Appendix 1

CITY OF
WOLVERHAMPTON
COUNCIL

Joint All Age Carer Strategy

2016 – 2020

Wolverhampton
Clinical Commissioning Group
Forward

Carers play a critical role in supporting someone who would otherwise be unable to look after themselves; often putting the needs of the cared for before themselves. There is no age barrier to becoming a carer; some become a carer for the first time at an earlier age, whilst for others it can be later in life.

We know from national research, and more locally from talking to carers, that caring impacts on their quality of life.

Carers are unique individuals and how their caring role impacts on their life will differ from person to person. Some carers will find that caring for someone is a positive experience, whilst for others it means putting their life ‘on hold’.

The Care Act brings significant advances in the rights of carers and for the first time places carers on the same legal footing as the person they care for.

We have no doubt that this piece of legislation will have a positive impact on the health and well-being of carers, supporting them to have a life alongside their caring role. We are committed to ensuring carers continue to be made aware of their legal rights as part of the delivery of this strategy.

We would like to thank all the carers that have contributed to the development of this Joint All Age Carer Strategy, and offer our assurances that we will work with carers to help reshape our services around the things that Wolverhampton carers told us was important to them.

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**Who Cares? We do.**

A carer is a person of any age who, on an unpaid basis, helps to look after a relative, neighbour or friend who could not manage at home without their help. The Care Act 2014 defines a carer as `an adult who provides or intends to provide care for another adult’\(^1\)

The term `young carer’, applies to anyone under the age of 18 who provides care. They may be the main carer, or provide partial care for an adult or sibling.

**Why do carers matter?**

There were over 27,000 carers in Wolverhampton identified in the 2011 Census\(^2\), so their caring contribution makes a big difference to the lives of the people they care for.

Often carers will help the person they care for with everyday tasks such as helping someone to bed, getting them up in the morning, helping them to wash and dress, making of meals and help with toileting.

Often the caring role will extend to include shopping, household cleaning and laundry. In additional to these practical tasks the caring role can also extend to providing emotional support and childcare responsibilities.

Many carers take on the role of caring without thinking twice, or noticing the effect it has on their own lives because of the close relationship they have with the person they care for.

Adult carers often experience loneliness and isolation, poor health and financial hardship. Younger carers may find it harder at school and beyond.

A carer’s contribution means the person being cared has a better quality of life enabling them to:

- continue to live in a family environment;
- contribute and be included in family life;
- be more able to be included in the everyday life of their community.

While caring can be a very positive and enjoyable experience it can also mean the carer may:

- experience a greater level of stress and emotional strain that may harm their own health;
- find that they cannot keep up their social networks or other relationships and become more isolated as a result;
- become unable to continue working full- time and their income and future pension can be harmed.
- have reduced school attendance, in England it is estimated that around one in twenty young carers miss school because of their caring responsibilities.
- have lower than expected educational attainment, in England young carers have average significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine B’s and nine C’s.

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\(^1\) Clause 10 (3) The Care Act 2014

\(^2\) Office of National Statistics 2011 Census
The report `Valuing Carers 2015 – The Rising Value of Carers’ Support' published by Carers UK sought to quantify the value unpaid carers contributed to the national and local economy. The report estimated that:

- in 2011, 12% of the UK population – in 2015 equal to 6.8 million people – provided unpaid care;
- the annual value of support provided by unpaid carers nationally is now £132 billion. To put this in context the annual cost of health spending stood at £134.1 billion in 2014 - 15;
- in Wolverhampton unpaid carers provided support to the value of £594 million per annum.

The report also noted that the number of carers would increase as people are living longer.

The WOLVERHAMPTON Picture

27,136 people identified themselves as carers in the 2011 Census, which represents 10.8% of the whole population (249,470).

The numbers of hours that people provide care is given as:

- 15,450 provide 1 to 19 hours p/w (6.2% of the population)
- 4,278 provide 20 to 49 hours p/w (1.7% of the population)
- 7,408 provide 50 hours or more p/w (3% of the population)

The peak age for providing care is 50-64; almost 1 in 5 people in this age group provide care. 1 in 7 people aged over 65 provide care and this group provides the largest percentage of care at over 50 hours each week

The Census recorded the ethnicity of those that that identified themselves as carers:

- 12% of White British people identified themselves as carers;
- 9.9% of Asian/Asian British people identified themselves as a carer;
- 9.6% of Black/African Caribbean/Black British people identified themselves as a carer;
- 4.6% of people from a Mixed/Multiple ethnic group identified themselves as carers.

