



Solihull
METROPOLITAN
BOROUGH COUNCIL

Solihull Carers' Strategy 2014-2017

caring for our carers





Foreword

Councillor Ken Meeson **Cabinet Member for Health and Wellbeing**

Welcome to Solihull's Carers Strategy 2014-17 – Caring for Our Carers.

We are increasingly aware of the vital role which carers of all ages play in our community. They provide essential care to those who need help with daily living and who without that dedicated care would end up in hospital or other institutions instead of remaining at home. Carers need and deserve our support and this strategy is intended to make sure that they do not feel isolated in their work or unable to cope.

An important element of support is the provision of information and advice, but the strategy is also intended to help identify the many children, young people and adults who provide care for others but possibly do not even regard themselves as a carer in any formal sense.

The voices of carers are clearly heard in this strategy, which has been developed in co-production with those currently undertaking this role, our Experts by Experience and the services that work with carers. I am confident that this new Carers' Strategy will help to demonstrate our continued commitment to carers of all ages and by setting out the ways they will be listened to, recognised and supported, I hope that it will make a positive difference to the daily lives of carers in our borough.



Keymn Whervin **Expert by Experience & Vice Chair, Carers Partnership Board**

This new strategy for Solihull carers is an example of how carers and Solihull Council are working together to develop carers' services.

Solihull Council is proving it is committed to working with local people in order to improve services for our communities. Not only were Experts by Experience (carers with caring roles) recruited to co-produce this strategy, but young carers and organisations who deliver carers services also had the opportunity to contribute. This helped to ensure it was a meaningful and non-tokenistic process.

I have taken part in workshops to identify what is important to carers in our borough and it was great to go out to carers groups to consult with them about the strategy. This co-productive way of working has enabled the process to be transparent, open and honest, and allowed the strategy to reflect what carers feel they need.

This strategy will allow carers to feel valued and listened to, and I am so proud to be part of this process and help carers have a voice. My aspirations for the strategy are that carers feel empowered to meet their own outcomes in life the way they would wish, but at the same time be guided in the right direction when in need of support.



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Introduction

This strategy follows on from and replaces the previous Carers' Strategy and for the first time includes carers of all ages. We have a strong partnership to deliver the outcomes of this strategy; it is real co-production involving Carers from diverse communities, and a range of other partners from all sectors including Health, Solihull MBC and the Voluntary sector who are committed to supporting carers.

Carers have been involved from the beginning in the production of this strategy including Experts by Experience¹ who have been involved throughout, taking a leading role in finding out what carers' experiences are and what will help them in the future to continue to care.

Through this local Carers' Strategy, we aim to bring continued improvements in the quality of life, health and wellbeing of carers and provide improved support and services to enable them to carry out and maintain their caring role. We want to focus on the things that mean the most to carers, and those that make the biggest difference; by doing this we will move towards supporting carers to have better outcomes and as a result, hopefully improved quality of life.

Central to this local strategy is the belief that carers are people first, with the same rights as everyone else to have choice and control, quality of life, and equal opportunities to achieve their potential. Supporting this is the aim that, wherever possible, services provided will be responsive to individual need and circumstances, and will be appropriate to the needs of the person that is being cared for.

This strategy, developed at a time of reducing resource and increasing demand, therefore places emphasis on being sustainable and cost effective while delivering services that are responsive to the needs of carers.

¹ Making it Real for Carers'

Context

In 2011 there were 5.41 million people who supplied unpaid care in England. Health and Social Care are dependent on the role played by informal carers. In these austere times the support provided by carers is even more valuable but carers report that they are often don't feel supported or have access to information that would help them and may make their role easier to sustain. Always on Call, Always Concerned² clearly shows that there is a link between caring and deteriorating health and the negative impact this has on those who provide care including a significant proportion of children and young people who are young carers.

In 2013 the Carers Week survey by Carers UK of 2,000 carers found that over 70% of carers come into contact with health professionals (including GPs, doctors and nursing staff) during their journey. Yet health professionals only identify 11% of carers and GPs only identify 7%. Other key findings include

- Seven out of ten (75%) carers were not prepared for all aspects of caring
- Eight out of ten (81%) carers were not prepared for the emotional impact of caring
- Eight out of ten (78%) carers were not prepared for changes to their lifestyle because of a caring role
- Seven in ten (71%) carers were not prepared for the change in relationship with the person they care for
- Just under two-thirds (63%) of carers were not prepared for the impact caring had on their career
- Seven out of ten (72%) carers were not prepared for the financial impact of their caring role³

Other research also tells us that many carers may experience financial pressures such as education and employment opportunities are curtailed and also social isolation

Over recent years the importance of supporting carers has been evident with development of the Carers (Recognition and Services) 1995, and the Carers (Equal Opportunities) Act 2004 which established their right to a carers' assessment. In 2008 in the national strategy 'Carers at the heart of 21st Century families and communities', the Government set out its vision for the following 10 years.

“Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs enabling carers to maintain a balance between their caring responsibilities and a life outside of caring, while enabling the person to be a full and equal citizen”⁴

Building on this strategy, the Coalition Government established priorities for carers in 'Recognised, valued and supported – next steps for the carers' strategy, 2010'⁵.

More recently, The Children and Families Act (2014) strengthens the position of young carers, recognising them as vulnerable young people under section 17 of The Children Act (1989), making it a duty for Local Authorities to undertake a young carer assessment to identify their care and support needs, underpinned by an action plan, which can remain in place at the point of transition to young adult (16-25) and adult carers services. This is also included in The Care Act (2014).

