

**Health, Housing and Adult Services Scrutiny Panel  
Policy Review 2013 – 2014**

**Supporting Carers in Sunderland**

**Final Report**

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# **1 Foreword from the Scrutiny Lead Member for Health, Housing & Adult Services**

The Health, Housing and Adult Services Scrutiny Panel have looked at supporting carers in Sunderland. I am pleased we decided to look at the carer group not least because the review recognises the valuable work they do in caring for loved ones, close family members and friends.



One of the key themes from the review was around the identification and recognition of carers. Many people do not see themselves as a carer or recognise that they are in a caring role and it may only be at the point of crisis that people look for help. Identifying carers as early as possible can stop people reaching this crisis point and through the various agencies help and support can be close at hand.

The Multi-Agency Sunderland Carers Strategy is a key document in bringing together the organisations that provide support, advice and guidance to carers and their unique circumstances. A multi-agency approach is fundamental to ensuring that carers are supported to not only fulfil their caring responsibilities but also to be able to work and relax, particularly in times of increasing financial pressures.

The Panel have visited Sunderland Carers' Centre, St Benedict's Hospice and invited a number of organisations, carers and young carers to provide evidence to the Panel as part of the review process. This has allowed the Panel to gain a number of wide ranging views, opinions and experiences that hopefully provides a sound base for the conclusions and recommendations contained within this report.

As Lead Scrutiny Member for Health, Housing and Adult Services I would like to thank all the Panel Members for their involvement and contribution to this review. I would also like to thank all the organisations who gave their time to contribute to this piece of work as well as council officers who provided evidence and supported Members in this review.

Carers can often be a forgotten group with many people not truly appreciating the caring role in our society. Thankfully in Sunderland this is not the case and the Council along with its partners continues to promote and support carers. Carers are often on an extremely emotional journey and providing carers not only with the ability to recognise themselves as a carer but also where to obtain advice, peer support and assistance is crucial to supporting carers in Sunderland.

Councillor Christine Shattock, Lead Scrutiny Member for Health, Housing and Adult Services

## **2 Introduction**

- 2.1 The Scrutiny Debate provided a variety of scrutiny topics for potential review during the coming year. The Health, Housing and Adult Services Scrutiny Panel, commissioned by the Scrutiny Committee, agreed to undertake a spotlight review around the issue of supporting carers in Sunderland.

## **3 Aim of the Review**

- 3.1 To look at the key issues facing carers and how the local authority and its partners can further enhance the support to and identification of carers across the city.

## **4 Terms of Reference**

- 4.1 The title of the review was agreed as 'Supporting Carers in Sunderland' and its terms of reference were agreed as:
- (a) To understand the type and role of carers across the city and the specific pressures and challenges encountered;
  - (b) To look at the issues around the identification and recognition of carers in the city;
  - (c) To investigate the current support provided by a range of organisations to carers and how the Multi-Agency Sunderland Carers Strategy can enhance this support further;
  - (d) To assess the implications of welfare reform changes on the carer group.

## **5 Membership of the Panel**

- 5.1 The membership of the Health, Housing and Adult Services Scrutiny Panel during the Municipal Year is outlined below:

Cllrs Christine Shattock (Scrutiny Lead Member for Health, Housing and Adult Services), Rosalind Copeland, Ronny Davison, Daryl Dixon, Alan Emerson, Jill Fletcher, Barbara McClennan, Lisa Smiles, Gemma Taylor, Mary Turton and Dorothy Trueman.

## **6 Methods of Investigation**

- 6.1 The approach to this work included a range of research methods namely:
- (a) Desktop Research;
  - (b) Use of secondary research e.g. surveys, questionnaires;
  - (c) Evidence presented by key stakeholders;
  - (d) Evidence from members of the public at meetings or focus groups; and,
  - (e) Site Visits.
- 6.2 Throughout the course of the review process the Panel gathered evidence from a number of key witnesses including:

- (a) Neil Revely – Executive Director – People Directorate;
- (b) Cllr Graeme Miller – Health, Housing and Adult Services Portfolio Holder;
- (c) Graham Burt – Chief Executive - Sunderland Carers' Centre;
- (d) Victoria Brown – Age UK;
- (e) Elizabeth Moody – Northumberland Tyne and Wear Trust;
- (f) Stuart Jayne – Northumberland Tyne and Wear Trust;
- (g) Michael Armstrong – JobcentrePlus;
- (h) Sandra Brydon – JobcentrePlus;
- (i) Julie McDonald – City Hospitals Sunderland NHS Foundation Trust;
- (j) Ian Holliday – Clinical Commissioning Group;
- (k) Maureen Dale – South Tyneside Foundation Trust;
- (l) Jordan Haynes – Young Carer;
- (m) Katherine Henderson – St Benedict's Hospice;
- (n) Kirsty Kerrigan – St Benedict's Hospice;
- (o) Catherine Loftus – Gentoo Housing Group;
- (p) Julie Walker – Gentoo Housing Group;
- (q) Samantha Humble – Gentoo Housing Group.

6.3 All statements in this report are made based on information received from more than one source, unless it is clarified in the text that it is an individual view. Opinions held by a small number of people may or may not be representative of others' views but are worthy of consideration nevertheless.

## 7 Findings of the Review

Findings relate to the main themes raised during the Panel's investigations and evidence gathering.

### 7.1 Carers: The Facts and Figures

#### ***What is the definition of a carer?***

- 7.1.1 A carer is someone of any age who provides unpaid support to family or friends who are unable to manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. 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<sup>1</sup>.
- 7.1.2 It is very much the case that carers do not choose to become carers: it just happens and they have to get on with it; if they did not do it, who would and what would happen to the person they care for? While caring is a part and parcel of life, without the right support, the personal costs of caring can be high.

#### ***Carers in numbers***

- 7.1.3 The 2011 Census figures for England, Wales and Northern Ireland show an increase in carers since the last Census in 2001, from 5.22 million to 6 million, an increase of 629,000 people in 10 years. According to figures from Carers UK this figure is expected to reach 9 million by 2037 as a result of an ageing population, the fact that people are living longer with disabilities and long-term health conditions and the incentive to stay longer at home. Also, there are now 2.2 million people in England, Wales and Northern Ireland alone caring for more than 20 hours per week and 1.4 million caring for more than 50 hours per week. In Sunderland approximately 11% of the city's population is identified as being carers, around 32,478 people as at 2011.
- 7.1.4 The social care system and the NHS as a whole rely heavily on carers' willingness and ability to provide care. This care is worth an estimated £119bn per year or an average £18,473 per carer, which is considerably more than total spending on the NHS<sup>2</sup>. Carers save Sunderland an estimated £706.9m per annum through the care they provide<sup>3</sup>.

#### ***Who are Carers?***

- 7.1.5 Approximately 58% of carers are female compared with 42% being male. With more than one in five people aged 50-59 (1.5 million across the UK) providing some unpaid care this is the peak age for caring. It is also worth noting that carers over the age of 65 are increasing rapidly compared to the general carer population. It was also highlighted that within Sunderland the rate of males and the Black, Minority, Ethnic (BME) population coming forward was relatively low.
- 7.1.6 Middle-aged people are most likely to have dependent children in addition to caring for older or disabled adults. Typically caring for their elderly parents and own young children, this demographic group is sometimes referred to as the 'sandwich

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<sup>1</sup> Carers Trust England

<sup>2</sup> Carers UK & University of Leeds (2011) Valuing Carers 2011: Calculating the value of carers' support

<sup>3</sup> University of Sheffield, CIRCLE report, 2012

generation'. Peak ages for this dual caring role are 40-44 for women and 45-49 for men.

