

Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 16th of December 2019

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Subject:

Commissioning of a Carers Services Contract in Bradford District & Craven and the Development of a Carers Strategy

Summary statement:

This report provides an update on the Council and CCG's jointly commissioned Carer Service within Bradford District and Craven.

This report provides information for members on work to progress a joint Council and CCG's, Carers Strategy for the District.

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Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

- 1.1 This report provides an update on the Council and CCG's jointly commissioned Carers Service within Bradford District and Craven.
- 1.2 This report provides information for members on work to progress a joint Council and CCG's, Carers Strategy for the District.

2. BACKGROUND

- 2.1 On 25th of October 2018 the Health and Social Care Overview and Scrutiny Committee, in line with Standing Order 4.7.1, considered the report for the joint re-commission, by the Council and the CCGs of Carers Services within the Bradford and Craven District.
- 2.2 It was resolved at the above committee that a report on carers services was to be submitted to the Committee in 2019.
- 2.3 It was also resolved at the above committee that a report on progress to develop a new joint Carers Strategy be submitted to the Committee in 2019.
- 2.4 This report therefore sets out to provide an outline on the;
 - Jointly commissioned Carers Services
 - Work to progress a Carers Strategy

3. REPORT ISSUES

3.1 Carers Service within Bradford District and Craven

- 3.1.1 Discussion took place at Committee on the 25th of October 2018 regarding the changes the re-commission would introduce.
- 3.1.2 Re-commissioning would be undertaken against priorities identified through extensive carer and stakeholder engagement. These priorities were detailed in a separate report, titled 'Engagement with Carers' as presented to Committee on the 25th of October 2018. The following themes and priorities were identified in that engagement;
 - 3.1.2.1 What helps carers keep going:
 - Having and finding time to themselves was hard, but vital in helping them keep going.
 - Support groups where they could get information and share experiences with peers made a positive difference.
 - Being able to maintain good social networks and having someone to talk to about their experiences
 - 3.1.2.2 The challenges carers experience are:
 - Equality of access to service and support for BME communities
 - Equality of access to service and support for working carers.
 - Support which addresses money and financial worries, particularly where these relate to benefits and the assessment process.

- Support for parents of young people in transition between children's and adult services, particularly parent carers supporting children with autism and with other condition specific need

3.1.2.3 What would help carers:

- Information on what's on offer that is up to date; what, where and when.
- Local support, more easily accessible across the whole District.
- Work place support for working carers.

3.1.2.4 What's most important to carers:

- Being able to take breaks away from caring and have small amounts of time to themselves, knowing the person they care for is safe.
- Training to help carers provide better care and to improve their skills and confidence.

3.1.3 In addition to the above the Care Act in 2014 (CA 2014) introduced a general duty on local authorities to promote an individual's wellbeing, including carers. At the heart of the Care Act is the duty to promote people's wellbeing. This duty underpinned the procurement of the Carers Service.

3.1.4 Support for carers is one of a number of key enablers for delivering the vision for Home First in Bradford which focuses on people remaining in their own home for as long as they can utilising early intervention and prevention services which deliver personalised care to individuals, both carers and cared for according to their needs, wishes and preferences and assets.

3.1.5 Re-commissioning recognised the contribution carers make to the local health and social care economy and aimed to provide the supportive services and environment that will enable those carers who wish to, to continue in their caring role. Consequently, carers were involved in developing the service specification for the procurement and were involved in the evaluation of tenders.

3.1.6 In line with the above the Council and the CCGs jointly awarded, in January 2019 a contract for Carers Services within Bradford District and Craven following an open commissioning and procurement process. The contract was awarded to Carers Resource. The contract commenced in April 2019, following an implementation period.

3.1.7 The aim of the service is to promote, support and improve the mental, physical, emotional and economic well-being of unpaid adult carers, so they can continue in their caring role, look after their own health and wellbeing and have a life of their own in terms of opportunities for work, training, education, leisure and social interaction.

3.1.8 The service is for unpaid carers who are adults, including people who care for other adults and those who care for children with support needs.

3.1.9 The service is delivered district wide covering the geographical boundaries of Bradford City, Bradford District and Airedale, Wharfedale and Craven Clinical Commissioning Groups, which includes the City of Bradford Metropolitan District area and the Craven district of North Yorkshire.

- 3.1.10 The service adopts a place based and locality based model of service delivery with frontline staff working in the community to ensure that those carers who are most isolated and experience additional barriers to services e.g. working carers, carers in BAME communities and parent carers of adults with additional needs etc. can access support.
- 3.1.11 It is a requirement of the contract that the locations of service delivery ensure equitable access to support for all carers throughout the Bradford District and Craven and that service delivery venues provide equitable and culturally appropriate access for BAME and other communities of interest.
- 3.1.12 The service is open to any resident in the Bradford District and Craven by direct referral from a range of health and social care agencies e.g. GPs, hospitals, other NHS agencies, Social Workers etc. and through self-referral.
- 3.1.13 The service delivers support for carers that is strength based and helps people to maximise their independence. The service adopts Community Led Support principles and 'What Works' practices in service delivery. These include;
- Developing 'carer champions' in teams of health and social care professionals.
 - Linking and embedding carer support workers within other teams.
 - Having carers support workers who can help carers find and understand what information they need and want.
 - Information and advice that is provided is underpinned by a communication plan co-produced with local carers, voluntary services and statutory services.
 - Support that is person centred and personalised for carers
 - Giving carers support to maintain or gain work or develop skills which can help them move towards (return) to work.
 - Providing support to carers to connect with and gain from natural and peer support in their own communities and to set up self managing groups.
 - Ensuring there is capacity to have timely conversations to carers.
 - Ensuring conversations are focused on the wellbeing principle.
 - Support needs that are flexible, regularly reviewed and responsive to the changing needs of carers as the carers' journey is not always linear
- 3.1.14 The key objective of the carers Service is to ensure carers are identified, recognised and supported to continue in their caring role while having an opportunity for a life outside of caring.
- 3.1.15 The following are the main practical support functions of the service;
- To provide tools, training and strategies for carers to support them to address their health, emotional, social and financial needs.
 - To provide carers with the opportunity to undertake a Wellbeing Review of their needs; access to one to one support and advice from trained, professional carer support workers and where appropriate facilitate referral to health and social care services e.g. for a formal carers assessment.
 - To provide comprehensive information for carers that complies with Accessible Information standards including using a variety of formats and community languages in order that carers have the right information, tailored to their individual needs.
 - To provide access to a Carers Personal Budget scheme for one off payments to

- carers to promote their health and wellbeing and continue in their role as carers.
- To provide support to carers to create Emergency Plans and have systems in place to activate and implement these plans in event of an emergency to provide appropriate care and support for the cared for person.

