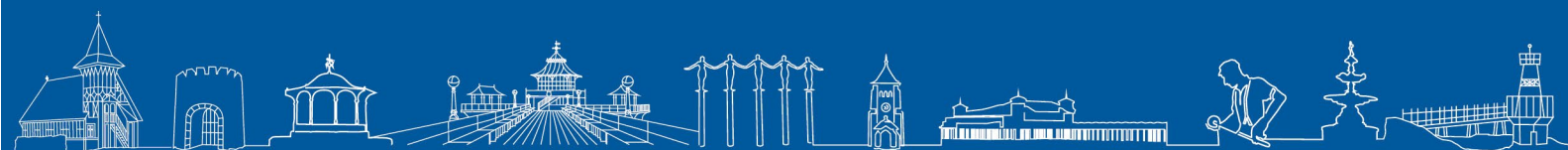

North Somerset

All Age Carers Strategy

2024-28



Contents

1. Introduction.....	4
2. How we developed this strategy.....	4
3. What do we mean by 'Carer'?	5
4. Carers – the National Picture	5
5. Carers in North Somerset – Local Picture	8
6. How we Engaged with Carers	11
7. What Carers told us.....	13
7.1. Health.....	13
7.2. Information and advice.....	13
7.3. Support for caring responsibilities	14
8. Our Strategic priorities.....	22
8.1. Priority 1 - Identify, Recognise and Value Carers	23
8.2. Priority 2 - Involve Carers in Decisions, including Care-Planning and Developing Services	25
8.3. Priority 3 - Systems that are a) Joined-up and b) that Identify, Recognise and Value Carers and see Carers in the context of the whole family.....	27
8.4. Priority 4 - Services that are Reliable and Deliver Best Outcomes for All	29
8.5. Priority 5 - Information and Advice	31
8.6. Priority 6 - Staying Well and Having a Life of my Own.....	33
8.7. Young Carers – developing a work plan to deliver on priorities and their actions to improve.....	36
9. What happens next?.....	37
10. How will we monitor progress?	37
11. Glossary of terms.....	38

Document information

Title	North Somerset All Age Carers Strategy
Policy Status	Final
Current Version	Final (Amended by RO)
Author	Kathryn Benjamin (Strategy and Policy Development Officer)
Wider DLT Lead (Document Owner)	Richard Orson (PSW) and Jo Hopkins (POT)
DLT Lead	Ros Cox; Assistant Director
Consultation / Coproduction	Adult Carers/Young Carers/Parent Carers in North Somerset, Alliance Homes' North Somerset Carers Support service, Alzheimer's Society, Healthwatch, North Somerset Council Adult Care, Integrated Care Board
Approval date	24 th June 2024
Planned review	Review actions annually and update accordingly.
Climate implications	None
Equalities impact	Considered
Impact on unpaid carers	Positive

1. Introduction

1.1. This Strategy outlines how organisations in North Somerset will support carers of all ages from 2024-28. It is a multi-agency strategy led by North Somerset Council. This means that different organisations in health, social care, and the community, across North Somerset will work together to achieve the priorities set out here, with the Council taking the lead for overseeing this work.

1.2. We would like to thank the many carers who have contributed their views towards setting the priorities for the strategy, telling us what matters to them. We are committed to working with you to ensure that the strategy is put into action.

1.3. We would also like to thank: Healthwatch North Somerset who have contributed two important reports which have assisted with identifying what matters to carers and to understanding the needs of carers from unheard parts of our local population; Alzheimer's Society and North Somerset Carers Support (Alliance Homes) for hosting their own forums with carers to gather their views for this piece of work.

2. How we developed this strategy

2.1. For the new All Age Carers Strategy to be based around what matters to local carers, our aim was to engage with as many people as we could to hear what their priorities are and what they want the new strategy to focus on delivering.

2.2. We also worked together with partners in the voluntary sector such as North Somerset Carers Support (Alliance Homes) and Alzheimer's Society. We held a Carers Inquiry Day at which we heard from carers and various stakeholders in the statutory, voluntary sectors including local hospital trusts, Adult Social Services, Avon & Wiltshire Partnership (mental health services).

3. What do we mean by 'Carer'?

3.1. A carer is someone who provides care or support to someone else who could not otherwise manage due to their mental and/or physical health.

3.2. The care or support they provide is unpaid which differentiates them from paid care workers who are also, confusingly, often referred to as 'carers'. This strategy applies only to the former. You may also hear carers referred to as unpaid, informal, or family carers. Many people who are carers tell us that they do not relate to the term. Many see themselves as partners, spouses, relatives, or friends who provided support.

3.3. An adult aged 18 or over who looks after someone else aged 18 or over is known as an 'adult carer'. There are children and young people under 18 who provide care or support to a sibling, parent, or other, known as 'young carers'.

3.4. Parents looking after a disabled child aged under 18 are referred to as 'parent carers'. Parent carers caring for their child, aged 18 or over are included in 'adult carers'.

3.5. Parent carers are assessed around the support they may require in order to meet the needs of a disabled child. This is provided through a child and family assessment of the child or young person, if open to Children's Services. Parent carers can also be referred to the 'Parent Carer Support Forum' in North Somerset.