- 7.1.7 Census information (2001) indicates that there are 174,995 young people under the age of 18 who provide care with 13,029 of the total number providing care for over 50 hours per week. The majority of young people are caring for anything up to 19 hours per week. This wide range means caring affects young people in many different ways. There is a substantial difference between helping parents with care arrangements and being the sole support for a parent or sibling.

### ***The range of care provided***

- 7.1.8 Research by Carers UK indicates that the frequency of different care tasks across all carers includes:

- 82% providing practical help e.g. preparing meals, doing housework or shopping;
- 38% providing personal care e.g. help with bathing, feeding and going to the toilet;
- 38% providing physical help e.g. getting in and out of bed or up and down stairs;
- 35% administering medication;
- 49% helping with financial matters and other correspondence.

### ***Caring for who?***

- 7.1.9 According to research conducted by the NHS most carers, around 40%, are caring for parents or parents-in-law and over a quarter for their spouse or partner. Interestingly while the vast majority care for relatives, one in ten carers do in fact care for a friend or neighbour. Carers look after people with physical disabilities, mental health problems, sensory impairment and dementia.
- 7.1.10 The majority of carers (83%) are looking after one person however, 14% of carers are caring for two people and a small percentage (3%) are caring for at least three people.

## **7.2 Legal Rights and Entitlements of Carers**

- 7.2.1 As a carer there are specific legal rights and entitlements. Knowing these rights can help carers to access and get the support they need. These rights for carers include:
- the right to have needs assessed by the local authority;
  - the right to receive direct payments so that a carer can choose what services to have; and
  - rights in the workplace.
- 7.2.2 The Carers and Disabled Children Act 2000 outlines a carers right to a care needs assessment. It states that all carers aged 16 or above, who provide a 'regular and substantial amount of care' for someone aged 18 or over, has the right to an assessment of their needs as a carer. This is provided by the Adult Services Department of the Local Authority as a way to see if they can offer any support to aid an individual in their caring role. If there is more than one carer providing regular care in a household, then they are both entitled to an assessment. It is also important to note that the local authority has a responsibility to make sure a young carers own wellbeing is looked after and that they receive the necessary support.

So, a 16- or 17-year-old who cares for someone, even for a limited period, may be entitled to an assessment.

7.2.3 The Carers Needs Assessment Form was recognised as an important tool for accessing support and Members queried if this assessment could be conducted by other agencies (Gentoo, Elected Members, BT etc.) allowing for more identification of carers. The Panel also acknowledged that this assessment tool and the council's duty to carers could be better advertised to Members, which could potentially widen access to this assessment.

7.2.4 *The Carers (Equal Opportunities) Act 2004* - helps to ensure that carers are not disadvantaged because they are caring for another person. The law can help carers in three ways:

- i. The right to know about assessments: The act makes it a legal requirement for all local authorities to ensure that carers are made aware of their rights to a carer's assessment.
- ii. The right to have your needs considered: The local authority must ask a carer about their daily activities when undertaking an assessment of needs. They should find out if they work, if they want to work and whether they do or want to do any education, training or leisure activities. The authority must take all of these issues into account when deciding what services they give a carer and the person they look after.
- iii. The right to have authorities co-operate on a carers behalf: Under the act, a local authority must work with other local authorities, education authorities, housing authorities and health service organisations. These authorities must consider a request for assistance from each other if a local authority asks for help to plan services for carers or the people they care for, or when the carer's role would be enhanced by the services provided by another authority. These services can be for either the carer or the person cared for.

7.2.5 *Carers and employment rights* - Since the Employment Act 2002 became law, working parents of disabled children under 18 have the right to request flexible working arrangements. Furthermore, since April 2007, individuals also have the right to ask for flexible working if they are a carer of an adult who is a relative or lives at the same address. While there is the right to ask for flexible work in these circumstances, it is important to know that employers are not bound to grant these requests. However, they must give business reasons for refusing a request for flexible working. Carers also have the right to take unpaid time off work for dependents (the people they care for) in an emergency.

7.2.6 The Care Bill has been designed to support more effective delivery of personalisation and whole family working. The legislation has significant implications for local authorities in improving support for carers, the requirements being summarised as follows:

- A whole family approach to assessment when assessing individuals and carers;
- A carers' entitlement to request an assessment of their own needs will not be dependent on them providing regular and substantial care;
- An increased focus on supporting young carers, including with the transition into adulthood;
- A 'duty' to respond to a carer's eligible needs (rather than the current 'power');

- A requirement to provide better information services for carers;
- A statutory obligation to provide a range of preventative services, including for carers; and
- Councils will be required to make available more breaks and carer personal budgets

7.2.7 The Care Bill will mean that many more assessments will be required for people with support needs and carers. There will also be a requirement to improve support to young carers in their transition to adulthood and better recognition of young adult carers.

### **7.3 Sunderland Carers' Centre**

7.3.1 Sunderland Carers' Centre is an independent voluntary organisation, registered as a charity, and is a Network Partner of The Carers Trust. The Carers' Centre has been a partner with Sunderland City Council since 1994 and has recently moved into new premises at Thompson Park. It is important to understand that the Carers' Centre, although based in Southwick, is a citywide organisation.

7.3.2 The Carers' Centre employs 23 members of staff, with specific expertise, providing one-to-one support for carers. The Centre is often simply a 'listening ear' for carers across the city. The Carers' Centre provides this simple service and aims to help individuals or families to navigate the care pathway. It is clear from many of the conversations that Members had during the evidence gathering process that the Carers' Centre is seen as a single point of contact by many organisations across the city. This was recognised through the experience, consistency and continuity of support that is provided. Members also acknowledged that the Centre provided information, signposting, advocacy, guidance and training to carers all of which was currently time unlimited.

7.3.3 Members recognised that a real strength of the centre was around the network of carers who continue to attend the centre even after many of their caring responsibilities had finished, providing volunteer and peer support through sharing their experiences with the next wave of carers. The Carers' Centre also produces and posts out a newsletter to all members and this cost is defended, particularly in an ever increasing online age, as this is how members have requested to receive information. It works because many members do not have access to a computer and it also brings people together in terms of the process of producing, enveloping and posting the newsletters.

7.3.4 The Carers Breaks and Opportunities Scheme (CBOS) has been successful, providing funding for carers to be used in a variety of ways that provide respite from their caring responsibilities. In speaking with the Health, Housing and Adult Services Portfolio Holder it was explained that this could be in either the form of a traditional holiday or weekend break, through to providing the means or equipment for a short break. In relation to this the scheme has provided bicycles (allowing a carer to cycle a few times a week), a garden bench (to sit on and have a few moments alone) or a season ticket to watch football (a few hours of escapism a week). The CBOS scheme is highly regarded in the way both the CCG and Local Authority, in partnership with Sunderland Carers' Centre, ensures effective use of all the funding available through tailoring to the individual, their circumstances, interests and needs. This is corroborated by the Standing Commission on Carers, an independent advisory body providing expert advice to Ministers, who visited Sunderland Carers' Centre in November 2012. The Commission reported positively



on the scheme with representatives from the local authority and CCG being invited to discuss the project at Westminster in 2013.

- 7.3.5 It was identified that the Carers' Centre had a good working relationship with Sunderland City Council. This gives both organisations the ability to raise and discuss difficult issues and perhaps more importantly that both sides listen to each other and a shared solution is reached. In further developing and extending this relationship it was recognised that there was an opportunity to provide a bulletin to local councillors, via email, providing information and news regarding the centre's activities.
- 7.3.6 Sunderland Carers' Centre also has links with St Benedict's Hospice in Ryhope which provides palliative and end of life care within Sunderland. It was noted that the hospice was connected to the Carers' Centre and also had a social worker based on site. The Hospice also informed the Panel that it proactively signposted carers to the relevant support and advice services, including Sunderland Carers' Centre to access support, information and short break funding.

