



## Report of Public Voice outreach and engagement (1<sup>st</sup> July 2016 - 30<sup>th</sup> September 2017)

Public Voice's role in the pilot Haringey Carers' Support Project has been to outreach in local communities across Haringey to promote support available to carers. Our work has involved:

- Engaging with people who are carrying out caring activities but who do not think of themselves as 'carers' and making them aware of their rights and the support available to them
- Referring carers to the training, wellbeing voucher scheme and other support offered by our partners HAIL
- Signposting carers to other relevant services and information, both locally and through national voluntary organisations
- Identifying carers' needs, any barriers that carers (or particular groups of carers) face to accessing support, and any gaps in local services for carers

### *When and where did we outreach?*

Between July 2016 and August 2017, Public Voice ran 60 outreach sessions, and spoke to at least 734 people about their caring role and their potential needs, and helped refer them to support from HAIL and other sources.

Just over 1 in 20 of our engagement contacts resulted in an 'on the spot' referral to the HAIL training and voucher scheme. Other people took away a referral form to fill in and return later, or were offered information and signposting to other services.

In addition, we generated project referrals through working with two local GP practices to contact carers on their mailing lists, and informing health, care and other professionals about the project and how to refer people for support and training.

### *Record of outreach activity*

Month	Number of outreach sessions	Number of people engaged with	Number of new 'on the spot' referrals (where recorded)
July 2016	4	58	
August	2	34	
September	9	132	
October	2	48	
November	2	47	
December	1	40	
January 2017			
February	3	0	
March	7	87	
April	6	56	6
May	2	32	2
June	4	80	7
July	9	60	10
August	6		10
September	3	60	7
October	9	120	
<b>Total</b>	<b>69</b>	<b>854</b>	<b>42</b>

We covered a wide range of venues, including both traditional health settings and existing carers groups, as well as non-health settings and community events.

#### *We ran stalls at...*

- Clarendon Recovery College
- Community Fun Day at Ducketts Common
- Crouch End Co-op
- Daddy's Day event at Lordship Community Hub
- Hornsey Library
- Lymington Avenue, Wood Green
- Marcus Garvey Library
- Morrison's Wood Green
- Move 4 You Macmillan Cancer Support day at Tottenham Hotspur
- Muswell Hill Library
- Noel Park Community Open Day
- North Middlesex University Hospital Patient Experience event
- Sainsbury's Muswell Hill
- Somerset Gardens Health Centre
- St Ann's Hospital (Sexual Health Week)
- The Grove Drug Treatment Service (Recovery Pride Fest)
- The Haynes Day Centre (dementia awareness event)
- Tottenham Jobcentre
- Tottenham Town Hall (Carers Rights Day 2016)

- Whittington Hospital
- Wood Green Jobcentre
- Wood Green Library (twice)

*We attended...*

- Coffee morning at Abide Church in Crouch End
- Coffee morning at Christ Church in West Green
- Dementia Café at Hornsey Housing Trust
- HAIL Carers Support Group
- Haringey Advice Partnership Advice Day at Tottenham Town Hall
- Haringey Advice Partnership 'tea time' at Noel Park Primary School
- Haringey Over 50s Forum film club at the Bernie Grant Centre
- Hornsey Pensioners Action Group
- Living Under One Sun
- Markfield Transition and Adulthood Carer Forum
- Memory Clinic Service Users Forum
- Mind in Haringey Users Forum
- Northumberland Park Resource Centre
- Personal Budget Users Forum
- SEEDS Saturday Club at St Peter in Chains Parish Church
- Tom's Club at the Haynes Day Centre
- West Indian Cultural Centre lunch club
- Winkfield Resource Centre exercise class

*We contacted patients and their carers through...*

- Lawrence House Surgery
- Highgate Group Practice

*We made new contacts with...*

- Haringey Deaf Services
- Insight Platform
- Older People's Mental Health Team, St Ann's
- Haringey Memory Service - Dementia Navigators
- London Fire Brigade
- The Mall, Wood Green
- Markfield Family Support Team
- Mind in Haringey
- Natwest branch in Wood Green
- Primark store in Wood Green

### ***Distribution of outreach across the borough***

Our outreach to date has been focused in the central and eastern parts of the borough, with less activity in the west and south of Haringey. We aim to address this by holding stalls and drop-ins in these areas over the next 5 months.