² Always on call, Always Concerned, PRTC, 2010

³ Carers Week (2013) Prepared to Care? Exploring the impact of caring on people's lives

⁴ Carers at the Heart of the 21st century

⁵ Recognised, valued and supported – next steps for the carer' strategy, 2010

“The Care Bill in many respects marks a quiet revolution in our attitudes towards, and expectations of, carers. At last, carers will be given the same recognition, respect and parity of esteem with those they support. Historically, many carers have felt that their roles and their own well-being have been undervalued and under-supported. Now we have a once in a lifetime opportunity to be truly acknowledged and valued as expert partners in care” Dame Philippa Russell, Chair of Standing Commission on Carers”⁶

The Care Act (2014) represents the most significant reform of care and support in more than 60 years. It will come into force in two stages April 2015 and April 2016. Central to the Act is the concept of wellbeing. First and foremost councils will now have a duty to consider the physical, mental and emotional wellbeing of the individual needing care. The Act reforms the law relating to care and support for adults and the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect, to make provision about care standards, to establish and make provision about Health Education England. What it means for carers is their rights to achieve their day to day outcomes and access information.

The emphasis on prevention will mean that carers should receive support early on and before reaching crisis point. Information and integration of services should make it easier for individuals to access support and plan for their future needs. Adults and carers will have the same rights to an assessment on the appearance of needs. For carers this means that the previous requirement to provide ‘substantial’ and ‘regular’ care will be removed. The whole family will also be entitled to an assessment. Assessing what capabilities and existing resources a person may have needs careful consideration so that local authorities do not unduly rely on family and friends to provide care and support. After an assessment national eligibility criteria will be applied to the needs of the person. If a charge is incurred then the local authority must complete a financial assessment. All costs to the individual will be accrued in a ‘care account’.

Following the principle that an individual is best placed to judge their own care and support needs the local authority must work with the individual and their carers to decide how needs should be met. Direct payments can be provided to an adult and to carers. Regulations on eligibility (due to be published) will be crucial in determining which needs and therefore which carers can receive support from the local authority.⁷

⁶ DOH Factsheet 8 The Care Act – the law for carers 2014

⁷ Carers Trust briefing 2014

⁸ NHS England’s Commitment to Carers 2014

The Department of Health set out in its mandate to NHS England ‘that the NHS becomes dramatically better at involving carers as well as patients in its care’. In May 2014 they published NHS England’s Commitment for Carers⁸, based on consultation with carers. The themes that emerged were similar to other exercises held by other organisations e.g. The Carers Trust nationally and locally through our own consultation with carers in Solihull. The key themes were:

- Recognise me as a carer;
- Information is shared with me and other professionals;
- Signpost information for me and help to link professionals together;
- Care is flexible and is available when it suits me and the person I care for;
- Recognise that I may need help both in my caring role and maintaining my own health and well being;
- Respect, involve and treat me as an expert in care.
- Treat me with dignity and compassion⁹

Based on the emerging themes NHS England has developed 37 commitments around eight priorities, which include raising the profile of carers, education, training and information, person centred well co-ordinated care and partnership working.

The Department of Health and Public Health England (2014) have set out an approach to help school nurses support young carers¹⁰. The Schools Nurses pathway details how local authorities, schools and nurses can work together to identify and support young carers. To support this initiative the Carers Trust, the Department of Health and The Children’s Society will offer training to school nurses to become champions for young carers. These specially trained nurses will support the health and wellbeing of young carers, and will include supporting young carers to have a crisis plan in place so they know what to do if the person they care for has an emergency or if they feel they are not coping. They will also be responsible for registering young carers with their GP, dentist and optician.

There are 166,363 children in England caring for their parents, siblings and family members according to the latest Census data¹¹. Recent analysis has revealed that young carers are lagging behind in school and risk missing out on their childhoods due to the demands placed on them by their caring role.

- Around one in 20 young carers miss school because of the amount of support they have to provide at home
- Young carers also have significantly lower educational attainment at GCSE level – the equivalent to nine grades lower overall than their peers
- A quarter (26%) of young carers were bullied because of their caring role¹²

⁹ NHS England & NHS Improving quality (2014)

¹⁰ DOH Supporting the Health and Wellbeing of Young Carers (2014)

¹¹ Census analysis 2011

¹² Carers Trust and the Children’s Society – Schools Programme 2014

Research by The Carers Trust and Nottingham University shows that young people – young adult carers (14-25), providing unpaid care for friends and family have many fewer opportunities in education and the workplace as a result. Almost half who had left full time education were unemployed. Over half (54%) felt that they would have got better grades at school if it was not for their caring role and 87% felt that they had not received good career advice at school, and that the advice did not take into account their caring role. On average, young adult carers were absent from work for the equivalent of 17 days per year, and were late or had to leave early on approximately 79 days per year because of their caring responsibilities. This suggests that on-going caring commitments can have a substantially disruptive effect on workplace attendance. 67% informed their managers of their caring role, and 41% of these reported that their managers were not supportive. Of those who had been to college or university, 29% have dropped out because of their caring role – four times the national average.¹³

With young adult carers aged between 16 and 18 years twice as likely to be not in education, employment, or training (NEET), the combination of a lack of support in schools and colleges (often leading to underachievement) and inflexibility from employers risks leaving a generation of NEET young adult carers.

In the development of this strategy other key local policies and strategies have been taken into account. Carers are a golden thread that runs through the Integrated Care and Support Solihull (ICASS) programme and is firmly embedded in early intervention and prevention workstream. ICASS is partnership working across Solihull and their commitment is that in five years time people in Solihull will be able to say:

“I can plan my care with people who work together to understand me and my carer(s), allowing me control and bringing together services to achieve the outcomes important to me.”¹⁴

Carers were consulted and included in the Birmingham and Solihull Dementia strategy. Other examples of the focus of carers can be found in the work around assistive technology and the initiative for direct payments, Birmingham and Solihull Mental Health Trust Carers’ Strategy.

¹³ Young Adult Carers and Employment The University of Nottingham (2014)

¹⁴ Pioneer Expression of Interest: Integrated Care and Support in Solihull

Who are carers and why they need support

The term carer should not be confused with care worker, or care assistant, who receives payment for looking after someone.

Solihull has adopted the following as a definition for carers' of all ages¹⁵

'A carer is someone of any age who provides support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.'