## **7.4 Identification & Recognition**

- 7.4.1 The point at which a partner, relative, friend or neighbour crosses the threshold from looking after a loved one as part of their existing relationship to becoming a carer can be ambiguous. There is no clear profile of the average carer's family, finance, housing, or years of caring, making it difficult to identify a carer from the outside looking in. There is also no clear correlation between the type of illness a patient is suffering and the likelihood that they will have a carer. This makes targeting potential carers all the more difficult. There are a number of potential avenues for data collection that can assist in identifying the carer population including contact with health care professionals, GP referral scheme, CBOS scheme, Carers' Centre, social work teams and completed carers' assessment forms.
- 7.4.2 In undertaking this investigation Members of the Panel highlighted from an early stage that carers very often do not readily identify themselves as such. This was reinforced by the Panel's visit to the Carers' Centre where the majority of people who the Panel spoke to had not initially identified themselves as a carer and had seen the caring role as a responsibility as a family member. There can be many different reasons why people do not want to either identify or recognise themselves as a carer including:
- a) the pride of many people in a caring role means they can resent being thought of as a carer; many people see it as a duty to a family member and not a specialised role to be remunerated by the state;
  - b) generational attitudes of older people in relationships;
  - c) people fear it could result in a loved one being taken from a person's care, assets such as a home being forcibly sold or the loss of other state benefits;
  - d) the nature of a condition, particularly for mental health patients, means that care is often only provided sporadically during periods when the condition flares up, meaning the carer is less likely to see themselves as a carer;
  - e) carers believe they need the permission of the cared for person to have a carer's assessment;
  - f) carers may be reluctant to leave a cared for person alone and may not feel that being identified as a carer will alleviate this problem; and

- g) the threshold for the Department of Work and Pensions carer's allowance is 35 hours or more of care per week, which exceeds the duration of care many carers perform. Therefore a number of people in a caring role may not seek or accept a carer's assessment as they do not feel they would be considered as a carer or they do not realise they are entitled to an assessment even if they are not eligible for the carer's allowance.

- 7.4.3 The Panel also acknowledged that there were still a number of stigmas attached to being a carer. There are also many myths about carers that create a false impression of the valuable work they do and the money they save the UK economy. Members were informed that health services and partner organisations have and continue to work with Sunderland Carers' Centre, and it was also noted that many partner organisations undertake awareness raising sessions with teams to ensure that the majority of staff understand the caring role, but it was identified at the expert jury event that this is not always translated into the work environment.
- 7.4.4 Similarly as many carers do not identify or recognise themselves as carers it is important that Adult Services (People's Directorate) increase their ability to identify, connect and provide information about this group. The Health, Housing and Adult Services Portfolio Holder explained to Members that the Customer Service Network will have a vital part to play in this through trained staff employing a triage system of help, identification and signposting.
- 7.4.5 Schools are also difficult to access as they do not, due to legislative changes, operate as a collective, therefore the schools have to be tackled individually and it can be very difficult to identify young carers due to stigmas and fears. The Executive Director of the Carers' Centre informed the Panel that it is not something that young people discuss openly in school and there are also issues related to bullying and isolation for young carers in the school environment. The Carers Implementation Group could support the collection of data around young carers from schools through discussions with relevant stakeholders (headteachers, governing bodies etc.) and council officers.
- 7.4.6 The Clinical Commissioning Group (CCG) scheme providing incentives to GPs to identify carers and signpost them to the appropriate support was highlighted at the expert jury event as a positive step for increasing the identification of carers in Sunderland. With GP's incentivised, rather than penalised, in this way there is the real potential for a rise in the numbers of people accessing or contacting the Carers' Centre for support, advice and guidance. In discussions with health representatives it was also noted that this could be rolled out to community and acute care health services and that commissioners have a fundamental role to use their levers to ensure that referral pathways cover all services. The success of such initiatives could lead to potential capacity issues for the Carers' Centre and it is worth noting that other organisations can also provide support in conjunction with that provided by the Carers' Centre.
- 7.4.7 There is also a key role for frontline councillors in informing local people about services and support that is available. Due to their position within local communities, councillors have the ability to encourage people who are in possible caring situations to identify themselves and seek independent support. This was reinforced by the Executive Director for the People's Directorate informing Members that it was important to improve communication to frontline councillors as they are an important asset within communities for identifying carers.

- 7.4.8 One of the main issues is that many carers felt underappreciated and stated that it was an extremely difficult role on emotional, physical and mental levels. It is important to note that part of this under appreciation stems from the misuse of the term carer. There is a significant distinction to be made around 'carers' and 'paid care assistants' but all too often the term 'carer' is used as an umbrella term encompassing all types of carers. During the Panel's investigations this theme was raised several times but it was also acknowledged that potentially the battle may already be lost in relation to the usage of the term.
- 7.4.9 In order to remove the stigma and improve recognition for carers and the work they do it is important that Sunderland looks to celebrate and appreciate the valued work carers perform on a routine basis. Carers can often feel dismissed and alone and improving this recognition is a really important and powerful issue for carers.
- 7.4.10 St Benedict's Hospice also runs a 24-hour advice line for professionals, families and patients along with an outpatient clinic which provides rapid access. The Hospice not only concerns itself with patients but also families and carers to the extent that focus groups are arranged to canvas opinions and views of carers about the services offered. The hospice also used other techniques to gain feedback including satisfaction surveys and patient-carer stories to develop and improve support. This provides a degree of recognition to carers and looks at a continual pathway to improving the service received by families within the hospice. It was very clear to Members, when visiting the Hospice that families and carers are an integral aspect of service design and the support provided.

## **7.5 The Implications of Caring: Financial, Wellbeing & Emotional**

### ***The Financial Impact of Caring***

- 7.5.1 Caring can often mean families face lower incomes as caring responsibilities and ill-health or disability often reduce an individual's ability to work. This added to increased household and living expenses often associated with ill-health (e.g. heating, laundry and transport) explains how families can struggle to cope with daily living costs and face increasing debt and money worries. In reality taking on caring responsibilities can significantly impact on household finances and very few people even consider these increased costs. In reality over seven out of ten (72%) carers were not prepared for the financial impact of caring<sup>4</sup>.
- 7.5.2 Carers UK's 'State of Caring' survey highlighted that approximately 3 in every 4 carers struggle to pay essential bills or are unable to afford repairs to their home. More surprising was that half of all respondents to the survey were cutting back on food just to make ends meet and around a third of those paying rent or a mortgage were struggling to pay it. In fact 4 out of 10 carers had been in debt as a result of caring and the stress of debt and other money worries affected nearly half of all carers surveyed.
- 7.5.3 Currently one of the biggest financial anxieties identified by carers is around the implications of the welfare reform changes. The Local Authority, Department for Work and Pensions (DWP), Gentoo, Carers Centre and Age UK are working to ensure that the information around welfare reform changes and what it means for individuals, including carers, is available and accessible by those who need it. The Local Authority also commissions a number of local organisations to provide financial and welfare advice including Pallion Action Group, Sharp and Age UK.

