

Role Informal carers

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- ▶ The Department of Health has reported that there were an estimated 1.72 million clients receiving services (following assessment) that were provided, purchased, at some point during the year 2015/2016
 - ▶ Of this total, 1.47 million clients (85% of all clients) received community-based services following assessment, and 250,000 clients received residential-based services following assessment (NHS:2005)

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- ▶ However, this is not the whole picture of care provided for people with chronic illness, and other disabilities outside the hospital.
 - ▶ An important distinction needs to be between care that is provided *in* the community (carried-out by the Health and Social Services), and care *by* the community or *informal care*.
 - ▶ The latter is care provided primarily on the basis of kinship obligations between members of the immediate family.

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- ▶ The average number of contact hours with clients (368,400 of the 1.4 million in receipt of *all* community-based services) receiving *home care* provided by health and social care professionals rose to 9.5 hours per week in 2004 from 7.0 hours in 2000.
 - ▶ This clearly means that informal carers continue to provide the bulk of the support required by clients

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- ▶ 'Home Care' is defined as those services which assist the client to function as independently as possible and/or continue to live in their own home.
 - ▶ Services may involve routine household tasks within or outside the home, personal care of the client or respite care in support of the client's regular carers.
 - ▶ It excludes services other community-based services such as day care, meals, transport and equipment (NHS:2005).

The 1990 Community Care Act

- ▶ Community care was promoted by the then Conservative government as a 'revolution in social care'.
- ▶ The stated aim of the policy was to help priority groups such as the dependent elderly, people with physical and learning disabilities, people with long-term mental health problems, live as independently as possible, either in their own homes or in residential care.
- ▶ The idea of shifting care for these groups, away from what has generally been recognised as 'inappropriate' institutional care towards providing care in the 'community' was not a new concept.

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- ▶ They devise discharge policies for anyone leaving hospital and in need of care in the community.
 - ▶ The Act required that patients in need of community care were not be discharged until that care was available.
 - ▶ This one provision was subsequently to have a significant impact in compounding the so-called 'bed-blocking' problem.

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- One of the other significant changes was to place the identification of need at the centre of management and service delivery processes. A 'needs assessment' is carried out by a `case manager', but users of the service and their carers are in principle directly involved in the process of needs assessment.

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- ▶ It is was recognised that much more reliable information was required regarding the numbers of specific caring activities, and so a question was included in the 2001 census to address this continuing shortfall in knowledge. The 2001 census (ONS:2003) found that there were 5.2 million unpaid carers (1 in 10 of the population of England & Wales) of which :
 - ▶ 68 % (3.56 million) provide care for up to 19 hours per week
 - ▶ 11% (0.57 million) provide care for 20 to 49 hours per week
 - ▶ 21% (1.09 million) provide care for 50 or more hours per week

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- ▶ 'Community care' for the vast majority of those who require care in their own homes, has always meant the 'informal care' given to them by their family members. The introduction of the C.C Act however did address for the first time the issue of who actually performed these caring tasks. There is now an acknowledgement by government of its responsibility to provide, through local authorities, domiciliary services, respite care and day care as supplements to family care.

- Nevertheless, until the development of the 'Carers Strategy' in 2000 there was very little acknowledgement of these requirements in practice, even though the existing legislation was quite explicit about defining the role/responsibilities of networks of family and friends in providing care, particularly for the dependent elderly

Attitudes to be addressed

- ▶ *A changing role for the family?*
- ▶ *Caring as 'Womens Work'*
- ▶ *Culture & Caring:*