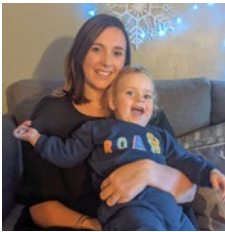


Carer Friendly Worcestershire - All Age Carers' strategy

2021 – 2026



Find out more online:
www.worcestershire.gov.uk

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Foreword

I am pleased to present the 'Carer Friendly Worcestershire - All Age Carers' strategy 2021 – 2026'.

Through joint working between Health, Social Care, the voluntary and community sector, and carers themselves, we have improved support services for carers. This new strategy will build on these achievements and will respond to the changes in carers needs because of the impact of the COVID pandemic and the results of the needs assessment.

Our vision remains - and continues to be - that carers are recognised and valued by the wider community and statutory agencies, 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. Key partners will support carers, 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, to access universal services to help them to maintain a life outside caring, to continue to care where willing and able, and where necessary seek professional support if they need it. The commissioning of new services will be co-designed and will provide a diverse range of support for carers across the county. Also 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. We will develop and improve services over the next 5 years. I look forward to seeing the impact this strategy and the associated actions will have. I wish to thank all carers in Worcestershire, for the tremendous commitment they show daily.



Councillor Karen May

Chair of the Health and Wellbeing Board

Introduction

There is recognition from government and the public of the value unpaid carers have played in managing the impact of COVID. This 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 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 co-ordinate the delivery of services to carers of Worcestershire residents. The Carers' Hub plays a significant part, not just in supporting the day-to-day information, advice, and support for unpaid carers, but also in enabling smarter and transformative ways of thinking about carers and those interactions that take place.

Our strategic objectives are:

- a)** Commitment to making a 'real' difference to carers' lives and the outcomes carers wish to achieve
- b)** Accountability – by monitoring and reporting progress of the delivery of this strategy
- c)** Influencing better policy and practice across organisations in Worcestershire to make Worcestershire 'carer friendly'

This is an all-age strategy for all carers. This strategy document details the present situation for carers, outlines the future, and shows us how we can get there – together. In creating this strategy, key partners have worked together and engaged with carers. It is also informed by legislation that protects and supports carers, as well as good practice, research, and national guidance.

This is not a static document but will change as new circumstances arise. Changes can be implemented via the strategy's action plan which is reviewed and devised annually. 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. This includes social care for adults and children, the 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. This would be a multi-agency 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.

Caring – some facts and figures

Who is a carer?

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

A parent carer (over 18 years of age) is someone that provides care to a child with special educational needs or disability (SEND) for whom they have parental responsibility. 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. 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, 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 had not had a break in over a year (pre COVID), 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:

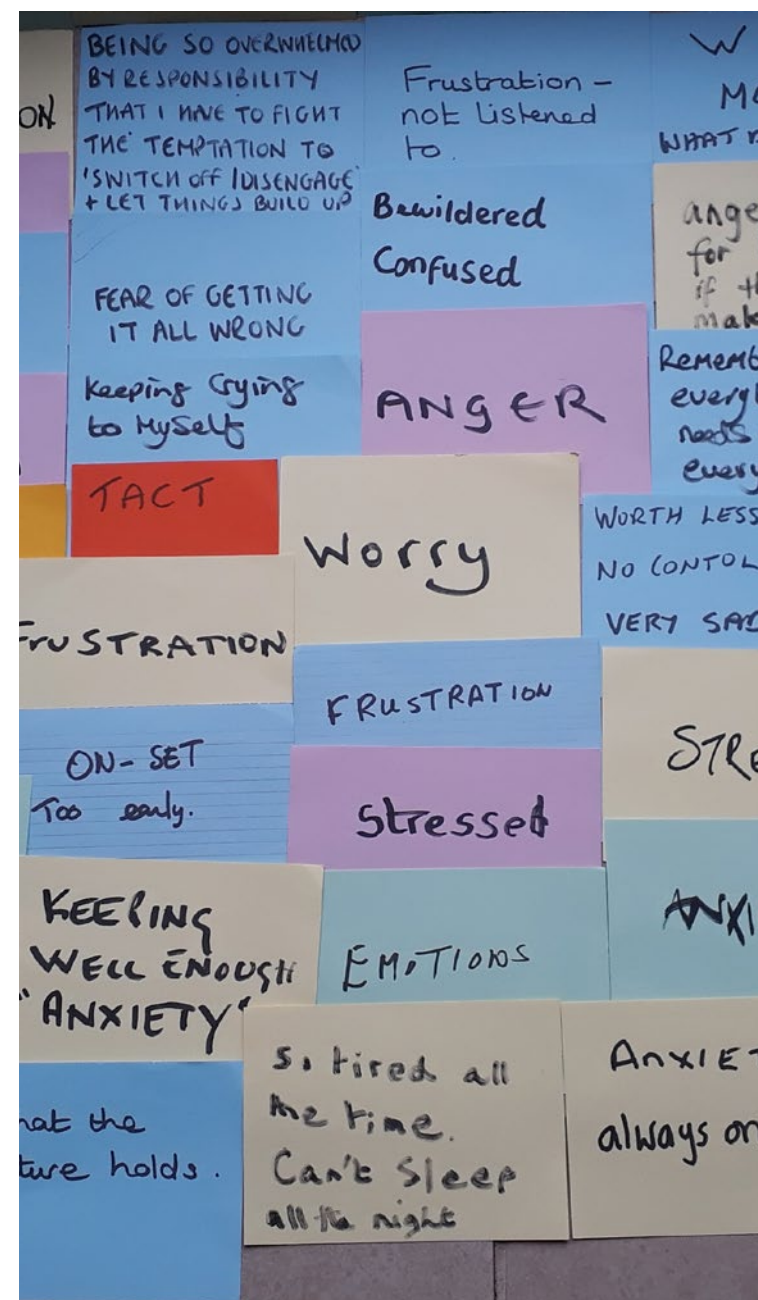
- The number of carers identified in Worcestershire was 63,685 in the last census in 2011. Of this figure 60,195 are adult carers and 3,490 are young carers and young adult carers. This data does not identify how many carers already have support needs or who are at risk of developing needs.
- Statistics collected via Worcestershire's carers' register, shows that the Carers' Hub are currently in touch with and/or supporting just over 12,000 carers (19%) of the self-identified carers on the last census. 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.
- Research shows that 3 in 5 people become a carer at some stage of their lives
- Many carers must juggle their caring role with paid employment. Research shows that 1 in 7 workers are a working carer. In some professions the ratio is higher. Support for 'working carers' is therefore very important.