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<sup>4</sup> Prepared to Care? Exploring the impact of caring on people's lives. The Carers Week Partnership. 2013

- 7.5.4 National and local carers' organisations have expressed major concerns around the potential impact on carers and their families of the changes to Housing Benefit size criteria for tenants in social housing. The policy affects tenants in social housing who are in receipt of Housing Benefit, identified as having spare rooms resulting in a reduction in benefit by an average £14 a week, over £700 a year. Tenants would have to make up the shortfall in rent or move to a smaller property. Carers UK have interviewed 100 carers affected by the changes, and the findings include:
- Three quarters (75%) of carers having to pay the 'bedroom tax' are being forced to cut back on essential spending on food, electricity and heating;
  - One in six (17%) are falling behind on their rent and face eviction.
- 7.5.5 Concerns around the welfare reform changes were highlighted by a number of witnesses and how this would impact on housing, employment and household income. In discussions with Gentoo it was noted that exemptions have been made for those tenants or partners who require overnight care provided by a non-resident (e.g. a care worker), as well as disabled children unable to share with siblings. However, there are still a number of groups who could potentially be affected by the reform changes including:
- those caring for disabled partners who require an additional room for the carer to sleep in - where they are unable to share a room as a result of the condition of the person requiring care and support, or the use of medical equipment like oxygen tanks or a hospital bed, through the night;
  - families where adaptations or equipment were installed in an additional bedroom;
  - families who may have 'spare' space but where moving home would be counter-productive – for example where homes had been heavily adapted or where the families lived close to friends and family support networks;
  - where a room is required for someone to come and provide overnight care for a disabled child (the non-resident exemptions for tenants do not extend to their children).
- 7.5.6 Gentoo as the major housing provider in the city has taken the decision to tackle Welfare Reform on an individual case by case basis as every customer affected has their own unique set of circumstances. In speaking with Gentoo officers it was explained that a two phase approach of inform and support was undertaken. There was a concerted campaign working with Sunderland City Council to raise awareness of the potential impacts on Gentoo customers. Gentoo also undertook bespoke visits to customers and provided a vast array of support around financial issues including energy advice, customer budgeting workshops, benefit maximisation and signposting to support agencies and specialist organisations.
- 7.5.7 Undertaking these bespoke visits has allowed Gentoo to build an accurate picture of their tenant base and household compositions, and in the process identifying a number of customers who are in fact carers. This has enabled Gentoo to signpost carers to further support and advice including the Carers' Centre and benefit tools. It was interesting during discussions that Gentoo acknowledged that many of their tenants did not recognise or see themselves as a carer.

- 7.5.8 In recent research it was noted that carers can often feel that there is a lack of advice and information to help them prepare for the costs of caring. This again can be attributed to a lack of recognition by individuals that they are in a caring role and only when hitting a crisis point do people look for help. Members were informed that getting to carers as soon as possible can help to achieve much better outcomes and planned support, avoiding the crisis pinch points.
- 7.5.9 The current economic climate is an added pressure to the caring role. Services are becoming ever more streamlined, through necessity, and carers will be expected and relied upon to do more. It will be important to ensure that health services are not diminished in the current financial situation and there is a need to look at how to drive up quality while doing things differently e.g. extending evening working and weekends to help carers access services and support. Members were pleased to acknowledge that Sunderland CCG had recognised the important role carers play in Sunderland and have committed to supporting carers with a ring-fenced a budget of £1.8 million. This includes two new schemes around assisting with GP referrals and a grant scheme for organisations that provide support for carers.

### ***The Health Implications of Caring***

- 7.5.10 Caring can often take its toll on a carers physical and/or mental health. Research<sup>5</sup> indicates that around 83% of carers felt that caring had a negative effect on their physical health while 87% believed it had a negative influence on their mental health.
- 7.5.11 Carers very often describe themselves as 'permanently sick or disabled' and this is reflected in the 2001 Census findings. Also research conducted by Carers Scotland (2011) revealed that almost half of carers health problems began after they had started caring. Those carers providing prolonged care are at a particular risk of poor or deteriorating health, be that mental, physical or both.
- 7.5.12 The role of carer can be a physically and emotionally demanding role with research showing that carers often suffer from depression, physical injuries, stress and anxiety as a result of their caring role<sup>6</sup>. This anxiety, lack of sleep, social isolation and/or depression can often lead to mental ill health or stress-related illness. This is supported by research which indicates that nine in ten (92%) carers have stated that their mental health had been affected by caring with only 1% saying that caring improved their mental health<sup>7</sup>.

### ***Isolation and Relationships***

- 7.5.13 The isolation of caring and poor access to services can result in the social exclusion of carers. Many carers can feel isolated, unsupported and unsure of their ability to manage. Interestingly many carers thought the cause of their isolation was due to a lack of support from statutory services.
- 7.5.14 The State of Caring Survey<sup>8</sup> also highlights the impact of caring on relationships with friends and families with 66% of respondents indicating that their caring responsibilities had a negative effect on their friendships. A further 58% reported that caring also had a negative effect on their relationship with other family members. The most common reason for this was attributed to the stress of caring.

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<sup>5</sup> Carers Week (2012) In sickness and in health

<sup>6</sup> Prepared to Care? Exploring the impact of caring on people's lives. The Carers Week Partnership. 2013

<sup>7</sup> Carers UK (2013) The State of Caring Survey

<sup>8</sup> Carers UK (2011) The State of Caring Survey

7.5.15 The very nature of caring often means carers sacrifice the daily routine and order many of us take for granted for a far more unpredictable and chaotic lifestyle. This can be seen in a variety of ways and ultimately lead to friendships fading away and strains on family relationships further adding to the feeling of isolation. There are however opportunities, through the caring role, to foster new friendships and relationships. This was clearly evident when Members witnessed for themselves the support network and friendships that existed between carers, a commonality of interest. Members recognised the importance of continued support following the end of the caring role for many carers.

### ***Carers in the workplace***

7.5.16 There are approximately one in eight workers with caring responsibilities in the UK. Of these, over two million carers work full time and one million part-time<sup>9</sup>. In Sunderland there is anecdotal evidence which suggests that around 40% of working carers are experiencing difficulties in retaining their jobs and that this is often due to employers failing to accommodate their needs. It was also highlighted to Members that a significant number of their clients who are claiming benefits are being pressurised by the Department of Work and Pensions to find a job.

7.5.17 At the expert jury event representatives from JobcentrePlus when asked about inappropriate sanctioning of claimants who were late for appointments, explained the conditionality framework and the claimant responsibility. JobcentrePlus did stress that claimants should not be sanctioned for being late if they had good reason, and that they should always receive a warning if late attendance was identified as an issue i.e. it shouldn't happen on the first occasion. It was also noted that carers in receipt of carers allowance do not come under the sanctions regime, although Members did acknowledge that many carers do not recognise themselves as carers or fail to meet the criteria for carers allowances. It was also noted that while the Department for Work and Pensions is heavily restricted by data protection laws, JobcentrePlus has developed an extensive partnership network which provides good links to a multitude of external partner organisations, and is represented on the Carers Implementation Group.

7.5.18 JobcentrePlus representatives also informed the Panel of the support available to carers including developing skills, training, volunteering opportunities and potential job vacancies. JobcentrePlus provides information relating to financial support that can fund course fees and childcare costs. Work focused support is also available for carers looking to combine paid work with their caring responsibilities, or those looking to prepare for work after their caring responsibility ends through a series of caseload interviews. JobcentrePlus also reported that carers participating in approved activities or pre-arranged interviews with employers, providers or advisers may be able to access funding for replacement care or costs for training, travel etc.

7.5.19 Carers often struggle to combine work and care and many leave work and remain out of employment as a result. With an ever ageing population the number of carers is expected to rise as will the effects of losing carers from the workforce. JobcentrePlus explained that it was a harsh reality that carers to some would-be employers were not an attractive proposition, and it was an on-going challenge to find suitable employment for carers.

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<sup>9</sup> Census 2001

7.5.20 JobcentrePlus also highlighted that carers have many skills that make them potentially employable. Also employers are losing talented people in whom they may well have invested significant time and money. The public expenditure costs of carers feeling unable to continue working have been estimated to be £1.3 billion a year<sup>10</sup>. Employers like Sunderland City Council, operating a flexible working arrangement could be of huge benefit to someone with caring responsibilities allowing them to continue in employment while looking after a family member or friend. The City Council also has policies which are specific to those employees identified as having caring responsibilities enabling such individuals to continue in work and fulfill their caring obligations.

