

# **Carer Friendly Worcestershire**



## **All Age Carers Strategy for Worcestershire 2021 – 2026**

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## Foreword

I am pleased to present the 'Carer Friendly Worcestershire –Carer's strategy for Worcestershire 2021 – 2026'.

Through joint working between Health, Social Care, the voluntary and community sector, and carers themselves we have already improved support services for carers. This new strategy will build on these achievements and respond to the changes in carers needs identified in the recent Needs Assessment and because of the Covid 19 pandemic.

Our vision remains - and continues to be - that carers are recognised and valued by the wider community and statutory agencies in Worcestershire for the significant support and care they provide to vulnerable adults, children, and young people. We will create a 'Carer friendly community in Worcestershire' where carers are viewed as expert care givers and supported to enable them to continue to care for family members and friends whilst being able to have a life outside of caring.

Many young people (some as young as 7) care for family members. We are committed to support these young carers and young adult carers and ensure that they can grow up with their peers, access education, training and employment without their caring role having a negative impact on their social and educational development.

In Worcestershire, we continue to enable and encourage carers to support each other and access universal services to help them to maintain a life outside caring, to continue to care and where necessary find professional support if they need it. The commissioning of new and co-designed services will provide more equitable support for carers across the county, and all front-line health and social care staff involved in supporting individuals/patients will be tasked with ensuring that the needs and aspirations of carers are always considered.

The strategy will be implemented by everyone who has a statutory responsibility, interest, or link to Carers. It provides a road map of Carers aspirations, goals, and priorities and sets out how we can work together to achieve them and develop and improve services over the next 5 years. I look forward to seeing the impact this strategy and the associated actions will have and thank all carers in Worcestershire for the tremendous commitment they show daily.



**Councillor Karen May**  
**Chair of the Health and Wellbeing Board**

## 1. Introduction

The recognition from government and the public of the value unpaid carers have played in managing the impact of Covid presents an opportunity to review the 'All Age Carers strategy' for Worcestershire 2015-2020. Increasing the need to ensure carers feel valued, supported, and enabled to balance caring responsibilities with the rest of their life, has never been more important. If Covid has taught us anything, it has shown we can be more innovative in the way services are delivered and how we connect with people in our communities. Now is the time to review the design of public services around carers experiences, enabled by working together, technology and thinking differently.

At the same time the County health and social care system continues to undergo substantial change and continually needs to find more efficient ways of working. Worcestershire's Carers Hub is vital to coordinate the delivery of services to carers of Worcestershire residents and plays a significant part, not just in supporting the day-to-day information, advice and support for unpaid carers and paid workers but also in enabling smarter and transformative ways of thinking about carers and those interactions that take place.

Our strategic objectives are:

- a) Local Impact
- b) Monitoring and reporting progress of strategy delivery and accountability
- c) Influencing better policy and practice across organisations in Worcestershire

This strategy is a document that details the present situation for carers, outlines the future, and shows us how we can get there – together. In creating our strategy, we have engaged with key stakeholders including carers. It is also informed by legislation that protects and supports carers, and good practice, research, and guidance.

This is not a static document but will change as new circumstances arise through the annual carer's implementation plan. This strategy is for adult carers (including parent carers) and it is hoped that at some point in the future, an all-age carers strategy will resume. Continuity of support for parent carers is important, so there will be the ability to support parent carers within the lifespan of the adult carer's hub contract.

The delivery of this Strategy will fall under the remit of Worcestershire's Health and Wellbeing Board (a multi-agency team of directors of all key organisations in Worcestershire for example social care for adults and children, CCG, NHS Trust, Councillors, West Mercia Constabulary, Healthwatch etc).

The strategy will be implemented by working groups which will be part of or overseen by the Worcestershire Carers Partnership. A decision is yet to be made. This would be multiagency group of key partners including carers with lived experience of the caring role. Progress on the implementation of the strategy will be overseen by the Health and Wellbeing Board.

## 2. Caring – some facts and figures

### Who is a carer?

If someone provides unpaid support and care to an adult (18 or over) relative, partner or friend who is ill, frail, disabled or has mental ill-health or substance misuse problems then they are a carer. They

may provide emotional support, medical care, personal care, physical care and/or domestic tasks. This could be a child aged over 7, a young person or an adult.

If a parent (over 18 years of age) provides care to a child with special educational needs or disability (SEND) for whom they have parental responsibility, then they are a parent carer. A non-parent carer of a disabled child is someone over 18 who provides care to a disabled child for whom they do not have parental responsibility (such as a grandparent).

A young carer is defined as someone with a caring role aged 7 to 18 and a young adult carer with a caring role who is aged 19- to 24-year-old. The caring role could be for a parent, a sibling, or a grandparent due to illness, disability, physical or mental health difficulties or substance misuse.

A full list of definitions is provided in the Appendix 1

### **Carer statistics**

- Pre-COVID-19 there were up to 8.8 million unpaid carers across the UK.
- The pandemic has resulted in millions of new carers – 4.5 million new to caring since the start of the pandemic, 2.8 million of whom are juggling work and care.
- The UK's unpaid Carers save the economy an estimated £132bn each year according to [this report](#)
- The caring role can be both physically and emotionally demanding, [recent research from Carers UK](#) found that 40 per cent of Carers have not had a break in over a year (*pre Covid data – this figure has increased during Covid*).
- The 2019 GP Patient survey found that 17% of the population in England over the age of 16 are carers - using this figure would suggest that there are currently more than 81,000 carers in Worcestershire

The Worcestershire County Council (WCC) [Joint Strategic Needs Assessment](#) outlines:

- The number of carers identified in Worcestershire was 63,685 in the last census in 2011. Of this figure 60,195 are adults and 3,490 are young carers and young adult carers. This figure includes both adult carers and young carers and young adult carers. This does not identify how many carers already have support needs, or who are at risk of developing needs
- Statistics collected via Worcestershire's carers register shows us we are currently in touch and/or supporting 19% of the identified carer population who self-identified on the last census (over 12,000 carers). The remaining 81% may or may not need support but some may be missing out on support as they don't know what is available. There are also carers who haven't self-identified on the census who may need support.
- There are 631 young carers and young adult carers on the register in Worcestershire.
- We know that 3 in 5 people become carers at some stage of their lives
- Many Carers must juggle their role with a job and 1 in 7 are a working carer making working carers a 'hot topic'.

### **The legal framework**

There are 5 key pieces of legislation that have a focus on Carers and their wellbeing. This means there is a legal responsibility to support and include Carers of all ages. These include:

1. Care Act (2014)
2. NHS long term plan (2019)
3. Health and Social Care Act (2012)
4. Local Government and Public Involvement in Health Act (2007)
5. Children Act (2004)
6. Children and Families Act (2014)

All these Acts affect the commissioning of information, advice, and support for Carers. There are also other related pieces of legislation such as the Employment Act, Equalities Act, Mental Capacity Act, and the Mental Health Act. You will find web links to each of the key references used in the production of this strategy in Appendix 2.

### 3. Where are we now - The journey so far

#### 3.1 A summary of what how we planned to support carers with their outcomes or goals, and we have done or achieved

Outcome	How we planned to achieve this	What we did
<b>Recognised and valued</b> <ul style="list-style-type: none"> <li>• I am recognised and respected in my role as a carer</li> <li>• I feel confident that there is support available</li> <li>• I feel able to care safely</li> <li>• The caring I do is appropriate to my age and capabilities</li> <li>• I understand how to access support</li> <li>• I am involved and can influence the assessment of my needs and aspirations</li> <li>• Any services I receive meet my needs and aspirations</li> <li>• I can have a say in how services are designed and delivered</li> </ul>	<ul style="list-style-type: none"> <li>• Face to face carers assessments that focus on the individual</li> <li>• Engagement and consultation with carers included at all stages</li> <li>• Relevant consultative carer groups are in place and regular feedback to WCC, CCGs and Health and Well Being Board is ensured Health and Social Care professionals are Carer Aware</li> <li>• Support services for young carers are in place, schools and colleges have the carer awareness training online to support young carers</li> <li>• Your Life Your Choice website (and other online resources such as <a href="http://yss.org.uk/young-carers/">http://yss.org.uk/young-carers/</a> clearly explain the carers pathways and what universal, commissioned and WCC provided is available</li> <li>• Commissioned services are in place to provide</li> </ul>	<ul style="list-style-type: none"> <li>• WCC moved to the 'Three Conversation Model', with the commissioned provider carrying out the initial conversations with carers (convo 1's) and carer assessments (convo 3's)</li> <li>• Carers involved through Carers Partnership, consultations on specific projects, participation in Health and Wellbeing and Scrutiny Committee meetings</li> <li>• Co-produced annual reports presented to the Health and Wellbeing Board in 2016, 2017, 2018 &amp; 2019</li> <li>• Carers Awareness training updated and publicised</li> <li>• Commissioned providers contributed to development of 'Your Life, Your Choice'</li> <li>• Worcestershire Carers Hub commissioned in 2016 and Worcestershire Young Carers and Young Adult Carers Service</li> </ul>
<b>A life of my own</b> <ul style="list-style-type: none"> <li>• I feel able to achieve balance between my caring role and my personal life</li> <li>• I feel part of my community</li> </ul>	<ul style="list-style-type: none"> <li>• Support will be made available to all carers</li> <li>• Funded social care will be made available through a carer personal budget</li> </ul>	<ul style="list-style-type: none"> <li>• Wide range of support available to carers through the Carers Hub</li> <li>• Training and information sessions run through Carers</li> </ul>