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 assess and support 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, Equality Act, Mental Capacity Act, and the Mental Health Act. You will find web links to the key legislation, strategies and reports referenced, in Appendix 2.



Where is Worcestershire now - The journey so far...

A summary of carers outcomes and what has been achieved

The four key outcomes for carers are shown below:

1. Recognised and valued
2. A Life of my own
3. Supported to be physical and mentally well, and
4. Staying safe

Outcome	How we planned to achieve this	What we did
<p>Recognised and valued</p> <ul style="list-style-type: none"> ■ I am recognised and respected in my role as a carer ■ I feel confident that there is support available ■ I feel able to care safely ■ The caring I do is appropriate to my age and capabilities ■ I understand how to access support ■ I am involved and can influence the assessment of my needs and aspirations ■ Any services I receive meet my needs and aspirations ■ I can have a say in how services are designed and delivered 	<ul style="list-style-type: none"> ■ Face to face carer assessments that focus on the individual carer ■ Engagement and consultation with carers are always included ■ Relevant consultative carer groups are in place and regularly feedback to WCC, the CCG and the Health and Wellbeing Board. This ensures Health and Social Care professionals 'think carer' and are more carer aware ■ Support services for young carers are in place ■ Schools and colleges have carer awareness training online to support young carers ■ Online resources such as Worcestershire Association of Carers (carersworcs.org.uk) and http://yss.org.uk/young-carers/ which clearly explain the carers pathways and what universal, commissioned and WCC provided services are available ■ Commissioned services are in place to provide information, advice, and support for carers 	<ul style="list-style-type: none"> ■ WCC moved to the '3 Conversations Model'. This uses a strengths-based approach, which focuses on the skills and strengths of the carer. The commissioned provider of the Carers' Hub, carries out the initial conversations with carers (i.e., what is going well or not so well) and full carer assessments (known as conversation 3) ■ Carers are involved through the Carers' Partnership, consultations on specific projects, and participation in Health and Wellbeing and Scrutiny Committee meetings ■ Co-produced annual reports were presented to the Health and Wellbeing Board in 2016 to 2019 ■ Carer Awareness training has been updated and publicised ■ Commissioned providers contributed to the development of the 'Your Life, Your Choice' webpages. (This has been superseded by the Here2Help webpage and Community Services Directory) ■ Worcestershire Carers' Hub was commissioned in 2016 (This is the central point of contact for all queries and support relating to Carers) and there is the Worcestershire Young Carers and Young Adult Carers Service

Outcome	How we planned to achieve this	What we did
<p>A life of my own</p> <ul style="list-style-type: none"> ■ I feel able to achieve balance between my caring role and my personal life ■ I feel part of my community ■ I know how to make the most of income available to me and am not forced into financial hardship because of my caring role ■ I feel able to fully participate in education or training and enter or re-enter the employment market when I wish ■ I can remain in (suitable) employment if I wish to 	<ul style="list-style-type: none"> ■ Support will be available to all carers ■ Funded social care will be made available through a carer personal budget ■ Support will be provided to the person with care needs and the carer ■ Relevant training is made available to include information about financial matters ■ Professionals and organisations encountering carers will be trained in carers issues. This will be through direct training or carer awareness campaigns. ■ Young carers at risk of becoming NEET (not in education employment or training) receive appropriate information, advice, and guidance 	<ul style="list-style-type: none"> ■ Wide range of support available to carers through the Carers' Hub ■ Training and information sessions run through Carers' Hub including financial matters ■ Carer Awareness training made available to professionals; Carers' Hub also ran training sessions for a wide range of professionals and other organisations

Outcome	How we planned to achieve this	What we did
<p>Supported to be mentally and physically well</p> <ul style="list-style-type: none"> ■ I can maintain my physical health and emotional wellbeing ■ I can manage stress ■ I feel confident to fulfil my role as a carer ■ I can maintain a dignified relationship with the person I care for ■ I can maintain relationships that are important to me ■ We have effective plans in place to ensure staff, people who access 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 	<ul style="list-style-type: none"> ■ Personalised support will be provided to all carers ■ Some areas of provision will be provided through a carer personal budget where this is required ■ Relevant training (e.g., how to manage stress, caring with confidence) and local carer support groups to be in place ■ Carers' support and replacement care are available to carers where they need and qualify for it ■ GPs and other Health professionals will make adjustments for carers in their day-to-day practice ■ Effective support in place for independent advocacy where a carer needs this 	<ul style="list-style-type: none"> ■ Personalised support provided to carers through the Carers' Hub ■ 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 pandemic) ■ 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 ■ Contract in place for delivery of advocacy service for carers
<p>Staying Safe</p> <ul style="list-style-type: none"> ■ I can care safely and maintain the safety of the person I care for 	<ul style="list-style-type: none"> ■ Safeguarding procedures are in place and are accessible to carers 	<ul style="list-style-type: none"> ■ Carers are represented on Worcestershire Safeguarding Adults Board ■ Carers' Safeguarding Reference Group in place

Worcestershire's Carers Vision and Values

Worcestershire's Carers 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".

Worcestershire's Mission

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

Worcestershire's Values

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

These values include:

Progressive

Always learning and developing

Inclusive

Working together for equality, diversity and fairness

Credible

Evidence-based, robust and reliable

Transparent

Open and honest

Committed

Focused on making a difference to Carers Lives

Worcestershire's Approach

A strengths-based approach

WCC Adult Services and the Carers' Hub service provider use a strengths-based approach (also known as '3 conversations'). This is an innovative methodology for needs assessment and support 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 (e.g., carers). At each contact, consideration is given as to whether a carer has needs that can be 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, 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 carers' 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 First (WCF) have contracted with community and voluntary sector organisations to deliver the statutory assessments and provide information and support:

- One support provider for the Carers' Hub, and
- One support provider for young carer and young adult carer support

Worcestershire's focus is on a community-based preventative model of care and support, known as 'Worcestershire's Carers' Hub'. There may be some instances where specialist support is needed in addition to the generic Carers' Hub provision. Where this is the case, providers will work closely to ensure that the carer has access to the full range of support as needed. All the agencies and services that provide support to carers in Worcestershire have been mapped, please refer to Appendix 3.

A preventative 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. Key partners will try to connect people to each other and to wider community assets/things in the community. We will provide holistic support with a person-centred perspective and have a focus on carers' wellbeing. To do this, WCC have moved away from an emphasis on deficits or needs and instead 'consider the carers' own strengths and capabilities, and what support might be available from the carers' wider support network or within the community....' (Care Act 2014).



Prevention and Carer Identification – key principles relating to carers

Prevention ranges from whole-population measures such as promoting healthy lifestyles, 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 (partners) 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

What does this mean for Worcestershire?

