Appendix 2 – Carers Strategy Engagement Summary

<u>**Online Survey Responses:**</u>

	Carers – 167 Responses					Professional and Other Stakeholders – 62 Responses				
	Strongly Agree	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Agree**	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Agree**
Priority 1 – Improving Information Advice & Guidance	128 (78.5%)	30 (18.4%)	5 (3.1%)	0 (0.0%)	0 (0.0%)	42 (72.4%)	13 (22.4%)	3 (5.2%)	0 (0.0%)	0 (0.0%)
Priority 2 – Identifying Carers	116 (71.6%)	40 (24.7%)	6 (3.7%)	0 (0.0%)	0 (0.0%)	40 (67.8%)	17 (28.8%)	2 (3.4%)	0 (0.0%)	0 (0.0%)
Priority 3 – Staying Healthy	130 (79.8%)	32 (19.6%	1 (0.6%)	0 (0.0%)	0 (0.0%)	45 (77.6%)	13 (22.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Priority 4 – A Life Outside of Caring	132 (81.0%	27 (16.6%)	4 (2.5%)	0 (0.0%)	0 (0.0%)	46 (75.4%)	12 (20.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Priority 5 – Assessment and Support	130 (79.8%)	31 (19.0%)	2 (1.2%)	0 (0.0%)	0 (0.0%)	43 (75.4%)	13 (22.4%)	1 (1.8%)	0 (0.0%)	0 (0.0%)
Priority 6 – Crisis Management	136 (83.4%)	26 (16.0%)	1 (0.6%)	0 (0.0%)	0 (0.0%)	48 (82.8%)	10 (17.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Priority 7 - Recognition and Value	136 (83.4%)	24 (14.7%)	3 (1.8%)	0 (0.0%)	0 (0.0%)	42 (72.4%)	12 (20.7%)	4 (6.9%)	0 (0.0%)	0 (0.0%)

<u>**Carers Feedback on Priorities – obtained through all forms of consultation:**</u>

	The majority of Carers	▪ Are not always clear what is on offer. ▪ Want information that is relevant to them, as and when they need it, in a format to suit them and their lifestyles, e.g. some carers would like to access information in the form of an App, whereas others do not want to access information online or via a smartphone and would prefer to simply talk to someone. ▪ Identified communication as being a key concern, they want to be clear about their entitlements and
Priority 1 – Improving Information Advice & Guidance		

		what services are available and be kept up to date when things change.
	A number of Carers	▪ Want choice, control, flexibility and consistency with up to date information and advice on their self-directed support options ▪ Will source IAG digitally but find SCC's website and Staffordshire Connects website difficult to navigate
	A few carers	▪ Are concerned about their financial situation, so whilst Carers would welcome support, they worry about benefits being stopped. ▪ Are worried about undertaking ad hoc employment opportunities due to impact on carers allowance and the need to complete lots of paperwork. ▪ Liked having an allocated social care practitioner for their 'care for', someone who knew their story and acted as a single point of contact for IAG and signposting.
Priority 2 – Identifying Carers	The majority of Carers	▪ Felt that caring 'creeps up on you' so that it isn't always apparent that you are a carer until support is required.
	A number of Carers	▪ Felt that we need to get better at identifying carers so that we help to avoid carer crisis
	A few carers	▪ Believe that more work could be done with special schools in order to identify parents carers.
Priority 3 – Staying Healthy	The majority of Carers	▪ Report that they would value informal support from the community to help with small tasks such as collecting prescriptions, cleaning windows, transporting to medical appointments and gardening. Or a buddy with lived experience to listen and provide advice to prevent feelings of isolation and loneliness.
	A number of Carers	▪ Suggested organised sport activities which may attract a wider variety of carers e.g. carers walks, cycling groups, archery and gardening clubs, ▪ Wanted a focus on their personal wellbeing and self-care through the provision of sessions or training on mindfulness and mediation. ▪ Working carers experienced difficulties getting time off work for medical appointments for themselves and their cared for, as well as to attend numerous meetings about their cared for and wanted more flexible arrangements and appointment times. ▪ Experienced difficulties getting appointments for themselves at their GP.
	A few carers	▪ Suggested having a free flu jab for carers and free annual health checks.
Priority 4 – A Life Outside of Caring	The majority of Carers	▪ Want a life outside of caring, often a break for a few hours to pursue interests or have social interaction is enough. ▪ Expressed that access to replacement care is necessary for them to have a life outside of caring,

		• however access is complicated and inflexible, but necessary to recharge and maintain relationships, to avoid future crisis. • Find fulfilment in their caring role and would like to be able to balance caring with other commitments, such as work, education or training.
	A number of Carers	• Wanted to access activities that were not specifically just for carers. • Would like to attend events or groups in order to develop their support network but these need to be within their local area, at a time to suit them and with like minded people. • Requested a range of evening activities/groups to enable carers in education, employment or training to attend.
	A few carers	• Report that employers are not always understanding of their caring responsibilities • Currently access support from the GP who facilitate the development of support networks via arranging carers coffee mornings.
Priority 5 – Assessment and Support	The majority of Carers	• Described the current system as time consuming and challenging, often at a time of great stress. • Did not have a preference as to whether the Council should undertake assessments and support planning or if this were to be commissioned and therefore independent of the Council, as long as the pathway reduced the need for carers to repeat their story
	A number of Carers	• Reported variable practice depending on the assessment and care management function that is working with the Carer and/ or the cared for. • Advised that it was helpful to have an assessment at home to avoid the need to arrange replacement care, whereas other carers preferred having an assessment outside of the home so that they could talk openly. • Reported a significant variation in the knowledge and attitude of social and health care practitioners/ professionals towards carers.
	A few carers	• Identified that their support network is facilitated by the child's special school, who offer relevant workshops for parents carers, e.g. managing challenging behaviour. • Advised that they would welcome support filling in essential forms such as PIP and ESA.
Priority 6 – Crisis Management	The majority of Carers	• Were unsure where to go and what to do to get help in an emergency if they can't continue to care
	A number of Carers	• Had not heard of current commissioned services or their emergency planning tools and 'in case of Emergency' Card.
	A few carers	• Have previously sought support from the hospice or signposting via hospitals in the event of a crisis
Priority 7 - Recognition	The	• Want to be recognised as experts by experience in relation to the person they care for, and feel their

