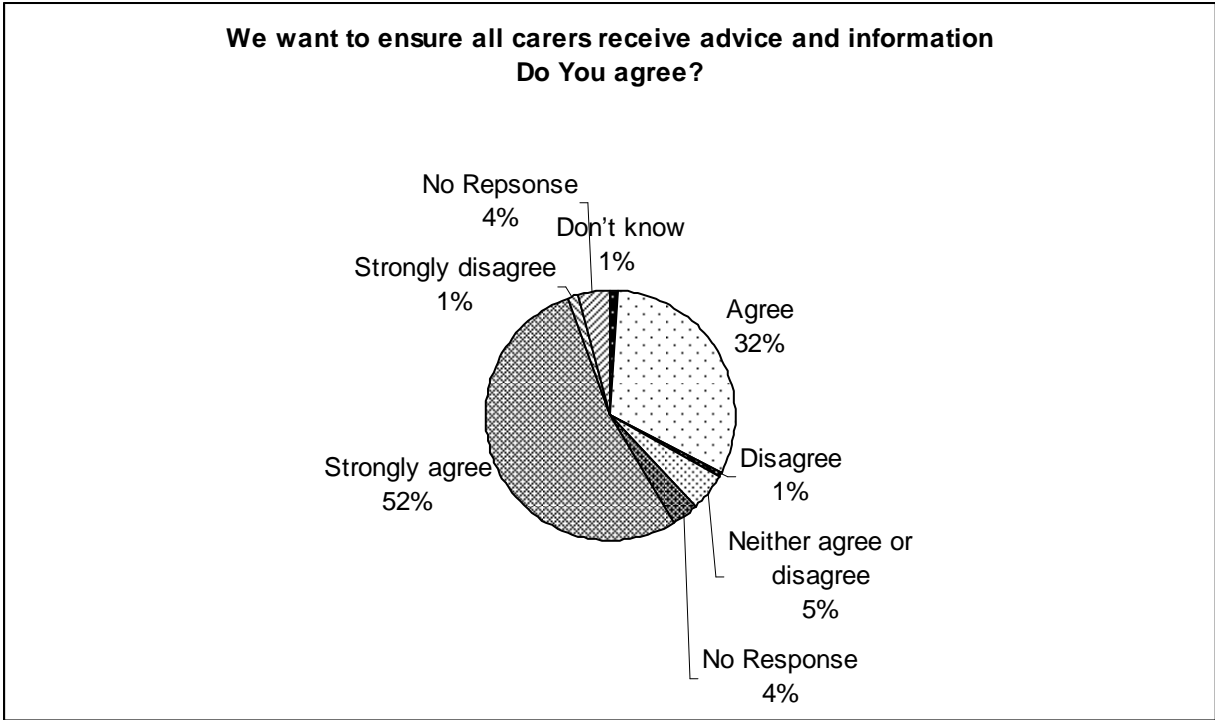




**Carer Support Offer – Part 2**

**Question 1.**

Rather than only focusing on carers who are in most need, we want to ensure **all** carers receive advice and information in order to help them in their role. Do you agree or disagree with this approach?

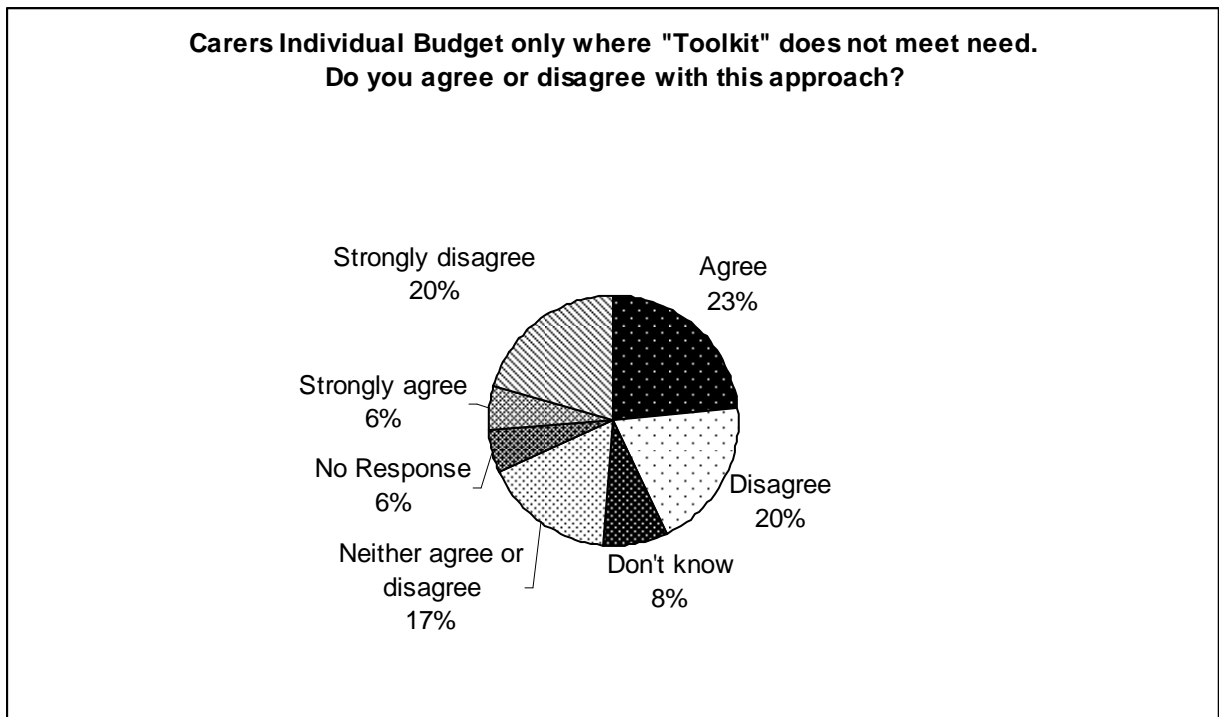


**Question 9**

In the past, each carer had an Individual Budget\* based on points awarded in their Carer Assessment, so some carers got bigger Individual Budgets, even when their needs could have been met in other ways. We now think carers' needs should be met with the Carer Toolkit where possible, with Individual Budgets only being used where the Toolkit can't meet a need. This would mean that some people currently receiving Individual Budgets would no longer get them.

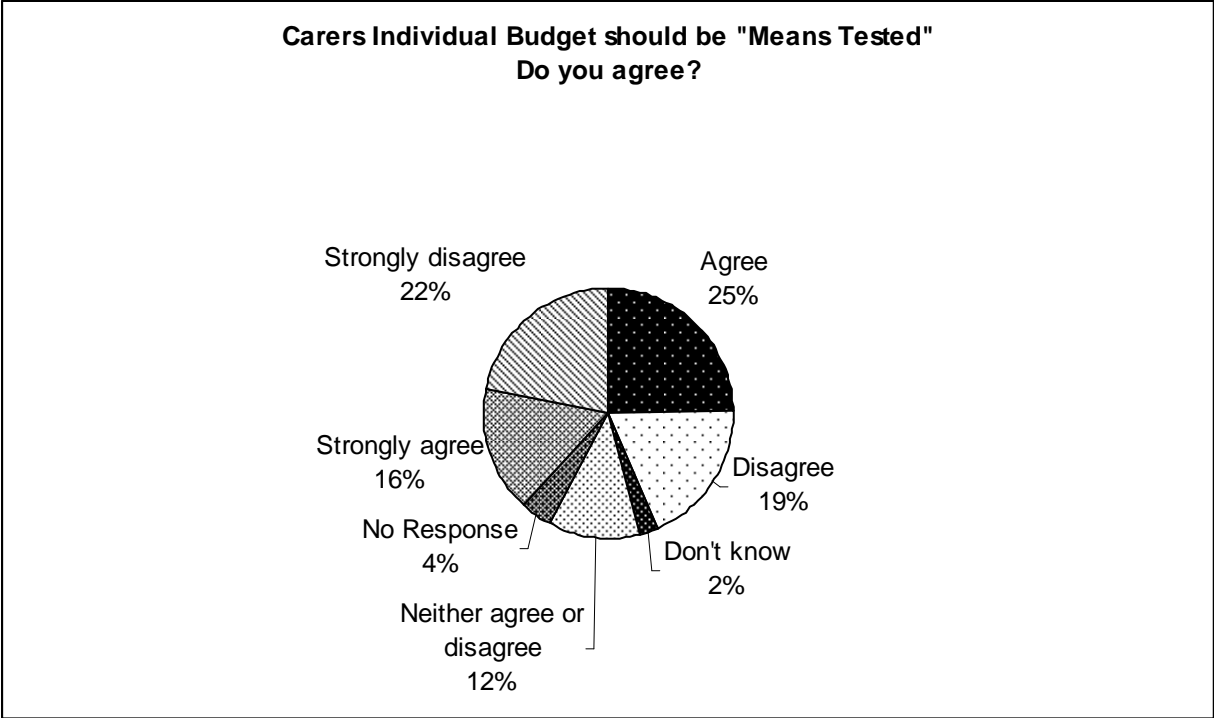
\*Carers' Individual Budgets are one-off annual payments carers may receive following an assessment to help towards items and services that will help them sustain their caring role.