<ul style="list-style-type: none"> <li>• I know how to make the most of income available to me and am not forced into financial hardship because of my caring role</li> <li>• I feel able to fully participate in education or training and enter or re-enter the employment market when I wish</li> <li>• I can remain in (suitable) employment if I wish to</li> </ul>	<ul style="list-style-type: none"> <li>• Support can be provided to the person with care needs to help ensure relevant training is made available to include information about financial matters</li> <li>• Professionals and organisations encountering carers will be trained in carers issues. This will be through direct training or Care Aware campaign.</li> <li>• Young carers at risk of becoming NEET (not in education employment or training) receive</li> </ul>	<p>Hub including on Financial matters</p> <ul style="list-style-type: none"> <li>• Carer Awareness training made available to professionals; Carers Hub also ran training sessions for a wide range of professionals and other organisations</li> </ul>
<p><b>Supported to be mentally and physically well</b></p> <ul style="list-style-type: none"> <li>• I can maintain my physical health and emotional wellbeing</li> <li>• I can manage stress</li> <li>• I feel confident to fulfil my role as a carer</li> <li>• I can maintain a dignified relationship with the person I care for</li> <li>• I can maintain relationships that are important to me</li> <li>• We have effective plans in place to ensure staff, people who use services and their carers are aware of and understand the advocacy offer we are developing and how this meets our responsibilities under the Care Act.</li> </ul>	<ul style="list-style-type: none"> <li>• Personalised support will be provided to all carers</li> <li>• Some areas of provision will be provided through a carer personal budget where this is required</li> <li>• Relevant training (e.g., how to manage stress, caring with confidence) and local carer support groups to be in place</li> <li>• Carer’s support and replacement care are available to carers where they need and qualify for it</li> <li>• GPs and other Health professionals will make adjustments for carers in their day-to-day practice</li> <li>• Effective support in place for independent advocacy where a carer needs this</li> </ul>	<ul style="list-style-type: none"> <li>• Personalised support provided to carers through the Carers Hub</li> <li>• Carers Hub provided a wide range of training including managing stress, caring with confidence, managing specific conditions, etc. Local carer support groups in place across the county (virtual during COVID 19 pandemic)</li> <li>• Carers Hub provider worked with NHS through the Sustainability and Transformation Partnership (and subsequently Integrated Care System) to promote needs of carers; ‘System wide ‘Commitment to Carers’ agreed</li> <li>• Contract in place for delivery of advocacy service for carers</li> </ul>
<p><b>Staying Safe</b></p> <ul style="list-style-type: none"> <li>• I can care safely and maintain the safety of the</li> <li>• person I care for and receive support for</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguarding procedures are in place and are accessible to carers</li> </ul>	<ul style="list-style-type: none"> <li>• Carers are represented on Worcestershire Safeguarding Adults Board</li> <li>• Carers Safeguarding Reference Group in place</li> </ul>

## 4. Our direction

### 4.1. Our vision

“All carers (adult, young adult, young and parent carers) will be recognised and valued by the wider community and statutory agencies in Worcestershire for the support and care they provide to vulnerable adults, children and young people”.

## 4.2 Our Mission

To research, evidence, share and implement best practice to shape strategy, priorities, and outcomes. Everything we do is informed by carers and people with experience of care and support.

## 4.3 Our Values

All partners signing up to this strategy are committed to becoming a more diverse and inclusive organisations, living up to our values in everything we do. We are ambitious about building the leadership and culture we need to enable our people to work at their best. We will develop a behavioural framework that ensures we are all living our values and are holding each other to account for continual improvement.

The values we have signed up to:

<b>Progressive</b>
<b>always learning and developing</b>
<b>Inclusive</b>
<b>working together for equality, diversity, and fairness</b>
<b>Credible</b>
<b>evidence-based, robust, and reliable</b>
<b>Transparent</b>
<b>open and honest</b>
<b>Committed</b>
<b>focused on making a difference to people's lives</b>

## 5 Values of Adult Social Care and Commissioning

The values of Adult Social care and commissioning are a:

- Customer Focus – putting customer need at the heart of everything we do
- Can do culture – being proactive to achieve excellence
- Freedom within Boundaries – courage to make constructive change

## 6. Our Approach

### 6.1. A strengths-based approach

WCC adult services and our contracted carer support service providers use a strengths-based approach (also known as '3 conversations') which is an innovative methodology for needs assessment and care planning. It focuses primarily on people's strengths and community assets. This model or way of working delivers high levels of satisfaction from people who contact the teams, particularly carers. At each contact consideration is given as to whether a Carer has needs that can be prevented, reduced, or delayed. For adult carers, it is about maintaining the caring role where the carer is willing and able to, and it is appropriate to do so. For young carers and young adult carers, it is about reducing the caring role and ensuring these carers can be children and young people and so caring does not impinge on reaching their potential.

The NHS plan also references patient and carers being at the heart of practice and processes, setting out the importance of patient empowerment and community engagement. It describes the need to harness the 'renewable energy represented by patients and communities' and the assets they possess. Underpinning this policy is the recognition that health and social care – and wider public provision – must focus on a broader set of outcomes that matter to people and communities, rather than be service-led or too narrowly focused on needs, this is the difference a strengths/asset-based approach brings.

Two key elements within the delivery of good support for carers lie within the ReViVo framework for General Practitioners, and the NICE guidelines relating to supporting carers. These are summarised below:

#### **[Supporting adult carers \(2020\) NICE guideline NG150](#)**

NICE Guidelines are recognised good practice for support for adults (aged 18 or over) who provide unpaid care for anyone over 16 with health and social care needs. The 5 NICE quality statements are: [Statement 1](#) Carers are identified by health and social care organisations and encouraged to recognise their role and rights.

[Statement 2](#) Carers are supported to actively participate in decision making and care planning for the person they care for.

[Statement 3](#) Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training.

[Statement 4](#) Carers are regularly given the opportunity to discuss with health and social care practitioners the value of having a break from caring and the options available to them.

[Statement 5](#) Carers are offered supportive working arrangements by workplaces

WCC and Worcestershire Children's First (WCF) have contracted with community and voluntary sector organisations to deliver our statutory assessments and information and support:

1. One support provider for the adult carer hub and
2. One support provider for young carer and young adult carer support.

Our focus is on a community-based preventative model of care and support, known as 'Worcestershire's Carers Hub'. All the agencies and services that provide support to Carers in Worcestershire have been mapped, please refer to Appendix 3.

This approach will enhance carer health, wellbeing, and resilience. It will also reduce long-term pressures on higher-cost health, care, and support services if we enable carers to participate in and benefit from community resources and activities. We try to connect people to each other and to wider community assets and provide holistic support with a person-centred perspective and have a focus on carers wellbeing. To do this, we have moved away from an emphasis on deficits or needs and instead 'consider the carer's own strengths and capabilities, and what support might be available from the carers wider support network or within the community to help' (Care Act 2014).

## 6.2 Prevention and Carer Identification – key principles relating to carers

Prevention ranges from whole-population measures to promote health, to targeted individual interventions to improve functioning for one person such as a carer. Prevention, as defined in the Care Act Statutory Guidance (2016), is about the care and support system actively promoting independence and wellbeing. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible.

Research carried out by Skills for Care in 2019 found that adult social care employers define prevention in four main areas:

- Supporting people to live as healthily as possible, both mentally and physically
- Reducing the use of health services, including primary care, emergency services and hospitals
- Preventing or reducing the escalation of health issues
- Supporting people to remain as independent as possible.

The main outcomes for the individual from prevention, might be:

- Increased independence, including navigation of prevention and community services and effective self-care (for the carer and the cared for)
- Improved quality of life and wellbeing for people who need care and support and carers
- Reduced social isolation and loneliness
- Delayed and/or reduced need for care and support for the cared for.

## 6.3 What does this mean for Worcestershire?

True prevention and carer identification should run all the way through every contact in whatever form it takes, whether it be with adult social care, children's social care, primary care services, hospitals, schools, colleges etc.; from people using universal services and community groups, to an initial request for information and advice, to assessment, care and support planning, and reviews, and beyond to strategic plans and service development. As the statutory guidance highlights, 'at every interaction with a person, a local authority should consider whether or how the person's needs could be reduced or other needs could be delayed from arising' (DHSC, 2016). To do this we need to know if the person has a carer in their life.