3.1.16 Service users are already experiencing the benefits of the changed model of delivery and the shift to community based support. The following are examples of service user feedback and satisfaction with the new service;

- Carer telephoned this morning ...*just to say how very grateful she was that the Locality Worker called yesterday and she found the visit and support very helpful.*
- Carer called to say ...*thanks for the information...she is feeling quite positive after the meeting she had with Locality Worker.*
- Carer said ...*arranging for her to attend a local [Toller] support group made a big difference... she was now cheerful and smiley.*
- Carer said ...*“Mum has just received notification that she has received the Attendance Allowance... she is very pleased”. Thank you for helping with the completion of the forms.*
- On receiving DLA for daughter [under 16] carer responded ...*so relieved thank you for your help... ..I don't think I could have managed this without your help.*
- As a result of Locality Worker attending NHS appointment with carers and providing advocacy support to carer, carer said ...*“I feel like crying, I feel I have been heard”.*
- Whole family approach ...*just wanted to say thanks for all your help, support and advice to all of us, you really made a difference.*

3.1.17 Outside of the above commissioned services there are a range of other Council and CCG services that provide support accessible by carers; Shared Lives and Time Out services provide respite support around family based placements and other forms of respite e.g. short breaks. Making Space provides support to carers and cared for where support with mental health is needed. Hospital based Carer Navigators are based in the two main hospitals in the district. They provide early intervention support to new and existing carers improving better outcomes for carers at and following hospital discharge.

3.1.18 The above, together reaffirm and evidence the Council and CCG's commitment to unpaid carers in Bradford District and Craven by providing support that will enable carers to continue in their caring role for as long as they might wish to and maintain a life outside of caring. Our success in achieving this will be in the number of carers who feel able to continue in their caring role.

3.1.19 Improving support for carers will be maintained through the development of a new, all age Carers Strategy for Bradford District and Craven.

3.2 Carers Strategy

3.2.1 The current Carers Strategy, Caring Matters – Think Carer, A Joint Carers' Strategy for the Bradford District was developed prior to the Care Act 2014. There is a need to review this strategy to reflect the new duties towards carers that the Care Act 2014 introduced.

- 3.2.2 The Council and the CCG's have adopted a coproduction approach to the development of a new all age Carers Strategy. The co-production of the strategy will be led by the Carer's Partnership which is a multi-agency forum with key carer stakeholders.
- 3.2.3 Work to review the strategy began in 2018 and involved extensive stakeholder engagement with the sector which including carers the Carers Partnership, the Carers Provider Forum and a wide range of professionals within health and social care.
- 3.2.4 Stakeholder engagement and the review the current carers' strategy was undertaken simultaneously with the engagement activity leading up to the re-commissioning of Carers Services.
- 3.2.5 Priorities identified through this engagement were detailed in the previously mentioned 'Engagement with Carers' report as presented to Committee on the 25th of October 2018.
- 3.2.6 In addition to this an online Strengths, Weaknesses, Opportunities and Threats (SWOT) survey of carers and other stakeholders was undertaken by our CCG partners. APPENDIX 2 provides summary of the SWOT results.
- 3.2.7 These priorities underpin the on-going work to develop and produce a new Carers Strategy for the District.
- 3.2.8 The most recent reliable information we have about numbers of carers is from the 2011 census, where 57,637 people in Bradford district and Craven identified themselves as carers. The true number is probably much higher than this.
- 3.2.9 The new Carers Strategy will be a five year strategy. It will include proposals that contribute to meeting the Council and CCG's responsibilities towards carers as defined by;
- The Children and Families Act 2014
 - The Care Act 2014
 - Health and Social Care Act 2012
- 3.2.10 Through the above mentioned carer engagement and SWOT analysis we have identified a number of areas for improvement the strategy aims to address. These areas are;
- The identification of carers.
 - Reducing the number of times carers need to repeat their story to different organisations
 - Ensuring that children's caring roles are appropriate and that all family members are supported
 - Providing more choice and control over support for carers
 - Work to increase greater awareness of young carers and improve educational opportunities
 - Improve workplace support for working carers
 - Improve specialist support locally for carers e.g. in specialist caring skills
 - Support for carers on planning for long-term changes e.g. around transitions
 - Ways to make it easier for carers to take a break, maintain an independent life

3.2.11 Having identified areas for change the strategy will include;

- proposals for change
- be complemented by an action plan to deliver the proposed changes
- as a means to deliver against the action plan, a commitment to develop a Memorandum of Understanding agreement between the Council, CCGs and voluntary sector organisations to work together for the wellbeing of carers.

3.2.12 Following consultation with stakeholders on draft versions of the strategy and consideration of the final draft by the CCG's Joint Clinical Commissioning Group and the Health and Wellbeing, Departmental Management Team a final draft of the new five year strategy is now prepared.

3.2.13 The aim is to take this final draft of the Carers Strategy (see Appendix 3) through final approval early in 2020 and work on an action plan to deliver on the strategy. The action plan will be a live document regularly reviewed throughout the life of the strategy.

3.2.14 Task and finish groups will be established to deliver on the action plan. Annual reports against the action plan being made to the Joint Clinical Commissioning Board.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The procurement of Carers Services within the Bradford and Craven District was undertaken within the proposed contract value as detailed in the 25th of October 2018 report to this committee. It is an integrated service with the NHS and jointly funded through allocations in the Better Care Fund (BCF). The proposed strategy will be delivered within the current budget allocations.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The governance structure of this work will sit within the Health and Wellbeing Department and will report to Departmental Management Team (DMT), to the CCG's Joint Clinical Commissioning Board and to the Integrated Commissioning Board and the Health and Wellbeing Board where both the Council and CCG's are represented.

6. LEGAL APPRAISAL

6.1 There are no legal issues arising out of this Report in addition to the statutory references made within the body of the Report or detailed in the previous legal appraisal set out in the Report dated 25 October 2018 regarding commissioning of services.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The Carers Service provided through this commissioning and procurement process is designed to support some of the most vulnerable residents in Bradford District and Craven communities. As such they are an important part of the approach to equality and diversity as the Council and CCGs through this service seek to empower unpaid carers.

7.1.2 The on-going monitoring of the contract will provide information on any changes and ensure they are addressed.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 The commissioned service provider are required to support the Council's commitment to reduce CO2 emissions through the contracting arrangements it enters into with the Council.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

7.5.1 The implementation of the Council's and CCGs duties under the Care Act 2014 must be discharged in keeping with the positive obligations incumbent of the Council and NHS to uphold and safeguard people's human rights in keeping with the European Convention on Human Rights and statutory principles of the Mental capacity Act 2005 Code of Practice.

7.5.2 In implementing the Care Act 2014 must safeguard peoples Human Rights whether or not the person has capacity to consent.

7.5.3 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of older people and others who are in need of Home Support. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity.

7.6 TRADE UNION

7.6.1 Not applicable.

7.7 WARD IMPLICATIONS

7.7.1 There are no direct implications in respect of any specific Ward.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

7.8.1 Not applicable

7.9 IMPLICATIONS FOR CORPORATE PARENTING

7.9.1 None

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.10.1 There may be a need for partner agencies to share data however this would only be with the express permission of the individual affected in the full knowledge of why and what it would be used for. GDPR principles relating to any individuals data and rights under the Data Protection Act 2018 will be respected.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None.