Do you agree or disagree with this approach?



**Question 10**

We propose that Carers' Individual Budget should now be used only to support those with limited financial resources – for example, those on low-level benefits. Do you agree or disagree with this?

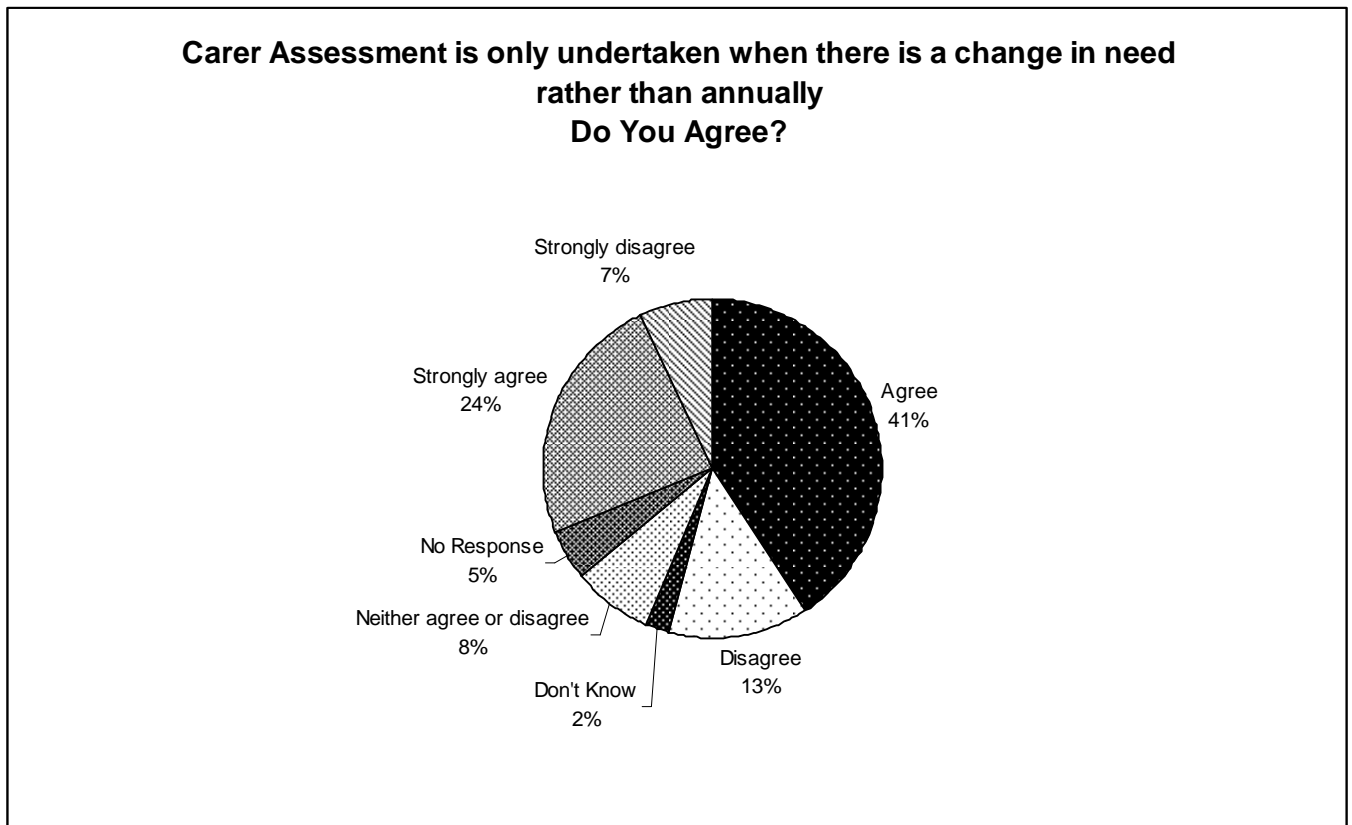


### Carer Assessments Part 3

#### Question 2

Rather than assessing all carers every year, we propose to do a Carer Assessment only when their needs change.

Do you agree or disagree with the option to complete a Carer Assessment when there is a change in need, rather than automatically every year?

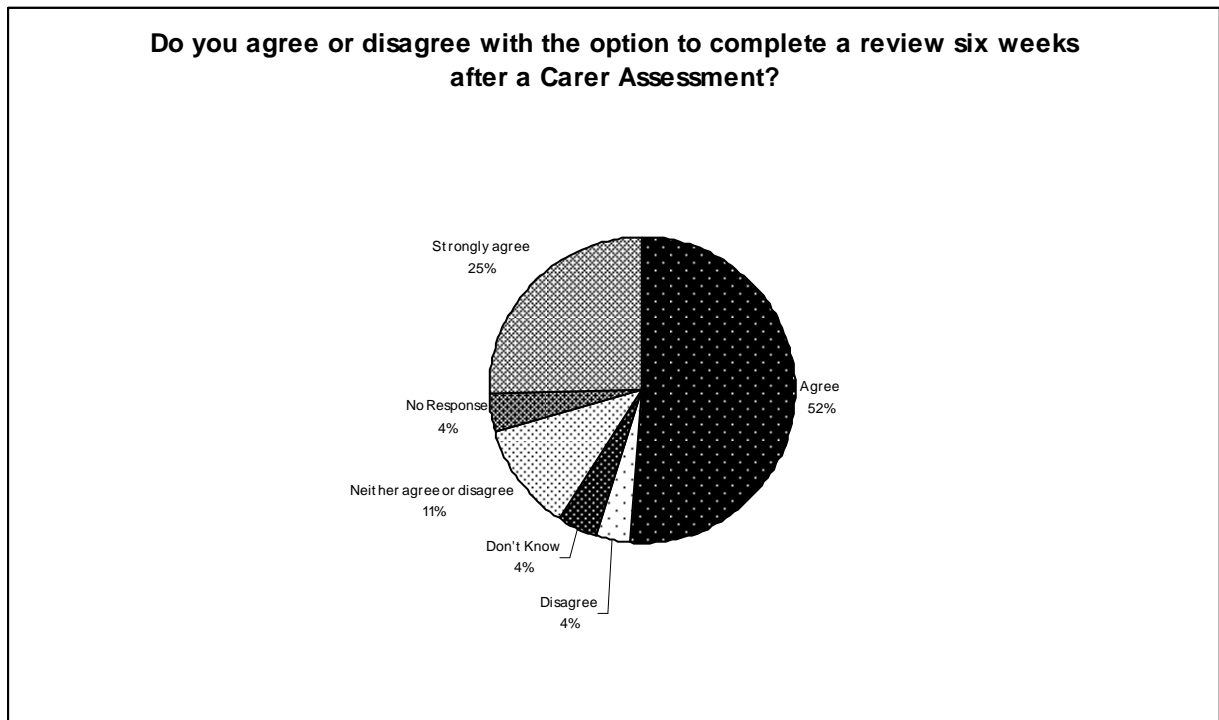


### Question 3

At the moment, once an assessment is finished, we do not contact the carer again until their annual reassessment is due.

We want to review whether what has been jointly agreed in your support plan is working for you and has met your needs six weeks after the assessment. The six-week review could be a phone call or a face-to-face meeting to determine if the plan is working.

Do you agree or disagree with the option to complete a review six weeks after a Carer Assessment?