Carers have advised that we need a 'systems wide approach' to 'make every contact count'. Carers need to know they are a carer; they are not on their own and that there is support available. Carers can then make an informed decision themselves as to how much or how little contact they need with

the Carers Hub and the service provided. Engagement with carers and stakeholders showed us that carers do not know what is available and needlessly struggle when signposting to the Carers Hub would have helped.

Figure 1 (over page) illustrates the joined-up approach to prevention that needs to be taken locally and the role of each partner in an effective system (reference: [Prevention in social care - SCIE](#) )

### Scope of prevention

We recognise that:

- Prevention isn't a standalone principle, but one which links closely with wellbeing, empowerment, and partnership
- It should be an ongoing consideration, rather than something that happens only once before people develop more significant needs
- The duty to prevent needs from developing or increasing is distinct from the duty to meet eligible needs
- The responsibility applies to all adults and children, those with no care and support needs, and those with care and support needs, whether those needs are eligible or met by the local authority
- Carers, including those about to take on a caring role, those with no need for support and those whose support needs are not met by the local authority.

**Figure 1: Prevention in a joined-up local system**



### Prevention approaches

The three approaches to prevention that we will follow in Worcestershire are:

- a) **Prevent** – primary prevention/promoting wellbeing  
This approach should be applied to everyone, encompassing a range of services, facilities and resources that will help avoid the need for care and support developing, including information and advice, promoting healthy and active lifestyles, and reducing loneliness and isolation.
- b) **Reduce** – secondary prevention/early intervention  
This approach is targeted at individuals at risk of developing needs where support may slow this process or prevent other needs from developing, including carer support, falls prevention, housing adaptations or support to manage money.
- c) **Delay** – tertiary prevention/formal intervention  
This approach is aimed at people with established complex health conditions, to minimise the effects, support them to regain skills and to reduce their needs wherever possible including rehabilitation/reablement services, meeting a person’s needs at home, and providing respite care, peer support, emotional support, and stress management for carers.

In our work, we will:

- Consider the potential opportunities for contact with those who may benefit from preventative support and carer identification, and where that first contact might be. This may come from an initial contact through the customer services centre, via other professionals (e.g., the GP, community nurse, housing office, or welfare and benefits advisor), or during an assessment of need or carers assessment.
- Use the Carers Hub and our information and advice services to proactively share information about prevention and preventative services.
- Ensure a consistent focus on prevention and carer identification, particularly at times of (for example) bereavement, hospital admission/discharge, going into/out of prison, benefits applications, contact with/use of local support groups, contact with/use of private care and support, and a change in housing.
- Use of reablement approaches to domiciliary care and telecare and technology

Practitioners will, at every contact, consider which needs can be prevented; which could be reduced; which might be delayed; and which need support now by asking, ‘What does a good life look like for you and how can we work together to achieve it?’

#### 6.4 Understanding Carer’s priorities

The needs and aspirations of the carers have been sought through the engagement work completed with carers as detailed in the table below. Carers have therefore informed the priorities of this strategy through their feedback.

Type of engagement	Nature of engagement	No. engaged / responded	Focus
Mini carers survey	Online, able to fill in for carers and hard copies available	73	To identify whether the carers vision and the outcomes/goals for carers were still appropriate: <ul style="list-style-type: none"> <li>• what is working well</li> <li>• not so well</li> <li>• gaps and how we can support carers to achieve the outcomes</li> </ul>

<b>Stakeholder survey for other professionals</b>	Online survey	47	Questions included what training staff had had about carers, how aware they are, knowledge of carers and support services, contingency, and future planning, how they access information about carers, whether they promote and refer people to the carer's hubs, what support would benefit carers and the positive, negative and changes needed in the current carer support provision
<b>Focus group sessions</b>	Via 10 Zoom focus groups	76 carers / other professionals	Discussed carers vision and identified whether the outcomes/goals for carers (in the current strategy) were still appropriate, what is working well or not so well and the gaps, as well as how we can support carers to achieve the outcomes.

Engagement groups included generic focus groups (lead by WAC) and specific focus groups for:

- Carers of stroke survivors (lead by adult commissioning and Stroke Association x2),
- Carers of people with mental health needs (led by adult commissioning and Jigsaw),
- Autism (lead by adult commissioning and Autism Partnership),
- Young Adults Transition team (YAT), parent carers in transition from children to adults (lead by adult services and YAT)
- Dementia meeting centre (lead by adult commissioning and Age UK),
- 3 groups for young carers and young adult carers - young adult carers, young carers who care for siblings and young carers who care for parents led by Youth Support Service (YSS)

A more detailed description of this feedback is provided in Appendix 4, but in summary:

- 60% of stakeholders had no carer training
- 70% felt carer aware
- 40% had good knowledge of carers and support services,
- 46% didn't know how to make referrals for carer assessments
- 67% did not routinely discuss contingency, and future planning with carers,
- Access to information - it is not easy to access information for carers. Information needs to be in one place, links to other websites, up to date, use local media and social media to know about resources and describe the role of the carer, access to both website info and telephone number, advertise info in GP surgeries, hospitals, dental practices, opticians, pharmacies and schools and online forum to post questions
- 35% did not promote and refer people to the Carer's Hubs
- Many positive comments on the Adult Carers Hub – good training, helpline, good ways to connect/accessible via website and social media, knowledgeable and caring, offer a range of support.
- In terms of negatives of the Adult Carers Hub - don't always provide the right support, more support not just information, website difficult to navigate, not enough promotion in the media about carer issues, access to more support and carer identification needs to increase.

- Potential improvements for the adult Carers Hub (current carer support provision) – information and training on finance post 18 years old, flexible training to respond to ‘hot topics’ raised by carers and better links with hospitals (acute and mental health), discuss with carers more on information they need, move statutory support for parent carers to the adult carers hub and make a consistent service/support offer to parent carers in line with other carers, capacity to create capacity to support more carers
- In terms of positives of the young person’s Carers Hub – very good peer support and good accessible support
- Comments on how carers support services should look like in the future – specific parent carer support service (in line with other carer groups, more information needed at point of diagnosis, more accessible info on carers hub tel. no, website and support available in one place, more joint working between health and social care, carer awareness, more information and support on planning for the future, prioritise training for special school family support staff and more information available through NHS, pharmacies etc.

## 7 How we will support Carers

The following 5 principles that have been identified through carer and stakeholder engagement:

### **Co-production**

We will work alongside carers to co-produce and design improved carer support and involvement in the service delivered now and in the future. We will listen to the voice of carers so that they have a more powerful influence over policy and practice.

### **Innovation**

We will use the learning from ADASS reports, NICE guidelines, the NHS Commitment to carers Hub and other sources and encourage all partners to develop and grow innovative approaches to carers.

### **Evidence and practice informed**

We have used research and innovative findings to inform the strategy and decisions on priorities. We will continue to do so through the life of the strategy and the implementation of the annual action plans.

### **Partnership working**

We will work together to implement the priorities of the strategy and annual action plans.

We will work together with carers awareness raising and the identification of carers, signposting and connecting carers to support available and promote the value of carers and the caring role.

### **Sustainable Carers support**

We will make the most of the resources we have available for carers.

Actively raise awareness of carers and carer identification.

We will clearly define the ‘Carer offer’ and what you can expect from organisations. Increase our reach to ‘hidden carers’ (carers not known to services or maybe that they are a carer).

Maximise the impact we have on ensuring carers feel supported and valued. And opportunities for carers to support each other.

## 7.1 Priorities and Commitments to Carers

Our strategic objectives are:

- a) Local Impact
- b) Monitoring and reporting progress of strategy delivery and accountability
- c) Influencing better policy and practice across organisations in Worcestershire

To deliver the strategic objectives, it has been identified that the following priorities and commitments to Carers:

1. Carer Awareness for the whole community to increase carer identification – ‘making every contact count’ including harder to reach groups
2. Recognition and value of carers – everyone’s responsibility
3. Collaboration – carers seen as expert partners in the cared for/patient and information and time given with carers. Carers need to be automatically included in discussions about the Cared For, unless the Cared For does not want them to be or it is not considered to be appropriate or safe to do so.
4. Specific support for carers including taking a break, caring safely, end of life carer support and greater use of technology to manage risk, support the cared for to be independent and peace of mind for carers
5. Registering as a carer and the ‘carer offer’ from all partners. Utilise the ‘Tell Us Once Information Sharing Memorandum’ between organisations so Carers identified by one organisation can receive the benefits of the Carers Offer from all organisations. There also needs to be the continued role out of carer passports across Worcestershire
6. Support network including support in the community to ensure ‘A life of my own’ (strengths/asset-based approach). This includes the ability to see friends and family, do things carers enjoy as well as be able to go shopping, visit GP and dentist etc
7. Support (for some rebuilding) emotional resilience (including management of stress), self-care (including getting enough sleep), wellbeing, and physical health (GP Patient Survey in 2013 highlighted the impact of caring on Carer health e.g., % of long-standing health conditions etc. effective support for Carers may reduce unplanned admissions for Carers and the people for whom they care for and may in certain circumstances help save money). This priority has been impacted by Covid e.g., social distancing, shielding and lock downs – and management of future waves and learning to live with covid.
8. Maximising life chances: ability to work, be in education or volunteer, maximise income and deal with money matters
9. Contingency and future planning including the carers emergency card (peace of mind in an emergency)
10. Making the vision and aspirational outcomes a reality with strong leadership and governance of this strategy