9. OPTIONS

9.1 Members may wish to comment on any aspect of the report or the final draft of the Carers Strategy.

10. RECOMMENDATIONS

10.1 That Members comment on any aspect of the report or the final draft of the Carers Strategy.

11. APPENDICES

Appendix 1: Carers Service with the Bradford District and Craven Objectives and Outcomes.

Appendix 2: Summary Analysis of recent Strengths, Weaknesses, Opportunities and Threats.

Appendix 3: Bradford District and Craven; A Great Place for Carers, Changes and Improvements 2019-2024, Carers Strategy. Final draft.

12. BACKGROUND DOCUMENTS

12.1 Report to the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on the 25th of October 2018 – Document R.

12.2 Minutes of the meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 25 October 2018 in Committee Room 1 – City Hall, Bradford.

Carers Service with the Bradford District and Craven Objectives and Outcomes

Objectives

- Ensure the service is carer led with carers leading decision making and regularly engaging with carers
- Consult and work with other well-established forums and provide a platform by which carers' voices will be listened to by local decision makers
- Encourage carer participation in the development and improvement of local services
- Undertake ongoing publicity, promotion and awareness raising activities across the geographical boundaries including planning the delivery of the Annual Carer Rights Day and Carers Week
- To support carers to have control over their lives, including support relating to employment
- To identify concerns over finance and ensure that appropriate advice is accessible
- To provide advice and support to the person in their caring role
- Promote and deliver services in line with legislation, guidance, best practice and research relating to carers as well as responding to local carers needs over the lifetime of the contract; the service needs to continually demonstrate innovative ways of designing, promoting, delivering and monitoring services and include carers in decision making from the outset.
- Work in a spirit of partnership with commissioners and providers in the statutory, voluntary, community and independent sectors to achieve shared goals
- Ensure that staff have relevant knowledge, experience, qualifications and skills to support carers receiving the service to ensure that positive outcomes are achieved and that the requirements of the Contract are met
- Ensure that staffing arrangements provide sufficient flexibility to enable adjustments to respond to changing need and make best endeavours to enable continuity of staff, and ensure the continuity of provision of the service during periods of staff absence due to holidays, sickness, maternity leave or for other reasons
- Seek opportunities, in partnership with other groups and organisations where appropriate, to secure additional funding/resources to support the carer agenda
- Work with NHS111 and commissioners to ensure their details are uploaded to the Directory of Services and Connect to Support.

As a result carers will:

- Have relevant and timely information and advice that helps them to care safely and sustainably and to pursue their own life choices
- Be supported to plan for their own lives including planning for the future and for emergencies
- Be well informed about and using the health and wellbeing services that they need themselves to enjoy good physical and mental health
- Have opportunities to have a break from caring
- Have good emotional & practical support and feel less stressed about caring, and less isolated

- Be supported to maintain better relationships and provide better support for the cared-for person
- Be well informed about benefits and financial choices
- Be supported to find work and/or retain their employment status
- Identify themselves as carers at an early stage
- Be recognised and valued as expert care-partners
- Be able to balance their caring role with paid work, education, training and other important roles
- Be able to take part in activities with other carers, to access community services (e.g. leisure) and / or to volunteer

Outcomes

- Carers report having a good quality of life
- Carers report having the amount of social contact that they would like
- Carers are able to access support including support for their own personal and healthcare needs
- Carers report finding it easy to find information about support
- Carers report that they have been included or consulted in discussions about the person they care for
- Carers are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation

Summary Analysis of recent Strengths, Weaknesses, Opportunities and Threats

SWOT: Strengths

- ❖ Strong VCS and community infrastructure
- ❖ Existing digital platforms
- ❖ Outreach provision
- ❖ Services have opportunities to meet carers in person
- ❖ Carer support workers in some GP surgeries
- ❖ Annual carer health check at some GP surgeries

Maximising strengths

- ❖ Learn from what's working well
- ❖ Use and develop partnerships to avoid duplication and maximise access
- ❖ Dedicated carer support in all GP surgeries

SWOT: Weaknesses

- ❖ Carer comes second to person cared for.
- ❖ Many carers are not identified
- ❖ Support does not consider whole family
- ❖ Carers don't always have their own assessment or care plan
- ❖ Laborious form-filling for carers' grants
- ❖ Lack of information and guidance, lack of signposting
- ❖ Lack of practical help
- ❖ Lack of financial support or advice
- ❖ Lack of geographical coverage and reach
- ❖ Services not visible
- ❖ Services disjointed
- ❖ Little support at night and weekends

Addressing weaknesses

- ❖ Increase identification to enable early support before crisis
- ❖ Respond to carers as individuals: own support plans and budgets
- ❖ Named support worker for each carer
- ❖ Whole-family approach

- ❖ Support carer mental and physical health
- ❖ Proactive contact with carers and 24 hour support: opportunities to talk
- ❖ More visible support
- ❖ Staff with lived experience and relevant skills
- ❖ More day care and sitting services: flexible and reliable
- ❖ More co-ordination and flexibility
- ❖ Share records
- ❖ Publish directory of services
- ❖ Review paperwork and forms
- ❖ Focus on inner city
- ❖ Better transport

SWOT: Opportunities

- ❖ Improve financial wellbeing + support for working carers
- ❖ More opportunities to talk and ask questions
- ❖ Maximise benefit of every contact with services
- ❖ Joint appointments for carer and cared for person
- ❖ Earlier support to stop care needs escalating
- ❖ More carer support in primary care including use of clinical system
- ❖ Join up Local Authority and Continuing Health Care
- ❖ Bereavement support
- ❖ More referrals to other agencies
- ❖ Local willingness to volunteer
- ❖ Work with community organisations to increase access
- ❖ Development workers to support existing groups and develop new groups
- ❖ Extra care housing so couples can continue to live together
- ❖ Explore more carers' grants through British Legion, Trades Associations, charities

Maximising opportunities

- ❖ Meet people and speak in ordinary language
- ❖ Recognise carers in wider society
- ❖ Change workplace culture
- ❖ Services should be culturally competent
- ❖ Don't make assumptions about roles and expectations in different communities

- ❖ Work with GP practices
- ❖ Involve people who have become isolated
- ❖ Training or coaching for carers; peer support to increase resilience
- ❖ Identify volunteer skills, recruit befrienders and sitters
- ❖ Bereavement support and support when someone goes into residential care

SWOT: Threats

- ❖ Budgets and prioritisation
- ❖ Data and evidence not available
- ❖ Carers can be ignored and dismissed
- ❖ Carers are not valued or respected.
- ❖ Carers feel they are a burden.
- ❖ Carers' cannot meet personal work and family commitments
- ❖ Carers are stretched looking after complex needs
- ❖ Carer burn-out

Mitigating threats

- ❖ Plan in advance and provide adequate funding
- ❖ Intervene early
- ❖ Work for culture change in society, care services and at work



Bradford district and Craven: A great place for carers

Changes and improvements 2019 – 2024
Carers Strategy

Contents

1. Introduction	3
2. Our commitment	4
3. Summary	5
4. Where are we now?	6
4.1 How many people in Bradford district and Craven provide unpaid care?	6
Young carers	6
Adult carers	7
4.2 What support do carers have today?	8
Support for health and wellbeing	9
Information	10
Working carers	10
4.3 What do carers say?	10
5. Strengths, weaknesses, opportunities and threats (SWOT)	11
6. Other strategies and legislation	12
6.1 National and local strategy	12
6.2 Legislation	13
7. What's important to carers?	15
7.1 Breaks from a caring role	15
7.2 Carer support in health and social care	16
7.3 Support at work	16
7.4 Being listened to and recognised	16
7.5 Responsive information and services	16
7.6 Specialist Caring Skills	16
8. Vision	17
9. The Changes	18
9.1 Identify carers	19
9.2 Better support for carers in health and social care	19
9.3 Better support for carers in communities	20
9.4 Better support for carers in education and employment	20
9.5 Specialist support for carers	20
10. How will we know that we have made a difference?	21
11. Appendix: Strengths, Weaknesses, Opportunities and Threats	21

1. Introduction

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, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. ¹

There are more than 57,000 unpaid carers in the Bradford District and Craven, and 3 in 5 people will be carers at some point in their lives.