Anyone can become a carer; carers come from all walks of life, all cultures and can be of any age. Carers don't choose to become carers, it often happens out of a feeling of duty and it is done because of an overwhelming concern and compassion for the person they care for. Many carers do not consider themselves to be a carer, they are just looking after their parent, child, partner or best friend, just getting on with it and doing what they feel anyone else would do in the same situation. It takes on average two years for a person to recognise themselves as a carer.

Carers usually fall into one of the five following categories:

- **Adult Carers:** an adult caring for another adult such as a husband, wife, partner, son, daughter, friend or relative
- **Sandwich Carer:** this is a fairly recent description of a carer and is usually an adult who carers for a disabled child and finds they are also taking on the responsibility of caring for a parent or older adult
- **Child Carers of Children with Disabilities:** an adult who cares for a child with a long term illness or a disability. They were previously called parent carers
- **Young Adult Carers:** aged between 16-25, caring for another with an illness or disability
- **Young Carers:** a young person under the age of 18, who is in some way affected by the need to take physical, practical and/or emotional responsibility for the care of another person, usually taking on a level of responsibility that is inappropriate to their age or development

It is recognised that these five types of carer stated are broad groups and that all carers are individuals and as such have differing and diverse needs.

Why do carers need support?

Caring for someone can be both physically exhausting and emotionally stressful. While many carers find caring a positive experience, carers often feel isolated, unsupported and alone. Many carers may themselves have a stress-related illness or long term health problem brought on by caring for someone over a period of time. Carers often experience a lack of financial security because of the cost of caring and can find themselves in debt.

¹⁵ Carers Uk 2013

There are particular difficulties for carers in obtaining the support they need to help them balance caring with work. Analysis of the census figures shows that carers who provide over 50 hours care per week are statistically twice as likely to suffer from poor health as other people¹⁶. Research by the Office of National Statistics shows that carers who do not get a break are twice as likely to suffer from mental health problems as those that do have a break. Other research also found the health of carers is more likely to deteriorate over time compared with non-carers¹⁷. Taking on a caring role can mean facing a life of poverty, isolation, frustration, ill health and depression.

- Many carers give up an income, future employment prospects and pension rights to become a carer
- Many carers also work outside the home and are trying to juggle jobs with their responsibilities as carers
- The majority of carers struggle alone and do not know that help is available to them
- Carers say that access to information; financial support and breaks in caring are vital in helping them manage the impact of caring on their lives.
- Young carers take on inappropriate levels of care at a young age, which can have an adverse effect on their education, wellbeing and future attainment.
- Caring can often have an adverse impact on the wider family (including other children and siblings) due to demands of caring.

When a person becomes a carer they give up many of the opportunities that non-carers take for granted. Carers' lives also become increasingly synonymous with the person they care for, which limits the opportunities they have for a life outside their caring role. They lack full access to services, leisure, paid work, and to general involvement in their community. They find themselves outside the mainstream of society, simply because of their caring role. Key examples of this are:

- Long-term receipt of benefits and self-reporting difficulties in managing financially
- Living in families with very high costs of disability and/or care
- Caring for person/s who have conditions/illnesses, which carry a high level of social stigma such as mental health problems or substance misuse
- Caring full-time
- Losing friendships
- Long-standing illness or disability
- Not had a break since they started caring

The experience for carers is not all negative, carers report that they often have a closer relationship with the person they care for; it also makes them consider what is important and what does not matter. Some carers talk about their experience of feeling valued by the person they care for and the recognition of being the expert carer.

'But it is not without positive aspects. In particular, being faced with the possibility of death or permanent disability makes the whole family re-evaluate everything. So often, after a traumatic event, the little things that we used to take for granted, from happy occasions with family and friends to beautiful landscapes to heart-warming literature or music can be sources of extreme joy.'¹⁸

¹⁶ Solihull Carers Needs Analysis 2014

¹⁷ Social Policy Research Unit

¹⁸ British Journal of Health Psychology 2013 'Posttraumatic growth in stroke carers: A comparison of theories'

Who are Solihull's Carers and what have they told us?

Who are Solihull Carers?

For the first time a Carers Needs Assessment was carried out by Solihull MBC in 2014. This alongside a fair treatment assessment has been used to inform this Carers Strategy.

According to the 2011 Census there are a total of 24,113 carers in Solihull, which at 11.7% of the population is higher than the England (10.2%) average. The number of carers in the borough increased by 15% (3,126 individuals) between 2001 and 2011, compared to an increase of 3.6% among the population as a whole. In context, the carers population increased by 11% throughout England.

Data from the Census shows that in terms of the number of hours of care that carers in Solihull provide the split is similar to that of England as a whole; 67% of all carers provide 1 to 19 hours of care per week (compared to 64% in England), 12% 20 to 49 hours (compared to 13%) and 21% 50 hours+ (compared to 23%). It is worth noting here that as the Census does not breakdown the number of hours of care provided over 50 hours per week it does, to a degree, mask the extent and intensity of care provided by many carers. This is shown by the fact that 34% of respondents to the Solihull Carers Survey 2012/13 who were able to quantify the amount of time they spent caring per week stated that it amounted to 100 hours or more.

The Solihull Carers Centre has a total of 1,284 active¹⁹ adult carers aged 18+, which represents around 5% of all those identified within the Census. The gender split of those registered with the Carers Centre (75% female, 25% male) is considerably more skewed towards females than among those identified in the Census (based on those aged 25+ only) The age breakdown of these carers registered shows that nearly three quarters are over the age of 50 (73%), with nearly a third (31%) aged 71 years and over. The Carers Centre age bands do not precisely match those from the Census, but it appears as though the Carers Centres reach is more comprehensive among older carers than it is amongst those from younger adult groups.

20.3% of patients on the register of GP practices within the Solihull CCG are known to have a caring responsibility (48,240 patients). This ranges from 33.5% of patients at the Park Surgery (Shirley) to 14.8% at the Hobs Moat Medical Practice (Lyndon). There is very little pattern discernible, although it appears that GP practices in the rural south and east of the borough are more likely to record a high proportion of patients with a caring responsibility than elsewhere in the borough.