True prevention and carer identification should occur in 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. This may be people accessing universal services and community groups, initial requests for information and advice, assessments, support planning, and reviews. Prevention also goes beyond these and into 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 WCC that carers do not know what is available and needlessly struggle when signposting to the Carers' Hub would have helped.

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

Scope of prevention

Key partners 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 WCC adult contact team, educational settings, or GP. It may be via other professionals (e.g., 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 key times such as hospital admission/discharge, going into/out of prison, benefits applications, contact with/attending 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?'

Understanding Carers' priorities

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

Type of engagement	Nature of engagement	No. engaged/ responded	Focus
Mini carer 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"> ■ what is working well? ■ not so well? ■ gaps? and ■ How partners can support carers to achieve their outcomes/goals
Stakeholder survey for other professionals	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 Carers' Hub, what support would benefit carers and the positives, negatives and changes needed in the current carer support provision
Focus group sessions	Via 10 Zoom focus groups	76 carers & other professionals	Discussed the vision for carers 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 their outcomes.

Engagement groups included generic focus groups (lead by WAC) and specific focus groups lead by WCC with partners 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 the Autism Partnership Board)
- Young Adults Transition Team (YAT), parent carers in transition from children to adults (lead by the adult commissioning 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 (lead by Youth Support Service (YSS))

A detailed description of carer feedback from the engagement groups and carer survey is provided in Appendix 4.

How key partners will support Carers

The following 5 principles 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 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 to raise awareness and 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 who may not know that they are a carer).

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





Priorities and Commitments to Carers

Our strategic objectives are:

- a)** To have a local Impact – key partners are committed to making a 'real' difference to carers lives and the outcomes carers wish to achieve. This impact needs to be tangible/quantifiable
- b)** Being accountable – via monitoring and reporting progress of strategy delivery
- c)** To influence better policy and practice across organisations in Worcestershire - make Worcestershire 'carer friendly'

To deliver the strategic objectives, there are many actions and tasks to complete. These actions and tasks will be prioritised (per year and per quarter) to make the tasks manageable. These will be informed by engagement with carers and other key partners such as providers of Carer support, the Clinical Commissioning Group, NHS trust, Worcestershire County Council staff etc).

This information gathered from carers and stakeholders is summarised below (further detail can be found in appendix 4).

The priorities and tasks include:

- 1. Carer Awareness for the whole community (including harder to reach groups). The aim is to increase carer identification** – everybody needs to ‘make every contact count’ to use the opportunity to identify carers. Being identified as a carer means, being advised what a carer is, advised about the Carers’ Hub and what it has to offer and that carers are not on their own as there is support available when needed
- 2. Recognition and value of carers is everyone’s responsibility.** Time needs to be taken to understand the carer role and involve the carer as an expert and valued person in the cared for’s life. 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. This enables everyone to work together as a team for the cared for and utilise everyone’s knowledge and expertise.
- 3. A diverse range of personalised support for carers is needed:** for example, taking a break, peer support, training, greater use of technology to manage risk and to support the cared for to be as independent as possible, as well as providing peace of mind for carers. Carers need a break from time to time to enable them to recharge, this has been a real issue to achieve during lock down and COVID. It is important to take a break and to care safely, so carers don’t put themselves at risk in any way.
- 4. Registering as a carer. What does this mean and what difference will it make to carers?** Carers advised they only want to tell their story once. This can be achieved by the continued roll out of Carer Passports across Worcestershire. A ‘Carers Offer’ would be useful, so carers are informed of what to expect from a particular organisation.
- 5. Having a life of their own. This can be achieved by utilising and growing the carers support network** (such as friends, family, neighbours, and community facilities). Having the chance to see friends and family, do things they enjoy as well as be able to go shopping, visit their GP and dentist etc. It is key to physical and mental health and wellbeing to be able to have a life of our own.



- 6. Support with physical and mental health and wellbeing. A key element of this is to build or rebuild emotional resilience.** This includes how we respond to stress, self-care and wellbeing (such as getting enough sleep, looking after ourselves and having time to relax and do things we enjoy), looking after our physical and mental health (e.g., managing any long-standing health conditions and addressing any need for counselling etc.). Carers are encouraged and supported to look after themselves. This enables carers to carry on their caring role if they are willing and able. The outcome of this may also reduce unplanned hospital admissions for carers and the people for whom they care for. COVID has impacted greatly on the support for physical and mental health and wellbeing, because of the need for social distancing, shielding and lock downs. Some carers advised they need support to learn to 'live with COVID' in ways that they are comfortable with.
- 7. Maximising life chances: ability to work, be in education or volunteer.** Carers need the opportunity to reach their potential, have a sense of purpose, and maximise their income and earning potential.
- 8. Contingency and future planning** including the carers emergency card (peace of mind in an emergency). This will reduce the worry of what will happen in an emergency when a carer is ill, in hospital or needs a break and what will happen when the carer is no longer able to care. This was a real concern for carers.
- 9. Making the vision and aspirational outcomes a reality** – this will happen if there is strong leadership and governance of this strategy. Key partners need to be held to account for doing what they say they will do.
- 10. To ensure meaningful engagement and co-production** by involving carers in the design of services, policies, and procedures.
- 11. Carer awareness training** - to be committed to ensuring key organisations have access to carer awareness e-learning or similar training. This will enable carers to be identified at any point in the organisation from front desk to senior management. Staff will be able to identify carers and let carers know they are not on their own and what support is available.
- 12. To be signed up to 'Working for Carers' (or similar scheme)** to ensure organisations and workplaces are 'carer friendly'. This may be via staff and management being carer aware as well as carer friendly, flexible working policies to support carers, enabling them to remain in work if they wish.
- 13. To signpost carers to organisations and/or information to help carers understand the cared for person's condition.** Carers advised they need time and a chance to ask questions about the cared for's condition. Carers can also provide information that will help inform the care plan for the cared for. Carers are the 'eyes and the ears' of professionals, as they spot changes and early warning signs of potential issues for the cared for.

Note: the commitments 11 to 13 are **not covered** in the Herefordshire and Worcestershire STP Commitment to Carers (CCG, NHS Trust and LA etc), but will be delivered in Worcestershire, **in addition** to the commitments (1 to 10) stated above.



Herefordshire and Worcestershire's 'Commitment to Carers'

The following priorities have been identified as Herefordshire and Worcestershire's 'Commitment to Carers' (2022). Various organisations have signed up to the Commitment to Carers.

Each organisation is evaluating how the commitments are being met (if they are being met). Organisations will also devise an action plan (with key partners including carers), which will state what other things will need to happen to fulfil the Commitment to Carers.