4. Carers – the National Picture

4.1. The Census 2021 indicated that across England and Wales there are around 5 million carers. Census data from the Office for National Statistics (ONS) shows that across England the largest age group of carers is those aged 55-59, and across all age groups more women are carers than men.

4.2. Comparisons between 2011 and 2021 data for the three categories of unpaid care show:

- decreases in the proportions who provided 19 hours or less of unpaid care a week in both England (from 7.2% in 2011 to 4.4% in 2021) and in Wales (from 7.4% in 2011 to 4.7% in 2021);
- increases in the proportions who provided between 20 and 49 hours of unpaid care a week in England (from 1.5% in 2011 to 1.8% in 2021), and in Wales (from 1.9% in 2011 to 2.2% in 2021); and
- the proportions of people who provided 50 or more hours of unpaid care a week remained similar in England (2.7% in 2011, 2.7% in 2021) and in Wales (3.7% in 2011, 3.6% in 2021).

4.3. Research by Petrillo and Bennett in 2022 indicated that:

- Between 2010-2020, 4.3 million people become unpaid carers every year – 12,000 people a day.
- People aged 46-65 were the largest age group to become unpaid carers. 41% of people who became unpaid carers were in this age group (Petrillo and Bennett, 2022).
- 58% of carers are women (Census 2011). Women are more likely to become carers and to provide more hours of unpaid care than men. More women than men provide high intensity care at ages when they would expect to be in paid work (Petrillo and Bennett, 2022).

4.4. Research by Carers UK showed that 1 in 7 carers are juggling work and unpaid care ([Carers UK, 2019](#)) and that 75% of carers in employment worry about continuing to juggle work and care (Carers UK, [State of Caring 2022](#)). The value of unpaid care was estimated at £530 million per day and £193 billion per year during the pandemic (Carers UK, [Unseen and Undervalued](#), 2021).

4.5. Caring can have a significant impact on health and wellbeing:

- 60% of carers report a long-term health condition or disability compared to 50% non-carers (Carers UK analysis of GP Patient Survey 2021).
- Over a quarter of carers (29%) feel lonely often or always (Carers UK, State of Caring 2022).
- There is increasing evidence that caring should be considered a social determinant of health (Public Health England, [Caring as a Social Determinant of Health](#), 2021).

From <<https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures>>

4.6. A young carer is someone under the age of 18 who helps care for a family member, relative or friend. A young person aged 16-25 with caring responsibility is often referred to as a 'Young Adult Carer' (YAC). A young carer might support someone who has a disability, a long-term illness, or a problem with alcohol or drugs. Without this help, they would struggle or not be able to cope.

www.Barnodos.org.uk/youngcarers

4.7. An inquiry by the All-Party Parliamentary Group (APPG) on Young Carers and Young Adult Carers, supported by national charity Carers Trust, November 2023 ([All-Party Parliamentary Groups - UK Parliament](#)) reported the following information:

- There are 1 million young carers in the UK.
 - This equates to 2 young carers per class.
 - It takes an average of 3 years for young carers to be identified.
 - Very few young carers are identified in health settings.
 - 15,000 children, including 3,000 aged just 5-9 spend 50 hours or more per week looking after family members because of illness, disability, or addiction.
 - There are significant waiting lists for assessments and support in some areas with services struggling to meet demand (North Somerset Young Carers Service has over 50 young carers on waiting list with a wait of 14-16 weeks for assessment).
-

All-Party Parliamentary Groups - UK Parliament

4.8. You can now access a copy of the report on the [APPG Inquiry webpage](#)

- North Somerset Carers Service currently supports 586 young carers from across North Somerset.
- All of these young carers are between the age of 5-18 years old.
- We have three Young Carers Coordinators who all work 25 hours per week and one Young Carers Coordinator who works 30 hours per week.
- Juniors: 5-8.
- Middles: 8-13.
- Seniors: 13-18.
- All young carers have a Young Carers Assessment which informs their support package and suitability to groups and activities.
- We provide therapeutic groups for Middles and Seniors in five different locations across North Somerset.

5. Carers in North Somerset – Local Picture

5.1. We estimate there are around 19,070 carers (8.8% of residents) in North Somerset. This is based on the Office for National Statistics (ONS) data for the Census 2021 and relates to carers aged five years and over.

Although the local population has increased from around 202,600 in 2011 to around 216,700 in 2021, the number of carers has decreased by around 4000 in that time. The decrease aligns with the picture of carers across England.

5.2. The most recent data available to North Somerset Council in relation to adult carers is the 2023-24 Survey of Adult Carers in England (SACE), the results of which can be found here: <https://digital.nhs.uk/data-and->

[information/publications/statistical/personal-social-services-survey-of-adult-carers/england-2023-24.](#)

Our draft SACE report can be made available, upon request.

5.2.1 Statistics

In total there were **1713** carers in the eligible population as described above.

Of this:

- 1016 were Females.
- 438 were Males.
- 259 did not have a gender recorded (this is due to data received from Alliance Carers)
- 93 were aged 18-24.
- 82 were aged 25-34.
- 101 were aged 35-44.
- 257 were aged 45-54.
- 384 were aged 55-64.
- 333 were aged 65-74.
- 309 were aged 75-84.
- 137 were aged 85+
- 47 were of unknown age (where dates of birth were not recorded)

The highest gender and age group were females aged 55-64.