and Value	majority of Carers	views are often overlooked.
	A number of Carers	▪ Expressed that they would feel more valued if they were consulted on service redesign or were able to form part of tender evaluation. ▪ Identified that they would value formal training/ accreditation for carers, e.g. via an NVQ in order to support skills development and enhance self-esteem.
	A few carers	▪ Believe practitioners need to think of the carer and cared for as a team. ▪ Are concerned about societal attitudes / negative connotations around carers e.g. 'its your duty' to care for a family member, or carers viewed as scroungers and unemployable.
Other	The majority of Carers	▪ Stated that there is a large amount of form filling required as part of being a carer, this is overwhelming for most and causes a great deal of anxiety ▪ Expressed that they would prefer statutory resources being directed towards the person requiring care, so that carers energy and time is not taken up by ensuring the cared for is receiving the right support at the right time.
	A number of Carers	▪ Commented that there is a degree of "hostility" and "competition" between some providers of carer support, with a general feeling of not working collectively for the "greater good". ▪ Advised that it can be confusing for Carers when more than one organisation is providing the same support in the same area of the County. ▪ There was a general view that funding needs to be better spread amongst Carer Support organisations and across localities, with ways of working based on communities, avoiding duplication of support where possible.
	A few carers	▪ Identified support to ex carers as an area which needed further exploration.

<u>**Professionals & Other Stakeholders Feedback on Priorities – obtained through all forms of consultation:**</u>

Priority 1 – Improving Information Advice & Guidance	The majority of Stakeholders	▪ Require the provision of up-to-date accessible information to support them to signpost and refer with confidence, with clear indication of eligibility for carers and professionals
	A number of Stakeholders	▪ Reported that commissioned services are not widely known or used across the entire assessment and care management function, with inconsistent signposting practice.
Priority 2 – Identifying Carers	The majority of Stakeholders	▪ Recognise that due to the nature of the caring role, it is harder to identify carers as they will not identify themselves as carer. Change of language, 'does someone rely on you' to focus on making sure the person 'relied on' values themselves enough to put their needs higher up the priority list.
	A number of	▪ Highlighted that further engagement is required with schools and other agencies who come into

	Stakeholders	contact with children and young people, to better identify young carers and help them to identify themselves, to enable swift access to support when required.
	A few Stakeholders	▪ Identified that people who care for others with 'invisible' disabilities such as cronhs, mental health conditions and substance misuse are often overlooked because their needs are often not continuous but rather variable and intermittent at times, consequently their carers are not recognised as such.
Priority 3 – Staying Healthy	A number of Stakeholders	▪ Believe that carers should be prioritised when it comes to arranging GP appointments.
	A few Stakeholders	▪ Suggested having a free flu jab for carers and free annual health checks.
Priority 4 – A Life Outside of Caring	The majority of Stakeholders	▪ Recognised that some carers will access the support offered via a carers group or activity, however others would prefer more personalised support, such as a befriending service.
Priority 5 – Assessment and Support	The majority of Stakeholders	▪ Understand that carers require localised support services. ▪ Identified that processes need to be kept simple and streamlined in order to avoid the need for the carer to repeat their story.
	A number of Stakeholders	▪ Advised that pathways and processes are at times inequitable, inconsistent and unclear, with no single point of initial contact to access. ▪ Identified that access to and the availability of flexible respite is challenging.
	A few Stakeholders	▪ Highlighted that where the carers have disabilities or communication needs themselves, these should be recognised and included in any plan to ensure access is integral rather than an add on.
Priority 6 – Crisis Management	A number of Stakeholders	▪ Believe that carers should be supported to contemplate and plan for the future
Priority 7 - Recognition and Value	The majority of Stakeholders	▪ Believe that Carers should be involved in decision making and viewed as part of a multi-disciplinary team, identified as experts in relation to the person they care for.

Young Carers Consultation Summary:

Priority 1 – Improving Information Advice & Guidance	▪ Young carers do not often ask for help because they are nervous or scared and find it hard to express their feelings about their situation. ▪ Some young carers may go online to look for help.
Priority 2 – Identifying Carers	▪ Young people realised they were young carers through their parents telling them.
Priority 3 – Staying	▪ Young carers confide in family members or teachers about how they are feeling, if they feel comfortable doing so.

Healthy	
Priority 4 – A Life Outside of Caring	▪ Being a young carer does impact some aspects of an individual's life such as school and friendships.
Priority 5 – Assessment and Support	▪ Young carers stated that they preferred speaking to someone they know as opposed to someone they don't know regarding their situation and feelings. ▪ Accessing young carers groups and activities has helped young people as they are able to engage with individuals who have similar experiences and have an understanding of what they are going through.
Priority 6 – Crisis Management	▪ Young carers are often worried about their family member, particularly when the cared for is a parent, whilst they are at school or otherwise away from the home.
Priority 7 - Recognition and Value	▪ Young people feel they are recognised as young carers and feel a sense of value when able to interact with other young carers through shared activities.