These commitments will be implemented through the life of this strategy. The action plan is therefore the key document, as this gives tangible actions that will make a difference to carers' lives and meet the commitments stated below.

As an organisation:

- We pro-actively identify, register, support and inform carers
- We co-produce our policies with carers to ensure our services meet their needs
- We are flexible to ensure carers can continue to deliver their caring role
- We actively involve carers in decisions that may affect their own and/or their cared for's health and wellbeing
- We have a carer lead in our organisation who promotes a 'carer aware' culture

As a Carer:

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

How we will deliver change, monitor progress, and measure success

Delivering change

We are committed to identifying and supporting carers in a person-centred way. WCC will use preventative and strengths-based approaches which focus on carers 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, so a preventative approach is important.

Key partners aim to support carers to meet the goals they identify so carers will have better outcomes. Key partners 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.





Monitoring and reporting progress of strategy delivery and accountability

The strategy is approved by the Health and Wellbeing Board. This is a high-level board with members involvement. The board will receive an annual report on the progress made on delivery of the carer strategy and its action plan by all key partners. Feedback from carers and stakeholders will indicate whether delivery is achieved and as a measure of the difference this action has made to carers. Each director is responsible for ensuring implementation in their respective organisation and departments.

A multi-agency working group will lead on the implementation of this strategy. This will include the development of an annual action plan and the completion of tasks to deliver the actions and priorities. The contracts with the Carers' Hub and young carer and young adult carers' support service, will have a key role to play in the delivery of the strategy, as statutory duties are delegated to them. The full governance arrangements are illustrated in Appendix 5 as well as carer engagement opportunities.

Successful implementation

Carers and partners will know the strategy has been implemented when:

- Carers say they feel 'recognised and valued', 'have a life of their own' and they feel 'supported to maintain their physical and mental health and wellbeing - 'always or 'most of the time'.
- The Carers' Hub is said to be the 'go to' place for all things carer related and that carers would recommend the Carers' Hub and young and young adult carer support services to other carers. That carers state they are 'very satisfied' or 'satisfied' with these support services.
- There is an increase in the numbers of carers on the carers' register, which leads to an increase in the number of carers self-helping online, or an increase in numbers contacting the Carers' Hub and having a conversation or assessment.
- Carers will state they 'always' or 'most of the time' met the carer outcomes/goals they set for themselves.
- Carers feel Worcestershire is more 'carer friendly'.
- There is an increase in the number of professionals completing the e-learning carer awareness training and the number of organisations striving to be carer friendly
- The annual action plan has been completed (as agreed by the Health and Wellbeing Board)
- Organisations have used the All-Age Carers Strategy for Worcestershire to 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 carer' and that this impacts on all our interactions with carers and the cared for. The key to our successful implementation will be the production of a coherent 'carer offer' that is implemented across Worcestershire and carers and professionals know what it is. Carers will know what to expect from WCC.

As the number of people who are carer aware increases and if they know how to signpost or know that there is carer support available, we will become a carer friendly Worcestershire and achieve the vision of this strategy.



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. Your active contribution ensured key partners were able to identify the priorities for future action. We are confident we will address the needs and aspirations of carers in the county. We look forward to your continued engagement during the life of this strategy and implementation of the annual action plan. Thank you again for your support.



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 or ASC@worcestershire.gov.uk

APPENDIX 1 – Carer definitions

Term	Definition
Carer	<p>A carer is anyone, (including children and adults) who looks after a family member, partner, or friend, who needs help because of their illness, frailty, disability, mental health problem or an addiction, and who cannot cope without their support. The care they give is unpaid.</p> <p>(NHS Definition)</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>A parent (aged 18 years and above) 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). (Carers UK)</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. (Children and Families Act 2014)</p>
Young carers and Young adult carers	<p>Young carers are children aged 7 to 18 with a caring role.</p> <p>Young adult carers are aged 19 to 24 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 for a brother or sister who is disabled or who has special educational needs, or a serious long-term condition.
Primary carers	Primary carer is the main carer for a friend, neighbour, or family member (perhaps solely in some circumstances) at a given point in time, regardless of the relationship status.

Term	Definition
Secondary carers	Secondary carers have a supporting role in caring and doing tasks for a friend, neighbour 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, neighbour, or friend and/or care alone without support.
Sandwich carers	'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.(NHS)
Hidden carers	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. It may be hard to identify and support. (NHS)
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 or autistic spectrum disorder (ASD).

APPENDIX 2 – Key references

Legislation

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

[Health and Social Care Act 2012](#) Fact Sheets

[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 GPs](#)

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](#) – 6 months on

[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](#)

[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

Stroke Association

www.stroke.org.uk/finding-support/stroke-helpline

Support for young Carers – YSS

www.yss.org.uk

Citizens Advice

www.citizensadvice.org.uk

Worcestershire Parent and Carers Community

www.parentcarers.org.uk

Healthwatch Worcestershire

www.healthwatchworcestershire.co.uk

Families in Partnership

www.carersworcs.org.uk/updates

Jigsaw - Worcestershire Mental Health Relative & Carer's Support Group

www.jigsawgroup.info

Age UK (including dementia meeting centres)

www.ageuk.org.uk/herfordshireandworcestershire

Redditch Carers Careline - Supporting Carers in the Redditch area

www.carerscareline.co.uk

Herefordshire and Worcestershire Involvement Network (HWIN)

www.herefordshireandworcestershireccg.nhs.uk/get-involved/ways-to-get-involved

Carers Reference Group relating to the Integrated Care system.

Email: hw.personalisedcare@nhs.net

North Worcestershire Autism Parents Support Group (Closed Facebook Support Group)

www.facebook.com/groups/1899575106945576

APPENDIX 4 – Stakeholder and Carer feedback and engagement

(Full report on carer engagement available on request)

Recognised and valued:

Outcomes / Goals

- I am recognised and respected in my role as a carer
- I feel confident that there is support available
- I feel able to care safely
- The caring I do is appropriate to my age and capabilities
- I understand how to find help and access support (suggested amendment of wording for this strategy)
- I am involved and can influence the assessment of my needs and aspirations
- Any services I receive meet my needs and aspirations
- I can have a say in how services are designed and delivered

Carers said (including quotes)...