From this population we then took a random sample of 641 carers. This year 290 surveys were returned, which is 45.2% of those sent out and gives a confidence level of 5.2% which is a 0.2% above the target confidence level meaning that this survey is statically representative of all carers. (subject to sign off by NHSE)

5.2.2. Key findings from the SACE

- Carers were asked *“how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?”* The SACE indicates the lowest levels of

satisfaction in this measure for some time. In recent surveys, North Somerset has tended to be slightly above the England overall results. This year's results are well down.

- Not only in North Somerset, but across England, carers report feeling more isolated with less social contact than they would like. This appears to have been exacerbated by the Covid 19 pandemic. While this measure has improved slightly on 2020/21, it continues to be much lower than in the years prior to this.
- Over time, carers have tended to find it less easy to access the information and advice they need.
- 78% of the carers who responded to the survey feel they do not have enough encouragement or support, or none at all.
- The caring role has a significant impact on people's physical and mental health and wellbeing: 85% of carers who responded said that they felt tired as a result of their caring role; 77% said that they had disturbed sleep; 75% reported that they had a general feeling of stress; and 54% reported feeling depressed.

The findings from the report highlight the need to focus on the priorities contained within this strategy as a matter of urgency.

5.3. Young Carers – Engagement activities

The evidence we have used as our 'consultation' has been abstracted from a variety of research methods:

- Our Young Carers Service - Children in Need Report 2022/23 (a copy of this can be made available upon request)
 - Evaluation Forms.
 - Discussions with young carers during assessments, therapeutic groups, and trips.
 - Case Studies.
 - Observations from North Somerset Young Carers Service Team.
-

5.3.1 Young Carers – effects on their education, their ability to connect/socialise, employment prospects etc.

- Being a young carer has a knock-on effect on school attainment. On average each year 48 school days (10 weeks) are missed or cut short by young carers because of their caring role.
- Children who are young carers miss out on all sorts of opportunities, from basic education to social and developmental activities (www.ycdt.org.uk)
- Young adult carers are substantially (38%) less likely to achieve a university degree than their peers without a caring role.
- Young adult carers are less likely to be employed than their peers without a caring role www.carers.org
- Young people with caring responsibilities have a higher likelihood of self-harm. Of children who do self-harm, young carers are twice as likely to attempt to take their own life than non-carers
www.barnados.org.uk/youngcarers

6. How we Engaged with Carers

6.1. The engagement began in January 2021 when North Somerset Council's website hosted an online carers survey. The website offered a contact number for paper copies, but no requests were received for such. The survey ran for 6 weeks. During this time Alzheimer's Society and North Somerset Carers Support ran additional focus groups to gain carers' views.

6.2. During March and April Healthwatch North Somerset were commissioned by the Council to conduct online focus groups and follow-up telephone interviews with individual carers who were willing to be contacted after having participated in the online survey. This resulted in a Healthwatch report [Listening and learning from unpaid carers](#) in April 2021.

6.3. We found a gap in hearing from carers from minority groups in responses to these earlier exercises. To address this a further Healthwatch report followed in September 2022 [Unheard Carers from minority groups in North Somerset](#).

6.4. We ran a Carers Inquiry Day in October 2021, organised through the council's Adult Services and Housing Policy Scrutiny Panel. At this event we heard from carers and from providers of local services used by carers.

6.5. The survey of the NHSE Adult Carers in England (SACE) took place in 2023-24. Highlights from this are included in this strategy.

6.6 Engagement with Young Carers

The North Somerset Young Carers Service provides a range of engagements activities with young carers, these include:

- Face to Face Young Carers Assessment (under section 63 of the Care Act) conducted at the young carers home or at their school.
- Welcome Groups – to assist young carers to recognise themselves and value the role they do and meet other young people who are also young carers.
- Therapeutic Groups – to explore what it means to be a young carer, to share challenges and strategies.
- Trips to local attractions, such as AirHop, Clip&Climb, Puxton Park and Bowling.
- Holistic activities, such as art & crafts, nature-based, cake making, music.
- Residential Trips to outdoor activity centres, such as Mendip Activity Centre and Magdalen Farm.
- Young Carers Festival.
- Young Carers Action Day.

We evaluate all our activities to assess what impact they make, using evaluation forms, discussions, and observations. For the last 7 years we have received funding from Children in Need, this ended in December 2023. Our monitoring focussed on differences made in terms of increasing self-esteem, improving well-being, and

raising aspirations. Below is an extract which shows how we make a difference to young carers.

Our close work with young carers provides us with lots of opportunities to listen and learn from our young carers in an informal way. Young carers build up trust and share how they are feeling so we can understand what works well. Please see our Children in Need Report for detailed feedback on engagement activities. A copy of this report can be made available upon request.