The 2011 Census identifies a total of 404 carers under the age of 15 in Solihull; this can be expressed as 1.5% of the population aged between 5 and 15 years²⁰, although the proportion who provide care among older children in this age group is likely to be higher. This is slightly below the England average (1.7%), but rises to more than 4% in a number of Solihull's LSOA neighbourhoods. There are currently 229 young carers aged 5 to 18 years known to Solihull Young Carers (those that are registered and have been in contact in the last two years). The most common reason that the young people identified by the Young Carers Service provide care is that the cared for person has a physical disability (137), although mental health issues (68) and Learning Disabilities (52) are also common.

¹⁹ Registered and in contact within the last 2 years

²⁰ ONS 2011

The total number of carers in Solihull is projected to increase by 17% between 2011 and 2021 (from 24,354 to 28,494) and by 40% in 2030. It is important to remember that not everyone who is a carer will identify as one – some of these carers are referred to as ‘hidden’ carers for example young adult carers and carers from BAME communities are under represented.²¹

A survey of carers was conducted by Solihull MBC during 2012 as required by the Department of Health (DoH). The carers who are recorded on care first were sent the DoH survey questionnaire, it should be noted that as this group, unlike the broader NHS survey, was drawn exclusively from those who are known to social care services the type of care that they provide is likely to be more intensive. However, from this survey it is clear that many carers’ help with all aspects of the cared for persons life (from personal care to emotional support) and that many people who are themselves frail or suffering from ill health perform physically demanding tasks. In summary:

For each of the ten tasks that were surveyed at least 60% of carers helped the person they cared for and with more than 85% of carers undertaking each of the following:

- Keeping an eye on the cared for person to see if they are alright (93% of respondents)
- Giving emotional support (88%)
- Helping with paperwork or other financial matters (88%)
- Help dealing with care services or benefits (87%)
- Keeping the cared for person company (86%)

Although a smaller proportion (60%) of carers says they provide physical support for the person they care for it is worth noting that 56% of those who say that they have an illness, disability or health condition do so as well as 45% of those aged 85 years and over.

Additionally, there was a locally commissioned report undertaken by Solihull LiNK who in June 2012 produced a report ‘Respite for Carers’. The key themes within the report included the need for more proactive information and advice for carers; the need to improve the variety and availability of respite support and for a continuation of valued carers support networks. This report was subsequently passed to Solihull Healthwatch for further monitoring.

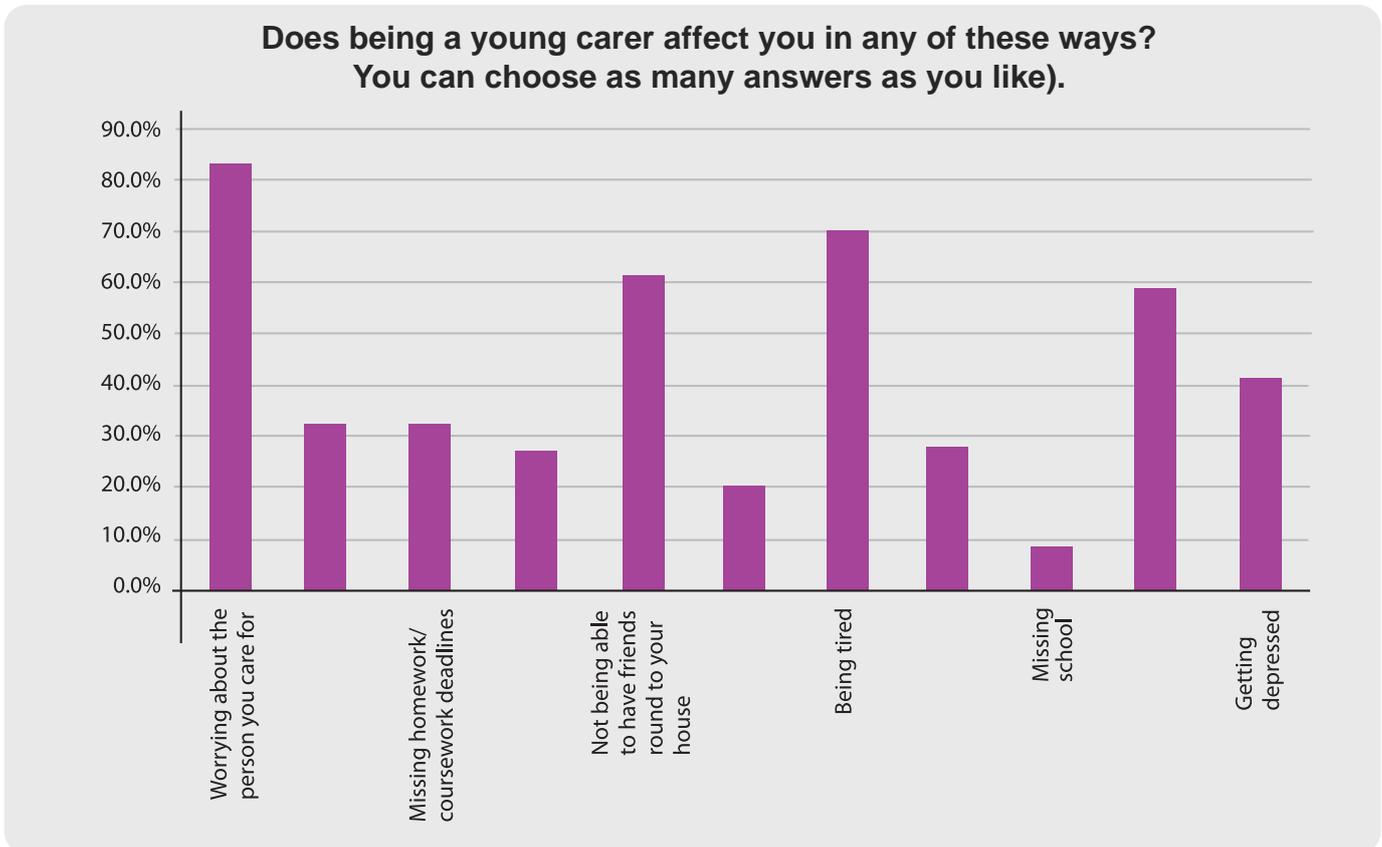
The review of Domestic Homicides in the West Midlands looked at the 17 deaths which had occurred since 2011, carers were identified in 3 of these. The report indicates that the carers had not had support or had a carers’ assessment.²²