- Feeling recognised and valued is our top priority and key to being able to achieve the other 2 outcomes (i.e., a life of my own and supported with my physical and mental health and wellbeing).
- “A system approach is needed in the recognition of carers as some carers do not recognise themselves as carers and some that do, do not ask for help”.
- “Use every opportunity to identify carers” (record details of carers identified with consent)
- “Do not make assumptions about carers”.
- GP carer identification was stated as particularly important as a key place that carers will go and was flagged as very important by carers

- “Provide information to carers so we know about assessments (our right to one) and how to request one”. We need to know how to access services and wider community support
- “Acknowledge carers support and the value of it”
- “Ask and listen to carers views”
- “Carers are the ‘eyes and ears’ to feedback on what is and isn’t working, changes in condition...”
- Poor communication – “end up retelling our story” (felt the need for a care coordinator so carers have one place to go to get information etc)
- Limited referrals between support agencies
- Need to think of cost benefits of carers role – work with carers as experts and equal partners
- “Joint conversations including carers is needed, so we understand the cared for’s condition, come to terms with it, and know the signs of deterioration....”
- “Include carers in the decision making for the cared for, enable us to feel involved, consulted and part of the team”
- Roles taken for granted – being identified is key to carers being recognised & feeling valued (particularly parent carers). This has added advantage of helping carers mental health
- Need for some to have a carer assessment in their own right and for some on their own without the cared for present and without fear of cared for being taken away from the carer
- Appreciation that carers are doing above and beyond the ‘normal’ relationship role (e.g., parent carers)
- “Distance irrelevant whether live with or far away from the cared for, carers can still have a big caring role”
- Carers felt they were doing role for professionals, so professionals don’t have to. For e.g., hospital discharge, or to enable the cared for person to remain at home etc

A life of my own:

Outcomes / Goals

- I feel able to achieve balance between my caring role and my personal life – hot topic was replacement/respice care
- I feel part of my community
- I know how to make the most of income available to me and am not forced into financial hardship because of my caring role
- I feel able to fully participate in education or training and enter or re-enter the employment market when I wish
- I can remain in (suitable) employment if I wish to (was a 'hot topic' of much discussion)

Carers said (including quotes)...

- Overwhelming response is that carers have no (for some) or limited life of their own
- "Need more support like replacement care"
- Many carers felt they had no support
- "Activity groups are very good and help us to feel less isolated" – consensus on hybrid offer i.e., online and in person
- Need time with cared for as a 'non-carer' relationship and a break from cared for at other times
- Venue for carer and cared for to go to together or separately (dementia meeting centre model beneficial for some carers of a spouse) - links to point above
- "Weekend and evening activities needed"
- Build carer breaks and day opportunities and hobbies into one by changing time to include evenings & weekends
- Need right types of and choice of breaks (together, apart, home, and away, fully supported & DP. Could be a PA, day opps/hobbies & dom care, care home)

- Develop PA market – specialist e.g., for dementia, children & young people with autism maybe difficulty going to mainstream services
- "Need to increase carer awareness – our role and value". This will help with relationships with family members, friends, work colleagues and managers
- 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.
- "The issue with breaks is the need for resources to do this, like money for paid staff or family member"
- Lack of clarity on eligibility for breaks to manage expectations (e.g. parent carers)
- Change in culture of carers to give themselves permission to take a break – try to alleviate feelings of guilt. Professionals to support this.
- "Accept any help that is offered inc. family, friend & neighbour support, that's what I now do"
- "Being allocated to the 'right worker' makes a big difference" to the outcome (trained and knowledgeable about the caring role)
- Change in culture for the carer to be a key partner ('on an equal footing') with professionals
- Importance of peer support - carer buddy system
- "Awareness needed from the wider family on the impact of the caring role"
- Majority of carers can only work part time or don't work due to caring role. Parent carers raised the issue of the number of appointments that need to be attended/co-ordinated for the cared for, which makes working hard
- (Working for Carers stats show 70% of carers quit work or reduced their hours due to juggling work and care).
- Hard or unable to attend appointments (inc. medical appts), treatment, and operations due to nobody to look after cared for.

Supported to be mentally and physically well:

Outcomes / Goals

- I can maintain my physical health and emotional wellbeing
- I can manage stress
- I feel confident to fulfil my role as a carer
- 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)
- I can maintain relationships that are important to me (e.g., other family members, friends, neighbours)
- 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'
- I can care safely and maintain the safety of the person I care for and receive support

Carers said (including quotes)...

- Professionals need to appreciate that "the caring role is a journey which evolves & changes over time"
- "The caring role takes over and priorities are the cared for, then it's work & then leisure" (exercise, socialising, self-care & wellbeing)
- Practical support needed to be able to have time to look after themselves
- 'opt' out needed rather than 'opt in' to signposting to carers support. Carers are missing out on practical support, information, wellbeing opportunities etc
- "We want to make the decision on what support we would benefit from"

- Emotional support needed for carer (follow up calls) and on completing benefit forms (PIP mentioned a lot as a particularly stressful and emotionally draining form to complete)
- 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
- Need a culture change in that asking for help and support to be seen as a strength and not a weakness, it should not be seen as failing or that the carer can't cope (especially important for parent carers)
- Need a focus on self-care and building resilience
- "Being a carer has led to my own mental health issues"
- Some carers mentioned being on anti-depressants to cope. Others on waiting list to access counselling
- Some had support from a partner, family and/or friends which helped a lot
- If care is good for the cared for/patient, then carer wellbeing and outcomes improve
- Regular breaks are good for carers wellbeing
- Many comments on no or little support with mental health and wellbeing.
- Some carers commented that "having a 'good GP' is very important". A GP that is supportive. Some carers didn't feel that their GP was supportive. It was stated that this would make all the difference.

Other outcomes and Goals:

Understanding the cared for/patient's condition and come to terms with it

Carers said (including quotes)...

- Need more health input into information on the cared for's condition in bite size chunks and in a timed (informed but not overwhelmed) manner to understand and try to come to terms with the condition (these cut across many conditions e.g. autism, stroke, dementia etc). This helps carers stress levels and wellbeing.

Maintaining employment (some carers wish to re-enter employment too) & caring role & income maximisation

(This also links to life of my own comments from carers engaged and support to maintain physical, mental health and wellbeing)

Carers said (including quotes)...

- Carer awareness raising for employers is very important
- Need to log whether employees are carers
- Financial hardship experienced as working less hours or must give up their job etc
- Confusion on what benefits carers is eligible for, issues completing forms and general confusion when to apply
- "It's a real issue that some benefits don't start until several weeks or months after medical condition occurred". There is a gap in money the family would normally receive from working or benefits and the additional benefits they may be eligible for e.g., stroke
- Lack of awareness about the different agencies (DWP, CAB, WHABAC etc) that offer advice and support in this area. Help needed to complete forms (practical & emotional) and to maximise income – would be one thing less to worry about if finances ok.