7.5.21 In discussion with South Tyneside Foundation Trust and City Hospitals Sunderland it was highlighted how important it was that organisations recognised those carers in employment and the measures that can be applied to allow such employees to fulfil both roles. This could be through flexible working, carers breaks and opportunities scheme, part time working, time off etc. Public sector employers are much more attuned to this style of working and see the benefits to the workforce of providing a work/life balance. Also once the caring duties have lessened or ceased employees will be able to return to a normal working pattern. Clearly in this financial climate and with the current pressures on public sector spending it is difficult for carers to obtain employment with such favourable terms and conditions.

## **7.6 The Multi-Agency Model**

### **Sunderland's Carers Strategy**

7.6.1 Sunderland's Multi-Agency Carers Strategy reinforces Sunderland's commitment to carers and provides a broad outline of aims to improve the lives of carers. The strategy is just the latest element to improvements that have been made in the range of carers' services over recent years. These improvements have included:

- additional investment to the Carers Breaks and Opportunities Scheme, allowing more carers to enjoy some time away from their caring role;
- implementation of a Drugs and Alcohol Network, enabling carers of those with substance misuse issues to be recognised and signposted to support;
- more carers than ever benefiting from the support and advice that Sunderland Carers' Centre offers; and
- through the Family Intervention Project, raising the profile of young carers among social workers within both the adults and children's arena, to help them be identified and supported as early as possible.

7.6.2 As already mentioned many people do not recognise or identify themselves as a carer, and often it is only when they are at crisis point that some carers are eventually identified. This is one of the key objectives of the Sunderland Multi-Agency Carers Strategy to ensure that carers are identified as early as possible to enable better support. The potential of this multi-agency approach is that there is a greater chance of identification of carers the more agencies and organisations that are involved.

7.6.3 It was also noted by the Panel that the core strategy was currently being refreshed and this was welcomed by several organisations. The strategy has provided a basis

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<sup>10</sup> Supporting Working Carers: The Benefits to Families, Business and the Economy. Carers UK. 2013

for engagement with partner organisations and provides, through the Carers Implementation Group, a vehicle for liaising on a regular basis to seek advice on carer issues and to developing the strategy, ensuring it is current and addressing the key issues of carers in the city.

### **Multi-Agency Approach**

- 7.6.4 While it was acknowledged throughout this review that the Carers' Centre is the single point of contact for carers in Sunderland it is important to realise that all agencies and organisations have a role to play in the identification and signposting of carers to independent support. A good example of this approach is Sunderland College which has established a number of free courses around health and social care and a number of carers have accessed these courses. This has allowed the college to signpost carers to other resources and information within the city.
- 7.6.5 There are a number of practical things that can be done, towards the fundamental aim of recognising and supporting carers. This could include organising shared training materials, or looking at how to celebrate the important work carers contribute to the city. Sunderland Carers Centre already promotes and raises the profile of carers in the city, but involving more organisations could help raise the profile and reduce the stigma associated with carers. This can also assist in developing a wider engagement with employers and organisations across the city which is of key importance to many carers.
- 7.6.6 It was noted that there was positive evidence that involving carers in service design and delivery can provide real benefits e.g. carers were involved in the development of scripts for local authority call centre staff. It is also important that in policy making that the roles and interests of carers are promoted and consideration is given as to how policies and strategies can impact on the carer group. It may not appear at first as if there is any impact or implication for carers but in undertaking some consideration could help policies become more robust and support an important resource within the city.
- 7.6.7 In speaking with the CCG it was recognised that the range of services (**Appendix 1** of this report gives an example of the number of organisations that could offer support to carers or be in a position to provide signposting to the Carers' Centre) in communities can be vast and there is the potential that some of these services may be highly specialised. Specialisms should not be dismissed lightly, and are a valuable asset to the cared for and carers, but the current economic climate and continued squeeze on public resources also needs careful consideration. Resources need to be utilised to maximum efficiency and there is a role for local councillors around informing the CCG of any potential issues around service duplication. Through the development of new models there is the opportunity to further understand the needs of carers and adapt support accordingly. Again it comes back to how organisations engage with carers through informing, consulting, engaging to empowerment. It is the engagement at the planning stage of service design that needs to see the involvement of carers that can then eventually move through to the empowerment stage.
- 7.6.8 The CCG is also looking to develop and build services up from the locality creating 'Person Centred Care for the Individual and their Carer'. The CCG recognise the importance to build and enhance the five locality areas as well as to understand community resilience e.g. voluntary and community organisations that support carers and the cared for. This was echoed by representatives from the NHS who acknowledged that the current economic climate and spending reductions was an



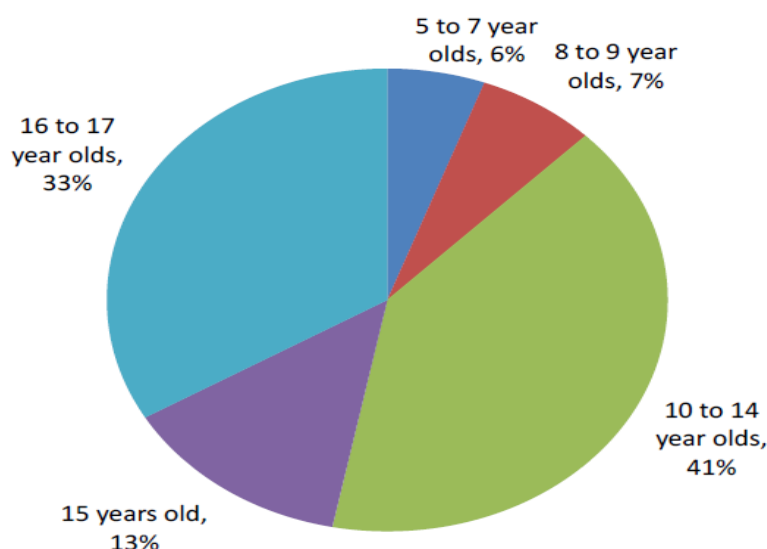
obvious concern as community resources are slowly withdrawn or reduced. There are concerns that there will not be the resource within communities, to support carers dealing with the increasing number of people living in communities with varying forms of dementia and age related illnesses.

7.6.9 JobcentrePlus also acknowledged the importance of the continued development of ways of working in multi-agency settings, and are keen to work with partners as well as participating with the Carers Implementation Group. JobcentrePlus have a number of initiatives, including increasing computer literacy, that could benefit from the resources available within the voluntary and community sectors of the city.

7.6.10 There is also an opportunity to share good practice across the region i.e. Gateshead, South Tyneside and Sunderland. As with anything each local authority can and will approach the support of carers in a different way and there is a potential benefit to sharing practices, discussing key themes and developing resources.

## 7.7 Young Carers

7.7.1 According to census data<sup>11</sup> there are 166,363 young carers in England and this figure could be much greater as many young carers remain hidden for reasons of family loyalty, stigma or bullying. Of this total number there are some 13,029 young people providing care for over 50 hours per week, while the majority are caring for anything up to 19 hours per week. This wide range means caring affects young people in many different ways.



**Figure 1:** Age Profile of young Carers from 2011 Census

**Source:** Hidden from view: The experiences of young carers in England. The Children's Society

7.7.2 One of the key aspects of the Carers' Centre is the support it offers and provides to young carers (5-25 years old) through activities coupled with emotional support. Schools can be very difficult to access as, due to legislative changes, they do not operate as a collective. Therefore the schools have to be tackled individually, and this is where the Carers' Centres youth workers have the skills and abilities to be able to forge good relationships in schools.