<b>Postcode</b>	<b>Number of outreach sessions</b>
N2	0
N4	3
N6	0
N8	13
N10	3
N11	0
N15	11
N17	9
N22	18
Outside of Haringey	3 (Whittington Hospital twice, London Fire Brigade)
<b>Total</b>	<b>60</b>

### ***GP outreach***

One specific strand of our engagement activity involved working with two Haringey GP practices to identify and contact carers:

- Highgate Group Practice, N6
- Lawrence House Surgery, N15

Somerset Gardens Family Healthcare Centre were also involved at an early stage, but did not get as far as sending out a letter to carers.

These GP practices worked to identify any carers - or patients who may have a carer looking after them - on their registration lists. These people were sent a letter, information about the Haringey Carers Support Project and a referral form for the HAIL training and voucher scheme.

In total, we received 24 project referrals from this exercise, and were able to share information with more than 1,000 potential carers.

<b>GP practice</b>	<b>Number of potential carers contacted</b>	<b>Method for contacting</b>	<b>Number of referral forms received</b>	<b>Response rate (project referrals)</b>
Highgate Group Practice	364	Practice wrote own letter and contact details form, project information and form sent out, patients asked to return to practice who then forwarded to	21	6%

		HAIL for them to post referral form		
Lawrence House Surgery	~700	Template letter, Carers Support Project leaflet and referral form sent out along with carers registration form and information on flu jab from practice, patients asked to return referral forms directly to HAIL	3	0.4%
<b>Total</b>	1,064		24	2.3%

Support offered by Public Voice to the participating practices included:

- Support with postage costs for the mailout to carers, as well as stamped addressed envelopes for patients to return form
- Letter template to send to carers
- Sharing best practice and methods for identifying carers

Some of the practice staff involved in contacting carers identified other support that could help them to better support carers in future:

- An updated Carers Directory that GPs and nurses could use to signpost carers
- A regular carers information stall in GP waiting rooms
- Carer training venues local to the GP practice
- An information sharing agreement so that GPs know whether any of their patients have referred themselves to Carers Support and can update their lists accordingly

### **SWOT analysis of GP outreach**

<p><b>Strengths</b> GP practices were able to update their patient records and increase their awareness of carers Information could be shared with large numbers of carers Made use of existing good relationship between patients and GPs</p>	<p><b>Weaknesses</b> Extremely low response rates Postage costs make it quite expensive to write to carers Not all practice staff were aware of efforts to contact carers and some reception staff at one of the practices turned away patients trying to return completed referral forms In case of Highgate, patients were asked for their details twice on two separate forms - resulted in some forms being mislaid or delays in contacting carers GP records not always up to date - resulted in contacting one carer whose wife had passed away Confusion from GP practice staff about different forms (referral form for training and wellbeing voucher, Haringey carers registration form)</p>
<p><b>Opportunities</b> CQC have changed their inspection requirements recently so that all GPs are now expected to have a carers policy and to identify carers on their lists - more practices will be looking to work with carers Potential for GPs to signpost carers to local information and support Carers Trust produces a range of resources for GPs that could be disseminated/used as the basis for local training There is an appetite among some GPs we have spoken to for this kind of training and support</p>	<p><b>Threats</b> GPs would need additional funding to write to carers regularly High turnover of admin staff at GP practices makes it difficult to maintain continuity 40+ GP practices in Haringey mean a lot of work would be required to rollout</p>

### ***What did we learn from our outreach?***

In addition to making carers aware of available information and support, and referring them to the HAIL training and wellbeing support, we also learnt more about the needs of carers in Haringey and which were the most effective methods for engaging with them.