594 children and young people under 15 were identified as carers by the adult who completed the census form. Of these 52 were said to be providing 20-49 hours per week, and 69 providing in excess of 50 hours per week.

An ageing population

As people live longer the number of older carers is almost certain to increase as will older people’s need for care.

In 2015 it was estimated that there were 42,700 people aged 65 and over. This figure is estimated to increase to 45,200 by 2020 (5.8%).

Behind this headline figure rests much more significant increases in

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3 Projecting Older People Population Information System 2016
population across certain age bands, for example people aged:

- 70 – 75 is expected to increase from 9,800 to 10,800 an increase of 10.2%;
- 80 plus is expected to increase from 12,700 to 14,100 (11%) Most notable in this age group is the number of people aged 90 and over which is expected to increase from 2,200 to 2,800 an increase of 27%.

Self-Care - limiting long term conditions

Within the life time of this strategy the number of older people aged 65 and over unable to manage at least one self- care activity is forecast to increase by almost 1,000⁴.

Self- care activities include ability to: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails or take medication

Whilst the number of adults aged 18 – 64 with a moderate or serious personal care disability is estimated to increase by almost 200 over the course of this strategy⁵.

These statistics together with increasing numbers of people with dementia strongly suggests that more people will become carers in the future.

The Care Act 2014

The Care Act has bought about significant advances in the rights of carers to be recognised and, for the first time places carers as an equal to the person they care for – putting them at centre of the law and on the same equal footing⁶.

The Care Act 2014 means important changes for carers, from 1 April 2015:

- Carers have the same legal rights as those for whom they care;
- Local authorities have a duty to assess all carers that have appearance of need;
- Local authorities must consider a carer’s overall well-being, which includes physical, mental and emotional well-being; participation in work, education and training, and social and economic well-being;
- Carers who meet the eligibility criteria have a right to support to meet any eligible unmet needs;
- Carers have the right to be involved in the assessment of the person they care for;
- Local authorities will have a duty to recognise that carers may have their own specific information needs.

The Act requires local authorities to provide information and advice relating to care and support locally, to include:

- Training – learning and skills for caring;
- Coping – with routine caring responsibilities;
- Managing work – how the workplace takes into account carer’s responsibilities;

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⁴ Projecting Older People Population Information System 2016
⁵ Projecting Adult Needs and Service Information 2016
⁶ The Care Act 2014
The Children and Families Act 2014

This Act updates the 1989 Children Act, which remains in force, as it extends the right to an assessment of needs to support all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it.

All local authorities in England must assess whether a young carer within their area has needs for support and, if so, what those needs are, if:

- it appears to the authority that the young carer may have needs for support, or
- the authority receives a request from the young carer or a parent of the young carer to assess the young carers’ needs for support.

The needs assessment, which can be requested by the young carer themselves, is an important tool to ensure the young carers own needs are being met and not neglected as a result of their caring role.

The assessment must include how appropriate it is for the young carer to provide, or continue to provide, care for the person in question, in the light of the young carers’ needs for support, other needs and wishes.

A local authority, in carrying out a young carers’ needs assessment, must have regard to the extent:

- the young carer is participating in, or wishes, to participate in education, training or recreation, and to;
- which the young carer works or wishes to work.

In addition to bringing in rights for young carers to request and receive a care needs assessment the Care Act 2014 and Children and Families Act 2014 also:

- requires the development of a “whole-family approach” to assessment and support, so that young carers and their families can access appropriate assistance;
- requires councils to consider the support disabled parents and carers may need in carrying out their responsibilities to care for a child (who may potentially be a young carer);
- specify that adult services must, while carrying out assessments, identify children in the household and consider whether they are young carers.

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7 Children and Families Act 2014 S96 (1a & 1b)
8 Children and Families Act 2014 S96 (7)
9 Children and Families Act 2014 S96 (8a & 8b)
and if so whether they are children in need;

- support for young carers ‘in transition’ to adulthood. The Care Act requires that an assessment, of a young carers needs, if it considers that they are likely to have needs for support after becoming 18 and that the assessment would be of significant benefit to him / her;

- locally ensure there is clarity about who has responsibility for supporting young adult carers aged 18 -24 preventing needs and support.