<sup>11</sup> Census 2011, Office for National Statistics

- 7.7.3 Around 1 in 20 young carers across England misses school because of their caring responsibilities and as a result have a significantly lower educational attainment. The introduction of the young carers' card is aimed to help young carers who are having problems at school because of their role in looking after someone at home. Young carers can carry the card with them at school and they can show the card to teachers when they are having problems. The card assists young carers who find it difficult to arrive at school on time, stay after school or finish homework on time. It can also allow young carers to carry a mobile phone or leave early to collect siblings. The card has also helped in increasing the awareness of young carers in schools. There are currently 500 identified young carers and it would be interesting to ascertain the take-up and also the impact of the young carers' card for young carers in Sunderland.
- 7.7.4 It was noted during the Panel's expert jury event that there were many positives to being a young carer, including a growing maturity and the development of important life skills. In speaking with one young carer it was identified that involvement with the Carers' Centre had allowed him to undertake a lot of volunteering work and the young carer freely admitted that if he had not been a carer then he would be a very different person today, it does impact on a young person's childhood.

## **8 Conclusions**

The Committee made the following overall conclusions:-

- 8.1 Carers are an invaluable resource in a modern society where people are living longer, living in communities with complex needs or have a physical disability. The work carers undertake is immeasurable; it is estimated that similar care would cost approximately £119 billion per year. However, it seems that even the word carer has come to encompass all types of carers both paid and unpaid. There is an important distinction to be made between the carer and the paid care worker, the Government has even outlined a clear definition between the two. It is important that organisations work with local media to ensure that all relevant official press releases make this distinction. The battle, as already stated, may be lost but using community newsletters and other media outlets to reinforce exactly what a 'carer' is could help to turn the tide and also enhance the recognition and value of carers and the work they do across the city.
- 8.2 Sunderland Carers' Centre, supported by the Council and other partners, is an asset to the city and provides that all important single point of contact for carers to access the support, advice and guidance they need. Many of the organisations that the Panel interviewed acknowledged the importance of having such a resource in the city to coordinate and signpost carers to the support they genuinely required. There are some truly excellent locally and nationally led organisations that can provide very specific and specialised support to carers. In discussions it was apparent that there was an opportunity to enhance the relationships and support that exists between the Carers' Centre and the local authority by providing an e-bulletin to Councillors with news and information relating to the Carers' Centre. Another benefit to this could be that this increased awareness of carers could help frontline councillors to signpost people within a caring situation to seek support and advice.
- 8.3 The identification of carers remains a major issue as there are a variety of reasons and circumstances that can result in people either not recognising they are in a

caring role or reluctant to identify themselves as a carer. It is a positive step that the Clinical Commissioning Group are incentivising GPs to identify and signpost carers to the Sunderland Carers' Centre as this may help a number of individuals to acknowledge that they are carers and receive support before reaching that potential crisis point that many carers encounter. The council also acknowledges the importance of this and identified the role of the customer service network in identifying carers.

- 8.4 The financial burden that is faced by many carers is a major concern and with welfare reform changes this anxiety has increased for many carers. Sunderland Carers Centre, Sunderland City Council and Gentoo Housing Company are clearly committed to helping as many residents of the city as possible in light of welfare reform changes and this includes carers. Gentoo have taken a very positive approach that has allowed the organisation to identify and understand its customer base in light of the welfare reform changes. In undertaking this Gentoo has also identified a number of carers and provided signposting advice and financial information. Many carers are very unclear of the true financial implications of caring at the outset and recognising these additional financial pressures within the current economic climate make for a very unclear picture of the way ahead. Organisations like Gentoo, Sunderland City Council and the Carers Centre can provide financial advice and assistance and are committed to ensuring everyone, including carers, continue to cope and live comfortably within the changing welfare and financial landscape.
- 8.5 Carers can lead very hectic lives through the very nature of the role they are undertaking. This can lead to impacts on their own health and isolation and difficulty in forming relationships with people. The Sunderland Carers' Centre and other organisations provide resources whereby people with a common interest can come together, share experiences, support each other and develop friendships which can negate the feeling of loneliness often encountered by carers.
- 8.6 Hectic and unpredictable lifestyles are not the most conducive of qualities that employers look for in a potential employee. Carers often struggle to combine caring duties with work and this is reinforced by the fact that around 40% of working carers are struggling to retain their jobs. The harsh reality is that many would-be employers do not see carers as an attractive employment proposition and for JobcentrePlus it continues to be a challenge to find suitable employment for carers. This of course all adds to the financial worries and pressures faced by carers and raising the profile and nature of the carer group with employers across the city could help to change attitudes and enhance employment opportunities. Sunderland Carers' Centre is already proactive in promoting and raising the profile of carers but involving more organisations in activities including shared training materials or celebrating the valued contribution of carers in the city can only help to widen the engagement and awareness of employers and organisations.
- 8.7 The Multi-Agency Carers Strategy is an important commitment within Sunderland to drive improvement to the lives of carers. The strategy provides an important basis for engagement with partner organisations and is supported through the Carers Implementation Group by a number of key groups from across the city. This multi-agency approach is at the very crux of developing support for carers and it is only through concerted multi-agency approaches that the identification, recognition and support for carers can be enhanced.

- 8.8 The carers' voice is an important one, and one that needs to be heard. There are positive benefits to involving carers in service design and delivery, including helping to further understand the needs of carers and adapt models accordingly. The City Council has already used carers effectively to develop scripts for call centre staff and should be encouraged to use carers' views and opinions when considering relevant policies and strategies. Often the impact or implications for carers may not be obvious but through the involvement of the carer group there is the potential that policies become more supportive of the carer dimension.
- 8.9 It could also be potentially beneficial to ensure that carers are represented on key groups across the city where they can provide a real input into issues that may affect them. Carers can bring a unique perspective to a discussion and provide further debate to key issues. The Carers' Centre are keen to develop the 'Carers Voice' across the city by getting carers onto various boards including Mental Health Board, Learning Disability Partnership Board, City Hospitals Carers Reference Group and interview panels for City Hospitals staff, which is already routine practice, to ensure that their voice is heard. Although this may not always be practical or suitable it will still be important to ensure that mechanisms are in place that allow carers the opportunity to feedback their views and opinions through focus groups, questionnaires etc. and also for service designers to be able to gauge the feeling of the carer group either as a whole or specific divisions within it. This again comes back to the theme of developing involvement that leads ultimately to the empowerment of the carer group.
- 8.10 Gateshead, South Tyneside and Sunderland local authorities all support carers in their areas. How local authorities support carers will vary due to a number of factors including demographics, geographical, historical etc. However, there is clearly an opportunity to explore these approaches and there are potential benefits to sharing good practice, discussing key themes and developing resources.
- 8.11 There are many groups that fall under the carer banner and perhaps one of the most difficult to reach is that of young carers. Young carers suffer from many of the disadvantages faced by their adult counterparts as well as suffering school work and missing out on activities with friends. The Carers' Centre is proactive around identifying, supporting and engaging with young carers and innovations like the young carers' card can help young people to have the flexibility to pursue their academic studies alongside their caring responsibilities.
- 8.12 The carer group is diverse and each carer has their own individual circumstances which mean that no two carers are the same. The identification of carers by organisations and, more importantly, themselves is paramount to the support offered. Sunderland Carers' Centre is clearly a focal point for carer support in the city. Having such a focal point is extremely positive and creates an identity and presence for carer support, although outreach facilities and drop-in sessions across the city would be hugely advantageous to those who may feel geographically excluded from the main centre provision. It is important that carers are supported and valued in Sunderland for the extremely important work that they do. Schemes like the Carers Breaks and Opportunities Scheme are there to provide respite and relief for carers and is an important resource for carers; even a small investment can reap huge rewards for a carer. The important thing is that organisations, employers and individuals all recognise that being a carer is an extremely emotional but important and valued resource in Sunderland.