From the Herefordshire and Worcestershire STP Commitment to Carers, the following priorities have been identified as commitments for all organisations within the local system to deliver:

1. To proactively identify, register, support and inform carers (needs lined to organisations core business and vision)

2. To co-produce services and policies with carers to ensure our services meet their needs
3. To be flexible to ensure they can continue to deliver their caring role
4. To actively involve carers in decisions about their own health and wellbeing as well as the health and wellbeing of those they care for
5. To have a carer lead in the organisation who promotes a 'carer aware' culture

*Note* – the following commitments are not covered in the Commitment to Carers:

6. To be committed to ensuring the organisation is carer aware by completing the carer awareness E-Learning or similar training, to identify Carers at any contact point in the organisation from front desk to senior management
7. To be signed up to 'Working for Carers' (or similar scheme) to ensure the organisation and workplace are 'carer friendly' for example via policies and flexible working, and how the organisation interacts with potential carers and how it enables Carers to remain in work or education.
8. To commit to letting carers know they are not on their own. To commit to signposting everyone who may be a carer to the Carers Hub so they are aware of support available as and when they need it and so they can make an informed decision as to what you may wish to access.
9. To involve carers in the design of services, policies, and procedures.
10. To support carers to contingency and 'future plan' for the cared for.
11. To signpost carers to information to help them understand the cared for person's condition.
12. Coproduction including carers
13. Meaningful carer engagement

## 8. How we will deliver change, monitor progress, and measure success

### 8.1. Delivering change

We are committed to identifying carers and support carers as needed which is person centred, preventative and strengths based using your skills, any circle of support the carer may have and local community assets and organisations. We need to bear in mind the finite funding for health and social care and we will encourage all partners to use a strengths-based approach with carers and aim to reduce bureaucratic processes and procedures. We aim to support carers to meet the goals they identify so carers will have better outcomes. We can achieve this by working together to provide personalised support for carers, optimising the use of technology and direct payments. This strategy builds on the community assets (services provided by organisations and facilities) already in Worcestershire (of which there are many) this helps to reduce inequalities that carers may feel and promote feelings of social inclusion.

## 8.2 Monitoring and reporting progress of strategy delivery and accountability

The strategy is approved by the Health and Wellbeing Board.

An annual action plan will be developed to ensure delivery is achieved in a measured and planned way.

A multi-agency working group will be responsible for delivering the strategy, which will be part of or overseen by the Carers Partnership. The decision yet to be made. An annual report will be provided to the Health and Wellbeing Board. This report will be published on the Worcestershire County Council website, Clinical Commissioning Group, NHS Websites, and the local Carers support service providers.

The contracts with carer support provider(s) to whom we discharge statutory duties will be performance monitored via quarterly monitoring reviews and annual reports.

Full governance arrangements are illustrated in Appendix 5 as well as Carer engagement opportunities.

## 8.3 Successful implementation

We will know we have been successful when:

- Carers say they feel 'recognised and valued'
- Carers say they feel they have more of a 'life of their own'
- Carers feel 'supported to maintain their physical and mental health and wellbeing'  
Carers will report they would recommend the Carers Support Services to other Carers and are very satisfied or satisfied with the carer support services
- Carers will state they 'always' or 'most of the time' met the Carer outcomes/goals they set for themselves. The 'I' statements such as 'I am recognised & respected in my role as a carer'
- The assets-based strengths approach co-delivers support for carers and the cared for
- Worcestershire is felt to be more 'carer friendly'
- We have delivered against the annual action and key performance indicators agreed by the Health and Wellbeing Board, which will be published on the Worcestershire County Council website, Clinical Commissioning Group, NHS Websites, and the local Carers support service providers.
- We see the link between the NICE Guidelines and TLAP recommendations relating to carers
- The Carers Hub is the 'go to' place/provider for all things carer related.
- Organisations have used the Worcestershire's Adult Age Carers Strategy inform their policy and procedures and the way they work with carers or potential carers to improve carers lives
- When people know what a carer is, the positives and negatives of being a carer, and know the support services that are available

It is important that the strategy helps organisations and professionals to ‘think about carer’ and impacts on all our interactions with carers and the cared for. Key to our successful implementation will be the production of a coherent ‘carer offer’ that is implemented across Worcestershire and carers and professional know what it is. As the number of people who are carer aware increases and know how to signpost or know that there is carer support available and how to contact the agencies that provide this support, we shall know that our implementation has delivered and that our aspirations for carers have become a reality.

## 9 Finally, thank you

Thank you to everyone who has given their time to inform this strategy. It is very much appreciated. This includes support from carers and individuals from a range of agencies who have been involved in the development of this Strategy. Their active contribution ensured we were able to identify key strategic priorities for future action. We are confident will address the needs and aspirations of all carers in the county. we look forward to continued engagement during the life of this strategy and implementation of the annual action plan. Thank you again for your support

## 10 Please get in touch if you want to know more or wish to get involved in the implementation of this strategy...

**By post:** Adult and/or Children’s Commissioning Team, Worcestershire County Council, County Hall, Spetchley Road, Worcester, WR5 2NP

By Email: [Commissioning@worcschildrenfirst.org.uk](mailto:Commissioning@worcschildrenfirst.org.uk) or [AdultServicesandHealthCommissioningUnit@worcestershire.gov.uk](mailto:AdultServicesandHealthCommissioningUnit@worcestershire.gov.uk)

## APPENDIX 1 – Carer definitions

TERM	DEFINITION
Carer	<p>A <b>Carer</b> is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. <i>(NHS Definition)</i></p> <p>This includes (but is not limited to) Adult Carers, Parent Carer/Child Carers, Sibling Carers, Primary Carers, Secondary Carers, Lone Carers, Sandwich Carers and Hidden Carers.</p>
'Cared For'	The individual the Carer is caring for.
Adult Carers	Adult Carers are Carers who are aged 18 years and over.
Parent Carer /Child carers	<p>Is a parent (over 18 years of age) who provides care and emotional support to a child (under 18 years old) with special educational needs or disability (SEND) for whom they have parental responsibility.</p> <p>A non-parent carer of a disabled child is someone over 18 who provides care to a disabled child for whom they do not have parental responsibility (such as a grandparent).</p> <p><i>(Carers UK)</i></p> <p>A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.</p> <p><i>(Children and Families Act 2014)</i></p>
Young Carers and Young Adult carers	<p>Young Carers are children aged 7 to 18 with a caring role and young adult carers are aged 19 to 24 years old with a caring role.</p> <p>The caring role could be for a parent, a sibling, or a grandparent due to illness, disability, physical or mental health difficulties or substance misuse.</p>
Sibling Carers	A Sibling Carer provides a caring role of a <b>brother</b> or <b>sister</b> who is disabled or who has special educational needs, or a serious long-term condition.
Primary Carers	Primary Carer is the main carer as they are principally caring for a friend or family member (perhaps solely in some circumstances) at a given point in time, regardless of the relationship status.
Secondary Carers	Secondary Carers have a supporting role in caring and doing tasks for a friend or family member at a given point in time, regardless of the relationship status. Secondary Carers can become primary carers.
Lone Carers	Lone Carers have the sole responsibility for the family member or friend and/or care alone without support.
Sandwich Carers	<p>'Sandwich Carers' are those looking after young children at the same time as caring for older parents. It can also be used much more broadly to describe a variety of multiple caring responsibilities for people in different generations.</p> <p><i>(NHS)</i></p>
Hidden Carers	<p>Hidden Carers are unidentified Carers, often not receiving any help or support and are usually unaware that they are Carers. It can be difficult for carers to see their caring role as separate from the relationship they have with the person for whom they care whether that relationship is as a parent, child, sibling, partner, or a friend, hence may be hard to identify and support.</p> <p><i>(NHS)</i></p>
Carer of someone with a specific need	For example, a Learning Disability Carer is somebody who provides emotional and/or practical care to an individual with a Learning Disability and/or Autistic Spectrum Disorder (ASD).