**Strategic Context**

The strategic context of this strategy is set within:

**The National Vision and Outcomes for Carers**

The UK Government published the first National Strategy for Carers in 1999, which has subsequently been revised (2008) and updated (2010 and 2014) The needs of carers have also been recognised and strengthened in related employment and health policy, while advocating closer working between Health and Social Care.

In 2014, the Government continued its recognition of the importance of carers by releasing the ‘Carers Strategy: Second National Action Plan 2014-16’. The plan identifies four priority areas for action:

**Priority Area 1: Identification and recognition**

- Supporting people with caring responsibilities in order to identify themselves as carers, so they can access the information, advice and support is available;
- Carers feeling their knowledge and experience are valued by health and social care professionals;
- Involving carers in planning individual care packages and in developing local strategies.

**Priority Area 2: Realising and releasing potential**

- Support for young carers and young adult carers;
- Support for carers of working age.

**Priority Area 3: A life alongside caring**

- Personalising support for carers and the people they support;
- Availability of good quality information, advice and support.

**Priority Area 4: Supporting carers to stay healthy**

- Impact of caring on health and wellbeing;
- Prevention and early intervention for carers within local communities;
- Supporting carers to look after their own health and wellbeing.

**NHS Commitments to Carers**

In 2014, NHS England published a ‘Commitment to Carers’ which identified eight priorities:

1. Raising the profile of carers
2. Education, training and information
3. Service development
4. Person-centred, well-coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

Regional Commitments to Carers

Wolverhampton Council has been working as at a regional level, through the Association of Directors of Adult Social Services (ADASS), to develop a shared commitment to carers.

In total 14 local authorities have worked collectively to put together a set of regional commitments for carers\(^{10}\). Wolverhampton Council is committed to working to meet these commitments.

These commitments, and those made by NHS England, form part of an ongoing work programme.

Wolverhampton Council Corporate Plan

Supporting carers has a significant role to play in helping the Council achieve its' strategic priorities for the city\(^{11}\). Where carers are supported:

- to live longer healthier lives;
- in times of need;
- to achieve their full potential.

These strategic drivers are clearly identified within the Implementation Plan that will deliver this strategy.

The Impact of Caring

Carers are unique individuals and therefore it is impossible to 'profile' a typical carer. However the 2011 Census helps us understand some common characteristics of caring and how this can impact on the lives of carers and their well-being.

Inequality of caring in England\(^{12}\)

Women are more likely to be carers than men. Nationally 3.12m females provided one of more hours of care each week compared to 2.29m of men. This represents 11.8% of the female population and 8.9% of the male population.

Women are 2.7 times and men 2.4 times more likely to report 'not good' health if working full time and providing 50 or more hours of care each week.

The greatest health divide between unpaid carers and those providing no unpaid care is among students. Male and female students are more than 4 times more likely to have 'not good health' if they are providing 50 hours or more unpaid care each week compared those that provide no unpaid care.

The possibility of becoming a carer increases up to the age of 64. More men and women are most likely to become carer when they are aged 50 – 64, as this group are most likely to have an elderly parent to care for.

Becoming an unpaid carer in your 50’s increases the chances of leaving the labour market for good, is associated with health problems and restricts social and leisure activities.

The impact of caring – a lonely experience

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\(^{10}\) Implementing the Care Act 2014 – A Commitment to West Midlands Carers

\(^{11}\) Wolverhampton Corporate Plan 2016-2019

\(^{12}\) Office for Nation Statistics: Headline information for Carers Week 10-16 June 2013
Providing care can have a significant impact on relationships with others; a report by Carers UK\(^\text{13}\) found that:

- 8 in 10 carers felt lonely or socially isolated;
- 49% of carers have experienced difficulties in their relationship with their partner;
- 57% of carers had lost touch with friends and family;
- 38% of carers in full time employment have felt isolated from other people at work.

The impact of caring – health and wellbeing

In their annual survey\(^\text{14}\) Carers UK found that:

- 82% of carers report that caring has had a negative impact on their health;
- 74% of carers find it difficult to get a good night’s sleep;
- 47% struggle to maintain a balanced diet;
- 41% have experienced an injury or their physical health has suffered as a result of caring.

