

All-Age Carers Strategy for Shropshire

2017 - 2021



Foreward

The 2011 census shows us that there are around 34,000 known carers in Shropshire. They may be caring for a family member, spouse, partner or friend.

The work they do is invaluable, but whilst caring can be rewarding, we also know that not receiving help at an early stage can lead to financial difficulty, poorer physical and emotional health, a need to give up work and social isolation.

There are also many people who do not identify as a carer, as they see it as part of being a family member, partner or friend. We want to send out a message out to our Shropshire communities that helping to look after someone who could not manage otherwise, is caring.

There are also more than 600 known young carers in Shropshire. A young carer is a child or young person from 5 years up to 18 years of age who may be helping to care for a parent, sibling or other family member. We have spoken to our young carers who have told us they want to be treated as individual children and young people first, and need to understand more about the medication the person they care for takes. This is reflected in the Strategy and Action Plan.

Caring has a known impact on young people through poorer emotional and physical health, and life chances such as education. However, the picture is not always gloomy, and with help and support, a balance between caring responsibilities and being a child or young person can be achieved.

We are delighted to support the All-Age Carers Strategy for Shropshire, which has been produced in consultation with Shropshire carers and partners. Through this, priorities have been identified for 2017-2021 to address the needs of our carers, and create better health and wellbeing outcomes for everyone.



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All-Age Carers Strategy for Shropshire 2017 - 2021

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1 Executive summary

The contribution 'carers' of all ages make to society cannot be underestimated. A carer could be an adult, parent, young person or child. Some may not see themselves as a 'carer' because they see their caring role as part of being a partner, family member or friend.

Local carers have told us they are often reluctant to be labelled with the term 'carer.' It is important that carers are considered as individuals in their own right. Anyone we meet in our daily lives could be caring for someone, and most people will have caring responsibilities at some time in their life.

The 2011 census shows us that among the 34,000 people currently caring for relatives, friends and neighbours in Shropshire, there are over a third who spend more than 20 hours a week caring, and over a fifth who dedicate 50 hours or more a week to their caring role. There are 3,457 carers who indicated they had bad or very bad health. Three in four are over the age of 54.

For the purpose of this strategy a carer is defined as:

"Someone of any age who provides unpaid care for another person (of any age) who may be ill, frail, with disabilities, have poor mental health or addiction problems, meaning they are unable to manage without this care".

The importance of carers' health and well-being is recognised in Shropshire, and following findings from the Shropshire Carers Survey, and engagement with partners and carers, the overarching aim for this All-Age Carers Strategy is:-

"Carers are supported to remain emotionally, mentally and physically well and feeling safe"

Some of the things Shropshire carers have told us they need are:

- Access to a variety of groups to provide a break from their caring role
- Time for themselves
- To be listened to and included as an equal in the care of their loved one or friend.
- Access to up-to-date and relevant information on all aspects of caring.

This has led to five key priority areas which are as follows:

1. Carers are listened to, valued and respected
2. Carers are enabled to have time for themselves
3. Carers can access timely, up-to-date information and advice
4. Carers are enabled to plan for the future
5. Carers are able to fulfil their educational, training or employment potential.

To deliver the strategy and make a real difference to these areas, we need to make sure that everyone plays a part in working together to improve health and well-being.

This means making sure that this thinking and action is embedded in existing health and social care work, including programmes such as the Better Care Fund, Future Fit and Community Fit, and work through the Children's Trust and implementation of the 2014 Care Act and the Children and Families Act 2014.

As this is an all-age strategy it covers all carer groups, and while all carers should be treated equally, it recognises the differing needs of all carers.

Our challenge also includes the fact that Shropshire is facing increased demand for health and care-related services, coupled with a future of large-scale budget reductions.

Shropshire is the largest inland county in England and is predominantly rural. This can present challenges for carers needing to access services and public transport.

Shropshire's population is ageing. In 2001, the 65 years and older population represented 18.1% of the total Shropshire population. This has now risen to 20.7% in 2011, compared to 16.4% for England and Wales. This is likely to impact on increased need for care and thus carers.

There is also a dispersed population of children and young people with special educational needs and disabilities in Shropshire. There are approximately 5,000 children and young people who are under the age of 18 and have some level of additional need. 1,600 of these young people have been identified as having a significant level of special educational need and as such are likely to be receiving a high level of support from family carers.