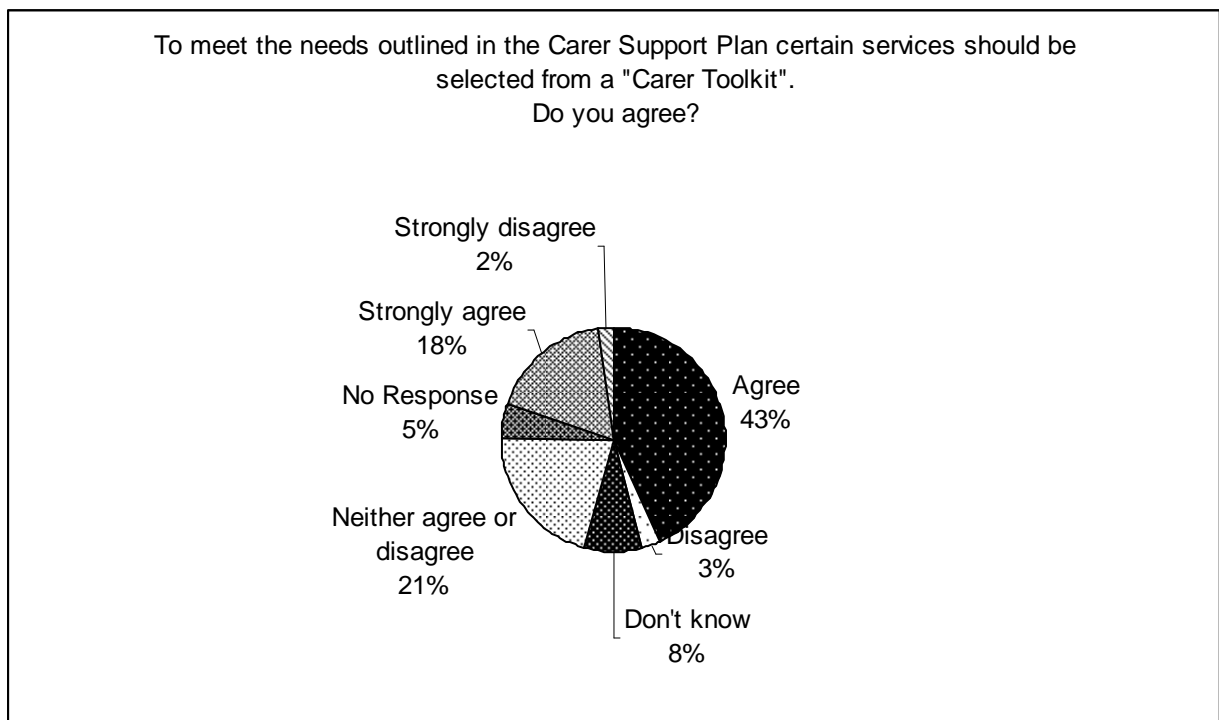
### Question 5

All carers will receive a Carer Support Plan from their Carer Assessment. The support plan will be a written statement describing whether they meet the eligibility criteria. If they do, it will say what the carer and assessor have jointly agreed will support the carer in sustaining their caring role. Some of the support identified will be selected from a “Carer Toolkit” which we are developing in other consultation – Proposed Changes to the Carer Support Offer.

The ‘Carer Toolkit’ will bring together a whole range of ways we can meet carers’ individual needs including information and advice, technical assistance, support groups and activities. It will include all services already available to carers, and additional services based on our consultation. Some of these services will be free and some may incur a charge.

The support plan will also state how we will meet any additional needs together.

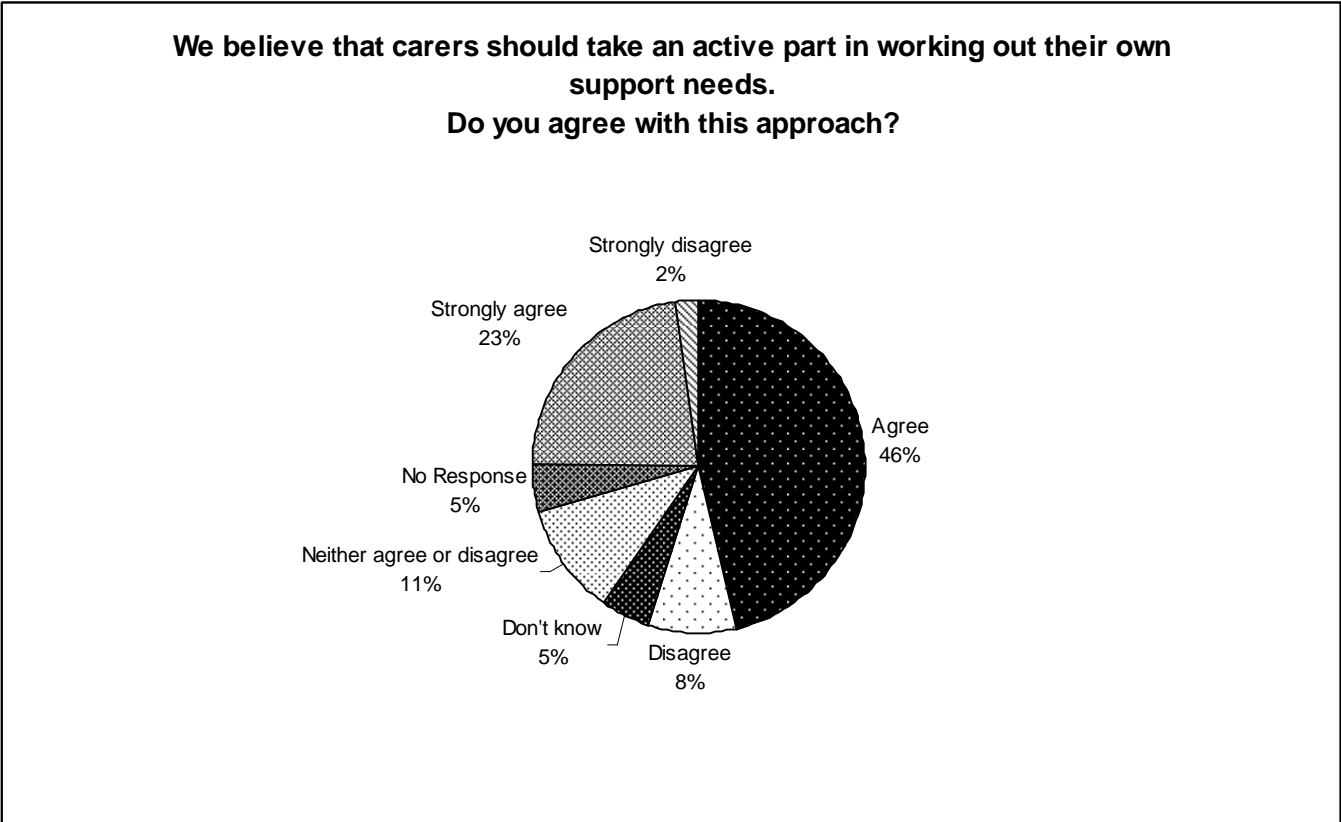
Do you agree or disagree with our proposal that to meet the needs outlined in the Carer Support Plan, certain services should be selected from a range of support services detailed in a “Carer Toolkit”?



**Question 6**

We believe that carers should take an active part in working out their own support needs and finding solutions that may not necessarily be on offer in the Toolkit, but will help them in their caring role.

Do you agree or disagree with this approach?



## **Qualitative Analysis**

### **Carers Consultation Key Themes**

#### **Are there any other priorities we should include?**

- Financial Support/advice
- If anything happens to the carer what happens to the person they are caring for in the long term
- More for short break respite care
- Keep Carers informed about anything they are entitled to
- Specific services to specific community carers BME

#### **What do you think is the best way to meet this priority 2?**

- Speak to the carers to make sure that the carer is getting the support and help
- Find funds to give young carers grants and free tuition
- Help at home for the carer when they go to work of education
- Provide literature showing what is available, a bit like a prospectus. this way young carers can see pictures of what they could do and achieve
- Ask the participants to engage with the participants asking them what they require assistance in.
- Financial Assistance
- Employers should be more flexible, not jeopardise employment when ill health befalls cared for, Respite for families helps caring role
- Encourage young carers to declare themselves as carers so that they can be identified and supported. This applies too to older carers

#### **If not or if you're not sure please say why and suggest any other things we should do Priority 3**

- I think support should be targeted at those most in need but ALL carers need to have access to appropriate and relevant support
- If carers need to be sustained in their caring role perhaps a smaller monthly support would be better than a one off for those that need it.
- I think the CIB. Is symbolic and it shows a recognition by the local authority of the carers role.
- The carer's individual budget is the only way I can get away for a couple of days. without using the money we need to live on, my pension is getting smaller each year
- Citizens are only assessed for an IB if they contact the service for a re-assessment. Many carers do not have the time/ inclination to ask for help as they are too busy caring.
- Even those that are not deemed as most in need should get something, at the end of the day they are still doing a caring role be it big or small
- It's not about who need it, it's about financially recognizing the hard work they do, regardless of if they need it.
- Each individual with caring responsibilities deserves support regardless of whether they are assessed as less in need by comparison to someone else. Caring responsibilities are mentally, physically & financially draining. The proposed approach undervalues the support a carer provides.
- The more individually assessed the better...no one size fits all please