Young carers have provided a wealth of additional age specific information for this strategy including taking part in a consultation event. In 2012 ‘One Chance to grow up’ was produced as the result of the work undertaken by a group of Councillors, this gave a direction to the development of a Memorandum of understanding ‘Working together to Support Young Carers’ and a Promise which was co-produced with young carers and signed by the Leader of the Council, the Chief Executive and a young carer. The promise sets out the standard of service that young carers can expect to receive.

²¹ Solihull Carers’ needs assessment

²² West Midlands Domestic Homicide Review 2014

Young carers complete an annual survey, in 2013 young carers identified that there were 47% boys to 53% girls with the main age group between 12 and 15 years old, their experience of being supported in schools was mixed but overall they thought that it would help to have a named person to be able to speak to. Although they reported being bullied it was not because they were a carer. They were generally happy with their lives but a bit more fun would help. Things that affected them as young carers can be seen in the chart below:



In terms of what would help – better information about the condition of the person they cared for, cooking, to have more support, be able to access services and for people to understand.

‘Why do I wake up in the night worrying?’

They enjoyed the opportunity to meet up with other young carers and get a break.

In April 2014 they were also surveyed as part of a joint piece of work between the Young Carers Service and a GP practice, the purpose of this was ‘to inform GP’s of how they can better support young carers in Solihull, from the voices of young carers themselves’. The young carers that took part in the survey told us that:

- 61% are in touch with their doctor
- 77% have appointments at the surgery
- 19% have spoken to their doctor on the phone
- 74% did not know that they could see the doctor by themselves, confidentially from the age of 12
- 13% have had bad experiences of going to see the doctor (usually with the person they care for)
- 58% go to the doctor with the person they care for.

When asked how they thought doctors could encourage young people to contact them if they were worried about their health or need advice, there was a variety of answers which included suggestions such as:

- Making sure everything is explained in plain English
- Be more approachable, show more support, not judgmental
- Be available online to talk to, phone up or send letters occasionally

As part of the Health Related Behaviours Questionnaire (HRBQ) in 2014, children and young people in Solihull schools were asked a number of questions some of which related to caring responsibilities. In years 4 and 6 15% of students said that they spent time at home looking after someone. In years 8 and 10 this rose to 28% and was fairly easily split between boys and girls, 27% said they did this on a regular basis but only 5% identified themselves as a young carer and 8% did not know.

What Solihull carers have told us

Carers of all ages have been fundamental in the development of this strategy and as such have been consulted from the start to establish what works for them and what else will help. Experts by Experience, who are carers themselves, were involved in co-producing a consultation document and helped to run a number of events in March and April 2014. Two hundred and fifty carers gave their views either in one of twelve consultation sessions which were open to a range of carers of differing ages and caring for loved ones with diverse and sometimes complex conditions. These events were café style discussion forums where the key messages were recorded. In addition to these, 38 carers who were unable to attend an event completed a questionnaire which covered the same questions

They were asked:

- What would have helped when they first became a carer
- What has helped
- What should be our priorities/outcomes for the strategy
- What services are important for the future to support carers

Carer's experiences varied enormously but there was a consensus of opinion across all ages about what they need to support them to continue in their roles as carers.

The key messages from the consultation are summarised below:

Recognition and respect

Some carers said that they did not feel fully recognised and respected as the carer and therefore were not always involved in the design of the care package for the person they cared for, and they sometimes needed time to 'take it in' and work out how it fitted. They want to be consulted with and involved in the decision making and care planning process for the person being cared for in a person centred way. A good relationship with professionals and building understanding of carers' circumstances was highly valued. Some carers expressed concern that adult social care processes required them to 'start again' when they made contact rather than go back to social workers they had got to know.

Some carers acknowledged that they did not recognise themselves as carers and that it would be helpful if other services especially GP's, hospitals and Social Care helped in this. It would also help if there was more flexibility with appointments especially for people with dementia or autism or others who struggle with long waits. Some carers said "It would be helpful if there was a scheme like the Disabled blue badge scheme for carers to be able to park more easily especially when their time is short", for example to be able to do every day errands or because of the condition of the cared for it makes it difficult to complete things in the short parking times.

It was also highlighted that while carers may need training to support them in their caring role that professionals and others needed training to help them understand the needs of carers and the challenges faced by them. Carers' assessments should be promoted positively and be triggered at information and/or treatment or diagnosis points. There is also some fear for carers that they will be found lacking and the person they care for will be taken away from them and placed in residential care and for the parents of young carers and child carers that they will be found to be lacking as parents and have their child removed. Carers want to feel confident in the services that are available to help and support them. Carers want to be listened to and supported to have their say.