Contingency and future planning

(this also links to life of my own comments from carers engaged and support to maintain physical, mental health and wellbeing)

Carers said (including quotes)...

- Contingency and future planning is a big worry for carers "it's constantly in the back of their mind"
- Few carers had a plan & not written down (inc. LPA, Wills etc)

Full whole family approach to assessment

Carers said (including quotes)...

- Parent carers stated the need for full whole family assessment and individual carer assessments) and holistic EHCPs.
- Parent carers stated they find "transitioning from education and from children to adult services was very stressful"
- Greater awareness needed about home schooling parent carers and their need for support
- Carers stated they did not understand the systems and process of different organisations and their teams
- 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.

How key partners can measure this

- Increase in number of carers on the carers register and flagged on EMIS as a carer
- Carers feedback surveys
- Support services asking carers what they think about the services available to them
- Monitoring reports from contracted support providers
- Numbers of carers' reviews and support plans completed
- Reports from commissioned providers
- NHS Short and Long Term (SALT) Data collection
- 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
- Feedback from partners/carers at Carers Partnership

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)

Recognised and valued:

Outcome/Goal

- I am recognised and respected in my role as a carer
- I feel confident that there is support available
- I feel able to care safely
- The caring I do is appropriate to my age and capabilities
- I understand how to find help and access support.
- I am involved and can influence the assessment of my needs and aspirations
- Any services I receive are flexible to my needs and aspirations
- I can have a say in how services are designed and delivered

Carers said...

- 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
- Membership of the WYC Participation Group gave them a platform to be recognised and have a voice
- They felt proud of being young carers and as siblings and secondary carers, felt that they undertook a managed caring role that was appropriate

- Some carers of parents felt that they did more than they should be doing
- They all felt loved and respected by their parents and felt like part of a family team
- Being an only child results in young carers feeling very much tied to the household
- 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
- Employers may give them very little leeway if they are late or if work is compromised due to their caring role
- As young adult 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.
- The very definition of a young carer was a young person who is supporting a loved one
- There is a need to develop a formal way of raising awareness of young carers/carers with employers

A life of my own:

Outcome/Goal

- I feel able to achieve balance between my caring role and my personal life.
- I feel part of my community.
- I know how to make the most of income available to me and am not forced into financial hardship because of my caring role.
- I feel able to fully participate in education or training and enter or re-enter the employment market when I wish.
- I can remain in (suitable) employment if I wish to.

Carers said...

- That having 'a life of their own' was still very relevant as an element of the strategy
- 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
- That as siblings their parents were the primary carers for their child and that they were supported in a timely and appropriate way
- 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
- Those that are home schooled may rely upon young carers clubs and activities for their only social outlet
- Many young carers consider themselves as primary carers meaning that they must dedicate a lot of time to support their parent

- Those young carers with 2 parents felt better off as they had a parent to co-care with. 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
- Young people may resign 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
- Other young carers' situations are different, and some will achieve a balanced life and reach their potential

Supported to be mentally and physically well:

Outcome/Goal

- I can maintain my physical health and emotional wellbeing
- I can manage any stress appropriately and seek help when needed.
- I feel confident and supported to fulfil my role as a carer
- I can maintain a dignified relationship with the person I care for
- I can maintain relationships that are important to me (e.g., other family members, friends, neighbours)
- I am aware of and understand the carer advocacy offer as outlined in the Care Act
- I can care safely and maintain the safety of the person I care for and receive support when needed.

Carers said...

- To keep 'mentally and physically well' on the 2022 carers' strategy
- 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.
- Adjustment to the 'new normal' (post COVID restrictions) could be a struggle for carers, through concerns of contracting COVID 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.
- 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
- 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.

- 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.
- 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.
- Some young carers may report that they do not feel that their parent has time for them and may not receive affection.
- 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.
- There is more to be done in schools – some have a designated young carers worker who supports carer's well-being.
- For young adult carers, that the friendships that they had made at young carers sessions were vital - some being their only friends.
- 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.
- More money should be invested into young people and young adult mental health services to allow them to support more people.
- Investment was needed in school/college based mental health and wellbeing support to help identify and offer immediate support to all young people.

Other outcomes and Goals:

Respite

Carers said...

- That respite is still extremely important for the group. The opportunity of a rest from 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.
- Those that care for a mother tend to get less time to socialise and struggle to build and maintain friendship groups.
- More social opportunities were needed, once a month is not enough for young carers
- Young carer services do not provide alternative carer support for loved ones while their primary carer takes a break. This can make life difficult for some.

Covid

Carers said...

- During COVID things had been very tough as they had not been able to have a break from their care role.
- They missed their young carers sessions and respite. Some had continued to attend school during the lockdowns, and some had not.
- Some schools had gone above and beyond to support them during the lockdown; however, the pandemic has left some young carers feeling more anxious.
- The pandemic would result in many more young people having mental health issues.
- That their mental health had been affected in some way during the pandemic, reporting that some felt that the future was bleak.

- 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.

Access to the digital world

Carers said...

- 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.
- Certain rural areas of the county have very poor connection, and this has caused them problems.
- 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).