The report noted the consequence for carers' mental health with 84% of respondents saying they feel more stressed, 78% saying they feel more anxious, and 55% reporting that they have suffered from depression as a result of their caring role.

The impact of caring – financial hardship

The financial hardship that carers and the person they care for cannot be under estimated. This may be caused by carers giving up work entirely to carry out their caring role or take lower paid, more flexible, employment. Often a drop in household income is accompanied by higher than usual household expenditure.

Carers UK’s year-long Caring & Family Finances Inquiry\(^\text{15}\) found that carers can face higher; utility bills, transport costs and shopping bills. Nearly half (48%) of carers who responded to their survey were struggling to make ends meet. The survey also found that 41% are cutting back on essentials like food and heating.

Given that people beginning to care in their 50’s are more likely to leave the labour market for good, there is an increased risk that they may continue to face financial hardship in their later years as a result of leaving private/employer pension schemes earlier than may otherwise have been the case.

Young Carers

A young carer is a child or young person under 18 who provides or intends to provide care for another person (either practical or emotional support).

In Wolverhampton there are around 600 young people under the age of 15, and 1,800 young people aged 16 - 24 who look after someone else who would not otherwise manage at home without their help\(^\text{16}\).

The impact of caring – a positive experience

\(^{13}\) Carers UK: Alone and Caring – isolation, loneliness and the impact of caring
\(^{14}\) Carers UK: State of Caring 2015
\(^{15}\) Carers UK (2014) Caring & Family Finances Inquiry: UK Report
\(^{16}\) Wolverhampton children and young people mental wellbeing needs assessment 2015
Contributing to the care of a family member or friend with a disability or illness can be a positive experience for a young person. It can be an expression of commitment and affection, which can serve to strengthen the relationship between the young person providing the care and the person receiving the care.

Providing care can also enable a young person to develop personally and to gain life skills as a result of the caring contribution they make and the responsibilities they take on.

Young carers can:
- achieve greater maturity and resilience;
- develop problem-solving and coping skills allowing them to become more independent;
- enhance their practical skills in managing money, maintaining a home, providing child care, organising appointments and liaising with professionals.

However, there is growing evidence pointing to the adverse impact on the health, educational attainment, future employment opportunities and social and leisure activities of those providing unpaid care, particularly for young carers.

The effects of caring on young carers

Hidden from View: The experiences of young carers in England provides a valuable insight into some shared characteristics of young carers which not only affect their childhood and education in the here and now, but also casts a shadow forward and affect their futures and prospects in later life.

Some of the key finding from the report show that young carers are:
- 1.5 times more likely than their peers to be from a black, Asian or minority ethnic communities;
- 1.5 times more likely than their peers to have a special educational need or disability;
- more likely to belong to a family where the household income is £5000 less than families that do not have a young carer;
- more likely to miss school because of their caring responsibilities.

The report also notes that young carers have significantly lower education attainment at GCSE level than their peers.

A quarter of young carers said they were bullied at school because of their caring role. Only half had received additional support from a member of school staff.

Young carers’ Not in Education, Employment or Training (NEET) aged between 16 and 19 years old has a significant impact on a person’s outcomes later in life.

The Department for Education recognises that ‘Being NEET is associated with negative outcomes later in life, including unemployment, reduced earnings, poor health and

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17 Hidden from View: The experiences of young carers in England, The Children’s Society 2013
18 Young Adult Carers at School: Experiences and Perceptions of Caring and Education (Carers Trust 2013).
19 Department for Education (2013)
depression. These outcomes have a cost for both the individual and the economy.

**Impact on young carers’ mental health**

Children and young people’s mental health can be affected by their caring role, whether the condition of the person they care for is related to physical health, mental health, an addiction or frailty in older age. A report by Carers UK\(^{20}\) shows that young carers have worst mental health than their peers. The report notes that:

- young carers providing 50+ hours of care a week were up to five times more likely to report their general health as ‘not good’;
- A survey of 350 young carers found that 48% of them made them feel stressed and 44% said it made them feel tired;
- A survey of 61 young carers in school found that 38% had mental health problems.

**Young Carers in Transition to Adulthood**

Young carers can find the passage from been a young carer to a young adult carer complex and challenging.

Around 1 in 5 young adult carers are not in education, employment or training when they leave school\(^{21}\).