### **Anything Missed?**

- Awareness raising with employers in the city
- I personally feel that a lot of what you have said is aiming at young carers, not for people over the age of 20 and above
- When two or more people are carers, you only recognise only one person as carer. Why?
- Communication and access are two key things
- Respite Care
- National register of carers would keep a close eye on numbers
- Assistance on hospital visits using your own transport thus relieving ambulance eservices

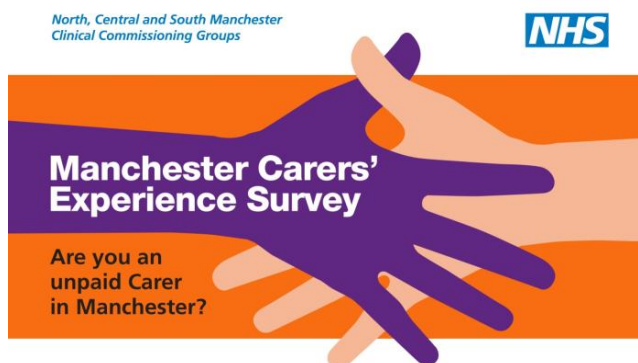
### **Please explain why Impact on you**

- There is just a lack of resource and from recent experience poor organisation and staff training
- So long as the strategy is fully implemented, and that more services are provided to carers assessed to be in most need
- There are lot of things I am not made aware of. I would appreciate it if there is a body or someone that will show me what my son and I are entitled to
- Hopefully make me the carer feel more valued as well as the cared for
- As an elderly carer I am grateful for the support I am getting, caring for my sibling but I feel that there isn't a lot of support for carers health and well being as they get older, even young carers would appreciate someone who they could talk to on a regular basis about themselves and how they are coping and if they have any fears of the future.
- I don't receive any support. Until I saw this survey I didn't know support was possibly out there.
- My feeling of isolation can be high but the carer's allowance last year enabled me to do things I would not have been able to do. It gave me a refreshing outlook for the future and a welcome focus on something other than caring
- No body has ever contacted me to make sure I was coping, just a phone assessment once a year, I cannot see things changing due to budgets
- Individual Assessment on need how do you assess needs when individual is learning impaired and parents (main carers) too proud to ask for help. Not everyone is aware they can get help.
- Working closely with GPs and community organisations is essential for providing better services for carers



## Contents

- Foreword
- Actions and Recommendations
- Partnership working
- Survey responses
- Demographic Information
- Monitoring Information



## What is a Carer?

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

Anyone can become a carer; carers come from all walks of life, all cultures and can be of any age. Many feel they are doing what anyone else would in the same situation; looking after their mother, son or best friend and just getting on with it.

Carers don't choose to become carers, it just happens and they have to get on with it. If they did not, who would and what would happen to the person they care for?

Carers Trust – [www.carers.org](http://www.carers.org)

## Co-producing this report

A working group of carers and Patient and Public Advisory Group members was established to read through the feedback and develop the recommendations to the Manchester Clinical Commissioning Groups. Carers also chose the poems and pictures used in the report.



Our thanks to Anne McCrystal, Jean Griffin, Sue Sampson, Dave Williams, Gaynor Morgan, Catherine Lowe and Michael Molete.

## Foreword



In Manchester alone, 60,000 carers provide unpaid support for a relative, friend or neighbour. Those carers save the local economy some £854 million annually. So isn't it time that those carers received the support that they need?

Carers make up a large unpaid workforce and yet their contribution is often not seen or understood until the point comes when they break down and the health and social care systems need to intervene often at great expense.

This survey of carers in the city of Manchester which was undertaken by the three Clinical Commissioning Groups in partnership with carers in the city has enabled carers to give voice to issues which hinder them in their caring role. Those same carers also came up with some ideas about how the system can be improved to make it easier for them to both care and be sustained in their caring role.

In an environment where all resources are stretched, we cannot afford to ignore the unpaid contribution made by carers. To do so would place us in a high risk position of having a workforce that collapses. The cost of emergency replacement care would be prohibitive and place additional burden on already overstretched health and social care funding streams. The SMART thing to do is to invest in a workforce that saves our city a great deal of money to ensure that they are supported to be better able to care.

I commend this report for your attention. It makes for both interesting and challenging reading.

Manchester is more than able to show that a ONE TEAM approach really does include carers and reflects the value that our communities put upon them.

A handwritten signature in black ink that reads "D Williams". The signature is written in a cursive style.

Dave Williams

Chief Officer

Manchester Carers Forum

# Stopping By Woods on a Snowy Evening

by Robert Frost

Whose woods these are I think I know.  
His house is in the village though;  
He will not see me stopping here  
To watch his woods fill up with snow.

My little horse must think it queer  
To stop without a farmhouse near  
Between the woods and frozen lake  
The darkest evening of the year.

He gives his harness bells a shake  
To ask if there is some mistake.  
The only other sound's the sweep  
Of easy wind and downy flake.

The woods are lovely, dark and deep.  
But I have promises to keep,  
And miles to go before I sleep,  
And miles to go before I sleep.

# Actions and Recommendations

## Actions

- To present this report to NHS North, Central and South Manchester CCG boards meetings in July and August 2015
- To develop an action plan from this report that will be monitored by carers and the Patient and Public Advisory Groups
- To share this report with carers living in Manchester
- To share this report with all GP practices in Manchester
- To share this report with the lead commissioner at Manchester City Council to inform the city-wide carers strategy
- To share this report with the Living Longer, Living Better city-wide leadership group to ensure plans for One Team Manchester include integrated support for carers of all ages

## Recommendations

### Communication and Information

- Improve awareness of information on support services, groups and activities available in Manchester to support emotional and physical health and well-being of carers
- Work with Manchester City Council to promote awareness to carers of their entitlement of a carers assessment and rights under the NHS Constitution
- Enable IT systems to share information so carers are not repeating information to multiple services
- Display carers poster in each GP Practice raising awareness to carers about registering their carer status with a practice
- Provide carers information in an accessible format and language to meet the individual carers needs
- Co-produce information resources with carers and community groups
- Invite all carers for their flu vaccinations each year
- Promote use of the existing carers e-bulletins and communications mechanisms to all NHS and social care organisations across Manchester

### Dignity and Respect

- Develop a campaign to raise awareness of carers in Manchester and support they provide to thousands of people each and every day of the year
- Promote recognition of the three way relationship between a carer, patient and a GP and don't let confidentiality become a barrier

### Access to health and well-being services

- Provide flexible appointment times at GP practices to reflect carer's needs and circumstances

- Provide flexible appointment times and choices for hospital visits to reflect carer's needs and circumstances
- Promote the use of innovative ways for carers to contact their GP e.g skype
- Be flexible about home visits for carers and remove age limit
- Provide awareness training of needs of communities living in Manchester to health and well-being staff
- Promote best practice from acute hospital trust work around dementia and carers e.g the "best wishes" card, Central Manchester Foundation Trust and inclusion of carers questions in the Patient Experience Tracker

### **Keeping well**

- To provide annual holistic needs assessment for carers
- To promote self-care resources to support carers to maintain health and well-being
- To signpost new carers for a carers assessment with Manchester City Council
- To promote awareness of services, resources, education and training available to carers to support their emotional health and well-being
- To identify opportunities for peer to peer support from other carers and have ability to share advice, information and resources
- To promote awareness of counselling services in Manchester
- To promote awareness of how carers can get a respite break

### **Support**

- To promote awareness of a carers strategy in hospital trusts
- To promote awareness of support for carers who may remain with a patient in the hospital
- To involve carers in medication reviews for people they care for
- To promote awareness of availability of sitters so carers are able to have respite time

### **Education and Training**

- To provide training opportunities for carers on a range of areas as described in the feedback
- Co-design awareness sessions on the local NHS in partnership with local community groups

### **Equality and Diversity**

- To continue to work with providers of public services across Manchester to implement the monitoring of sexual orientation of service users and carers, to better understand access, experiences and outcomes for LGBT people



- To work in partnership with Manchester City Council as part of the city-wide Manchester Carers Strategy to ensure that older carers get the practical support they need
- To work in partnership with Manchester City Council to ensure that the new duties of the Care Act to develop advice and information is tailored and accessible for older carers, including carers who cannot access electronic resources
- To carry out co-produced work with Manchester City Council, carers and the Third Sector to better understand the views and experiences of different groups of older carers, including carers aged 85 and older, older BAME carers and older male carers
- To carry out co-produced work with Manchester City Council and young carers to better understand their views and experiences

**Skills for Care - Common Core Principles for Working with Carers**





## Partnership working

We worked in partnership with Manchester Carers Forum to co-design and mail out the experience surveys directly to carers on their mailing list. Existing mechanisms and opportunities were used to raise awareness of the survey.