7. What Carers told us

Survey of Adult Carers England (SACE) NHSE 2023-24 North Somerset results

7.1. Health

- Frustration in getting GP appointment and with online booking systems.
- A lack of relationship with GP's/ not always being able to see the same person.
- Carers needs could become overlooked/ didn't realise they could have help from their GP.
- Issues accessing counselling.
- Felt that support might be an annual check-up on themselves.
- Parents not consulted when caring for an adult child.
- Not listened to by hospitals and needed more involvement around hospital discharge.
- Services could be more joined up.

7.2. Information and advice

- Too much was 'online' which they found stressful and paper copies needed.
 - If self-funding it was harder to find information on local services.
 - Financial information and applying for benefits is confusing and hard to find.
 - Would like to have all of the information in one place.
 - Needing more information about social care in general.
-

- Support groups were not always at accessible times.
- Lack of available information on mental health.
- Difficult to find information when you didn't know what you were looking for.

7.3. Support for caring responsibilities

- Some services, to include assessments, took a long time to be put in place.
- Worrying about how much things were going to cost them.
- Mental health support lacking in the community for the people that they cared for.
- Wasn't the right type of support available for the person that they cared for.
- Carers physical health problems meaning they struggled to provide support.
- Issues with finding appropriate housing.
- Caring responsibilities left them isolated and lonely.
- Carers who had adult children sometimes felt as though there were far less services available once their child had turned 18.

These SACE results have helped inform the priorities in section 8. The detail of carers comments within the SACE report, will be looked at again in developing the workplans which underpin this strategy.

7.4. Carers Inquiry Day – to include Impact of the Covid-19 Pandemic on Carers

The Adult Services and Housing Scrutiny Panel held a Carers Inquiry Day to gain insight into the impact of the pandemic on carers and how to support them going forward through the Carers Strategy. We heard from carers and from organisations who provide support to carers including Alzheimer's Society, North Somerset Carer Support (Alliance Housing), Curo, North Somerset Council Adult Social Services' Carers Service (part of the Single Point of

Access team), Avon & Wiltshire Mental Health Partnership NHS Trust, and University Hospitals Bristol and Weston NHS Foundation Trust.

Also, locally we have NHS colleagues within the community service managed by Sirona CIC, who work specifically with patients suffering the effects of Long Covid and their carers.

7.4.1. Key findings from Carers Inquiry Day:

- The pandemic has left carers exhausted with little or no time to themselves and impacted on their mental health.
 - The importance of keeping in touch with carers by phone during lockdowns to help them feel less isolated and more supported.
 - The importance of supporting carers to look after their own physical and mental health.
 - The need to improve how we identify carers, especially with GP practices, and maximise our approach so there is ‘no wrong door.’
 - The need for improved provision of information and advice – develop key messages and a communication strategy with partners, including social prescribers at GP practices.
 - Recognising the need for, and cost of, replacement care for carers to be able to take a break, plus easily accessible information is needed on respite availability.
 - Recognising the impact on carers of quality/ availability of support for cared-for (including hospital discharges).
 - The term ‘carer’ is confusing, and carers do not always like or understand it.
 - Listening to carers – establish quarterly Carers’ Forums for carers to have their say and feed into strategy, policy, service development, quality assurance, etc.
 - Proactive offer of services and Carers Assessment.
-

7.4.2. Recommendations informed by Carers:

- a) **'Think Carer' thread** - Need corporate and executive council agreement to embed carers into all relevant council strategies, policies, and partnerships.
- b) **Consider having a Carers Champion** to support the voice of carers to be heard at senior health and social care level. Need to agree how to proceed with this i.e. role and identify person/councillor willing to fulfil this.
- c) **Review council website** - work to begin by the Council's Carers Lead and SPA.
- d) Adult Social Services to **investigate how to increase respite capacity**.
- e) **Money/Benefit information** - more informed, accessible information on Direct Payments, Carers Allowance, Bereavement Support Payment etc.
- f) **Gaps in wellbeing** - Adult Social Services to consider how to address within Community Model of Care.
- g) **Community Model of Care** - Adult Social Services to investigate with Parish and Town Councils, North Somerset Together, and partners how this model can be developed to identify and support carers.
- h) **Strategy for Community Engagement** - Corporate and Adult Social Services to develop blueprint with community partners (Parish and Town Councils, North Somerset Together, and others).
- i) **Work with carers to agree an alternative term to carer**, that reflects their role, and they are comfortable with.

7.5. Listening and learning from unpaid carers - Healthwatch report

Themes that arose in this research were:

- Recognised, valued, involved in decision-making (communication).
 - Support.
 - Assessments/forms.
 - Signposting.
 - Respite.
 - What carers say are working well.
-

7.3.1. Recognised, valued, involved in decision-making.

“I do not feel listened to and my knowledge of care and illness for my partner is not taken into consideration.”

“We need to be listened to and taken seriously. We want to be recognised for the knowledge we have and for people to work with us and listen to us when making changes.”

Some carers felt the term ‘carer’ is confusing as it also relates to professional care workers, and they want to be recognised separately as they are not paid.

7.3.2. Support

There was an overall feeling of exhaustion with little or no down-time amongst many carers. The support in a crisis was noted to be overall great, however the ongoing support is what would make all the difference for many carers. There does not appear however, to be support for help with issues as they arise.