Advice and information

Good quality advice and information is important to carers in a range of formats, it needs to be concise, up to date and jargon free. The content available needs to be wide ranging, information and explanations of what help is available including for example financial, direct payments and benefits, health, conditions, and carers assessments. Information on the internet should be improved and expanded locally. There are still many older people not accessing the web but also young carers who wanted alternatives such as information sheets. Newsletters produced by the Carers Centre were valued by carers of all ages. They can be picked up, put down, and kept. They are important in making carers feel part of a network and news and events was felt to be as important as service information. Many carers felt that a 'one stop shop' where you could get basic information would be helpful and then you could be put in touch with more specialist agencies. Information of different kinds will be needed by carers at different points/events in their lives, e.g. diagnosis, hospital discharge, thinking of giving up work. Carers will often need advice and help when their caring role comes to an end. Training to help them in their caring role such as first aid and moving and lifting but also cooking, budgeting and healthy lifestyle choices. Those carers who belonged to carers groups such as the ones run by the Carers Centre and Alzheimer's Society found them useful not only by providing information but also emotional support and friendship:

'It's my lifeline; you can be yourself and don't need to explain things'

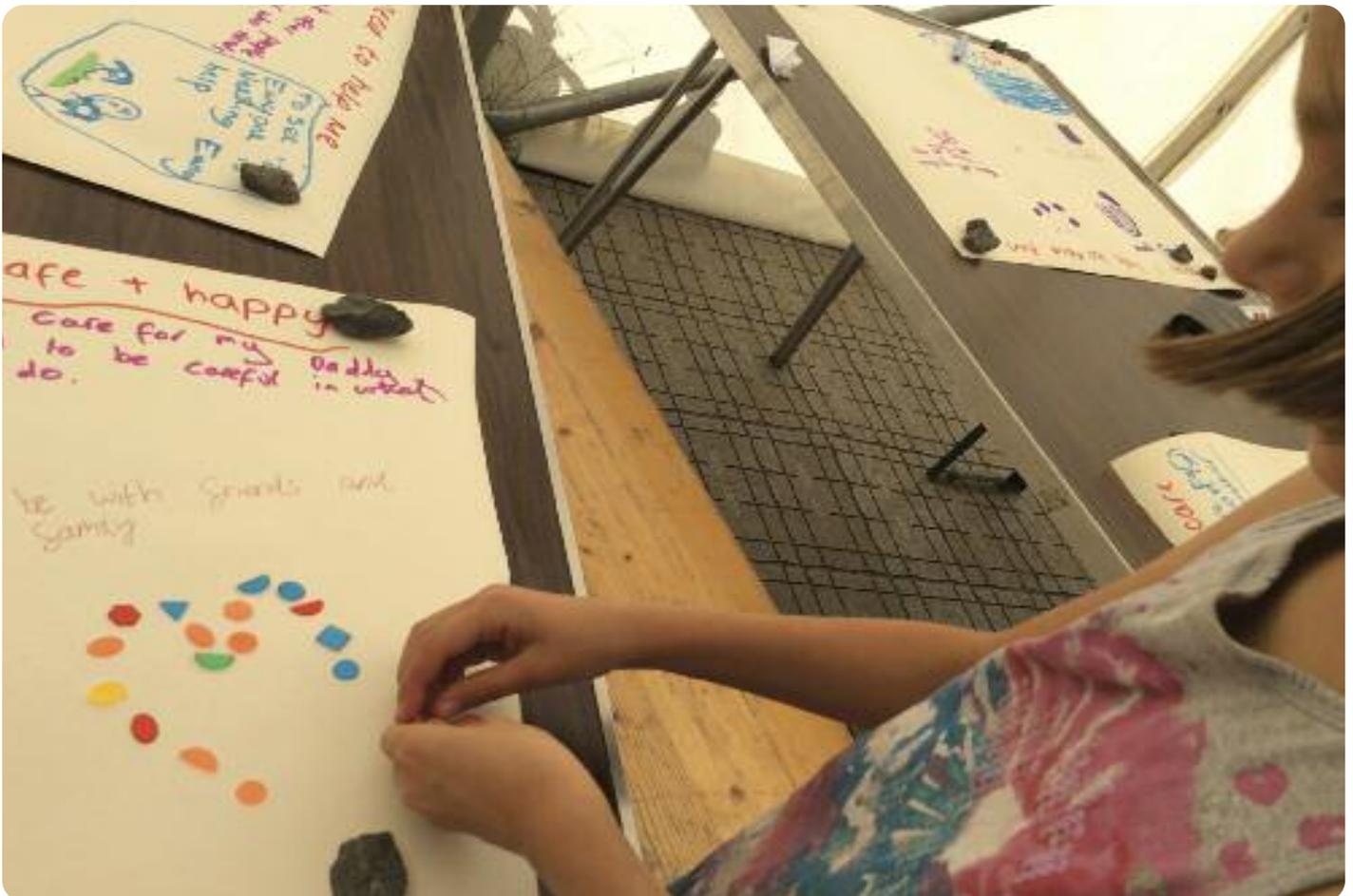
'It would be good to have a buddy who can help to guide you through things and help you to understand in the early days'

Respite breaks

Carers need to have a life of their own, alongside their caring role. Carers of all ages agreed that they needed a break, a respite from caring and that this varied according to their own individual circumstances. That breaks need to be flexible from a few hours to several days, not just in the daytime but in the evening, giving carers greater opportunities to be involved in family and community events. Some carers wanted the respite to take place in their own homes when it was for a longer period of time such as overnight or for a few days as this was often less stressful for the cared for to be in their own familiar surroundings. Carers and those they care for sometimes wanted a break together which was supported and so took some of the stresses and strains off the carer. Carers emphasised the need for day care for their cared for in particular those with dementia. There were also examples of when the cared for not letting the carer have a break but also to have the opportunity to have a supported break together. Younger carers wanted more opportunities to do things together and to go away with each other on residential events for example the young carers' festival. Carers also identified the need for an emergency respite care service so that they would have peace of mind should the unexpected happen.

Carers' health and wellbeing

A number of carers referred to the pressures of long term caring and that services, usually health and social care, should recognise this and not just respond to immediate needs. Caring roles which involve daily personal and physical care have a significant impact on the carers' physical and emotional health and that there should be health checks for carers and counselling available. There is also a sense of loss for what might have been in terms of family life, career and future life depending on the circumstances of caring. Carers need to be supported to stay mentally and physically well and to be treated with dignity and respect.



What Carers want from the Strategy

From the feedback at the consultation events and questionnaires the following seven Outcomes were established as priorities for carers. Outcomes 1-6 cover carers' of all ages. Outcome 7 is specific to young carers (5-18) because of the impact on their education and lost childhood.

