Ageing Better in Birmingham

Older Carers in Birmingham
Local Action Plan

CONTENTS

1.0   INTRODUCTION

Ageing Better in Birmingham is a six-year, £6m programme funded by the Big Lottery Fund to reduce social isolation amongst older people in Birmingham.

BVSC is the accountable body for the project and leads the Ageing Better in Birmingham Partnership. https://www.ageingbetterinbirmingham.co.uk

The project aims to facilitate change in the way older people are considered by communities, inspiring and empowering citizens of all ages to participate, organise and influence activities to reduce isolation in later life.

Using a grassroots, asset-based approach, we aim to create a new movement for community action on ageing and isolation.

1.1   Role of Local Action Plans

Four Local Action Plans (LAP) have been developed – Sparkbrook; Tyburn; Older Carers; and the Older LGBT community.

The function of these LAPs is to:

- Build on local consultation.
- Address the underlying causes of social isolation for the community in question.
- Tackle the specific causes of isolation that consultation and research have identified for each community.
- Be different to existing activity.
- Test what works best in reducing social isolation for each community.
- Increase community resilience with regard to social isolation.
- Have a strategic and an operational impact on social isolation.
- Result in *outcomes* (rather than specific activities) that are sustainable and long-lasting beyond the Ageing Better programme.

They have been developed by building on initial Ageing Better research, consultation with local residents, organisations and stakeholders in the areas (or thematic groups) the plans refer to, and in small planning groups.

Detailed project specifications will be written to enable the activities to be commissioned using a fair, open and transparent procurement process. It is anticipated that activity will commence in Summer/Autumn 2017 in order to allow time for commissioning where required.

1.2   Older Carers

Older Carers in Birmingham were identified as a priority for the Ageing Better in Birmingham programme as research showed that the risks of social isolation

associated with providing a caring role are especially pronounced. Carers (and those providing a caring role) are a substantial group in Birmingham and face particular difficulties. 1-in-8 Birmingham residents are carers (around 105,000 people), and many experience isolation, anxiety and stress arising from their unremitting care responsibilities. The risks of isolation – and of failing to secure support to which carers are entitled – are sometimes made worse because many people fail to identify themselves as 'carers'.

In the first phase of Ageing Better in Birmingham Older Carers are being supported to create more social connections through citizen-led activity to reduce isolation.

The second phase of the programme focuses on addressing the underlying causes of isolation for Older Carers in Birmingham to reduce social isolation **now** and prevent others becoming isolated in the future. To undertake this work, the programme is creating a Local Action Plan with older carers so that as well as immediate action there is also a longer-term strategic plan to address the underlying causes of social isolation.

The programme has worked with Older Carers to begin the process of co-designing the content of the Local Action Plan. This has been achieved through a series of conversation events with Older Carers and a wider community survey. 37 people involved in caring roles participated in the events. In order to promote engagement, these events were presented as an opportunity for individuals to 'tell their stories' and recount their experiences, rather than be 'consulted'. It is felt that this resulted in better and more nuanced responses than a straightforward 'consultation exercise' would have done.

1.3   Key Causes of Social Isolation amongst Older Carers

Conversations with **37** older Carers in Birmingham identified the following key causes of social isolation:

a) Carers are **not** a homogenous group and their experiences of caring and isolation are specific to their circumstances – and as varied. There are many different experiences of isolation for carers.

b) Caring responsibilities and exhaustion can result in some carers becoming housebound, leading to the loss of social connections and sometimes other support networks too. This often happens gradually and unintentionally. Older Carers may also be juggling other commitments too, with a further loss of social activity, networks and friends.

c) Feelings of pride, dignity and guilt about leaving the cared-for person can also prevent carers from taking part in social activities.

d) Sourcing suitable and trusted respite care to allow older carers the opportunity to participate in activities can be difficult.

e) Families are a crucial form of support for many carers, enabling the main care-giver to continue to connect with others outside of their caring role. But some care-givers also become isolated within their families – sometimes due to misunderstanding, sometimes to family dispersal, sometimes to other family members being unable (or unwilling) to accept a diagnosis of the cared-for person's condition and needs. Not all carers have wider family connections for support.