“Feeling exhausted as a carer, its 24/7 with very little or no down time, it would be great to have someone check in on you occasionally.”

7.3.3. Assessments/ forms

All carers said assessment forms/disability forms are ‘long winded’ and they recognise that although assessments are necessary, they requested more awareness of and facilitation of support available when filling in forms. There are organisations that can help with this, but many carers were unaware of them.

“It would be very helpful to have an advocacy for carers when it comes to form filling and support for when things don’t appear to be right as this would alleviate some of the stresses.”

7.3.4 Signposting

All carers pointed out that many services are not joined up and duplicated information. When people are first diagnosed there was either too much information or carers did not know who to go to for further information and support.

“Navigating through the information there is too much given at once would be good to have it slowly.”

7.3.5. Respite

All carers expressed concern over their financial situation, and many were using savings to top up funding for extra care and respite services. Some were travelling to Bristol or South Gloucestershire for some groups and support and said they would like a return of more local services.

“Access to respite has been very limited [during lockdowns] and many are missing this service, having to isolate is too distressing for people with dementia.”

Carers missed the time to talk with others in their positions and have helpful conversations.

7.3.6. What carers say is working well

“Mobilise are very good.” (Mobilise offer online carer support.)

“Living with dementia courses are very good.”

“Craft sessions during Lockdown have been great, equipment is delivered to your door then you follow an online session.”

“Dial at Weston disability services are brilliant.”

“Memory clinic assessment is good.”

“Department of work and pensions have a visiting team to help with filling out forms they are very good.”

“Alzheimer’s society are very helpful with giving information as its needed.”

7.3.7. What carers want to see addressed in the strategy:

- Provide support to register at a GP surgery to give benefits such as electronic flagging on notes for the cared-for and carer.

- Carers be provided with a Carers Passport that helps to support them in an emergency.
- Ensure that each assessment is 'needs-led' so that each person's unique requirements are supported and provided for.
- The Council provides specialist staff training and increase their staff numbers to focus on inclusion and support at existing community clubs.
- Carers are given advocates to speak up for them and help navigate the system.
- Carers are given ongoing support in the form of a coordinator for their Health and Social care needs.
- There are more practical support facilities such as disabled spaces and public toilets with changing facilities that cater for children and adults.
- Emphasises ways to support self-care, as carers can forget to look after themselves.
- Focus groups for carers quarterly are run by someone who has been a carer or understand what it is like to be a carer.

[Listening and learning from unpaid carers report](#)

7.4. Healthwatch report - Unheard carers from minority groups in North Somerset

This report was intended to fill the gap where we had not successfully reached carers in minority groups in our earlier engagement.

7.4.1 Key findings:

- Participants do not identify themselves as unpaid carers. They felt unacknowledged by GPs and other frontline health & social care services.
- The lack of information or communication directed at them from health and social care services is the main barrier to accessing the support these carers need.

- Carers would like training so that they can better support the cared-for person, and emotional support for themselves. This was especially true for refugees who are carers.
- The carers wanted peer support groups with other carers who face similar barriers or provide a similar type of care.
- Uptake of services by diverse communities (and better health outcomes) would be improved by gaining a better understanding of the key issues relating to culture and how this may influence use of health & support services.

7.4.2. Recommendations informed by Carers:

- a) Health and social care services build cultural understanding to achieve strong and positive networks with minority community, language-based and faith-based groups in North Somerset in order to engage and identify carers from vulnerable communities and groups. This should be based on outreach engagement together with data collection.
 - b) A specific chapter be included in the Health and Social Care Joint Strategic Needs Assessment of carers from minority groups, aiming to tackle the health inequality among these communities.
 - c) The local authority works together in coproduction with community groups to develop sufficient and appropriate information packs about support and carers' rights that are easy to understand, in different formats and languages. The word "carer" should accompany an explanation such as 'If you look after someone in your family or a friend who couldn't manage without your help, you are a CARER and you have rights to get support for yourself.'
 - d) The local authority to work together with the Integrated Care System (ICS, which has replaced the CCG) to encourage GP surgeries to adopt
-

the Framework of Quality Makers developed by NHS England.¹³ This aims to improve the identification of carers of all ages at general practices. ICS should monitor how this framework is adopted by each GP surgery.

- e) Carers' support should include access or signposting to appropriate emotional support especially for refugees who are carers, with the assistance of an interpreter. This could be through peer support groups and/or counselling sessions.

- f) Account needs to be taken when coproducing workplans and services, of the Patient and Carer Race Equality Framework, relating particularly to mental health. However, mental health is a common thread in engagement activities with all carers
(<https://www.england.nhs.uk/patient-and-carer-race-equality-framework/>).

8. Our Strategic priorities

Our Strategic priorities have emerged from the engagement we have done with carers described in section three, point 7. They are:

1. Identify, recognise, & value carers.
2. Involve carers in decisions, in care-planning and coproducing services.
3. Creating systems that:
 - a. are joined up,
 - b. identify, recognise, and value carers, and see carers in context of family.
4. Services that are reliable and deliver best outcomes for all.
5. Information and advice.
6. Staying well and having a life of my own – regular breaks, able to maintain relationships with family and friends, able to pursue education, employment, hobbies, or leisure interests.