There are more than 600 known young carers in Shropshire. It should be recognised that young carers are children and young people first, and with help and support a balance between their caring responsibility and being a child or young person can be achieved. It is known that many struggle with educational attainment because of the additional burden of caring.

In light of our challenges we want to work with local strategic partners, carers and the community to draw together key programmes for carers to ensure that they receive appropriate levels of support that is easy to access and integrated.

We need everyone to understand that they have an important role in making a difference to Shropshire's health and well-being and that we must work together in order to achieve the best results.

The implementation of this strategy will be supported and advised by the Shropshire Family Carers Partnership Board (FCPB), which includes representatives from carers, statutory services, the voluntary and community sector, and health. Regular progress reports will be made to the Health and Well-Being Board.

2 Summary of our priorities

Priority 1 - Carers are listened to, valued and respected

Action we will take to address this:

Carers, including young carers are included in care planning (for example at hospital discharge).

Improve information sharing systems across services, to avoid carers having to repeat their story to different professionals. This will include training staff who work with carers.

Raise awareness of the caring role to enable easier access to carer support, which includes feeling safe and supporting well-being.

Use carers' experience and knowledge to plan future services, and when commissioning services including integrated working.

Priority 2 - Carers are enabled to have time for themselves

Action we will take to address this:

Review assessment process for all carers and ensure understanding of replacement care needs.

Communicate and promote available replacement care including community support.

Identify and promote carer networks for all types of carers, and develop support for where gaps exist.

Develop a carer-centred approach within services (eg appointment flexibility and hospital visiting times).

Promote the use of assistive technologies such as GPS trackers and Telecare systems where appropriate.

Priority 3 - Carers can access timely, to up-to-date information and advice

Action we will take to address this:

Providers and partners communicate to ensure information is easily accessible and in different formats. This should include health information and interventions for carers to help avoid ill-health and injury.

Work with education providers to promote information for young carers, young adult carers and parent carers.

Priority 4 - Carers are enabled to plan for the future

Action we will take to address this:

Embed planning for the future as a part of all-age carer health and other assessment discussions.

Provide appropriate workshops for all carers about planning for the future.

Inform future planning of services through carer experience and data collected about carers.

Priority 5 - Carers are able to fulfil their educational, training or employment potential

Action we will take to address this:

Actively encourage all local organisations to adopt the Employer and Employee Pledge to recognise and support carers in their employment.

Increase carers' knowledge of their employment rights, responsibilities, including after bereavement.

Work with education and training providers to help enable access to vocational and non-vocational training and education courses for carers, which includes volunteering opportunities

3 Introduction

We are increasingly aware of the vital role that carers play in our community. Carers provide essential support to those who are in need of care, and without that dedicated care, would be unable to manage.

A carer could be an adult, parent, young person or child. Some may not see themselves as a 'carer' because they see their caring role as part of being a partner, parent, family member or friend. It is important that carers are considered as individuals in their own right. Anyone we meet in our daily lives could be caring for someone, and most people will have caring responsibilities at some time in their life

For the purpose of this strategy a carer is defined as:

"Someone of any age who provides unpaid care for another person (of any age) who may be ill, frail, disabled, have poor mental health or addiction problems, meaning they are unable to manage without this care."

This strategy has been developed by using and collecting information from local and national sources. These include:

1. National guidance, data and legislation
2. Statistical data about Shropshire carers and the people they care for
3. Findings from the Shropshire Carers Survey which was carried out in July 2016
4. Information from carer partnership meetings.

The key driver for this strategy has come from what carers in Shropshire have told us they need.



4 National context

There are a number of documents from key organisations and legislation which support and have an impact on this strategy:

Legislation

The Care Act 2014 – Under the Act, carers are recognised in the law in the same way as those they care for. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. The assessment will consider the impact of caring on the carer, what the carer wants to achieve in their own day today life and whether the carer is able or willing to carry on caring. There are national criteria to be used to decide whether or not the carer's need is 'eligible' for support from the local authority. Those carers who are eligible may be given a personal budget and/or a direct payment to support their well-being and help them continue in their caring role.

The Children and Families Act 2014 – section 19 of this Act places families at the heart of decision-making in relation to children and young people (0-25 years) with special educational needs and disabilities.