In total 3,000 surveys were distributed with a 319 surveys completed giving a response rate of 11 per cent.

As well as paper copies of the survey being distributed, an electronic link to an on-line survey was also promoted through the following e-bulletins and newsletters including:

- Talking Health monthly e-bulletin
- Manchester Carers Forum fortnightly e-bulletin
- Age Friendly Manchester monthly e-bulletin
- ZEST Healthy Living Network email news
- South Manchester Healthy Living Network email news
- Manchester Community Central e-bulletin

Paper copies of the survey were distributed by community and voluntary sector groups including:

- Manchester Carers Centre
- African and Caribbean Care Group
- Black Health Agency (BHA)
- LGBT Foundation
- Expert Patient Programme, University Hospital of South Manchester

Promotion of the survey also took place at community events including:

- South Manchester Housing Volunteer Fair
- Living Longer, Living Better Engine Room event, Levenshulme
- Central Manchester Foundation Trust Annual Members meeting
- Greater Manchester Personal Health Budget Peer Support Group meeting (budget holders from across Manchester)
- Mellands High School Carers Event, Gorton
- South Manchester CCG GP Listening Event, Wythenshawe Forum
- South Manchester CCG Information stall on Northenden Market
- Miles Platting, Ancoats and Newton Heath Age Friendly Manchester locality launch
- Cheetham and Crumpsall Health and Well-being Forum

- 10 copies of the survey were mailed out to each GP practice in Manchester and electronic information shared to raise awareness of the survey to their Patient Participation Groups, via their websites and within their practices.
- Awareness information about the survey and the online link was also shared amongst staff in the Directorate for Children and Families at Manchester City Council for sharing with carers.
- Manchester Learning Disability Partnership Carers' Care Manager sent surveys out and took copies along to visits to share with carers.
- The Admiral Nurse Service at Manchester Mental Health and Social Care Trust also gave out the survey to clients.

As well as using the feedback from this survey to inform the recommendations, we also reviewed recommendations from other carer experience surveys and reports which had taken place in Manchester and nationally at the same time.

This work included:

- The LGBT Foundation – [State of the City for Manchester's Older Lesbian, Gay and Bisexual Communities](#)
- Somali Adult Social Care Agency (SASCA) – Report on the Somali carers in Manchester
- Central Manchester University Hospitals NHS Foundation Trust – Supporting carers of people with dementia
- Age UK – Caring into later life, the growing pressure on older carers
- Carers UK – State of Caring 2014
- Manchester City Council – Development of a Manchester All-age Disability Strategy consultation feedback

## Survey Responses

### 1. How many hours a week do you care for the person you look after?

311 carers answered, 8 skipped the question

	Response %	Response numbers
• 50+ hours	57.88%	180
• 1-19 hours	16.72%	52
• 20-34 hours	13.50%	42
• 35-49 hours	11.90%	37

### 2. What is your paid employment status?

311 carers answered, 8 skipped the question

	Response %	Response numbers
• Not in paid work	34.41%	107
• Retired	28.30%	88
• Work full time	19.61%	61
• Work part-time	13.18%	41
• Self-employed	1.93%	6
• In education (full/part-time)	1.29%	4
• Volunteer	1.29%	4

### 3. Who do you care for?

303 carers answered, 16 skipped the question

	Response %	Response numbers
• Spouse/partner	31.68%	96
• Son/daughter	29.37%	89
• Parent	28.05%	85
• Other relative	3.63%	11
• Friend/Neighbour	2.31%	7
• Brother/Sister	1.65%	5
• Both son/daughter and a parent	1.65%	5
• Grandparent	0.99%	3
• Grandchild	0.33%	1
• Partner (now passed away)	0.33%	1

### 4. Do they live with you?

299 carers answered, 20 skipped the question

	Response %	Response numbers
• Yes	72.91%	218
• No	27.09%	81

### 5. How old are they?

302 carers answered, 17 skipped the question

	Response %	Response numbers
• 35-64	28.81%	87
• 75-84	18.87%	57
• 85+	15.89%	48
• Under 18 years	12.58%	38
• 19-34	11.92%	36
• 65-74	11.92%	36

## 6. What is their main illness or disability?

255 carers answered, 64 skipped the question

	Response %	Response numbers
• Physical Disability	18.84%	55
• Mental Health	16.44%	48
• Frail or Elderly	15.41%	45
• Dementia	14.38%	42
• Learning Disability	11.99%	36
• Autistic Spectrum Disorder	9.93%	29
• Stroke	3.42%	10
• Cancer	2.40%	7
• Parkinson's	2.05%	6
• Respiratory	1.03%	3
• Cardiac	1.03%	3
• Sensory Impairments	0.68%	2
• Epilepsy	0.68%	2
• Chronic Fatigue	0.34%	1
• Brain Injury	0.34%	1
• Multiple Sclerosis	0.34%	1
• Fibromyalgia	0.34%	1

### Additional illness or disability included:

- Mental health issues including anxiety disorders,
- Diabetes
- Cardiac issues
- Chronic Kidney disease
- Dementia but not yet diagnosed
- IBS
- Physical disabilities
- Chronic Obstructive Pulmonary Disorder (COPD)
- Frail and elderly
- Sensory impairments including hearing, speech and visual
- Arthritis
- Stroke
- Spinal cord compression
- Lung problems
- Multiple sclerosis
- Learning disability
- Down's syndrome
- Tumours
- Motor Neurone Disease
- Polycythaemia rubra vera (PRV)
- Cerebral Palsy
- Myeloma
- Marfans syndrome
- Short term memory loss
- Stoma bag
- Suprapubic catheter
- Muscle weakness
- Drug and alcohol problems
- Complications from back surgery
- Aortic aneurism

## 7. Is there any training or support you think should be offered to carers?

254 carers answered, 65 skipped the question

	Response %	Response numbers
<input type="radio"/> Yes	72.05%	183
<input type="radio"/> No	27.95%	71

### Carers identified the following training:

- Self Care**
  - How to make time for yourself
  - Relaxation skills
- Mental health and well-being**
  - Coping strategies for the inevitable frustration, emotions and anger you feel at times
  - Stress management
  - Dementia awareness
  - Autism awareness
  - How to deal with someone with mental health issues
  - Bereavement counselling
  - Mental Health Act
  - Counselling
  - Psychological support
  - Mindfulness training
  - How to cope with challenging behaviour
- Exercise and Physical Activities**
  - Tai Chi
  - Health Walks
  - Chair based exercises
  - Relaxation classes
- Life Skills and Relationships**
  - Conflict resolution
  - Education on budgeting
  - IT training – basic skills needed
  - Building self-esteem and confidence
- Caring for someone**
  - Moving and handling / Lifting and manoeuvring
  - How to deal with a long term illness
  - Basic first aid skills including CPR
  - Medication awareness and information
- Clinical care**
  - Peg feeding
  - Catheter care
  - Changing dressings
  - Stoma care
  - Sensory training
- Information**
  - On where to find practical help and support
  - How to access care home services
  - Respite, breaks and short trips
  - Signposting to accessible activities and discounts where applicable
  - Advocacy
  - Evening and weekend activities and support for carers
  - Peer support, where it is and how to access it

- On specialist play-schemes, where are they and how to access them
- On specific health conditions so carers know what to expect
- Where carers groups are held across the city
- How to get a blue badge
- How to get adaptations for the home
- How to talk to a parent about ageing and their changing needs
- About when someone dies and funeral planning
- What to expect from public sector organisations
- Legislation on disability
- Where to meet other carers
- Where to find emergency help
- On benefits, which ones as a carer I am entitled to, where and how to apply for it
- **Communication**
  - Basic communication skills
  - 24/7 helpline for carers living in Manchester

***“75% of carers said it was hard to maintain relationships and social networks because people do not understand the impact that caring has”***  
***Carers UK, State of Caring Report, 2014 (n4924 carers)***

## 8. Have you been diagnosed with any of the following conditions?

236 carers answered, 83 skipped the question

	Response %	Response numbers
• High Blood Pressure	38.98%	92
• Depression	36.86%	87
• Lower Back Pain	34.32%	81
• High Cholesterol	34.32%	81
• Anxiety	27.97%	66
• Asthma	22.03%	52
• Diabetes	19.49%	46
• Chronic Pain	18.64%	44
• Angina	5.08%	12