The priorities are explained in more detail below. Some of them interconnect with others. This means that some points arise under more than one heading. Under each priority are a list of actions. To make these actions happen, small task groups will be formed involving the council, partner organisations, and carers. Each group will work together to decide how best to achieve these actions and to ensure they are delivered.

8.1. Priority 1 - Identify, Recognise and Value Carers

Our aims:

- To raise awareness of carers across communities, organisations, and professionals.
- To make our communities 'carer-friendly', where carers are recognised, valued, and supported.
- To improve how we identify carers so that there is 'no wrong door' to getting support as a carer including through GP practices.
- North Somerset Council to 'think carer' across all of its strategies, plans, and decisions.
- Encourage GP surgeries to adopt the Framework of Quality Makers developed by NHS England.

Our actions to improve:

- North Somerset Council, NHS and other partners to ensure staff are 'carer aware' e.g. through training and publicity materials.
- North Somerset Council and Integrated Care Board (ICB) to consider within every strategy, plan, and decision, e.g. transport, planning, not just Adult Care, whether it can be developed to benefit carers in some way and to do so where feasible.
- North Somerset Council to appoint a councillor as Carers Champion to oversee the above within the council.
- North Somerset Council to work with the Integrated Care Board to encourage GP surgeries to adopt the Framework of Quality Markers developed by NHS England. This aims to improve the identification of carers of all ages at general practices. ICB to monitor how this framework is adopted by each GP surgery.

In consulting with young carers we found:

- Many young carers do not identify as a 'young carer', it's just something they do, who they are.
- Young carers often do not want to feel different to their peers and just want to fit in.
- Some young carers get fed up with being a young carer and recognise they are getting a different childhood experience to their friends and sometimes siblings.
- Young carers tell us that their parents are worried about possible implications of disclosing that they are a young carer.
- Some young carers feel that school does not understand and makes them feel bad for being late or absent, when they were actually attending to a crisis at home.

Our aims for young carers:

- To make young carers feel valued and recognised for the crucial role they play in their family and society.
- To ensure young carers are supported properly throughout their education, with reference to the Equality Act (2010)
- To provide young carers with a voice
- To ensure NSC include young carers in their 'think carer' across all strategies, plans and decisions and assessments (e.g. Carers Assessment, Child and Family Assessment).

Our actions to improve services for young carers:

- North Somerset Young Carers, NSC, NHS and other partners to ensure staff are 'carer aware' e.g. through training and publicity materials – The Children's Society have produced an excellent short film [See us Show us Support us \(vimeo.com\)](#) which should be shown to all health professionals.
 - Young Carers to be considered at all stages of this strategy.
 - Integrated Care Board (ICB) to help provide a voice for young carers.
-

8.2. Priority 2 - Involve Carers in Decisions, including Care-Planning and Developing Services

Our aims:

- Council and partner organisations to ensure opportunities for carers to be heard and involved in decisions.
- To gain a better understanding of the key issues relating to culture and how this may influence use of health & support services by carers from minority groups.

Our actions to improve:

- Listening to carers – establish quarterly Carers' Forums for carers to have their say and feed into strategy, policy, service development, quality assurance, etc.
- Develop Strategy for Community Engagement to enable council to take consistent approach to engage with local communities when seeking their views.
- Council to undertake specific engagement with carers from minority groups to better understand key cultural issues and how to improve their uptake of services.
- A commitment to strengths based, preventative and proportionate conversations with carers.

In consulting with young carers we found:

- Young carers often feel invisible when attending a health appointment with their cared for, despite the fact that they often have lots of knowledge and experience which would be helpful to share.
- Sometimes the health professionals do not even recognise that they are a young carer (despite the fact they are regularly attending appointments with their family member who has a disability) and fail to check in to see if they are okay.

Our aims for young carers:

- For there to be a 'whole family approach' used by professionals, delivered in a an inclusive, supportive and safe manner.
- For young carers to feel valued and listened to by health care professionals for the vital role that they have.

Our actions to improve services for young carers:

- To develop a 'Young Carer Voice' group to represent carers from across our groups to ensure that their voice is included at quarterly carers forums.
- For these views and voices to be regarded seriously to raise profile of young carers, to utilise and value this vital resource effectively.

8.3. Priority 3 - Systems that are a) Joined-up and b) that Identify, Recognise and Value Carers and see Carers in the context of the whole family.

Our aims:

- Improve integration of the local health and social care system to offer carers a better experience of engaging with it.
- To see carers in the context of the whole family situation.
- Improve continuity of care especially for people living with dementia and their carers.

Our actions to improve:

- Council and ICB to work on data-sharing to improve support to carers.
- Encourage care providers to offer continuity of care with care workers, especially for people living with dementia and their carers.
- Promote 'whole family' approach to see carers in context of their wider family situation.

In consulting with young carers we found:

- Young carers sometimes feel withdrawn from services.
- Young carers have often felt invisible at health appointments they attend with their cared for and not included in health care conversations.
- Young carers can feel confused at who is involved in the care of their cared for and not provided with information that they need.
- Young carers are upset that their caring experiences and knowledge of the cared for is not included or valued.