f) Very few friendships survive when an individual becomes a carer, as it is often difficult for them to leave the person they care for. Some carers also lack the opportunity, money and energy to sustain their social networks, a social life, or their hobbies and interests.

g) Many carers have had to give up work because of their caring responsibilities, and many face difficulties in finding out about (and sometimes understanding) the support and other entitlements available either for the person they are caring for or for themselves as carers.

h) Severe isolation can also be caused when the cared for person no longer requires care – either because they move into a care facility or pass on. Some carers lose their sense of purpose and struggle to rebuild their life as it existed prior to their care role. Other unforeseen crises – such as a sudden accident or a deteriorating condition – may also result in sudden, increased isolation, stress and anxiety.

i) Funding cuts, welfare reform and changes in public service provision all have an impact on carers and the burdens they face. Working carers may also find it increasingly difficult to sustain employment leading to financial hardship as well as further isolation.

j) Many do not recognise themselves as 'carers'. They regard their caring role simply as something that must be done – for example, they are looking after a spouse or parent as opposed to being a 'carer' (with all the implications this term has).

k) Older Carers are not given enough information when they start caring for a loved one. There is a lack of information about how to keep social connections while caring for someone, or the importance that maintaining social connections has for personal wellbeing, health and emotional resilience.

1.4   Key Outcomes Wanted

The key outcomes older carers want to see addressed in their Ageing Better Local Action Plan are:

1) Increase carers' social connections across the wider community.

2) Promote, increase and support social connections between carers.

3) Improve and support carers' own sense of health and wellbeing, especially during key transition periods, such as first becoming a carer, during periods of deterioration or additional illness in the person they care for, and no longer having caring responsibilities.

4) Help all carers maintain and extend social and family contacts and networks both inside and outside the home.

5) Raise awareness of the issues that carers face and ensure that all services, activities, employers, organisations and institutions are 'carer-friendly.

6) Raise awareness of the services and support available to carers and enable them to access these effectively.

7) Establish communication channels between carers (and other active citizens) and statutory and emergency services.

NB: In section 2.0 'Local Action Plan – The Projects', the outcomes for each project activity described refer back to these outcomes.

2.0   LOCAL ACTION PLAN – THE PROJECTS

Four projects have been identified that have the potential to address all of the priority outcomes described above. These are:

- Telebuddies.
- Making Space for Carers.
- Carers' Voice.
- A Sitting Service for Carers.

They are described in more detail below.

All of the projects will be evaluated using an action-centred learning approach.

2.1   Project 1: Telebuddies

2-year project

Telebuddies is a two-year project designed to test, learn about and evaluate the operation of an effective telephone buddying scheme that will provide carers with peer support, emotional support and social contact. Telebuddies use the phone to check in with each other as often (or as seldom) as they decide, at pre-arranged times. Similar schemes operating elsewhere have found that connecting carers through various models of 'telephone trees' can boost emotional resilience, offer social contact and support networks and also provide early warning signs of difficulty, distress or crisis. These are light-touch means of carers staying in touch with others (and with each other) in a way that is easily accommodated and sustainable.

The project will:

- Employ a two-year Telebuddies Development Co-ordinator post, responsible for:

  - o Providing development support to groups of carers wishing to set up a Telebuddies network.
  - o Writing guidance, procedures and other materials.
  - o Promoting the Telebuddies idea and recruiting participants.

- Test two different Telebuddies models:

  - 'Circular' – a carer-to-carer Telebuddies network in which each carer calls another designated carer (some may be Telebuddies for a number of other carers if they choose). Largely informal and self-managing.
  - 'Centralised' – a more formal model in which a central volunteer Telebuddy calls multiple carers.

- Assess the comparative effectiveness and performance of each model considering issues such as:

  o Best practice.
  o Procedures for providing a 'pathway' to statutory and emergency services for alerts during periods of crisis or illness (in the cared for person or carer).
  o What works best and how to maximise benefit and effectiveness.
  o Minimising risk and 'breakdown' of the system – removing what works least well.

- Produce 'how to do it' guidance packs for distribution through community venues and carers' groups and organisations.