## APPENDIX 2 – Key references

### **Legislation**

[Care and support guidance \(the Care Act 2014\)](#)

[Health and Social Care Act 2012](#)

[SEND code of practice: 0 to 25 years](#)

[Young person's guide to the Children and Families Act 2014](#)

### **Key strategies and Plan – Central Government**

[Carers action plan 2018 to 2020](#)

[Working together to improve health and social care for all \(White Paper\)](#)

### **Key strategies and Plan – NHS**

[NHS Commitment to carers](#)

[NHS Commissioning for carers](#)

[NICE guidance - Supporting adult carers](#)

[NHS An integrated approach to identifying and assessing Carer health and wellbeing](#)

[NHS Long Term Plan](#)

[CQC standards for GP's](#)

### **Other key documents**

[Making it Real - Think Local Act Personal](#)

[Carers Week - the rise in the number of carers during Covid](#)

[Carers UK - Caring Behind Closed Doors](#)

[Carers UK launches Recovery Plan for carers](#)

[No Longer Able to Care - Carers Trust](#)

[Carers UK - the state of caring](#)

[Worcestershire Joint Health and Wellbeing Strategy 2016-21](#)

[Shaping Worcestershire's Future 2017 - 2022 - Worcestershire County Council](#)

[Survey of Adult Carers in England, 2021-22 guidance for local authorities - NHS Digital](#)

[National stroke programme](#)

## APPENDIX 3 - Useful organisations for carers

Worcestershire Association of Carers WAC [www.carersworcs.org.uk](http://www.carersworcs.org.uk)

Stroke Association <https://www.stroke.org.uk/finding-support/stroke-helpline>

Support for young Carers – YSS [www.yss.org.uk/young-carers](http://www.yss.org.uk/young-carers)

Citizens Advice [www.cabwhabac.org.uk](http://www.cabwhabac.org.uk)

Worcestershire Parent and Carers Community [www.parentcarers.org.uk](http://www.parentcarers.org.uk)

Health Watch Worcestershire [www.healthwatchworcestershire.co.uk](http://www.healthwatchworcestershire.co.uk)

Family in Partnership [Families in Partnership Updates | Worcestershire Association of Carers \(carersworcs.org.uk\)](#)

Jigsaw [Jigsaw - Worcestershire Mental Health Relative & Carer's Support Group \(jigsawgroup.info\)](#)

Age UK (including dementia meeting centres) [Welcome to Age UK Herefordshire & Worcestershire](#)

Patient Carer Forum [Patient and public forum - Worcestershire Acute Hospitals NHS Trust \(worsacute.nhs.uk\)](#)

Redditch Carers Careline [Carers Careline – Supporting Carers in the Redditch area](#)

Herefordshire and Worcestershire Involvement Network (HWIN) [Herefordshire and Worcestershire ccg - Ways to get involved](#)

Carers Reference Group relating to the STP

NW Autism Parents Support Group [North Worcestershire Autism Support Group \(closed Facebook support group\) | Worcestershire County Council](#)

## APPENDIX 4 – Stakeholder feedback and engagement

Outcome / Goal	Carers said....	How we can measure this?
<p><b>Recognised and valued:</b></p> <ul style="list-style-type: none"> <li>• I am recognised and respected in my role as a carer</li> <li>• I feel confident that there is support available</li> <li>• I feel able to care safely</li> <li>• The caring I do is appropriate to my age and capabilities</li> <li>• I understand how to find help and access support (suggested amendment of wording for this strategy)</li> <li>• I am involved and can influence the assessment of my needs and aspirations</li> <li>• Any services I receive meet my needs and aspirations</li> <li>• I can have a say in how services are designed and delivered</li> </ul>	<ul style="list-style-type: none"> <li>• Still a priority – top priority and key to being able to achieve the other 2 outcomes.</li> <li>• System approach to recognition of carers – some carers do not recognise themselves as carers and some who do not ask for help. Use every opportunity to identify carers (record details of carers identified with consent) and avoid assumptions about carers.</li> <li>• GPs carer identification was stated as particularly important as a key place that carers will go was flagged as very important by carers</li> <li>• Provide information to carers so they know about assessments and how to request one, some support may be means tested, can access community support without formal assessment and acknowledge carers support and value of it</li> <li>• Ask and listen to carers views (this impacts on care delivered)</li> <li>• Carers are ‘eyes and ears’ to feedback what is and isn’t working, changes in condition</li> <li>• Poor communication – retelling story (need care coordinator so carers have one place to go to for info etc)</li> <li>• Limited referrals between support agencies</li> <li>• Lack of clarity on right to information and assessment</li> <li>• Need to think of cost benefits of carers role – work with carers as experts and equal partners</li> <li>• Joint conversations inc. carers needed so they understand condition, come to terms with it, and know the signs of deterioration &amp; what is normal</li> <li>• Include carers in decision making for cared for, enable them to feel involved and consulted as part of the team</li> <li>• Role in life taken for granted – being identified is key to then being recognised &amp; feeling valued (particularly due to parent carers) &amp; talk of this helping MH</li> <li>• Need for carer assessment I own right &amp; in own without cared for present and without fear of cared for being taken away from the carer (parent carers)</li> <li>• Appreciation carers are doing above &amp; beyond the ‘normal’ relationship role</li> <li>• Distance whether live with or far away can still be big caring role</li> <li>• Carers doing role for professionals or so professionals don’t have to, so can be discharged, so can remain at home etc</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>

Outcome / Goal	Carers said....	How we can measure this?
<p><b>A life of my own:</b></p> <ul style="list-style-type: none"> <li>• I feel able to achieve balance between my caring role and my personal life – hot topic was replacement/respice care</li> <li>• I feel part of my community</li> <li>• I know how to make the most of income available to me and am not forced into financial hardship because of my caring role</li> <li>• I feel able to fully participate in education or training and enter or re-enter the employment market when I wish</li> <li>• I can remain in (suitable) employment if I wish to (was a ‘hot topic’ of much discussion)</li> </ul>	<ul style="list-style-type: none"> <li>• Overwhelming response is carers have no (for some) or limited life of their own</li> <li>• Need more support e.g., replacement care</li> <li>• Many carers felt they had no support</li> <li>• Activity groups very good and fell less isolated – consensus on hybrid offer i.e., online and in person</li> <li>• Need time with cared for/patient as non-carer relationship with the person and break from cared for/patient</li> <li>• Venue for carer and cared for to go to together or separately (dementia meeting centre model beneficial for carers or a spouse) - links to point above</li> <li>• Weekend and evening activities needed</li> <li>• Build carer breaks and day opps and hobbies into one by changing time to include evenings &amp; weekends</li> <li>• Need right types of and choice of breaks (together, apart, home, and away, fully supported &amp; DP. Could be a PA, day opps/hobbies &amp; dom care, care home)</li> <li>• Develop PA market – specialist e.g., for dementia, children &amp; young people with autism maybe difficulty going to mainstream services</li> <li>• Need to increase carer awareness – role and value. This will help with relationships with family members, friends, work colleagues and managers</li> <li>• Think in the widest sense about what a ‘break is’. This can mean a few hours during the day or evening, overnight, or a longer-term break. Carers' breaks may be one-off or more regular arrangements.</li> <li>• An issue with breaks is the need for resources to do this i.e., money for paid staff or family member</li> <li>• Lack of clarity on eligibility for breaks to manage expectations</li> <li>• Change in culture of professionals and carers of need to give carers themselves permission to take a break – feelings of guilt</li> <li>• Accept any help that is offered inc. family, friend &amp; neighbour support</li> <li>• Engagement with the ‘right worker’ makes a big difference to outcome (trained and knowledgeable about carers)</li> <li>• Change in culture for the carer to be ‘on an equal footing’ by professionals, family &amp; carer themselves</li> <li>• Importance of peer support - carer buddy system</li> <li>• Majority of carers can only work part time or don’t work due to caring role inc. for some level of appointments need to attend for the cared for (<i>Working for Carers stats show 70% of carers quit work or reduced their hours due to juggling work and care</i>).</li> <li>• Hard or unable to attend appointments (inc. medical appts), treatment, and operations due to nobody to look after cared for – need link between health and social care for this</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>

Outcome / Goal	Carers said...	How we can measure this?
<p><b>Supported to be mentally and physically well:</b></p> <ul style="list-style-type: none"> <li>• I can maintain my physical health and emotional wellbeing</li> <li>• I can manage stress</li> <li>• I feel confident to fulfil my role as a carer</li> <li>• I can maintain a dignified relationship with the person I care for (this is often a specific significant relationship e.g., husband, wife, son sister etc)</li> <li>• I can maintain relationships that are important to me (e.g., other family members, friends, neighbours)</li> <li>• We have effective plans in place to ensure staff, people who use services and their carers are aware of and understand the advocacy offer we are developing and how this meets our responsibilities under the Care Act. Change this statement for this strategy to 'I am aware of and understand the carer advocacy offer as outlined in the Care Act'</li> <li>• I can care safely and maintain the safety of the person I care for and receive support</li> </ul>	<ul style="list-style-type: none"> <li>• Appreciate caring is a journey which evolves &amp; changes over time</li> <li>• Caring role takes over and priorities are cared for/patient, work &amp; then leisure (exercise, socialising, self-care &amp; wellbeing)</li> <li>• Practical support needed to be able to have time to look after themselves</li> <li>• 'opt' out rather than 'opt in' to signposting to carers support. Carers missing out on practical support, information, wellbeing opportunities etc</li> <li>• Carers want to make decision on what support they would benefit from, how little or how much they can benefit or be involved in the support available</li> <li>• Emotional support needed for carer of patients (follow up calls) and on completing benefit forms (PIP mentioned a lot)</li> <li>• Physical, mental health and wellbeing links to the outcome of 'life of my own' and having time to take a break, relax, exercise and self-care</li> <li>• Need culture change in that asking for help and support is a strength not a weakness, it is not seen as failing or can't cope</li> <li>• Need focus on self-care and building resilience</li> <li>• Caring can lead to own mental health needs</li> <li>• If care is good for the cared for/patient, then carer wellbeing and outcomes improve</li> <li>• Breaks are good for carer wellbeing</li> <li>• Many comments on no or little support with mental health and wellbeing. Some comments when carers have a 'good GP' which can be a good support, some carers had this many others didn't.</li> <li>• Some carers mentioned being on anti-depressants to cope. Others on waiting list to access counselling</li> <li>• Some had support from a partner, family and/or friends – this is key</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>