A report by the Carers Trust\(^{22}\) found that:

- Over half of young adult carers at college or university said they experienced difficulties because of their caring role and 16% were concerned they might have to drop out;
- Over three quarters of young adult carers at college or university had communicated their caring role to their college or university but nearly half still felt there was no one there who recognised them as a carer and helped them.

**Wolverhampton Adult Carers – their priorities**

Caring for someone is a unique and personal experience. Whilst no two caring experiences will be identical, a series of themes began to emerge through the conversations we had with carers.

These themes surrounded:

- Being acknowledged and valued as a carer. The carers we spoke to felt that they were valued and supported until something unexpected happens that interrupts the care they provide.
- The personal impact of caring; caring is a full time job, often carers have put their own life ‘on hold’ and forego doing the things they want to do

\(^{20}\) Invisible and in Distress: prioritising the mental health of England’s young carers (Carers Trust 2016)

\(^{21}\) Young Adult Carers and Employment (Carers Trust 2014)

\(^{22}\) Young Adult Carers at College and University (Carers Trust 2014)
Services are not always responsive and flexible to meet the needs of carers; support is not always co-ordinated across health and social, resulting in carers repeating themselves, and respite care is not flexible to meet the needs of carers.

Employment; whilst employment was seen as a ‘saving grace’ for some, for others they were unable to balance their caring role with employment.

Direct Payments; whilst some carers we spoke to were already in receipt of a direct payment, others felt they were complicated but would like to learn more.

Top 10 Priorities for the future

As part of our conversations with adult carers we asked them to list the top ten things that would support them in their caring role. They told us that they:

1. Would like the Council and NHS to work together to develop a set of promises for carers, for example through a ‘Carers Charter’.
2. Want employers to be ‘carer friendly’ recognising that carers may need to work flexibly and for them to recognise the special skills and knowledge carers can bring to them, as employees.
3. Want to be recognised as a carer by professionals and my knowledge and experience taken account of.
4. Would like the Council and NHS to work more closely together to ensure so that I don’t have to repeat myself.
5. Would like more opportunities to access respite care for the person I care for.
6. Would like someone to talk to, when I need it, to help me with my caring role.
7. Would like more information about assistive technology to support me in my caring role.
8. Would like to know more about local support services, close to where they live.
9. I would like to better understand their legal rights as a carer.
10. Would like to socialise with other carers for companionship and mutual support.

These priorities, identified by Wolverhampton adult carers, will form part of the Implementation Plan that will support the delivery of these priorities.

Young Carers: what they told us

Young carers were encouraged to join the conversation with carers by attending one of two workshop events, or through the completion of a paper or online questionnaire.
Impact on health and well-being

Nearly half of young carers that took part in the consultation exercise told us that caring had impacted on their health and well-being; stress and anxiety were common themes.

Some young carers reported suffering from physical pain as a result of caring for someone with a mobility problem and some told us that they feel upset and sad at times.

Most concerning is that two young carers replied anonymously “Sad with suicidal thoughts” and “depressed, it is out of control sometimes.”

The things young carers worry about

Young carers told us that they worry about things that are connected to their caring responsibilities, examples include:

- displays of anger from siblings they care for that have a learning disability;
- the person they care for having a fall;
- what might happen whilst they are away from home and unable to assist “My dad can have a seizure at any time. I worry more when I’m not there”;
- worrying about the health and wellbeing of the person they care for, that their illness might get progressively worse and their passing.

Young carers and school

Young carers see school as playing a significant role in identifying young carers and providing them with support and information.

Young carers told us that there are inconsistencies in how they are supported at school, “some schools are good and some aren’t”

A common theme is that young carers who reported receiving information and support at school seemed to cope with their education and caring role much better than those who do not.

Some of the issues faced by young carers include:

- time management, balancing their caring role with school work, homework and exams;
- tiredness and inability to concentrate;
- attendance at school including arriving late, finishing early or not attending.

Information and advice

Young carers told us that they would like information surrounding:

- their caring role and the support that they can access;
- specialist information and advice about the condition of the person they care for and appropriate caring techniques “Help from an autism specialist on how autism affects someone’s mind.”;
- Information around managing their own stress.

A life alongside caring
Young carers told us that caring impacted on their social life in the following ways:

- Unable to make plans to go out as they have limited time;
- Are less likely to invite friends to their home because of their caring role;
- Time to stay in touch with friends and family is limited.