Key milestones

Basic operating procedures for each model ('circular'; 'centralised') developed
Concept promoted and participants recruited and supported
Multiple networks of both models established and tested in action
Continuing developmental support provided
Testing of membership models and membership payment where appropriate

Outcomes

1) Increase carers' social connections across the wider community.
2) Promote, increase and support social connections between carers.
3) Improve and support carers' own sense of health and wellbeing, especially during key transition periods, such as first becoming a carer, during periods of deterioration or additional illness in the person they care for, and no longer having caring responsibilities.
4) Help all carers maintain and extend social and family contacts and networks both inside and outside the home.
7) Establish communication channels between carers (and other active citizens) and statutory and emergency services.

Sustainability

Telebuddies networks will be developed (and designed) in such a way that they are able to operate on a self-organising basis in the long-term – i.e. without the need for centralised co-ordination.

Theory of Change model

Carers easily become isolated and lose their social and personal networks; they find it hard to maintain social networks outside the house	Telebuddies offers light-touch peer-to-peer contact and support via telephone 'trees'	Carers are better able to maintain social connections with other carers and across the wider community; health, wellbeing and emotional resilience are improved. Carers maintain and extend social contacts

(Further information in Appendix.)

2.2   Project 2: Making Space for Carers

2-year project

Making Space for Carers is a two-year project to design, test and learn from the establishment of carers' and ex-carers' groups in physical spaces hosted at GP surgeries, health centres and other appropriate community venues.

Its purpose is to:

The project will:

- Employ a two-year Making Spaces Development Co-ordinator post.
- Establish at least 30 groups and appropriate spaces for them to operate in.
- Produce how to do it guidance in the form of training, resource packs and videos.
- Test and assess the effectiveness of the idea and report.

It is hoped that hosting by GPs and health centres may also attract some match funding from The Better Care Fund.

Key milestones

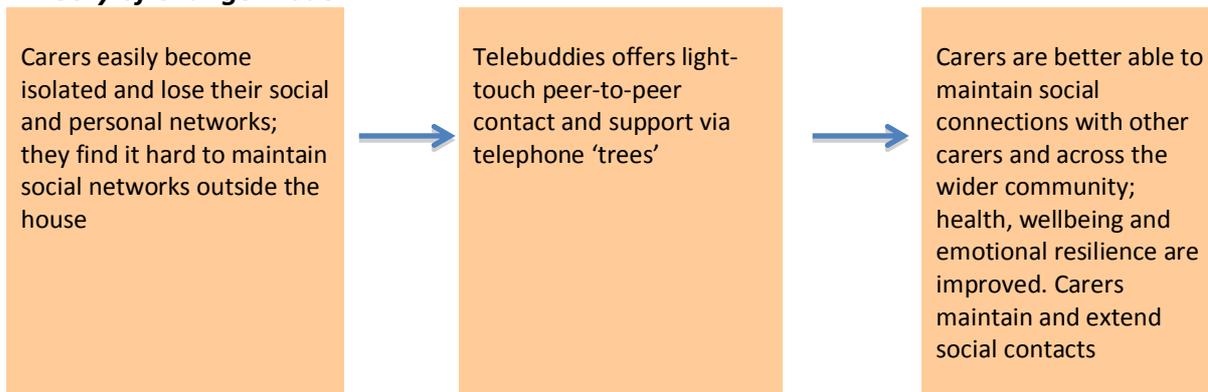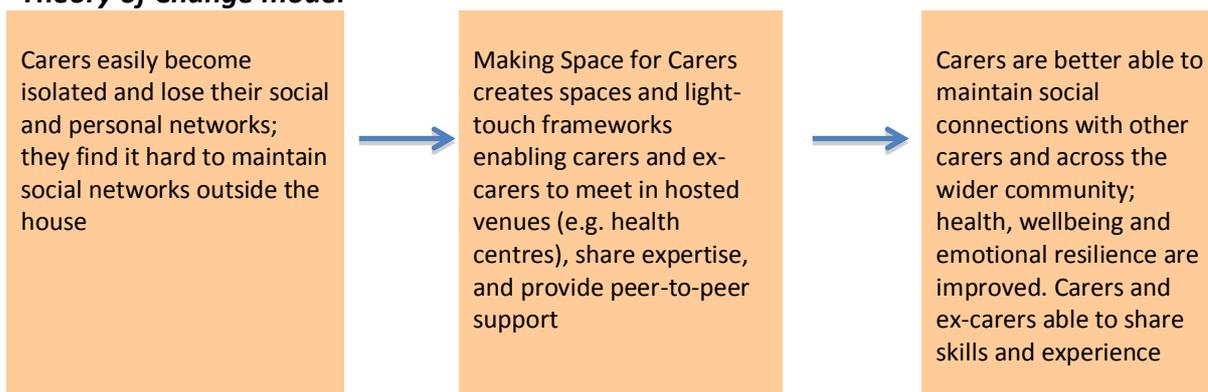| |
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| Making Space for Carers development co-ordinator recruited |
| Promotional materials for the concept produced for wide scale distribution |
| Making Space for Carers groups established and tested – target 30 x groups |
| Sites/venues tested as hosts |
| Training package developed and delivered |
| How to do it guidance pack produced |
| Demonstration videos |