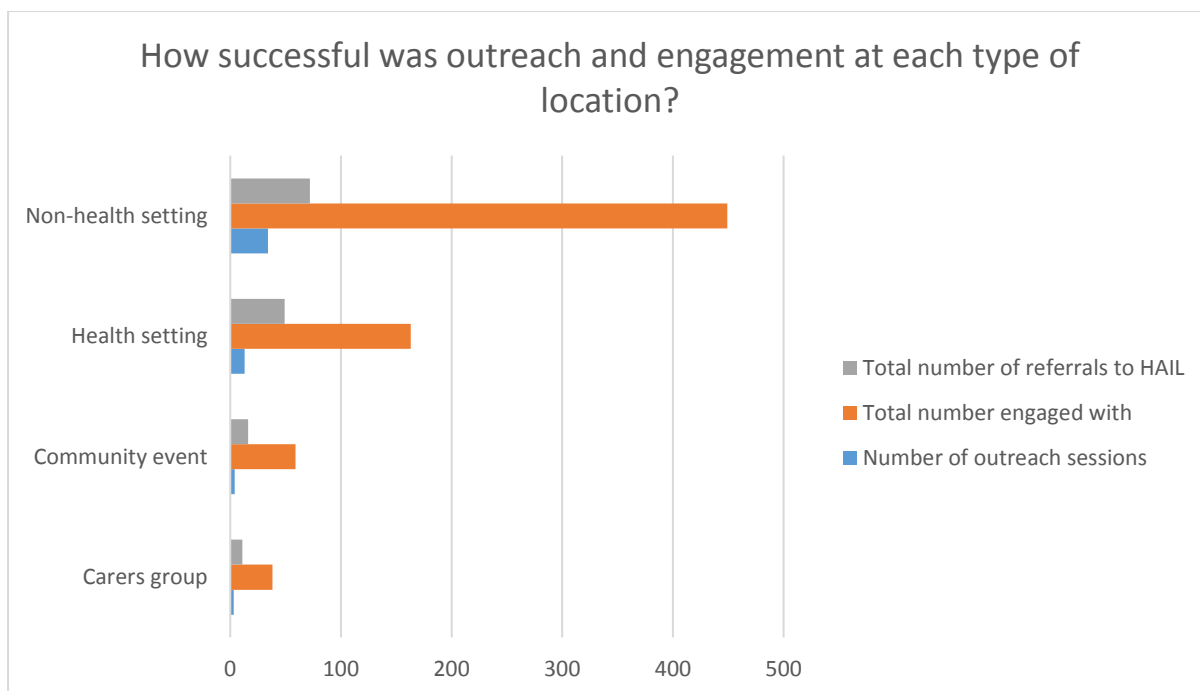
### **Identifying hidden carers**

We defined hidden carers as those who are not currently on the carers register, or receiving any statutory or other form of support in their caring role - so hidden from all relevant agencies.

Around 1 in 20 people we spoke to identified themselves as carers and were willing to complete a referral form to access the HAIL training and wellbeing voucher. This is lower than the 1 in 13 people in Haringey who identified themselves as carers in the 2011 Census, and reflects the fact that many of the carers we spoke to did not think of themselves as such, or were not at a stage where they were interested in or able to accept support for their own needs (see barriers below). These 'very hidden' carers could however be offered information about how they might be able to meet future needs, if they found themselves struggling to cope in future.

The majority of our project referrals came from stalls held in non-health settings e.g. libraries, Jobcentres, supermarkets. However, taking into account the high number of outreach sessions held in these types of locations, the referral rate was relatively low. Community events, in particular, were more successful for engaging with larger numbers of potential carers at a time, as well as picking up referrals to the training and support offered by HAIL, and so were an effective use of time.

These two location types (non-health settings and community events) were also where we encountered the highest number of hidden carers.



Outreach location type	Number of outreach sessions	Total number engaged with	Total number of referrals to HAIL	Average no engaged with per outreach	Average no referrals per outreach
Carers group	3	38	11	13	4
Community event	4	59	16	15	4
Health setting	13	163	49	13	4
Non-health setting	34	449	72	13	2
<b>Total</b>	<b>54</b>	<b>709</b>	<b>148</b>	<b>13</b>	<b>3</b>

### Barriers to engaging with carers

Certain groups of carers have been more difficult to successfully engage with (i.e. less likely to take up the voucher and training offer, or accept signposting to any other support) than others, as a result of three main types of barrier:

- Psychological barriers
- Logistical barriers
- Cultural barriers

#### 1. Psychological barriers

Although some people we spoke to fitted the description of carers, they did not think of themselves as such for a variety of reasons:



- Fear of offending the person they cared for by identifying themselves as ‘their carer’ (particularly when caring for parents or a partner)
- Feeling that they are looking after a relative ‘out of love’ or because it is their responsibility as a husband/wife, son/daughter, mother/father, etc. - not as a carer
- Male carers often saw their wives/partners as being the primary carer, even if they were also helping out
- Confusion about the word ‘carer’, which some people associated with a paid care worker role

Others who saw themselves as carers were unwilling to ask for any support due to:

- Feeling that they were coping at the moment and would ask for help when things got more difficult
- Feelings of guilt about asking for help for themselves when the person they care for may be struggling
- Feelings of responsibility or duty to care, and guilt about admitting that they are struggling to cope

We identified particular groups of carers who were less likely to initially label themselves as a carer:

- Male carers
- People who were caring for their spouse or partner
- People who had been carers for a very long time (10+ years)
- People who were offering practical support (e.g. shopping, driving, accompanying to appointments) but not personal care (e.g. washing, dressing)

***How have we overcome these barriers:*** face-to-face engagement has been very important, as listening to current and ongoing situations and raising awareness of what a carer is and does has helped many people to realise that they fit the description of a carer.