Section 97 of the Children and Families Act (page 74) also gives individuals with parental responsibility for a child with disabilities the right to an assessment of their needs by a local authority, and requires that there is regard to the well-being of parent carers in completing that assessment.

National documents

The Department of Health NHS Mandate 2016-17 and Next steps for the Carers Strategy

HM Government Carers at the heart of 21st-century families and Carers Strategy: Second National Action Plan 2014 – 2016

NHS England (2014) Commitments to Carers and Five Year Forward View

All relate to the recognition of, and the health and well-being of, carers.

The 2011 Census

While the 2011 Census found that 5.4 million people in England were providing unpaid care (the same proportion of the population as reported in 2001), over a third were providing 20 or more hours care a week, an increase of 5% on 2001 figures.

The Census also found that there were over 166,000 young carers aged 5-17 in England – an increase of over 26,000 since 2001. The majority were providing 1 to 19 hours care, but over 8% were providing 50 or more hours of care. Significantly, more women than men in the age group 50-64 were providing care. But there has been a shift in the age group of 65 and above – more men were providing care than women in 2011.

5 Local context - What we are doing in Shropshire to support carers

Shropshire's Health and Well-Being Board has highlighted carers support as an area for development through the Health and Well-Being Strategy for 2016-2021, which focusses on three priorities:

- Health promotion and resilience: encouraging people to make good decisions at all stages of life and making sure that the right support is available when needed.
- Promoting independence at home: planning support so that people are able to stay in a place that is familiar to them and where they can have the assistance of their community to keep well.
- Promoting easy access and joined up care: making sure that people experience care that meets their needs and that they have the right information at the right time to help themselves or to get support from others.

These three priorities are to be embedded in all strategy and action planning for health and care services and partnerships. As such we are using these priorities as focus for developing a whole-system approach to working together for carers. By whole-system approach, we mean everyone involved with carers has a responsibility to work together to support the implementation of this strategy.



Partnership boards, groups and involvement of carers

Taking a whole system approach requires strong partnership working and integration of services, where possible. To ensure that we are working together for the best interests of carers and those they care for, carers are represented at a number of partnership boards. Examples of these are:

- Family Carer Partnership Board
- Carer Strategy Group
- Health Economy and Dementia Group
- Shropshire Council adult social care 'Making it Real' advisory groups and Board
- Mental Health Partnership Group
- Shropshire Early Help Strategy 2016-2018 Strengthening Families through Early Help

Carers are involved in the development of strategies and action plans to ensure their voices are heard, and that the service is meeting their needs.

Partnership working with neighbouring councils

Shropshire is partnership working with neighbouring councils to share good practice and joint work to support carers. In particular, young carers and young adult carers. More information can be found in the action plan in Appendix 2.

Community assets

In line with strategic developments in Shropshire, the carers strategy and action plan takes into consideration how community assets can support well-being. By assets we don't just mean buildings and equipment, we consider an asset to be any factor (including people and their skills and abilities) or resource which increases the ability of individuals and communities to improve and maintain their health and well-being. By taking this approach, we can make best use of what is already available in communities to support carers' health and well-being; whilst ensuring that services are available to support people in the most appropriate way.

Association of Directors of Adult Social Service (ADASS) West Midlands - commitment to carers

The ADASS 16 point 'commitment to carers' is one of the national/regional adult social care drivers behind Shropshire's strategy. The commitments were developed by the ADASS West Midlands Carers Lead Network, Shropshire and all other authorities in the region have signed up to these priorities. Please see appendix 2.

6 Local demographic information

Unpaid care in hours

The 2011 Census provides a breakdown of the hours of unpaid care provided in Shropshire by relatives, friends and neighbours.

Unpaid care by general health and age

The 2011 Census showed that in Shropshire, 12.2% of carers providing 50 or more hours of unpaid care per week considered themselves in bad or very bad health.

Unpaid care by age or gender

On 16 May 2013 more detailed information on the characteristics of the carer population was published by the Office for National Statistics. This showed a 55% increase in unpaid care being provided by people aged 65+ compared to 2011.



7 What carers have told us

Health and Well-Being Strategy 2016-2020 consultation

Consultation was undertaken on the draft Health & Well-Being Strategy and action plan between 5 October and 29 November 2015. The public were invited to pass comment on the documents and also answered a series of questions around their thoughts on how exemplar provision and support for carers might look. A small number of focus groups were also held.