Other conditions included:

- Cancer (Prostate, Breast and Skin)
- Fibromyalgia
- Multiple Sclerosis
- Lupus
- Chronic Fatigue Syndrome
- Post Traumatic Stress Disorder
- Chronic Obstructive Pulmonary Disorder
- Mental Health (Bi-polar and depression)
- Parkinson's
- Arthritis
- Coeliac disease
- IBS
- Heart disease (atrial fibrillation and ischemic)
- Thyroid issues
- Stroke
- Ulcers
- Blood clots
- Hernia
- Sciatica
- Breathlessness

***"58% of carers have reduced the amount of exercise they do since they started caring"***

***Carers UK, State of Caring Report, 2014 (n4924 carers)***

### 9. Do you feel that your medical condition has become worse since you started caring for someone?

274 carers answered, 45 skipped the question

	Response %	Response numbers
• Yes	57.66%	158
• No	21.17%	58
• Unsure	21.17%	58

### 10. Have you experienced any of the following since becoming a carer? Please tick all that apply.

287 carers answered, 32 skipped the question

	Response %	Response numbers
• Anxiety/stress	77.00%	221
• Exhaustion/tiredness	75.26%	216
• Lack of sleep	64.46%	185
• Migraine/headache	36.93%	106

Other comments included carers experiencing:

- Resentment, feeling sorry for oneself, weeping
- All of the above, and lost my self-identify. Can't work due to caring role
- Tearfulness, broken sleep, sense of 'loneliness' (5+ years as a carer)
- Lack of sleep due to neglect of my father in a nursing home while my grandmother gets better care in her home
- Lots of colds and minor illnesses
- Aches pain, foggy head
- Impatience, but the support I receive does help
- Been a carer all my life, even lost my hair
- Depression, breathlessness
- There are times my son puts me under a lot of stress
- High blood pressure, I think related to persistent high level of anxiety re partner's risk to himself over many years
- Guilt
- All of the above, and lost my self-identify. Can't work due to caring role
- I find it difficult to do housework, washing etc, and give the full care to my husband. I am elderly which contributes
- Health related issues - shingles due to stress
- Anger, flu like symptoms
- Feelings of uselessness

### 11. Do you feel that caring for someone has contributed to these conditions?

295 carers answered, 24 skipped the question

	Response %	Response numbers
• Yes	74.24%	219
• Unsure	16.95%	50
• No	8.81%	26



## 12. Have you sought help for managing these conditions?

284 carers answered, 35 skipped the question

	Response %	Response numbers
• Yes	67.81%	192
• No	32.39%	92

*"73% of carers feel more anxious because of their caring role"*

*Carers UK, State of Caring Report, 2014 (n4924 carers)*

## 13. If you responded no, please explain why?

- Mentioned once to GP, his reply was that he would support me in requesting extra hours covered by PA or carer
- It is extremely hard to fit appointments around my two sons as they have numerous appointments, plus mum's cancer treatments/appointments, I come last on the list!
- Never have the time spend more time dealing with medical appointment for son, and his needs, I can't afford to be ill he relies on me to keep things together, and constantly battle for rehab for him
- Difficulty in getting appointment at GP's/that fits in with work and caring for my daughter... no time!!
- Haven't got time between work and caring
- Not got time I just try to get on with it
- Confided and talked to family members
- Just feel it's all part of looking after someone who is seriously ill/disabled
- Child has autism, and sometimes wakes for periods during the night and needs looking after
- No time to get help
- Due to work, and I talk to family members
- But have had tablets from doctor for migraine, do not wish to have tablets for stress
- It has nothing to do with caring for my grandmother. It has to do with the lack of care of my father. The small amount of family to look after him along with carers would have done a better job
- Just tend to cope
- Just soldier on
- Too busy
- I have recently spoken to my church minister who is providing support. Where would I seek help? Who can stop my dad ringing me at all hours? Being lonely and constantly asking / expecting me to be there/take him out? I try to preserve space for me but sometimes am so weary I don't have the energy to summon up what it takes to convince him I'm saying no. I spend so much time at work organising his med care / other stuff I don't make time to be able to make appointments for me.
- I don't want to be prescribed anti-depressant drugs.
- Too busy looking after my mother and husband who I also am a carer to
- Lack of time and energy is the main reason
- Goes with the territory
- Don't feel it is appropriate
- The problem is caused by lack of communication at the nursing home

- Have managed to recognise when I am becoming stressed or tired so I have time to myself
- I am aware of the stress involved and have evolved ways to cure, for example have hour walks quiet periods in quiet places
- I have chosen to use herbal remedies such as St Johns and it works
- Apart from GP = medication + physiotherapy, not aware of any help available
- I have hobbies that help etc. walking gardening and reading
- No time to. I work full time, part time and have a six year old. On top of this I am caring for my 23 year old son who lives with my 74 year old mother... No time to see GP about me
- I do not want to rely on medication
- No point doctors. Just fob people off
- Don't want to bother anyone, just get on with it
- I've made appointments but always cancel them I am not good with doctors
- Managed by medication
- I am worried that if they find anything wrong with me I may be hospitalised and there will be no one to look after my wife
- I can do it myself I have been looking after my mum for 9 years
- Who can help with anxiety?
- Conditions due primarily to cuts in day provision for my son meaning I have to battle for everything
- Because my G.P would probably just prescribe anti - depressants - I self-medicate with St. Johns Wort herbal tablets
- I have periods of anxiety - having to deal with my Gran's care needs and communicating with doctors and social workers
- I don't know where to go, who would understand
- Physical symptoms of anxiety?/ a strange sensation raising through my body. Has happened several times. GP advised four days' rest. Also have a sick daughter living abroad
- I have sought help - no help has been forthcoming
- No doctors will help
- Need to concentrate on husband, no time for me
- Pointless seeking help. Life goes on
- The support I am offered is not enough so my health deteriorates
- Goes with the job
- Have no time as am a single parent as well as a carer
- Don't like to be a burden to others, prefer to just get on with it
- Only gone GPs for medicine
- I have tried
- I just think a GP would tell me to relax more and go to bed earlier
- Because I like to do every by my way and we are Iraqi we have different ways to eat, talk etc
- Old age is natural, especially when married for nearly 60 years
- I am able to cope myself
- But to no effect, I am getting no help, our care is a civil matter, my son, entire family being trapped
- Anxiety and stress - talk to a coach. Headaches caused by stress which usually are in the morning, and cause sleeplessness/restless sleep - using natural remedies to relax more at night

- Where do you go? The answer to lowering stress levels is to avoid or lessen the situation. My life is the situation.
- It is extremely hard to fit appointments around my sons as they have numerous appointments, plus mum's cancer treatments/appointments. I come last in the list!
- Feel I should just get on with it. This is what happens when we get older, it's inevitable.
- I have just done my best, not seen anybody or heard from social services for over 6 years in looking after my wife in home, a poor response, no interest shown.

**14. On a scale of 1 to 5 (1 being dissatisfied and 5 being very satisfied) how satisfied are you with your own health?**

296 carers answered, 23 skipped the question

	Response %	Response numbers
• 3	46.96%	139
• 4	29.95%	62
• 2	16.22%	48
• 1	8.45%	25
• 5	7.43%	22

**15. What do you think would improve your health as a carer?**

276 carers answered, 43 skipped the question

	Response %	Response numbers
• Respite/break	56.16%	155
• Information on services, rights and benefits	50.72%	140
• Annual health check	43.84%	121
• Easier access to my GP	39.49%	109
• Counselling support	39.13%	108
• 24 hour helpline support	27.54%	76

**Other comments from carers included:**

- Nothing. Having been informed that J is on maximum medication, and that any further TIAs will damage her further. I am frightened to leave her
- I know what I should do, e.g. diet, exercise, 'me' time, but it is impossible with my caring role. I eat on the go
- I have found professionals who have some understanding of my role, and acknowledge realities, help me to cope on a long-term basis, e.g. regular meetings with known GP
- waiting for knee operation for over 8 months
- GP is always busy up to 2 weeks for appointment
- I don't think counselling would help. My father died 1<sup>st</sup> of October, its December now. I feel no different from the first day he took ill with sepsis for a second time
- Help for my child to reduce the impact of his disability
- Flexible work hours or unpaid leave at times of crisis
- More direct care support
- To make sure I'm doing everything ok
- Day services for my son to be back as they were before cuts day centre closed
- More financial help
- Easier access to my Gran's GP
- It has improved since my mum moved into 24 hour cover sheltered house (not care home)
- Class or specific advice on manual handling and early access to adaptations

- Again this needs to be offered in a way that does not disrupt my mum's routine as it makes it harder for me to resettlement also need more hours
- A less useless care company that isn't using us as a cash cow!
- Death
- Want a social worker to be there for us
- Please consider carers who have other children as well
- need help to get fitter and healthier - sure I will cope better
- I do have access to all these other services from Social Services
- More support for my spouse
- Some actual interventions for my child.
- More money equality
- Help to have some time to myself
- I know what I should do, eg diet, exercise, 'me' time, but it is impossible with my caring role. I eat on the go
- I have carers who come to the home. They give body wash only and turn patient over. This is all they do. I pay full cost for this service
- Someone to talk to, having time for myself
- Waiting for knee operation for over 8 months
- A fair benefit for what we do!