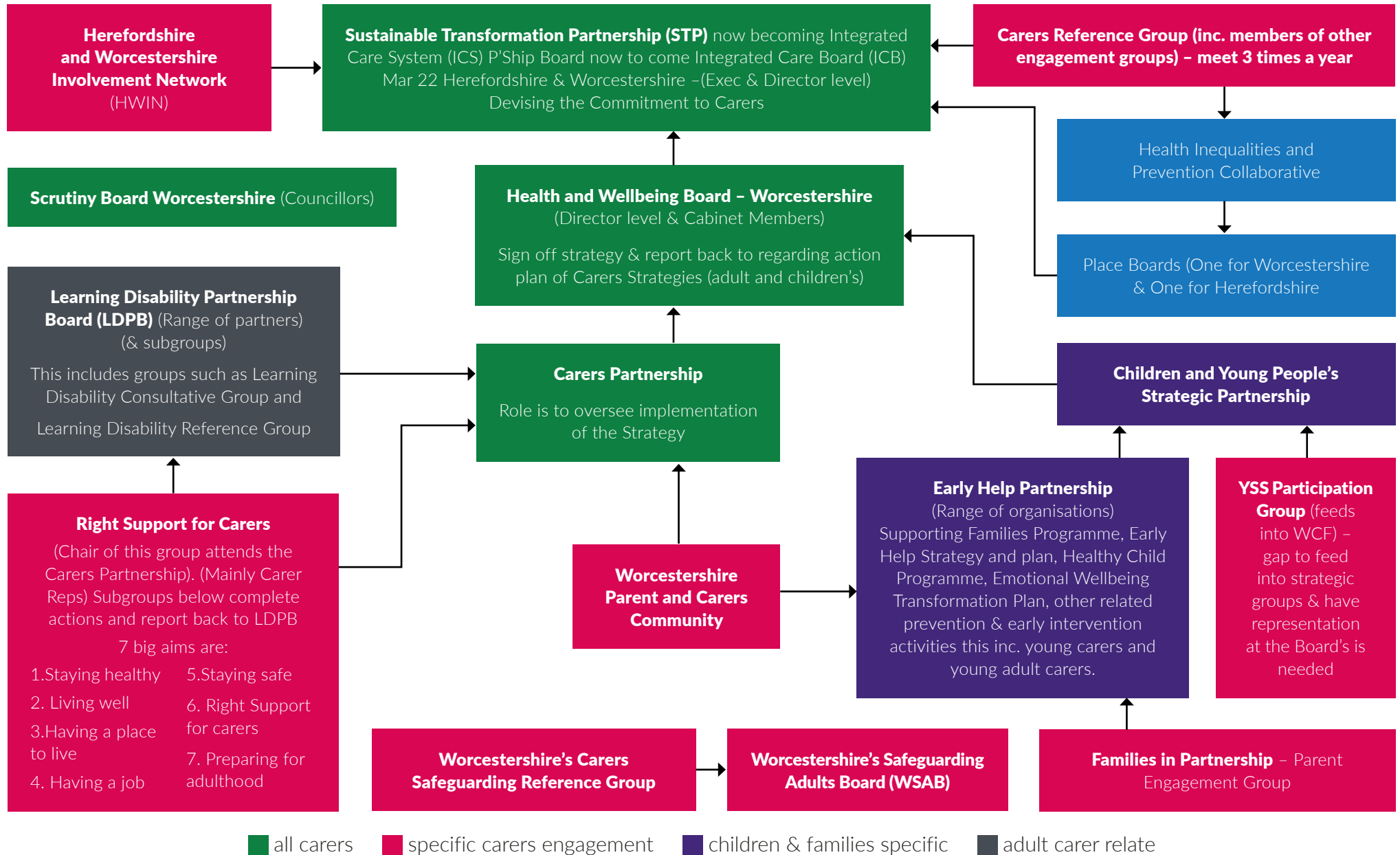
Maintaining Employment and Caring

Carers said...

- 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.
- 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.

APPENDIX 6 – Governance and carer engagement arrangements for strategy delivery

Carers Strategic and Engagement Groups



APPENDIX 7 - Map of Carers Support

Services for adult carers (including parent carers)	Services for carers of all ages	Services for carers of young people (including young people in transitions)
Stroke Association support service	National carer Helplines e.g., Carers UK	Young Carers and Young Adult Carers' Hub inc. information, support, awareness raising, activities and peer support
Worcestershire Carers' Hub 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	NHS 111 is a non-emergency telephone service. NHS Choices is an online health information system around a range of health issues, as well as local contacts for NHS. Carer Passports – discounts etc Dept Work and Pensions (DWP): 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.	Children's Replacement Care = Respite 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
Jigsaw – support for carers of individuals with mental health conditions or needs	Carer assist helpline for social care and health staff that are carers	Whole family assessments (inc. Parent carers of children and young people under 24 years old) & reviews within Children with Disabilities Team
Adult replacement/respice Care for the cared for but enables 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	Worcestershire Children First – (online information on where to go to get help Family Hub includes link to the SEND Local Offer

Services for adult carers (including parent carers)	Services for carers of all ages	Services for carers of young people (including young people in transitions)
Dementia Meeting Centres – for carer and cared for in various locations	Admiral nurses	Worcestershire Parent and Carers Community – information, support, awareness raising, activities and peer support
Adult day opportunities & hobbies	Advocacy for carers	The Herefordshire and Worcestershire SENDIASS Service
Mental Health carers support (transformation funding)		YAT coffee mornings – peer support
		Families in Partnership – parent carer peer support
		NW Autism Parents Support Group

APPENDIX 8 - Analysis of carers support relating to recognition, value, life of my own and ability to maintain physical health and wellbeing

(Full SWOT and PESTEL analysis can be provided on request)

Strength	Weakness
<p>Specific investment in adult, young carers, and young adult carers with specific services designed and purchased</p> <p>Providers of the carer support services are independent of the LA, 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</p> <p>Support is solely focused on the needs of the carer as is the purpose of the organisations delivering support</p> <p>Whole family approach – 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</p> <p>Peer support groups 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</p> <p>Conversations with carers which are strengths based – “what does a good life look like for you?” (a carer)</p> <p>Social Prescribing</p> <p>Carer’s training</p> <p>Carer helpline and having a Carers’ Hub for adults who are carers</p>	<p>Funding is not specific or ringfenced for parent carers as is part of wider statutory duties for the child in need and/or with a disability</p> <p>Less clear responsibility of parent carer support</p> <p>Parent carer support is a part of the wider service and is part of the LA – 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</p> <p>Mental health and learning Disability assessments are currently within the LA – this has positives and negatives. Decision made to bring this assessment work into the wider carers’ hub</p> <p>Lack of health funding for carers</p> <p>COVID – caused anxiety for carers and the cared for, those who are clinically vulnerable, other vulnerable individuals</p> <p>Many carers still do not feel recognised and valued</p> <p>Many carers told us they still do not have ‘a life of their own’ and are ‘unable to balance their caring role and the rest of their life’</p>

Strength	Weakness
<p>E-Learning for awareness of adult carers, young carers, and young adults</p> <p>Some of the large organisations and carer stakeholders have signed up to ‘Working for Carers’</p> <p>Legislation like the Care Act, Children Act and the Children and Families Act</p> <p>NHS digital national 2-year carers’ survey – which helps to evidence how carers feel</p> <p>Discharge from hospital can be timelier manner if there is a carer at home</p> <p>Conditions can be managed at home if there is a carer at home – assists GP 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</p> <p>Carer support services support schools, colleges and universities 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 reach their potential</p> <p>Investment in replacement care/respice 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)</p> <p>Investment in day opportunities and hobbies can prevent carer breakdown as way of a break from caring whether together or separately</p> <p>Investment in advocacy for carers</p> <p>Community MH Transformation program investment in carers support around MH in Herefordshire & Worcestershire</p> <p>Carer direct payments</p> <p>Adult carer assessments (conversation 1 and 3) discharged to community voluntary sector and emergency, or carer breakdown (conversation 2) situations done in-house via WCC</p> <p>Patient engagement groups</p>	<p>Some carers unable to manage their physical health and their wellbeing – linked to lack of time to self-care</p> <p>‘Carers’ offer’ not published and not consistently delivered</p> <p>Poor awareness and lack of signposting of carers to support services</p> <p>Some carers feel the need to reduce their hours at work or leave their job due to their caring responsibility</p> <p>Carers told us they suffer financial hardship due to their caring role – linked to unable to work full time and complex benefits system</p> <p>Lack of clarity on what benefits carers can claim and when</p> <p>Lack of emotional support 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</p> <p>Lack of counselling for carers – long waiting lists for Healthy Minds</p> <p>Lack of support for carers around the need to plan for the future and support to take steps to put a plan in place for both emergencies and longer term.</p> <p>Carers struggle to understand how the ‘systems’ work for different user groups and the processes.</p>