Outcomes

1) Increase carers' social connections across the wider community.
2) Promote, increase and support social connections between carers.
3) Improve and support carers' own sense of health and wellbeing, especially during key transition periods, such as first becoming a carer, during periods of deterioration or additional illness in the person they care for, and no longer having caring responsibilities.
4) Help all carers maintain and extend social and family contacts and networks both inside and outside the home.
6) Raise awareness of the services and support available to carers and enable them to access these effectively.
7) Establish communication channels between carers (and other active citizens) and statutory and emergency services.

Sustainability

Making Space for Carers groups will be self-organising and self-supporting in the long-term. Participation of GPs' surgeries/health centres may attract some match funding support from the Better Care Fund.

Theory of Change model

| Carers easily become isolated and lose their social and personal networks; they find it hard to maintain social networks outside the house | → | Making Space for Carers creates spaces and light-touch frameworks enabling carers and ex-carers to meet in hosted venues (e.g. health centres), share expertise, and provide peer-to-peer support | → | Carers are better able to maintain social connections with other carers and across the wider community; health, wellbeing and emotional resilience are improved. Carers and ex-carers able to share skills and experience |

(Further information in Appendix.)

2.3   Project 3: Carers' Voice

2-year project

Carers' Voice is an integrated two-year project to raise awareness and understanding of carers' experience. It will target carers, those who may become carers, professionals and service providers.

Its purpose is to:

- Emphasise and amplify the voice of carers.

- Illustrate that carers are not a homogenous group – their experiences of caring and social isolation are as diverse as their personal circumstances.

- Raise understanding and awareness of the carers' experience, and to do this:

  - For carers:
    - To help them understand and identify themselves *as* carers.
    - To help them understand and access the support and other entitlements that they may be eligible to.
    - To help reduce the key risks and triggers of isolation.

  - For professionals:
    - By communicating powerful carers' stories.
    - By helping to establish reliable signposting and 'alert' channels between carers and the services they may need.
    - By helping them spot the signals of isolation more quickly.
    - By promoting 'carer-friendly' services.
    - By encouraging professionals (at all levels) 'to see the carer as well as the cared for'.

- Produce practical resources that carers (and others) can use, including:
  - Videos and sound-clips for multiple use (online, social media, GP surgery screens etc).
  - Leaflets including a template 'personal action plan' checklist for avoiding isolation.
  - Guidance – e.g. steps you can take to avoid the isolation and burn-out of caring.

The project will:

- Be delivered by an older people's specialist organisation supported by a marketing and communications provider with strong experience and expertise in campaign management/delivery and social marketing.

- Deliver an integrated two-year campaign to raise awareness and understanding of carers' experience with clear, practical messages for carers, carers-to-be, professionals and service providers.