## **9 Draft Recommendations**

- 9.1 The Health, Housing and Adult Services Scrutiny Panel has taken evidence from a variety of sources to assist in the formulation of a balanced range of recommendations. The Panel's key recommendations to the Cabinet are as outlined below:-
- a) That the Adult Partnership Board through the Carers Implementation Group considers the development of the frontline councillor role to enable members to identify and signpost carers in their local communities to the appropriate support or organisation;
  - b) That the Adult Partnership board develops, with partners, an awareness raising strategy to ensure carers can be identified as early as possible and that the strategy also promotes the reduction of stigma celebration of the caring role within the City;
  - c) That the Carers Implementation Group investigates, through its stakeholder membership, methods to improve and maximise data collection from agencies and organisations relating to all carers in the city to build the information base and profile of carers across Sunderland;
  - d) That the Adult Partnership Board seeks to improve involvement with carers through providing the opportunity for carers to influence and comment on policies, strategies and service design and delivery;
  - e) That the Adult Partnership Board establishes links with Gateshead and South Tyneside Councils with the aim of sharing information, exploring approaches and developing resources based around best practice.

## **10. Acknowledgements**

- 10.1 The Committee is grateful to all those who have presented evidence during the course of our review. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named individuals and organisations:-

- (a) Neil Revely – Executive Director – People Directorate;
- (b) Cllr Graeme Miller – Health, Housing and Adult Services Portfolio Holder;
- (c) Graham Burt – Chief Executive - Sunderland Carers' Centre;
- (d) Victoria Brown – Age UK;
- (e) Elizabeth Moody – Northumberland Tyne and Wear Trust;
- (f) Stuart Jayne – Northumberland Tyne and Wear Trust;
- (g) Michael Armstrong – JobcentrePlus;
- (h) Sandra Brydon – JobcentrePlus;
- (i) Julie McDonald – City Hospitals Sunderland NHS Foundation Trust;
- (j) Ian Holliday – Clinical Commissioning Group;
- (k) Maureen Dale – South Tyneside Foundation Trust;
- (l) Jordan Haynes – Young Carer;
- (m) Katherine Henderson – St Benedict's Hospice;
- (n) Kirsty Kerrigan – St Benedict's Hospice;
- (o) Catherine Loftus – Gentoo Housing Group;
- (p) Julie Walker – Gentoo Housing Group;
- (q) Samantha Humble – Gentoo Housing Group.

## 11. Background Papers

### 11.1 The following background papers were consulted or referred to in the preparation of this report:

Supporting Working Carers: The Benefits to Families, Business and the Economy. Carers UK. 2013

Carers UK & University of Leeds (2011) Valuing Carers 2011: Calculating the value of carers' support

University of Sheffield, CIRCLE report, 2012

Prepared to Care? Exploring the impact of caring on people's lives. The Carers Week Partnership. 2013

Carers Week (2012) In sickness and in health

Sunderland Multi-Agency Carers Strategy. Sunderland City Council. 2013

## APPENDIX 1

### An example of the range of support services available across Sunderland

	Self Referral	Professional Referral	Drop-in	Talking Therapies	Group Work	Holistic Therapies	Independent Advocacy	Volunteering Opportunities	Training	Service User Led Groups	Social Support	Additional Services and Other Information
<b>Access to Housing</b> Tel: 0191 520 5551 <a href="http://www.sunderland.gov.uk">www.sunderland.gov.uk</a>												Homelessness & Temporary accommodation. To make an on-line application go to the website and click on Advice and Benefits.
<b>Age UK Sunderland</b> Tel: 0191 514 1131 <a href="http://www.ageuksunderland.org.uk">www.ageuksunderland.org.uk</a>												Products and services for people aged 50+. Appointments made for Advice Service.
<b>Citizens Advice Sunderland</b> Tel: 0191 416 6848 <a href="http://www.citizensadviceunderland.co.uk">www.citizensadviceunderland.co.uk</a>												Specialist advice in debt, welfare benefits & housing. Gateway service available. Ring back facility available.
<b>Get a Community Care Assessment</b> Tel: 0191 520 5552 <a href="http://www.sunderland.gov.uk">www.sunderland.gov.uk</a>												The easiest way to contact social care staff to get an assessment. You can also complete your own assessment online.
<b>Fiscus</b> Tel: 0191 565 7605												Provide help with debt and benefits when returning to work or becoming self employed. Provide full money MOT's and 'better off' calculations to social housing and private tenants.
<b>Fushia</b> Tel: 0191 567 0581 <a href="http://www.fushia.org.uk">www.fushia.org.uk</a>												Providing direct support to families of substance misusers. Offer respite for carers, arts and crafts. One to one support available.
<b>Find a GP</b> Tel: 0191 275 4200 <a href="http://www.nhs.uk/choices">www.nhs.uk/choices</a>												Health.
<b>Headlight</b> Tel: 0191 510 1494 <a href="http://www.headlight.org.uk">www.headlight.org.uk</a>												Service User led resource centre. Young people's out of hours service. Confidence building activities.
<b>Health Trainers</b> Tel: 0191 502 7163 <a href="http://www.wellbeinginfo">www.wellbeinginfo</a> Search Health and Wellbeing												Provided free by the NHS to people over 16 years of age. Offers 12 week individual health plans to support lifestyle changes which improve health. ie. stop smoking, diet and nutrition, increasing fitness and general wellbeing. Also supports community-based projects and activities and national health campaigns.
<b>Healthwatch Sunderland</b> Tel: 0191 565 9045 <a href="http://www.healthwatchsunderland.com">www.healthwatchsunderland.com</a>												To get the views, experiences and concerns about health and social care services in Sunderland. Have your say!



	Self Referral	Professional Referral	Drop-In	Talking Therapies	Group Work	Holistic Therapies	Independent Advocacy	Volunteering Opportunities	Training	Service User Led Groups	Social Support	Additional Services and Other Information
<b>Find a local advice service with Libra</b> www.librasunderland.co.uk												Libra is a network of advice organisations across the City of Sunderland.
<b>Mental Health Matters</b> Tel: 0191 516 3500 www.mentalhealthmatters.com												24 hr helpline 0800 0130626 (self referral accepted) Housing services. Service User Development.
<b>Mesmac North East</b> Tel: 0191 516 3500 www.mesmacnortheast.com												Information and advice, interpreters and crisis appointments. One hour HIV testing. Support groups. Chlamydia screening for 16-25 year olds.
<b>MS Society</b> Tel: 0191 526 5427 www.mssociety.org.uk												
<b>NECA</b> Tel: 0191 567 2678 www.neca.co.uk												Employment service. Treatments for drug & alcohol issues. Recovery Centre.
<b>Northern Engagement into Recovery from Addiction Foundation (Neraf)</b> Tel: 0191 514 8520 www.neraf.org												One-to-one open ended coaching service. Open 7 days a week.
<b>North of England Refugee Service</b> Tel: 0191 510 8685 www.refugee.org.uk												Also offer a housing provider referral service. Information and advice.
<b>Primary Care and Sunderland Psychological Wellbeing Service</b> Tel: 0191 566 5454 www.ntw.nhs.uk/pic												We provide brief, evidence based treatments for anyone experiencing common mild to moderate anxiety disorders (e.g. panic, phobias, obsessive-compulsive disorder, posttraumatic stress disorder, stress and anxiety) and depression.
<b>Rethink</b> Tel: 0191 510 5051 - www.rethink.org National Advice & Info line: 0845 456 0455												Offering advocacy services to those with mental ill health, learning or physical disabilities, sensory impairment, drug or alcohol users, 65+ or going through the safeguarding adults process. Also provide an IMCA Service.
<b>Samaritans</b> Tel: 08457 90 90 90 www.samaritans.org/sunderland												Listening service. 24hr telephone service, 7 days a week. Call back service. Face to face appointments are available on request.