They also said that they have limited time to play computer games or engage in other social media. They tend to only be able to socialise online at night before going to sleep. By this time many of their friends are offline.

“There are new phone apps but I don’t get chance to use them. I miss out on stuff young people do.”

**Future aspirations**

Young carers have many aspirations for the future.

Some young carers told us that would like to go on to further and higher education, start a family, or find employment in health or professions.

However, young carers were also concerned about the impact of caring might have on these aspirations.

These concerns surround:

- the need to continue to care;
- having the time to pursue their aspirations;
- The impact caring will have had on their education.

**Wolverhampton Young Carers – their priorities**

Throughout the consultation process with young carers we can see that schools have a key role to play in identifying and supporting young carers to meet their priorities and aspirations for the future.

Young carers told us that their priorities are:

1. More education for all, particularly in schools, on the role of young carers and the impact it has on their lives.
2. Reassurance, encouragement and confidence building.
3. Time management techniques and resources to enable them to organise their lives to reduce the negative impact of caring.
4. Information, advice and support on how to balance caring and education.
5. Support with school work and homework such as a homework club and extra lessons.
6. Support to achieve their future goals, to access further and higher education and careers advice.
7. Information on how to support someone with a disability or long term condition.
8. Therapy and stress management techniques
9. More opportunities to engage socially
10. For a smoother transition from a young carer to adult carer
with support for young carers aged 18 – 25 years.

These priorities, identified by Wolverhampton young carers, will form part of the Implementation Plan that will support the delivery of these priorities.

Future Commissioning Intentions

The Council’s Market Position Statement (MPS) provides a comprehensive base for continued change and improvement for all commissioned services in Wolverhampton.

The MPS outlines the common set of themes which will be embedded in all future commissioned intentions.

All future commissioned services, including those designed to support carers, will have to demonstrate that:

- they put the person first and promote independence;
- are outcome focused;
- use of assistive technologies, for example telecare, is maximised to its full potential;
- people receive the maximum support to maintain or regain skills that may otherwise be lost through a programme of reablement;
- services are co-produced with users and user led.

Developing the Strategy

We couldn’t have developed this strategy without understanding what’s important to carers and how we can work together to make a difference to their quality of life and the person they care for.

Carers were invited to join one of a series of round table ‘Conversation with Carers’ events where carers were invited to share their views and experiences of being a carer and identify the things they would like to see change to improve their quality of life and in turn the person they care for.

We recognise that being a carer can be a demanding role and that people are not always available to attend organised events. To help ensure that the voice of these carers was not lost carers were invited to contact the Commissioning team direct.

Implementing the Joint All Age Carer Strategy

Throughout this document we have seen that carers play a key role in the life of the person they care for, and whilst it can be a personally fulfilling experience, their commitment can have a significant impact on their own quality of life.

Both Wolverhampton City Council and Wolverhampton Clinical Commissioning Group are committed to supporting carers in their caring role and to recognise and value their on-going commitment to the person they care for.

Accompanying this Joint All Age Carer Strategy is an Implementation Plan detailing what we will do to address the priorities of carers.

The Implementation of the strategy will be overseen by a steering group made
up of representatives of both Wolverhampton Council, Wolverhampton Clinical Commissioning Group and Carers.

We recognise that in the lifetime of this strategy there will be new national carers’ strategy and that other best practices will develop. The strategy will be refreshed in 2018 to ensure it reflects these changes.
<table>
<thead>
<tr>
<th>Adult Carers Priority</th>
<th>The things carers want us to do to support them in their caring role</th>
<th>What we will do and Strategic Context</th>
<th>Responsible Lead Person</th>
<th>Completion Date</th>
</tr>
</thead>
</table>
| 1.                    | I would like the Council and NHS to work together to develop a set of promises for carers, for example through a `Carers Charter' | We will work with carers to develop a Carers Charter that delivers a set of promises for carers that demonstrate both organisations work closely to enhance the carers' experience.  