Key milestones

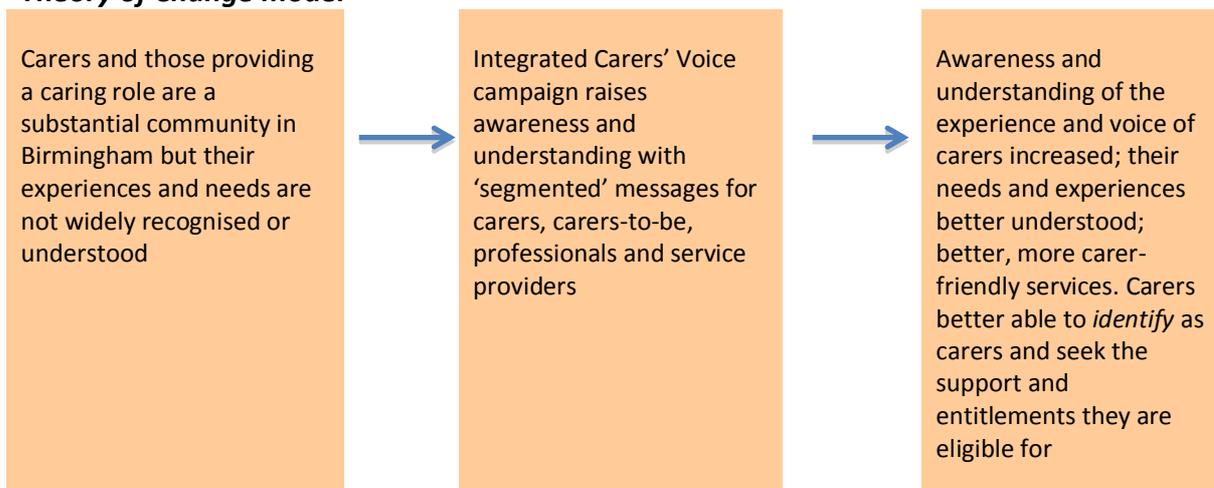| |
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| Development of an appropriate campaign plan with indicative activities, milestones, methods and media |
| Commissioning specification including appropriate / likely delivery model |
| Integrated campaign with 'segmented' campaign messages for carers, carers-to-be, professionals, service providers |
| User resources including practical guidance and helpful messages on avoiding social isolation (multiple and community languages) |
| Materials targetting professionals and service providers – promoting the concept of carer-friendly services |
| Promotion on GP surgery/health centre screens |
| Wide range of promotional materials |
| Local media |
| Social media |
| Events |

Outcomes

5) Raise awareness of the issues that carers face and ensure that all services, activities, employers, organisations and institutions are 'carer-friendly.
6) Raise awareness of the services and support available to carers and enable them to access these effectively.

Sustainability

The outcomes of the Carers' Voice campaign will be sustained through changes in attitude, greater awareness and understanding of the experience of carers in Birmingham and more carer-friendly and carer-aware services

Theory of Change model

Carers and those providing a caring role are a substantial community in Birmingham but their experiences and needs are not widely recognised or understood	→	Integrated Carers' Voice campaign raises awareness and understanding with 'segmented' messages for carers, carers-to-be, professionals and service providers	→	Awareness and understanding of the experience and voice of carers increased; their needs and experiences better understood; better, more carer-friendly services. Carers better able to *identify* as carers and seek the support and entitlements they are eligible for

(Further information in Appendix.)

2.4   Sitting Service

6 month project

Access to appropriate respite care is one of the biggest issues that carers face. Significant numbers of carers can and will pay for respite care – if only they can identify trusted providers offering appropriate care packages. At present no city-wide Sitting Service exists and there is no means whereby carers can identify appropriate providers nor assess the care packages offered.

The two-year Sitting Service project will invest in and design and test a sitting Service offering respite care across Birmingham.

Its purpose is to:

- Design, develop and test a 'pathway' or mechanism that enables carers who are seeking respite care services to identify trusted providers of appropriate care packages.
- Design an appropriate Sitting Service care package and advise and enable providers to meet the standards for this package, including access, pricing, quality and equality.

The project will:

- Establish a pilot Sitting Service 'pathway' that enables users to identify quality-tested providers.
- Assess demand for such a service.
- Examine quality *and* equality thresholds and requirements.
- Identify appropriate providers that can offer a trusted service meeting these thresholds.
- Provide a 'front-end' website/portal where they can be found.
- Work with established carer support pathways.
- Develop a model that can become sustainably self-funding beyond the two-year duration of this pilot.
- Ensure that it is an inclusive sitter service for Birmingham, capable of serving all of Birmingham's communities, with the geographical reach to serve all neighbourhoods.