Questions were asked about the strategy's focus on health promotion and resilience, promoting independence at home, and promoting easy to access and joined-up care. Some specific questions were also asked around support for carers, these included:

- How do you think people can support themselves to continue to provide a caring role?
- What things do you think would help support an individual to continue to provide care for a partner, family member or friend?

The following themes were highlighted as important for supporting carers in Shropshire:

- Easy to access information and advice
- Health checks and care for the carer
- Support - family, friend, groups
- Flexible working/supportive employers
- Time to themselves and respite.

National survey of adult carers 2014-15

This survey found that 66% of carers said they don't have enough control of their life, and 2 in 5 spend 100+ hours per week caring. More information about the findings can be found in Appendix 1.

Carer feedback from differing sources

Carers have provided feedback through other means such as: Healthwatch surveys, consultation sessions, the annual Health and Social Care survey, and strategy development meetings.

Different themes that have arisen from these include: difficulties accessing information relating to their caring role, carers having to repeat their story, the provision of support that will enable carers to work – for example after-school support and support during school holidays, the need to consider the role of neighbours and friends who help to care for someone, having an opportunity to take a holiday without a caring responsibility, Short Break and respite services that are an affordable price or free – to ease the load, ie with sleep deprivation and to enable parent carers to spend time with non-disabled siblings and services built around people who need them, not around education, health and social care services. Young carers and young adult carers have cited the need to be told about the medication the person they care for takes, including side effects, as being important, as well as more awareness and knowledge about young carers in education settings.

Shropshire Carers Survey summary

A survey was carried out between June and August 2016. 71 questionnaires were returned online and in paper format. Not all questions were answered fully – partly due to confusion with understanding the question, and comments of carer fatigue.

Respondents were asked to comment on six priorities which had been identified from previous surveys and consultation. The top three priorities were: Carers being supported to remain emotionally, mentally and physically well which was given the highest priority; followed by Carers being listened to, valued and respected; and thirdly, Carers receive support to enable them to have time for themselves.

The findings would inform which priorities were viewed as important and why.



The survey contained valuable first hand comments some of which are summarised below:

Carers are listened to, valued and respected

What carers told us this meant to them and what difference it will make

"It's very important that we're listened to and not told what's going to happen - this happens a lot and what we think doesn't count, it adds to my stress."

"Carers/ family (who) know the person best are within the intimate circle of support for that person, they hold the knowledge that makes plans work....."

"It should mean if we as carers go to any meetings, our ideas, worries etc. are listened and acted on, not just dismissed".

Summary of what carers feel needs to happen to achieve this priority

More awareness of carers and young carers

Joint appointments with professionals, better communication between all parties

Carers and family members are the specialist of their situation, creating a solution from a multi-choice menu within budget

Well-designed services built around people who need them, not around health and social care

Carers helpline and website.

Carers receive timely access to up-to-date information and advice

What carers told us this meant to them and what difference it will make

"The booklets that are produced are very helpful and they let the carer know what activities are going on. The meetings ... also very good as all carers can get together and provide information to each other".

"This can be very different depending upon the issue and the mental state of the carer".

"Information about positive achievements, services, funding, etc. is important and can lift spirits".

"Vital - unfortunately there is too much information in one way and too much for someone to wade through. there is no simplicity".

"If carers are kept in the loop they will be able to access more services as and when they need".

Summary of what carers feel needs to happen to achieve this priority

Sufficient time to read, understand and respond to letters / information sent, co-ordinate correspondence

One simple access place to support, info re trips/meetings/get-togethers, but most importantly someone to speak to

Easy access to information re legislation, statutory requirements, support entitled to, transparent eligibility criteria

Database of carers – support groups, put one another in touch, choose what info they receive, email updates

Let carers assess the accessibility and information provided first.

Carers receive support to enable them to have time for themselves

What carers told us this meant to them and what difference it will make

"Very important to have just a few hours to yourself".

"Just to think relax and keep up to date with things, Respite - relief, ability to have 'own' life and keep well, breathing space".

"Most important issue. Without having a break, I wouldn't be able to carry on, carers are carers often 24/7. They get mentally and physically worn out. They perhaps do not have family or friends to help out, so qtime out is needed".

"... time to sleep through the night, relax and regroup. Short breaks and services that carers / families can depend on need to be available".