Other outcomes & goals	Carers said....	How we can measure this?
<p><b>Hot topics</b>  <b>Understanding the cared for/patients' condition and come to terms with it</b></p>	<ul style="list-style-type: none"> <li>• Need more health input into information in bite size chunks and in a time (informed but not overwhelmed with info) manner required on cared for/patient's condition to understand and try to come to terms with it and live with the person with that condition (this cut across may conditions e.g., autism, stroke, dementia etc). This helps carers stress levels and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>
<p><b>Hot topics</b>  <b>Maintaining employment (some carers wish to re-enter employment too) &amp; caring role &amp; income maximisation</b>  <b>(this also links to life of my own comments from carers engaged and support to maintain physical, mental health and wellbeing)</b></p>	<ul style="list-style-type: none"> <li>• Awareness raising very important for employers</li> <li>• Need to log employees that are carers</li> <li>• Financial hardship experienced as working less hours, give up job etc</li> <li>• Confusion on benefits eligible for, issues completing forms and when to apply</li> <li>• Issue that some benefits don't start until several weeks or months after medical condition occurred, so gap on money family would normally receive from working or benefits and additional benefits eligible for e.g., stroke</li> <li>• Lack of awareness about advice &amp; support available &amp; referrals to DWP, Cab WHABAC, CAB's etc. Help needed to complete forms (practical &amp; emotional) and to maximise income – would be one thing less to worry about if finances ok</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>

Other outcomes & goals	Carers said....	How we can measure this?
<p><b>Hot topics</b>  <b>Contingency and future planning</b>  <b>(this also links to life of my own comments from carers engaged and support to maintain physical, mental health and wellbeing)</b></p>	<ul style="list-style-type: none"> <li>• Contingency and future planning is a big worry for carers constantly in the back of their mind</li> <li>• Few carers had a plan &amp; not written down (inc. LPA, Wills etc)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>
<p><b>Hot topics</b>  <b>Full whole family approach to assessment</b></p>	<ul style="list-style-type: none"> <li>• Parent carers stated the need for full whole family assessment (including individual family members assessments) and holistic EHCPs.</li> <li>• Parent carers stated they find transitioning from education and children to adult services very stressful.</li> <li>• Greater awareness needed about home schooling parent carers and their need for support</li> <li>• Carers stated they did not understand the systems and process of different organisations and their teams</li> <li>• Need to clearly understand their rights as a carer (differ depending on who you are caring for), what's available and the assessments or decisions that must be made to access services. It was felt that this would help manage expectation and aid understanding of parent carers</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>

## Appendix 5 – Stakeholder feedback and engagement with Young Carers - including young carers (7-16 years) of a parent or sibling and Young Adult Carers (18-23 years).

Outcome / Goal	Carers said....	How we can measure this?
<p><b>Recognised and valued:</b></p> <ul style="list-style-type: none"> <li>• I am recognised and respected in my role as a carer</li> <li>• I feel confident that there is support available</li> <li>• I feel able to care safely</li> <li>• The caring I do is appropriate to my age and capabilities</li> <li>• I understand how to find help and access support.</li> <li>• I am involved and can influence the assessment of my needs and aspirations</li> <li>• Any services I receive are flexible to my needs and aspirations</li> <li>• I can have a say in how services are designed and delivered</li> </ul>	<ul style="list-style-type: none"> <li>• All focus group members believed that being ‘Recognised and Valued’ was still relevant and this element of the current strategy should form part of the 2022 strategy, as it still carries a lot of importance</li> <li>• Membership of the WYC Participation Group gave them a platform to be recognised and have a voice.</li> <li>• They felt proud of being young carers and as siblings and secondary carers, felt that they undertook a managed caring role that was appropriate.</li> <li>• Some carers of parents felt that they did more than they should be doing.</li> <li>• They all felt loved and respected by their parents and felt like part of a family team</li> <li>• Being an only child results in young carers feeling very much tied to the household.</li> <li>• Through personal experiences, some felt that they had been recognised and valued at school but as they moved into further and higher education and then on to work, they became much less recognised.</li> <li>• Employers may give them very little leeway if they are late or if work is compromised due to their caring role.</li> <li>• As young adults’ carers, they felt that their care roles were now appropriate for their age but when they were younger, they felt that their roles were (at the time) not appropriate.</li> <li>• The very definition of a young carer was a young person who is supporting a loved one</li> <li>• There is a need to develop a formal way of raising awareness of young carers/carers with employers.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>

Outcome / Goal	Carers said....	How we can measure this?
<p><b>A life of my own:</b></p> <ul style="list-style-type: none"> <li>• I feel able to achieve balance between my caring role and my personal life.</li> <li>• I feel part of my community</li> <li>• I know how to make the most of income available to me and am not forced into financial hardship because of my caring role</li> <li>• I feel able to fully participate in education or training and enter or re-enter the employment market when I wish</li> <li>• I can remain in (suitable) employment if I wish to.</li> </ul>	<ul style="list-style-type: none"> <li>• that having 'a life of their own' was still very relevant as an element of the strategy.</li> <li>• For those who were sibling carers, they had a good balanced life and were accessing school. They have friends at school and were given suitable time for socialising.</li> <li>• that as siblings their parents were the primary carers for their child and that they were supported in a timely and appropriate way.</li> <li>• For young people they can feel that they do not have a life of their own, as there was no balance, and their caring role was all encompassing. Some are home-schooled and / or they miss school a lot.</li> <li>• Those that are home schooled may rely upon Young Carers clubs and activities for their only social outlet.</li> <li>• Many young carers consider themselves as primary carers meaning that they must dedicate a lot of time to support their parent.</li> <li>• Those young carers with 2 parents felt better off as they had a parent to co-care with.</li> <li>• Young adults may have the inability to balance their lives appropriately due to the pressures of their care role. There may be fear with regards to leaving home and going to work as they worry.</li> <li>• Young people may reside themselves to being a full-time carer indefinitely, which is compounded by academic achievement and access to gaining qualifications, where their future can feel bleak.</li> <li>• Other young carers situations are different, and some will achieve a balanced life and reach their potential.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>
<p><b>Supported to be mentally and physically well:</b></p> <ul style="list-style-type: none"> <li>• I can maintain my physical health and emotional wellbeing</li> <li>• I can manage any stress appropriately and seek help when needed.</li> <li>• I feel confident and supported to fulfil my role as a carer</li> </ul>	<ul style="list-style-type: none"> <li>• To keep 'Mentally and Physically well' on the 2022 carers strategy</li> <li>• For sibling carers, they may describe themselves as happy, but may have also struggled during COVID with things being difficult at home. For those carers that have returned to school, they felt happier as things were going back to normal.</li> <li>• Adjustment to the 'new normal' (post COVID restrictions) could be a struggle for carers, through concerns of contracting COVID-19 and/or passing something on to the family. Carers reported that they have been 'picked on' at school for wearing a mask, accessing school counselling services.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> </ul>