Our aims for young carers:

- Improve young carers experience of engaging within the health and social care system, share best practice from experience.

Our actions to improve services for young carers:

- To encourage health, social care, and education providers to use positive and inclusive language when engaging with young carers.
-

- Share film made by Children's Society, [See us Show us Support us](#) ([vimeo.com](#))
- Ensure the young carers can be named as a 'young carer' on their cared for record, allowing them to collect medication, talk to health care professionals.

8.4. Priority 4 - Services that are Reliable and Deliver Best Outcomes for All

Our aims:

- Recognising need for, and cost of, replacement care for carers to be able to take a break.
- Easily accessible info is needed on respite availability.
- Recognising impact on carers of quality/ availability of support for cared-for (including hospital discharges).
- Consider how to increase capacity in provision of respite services.
- To explore a community model of care - services that are based at a very local level, i.e., in towns and villages, can be developed to identify and support carers.
- To better understand needs of carers from minority groups to improve their uptake of services.

Our actions to improve:

- Council to develop wider range of respite options for carers.
 - Council to improve accessible info on respite availability.
 - Council to investigate with Parish & Town Councils, North Somerset Together, and other partners, how services that are based at a very local level, i.e., in towns and villages, could be developed to identify and support carers and to implement this if it offers significant improvements to carers' lives.
 - Council's Carers Emergency Response Scheme (CERS) to provide improved range of responses to carers' emergencies so that carers have increased peace of mind.
 - Explore whether CERS could be extended to a Carers Passport
 - Specific engagement with carers from minority groups to better understand their needs.
-

- Health and Social Care Joint Strategic Needs Assessment to have specific chapter on carers from minority groups, aiming to tackle the health inequality among these communities.

In consulting with young carers we found:

- Young carers don't want to miss out on opportunities at school due to their caring role.
- Young carers want to be able to attend residential trips and know that their cared for is okay.
- Young carers don't want to be in trouble because they are late to school or have poor attendance due to their caring role.

Our aims for young carers:

- For all young carers to have the best childhood they can.
- For young carers to be able to have a break from their caring role.
- For young carers not to feel embarrassed or ashamed when late or absent from school.

Our actions to improve services for young carers:

- Build good practice in school by promoting the 'Young Carers School Award' and holding regular schools network meetings.
- To develop respite packages of care so those young carers (who could otherwise not be away overnight) can access residential trips and have a break from their caring role for a few days during school holiday.

8.5. Priority 5 - Information and Advice

Our aims:

- Ensure professionals and partner organisations are aware of the support available to carers and know where to find the information and advice on this.
- Work with partner organisations and communities to improve offer of information and advice to carers.

Our actions to improve:

- Development of key messages and a Communications strategy by council with partner organisations, including social prescribers and GP practices.
- Review and update information on the council website pages for carers.
- Develop sufficient and appropriate information packs, to include the development of a Carers Checklist, about support and carers' rights that are easy to understand, in different formats and languages.

In consulting with young carers we found:

- Young carers receive differing levels of support at school dependant on where they attend.
- Young carers found information to be very complex and hard to navigate.

Our aims for young carers:

- To continue our work across the schools' network to improve the quality of advice and guidance offered in school to young carers.
- To ensure all health and social care services also consider young carers (and their needs) in all methods of communication.

Our actions to improve services for young carers:

- Work with health and social care providers to include and embed the needs of young carers within their advice and guidance communications.
 - Provide all young carer with a links to useful information.
-

- Consult and collaborate with Carers Trust in their development of Virtual Care Centres – which will be an excellent resource / digital toolkit for young carers.

8.6. Priority 6 - Staying Well and Having a Life of my Own

This priority is about ensuring carers have what they need to stay physically, mentally, and emotionally healthy and well, and about ensuring they are able to have a life outside the caring role. It includes:

- Access to regular breaks,
- Support to maintain own physical and mental health,
- Maintaining relationships with family and friends,
- Support to balance work/ education/ training with caring,
- Being able to pursue hobbies or leisure interests,
- Being able to access the wider community.

Our aims:

- Recognise the importance of keeping in touch with carers by phone, not just during lockdowns, and to support them feel less isolated and more supported.
- To enable carers to look after their own physical and mental wellbeing.
- Improve work with employers to support working carers.
- Carers' support should include access or signposting to appropriate emotional support especially the Syrian refugee carers, with the assistance of an interpreter. This could be through peer support groups and/or counselling sessions.
- Improve digital access and support options for carers.
- Talk to carers to understand what support they feel will improve their wellbeing.

Our actions to improve:

- To proactively offer carers universal services and a Carers Assessment.
 - Improve support available for carers to look after their own physical and mental health.
-

- Promote resources for employers from Carers UK, Employers for Carers, and CIPD and others to create carer-friendly workplaces in North Somerset.
- Ensure information on balancing work and care is available on council website Carers page for working carers.
- Explore options for improving emotional support available for carers.
- Explore options for improving access to emotional support for carers from minority groups.
- Ensure carers are included in the North Somerset Council Digital Strategy to improve their digital access and support options.
- Bid for available funds to develop further support for carers' wellbeing.