Carers in Bradford contribute the equivalent of nearly £1 billion annually to the local health and social care economy. The NHS Clinical Commissioning Groups and Bradford Council value this contribution and recognise that if carers were unable to continue caring there would be a significant impact on health and social care services.

It's clear from the evidence that in future an increasing number of people are likely to be called upon to contribute to caring for a family member, partner or friend at some point in their life. We need to do all we can to identify carers of all ages and support them in this role.

This is why the three local NHS Clinical Commissioning Groups and Bradford Council set themselves the task of producing a joint carers' strategy that clearly sets out their commitment to do all they can to create an environment where carers of all ages are valued, shown appreciation and helped to continue in their caring roles.

We need to ensure that carers have the best possible personal, social and economic wellbeing, and that services understand their needs.

We value carers for the huge contribution they make to health and wellbeing in Bradford and Craven. This strategy sets out how we will show this and the improvements we plan to make as we support individuals with a caring role to live happy, healthy lives.

¹ <https://www.england.nhs.uk/commissioning/comm-carers/carers/>

2. Our commitment

At the outset Bradford Council and the local NHS Clinical Commissioning Groups jointly wish to acknowledge the significant contribution unpaid carers make to the local health and social care economy. In pure financial terms this amounts to the equivalent of £900 million per year.

However, the challenges faced by carers are many. Carers may be stigmatised because they are close to someone with a disability or because they receive benefits. Key priorities are accessible local support, breaks and a life outside the caring role, guidance for carers in education and employment, and financial advice.

This strategy addresses the challenges faced by unpaid carers of all ages in the Bradford District and Craven areas and shows how we aim to respond to the needs of carers as we support them in their caring role. Our strategy is focused on the themes of prevention and resilience, providing support to carers before they reach a crisis point and providing the types of support that make it possible for them to continue in their caring role for as long as they wish to.

This strategy builds on the strengths of existing provision for carers, there is much to praise and be valued in the district for carers. We will build on this resource and expertise to address the challenges faced by carers from all communities.

We want all unpaid carers in Bradford district and Craven to be proud of their indispensable role, to have good mental and physical health and to live satisfying, happy lives. This strategy sets out our shared aims for the next five years with four areas for improvement and action; improving identification of carers so that we can support them, improving carer support in health and social care; carers in the community; and providing specialist support for carers.

3. Summary

We identified priorities for change after detailed conversations with carers and service providers in all parts of Bradford district and Craven. The priorities are:

1. Identifying carers
2. Better support for carers in health and social care
3. Better support for carers in communities
4. Better support for carers in education and employment
5. Specialist support for carers (carer support services)

We can make some of these changes immediately; for others we will need to agree improvements with a number of different organisations and this will take longer.

	Immediate changes 2019-21	Longer term changes 2019-24
1. Identify carers	Practices, community services and schools encourage people to register as carers with their GP	
2. Better support for carers in health and social care	Personalised Care Memorandum of Understanding	Services work together for the wellbeing of individual carers
3. Better support for carers in communities	Access to social prescribers Carer Friendly recommendations	Contribute to review of community transport
4. Better support for carers in education and employment	Practical workplace support for carers Increase awareness of young and parent carers Guidance for young carers wishing to work in health or social care	More support for young carers in schools and colleges
5. Specialist support for carers	Support and information for carers easily accessible in all localities Coaching for skills and resilience More opportunities to plan for change	More access to respite care and short breaks

Section 9 contains more detail of the planned changes.

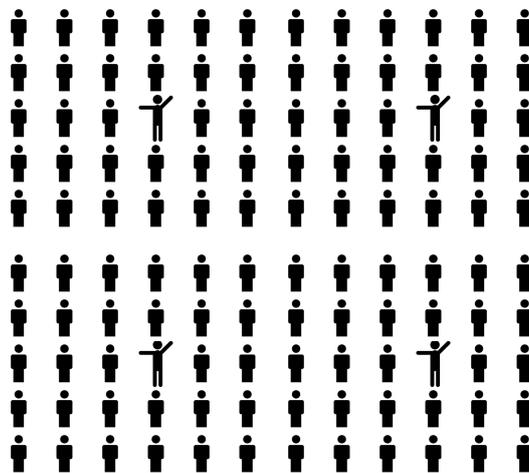
4. Where are we now?

4.1 How many people in Bradford district and Craven provide unpaid care?

Young carers

More than 5,000 children and young people provide some form of unpaid care in Bradford and Craven. That's the equivalent of 5 secondary schools full of young people who provide unpaid care, or nearly one child in every classroom.²

We know that young people often see caring responsibilities as just part of their lives and don't think of themselves as carers.



- 68% of young carers are bullied in schools and having a caring responsibility is one of the main characteristics of young people aged between 14-16 who have been bullied
- Over 39% of young carers had not informed their teacher or a member of staff they were a young carer
- 27% of young carers (aged 11-15) miss school or experience educational difficulties (40% where children care for a relative with drug or alcohol problems)
- Young adult carers aged between 16-18 are twice as likely to be not in education, employment or training (NEET)
- The difficulties experienced by young carers affect them at a time when they are building the foundation for their adult life and making important choices about their future.

