

## **Review of Joint Carers Strategy for Herefordshire (2017-2021)**

In 2017 a Joint Carers Strategy was developed by Herefordshire Council and Herefordshire Clinical Commissioning Group to develop transformational change and ensure services were delivered to keep residents and carers healthy and well. The strategy was co-produced with carers to encapsulate their aspirations and recognise the challenges which come with being a carer.

The strategy has a shared vision:

*“That carers are recognised and valued, able to keep well and live their own life”*

Six priorities were developed from co-production and engagement with carers:

- Priority 1 – Information, advice and signposting
- Priority 2 – Identifying carers
- Priority 3 – Carers’ knowledge, skills and employment
- Priority 4 – Access to universal services
- Priority 5 – Networking and mutual support
- Priority 6 – Assessment and support

Two years into the delivery of the strategy, a review of ‘what needs to happen’ was undertaken. Conversations were held with carers through the summer and autumn of 2019. This review illustrated that of the 47 actions identified, the majority had progressed well, been delivered or were in the process of being delivered.

During engagement on the new carers strategy for Herefordshire further review of the Joint Carers Strategy for Herefordshire (2017-2021) was undertaken. Overall feedback on the former strategy is;

- Does it have to be called a strategy? That word doesn’t mean much to most people.
- It is too long and complicated. If it has to be that long can a shorter, easy read version be available?
- In the current format it cannot be ‘read’ by assistive technology.
- Reference to the ‘Blueprint’ doesn’t have any meaning for the public, does it add anything?
- A strategy is useless as words alone, how can the change it seeks be connected to and understood by the wider community?
- Carers want to know what services they can access, what is going to be done and how this will benefit them.
- To keep the strategy meaningful and current it should be a working document that can be amended to reflect emerging circumstances such as the COVID pandemic.
- Needs to offer a way for public to engage with and make comment on the strategy during its lifetime.
- A big concern for long term carers is what will happen to the cared for person when they are no longer able to care, the strategy does not cover this.

Progress against the six priority areas set out in the Joint Carers Strategy for Herefordshire (2017-2021) is summarised below.

## Priority 1 – Information, advice and signposting

Many people in the early stages of caring for someone **don't see themselves as carers**, so don't search for information and advice for themselves. Carers tend to focus on getting support for the cared-for and find it difficult and frustrating to **navigate their way around the health and social care system**. The complexities of two distinctly different public services (health which is free and social care which is means-tested) plus the fact that health and social care do not automatically interact and share information can cause confusion and frustration. **This remains a major stress factor for carers and has a detrimental impact on their wellbeing.**

Once they recognise they are a carer and establish contact with a support group, carers find it easy to access information and advice. The group may be carer or condition-related support group (such as dementia or Parkinson's).

WISH is not well known to carers, although the groups and people who support carers are familiar with and utilise WISH reasonably well.

## Priority 2 – Identifying carers

How quickly carers recognise themselves as carers depends on their experiences: there is inconsistency across the health sector, particularly in relation to people's experiences in hospital. Generally those treated for a particular ailment requiring an operation feel they get a good service. However where after care is required, they feel the hospital wants to discharge patients too quickly with no or sporadic support. This puts considerable pressure on the carer.

A carer recognition system has been established by Wye Valley NHS Trust and is being rolled out across the organisation. The COVID pandemic has meant that some visual prompts for carers and professionals around the hospital have had to be removed.

Most GPs seem to recognise the carer's caring role and offer support and/or reasonable adjustments. They also offer signposting support through social prescribers. However, there is not always a consistent approach towards recognising and making provision for carers between GPs and the practices they are based in.

## Priority 3 – Carers' knowledge, skills and employment

Carers engaged with at the midpoint review and in the development of the new strategy are at different stages in their lives and aspirations.

- Several of those who are retired now volunteer in other organisations to support other carers.
- Those who are of working age have either given up work to undertake caring responsibilities or are struggling with employment.
- Those who engage with the DWP feel that there is a lack of understanding of the role of carers and there is an attempt to coerce them into work when they had full time caring duties. Parent carers experienced being asked not to bring children they care for to DWP appointments.

- There's a fear amongst working carers that employment prospects become more vulnerable if employers know you are a carer. There's also a strong sense of pride about being able to deal with things and manage.
- Adults who are undertaking education courses were doing so to provide support to other carers.
- Young carers and young adult carers had mixed experiences in school or college, with some having positive experience of being supported, others experiencing a lack of understanding by staff and no allowances for their individual needs as carers.

All valued sharing their experiences with other carers, largely through support groups, but also through being able to talk to someone on the phone. The majority meet other carers through informal networks, hospital appointments, support groups and the internet.

## **Priority 4 – Access to universal services**

Carers don't really understand what is meant by universal services. They don't expect to be treated any differently because of their caring role, apart from when they are dealing with health and social care.

Visibility of the Carer Links service is important and still has some work to increase awareness of the offer, particularly in respect of contingency planning.

## **Priority 5 – Networking and mutual support**

Some carers attend the carer support groups formerly ran by Herefordshire Carers Support (HCS), although membership was reported as dwindling. The COVID pandemic has meant that these have had to be provided in different ways. Legacy funding from continues to support social activities and day trips, when restrictions allow.

Most carers engaged with participate in other social activities, although not as much as they would like.

## **Priority 6 – Assessment and support**

The majority of carers feel involved in planning health-related support for the person they care for. However this varies according to the confidence of the individual and ability to ask questions and be assertive.

Only some carers had received a carers assessment and this was some time ago. There is a lack of understanding about whether carers should receive a review of their assessment. About three quarters of carers spoken to at the midpoint review did not know what a carer's assessment was, where they should go for one, and that it wasn't means tested. They assumed that if the cared for person wasn't eligible for council funded care, then neither were they.

Some carers reported having gone through the assessment process with their loved ones, but had not been offered a carers assessment themselves.