Source: Sunderland Wellbeing Guide July 2013

	Self Referral	Professional Referral	Drop-In	Talking Therapies	Group Work	Holistic Therapies	Independent Advocacy	Volunteering Opportunities	Training	Service User Led Groups	Social Support	Additional Services and Other Information
<b>ShARP (Shiney Advice and Resource Project)</b> Tel: 0191 385 6687 www.shineyadvice.org.uk												Advocacy service, community café, creché, room hire, community development. Support local community groups, apprenticeships, employment support and vocational activities.
<b>Sunderland Carers' Centre</b> Tel: 0191 549 3768 www.sunderlandcarers.co.uk												Listening ear service. Information and advice. Newsletter.
<b>Sunderland Counselling Services</b> Tel: 0191 514 7007 www.sunderlandcounselling.org.uk												MacMillan service. Women's service - sexual abuse. Palliative care. IAPT Service. Bereavement Support Group.
<b>Sunderland Families Information Service</b> Tel: 0191 520 5553 www.familiesinfoservice.com												We offer information for families of children and young people aged birth to 19, and birth to 25 if the young person has a disability.
<b>Sunderland Mind</b> Tel: 0191 565 7218 www.sunderlandmind.co.uk												Independent charity providing locally based. Mental Health services. After cluster prison mentoring service.
<b>Sunderland Welfare Rights Service</b> Tel: 0191 520 5551 www.sunderland.gov.uk/wrs												Specialist advice about benefits, debt, housing and employment rights. Ring-back facility available on website.
<b>Victim Support</b> Tel: 0191 567 2896 www.victimsupport.org.uk												Signposting service, mediation and interpretation services.
<b>Washington Mind</b> Tel: 0191 417 8043 www.washingtonmind.org.uk												Independent charity providing locally based Mental Health services. IAPT Service. Development and delivery of training. Young People's Project (16-25). City-wide remit. Development and editing of www.wellbeinginfo.org.
<b>Wearside Women in Need</b> 24hr Domestic Violence Helpline 0800 066 5555 Tel: 0191 415 1506												Work with perpetrators of domestic violence, homelessness (Male & Female). Accommodation for women with mental ill health.



	Self Referral	Professional Referral	Individual Referral	Group Work	Family Support	Education Opportunities	Training Opportunities	Volunteering Opportunities	Mentoring	Employment Support	Info and Advice	Talking Therapies	Social Support	Additional Services and Other Information
<b>Community CAMHS</b> Tel: 0191 514 1622 www.sunderlandcommunitycamhs.nhs.uk														A team of practitioners who offer a range of talking therapies for children and young people who are experiencing moderately severe mental health problems. Our focus is on early intervention and prevention. We also offer advice, training and support to professionals.
<b>Connexions</b> Sunderland Tel: 0191 561 7333 Houghton Tel: 0191 561 6311 Washington Tel: 0191 561 2986 www.citizensadviceunderland.co.uk														Offering advice, guidance and support to young people aged 13 - 19 years, increasing to 25 in cases of special need. Signpost to apprenticeships, training and education.
<b>If U Care Share</b> Tel: 0191 387 5661 www.ifucareshare.co.uk														'If U Care Share' is a charity that provides support for those bereaved by suicide. Provision of Assist Training and Youth Mental Health FirstAid (YMHA) and Emotional and mental health training (EAMH).
<b>Princes Trust</b> Tel: 0191 497 3210 www.princes-trust.org.uk														We work with 13 to 30-year-olds who have struggled at school, have been in care, are long-term unemployed or have been in
<b>Sexual Health Services</b> Tel: 0800 42 20 200 or 0191 569 9021 www.wellbeinginfo.org (search for sexual health)														Anyone aged 13+ needing contraceptive or sexual health advice.
<b>South of Tyne Children and Young People Service</b> Tel: 0191 566 55 00 cyps-sot@ntw.nhs.uk														Delivery of mental health services to those aged 0 - 18 years. 24 hour access to support and ADHD.
<b>Sunderland Carers' Centre - young carers</b> Tel: 0191 549 3768 www.sunderlandcarers.co.uk														Providing support and activities to young carers aged 4 - 25 years old.
<b>Sunderland Children's Centres</b> Tel: 0191 520 5553 www.sunderlandchildrenscentres.co.uk														There are a number of Children's Centres across the city providing activities and services for families with children aged from birth to 5 years. Centres also offer a variety of training courses and volunteering opportunities for parents and carers.
<b>Sunderland YMCA Foyer</b> Tel: 0191 567 6160 www.sunderlandymca.org.uk														Home to 50 young homeless people doing training, supporting each other, and moving on in life. Many other young people use training facilities, media equipment, and our activities. To refer please contact Sunderland Gateway on 0191 561 7988.
<b>Sungate Parenting Project (Barnardos)</b> Tel: 0191 417 9329 www.barnardos.org.uk														Supports families whose child is at risk of offending or has offended. It runs parenting programmes - either in groups or individually - designed to offer parents support, guidance and training.
<b>Washington Mind Young Peoples Service</b> Tel: 0191 417 8043 www.washingtonmind.org.uk														Providing a range of mental health and wellbeing services for young people aged 16 to 25.
<b>Youth Drug &amp; Alcohol Project</b> Tel: 0191 561 2852 www.yourhealthsunderland.com/ypdp														Service for under 18s.

Source: Sunderland Wellbeing Guide July 2013

	Self Referral	Professional Referral	Training	Support to get back into work	Aged 16-18	Aged 18+	Volunteering Opportunities	Careers Advice	Support with CV Applications	Listening Service	Supporting Service	Additional Services and Other Information
<b>Easington Lane Community Access Point</b> Tel: 0191 526 1071 www.easingtonlanecap.com												Lifeline, Counted For and ShARP deliver from this community venue.
<b>Job Centre Plus</b> Tel: 0845 604 3719 www.dwp.gov.uk												Details of local and national services, support and advice to help you find work or to speak to your local job centre. We also have a dedicated Young Person's Advisor. Sign posting to a wide range of local jobsearches, job hunting support and training opportunities.
<b>Sunderland Women's Centre</b> Tel: 0191 567 7495 www.sunderlandwomenscentre.co.uk												Childcare available to all carers who access centre provision.
<b>Sunderland North Family Zone</b> Tel: 0191 549 5037 www.sunderland-north-family-zone.org												IT suite. Vocational and accredited training. Befriending service. Nursery. Lunch club. Catering service. Learning and social projects for people with learning difficulties.
<b>VCAS Voluntary &amp; Community Action Sunderland</b> Tel: 0191 565 1566 www.vcasunderland.org.uk												Offering training opportunities to volunteers and staff. Management Board training. Bespoke training on request. OCN accredited centre. Bid writing and funding advice given. Consortia working. Governance, policies and procedures.
<b>Volunteer Centre Sunderland</b> Tel: 0191 567 8902 www.volunteersunderland.org.uk												Regular volunteer awareness events. Processing of D.B.S. applications, Good practice advice. Volunteering mentoring project.
<b>Washington Mind</b> Tel: 0191 417 8043 www.washingtonmind.org.uk												Development and delivery of quality and bespoke training within our field of expertise, with a focus upon mental health and wellbeing. Mental Health First Aid, Suicide Prevention/Intervention, Wellbeing in the workplace, Promoting Emotional Resilience.
<b>Whoops Child Care Service</b> Tel: 0191 477 7366 www.whoopschildsafety.co.uk												Provide training and advice around accident prevention. We also provide home assessments, advice and the supply and fitting of safety equipment.

Source: Sunderland Wellbeing Guide July 2013