Summary of what carers feel needs to happen to achieve this priority

Funding available to community organisations which offer a whole host of different activities, alternative care provision e.g. a special crèche. Experiences and skills sharing so carers do not have to seek funding to enable participation.

Respite at an affordable price or free – to ease the load, ie with household chores, gardening.

As the patient/cared for person health worsens the carer needs more time allocated to their needs so they actually do get a rest and change of scenery.

A yearly assessment of the carer needs, and mandatory that carers are informed of this right.

Carers are supported to remain emotionally, mentally and physically well

What carers told us this meant to them and what difference it will make

"This is also very important. Must keep strong for the person you are taking care of. They need a lot of attention and support".

"Quite easy to become physically, emotionally drained. Good to have someone to help and talk to".

"This is very important because if I break down social services will have to step in. I need support to help me carry on caring".

"I have my own health problems which I don't always look after".

"Essential to avoid crisis..."

"My family hasn't had a holiday since 2006. My partner and I have never had a holiday, or even a weekend, alone together."

Summary of what carers feel needs to happen to achieve this priority

A full care plan should be made for the carer also or a professional support package.

Lines of communication should be open with a key person, through email or other methods; don't have to explain concerns/situations to a different person.

Opportunities to use inclusive community facilities (sports village) for a range of activities at a discounted rate, ie keep fit.

Make GP surgery appointments available when I need them, and the community care co-ordinator.

Support groups available face to face, be creative about venues, somewhere that a carer can approach and chat about their concerns.

Carers are supported in planning for the future

What carers told us this meant to them and what difference it will make

"I dread to think of the future but with help and support of carers trust for all I don't feel so alone with it all having no family support."

"It would allow me to plan for my children's future after my death".

"It would relieve the worry of what would happen if I was unable physically to care for the person".

"This is a priority that worries us a lot. We have no-one who can step up and care for the long term future of the adult in our care".

"If we knew what is out there for us, it would ease our worries".

Summary of what carers feel needs to happen to achieve this priority

Help and support (Carers Trust 4 All).

Carers and families should be central to the planning.

Facilitate the time to do this when provision has been made for the cared for.

Knowing what is out there, a service and how we access it for the right information.

An allocated professional available to support on an ongoing basis until no longer required; where possible the same person from start to finish.

A day workshop with speakers who can answer worries, ie about care, wills, living arrangements.

Service providers should be able to talk about this.

Carers are able to fulfil their educational, training or employment potential

What carers told us this meant to them and what difference it will make

"I enjoy my job and need to be able to continue to work".

"For younger carers who need to move on with their own lives this is a must".

"Carers need to think about themselves and their employability for when they no longer need to carry out their role as a carer".

"... without this priority, the long term future of carers can be greatly affected".

Summary of what carers feel needs to happen to achieve this priority

Employers need to be supportive and flexible, workplace policies for leave/flexible working, medical appointments etc.

Funding and respite / support for the cared for so the carer can attend courses etc.

Educational and skills building courses to be made available for free to carers.

Utilise community assets for the benefit of carers educational, training needs.

8 Case studies

These case studies illustrate examples of carer support being provided within Shropshire, and young carer and young adult carer consultation work.

Case Study: planning ahead

'Rachael' cares for her son 'Gavin' on a full-time basis. Gavin, who is in his 30s, has always lived at home with his mother; he has a learning disability and is confined to a wheelchair.

Rachael has been known to the carer support team for some time. She has a named carer advisor, 'Kim', who is very familiar with Rachael and her caring role. Kim ensures that Rachael is involved in support groups and activities in her area, giving Rachael opportunities for respite and a chance to build friendships with other 'carers'.

More recently, Rachael, who is in her 60s, has started to experience repeated bouts of ill health - on more than one occasion this has led to short-term hospitalisation. Kim has registered Rachael onto the "Carers Emergency Response Service" which is an early response service whereby in the event of an unforeseen emergency (for example when Rachael gets admitted to hospital), a carer support worker will support Gavin at home, for up to 72 hours. This has enabled Rachael to go to hospital to attend to her own medical needs, safe in the knowledge that Gavin will be cared for by an experienced worker – in his home.

Kim has encouraged Rachael to think about Gavin's future, given that it is likely that he will outlive his mother. With Kim's support Rachael has been looking at local services that provide supported living facilities and Rachael is now planning the transition for Gavin to lead a more independent life. This means that Rachael can support Gavin in the transition towards a life that is less dependent on the care provided by his mother.