The successful contractor for this service:

- Must work with established carer support pathways.
- Must agree equitable hosting/support arrangements within an established older people's specialist organisation.
- Must be skilled in assessing care support packages – including equality credentials, price and quality, employment practices, value, safeguarding and other relevant considerations.

- Will manage and co-ordinate delivery of the pilot (this is budgeted for) so that during its testing phase the service is fully functional and fully operational.

Key milestones

Establishment and testing of a fully functional, fully operational Sitting Service scheme for Birmingham
Trial transactions by carers
'Recruitment' of adequate providers to offer a city-wide coverage
Development of key protocols and systems to enable smooth and safe operation, including quality benchmarks, service packages, pricing, booking arrangements, co-ordination and oversight of Sitting Service delivery
Development and maintenance of website/portal that enables search and identification of appropriate providers
Develop 'Trustpilot'-style user feedback methods so that carers and cared-for can rate their user experience and satisfaction
Assessment of management/co-ordination requirements
Negotiation and agreement of appropriate Sitter Service support packages, including free (or discounted) introductory session for new customers
City-wide demand assessed
Adequate spread of quality-assessed providers to cover the city

Outcomes

3) Improve and support carers' own sense of health and wellbeing, especially during key transition periods, such as first becoming a carer, during periods of deterioration or additional illness in the person they care for, and no longer having caring responsibilities.
4) Help all carers maintain and extend social and family contacts and networks both inside and outside the home.
6) Raise awareness of the services and support available to carers and enable them to access these effectively.

Sustainability

The Sitting Service project is intended to help develop and design a safe, reliable and trusted service for Birmingham carers and those they care for, sustainable in the long-term from fees paid by care providers that are 'registered' Sitting Service providers

Theory of Change model

Inability to identify reliable, safe and trusted respite care contributes significantly to the social isolation and exhaustion experienced by carers	→ Sitting Service for Birmingham helps design, test and embed such a service, ensuring that it is modelled for long-term sustainability	→ Carers are better able to identify Sitting Service care packages that meet quality and equality standards and by using these can better maintain their social networks, reduce isolation and enjoy improved health, wellbeing and emotional resilience

(Further information in Appendix.)

APPENDIX

Project overviews & budgets

Project 1: Telebuddies

2-year project

Telebuddies is a two-year project designed to test, learn about and evaluate the operation of an effective telephone buddying scheme that will provide carers with peer support, emotional support and social contact. Telebuddies use the phone to check in with each other as often (or as seldom) as they decide, at pre-arranged times.

Key milestones

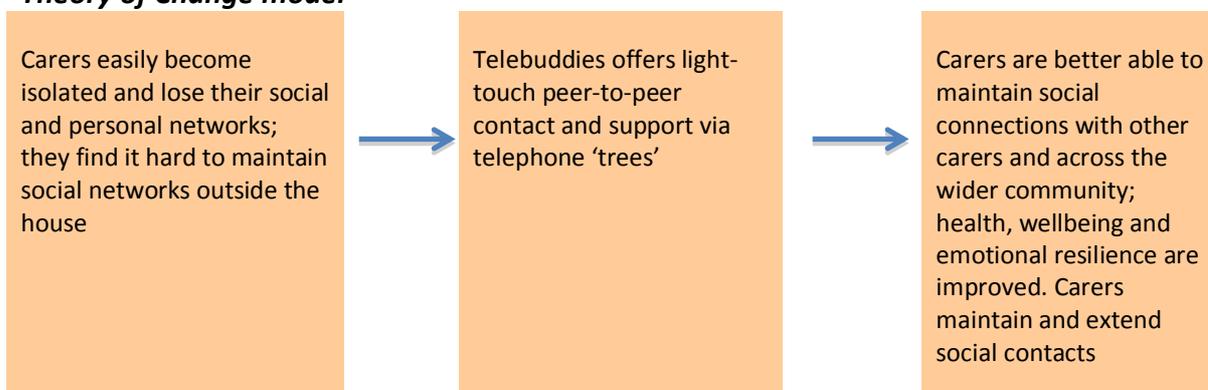| |
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| Basic operating procedures for each model ('circular'; 'centralised') developed |
| Concept promoted and participants recruited and supported |
| Multiple networks of both models established and tested in action |
| Continuing developmental support provided |
| Testing of membership models and membership payment where appropriate |

Outcomes

1) Increase carers' social connections across the wider community.
2) Promote, increase and support social connections between carers.
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4) Help all carers maintain and extend social and family contacts and networks both inside and outside the home.
7) Establish communication channels between carers (and other active citizens) and statutory and emergency services.