Strategic links:  
National Vision and Outcomes, Priority Area 1; identification and recognition  
NHS Commitment to Carers; raising the profile of carer  
NHS Commitment to Carers; person centred, well-coordinated care  
NHS Commitment to Carers; partnership links  
ADASS regional commitment to carers; committed to involving carers in the production and implementation of their plans and strategies  
ADASS regional commitment to carers; to work with health partners to promote and encourage implementation of the NHS England Commitment to Carers  
Wolverhampton Corporate Plan; helping people to live longer healthier lives | Carers Implementation Group | December 2016 |
| 2. | I want employers to be ‘carer friendly’ recognising that carers may need to work flexibly and for them to recognise the special skills and knowledge carers can bring to them, as employees. | We will work with local employers to promote carer friendly employment practices.  
Strategic links:  
National Vision and Outcomes, Priority Area 1; identification and recognition  
National Vision and Outcomes, Priority Area 2; realising and releasing potential  
National Vision and Outcomes, Priority Area 3; a life alongside caring  
NHS Commitment to Carers; NHS England as an employer  
Wolverhampton Corporate Plan; helping people achieve their full potential | Employers |
|---|---|---|---|
| 3. | I want to be recognised as a carer by professionals and my knowledge and experience taken account of | This priority will be incorporated in the development of a Carers Charter, as detailed in Priority 1.  
Strategic links:  
National vision and outcomes; identification and recognition of carers  
NHS Commitment to Carers; person centred, well-coordinated care  
NHS Commitment to Carers; raising the profile of carer  
ADASS regional commitment to carers; adopt the Care Act | Carers Implementation Group September 2016 |
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<td>and whole family approach when carrying out assessments and care planning</td>
<td><strong>4.</strong> I would like the Council and NHS to work more closely together to ensure so that I don’t have to repeat myself</td>
<td>This priority will be incorporated in the development of a Carers Charter, as detailed in Priority 1.</td>
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<td>Strategic links:</td>
<td>Carers Implementation Group July 2016</td>
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<td>NHS Commitment to Carers; partnership links</td>
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<td><strong>5.</strong> I would like more opportunities to access respite care for the person I care for</td>
<td>We will review existing arrangements for respite care and where necessary we will remodel existing service provision to ensure transparency and flexibility to meet the needs of carers.</td>
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<td>Strategic links:</td>
<td>Carers Implementation Group March 2017</td>
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| **6.**  | I would like someone to talk to, when I need it, to help me with my caring role. | The remodelled carer support groups (Priority 10) will provide the opportunity for carers to offer mutual support to each other.  

The Council Carer Support Service will continue to offer information and advice to carers to ensure they have access to local support  

**Strategic links:**  
**National Vision and Outcomes, Priority Area 4; supporting carers to stay healthy**  
**ADASS regional commitment to carers; impact on a carers well-being is considered equally to that of the person they care for**  
**Wolverhampton Corporate Plan; helping people in times of need** | Carers Implementation Group  
December 2016 |
| **7.**  | I would like more information about assistive technology to support me in my caring role. | Wolverhampton Council is committed to increasing the take up of assistive technology as part of their preventative agenda.  

We will monitor the take up of assistive technology and support carers to understand the scope of equipment available and how it can help them as carers. | Carers Implementation Group  
September 2016 |
<p>| Strategic links:                                                                 |
| National Vision and Outcomes, Priority Area 1; identification and recognition of carers |
| National Vision and Outcomes, Priority Area 2; realising and releasing potential |
| National Vision and Outcomes, Priority Area 3; a life alongside caring |
| National Vision and Outcomes, Priority Area 4; supporting carers to stay healthy |
| NHS Commitment to Carers; education, training and information |
| ADASS regional commitment to carers; committed to improving carers’ access to training, knowledge and skills |
| ADASS regional commitment to carers; committed to supporting a range of preventative services to support carers and those whom they care for |
| Wolverhampton Corporate Plan; helping people achieve their full potential |
| 8. | I would like to know more about local support services, close to where I live | We will promote local support services as part of the remodelled community based carer support groups. We will review current channels of communication designed to promote carer support groups to ensure effectiveness and value for money. | Carers Implementation Group September 2016 March 2017 |
| Strategic links: | | | |
| National Vision and Outcomes, Priority Area 1; identification and recognition of carers | | | |
| National Vision and Outcomes, Priority Area 2; realising and releasing potential | | | |
| National Vision and Outcomes, Priority Area 3; a life alongside caring | | | |
| National Vision and Outcomes, Priority Area 4; supporting carers to stay healthy | | | |
| ADASS regional commitment to carers; committed to improving cares access to training, knowledge and skills. | | | |
| Wolverhampton Corporate Plan; helping people achieve their full potential &amp; helping people in times of need | | | |
| 9 | I would like to better understand my legal | Specialised Information and support for carers is available from the Council’s Carer Support Team. | Carers Service December 2016 |</p>
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<td><strong>rights as a carer</strong></td>
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<td>The Carer Support Team has been active in promoting the legal rights of carers. We will ensure that a planned programme of events is developed to promote carers understanding of their legal rights.</td>
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<td><strong>10</strong></td>
<td>I would like to socialise with other carers for companionship and mutual support.</td>
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<td>Wolverhampton Council is in the process of remodelling carer support groups. The remodelling will ensure that there are a range of groups to reflect the diversity and interests of carers.</td>
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<td>New groups will be supported by experienced staff from the</td>
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Council’s Carer Support Service. It is anticipated that the new model for carer support groups will be effective from August 2016. We will review current channels of communication designed to promote carer support groups to ensure effectiveness and value for money.