Strength	Weakness
<p>Carer assist helpline for social care and health staff that are carers</p> <p>Include Redditch carers careline and peer support groups</p> <p>“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.” Care Act Guidance</p> <p>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.</p>	

APPENDIX 9 – Commitment to Carers

Herefordshire and Worcestershire Integrated Care Services 'Commitment to Carers' (agreed 1st September 2021)

As a carer¹

My experience is valued when developing care plans for the person that I care for.

My own physical and mental health needs are recognised and met.

I can access relevant information in a format that suits me.²

I can access support that meets my individual needs.³

I am supported to maintain a life of my own, outside of my caring role.⁴

As an Organisation⁵

We proactively identify, register, support and signpost carers.

We co-produce our policies with carers to ensure our services meet their needs.

We are flexible, to ensure carers can continue to deliver their caring role.

We actively involve carers in decisions that may affect their own and/or their cared for's health and wellbeing.

We have a carers lead in our organisation who promotes a 'Carer Aware' culture.

Herefordshire and Worcestershire Integrated Care Services 'Commitment to Carers' (agreed 1st September 2021)

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- ¹ 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
 - ² 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
 - ³ 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; carer breaks; peer support; advocacy services; financial advice; relevant training; physiological and emotional support and support when the cared for dies.
 - ⁴ A life of my own may include but is not limited to maintaining links to the local community and its social activities, relationships, work, training, or education
 - ⁵ 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.

APPENDIX 10 – 5 Year, All Age Carers’ Strategy (2021-2026)

A carer is someone who provides unpaid support and care to a relative, partner or friend who is ill, frail, disabled or has mental ill-health or substance misuse problems. carers may provide emotional support, medical care, personal care, physical care and/or domestic tasks.



Worcestershire’s Guiding Principles to support the Strategy

Values

- Progressive – always learning and developing to meet need via coproduction
- Inclusive – working together for equality, diversity, and inclusion
- Credible – evidence-based, robust, and reliable support which is coordinated
- Transparent – open and honest
- Accountable for progress in implementing the strategy
- Committed – focused on making a difference to Carers Lives and the outcomes Carers want to achieve
- Influencing & Working Together – better policy and practice across organisations in Worcestershire – make Worcestershire ‘Carer Friendly’

The Approach

- Recognition, and Identification as a Carer – you are not on your own. There is support available
- Carers rights – carers assessment, support plan and review – discussing what matters most to you (inc. own health, wellbeing and social needs and work, education, or training) and working out how this can be achieved and recording this in a plan for each individual carer.
- Prevention – of carer breakdown and support as early as possible – through awareness of the Carers’ Hub and what support is available and where needed a carers assessment and support plan to decide what needs to change and how this can happen. This may be a break(s), support with physical and mental health and wellbeing and/or being enabled to have a life of your own
- Involved in decision making as an expert in the cared for’s life
- Strengths-based approach – a focus on carer’s strengths and the people in the carers life
- Breaks – opportunity to discuss the value of having a break from caring responsibilities and options available
- Supportive working arrangements in workplaces
- Maximise life chances including income and dealing with money matters
- Contingency and future planning

Challenges & Risks

- Everyone is not carer aware (society, professionals, and organisations)
- Each organisation not embracing the cultural and behavioural change required of staff
- Limited resources
- Increasing number of carers (due to COVID and increased life expectancy)
- Complexity of caring role as people live longer and with complex health problems
- Demographic pressure – more people to be cared for, carers getting older, financial pressure on carers

How Carers will be supported

- **Awareness raising** – everyone can recognise and identify carers and value carers
- **Involve carers** – in decision making and care planning and discussing what matters to the carer
- **Partnership Working** – signposting and connecting carers to support available and implementing the carers strategy. Support available has been mapped (see appendix 7). These can be accessed directly or via the Carers' Hub
- **Co-production** – work alongside carers to design services and influence policy and practice across Worcestershire (of organisations, employers etc) and continuously improve and develop support for carers and how organisations interact with carers
- **Sustainable carer support** – continue to invest in carer support (e.g., the Carers' Hub), make the most of resources (funding and staff time) available to focus on activities that make the most difference to carers lives and continually monitor and review this. Carers to continue to provide the invaluable support to each other via peer support.

Commitment to Carers

- To proactively identify, register, support and inform carers (needs lined to organisations core business and vision)
- To co-produce services and policies with carers to ensure our services meet their needs
- To be flexible to ensure they can continue to deliver their caring role
- To actively involve carers in decisions about their own health and wellbeing as well as the health and wellbeing of those they care for
- To have a carer lead in the organisation who promotes a 'carer aware' culture

The outcomes we want to achieve

Recognised and Valued:

- I am recognised and respected in my role as a carer
- I feel confident that there is a support available
- I feel able to care safely
- The caring I do is appropriate to my age and capabilities
- I understand how to access support
- I am involved and can influence the assessment of my needs and aspirations
- Any services I receive meet my needs and aspirations
- I am able to have a say in how services are designed and delivered

A life of my own:

- I feel able to achieve a balance between my caring role and my personal life
- I feel connected to others in the community
- I know how to maximise my income to meet basic needs and am not forced into financial hardship as a result of my caring role
- I feel able to fully participate in education or training and enter or re-enter the employment market when I wish
- I can remain in (suitable) employment if I wish to

Supported to be mentally and physically well:

- I am able to maintain my physical health and emotional wellbeing
- I am able to manage stress
- I feel confident to fulfil my role as a carer
- I am able to maintain a dignified relationship with the person I care for
- I am able to maintain relationships that are important to me

Other legislation:
Employment Act, Equality
Act, Mental Capacity Act
and Mental Health Act

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

Working together
to improve health
and social care for
all (White Paper)

Various Strategies: such
as dementia, autism,
learning disability,
substance misuse etc

Thank you to partners for their
engagement and continued support to carers