Sustainability

Telebuddies networks will be developed (and designed) in such a way that they are able to operate on a self-organising basis in the long-term – i.e. without the need for centralised co-ordination.

Theory of Change model

Carers easily become isolated and lose their social and personal networks; they find it hard to maintain social networks outside the house	→	Telebuddies offers light-touch peer-to-peer contact and support via telephone 'trees'	→	Carers are better able to maintain social connections with other carers and across the wider community; health, wellbeing and emotional resilience are improved. Carers maintain and extend social contacts

Budget: £105,000

Project 2: Making Space for Carers

2-year project

Making Space for Carers is a two-year project to design, test and learn from the establishment of carers' and ex-carers' groups in physical spaces hosted at GP surgeries, health centres and other appropriate community venues.

Key milestones

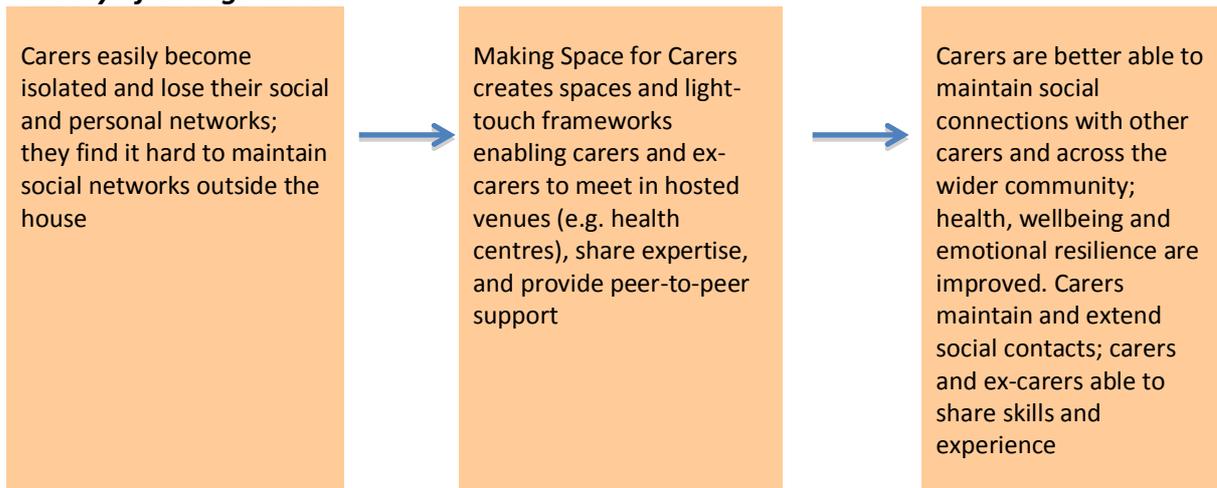| |
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| Making Space for Carers development co-ordinator recruited |
| Promotional materials for the concept produced for wide scale distribution |
| Making Space for Carers groups established and tested – target 30 x groups |
| Sites/venues tested as hosts |
| Training package developed and delivered |
| How to do it guidance pack produced |
| Demonstration videos |

Outcomes

1) Increase carers' social connections across the wider community.
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6) Raise awareness of the services and support available to carers and enable them to access these effectively.
7) Establish communication channels between carers (and other active citizens) and statutory and emergency services.

Sustainability

Making Space for Carers groups will be self-organising and self-supporting in the long-term. Participation of GPs' surgeries/health centres may attract some match funding support from the Better Care Fund.