<ul style="list-style-type: none"> <li>• I can maintain a dignified relationship with the person I care for.</li> <li>• I can maintain relationships that are important to me (e.g., other family members, friends, neighbours)</li> <li>• 'I am aware of and understand the carer advocacy offer as outlined in the Care Act'</li> <li>• I can care safely and maintain the safety of the person I care for and receive support when needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Sibling carers may feel physical health wasn't a major concern - feeling healthy themselves and acknowledging their parents would take them to the GP if they were unwell.</li> <li>• Young carers struggled with their mental health during COVID (and many may have experienced this before the pandemic). As primary carers they faced further isolation. Virtual respite was not ideal to counteract this impact.</li> <li>• CAMHS interventions took time to provide the support required, although this is acknowledged to not be a young carer specific issue. However, they felt that being a young carer held little weight with CAMHS and even less so with adult services.</li> <li>• Some young carers have little time for exercise and rarely get out to walk, run and do other forms of exercise. They may struggle to eat healthily as they rely on quick fix and ready meals.</li> <li>• Some young carers may report that they do not feel that their parent has time for them and may not receive affection.</li> <li>• YSS have helped them with their emotional well-being as they give them a break and are there to talk to - especially helpful during COVID.</li> <li>• There is more to be done in schools – some have a designated young carers worker who supports carer's well-being.</li> <li>• For Young Adult carers, that the friendships that they had made at young carers sessions were vital - some being their only friends.</li> <li>• Some young carers feel confident to fulfil their role as a carer but some too may feel they do not hold dignified relationships with the people that they care for. Some can experience control and feel that they 'live to serve' them.</li> <li>• More money should be invested into young people and young adult mental health services to allow them to support more people.</li> <li>• Investment was needed in school/college based mental health and wellbeing support to help identify and offer immediate support to all young people.</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>
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Other outcomes & goals	Carers said...	How we can measure this?
<b>Respite</b>	<ul style="list-style-type: none"> <li>• That respite is still extremely important for the group. The opportunity of a rest of their caring role is vital and one of the most important functions of carers support providers. Groups have been missed during the pandemic restrictions and Carers cannot wait for them to start again.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> </ul>

	<ul style="list-style-type: none"> <li>• Those that care for a mother tend to get less time to socialise and struggle to build and maintain friendship groups.</li> <li>• More social opportunities were needed, once a month is not enough for young carers</li> <li>• Young carers services do not provide alternative carer support for loved ones while their primary carer takes a break. This can make life difficult for some.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>
<p><b>COVID-19</b></p>	<ul style="list-style-type: none"> <li>• During Covid-19 things had been very tough as they had not been able to have a break from their care role.</li> <li>• They missed their young carers sessions and respite. Some had continued to attend school during the lockdowns, and some had not.</li> <li>• Some schools had gone above and beyond to support them during the lockdown; however, the pandemic has left some young carers feeling more anxious.</li> <li>• the pandemic would result in many more young people having mental health issues.</li> <li>• that their mental health had been affected in some way during the pandemic, reporting that some felt that the future was bleak.</li> <li>• Some young carers had refused to go to school during COVID although plan to return in September. They may be very nervous about going back due to concerns about the impact it could have on their parent's health.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> </ul> <p>Feedback from partners/carers at Carers Partnership</p>

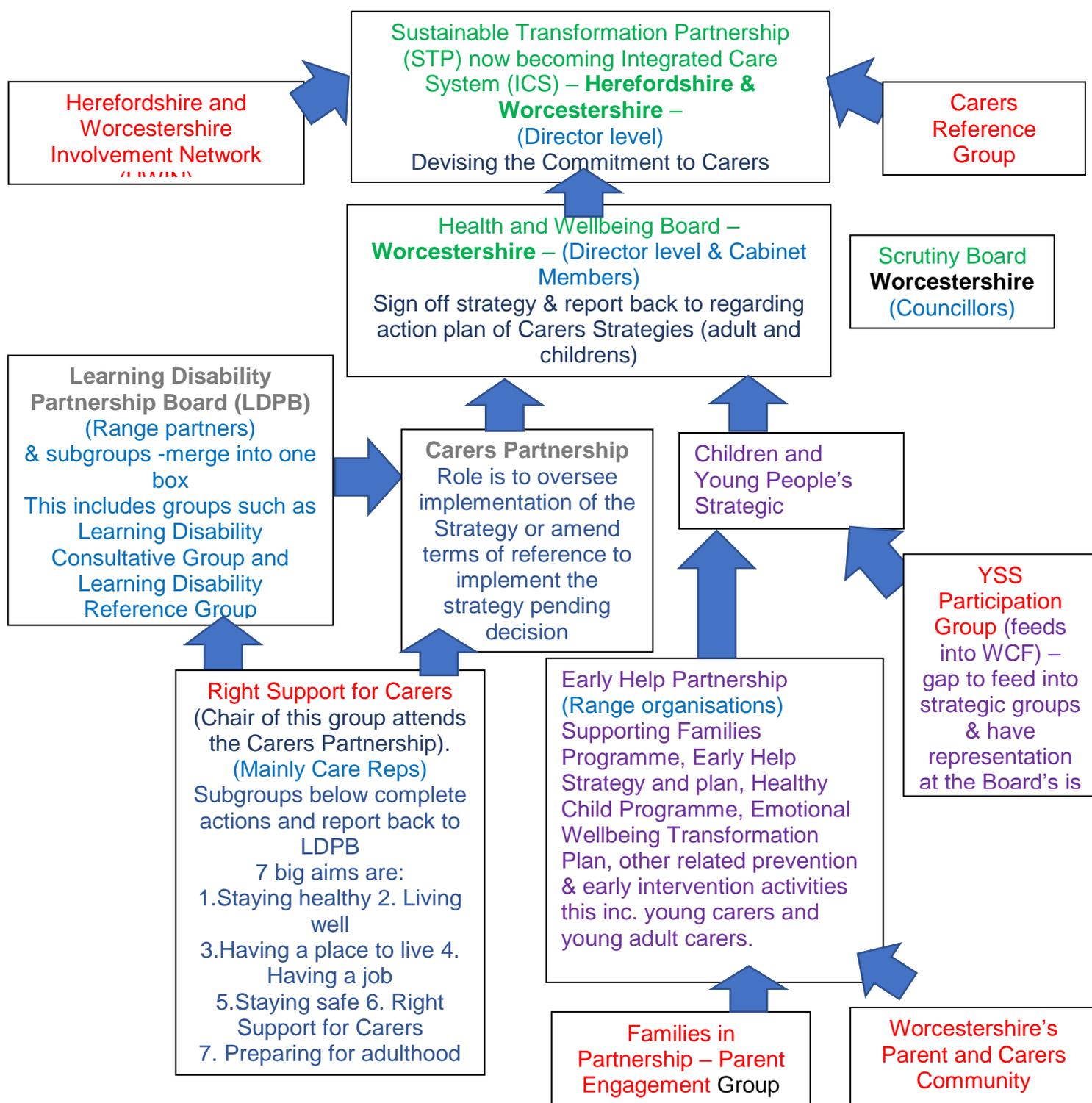
<p><b>Access to the digital world</b></p>	<ul style="list-style-type: none"> <li>• Access to the digital world is relevant to young carers. Lockdown has highlighted the barriers that young carers face when it comes to accessing the digital world.</li> <li>• certain rural areas of the county have very poor connection, and this has caused them problems.</li> <li>• Also, that rather than internet access being the problem, having the financial ability to purchase the devices has been an issue and / or sharing devices in the family home and using less suitable means for schoolwork (e.g., mobile phone).</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training</li> <li>• Feedback from partners/carers at Carers Partnership</li> </ul>
<p><b>Maintaining Employment and Caring</b></p>	<ul style="list-style-type: none"> <li>• Unanimous in the belief that the older a young carer gets, the less support there is from ETE providers. This is particularly the case with employers within the private sector as their understanding and interest seems to be limited.</li> <li>• There is a need to educate employers about the needs of carers with their roles at home and flexible working for those with caring responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in number of carers on the carers register and flagged on EMIS as a carer</li> <li>• Carers feedback surveys</li> <li>• Support services asking carers what they think about the services available to them</li> <li>• Monitoring reports from contracted support providers</li> <li>• Numbers of carers reviews and support plans completed</li> <li>• Reports from commissioned providers</li> <li>• NHS Short and Long Term (SALT) Data collection</li> <li>• Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing</li> </ul>

		and social care needs, and work, education, or training • Feedback from partners/carers at Carers Partnership
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APPENDIX 5 – Governance and carer engagement arrangements for strategy delivery

## Carers Strategic and Engagement Groups

Green = all carers, red = specific carers engagement, purple is children & families specific, grey is adult carer related