### 16. Which GP practice are you registered with?

The responses have been themed into the individual Clinical Commissioning Group GP patches and localities:

262 carers answered, 57 skipped the question

	Response %	Response numbers
S = Burnage, Chorlton and Didsbury	10.50%	25
N = Higher Blackley, Harpurhey and Charlestown	10.50%	25
N = Ancoats, Clayton and Bradford	10.50%	25
S = Wythenshawe	10.08%	24
C = Gorton and Levenshulme	9.66%	23
N = Miles Platting, Newton Heath, City Centre, Moston	9.24%	22
S = Northenden and Wythenshawe	8.82%	21
C = Chorlton, Whalley Range and Fallowfield	8.82%	21
S = Fallowfield and Withington	5.88%	14
C = Hulme, Moss Side and Rusholme	5.88%	14
N = Crumpsall and Cheetham	5.88%	14
C = Ardwick and Longsight	4.20%	10
Greater Manchester GP Practices	10.08%	24

### 17. Is your GP practice aware that you are a carer?

277 carers answered, 42 skipped the question

	Response %	Response numbers
• Yes	60.65%	168
• Unsure	24.19%	67
• No	16.16%	42

### 18. Is the person you care for registered at the same GP practice as you?

279 carers answered, 40 skipped the question

	Response %	Response numbers
• Yes	75.99%	212
• No	24.01%	67

### 19. Has the GP practice recorded that they have a carer?

277 carers answered, 42 skipped the question

	Response %	Response numbers
• Unsure	55.23%	153
• Yes	32.13%	89
• No	12.64%	35

### 20. Does your GP practice offer you appointments that meet your needs as a carer?

281 carers answered, 38 skipped the question

	Response %	Response numbers
• Yes	38.43%	108
• No	35.59%	100
• Unsure	25.98%	73

### 21. During appointments, does your GP or nurse acknowledge that you are a carer?

271 carers answered, 48 skipped the question

	Response %	Response numbers
• No	45.02%	122
• Yes	34.69%	94
• Unsure	20.30%	55

*"49% of carers feel that society does not think about them at all"*

*Carers UK, State of Caring Report, 2014 (n4924 carers)*

### 22. How do you think local NHS services (GPs, Hospitals, dentists, pharmacists and opticians) might better meet your needs as a carer?

#### Access to health services

- Open at weekends Longer opening hours on weekdays Not having to wait excessive time for an appointment
- By being more flexible at the moment I manage to keep any appointment for my husband
- Example, flu jab nurse comes to flat for J, I have to make appointment. More resources for community. We all know this won't happen
- Arranging weekend appointments
- The time of the appointments
- Give us appointments that fit our needs, not what's available
- Home visits - get an idea of home life

- I am fortunate I am fast tracked with my GP, but dentists, opticians etc need to keep a record if the patient is a carer and appreciate that they have had to find a sitter to keep an appointment
- Yes. More speedier service. i .e. quicker appointment times
- Trying to find suitable times when you can leave the person you care for, and arranging for someone to stay with them if possible
- More flexibility with appointments regular check up's access to support for carers - counselling
- Book a time for both of us same hour!
- They should accommodate to carers needs eg. appointment when required and the time that suits the carer
- More prompt notification of test results. Provision of appointments at a time I can get there without taking too much time off work.
- Time to discuss your needs
- Convenient appointments at short notice
- For me it's having access to appointments early in the day or early evening to accommodate full-time work. To be fair I think is possible had I time to focus on making one. The practice did have a ring on the day appointment arrangement, which I think has changed but it's so long since I went I'm not sure. When I do go I tend to have a shopping list - so a longer appointment would be useful. I'm unsure what being registered as a carer means in terms of the impact for me?
- Be more adaptable where appointments are concerned and flexible in terms of 'rules and regulations'
- One thing would be that we have a permanent doctor at our surgery. Every time I go it's a different doctor
- I have to take an appointment the surgery offers - can't choose. It is essential for health professionals to visit the home. I need podiatry and can't always keep appointments. Dental appointments needed opticians. I have had to forgo various appointments because I have to be all day looking after my husband. There is no freedom from being sole carer. I am sole carer.
- Saturday opening for GP surgery would help enormously
- Unfortunately it can be very difficult to get an appointment at my GP surgery that isn't at least a week away. I can't always get to the doctors in person to try and make an appointment and the phone is always engaged. This puts me off making appointments for myself.
- Be more flexible, over appointment and cancelling at short notice
- Acknowledge the difficulties or arrangement appointments, ie finding someone to care for the patient in my absence
- My GP is only accessible downstairs. The doctor that we used to see is upstairs, so I can't see her with my daughter. We have been told that she can only see the doctor who has a room downstairs.
- By offering appointment times appropriate to the person asking for them, ie not in the middle of a normal working day when the carer works full time
- I feel we are extraordinary and fortunate in living where we are. Our GP, hospital have provided us with superb service to us during the many times we had to use the over the past 10 years

### **Meeting our needs as carers**

- Listen to our needs and expertise in caring for these people
- Be more flexible for carer. Maybe do home visits if carer unable to travel or visit because of child or other child

- GP - had to wait too long for an appointment. I don't feel as if I am treated as a carer. I feel that we should be listened to and not suppress and dumb us down. It is so painful. Please allow me to voice my story and obtain the help we need
- Try listening, when you explain behaviour problems due to head injury, then maybe life would be easier all round, and my son wouldn't be treated as a trouble maker and asked to leave accident and emergency department
- Generally I have received good support. Continuity of personnel is important
- I've had no need for any of the above services whilst being a carer so unsure
- Firstly to identify that I am a carer. Offer more home visits for the elderly who I care for.
- Easier access to my GP with appointment to suit my caring duties and not having to book weeks ahead with unrealistic times
- Just give as much help and advice as possible
- Awareness of multiple issues that face carers
- Respect and being treated as a partner not a nuisance. However my GP surgery is really good these comments apply to other services, especially those that treat my son and mother
- GPs, dentist, opticians and general hospital care are good. I am very concerned that we have no help from mental health services
- I have to see a doctor every time I need a repeat prescription for anti-depressants, this is difficult as I don't have any spare time. My condition is caused as a direct result of my son's illness and therefore is not going to change. Why can I not have repeat prescriptions and just have a review every 6-12 months?
- I think it causes more stress and anxiety when you have to 'fight' for the treatment access to support and help. When you initially express your concerns about your child/person caring for a list of service and support should automatically be provided
- They need to understand that when an appointment is made, you cannot always make it, due to your caring role, and not make you wait weeks to get another, and not to send you to far out hospitals, if all appointments could be made for one day that would be great, everything done at once, instead of coming and going
- Given the pressure on all these services I am happy with what I get - except for the difficulty of getting respite breaks
- Take our responsibility as a carer into account when making an appointment and helping us when making calls about appointments have a system that can deal with someone not knowing their address date of birth etc.
- Hospitals - need greatly improve support services for those carers who stay with the person they care for when they are inpatient, by providing as a minimum reclining chairs at side of the bed
- Ask if I am a carer at appointments. Link my records to my sons so they might know what is going on.
- Not sure. Better recognition of role of carers as somewhat experts in patients condition and as a first responder in deteriorations

### **Communication and Information**

- By listening more and helping me express my needs/feelings more clearly. majority of the time I feel I haven't even scratched the surface of the problem after I see a health professional
- Not sure what is available
- By acknowledging and taking into account you are a carer
- I rarely visit GP now due to lack of the concentrating on my husband's care it might help if the surgery phoned to ask how I am occasionally
- Better communication between NHS services not very good at present

- I'm sure that they are trying their best, all I ask for is good manners and a smile
- Acknowledge and respect the fact you are a carer
- Listen more to us, every time I ring up the phone goes to answer phone
- GP just want to know why you are here to see them. you get very little time to explain your issues, I feel very uncomfortable because the doctors attitude changes after 5 minutes
- More training for the receptionists. Their attitude can be offensive, but if challenged it is put back on the patient
- Offering more support in diagnosis and treatment for those who are being cared for and understanding that not all physical disabilities are visible
- By informing me more of their services
- Should indicate carer on appointment cards.
- I think they already support me really well. Especially the Macmillan drop-in at Wythenshawe hospital. I don't think enough drop in centres like this exist.