Source: Local Care Provider

Case study: How community support for carers can support both the cared for and the carer

"I had difficulty in getting [father] to the doctor, as he was in denial that there was anything wrong with him ... [father eventually] agreed to attend the memory clinic ... specialist doctor ... diagnosed Alzheimer's, offered medication, brain scan promised monitoring follow up appointments with the mental health nurse and suggested I get power of attorney. Good advice, but there it ended, no further support was offered at this point, or any suggestion of where support and guidance could be sought, and it was some months before I heard from that service again. I am an only child so the responsibility was all mine." (Nar. 4).

Fortunately, this carer happened upon a display by the Alzheimer's Society and they made contact with them, which relieved a lot of stress and provided support. The stress relief manifested through a variety of factors, but being listened to and venting emotions appears crucial.

"Straight away, I felt understood and supported and could ask silly questions and felt less alone ... advice on practical things (useful aids, strategies and finances) ... 'Singing for the Brain' sessions ... sharing my experience with other carers ... opportunity to share experiences and concerns and relief of bottled up emotions which are hard to share with family members as guilt and helplessness gets in the way." (Nar. 4).

Source: Action Learning Programme based on story telling from patients, carers and staff, Shropshire 2016 NHSE

Case study: consultation with young carers

Consultation was carried out with young carers, young adult carers and young people between November 2016 and January 2017. This was a joint piece of work between Shropshire Council and Telford and Wrekin Council.

The purpose was to inform this new 2016-2021 All Age Carers Strategy and Action Plan, which had previously been an Adult Carers Strategy only. It was important to gather the views of young carers and young adult carers and ensure their needs were being represented.

Key findings included:

- Young carers want to understand more about the medication the person they care for takes, and any side effects it may have.
- The need for consistent support and awareness for young carers in schools.
- Treating each young carer as a young person first and an individual in his or her own right. What support may be appropriate to one may not be for another.

"There is a lot we don't know about, and should."

The information gathered has formed action points within the Action Plan.



9 Action Plan

An Action Plan has been developed based on the five identified priorities. This is a 'live' document which is updated regularly. This can be viewed on the Shropshire Together website.

10 Acknowledgements

The Carers Strategy from Cambridgeshire County Council, Sheffield City Council, Solihull Metropolitan Borough Council and Cornwall Council have been used for reference and format purposes.

11 Sources of further information

A selection of sources of information for carers is provided below. It is recognised, however, that there are many other national and local organisations also.

Carers Trust

Carers Trust is a major charity for, with and about carers
<https://carers.org/>

Carers Trust 4All

The provider of commissioned carer services for Shropshire Council
<http://www.carerstrust4all.org.uk/shropshire.html>

Healthwatch Shropshire

Healthwatch work to help people get the best out of their local health and social care services. With the aim of ensuring that patients and the public are at the heart of decisions about service delivery, improvement and change.

Shropshire Choices

Web-based information provided by Shropshire Council, to help people make the right choice to remain independent and stay well. Offers information and advice about adult social care, housing and health.
<https://www.shropshirechoices.org.uk/home/>

Shropshire Council

This web link provides links to information and services relevant to carers.
<https://www.shropshire.gov.uk/health-and-social-care/>

Shropshire Local Offer

Local Offer brings health, education and social care services together to improve outcomes in special educational needs and disability.
<https://www.shropshire.gov.uk/local-offer/>

Preparing for Adulthood Factsheet: The Links Between The Children and Families Act 2014 and The Care Act