Strategic links:

National Vision and Outcomes, Priority Area 3; a life alongside caring

ADASS regional commitment to carers; committed to supporting a range of preventative services to support carers and those whom they care for.

ADASS regional commitment to carers; committed to improving cares access to training, knowledge and skills.

Wolverhampton Corporate Plan; helping people achieve their full potential

<table>
<thead>
<tr>
<th>Young Carers Priorities</th>
<th>The things carers want us to do to support them in their caring role</th>
<th>What we will do and Strategic Context</th>
<th>Responsible Lead Person/Team Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>More education for all, particularly in schools, on the role of young carers and the impact it</td>
<td>We will engage with schools to identify Young Carers Champions and enlist the Peer Support Network to educate peers on what being a young carer means.</td>
<td>Young Carers Implementation Group December 2016</td>
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<td>1</td>
<td>Reassurance, encouragement and confidence building.</td>
<td>The Young Carers Champions to mentor young carers to make their attendance at school a positive experience.</td>
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<td>Strategic links:</td>
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<td>Wolverhampton Corporate Plan; helping people achieve their full potential</td>
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<td>2</td>
<td>Time management techniques and resources to enable them to organise their lives to reduce the burden</td>
<td>Young carers to develop a means of achieving this priority with the Young Carers Champion and Pastoral Care Teams.</td>
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<td>Strategic links:</td>
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Young Carers Implementation Group
December 2016
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<th>4</th>
<th>Information, advice and support on how to balance caring and education.</th>
<th>A young carer’s school week to include a support session so that this priority can be achieved.</th>
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<td>negative impact of caring.</td>
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| **5** | **Support with school work and homework such as a homework club and extra lessons** | A young Carer to be encouraged to attend extra curriculum activities and to tell the Young Carer’s Champion if this is proving difficult.  
**Strategic links:**  
National Vision and Outcomes, Priority Area 1; identification and recognition of carers  
National Vision and Outcomes, Priority Area 2; realising and releasing potential  
Wolverhampton Corporate Plan; helping people achieve their full potential |
|   |   | Young Carers Implementation Group  
December 2016 |
| **6** | **Support young carers to achieve their future goals, to access further and higher education and careers advice.** | We will engage with schools and Wolverhampton Connexions to identify ways support could be improved  
**Strategic links:**  
National Vision and Outcomes, Priority Area 2; realising and releasing potential  
ADASS regional commitment to carers; Improving carers access to training, knowledge and skills  
Wolverhampton Corporate Plan; helping people achieve their full potential |
|   |   | Young Carers Implementation Group  
March 2017 |
<p>| <strong>7</strong> | <strong>Information on how to support someone with a</strong> | We will engage with health professions to identify ways to improve access to information |
|   |   | Young Carers Implementation Group |</p>
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<td><strong>8</strong></td>
<td><strong>Therapy and stress management techniques</strong></td>
<td><strong>We will engage with health professions to identify ways support carers experiencing stress</strong></td>
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<td><strong>9</strong></td>
<td><strong>More opportunities to engage socially</strong></td>
<td><strong>We will engage with young carers, commissioned providers of young carer services and ‘The Way’ to identify opportunities for young carers to engage socially</strong></td>
<td><strong>Young Carers Implementation Group December 2016</strong></td>
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<td>10</td>
<td>Smoother transition from young carer to adult carer with support for young carers aged 18 – 25 years.</td>
<td>We will work with children and adult social care services to improve the transition process</td>
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