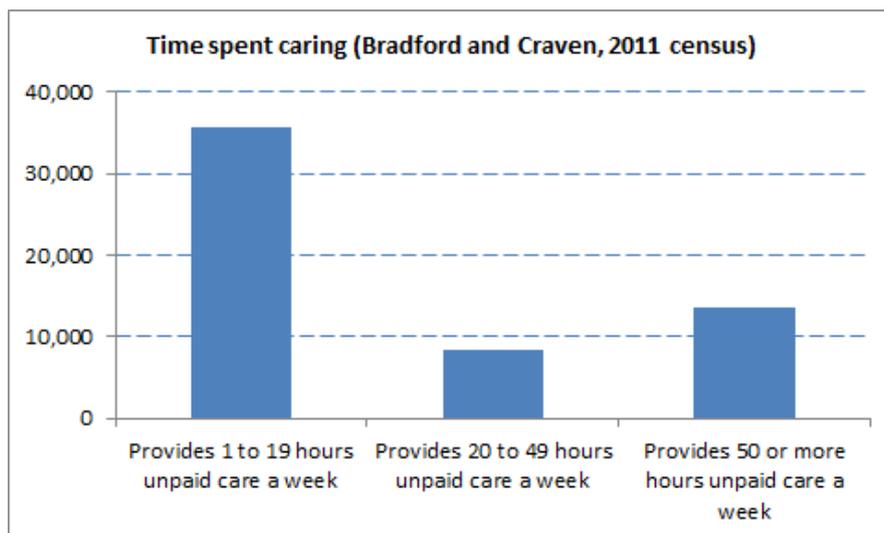
²

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Adult carers

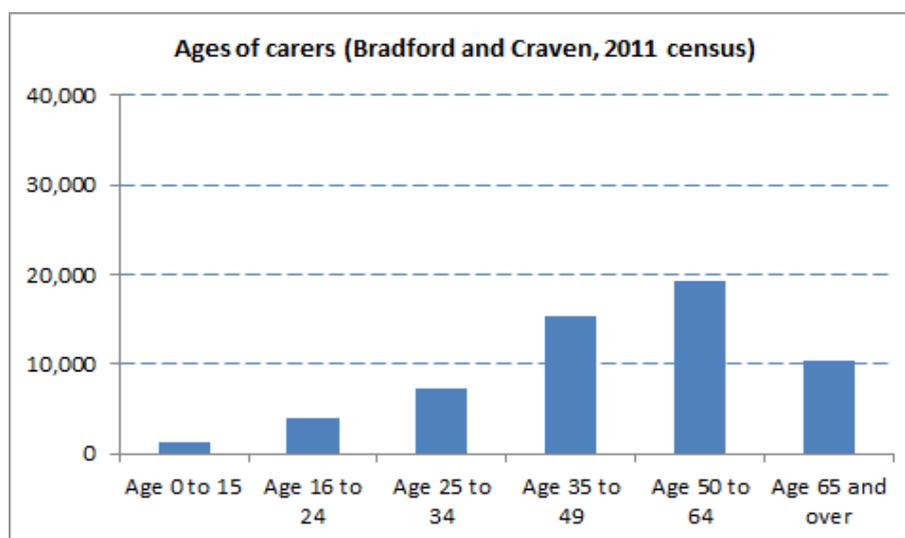
Adult carers in Bradford

The most recent reliable information we have about numbers of carers is from the 2011 census, where 57,637 people in Bradford district and Craven identified themselves as carers.³ The true number was probably higher because many people think of themselves as a partner, child or friend rather than a carer. The amount of time spent caring varied from a few hours to more than 50 hours per week.



Nearly three-quarters of people in Bradford district and Craven who spent time giving unpaid care were aged between 25 and 64, so were of working age. Some people look after children as well as providing care for older or disabled family members.

For nearly 13,500 people, the amount of unpaid care given – 50+ hours per week – was more than a full-time job. 84% of people providing this much care were aged 35 or over, and nearly a third were over 64.



³ <https://www.nomisweb.co.uk/census/2011>

Carers in Craven

- 6,611 provide some unpaid care (all ages)
- Majority in rural areas
- 1,178 people provide 50+ hours per week
- More than 1 in 4 of the female population aged 50-64 provide some unpaid care

The number of people affected by health conditions such as stroke, dementia, mental health conditions, physical disability and autistic spectrum disorders is predicted to increase between now and 2021, so we expect that the need for unpaid care will also rise. ⁴

Working carers

Nationally 1 in 7 of the workforce cares for someone who is older, seriously ill or has a disability. In the last two years nearly half a million people in the UK have left their jobs because of caring responsibilities. This is a loss to the economy and may result in isolation and financial hardship for carers.

“I left my job. I had no choice.”

In 2011 over 30,000 unpaid carers aged 16+ (57%) in Bradford district and Craven were in work as employees or self-employed. They included more than half the people caring for 20-49 hours per week and 31% of people caring for more than 50 hours per week.

When we asked carers what they thought in 2018, many talked about having to reduce their working hours or give up work entirely to fulfil their caring responsibilities. Some said that employers did not understand the demands of caring, and that it was difficult to arrange flexible working. Some described how caring had reduced their ability to earn money and created the additional challenges of financial difficulties. ⁵

Carer health

The percentage of Bradford and Craven carers who said they were in poor health increased with the time spent caring. 4% of people who spent 1-19 hours a week giving unpaid care said they were in bad or very bad health, but 12% of people spending 50+ hours a week caring said they were in bad or very bad health.

4.2 What support do carers have today?

- Carers' Service commissioned by Bradford Council, the three local Clinical Commissioning Groups and North Yorkshire County Council and delivered by Carers' Resource. The service supports young and adult carers from bases in Shipley and Skipton, and through staff working in the community
- Bradford District Care Trust's Carers' Hubs support people in their caring role in Bradford and Craven
- Action for Children: young carers in Craven

⁴ <https://www.poppi.org.uk/index.php?pageNo=328&areaID=8640&loc=8640>,
<https://www.pansi.org.uk/index.php?pageNo=396&sc=1&loc=8397&np=1>

⁵ <https://www.bradford.gov.uk/media/4927/engagement-with-carers-report.pdf>, p11.

- Alzheimer's Society (Bradford), Dementia Forward (Craven): support for carers of people with dementia
- Age UK: health and wellbeing support for people with caring responsibilities in North Craven
- Sharing Voices: culturally sensitive support for carers of people with dementia and mental health problems
- Making Space (Bradford) and Pioneer Projects (Craven): support for carers of people with mental health problems
- Time Out provides short breaks for adult carers so they can go shopping, visit friends, follow an interest or hobby or simply sleep or rest
- Shared Lives in Bradford and Craven offers respite breaks for carers through placements in families. Breaks can be overnight, a weekend or up to a couple of weeks in length. The service is for adults with learning disabilities, older people or people with dementia.
- Organisations such as Parkinson's UK and the Stroke Association support both people with certain conditions and their carers.
- Bradford Council commission daytime activities and support groups for carers and the people they care for including support groups. These can provide regular short breaks for carers.
- Carers can find Personal Assistants through Bradford Council's Connect to Support website.

Support for health and wellbeing

It is vital for carers to maintain their own health and wellbeing. Two thirds of adult carers responding to the recent public engagement said that caring had a negative impact on their own health and a quarter of carers had found it hard to access services for their own health and wellbeing.

Current services include

- Health and Wellbeing grants are small grants to carers intended to alleviate stress and help a carer continue in their caring role.
- Emergency Plans provide reassurance for carers that in the event of crisis the person they care for will be looked after. Available through Carers' Resource with links to the Safe and Sound, 24/7, 365 day emergency response service.
- Some existing services such as My Wellbeing College (talking therapies) and Guideline (telephone helpline) can already offer support to adult carers, and Carers' Resource offers resilience workshops.
- Special arrangements and support in some GP practices including carer champions and flexible appointments for carers.
- We have begun to develop Personalised Care in West Yorkshire and Harrogate to give people more choice and control over their mental and physical health care. A short video with more information about Personalised Care is on the NHS England YouTube channel at <https://www.youtube.com/watch?v=OLJGOjWv9s4>.