Outcome 1 – All carers in Solihull are assisted to identify themselves as carers at an early stage

Outcome 2 – Carers have opportunities to be fully involved in designing and influencing local and national care provision and involvement in planning individual care packages

Outcome 3 – Carers will be enabled to fulfil their educational, training or employment potential

Outcome 4 – Carers will receive personalised support, both for themselves and the person they care for, enabling them to have a family and community life

Outcome 5 – Carers will be supported to remain mentally and physically well

Outcome 6 – Carers be protected from inappropriate caring roles

Outcome 7 – Young carers (aged 5-18) will have the support they need to learn, develop and thrive and to enjoy a positive childhood

As part of the consultation with young carers it was important for them to translate the outcomes into language that made sense to them:

Outcome 1 – Finding out that you are a young carer

Outcome 2 – Young carers are involved in changes to services for them

Outcome 3 – Young carers do well at school, training or starting work

Outcome 4 – Young carers have what they need for themselves and the people they care for to be happy

Outcome 5 – Young carers feel good, fit and healthy

Outcome 6 – Young carers are protected and kept safe while caring

Outcome 7 – Young carers enjoy their childhood and be the best they can

Overall, at the consultation events carers told us how helpful it was to meet other carers and to be able to give their views and ideas for the strategy. They felt reassured that we had gone to them first and were listening to them and that Experts by Experience were involved. They were pleased to be asked to contribute to the strategy but also wanted to have feedback in the future so they would know what had happened as a result of what they had to say.

“Will I get a copy of the strategy and will you let me know what happens next?”

What we are going to do - Our Vision

“In Solihull, we recognise and value the contribution made to our community by carers.

We will work together to support them in caring by:

- Respecting the need to look after their health and well being;
- Helping them to achieve their potential through education, training and employment;
- Enabling them to have a quality of life outside caring by providing accessible support;
- Listening and respecting them as expert partners in care;
- Promoting greater public awareness of the role of carers;
- Ensuring that our services are designed to be flexible enough to meet carers' needs;
- Understanding and supporting the choices that carers make.”

Outcome 1 – All carers in Solihull are assisted to identify themselves as carers at an early stage

Carers should not see their role as a stigma but as an important contribution to the wellbeing of the person they care for. People who look after a spouse, parent, child or friend might not always see themselves as a carer. Family/friends and those in the community including health and social care should help to direct carers to information and advice as soon as signs of a caring role present themselves so that they have the confidence and insight to acknowledge their role as a carer at an early stage and access the help they need.

What we will do

- Register carers from the first point of contact
- Promote awareness raising training for professional staff including formal carers which will include Carer Aware and Young Carer Aware e-learning
- Work with GP's and other Health professions to increase the identification and recognition of carers
- Work within the Advice and Information Hubs to signpost carers to appropriate specialist services
- Make information accessible to a wider cross section of carers in the community
- Work with Housing providers and other community services to identify carers and to signpost them to appropriate services

How we will know we have achieved this

- When carers tell us
- Monitoring information received from services
- The number of carers known to us has increased

‘I know that I am a carer and what support is available for me when I need it’

Outcome 2 – Carers have opportunities to be fully involved in designing and influencing local and national care provision and involvement in planning individual care packages

Carers have an in-depth knowledge of the person they care for therefore they are best placed to know the persons needs. Their knowledge should be used to influence the kind of care provision that is essential locally and nationally. Their 'person' knowledge is also key in helping to achieve the best individual care package.

What we will do

- Provide good quality comprehensive information available in a range of formats accessible to carers of all age
- Make sure that Carers Assessments and their support plans will be timely and reviewed when required
- Develop a training/education programme with carers for carers and others
- Increase the number of groups for carers including specialist carers' groups
- Involve carers in the review of services and the design of new services

How we will know we have achieved this

- When carers tell us
- Carers' assessments will have increased.
- Feedback from carers support services will provide evidence quarterly

'I am kept up to date with what is going on'

'There are events that I can attend easily'

'I have been involved in consultations locally'

'I know what is going on and have enough time to think about it'



Outcome 3 – Carers will be enabled to fulfil their educational, training or employment potential

Carers should not have to forgo these principal goals in their life, they are entitled to achieve their full potential in all areas.

What we will do

- Roll out the e-learning Carer Aware and Young Carer training to make it easier for school, colleges and employers to identify carers
- Further develop the schools award which recognises those schools which have a high level of commitment to supporting young carers to enjoy and achieve in their education, to include all carers and further and higher education establishments and other training providers
- Help carers who want to stay in employment by promoting carers' work place entitlements and the right to request flexible working arrangements including compressed hours and career breaks to help balance work and caring commitments
- Carers will be encouraged to share their experiences with education and training providers and employers to help highlight the competing demands faced by carers
- Work with employers to recognise and support carers in their employment
- Make available opportunities for carers to access vocational and non vocational learning

'I can go on a course I have an interest in and not just one that allows me to do my caring role and I can attend an establishment I feel will give me the best results'

'I can have the opportunity to climb the ladder in my employment'

How we will know we have achieved this

- When carers tell us
- Monitoring services that assist carers with their caring roles
- Stories and statistics collected



Outcome 4 – Carers will receive personalised support, both for themselves and the person they care for, enabling them to have a family and community life

Support is designed for both parties so enabling the carer to have as normal a family and community life as possible.

What we will do

- Review the current system for undertaking carers' assessments to ensure we have a range of ways to doing them that are appropriate to the carer, their families and the person cared for
- Information will be available for carers so that they can access respite breaks and other events and activities
- Carers will receive information about direct payments and support to access them
- Promote Assistive Technology (gadgets) which help to increase the independence of both the carer and cared for
- Increase the variety and number of carers groups so carers have the opportunity to join the one(s) which are right for them
- Carers will be encouraged and supported to become involved in these groups

How we will know we have achieved this

- When carers tell us
- Recorded increased use of assistive technology
- Increased number of respite breaks taken

'I have a carers assessments that is based on my outcomes and lifestyle'

'I can attend activities and events of my choice'

'I can see my family and friends regularly'

'I have had my cultural needs taken into consideration'

'I can still have a family life away from my caring role'

'I am the expert about my situation'

Outcome 5 – Carers will be supported to remain mentally and physically well

Caring can be stressful and carers can neglect themselves so putting their mental, physical and emotional health at risk.