### **Support for carers**

- More support groups within 1 mile of home more regular contact from sound services
- Yearly health check faster hospital appointments if a delay in clinic to get pushed up the waiting queue as someone at home realise on me for support 24/7
- My main unmet need is for time to spend with friends. More daytime activities with support from others for my spouse would improve his quality of life and hence mine. He needs more help with motivation than I can give.
- Regular health checks for carer awareness of referred to carer support organisation services
- In home counselling and 24 hour helpline
- Help with transport. We have no car.
- Asked for counselling told the waiting list is to long
- Confidential regular checks with the carer, to make sure that everything is going ok because carers get wrapped up in caring and often forget about themselves
- Easier access to appointments and stop charge for the emergency call out alarm
- At present I attend a carers meeting every 2 months. It is held at Florence House, the above GP practice and advice, talks etc are given, and a good circle of people to talk to
- One point of contact - services coordinated
- More understanding of autism
- Evening sitting service once a week would be good
- More advice support. More follow up and NHS works actually listening to what I say. I know my mum and I know how different she is now.
- Provide day centres for carers to take a break away from home
- Respond and understand the needs of carers and the stress and pressures that are placed upon us. Have more available access to appointments that fit into our difficult times of caring. As carers we may not have someone to look after our dependents to attend appointments.
- Less waiting time. Less patients, extra opening times. We need recognition as a carer, ie maybe a card with a photo and a number. It would make things a lot easier and less embarrassing.

### **Commissioning of services**

- Commission services that help children with disabilities rather than just diagnose them. Diagnosis assumes schools will provide intervention but they don't. This is one of the largest causes of exhaustion.



- Listen more to us. the service is appalling every time I phone the Rawnsley building it goes to answer-phone
- Offer some interventions to help my child. Commission some interventions to help my son. Provide some interventions to help my child.

### **Confidentiality**

- I know there are confidentiality issues but my husband is a unreliable witness about his health and it would be good to be able to discuss him without him being there sometimes
- Intelligent application of confidentiality
- My husband won't see a doctor when ill. I should still be able to go doctors for him and explain the symptoms and work out a plan rather than suffer at home and refuse doctor help
- That they keep my name next to my hubby's on file so I don't have to get stressed when I phone for information
- By understanding that I know my daughter's needs health wise physically and mentally



## Demographic Information

### Carers Postcode

271 carers shared the first 3 digits of their postcodes.

Postcode	How many?	CCG GP Patch or Locality
<b>North Manchester CCG</b>		
M1 and M40	25	Miles Platting, Newton Heath, City Centre and Moston
M8	14	Cheetham Hill and Crumpsall
M9	24	Higher Blackley, Harpurhey and Charlestown
M11	11	Ancoats, Clayton and Bradford
Total = 74		
<b>Central Manchester CCG</b>		
M12	12	Ardwick and Longsight
M13 and M15	10	Hulme, Moss Side and Rusholme
M14 and M16	30	Chorlton, Whalley Range and Fallowfield
M18	16	Gorton and Levenshulme
Total = 65		
<b>South Manchester CCG</b>		
M19 and M20	40	Burnage, Chorlton and Didsbury.
M20 and M21	41	Fallowfield and Withington / Northenden and Wythenshawe
M22	31	Wythenshawe
Total = 109		
<b>Greater Manchester CCGs</b>		
Gtr Mcr	23	Bolton, Oldham, Trafford and Stockport

## **Jenny Joseph's "When I Am an Old Woman I Shall Wear Purple"**

When I am an old woman I shall wear purple  
With a red hat which doesn't go, and doesn't suit me.  
And I shall spend my pension on brandy and summer gloves  
And satin sandals, and say we've no money for butter.  
I shall sit down on the pavement when I'm tired  
And gobble up samples in shops and press alarm bells  
And run my stick along the public railings  
And make up for the sobriety of my youth.  
I shall go out in my slippers in the rain  
And pick flowers in other people's gardens  
And learn to spit.

You can wear terrible shirts and grow more fat  
And eat three pounds of sausages at a go  
Or only bread and pickle for a week  
And hoard pens and pencils and beer mats and things in boxes.

But now we must have clothes that keep us dry  
And pay our rent and not swear in the street  
And set a good example for the children.  
We must have friends to dinner and read the papers.

But maybe I ought to practice a little now?  
So people who know me are not too shocked and surprised  
When suddenly I am old, and start to wear purple.

## Monitoring Information

### Sex

276 carers answered, 43 skipped the question

	Response %	Response numbers
Female	73.55%	203
Male	26.45%	73

### Gender

Is your gender identity the same as the gender you were assigned at birth?

260 carers answered, 59 skipped the question

	Response %	Response numbers
Yes	99.23%	258
No	0.77%	2

### Age

273 carers answered, 46 skipped the question

	Response %	Response numbers
46-60	36.26%	99
61-80	33.70%	92
36-45	15.75%	43
26-35	7.33%	20
81+	5.49%	15
18-25	1.47%	4

### Disability

264 carers answered, 55 skipped the question

	Response %	Response numbers
Yes	50%	132
No	50%	132

### Marital Status

273 carers answered, 46 skipped the question

	Response %	Response numbers
Married	54.21%	148
Single	34.80%	95
Life Partner	7.33%	20
Widow	2.20%	6
Civil Partnership	1.47%	4

### Ethnicity

271 carers answered, 48 skipped the question

	Response %	Response numbers
White British	80.07%	217
Asian or British Asian (Pakistani)	5.17%	14
Black or Black British (Caribbean)	4.43%	12
Black or Black British (African)	2.21%	6
White Irish	1.48%	4
White (other)	1.48%	4
Asian or British Asian (Indian)	1.48%	4
Mixed (White and Black African)	1.11%	3
Mixed (White and Black Caribbean)	0.74%	2
Mixed (White and Asian)	0.74%	2

Asian (East African Asian)	0.37%	1
Black (other)	0.37%	1

### Religion/Faith

262 carers answered, 57 skipped the question

	Response %	Response numbers
Christian (including all Christian denominations)	62.21%	163
No religion	26.72%	70
Muslim	7.25%	19
Jewish	1.53%	4
Buddhist	1.15%	3
Hindu	0.76%	2
Sikh	0.38%	1

### Sexual Orientation

260 carers answered, 59 skipped the question

	Response %	Response numbers
Heterosexual	94.23%	245
Lesbian	1.92%	5
Gay	1.92%	5
Bisexual	1.92%	5



## Useful Information

Manchester Carers Forum

<http://www.manchestercarersforum.org.uk>

0161-819-2226

Manchester Carers Centre

<http://www.manchestercarers.org.uk>

0161-272-7270

ZEST Healthy Living Network

[www.facebook.com/ZestManchester](http://www.facebook.com/ZestManchester)

0161-234 -3715

South Manchester Healthy Living Network

<http://www.mhsc.nhs.uk/services/wellbeing-services/south-manchester-healthy-living-network.aspx>

0161-217-3667

Healthy Me, Healthy Communities

<http://www.healthymehealthycommunities.co.uk>

07913-540680

Didsbury Good Neighbours

<http://www.didsburygoodneighbours.org.uk>

07749-504298

Later Life Living

<http://www.laterlifeliving.co.uk>

07731-795418

Alzheimer's Society Manchester

[http://www.alzheimers.org.uk/site/custom\\_scripts/branch.php?branch=true&branchCode=12646](http://www.alzheimers.org.uk/site/custom_scripts/branch.php?branch=true&branchCode=12646)

0161-342-0797

Carers UK

<http://www.carersuk.org>

0808-808-7777

Talbot House

<http://www.talbot-house.org.uk>

0161 203 4095

## Websites

Mental Health in Manchester

<http://www.mhim.org.uk>

Choose Well Manchester

<http://www.choosewellmanchester.org.uk>

NHS Choices

<http://www.nhs.uk>

## Plan for a care emergency – Manchester City Council

Over 95% of carers worry about what would happen if something unexpected happened that meant they were unable to care. Because of this, Manchester has a number of services to give carers peace of mind.

- All carers can get their own emergency card. For more information speak to Contact Manchester on 0161-234-5001
- Carers can access the emergency plan via a Carer's Assessment. To request an assessment call the Contact Service on 0161-234-5001