Information

Examples of current support available

- Information and support from Carers Resource including fact sheets.
- Information for carers at every GP practice in Bradford and Craven.
- Information for carers in Bradford on the Connect to Support website (adult carers) and the Local Offer website (young carers and parent carers)
- Information for employers and working carers from the Employers for Carers website.

Working carers

- The CReate project is run by Carers' Resource. It helps people already balancing caring and employment, and those who would like to return to work.
- Bradford Council subscribes to online resources from Carers UK Employers for Carers. These provide both employers and carers with guidance and e-learning on many aspects of caring and work.

4.3 What do carers say?

Carers survey (Bradford)

- 34% reported that they had received support which met their needs.
- 30% reported that they had received support but that it did not meet their needs
- 20% reported that they had been unable to access support when needed
- 66% of carers reported that caring had impacted negatively on their own health

Challenges faced by carers

- Mental wellbeing, anxiety, depression
- Balancing working and caring
- Culturally appropriate support
- Money and financial worries
- Finding good quality private care

Carers with a long term health condition

- 65% of carers we talked to said that caring had been negative for their health
- 29% said that they had met barriers in accessing services for their own health and wellbeing
- The GP Survey asks carers whether they feel supported to manage their long term health condition. The low percentages answering 'Yes' show that many carers need more help to take care of their own health.

5. Strengths, weaknesses, opportunities and threats (SWOT)

In July 2019 we invited carers and people working in health and social care to participate in an analysis of Strengths, Weaknesses, Opportunities and Threats in local carer support. We collected their views through an online survey and during detailed discussion at a meeting of the Carers' Partnership.

Our summary of responses is in the Appendix to this strategy. The responses have informed the planned improvements listed in Section 8 of this strategy.

6. Other strategies and legislation

6.1 National and local strategy

National, regional and local strategy already supports the changes we plan to make.

National priorities ⁶	
Young carers <ul style="list-style-type: none"> • identifying young carers • encouraging good educational achievement • improving access to support services • a smooth transition to adult services when the time comes 	Adult carers <ul style="list-style-type: none"> • Services and systems that work for carers • Employment and financial wellbeing • Recognising and supporting carers in society • Research to improve carers' lives
West Yorkshire and Harrogate priorities for all ages ⁷	
<ul style="list-style-type: none"> • Carer support in GP practices, community care and in hospitals • Support for young carers and working carers • Using Personalised Care to give carers more choice and control over their own healthcare ⁸ 	
Bradford priorities ⁹	
<ul style="list-style-type: none"> • Early identification • No wrong door • Raising awareness across education, health, care and voluntary services • Assessment • Safeguarding • Supporting young carers to learn and thrive • Mental and physical wellbeing • Information advocacy and advice • Equalities and Diversity 	<ul style="list-style-type: none"> • Creating choice and control • Joining up services • Safeguarding children and adults • Focus on resilience • Involving carers as experts • Reaching out • Home first • Mental and physical wellbeing • NDTI Carers' Journey Quality Framework

⁶

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf

⁷

<https://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Caring%20for%20Carers%202017-2022.pdf>

⁸ <https://www.england.nhs.uk/personalisedcare/>

⁹ <https://bdp.bradford.gov.uk/site-navigation?l1=3086>

North Yorkshire priorities for all ages (Craven is in North Yorkshire) ¹⁰

- Improving identification of carers
- Improving information and advice
- Enabling carers to take a break
- Improving carers' health and wellbeing
- Enhancing financial wellbeing
- Involving carers as experts

6.2 Legislation

The Children and Families Act 2014

- gives all young carers the right to an assessment of need
- Requires local authorities to identify young carers and consider whether they are a 'child in need' ¹¹
- Requires local authorities to provide an assessment to parent carers if it appears that they have needs, or if they request an assessment
- Encourages a whole-family approach to support

The Care Act 2014 (adult carers)

- A carer has a right to an assessment for care and support if the local authority believes a carer may be in need of support or if a carer requests one, whether or not the person they look after receives local council support.
- The assessment will focus on aspects of wellbeing ('outcomes') that are important to the individual carer: for example
 - Maintaining a habitable home environment
 - Engaging in work, training, education or volunteering.
 - Developing and maintaining family or other personal relationships.
- Carers have a legal right to access services to support them in their caring role where the assessment identifies needs and the carer meets three conditions of eligibility:
 1. The carer's needs for support arise because they are providing necessary care to an adult.
 2. As a result of their caring responsibilities, the carer's physical or mental health is, or is at risk of deteriorating, or the carer is unable to achieve any one of the outcomes listed in the Care Act.

¹⁰

<https://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Caring%20for%20Carers%202017-2022.pdf>

¹¹ <https://www.citizensadvice.org.uk/family/looking-after-people/local-authority-services-for-children-in-need/#h-who-are-children-in-need->

3. As a result of being unable to achieve these outcomes, there is or there is likely to be, a significant impact on the carer's wellbeing.¹²
- If the local council decides that a carer has eligible needs, they must consider how those needs could be met.
 - Where there is a charge for services to meet the eligible needs, the council will pay if the carer's income is below a certain threshold.
 - If the carer's income is above the threshold, payment is the carer's responsibility.
 - The incomes of the carer and the person they look after are assessed separately.

¹² <https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/criteria-carers-needs.asp>

7. What's important to carers?

When our team talked to adults about being a carer in 2018, we asked about the things that were important to them. We collected the views of young carers through the manager of the CBMDC Early Help team.

<p>Young carers: what would help</p> <ul style="list-style-type: none"> • Working with partners to increase identification • Professionals knowing the signs of being a Young Carer • Accessible support and minimising travel when accessing face to face support • Being able to have fun and take a break from caring • Being able to talk to people of a similar age who understand what they're going through • Support at school or college • Having one key worker 	<p>Young carers' priorities</p> <ul style="list-style-type: none"> • Social and leisure activities • Time away from caring role • Being acknowledged and listened to • Being included in information about the person cared for • Identified support worker • Transition to adult carers support services • Increased caring support for the person cared for
<p>Adult carers: what would help</p> <ul style="list-style-type: none"> • More time for themselves • Support for own health and wellbeing • Maintaining social networks • Workplace support for working carers • Advice on finance and benefits • Breaks away from caring. • Training to help carers provide better care. • Local community based support. • Better information, a central resource of up to date information 	<p>Adult carers' priorities</p> <ul style="list-style-type: none"> • Mental health • Support for health and wellbeing • Support at work • Culturally appropriate support • Time for own interests and relaxation • Being listened to and recognised • Responsive services and information • Specialist caring skills

7.1 Breaks from a caring role

Opportunities to take a break are important to carers of all ages, breaks that allow them to maintain a life of their own outside their caring role. Being able to take a break contributes to carer's general health and wellbeing, mental wellbeing and resilience. Carers of all ages

repeatedly said that having time for themselves was important in helping them continue in their caring role.