## Appendix 6 - Map of Carers Support

**Key:** **services for adult carers;** **services for all carers;** **services for carers**

<b>Stroke</b> Association support service	National carer Helplines e.g., Carers UK	<b>Young Carers and Young Adult Carers Hub</b> inc. information, support, awareness raising, activities and peer support
<b>Worcestershire Adult Carers Hub</b> inc. information, support, awareness raising, activities, peer support, assessment, reviews, training, contingency, and future planning, promotion of wellbeing, befriending and Carers Talk line Adult Carer assessment & reviews	<b>NHS 111</b> is a non-emergency telephone service. <b>NHS Choices</b> is an online health information system around a range of health issues, as well as local contacts for NHS. <b>Carer Passports</b> – discounts etc <b>Dept Work and Pensions (DWP):</b> administers the main welfare benefits such as Carer’s Allowance, disability benefits and other welfare benefits including state pensions. It also delivers services through local jobcentres.	<b>Children’s Replacement Care = Respite</b> short breaks family breaks. overnight unit based, 1-2-1 breaks with support workers and group breaks and activities (these are for the cared for but enable carers to have a break
<b>Jigsaw</b> – support for carers of individuals with <b>mental health conditions or needs</b>	<b>Carer Assist helpline</b> for social care and health staff that are carers	<b>Whole family assessments</b> (inc. Parent Carers of children and young people under 24 years old) & reviews within Children with Disabilities Team
<b>Adult Replacement/respite Care</b> for the cared for but enable carers to have a break. Have fully supported or DP - at home with dom care or PA, in a residential home LD specific block beds = Church View, Lock Close, Osbourne Court, Pershore Short Breaks & Worth Crescent (LD) & The Brambles (OP & PD)	Redditch Carers Care line	<b>Worcestershire Children First</b> – (online information on where to go to get help <b>Family Hub includes link to the SEND Local Offer</b>
<b>Dementia</b> Meeting Centres – for carer and cared for in various locations	Admiral nurses	Worcestershire Parent and Carers Community – <b>peer support</b>
<b>Adult day opportunities &amp; hobbies</b>	<b>Advocacy</b> for carers	The Herefordshire and Worcestershire <b>SENDIASS service</b>
<b>Mental Health</b> carers support (transformation funding)		<b>YAT</b> coffee mornings – <b>peer support</b>
		Families in Partnership – <b>parent carer peer support</b> NW Autism Parents <b>Support Group</b>

## Appendix 7 - Analysis of carers support relating to recognition, value, life of my own and ability to maintain physical health and wellbeing

Strength	Weakness
<ul style="list-style-type: none"> <li>• <b>Specific investment</b> in adult, young carers, and young adult carers with specific services designed and purchased</li> <li>• Providers of the carer support services are <b>independent of the LA</b>, so carers advise us they feel more able to seek support because of this. Their sole purpose is to focus on the carer, this is important as so often the focus is on the cared for/patient</li> <li>• Support is <b>solely focused on the needs of the carer</b> as is the <b>purpose of the organisations delivering support</b></li> <li>• <b>Whole family approach</b> – when delivered well (i.e., including specific time and space to talk to carers alone away from the cared for) and having a specific focus on carers not just the cared for</li> <li>• <b>Peer support groups</b> generic and specialist (Worcestershire Association of Carers, Stroke Association, YSS, Families in Partnership, Jigsaw, YAT coffee mornings, Worcestershire Parent and Carers Community, Dementia Meeting Centres, NW Autism Parents Support Group etc – can prevent carer breakdown</li> <li>• Conversations with carers which are <b>strengths based</b> – “<b>what does a good life look like for you?</b>” (a carer)</li> <li>• <b>Social Prescribing</b></li> <li>• Carer’s <b>training</b></li> <li>• Carer <b>helpline</b> and having a <b>Carer hub</b> for adults who are carers</li> <li>• <b>E-Learning for awareness</b> of adult carers, young carers, and young adults</li> <li>• Some of the large organisations and carer stakeholders have signed up to ‘<b>Working for Carers</b>’</li> <li>• <b>Legislation</b> like the Care Act, Children’s Act and the Children and Families Act</li> <li>• <b>NHS digital national 2-year Carer’s survey</b> – which helps to evidence how carers feel</li> <li>• <b>Discharge from hospital can be timelier</b> manner if there is a carer at home</li> <li>• <b>Conditions can be managed at home</b> if there is a carer at home – assists GP’s role and carers can identify changes in condition or behaviour which may signify an issue with medication, or the condition has worsened in some way etc</li> </ul>	<ul style="list-style-type: none"> <li>• Funding is <b>not specific or ringfenced for parent carers</b> as is part of wider statutory duties for the child in need and/or with a disability</li> <li>• Less clear responsibility of parent carer support</li> <li>• Parent carer support is a <b>part of the wider service and is part of the LA</b> – engagement evidenced may be less likely to ask for help as part of LA caring for the child, fear of child being taken away if state having issues coping etc</li> <li>• <b>Mental health and learning Disability assessments are currently within the LA</b> – this has positives and negatives. Decision made to bring this assessment work into the wider adult carer’s hub</li> <li>• <b>Lack of health funding for carers</b></li> <li>• <b>Covid</b> – caused anxiety for carers and the cared for, those who are clinically vulnerable, other vulnerable individuals</li> <li>• Many carers still <b>do not feel recognised and valued</b></li> <li>• Many carers told us they still <b>do not have ‘a life of their own’</b> and are ‘<b>unable to balance their caring role and the rest of their life</b>’</li> <li>• Some carers <b>unable to manage their physical health and their wellbeing</b> – linked to <b>lack of time to self-care</b></li> <li>• ‘<b>Carers offer</b>’ not published and not consistently delivered</li> </ul>

Strength	Weakness
<ul style="list-style-type: none"> <li>• <b>Carer support services support schools, colleges and universities</b> and enable pupils and students to manage their caring role and try to ensure it is more appropriate to their age and abilities hence enabling students to focus on their studies and <b>reach their potential</b></li> <li>• <b>Investment in replacement care/respice</b> prevents carer breakdown for both adults and children and families (i.e., short breaks. overnight breaks), 1-2-1 breaks with support workers and group breaks and activities for the cared for but enable carers to have a break)</li> <li>• <b>Investment in day opportunities and hobbies</b> can prevent carer breakdown as way of a break from caring wither together or separately</li> <li>• <b>Investment in advocacy for carers</b></li> <li>• <b>Community MH Transformation program investment in carers support</b> around MH in Herefordshire &amp; Worcestershire</li> <li>• <b>Carer direct payments</b></li> <li>• <b>Adult carers assessments</b> (conversation 1 and 3) discharged to community voluntary sector and emergency or carer breakdown (conversation 2) situations done in-house via WCC</li> <li>• <b>Patient engagement groups</b></li> <li>• <b>Carer Assist helpline</b> for social care and health staff that are carers</li> <li>• Include <b>Redditch carers careline</b> in peer support groups?</li> <li>• <i>“Carers play a significant role in preventing the needs for care and support for the people they care for, which is why it is important that local authorities consider preventing carers from developing needs for care and support themselves. There may be specific interventions for carers that prevent, reduce or delay the need for carers’ support.”</i> Care Act Guidance</li> <li>• Stroke Association ‘Here for You’, peer to peer telephone support to carers. This will provide one-to-one peer support, which for some will be more appealing and convenient than group support.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Poor awareness and lack of signposting</b> of carers to support services</li> <li>• Some carers feel the need to <b>reduce their hours at work or leave their job</b> due to their caring responsibility</li> <li>• Carers told us they <b>suffer financial hardship</b> due to their caring role – linked to unable to work full time and complex benefits system</li> <li>• <b>Lack of clarity on what benefits carers can claim and when</b></li> <li>• <b>Lack of emotional support</b> when claiming benefits – many carers advised of the endless forms and the impact completing them had on them emotionally due to nature and amount of information required</li> <li>• Lack of counselling for carers – long waiting lists for Healthy Minds</li> <li>• <b>Lack of support</b> for carers around identifying the need to <b>plan for the future</b> and support to take steps to put a plan in place for both <b>emergencies and longer term</b>.</li> <li>• Carers struggle to understand <b>how the ‘systems’ work</b> for different user groups and the processes.</li> </ul>

## Appendix 8 – Commitment to Carers

### **As a Carer<sup>1</sup>**

1. My experience is valued when developing care plans for the person that I care for.
2. My own physical and mental health needs are recognised and met.
3. I can access relevant information in a format that suits me.<sup>2</sup>
4. I can access support that meets my individual needs.<sup>3</sup>
5. I am supported to maintain a life of my own, outside of my caring role.<sup>4</sup>

### **As an Organisation<sup>5</sup>**

1. We proactively identify, register, support, and signpost carers.
2. We co-produce our policies with carers to ensure our services meet their needs.
3. We are flexible, to ensure carers can continue to deliver their caring role.
4. We actively involve carers in decisions that may affect their own and/or their cared for's health and
5. We have a carers lead in our organisation who promotes a 'Carer Aware' culture.

### Herefordshire and Worcestershire Integrated Care Services 'Commitment to Carers' (agreed 1<sup>st</sup> September 2021)

<sup>1</sup>The term carer refers to anyone, of any age, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support

<sup>2</sup>Information may include but is not limited to details of the cared for's condition; guidance on planning for the future and resources on where to find and how to access support

<sup>3</sup>Support may include but is not limited to support with coming to terms with the cared for's diagnosis; support to plan for the future; accessing replacement care; carers breaks; peer support; advocacy services; financial advice; relevant training; physiological and emotional support and support when the cared for dies

<sup>4</sup>A life of my own may include but it not limited to maintaining links to the local community and its social activities, relationships, work, training, or education

<sup>5</sup>The term organisation includes but is not limited to NHS organisations; health and social care; local authority; councils; education providers; charities and the voluntary sector. These commitments apply to both individuals accessing the organisation and the organisations own workforce.