What we will do

- Carers will be supported to think about their own health and provided with appropriate opportunities, within their own communities, to enable them to engage in activities that will maintain or improve their health and wellbeing and choose healthy lifestyle options
- Ensure that all carers have information and access to a range of counselling and psychological therapies in order to help maintain their mental wellbeing
- We will commission an emergency respite – peace of mind scheme
- Improve awareness of carers' issues, identification and referral of carers and information provision in GP practices and other community and health services
- Young carers will be supported by school nurses to register with a GP, optician and dentist.
- Carers will be supported to have respite breaks from their caring
- We will redesign our sitting services so that they provide more flexible person centred opportunities for a break from caring

How we will know we have achieved this

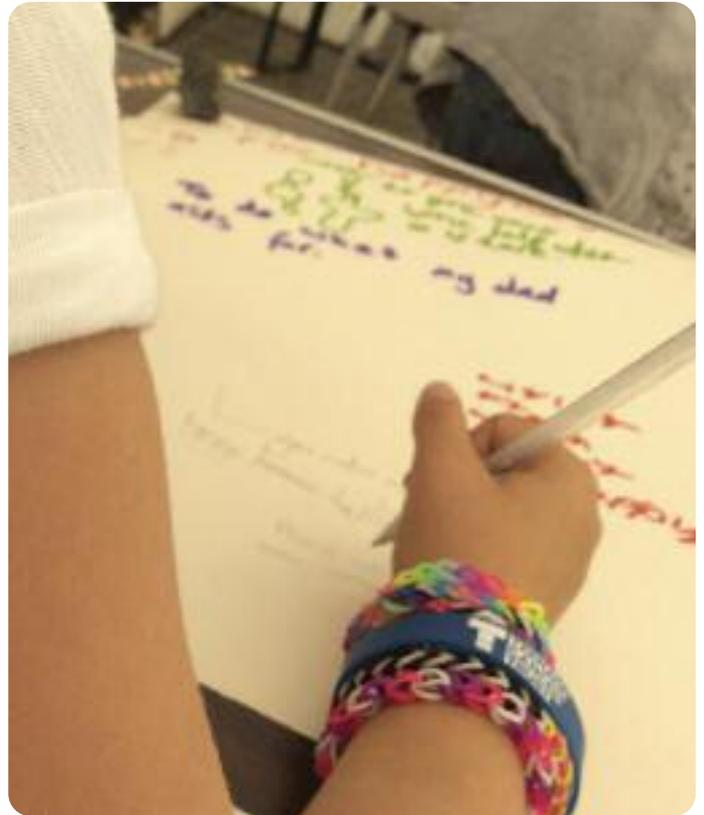
- When carers tell us
- The number of carers known to services will increase
- Services will provide evidence of their involvement

'I am directed to health and wellbeing services'

'My cultural, ethnic and religious needs are taken into consideration whilst delivering my caring role'

'I have hobbies'

'I take regular breaks or holidays with my family and friends'



Outcome 6 – Carers be protected from inappropriate caring roles

Carers should be assessed as to the kind of care they will deliver and whether they are comfortable in carrying on or not.

What we will do

- Carers will be assessed and have access to appropriate training
- Carers initial assessments will identify services for the cared for which will relieve the carer e.g.housing adaptations, respite breaks
- Carers will be listened to and where possible appropriate advice will be given or solutions will be identified
- Assistive technology will be identified
- Carers will be assessed as their caring responsibilities change and direct payments considered for providing appropriate additional care

How we will know we have achieved this

- When carers tell us
- Peer support reviews
- Regular and comprehensive collation of data from all providers and partners

'I am the daughter first and carer second'

'I will be directed to help from the settings I use regularly regarding the person I care for'

'Those I come into contact with regularly are able to feel they can go and seek extra advice and support on my behalf'

How we will know if we have made progress

It is important that we can all demonstrate that the strategy makes a positive difference for carers. Underpinning the strategy will be an implementation plan which tells us in more detail what actions will take place and by when. It is intended that the implementation plan will develop over time being responsive to the new demands and priorities.

Monitoring the Strategy and Implementation Plan

The outcomes of the strategy will be monitored and developed during its lifetime to fit in with any potential changing priorities.

In January 2014 the Carers' Partnership Board held its inaugural meeting. The Board is chaired by the Carers Champion, who is an elected councillor of Solihull Council nominated by the Cabinet member responsible for Health and Wellbeing. The vice chair is a carer elected from the Board membership. Other Board members consist of carers of all ages representing different areas of caring, an expert by experience, and representatives from the voluntary sector, health, department for work and pensions, relevant officers of the council.

The Board will meet a minimum of 4 times per annum. The purpose of the Board²³ 'is to bring together experiences and knowledge about the needs and aspirations of all carers in Solihull, to promote awareness and respect for the caring role and to discover ways to influence support for carers.'

The Board will monitor the implementation of the carers' strategy and its progress and will be accountable to the Health and Wellbeing Board.

Progress on the implementation including any risks will be reported to the relevant groups with Children's and Adults Social Care.

Carers will have regular opportunities to feed back their comments via carers' views meetings, carers groups and the annual carers survey. This information will be collated for the Partnership Board.

There will be quarterly monitoring meetings held with all services who are commissioned to provide support to carers. A summary report will be available to the Carers Partnership Board

An annual progress report will be available via the Health and Wellbeing Board and the carers' pages of Solihull Council website.

The implementation plan will be monitored on a quarterly basis and updated annually.

We will feed back to carers annually on Carers Rights Day in November.

²³ Carers Partnership Board Terms of Reference 2014

Solihull Carers' Strategy 2014-2017