We need to create choice and control. Options for breaks need to be flexible to maximise the benefit for carers, and carers need to be sure the person they care for is supported safely and contentedly whilst they are away.

We recognise that the needs of young carers and adult carers are often different.

7.2 Carer support in health and social care

Many carers report stress, anxiety or depression linked to their caring role. We need to ensure that carers can maintain their social networks and are not isolated by their responsibilities, and that there are flexible options for them to take breaks from caring. We will provide support for stress, anxiety and depression at an early stage so that difficulties do not become serious.

Physical health can also be affected by the stresses of caring, or caring responsibilities may make it difficult to seek medical care.

7.3 Support at work

Working carers reported problems in accessing support and the challenges of employers not understanding the demands of caring. Carers find it hard to juggle work and caring and as a result often feel under pressure to give up work. Many employers don't understand the benefits of keeping employees who are carers in their workforce.

7.4 Being listened to and recognised

Carers, especially young carers, often feel ignored. Carers want to be recognised by health and social care professionals as partners in decision-making, and to be recognised in the wider community for the work they do.

7.5 Responsive information and services

More than 50% of the carers involved in our 2018 engagement reported the support they received didn't meet their needs or they were unable to access support. Carers said that in their experience the local authority access point is intended for people in crisis and that it is difficult to obtain information at an early stage, before crisis is reached.

Carers told us they need information on services that is up to date, accurate and easily accessible and in a range of formats and in a range of community languages. Information should be available locally, for example at community centres.

Carers, especially people from BME communities and people who our teams spoke with in shopping centres, often did not know what support was already available.

7.6 Specialist Caring Skills

Carers told us they want training to help them provide better care and improve their skills and confidence in caring. Being able to care effectively and safely is important to them.

8. Vision

Value - Understand - Respect - Respond

Communities that value carers for the contributions they make. Confident carers who know that services understand their needs and the needs of the people they care for.



9. The Changes

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH AND WELLBEING
1. Identify carers	<ul style="list-style-type: none"> Encourage all staff in health, social care and education to identify carers. Encourage GPs to register carers Increase awareness of young and parent carers in schools and colleges 	<ul style="list-style-type: none"> Identification and registration quality marker Mental wellbeing support teams in schools and colleges 	<ul style="list-style-type: none"> Increase in numbers on carers registers Increase in number of young carers accessing individual, peer or group support 	<ul style="list-style-type: none"> Improvement in carer-reported quality of life
2. Better support for carers in health and social care	<ul style="list-style-type: none"> Encourage and support services to work together for the wellbeing of individual carers 	<ul style="list-style-type: none"> Develop formal agreement (Memorandum of Understanding) Use Personalised Care to give carers more choice and control 	<ul style="list-style-type: none"> Memorandum of Understanding in place Improved Patient Activation Measure outcomes 	<ul style="list-style-type: none"> Increase in percentage of carers with a long term condition who feel supported to manage their condition
3. Better support for carers in communities	<ul style="list-style-type: none"> Make leisure opportunities more accessible to carers 	<ul style="list-style-type: none"> Increase carer access to social prescribers Learn from Dementia Friendly initiatives Contribute to a review of community transport 	<ul style="list-style-type: none"> Number of carers engaging with social prescribing services Publish 'Carer Friendly' recommendations With other departments, publish review of community transport 	<ul style="list-style-type: none"> Increase in percentage of adult carers who have as much social contact as they would like
4. Better support for carers in education and employment	<ul style="list-style-type: none"> Work with schools and colleges to improve opportunities for young carers Work with schools and colleges to encourage young and parent carers to register with GP Encourage employers to implement practical workplace support for carers Support carers to make informed choices about employment 	<ul style="list-style-type: none"> Mental wellbeing support staff in schools and colleges will increase workforce awareness of young carers and parent carers Promote Employers for Carers online resources Specialist carer support service will offer advice and information to employees and businesses 	<ul style="list-style-type: none"> Increase in number of young carers accessing individual, peer or group support Number of primary and secondary schools with a young carer programme Percentage of adult carers who have as much social contact as they would like Carer reported quality of life 	<ul style="list-style-type: none"> Increase in percentage of adult carers who have as much social contact as they would like Improvement in carer-reported quality of life
5. Specialist support for carers (carer support services)	<ul style="list-style-type: none"> Support and information for carers easily accessible in all localities Support carer resilience Improve transitions Prevent crisis 	<ul style="list-style-type: none"> Commission specialist support which is accessible in all localities and to all communities, including where people may experience barriers to access Commission training and coaching to support resilience and acquire specialist caring skills Specialist support services will work with people to plan ahead for transition Specialist support services will work with people to plan for foreseeable events 	<ul style="list-style-type: none"> Access to specialist carer support Access to short breaks Numbers completing training / coaching Number of carers' transition plans Number of long term carers' plans 	<ul style="list-style-type: none"> Improvement in carer-reported quality of life Increase in percentage of carers with a long term condition who feel supported to manage their condition

9.1 Identify carers

- ❖ GP practices are well placed to meet carers and get to know them. We will encourage practices to keep a register of young and adult carers so that everyone with caring responsibilities can access support.
- ❖ Other clinicians and professionals including district nurses, community matrons, social workers and community therapists may have long-standing relationships with families and carers, and detailed knowledge of their circumstances. They are well placed to identify people with caring responsibilities and support them to register as carers with their GP.

Responding to change

GP practices, other clinicians and professionals, schools and colleges often know about changes in people's lives.

- ❖ We will encourage them to have conversations with carers about the new situation and skills or services that could help.



“She’s in the last year of sixth form.”

“I’ve started a new job.”

“We don’t go out much these days.”

“My hearing’s not what it was

9.2 Better support for carers in health and social care

- ❖ We will develop and monitor a formal agreement between NHS services, Bradford Metropolitan District Council, North Yorkshire County Council and voluntary sector organisations to work together for the wellbeing of individual carers.
- ❖ Organisations will work together to ensure that children’s caring roles are appropriate and that all family members are supported.
- ❖ We will reduce the number of times carers need to repeat their story to different organisations.
- ❖ We will make it easier for services to share information to improve support for carers.
- ❖ We will encourage staff in health and social care to be aware of the role and support needs of carers, including carers in groups that are easy to ignore such as those from BME communities.
- ❖ We will encourage services to make it easier for carers to attend appointments, for example by offering flexible or priority appointments.
- ❖ We will use Personalised Care to give carers more choice and control over support for their individual health and wellbeing.
- ❖ We will encourage services to adopt whole family approaches to supporting carers.
- ❖ We will make it easier for carers to look after their health by publishing information about self-care and local activities and by encouraging healthcare services to make appointments at times that suit carers.
- ❖ We will encourage community initiatives to reduce isolation.

- ❖ A Carer Navigator service will support carers and families to make decisions about care once the hospital stay is over.



9.3 Better support for carers in communities

- ❖ It will be easier for carers to access facilities and be part of the community.
- ❖ We will learn from dementia friendly initiatives and work towards creating carer friendly places everywhere in Bradford District and Craven.
- ❖ We will explore ways to make it easier for carers to continue with activities that they enjoy and to take up new activities.
- ❖ We will contribute to a review of community transport and recommend changes that will make it easier to travel to appointments and to social and leisure activities.