Those who do not feel they need support yet have been made aware of the support they are eligible for (or could be in future) if and when they feel they need it, as well as sources of information and advice if they have any questions.

During outreach we have, at times, been selective and approached men to promote the project which has resulted in some referrals and acknowledgment by men of their current caring roles. Male carers have been identified in places such as Jobcentres (especially younger men) and outside supermarkets.

## ***2. Logistical barriers***

Because the majority of our outreach has taken place during the day, most of the carers we have identified have not been working (either retired, unemployed or not working for other reasons e.g. disability or looking after young children).

Some groups of carers who were more difficult to engage with during the daytime were:

- Younger adult carers (under 40)
- Particularly those who are working during the day
- Carers in the west of the borough (with higher employment rates among working age people, and less use of community services and facilities by older carers)

***How have we overcome these barriers:*** we have proactively targeted potential 'lunch break destinations' (e.g. shops, banks and cafes close to offices) and are continuing to engage with larger employers within Haringey to share information with their staff. We are also planning to outreach through leisure centres, gyms, and nurseries to try and reach more younger carers, as well as aiming to up our presence in the west of the borough.

### ***3. Cultural barriers***

We found that certain community groups - when approached through cultural and community centres - were less interested in receiving any help, as the centres were often providing a range of culturally-sensitive support themselves.

Although our monitoring information shows that we have still captured referrals from carers from a diverse range of ethnic backgrounds, carers taking up the training and voucher offer are disproportionately Christian, when compared to other major faiths within Haringey, reflecting the easier access to church-run coffee mornings and lunch clubs.

Carers who have been more difficult to engage for cultural reasons include:

- Carers of non-Christian faiths - particularly Muslim and Jewish carers
- Carers from particular cultural groups (e.g. Asian carers)

***How have we overcome these barriers:*** we have left information about the Carers Support Project at community centres wherever possible, and continued to engage and meet with staff to increase their awareness of carers support in Haringey.

### **The needs of hidden carers**

The most frequent needs that we encountered among carers were for:

- Knowledge and awareness that the support they give means they fit the description of a carer
- Information about carers' rights and what type of support is available
- Advice and advocacy
- Information about what is available locally for carers and the people they care for

- Daytime activities and respite
- Talking therapies and support with carers' mental health
- Support to deal with the changing relationship between the carer and the person they care for

The exact needs of carers depended on factors such as how long they had been caring for (longer-term carers had more need for respite and talking therapies), how aware they were of their role as a carer (people with lower awareness needed to be able to identify themselves as carers before they could begin to think about what help they might need), and sometimes the age or specific health condition or disability of the person being cared for.

### **Lessons learned on engaging with hidden carers**

From our outreach work so far, there are a number of lessons we have learned that we will continue to apply when helping carers to access support:

- Caring is a sensitive and complex topic to discuss, and needs to be approached very carefully
- Getting people to the stage where they can identify as a carer is often the most difficult obstacle to overcome when trying to support hidden carers - this can take more than one conversation, and many are simply not yet ready to see themselves in this way
- Changes to the relationship between the carer and the person they care for can be a significant barrier to some people recognising themselves as carers
- Many carers start off coping, but over time begin to struggle - identifying the right moment to ask for extra help as a carer was a challenge for some, resulting in people struggling for a number of years without support

Therefore the most effective engagement methods are likely to involve:

- Multiple contacts rather than one e.g. outreach through trusted contacts in the community, regular drop-ins or support groups
- Avoid labelling people as carers - listen to their situation, use their own language (e.g. helping, looking after) and explain the ways in which they fit the government's definition of a carer without forcing the label on them
- Support offered (or signposted to) to help people cope with changes in their relationship with the person they care for e.g. from Relate, online carers forums
- Recognition that for many people discussing their caring role may bring up difficult emotions such as guilt, anger and loss - these conversations should always be approached as sensitively as possible, and people's emotions around caring acknowledged
- Providing information about available financial support for carers, as financial difficulty may be the trigger for someone to seek help for the first time - particularly male carers