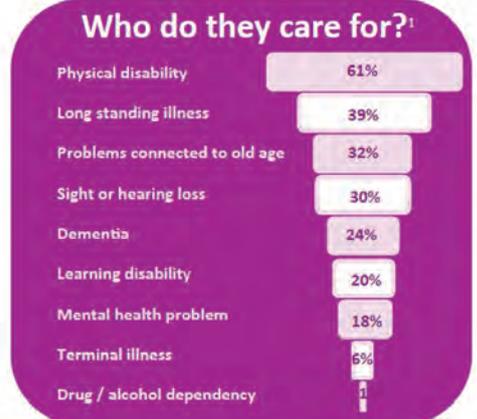
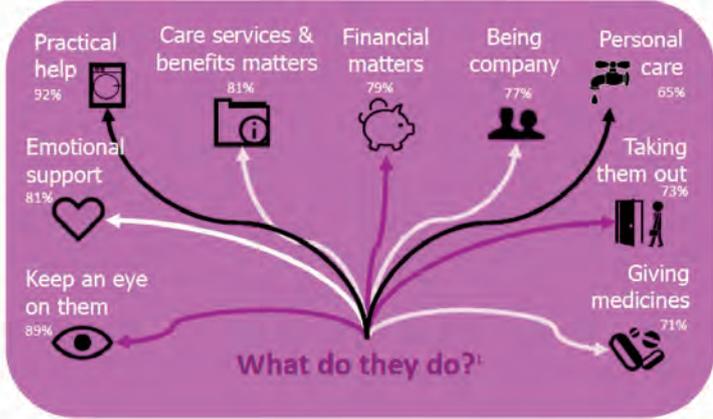
2014 http://www.preparingforadulthood.org.uk/media/421323/care_act_revised_march_2016_online.pdf

Appendix 1

33,360 Shropshire people view themselves as a family carer²
 (That's **1** in every **7** adults)




66% say they don't have enough control of their life¹

What carers say about...

Daily life¹



"When illness suddenly upsets your life you have no preparation and no prior knowledge and are thrust into a world where you feel lost"

"My husband and I are both in our 80's and worry for our future ability to carry on caring"

"Married for 53 years you have to do all you can for loved one while you can do it with help of your family"

Carer support¹



"I am fortunate I go to a carers monthly meeting, and feel wonderful support, also the importance of contact with other people"

"Social Services have also created time for carers with trips, art classes, etc. which give me some 'me time' which I have enjoyed"

"I am also a person who needs help. However, I have never had any help offered as a carer and disabled person"

Money¹



"Everywhere you go for help it comes at a cost which we cannot afford"

"Unable to claim carers allowance, unless my earnings dropped by £20 a month or I give up work altogether to look after my mother on a full time basis"

"Did not want to go back to full time work but due to financial problems... I have no choice and this makes life very difficult for both of us"

Information¹



"Although organisations do present information you are not always able to take it all in at once and do not know what your needs will be"

"When you ring up and leave messages on an answer phone you never get a reply...It is frustrating surely there must be more than one person to speak to"

"Finding the right agency is an obstacle course...all carers information should be dealt with by one department"

What carers want:



Easy to find information



Own needs assessed



On-going support



Time out



Financial help



Certainty over future

Appendix 2

ADASS West Midlands - Commitment to carers

West Midlands authorities:

1. will endeavour to adopt the Care Act and Whole Family approach when carrying out their assessment and care planning functions.
2. Will endeavour to ensure that their practices and procedures are developed in line with the principles set out in Making it Real for Carers and the associated checklist.
3. Will endeavour to ensure that the impact on a carer's wellbeing is considered equally with that of the person they care for when carrying out its functions.
4. ensure that all providers of advice and information have good access to up to date and accessible information to promote consistency in advice giving.
5. are committed to involving carers in the production and implementation of their plans and strategies.
6. are committed to supporting a range of preventative services to support carers and those for whom they care.
7. are committed to improving carers' access to training, knowledge and skills.
8. will ensure that Independent Advocates, when required, are available equally to carers and the adults they care for.
9. will follow Care Act recommendations to support carers where there are any safeguarding concerns in respect of the carer or of the person they care for.
10. all teams and agencies commissioned to carry out carer's assessments will work from the same assessment template, however they are carrying out the assessment, to ensure a consistent approach and enable quality assurance.
11. are committed to the principle of ensuring that, if assessments of the carer and cared for person are carried out by different agencies, these are brought together to inform the care planning process.
12. are committed to developing flexible and proportionate support planning and personal budget monitoring processes for carers
13. are committed to developing and implementing a local memorandum of understanding based on No Wrong Doors to raise awareness of, identify and support young carers.
14. will adopt and implement the national protocol on cross border assessments.
15. will work with all Health partners across the region to promote and encourage implementation of the NHS England commitment to carers.
16. ADASS West Midlands is committed to ensuring the continuation of the Carers Leads Network to enable and enhance co-operation and collaborative working to support carers across the region.

All-Age Carers Strategy for Shropshire 2017 - 2021