9.4 Better support for carers in education and employment

Education

- ❖ Schools and colleges will have greater awareness of young carers, improve their educational opportunities and give them the widest possible range of choices as they approach adulthood.
- ❖ Schools and colleges will be aware of parent carers and encourage them to register as carers with their GP.

Employment

- ❖ We will work with employers to raise awareness of the challenges faced by working carers and the benefits of keeping them in the workforce. We will encourage practical workplace support and changes in culture so that carers can continue to contribute and be rewarded at work.
- ❖ We will support carers to make an informed choice about whether to work and to obtain employment if they wish to do so.
- ❖ We will work with regional teams to provide guidance and practical support to young carers who wish to pursue a career in health or social care.
- ❖ NHS organisations and the Local Authority will be pioneers in improving support for working carers.



9.5 Specialist support for carers

- ❖ Carers will have specialist support in their local communities through commissioned carer support services.

Transitions

- ❖ Carer support teams will guide people as they encounter different services, for example:
 - young carers moving to adult carer support
 - parent carers whose child is moving from children's to adult services
 - people caring for someone who moves into residential care

Training and coaching

- ❖ Carer support services will make it easier to find coaching that will help people focus on their own wellbeing and bounce back when they need to
- ❖ People who require specialist caring skills will be able to learn the techniques they need

Planning

- ❖ We will support carers to plan for long-term changes including transition to adult services, transition to residential care and returning to work
- ❖ We will support carers to plan for emergencies
- ❖ We will support carers to plan for bereavement

Breaks

- ❖ We will make it simpler to arrange a short break from caring.
- ❖ Services that provide short breaks will be as flexible as possible.
- ❖ We will work with local services to provide short breaks.

Assessment and support

- ❖ We will develop straightforward information about different types of assessment and support to share with carers.
- ❖ We will ensure that carers can choose to have a separate assessment of their own needs.
- ❖ We will ensure that assessments consider the risk of harm or abuse, either to the carer or to the person they care for.
- ❖ People will be able to make appointments to see social workers and specialist carer support at the same time and in the same place.

Information

- ❖ We will make it much easier to obtain advice and information at an early stage, well before any crisis occurs.
- ❖ Everyone with caring responsibilities will know where to find help and advice.
- ❖ We will encourage organisations to share information resources with each other and with carers.
- ❖ We will explore opportunities to use new technologies including local authority websites and social media to share information.

Finance

- ❖ We will make it easier for carers to find advice on finance and benefits.
- ❖ We will work with carers to explore the best ways to use Personal Health Budgets and Direct Payments.

Bereavement

- ❖ Specialist services will offer practical guidance and emotional support while the carer grieves.

10. How will we know that we have made a difference?

Young carers

- Number of young carers accessing individual, peer or group support
- Number of primary schools with a young carer programme
- Number of secondary schools with a young carer programme

Adult carers

- Percentage of adult carers who have as much social contact as they would like (NHS Digital)
- Carer-reported quality of life (ASCOF 1D)
- Carer-reported quality of life for people caring for someone with dementia (NHS Digital)
- Overall satisfaction of carers with social services (ASCOF 3B)
- Proportion of carers reporting they have been included in discussion about the person they care for (ASCOF 3C)
- Percentage of carers with a long term condition who feel supported to manage their condition (GP Survey)

11. Appendix: Strengths, Weaknesses, Opportunities and Threats

As we developed this strategy we referred to views expressed by carers and people working in health and social care who took part in an analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT) in local carer support.

We collected comments from different perspectives through an online survey and during detailed discussion at a meeting of the Carers' Partnership, and they have informed the planned improvements listed in Section 7 of this strategy.

SWOT: Strengths

- ❖ Strong VCS and community infrastructure
- ❖ Existing digital platforms
- ❖ Outreach provision
- ❖ Services have opportunities to meet carers in person
- ❖ Carer support workers in some GP surgeries
- ❖ Annual carer health check at some GP surgeries

Maximising strengths

- ❖ Learn from what's working well
- ❖ Use and develop partnerships to avoid duplication and maximise access
- ❖ Dedicated carer support in all GP surgeries

SWOT: Weaknesses

- ❖ Carer comes second to person cared for.
- ❖ Many carers are not identified
- ❖ Support does not consider whole family
- ❖ Carers don't always have their own assessment or care plan
- ❖ Laborious form-filling for carers' grants
- ❖ Lack of information and guidance, lack of signposting
- ❖ Lack of practical help
- ❖ Lack of financial support or advice
- ❖ Lack of geographical coverage and reach
- ❖ Services not visible
- ❖ Services disjointed
- ❖ Little support at night and weekends

Addressing weaknesses

- ❖ Increase identification to enable early support before crisis
- ❖ Respond to carers as individuals: own support plans and budgets
- ❖ Named support worker for each carer
- ❖ Whole-family approach
- ❖ Support carer mental and physical health
- ❖ Proactive contact with carers and 24 hour support: opportunities to talk
- ❖ More visible support
- ❖ Staff with lived experience and relevant skills
- ❖ More day care and sitting services: flexible and reliable
- ❖ More co-ordination and flexibility
- ❖ Share records
- ❖ Publish directory of services
- ❖ Review paperwork and forms
- ❖ Focus on inner city
- ❖ Better transport

SWOT: Opportunities

- ❖ Improve financial wellbeing + support for working carers
- ❖ More opportunities to talk and ask questions
- ❖ Maximise benefit of every contact with services
- ❖ Joint appointments for carer and cared for person
- ❖ Earlier support to stop care needs escalating
- ❖ More carer support in primary care including use of clinical system
- ❖ Join up Local Authority and Continuing Health Care
- ❖ Bereavement support
- ❖ More referrals to other agencies
- ❖ Local willingness to volunteer
- ❖ Work with community organisations to increase access
- ❖ Development workers to support existing groups and develop new groups
- ❖ Extra care housing so couples can continue to live together
- ❖ Explore more carers' grants through British Legion, Trades Associations, charities

Maximising opportunities

- ❖ Meet people and speak in ordinary language
- ❖ Recognise carers in wider society
- ❖ Change workplace culture
- ❖ Services should be culturally competent
- ❖ Don't make assumptions about roles and expectations in different communities
- ❖ Work with GP practices
- ❖ Involve people who have become isolated
- ❖ Training or coaching for carers; peer support to increase resilience
- ❖ Identify volunteer skills, recruit befrienders and sitters
- ❖ Bereavement support and support when someone goes into residential care

SWOT: Threats

- ❖ Budgets and prioritisation
- ❖ Data and evidence not available
- ❖ Carers can be ignored and dismissed
- ❖ Carers are not valued or respected.
- ❖ Carers feel they are a burden.
- ❖ Carers cannot meet personal work and family commitments
- ❖ Carers are stretched looking after complex needs
- ❖ Carer burn-out

Mitigating threats

- ❖ Plan in advance and provide adequate funding
- ❖ Intervene early
- ❖ Work for culture change in society, care services and at work