In consulting with young carers we found:

- Young carers can often feel overwhelmed by their caring role.
 - Young carers experience increased anxiety and low self-esteem associated with the demands of caring.
 - Young carers tell us that they find it hard to sustain sports clubs or hobbies, as often hard for them to get regular transport.
 - The cost-of-living crisis is having a significant impact on young carers as often parents are not able to work so they are on a very low budget.
 - Many of our young carers have had to access food banks in the last 12 months.
 - Young carers tell us they do not have close friends at school and feel different to their peers.
 - Young carers can worry and feel guilty about leaving their cared for, some are not able to attend residential trips due to the caring responsibilities at home.
 - Young carers can feel that their prospects in terms of college, university, jobs or travelling are restricted by the ongoing reliance of them from family members.
-

Our aims for young carers:

- To increase the self-esteem and confidence of young carers
- To improve the emotional and physical wellbeing of young carers
- To raise aspirations and break down barriers for achievement in education and future employment.
- To have a dedicated Young Adult Carer worker, funded through a community grant.

Our actions to improve services for young carers:

- Provide a programme of varied activities designed for young carers which brings new experiences and opportunities.
- Embed 'improving physical and mental wellbeing' within programme of activities, this will include learning from our Green Social Prescribing programme and our Community Food Grant Programme, Holiday and Food (HAF) activities programme.
- Refer young carers to Young Carers Development Trust for individualised support and educational opportunities.
- Work closely with Children and Family Service to ensure young carers are valued and included.
- Build good practice in school by promoting the 'Young Carers School Award' and holding regular schools network meetings.

8.7. Young Carers – developing a work plan to deliver on priorities and their actions to improve

To deliver a work plan to achieve the priorities identified **with** young and parent carers, it is vital that we develop a work plan group with partner agencies across North Somerset.

The work-plan group membership, ideally co-led by a partnership of a Childrens Services North Somerset Council, Education and Health representatives, needs to include a supported link to the voices of local young and parent carers, in order to regularly check-in on their concerns and ideas they may have for addressing, supporting a coproduction model as far as able within their caring and education commitments. The development of a ‘Young Carers Voice Group’ (see priority 8.2.2) and the Parent Carers group will provide a vehicle for this.

The reporting line for this group, ultimately the ICB, needs to be able to give the commitment and authority, to support the driving of changes needed to progress priorities, informed by local young carers and best practice.

At the NHS Commitment to Carers Annual Conference – Locally Leading with Carers, the message of increasing the visibility and raising the value of the role young carers was echoed amongst all key speakers from Carers UK, NHS England and Minister of State for Social Care.

Duncan Baker MP, chair of the inquiry and vice-chair of the APPG and MP for North Norfolk, said:

“It’s up to all of us to give these young people a better start in life so we also need local authorities, health providers, schools, employers, and regulators to join in and help young carers. This is why the All-Party Parliamentary Group is calling on the Government for a national carers’ strategy to co-ordinate support right across the country.”

9. What happens next?

The council, partners and carers will meet at a regular All Carers Partnership Group to discuss the strategy and the actions needed to make it a reality, considering available resources. Smaller task-groups related to specific carers groups i.e. adult, young, parent etc will be set up to refine the actions under priority headings and deliver specific aspects of the strategy.

10. How will we monitor progress?

These groups will each have a workplan to monitor progress in delivering the relevant aspect of the strategy. The workplan will indicate what actions are to be taken, who is responsible for this, and what priorities these will meet. The groups will identify the resources required to deliver on their workplan.

The groups will report back to the All Carers Partnership Group to reflect progress being made and to report obstacles to achieving their tasks. The members of the Partnership Group will use their influence within their organisations to remove obstacles and support the delivery of the priorities.

The commitment of the ICB is crucial in supporting the work of key stakeholders to drive change.

11. Glossary of terms

Carers allowance

Carer's Allowance is a benefit for people who care for someone at least 35 hours a week and get certain benefits.

Carers assessment

As well as assessing the needs of the person you care for, North Somerset Council can give you a carer's assessment to see what help you might need in your caring role.

The kind of help and support you could get includes:

- respite care to give you a break,
- information on local support groups,
- help with caring,
- equipment to help you in your caring role.

Framework of Quality Makers

This is a document that offers a series of practical ideas that have been developed in partnership with carers, primary care teams and other key stakeholders. Collectively, these provide a framework for improving how general practice can better identify and support carers of all ages.

Integrated Care Board (ICB)

Integrated Care boards replace clinical commissioning groups (CCGs) in the NHS in England from 1 July 2022.

ICBs are responsible for planning and delivering health services in their areas.

Single point of Access

The Single Point of Access (SPA) is the number to call for those receiving healthcare services in their homes from community teams including District Nurses, Therapists and Support Workers.

The team can direct people to the most appropriate adult community service for their needs.

Stakeholder

A stakeholder is a person, group or organisation with a vested interest, or stake, in the decision-making and activities of a business, organisation or project.

Survey of Adult Carers on England

A survey developed by NHS to learn more about whether services received by carers are helping them in their caring role and their life outside of caring.

For more information click here:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/social-care-carers-survey-2021-22>