Theory of Change model

Carers easily become isolated and lose their social and personal networks; they find it hard to maintain social networks outside the house	Making Space for Carers creates spaces and light-touch frameworks enabling carers and ex-carers to meet in hosted venues (e.g. health centres), share expertise, and provide peer-to-peer support	Carers are better able to maintain social connections with other carers and across the wider community; health, wellbeing and emotional resilience are improved. Carers maintain and extend social contacts; carers and ex-carers able to share skills and experience

Budget: £100,000

Project 3: Carers' Voice

2-year project

Carers' Voice is an integrated two-year project to raise awareness and understanding of carers' experience. It will target carers, those who may become carers, professionals and service providers.

Key milestones

Development of an appropriate campaign plan with indicative activities, milestones, methods and media
Commissioning specification including appropriate / likely delivery model
Integrated campaign with 'segmented' campaign messages for carers, carers-to-be, professionals, service providers
User resources including practical guidance and helpful messages on avoiding social isolation (multiple and community languages)
Materials targetting professionals and service providers – promoting the concept of carer-friendly services
Promotion on GP surgery/health centre screens
Wide range of promotional materials
Local media
Social media
Events

Outcomes

5) Raise awareness of the issues that carers face and ensure that all services, activities, employers, organisations and institutions are 'carer-friendly.
6) Raise awareness of the services and support available to carers and enable them to access these effectively.

Sustainability

The outcomes of the Carers' Voice campaign will be sustained through changes in attitude, greater awareness and understanding of the experience of carers in Birmingham and more carer-friendly and carer-aware services

Theory of Change model

| Carers and those providing a caring role are a substantial community in Birmingham but their experiences and needs are not widely recognised or understood | → | Integrated Carers' Voice campaign raises awareness and understanding with 'segmented' messages for carers, carers-to-be, professionals and service providers | → | Awareness and understanding of the experience and voice of carers increased; their needs and experiences better understood; better, more carer-friendly services. Carers better able to *identify* as carers and seek the support and entitlements they are eligible for |

Budget: £70,000

Project 4: Sitting Service

6 – month project

The two-year Sitting Service project will invest in and design and test a sitting Service offering respite care across Birmingham. At present no city-wide Sitting Service exists and there is no means whereby carers can identify appropriate providers nor assess the care packages offered.

Key milestones

Establishment and testing of a fully functional, fully operational Sitting Service scheme for Birmingham
Trial transactions by carers
'Recruitment' of adequate providers to offer a city-wide coverage
Development of key protocols and systems to enable smooth and safe operation, including quality benchmarks, service packages, pricing, booking arrangements, co-ordination and oversight of Sitting Service delivery
Development and maintenance of website/portal that enables search and identification of appropriate providers
Develop 'Trustpilot'-style user feedback methods so that carers and cared-for can rate their user experience and satisfaction
Assessment of management/co-ordination requirements
Negotiation and agreement of appropriate Sitter Service support packages, including free (or discounted) introductory session for new customers

| City-wide demand assessed |
| Adequate spread of quality-assessed providers to cover the city |

Outcomes

| 3) Improve and support carers' own sense of health and wellbeing, especially during key transition periods, such as first becoming a carer, during periods of deterioration or additional illness in the person they care for, and no longer having caring responsibilities. |
| 4) Help all carers maintain and extend social and family contacts and networks both inside and outside the home. |
| 6) Raise awareness of the services and support available to carers and enable them to access these effectively. |

Sustainability

| The Sitting Service project is intended to help develop and design a safe, reliable and trusted service for Birmingham carers and those they care for, sustainable in the long-term from fees paid by care providers that are 'registered' Sitting Service providers |

Theory of Change model

| Inability to identify reliable, safe and trusted respite care contributes significantly to the social isolation and exhaustion experienced by carers | → | Sitting Service for Birmingham helps design, test and embed such a service, ensuring that it is modelled for long-term sustainability | → | Carers are better able to identify Sitting Service care packages that meet quality and equality standards and by using these can better maintain their social networks, reduce isolation and enjoy improved health, wellbeing and emotional resilience |

Budget: £35,600

Indicative budget – all projects

Telebuddies	105,000
Making Space for Carers	100,000
Carers' Voice	70,000
Sitting Service	35,600
Action-centred learning evaluations	38,400