Carmarthenshire
Carers Action Plan
2014-2017
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For information on Social Care Services log onto: www.carmarthenshire.gov.uk/socialcare
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Introduction

Carers provide support to relatives, friends or neighbours who are sick, vulnerable, disabled or abusing substances and couldn’t manage on their own. The care that Carers provide is unpaid. Carers aged up to 18 are Young Carers and can be ‘Children in Need’.

The Welsh Government introduced the National Carers Strategy in 2002 to shape the way that county council social services departments and their partners supported unpaid carers. The strategy was supported by an annual all Wales funding stream of 5.9 million pounds shared between the 22 local authorities and Carmarthenshire has protected its funding for carers.

In 2006 Carmarthenshire County Council (the Authority) and local partners published its Carers Strategy – ‘Towards a Better Lifestyle for Carers’. The Strategy has been the framework for providing support to carers in the county over the past 7 years and had 5 main themes:

- Identifying and recognising Carers
- Information for Carers
- Support for Carers
- Breaks for Carers
- Equal Opportunities for Carers

Carers are increasingly being identified and recognised across all service areas in Carmarthenshire as a result of the strategy with growing awareness and activity to support them. This has been enhanced over the last two years with the implementation of the Strategic Action Plan linked to the Carers Strategies Measure 2010. This is a 4 year strategy targeting information and consultation with carers. This document offers a brief overview of carers’ issues in a context that justifies why we have to act to support carers. Importantly, it will describe in a 3 year action plan how the Authority and its partners intend to further improve and develop recognition of carers and services for carers.

In 2007 and in 2012 the Welsh Government has reviewed the National Strategy to establish its fitness for purpose and to ensure any new policy development, practice or emerging research could be incorporated in a ‘Refreshed Strategy’ on a 5 year cycle. The key outcomes identified for carers in the revised national strategy are:

- carers are appropriately identified, and receive the right information at the right time and in appropriate formats
- carers are listened to, treated with respect and achieve proper recognition
- carers are not disadvantaged or discriminated against as a result of taking on a caring role
- carers are genuinely involved in all decisions that affect them and the people they care for, including decisions about the level of care they are willing and able to provide
- carers are consulted and involved in the strategic planning, delivery and evaluation of health, social care and other relevant services
- carers’ needs are appropriately assessed and met
• carers receive timely and appropriate practical and emotional help, support and training
• carers are supported in maintaining their own health and well-being
• carers are able to maintain as normal a life as possible, are enabled to have a life outside of the caring role, and are supported when the caring role ends
• carers are able to access employment, education and training, and leisure opportunities.

These outcomes apply to carers of all ages. In addition, a key outcome for young carers up to age 18 is:

• young carers are enabled to enjoy their rights under the United Nations Convention on the Rights of the Child, and all agencies which support them will give due regard to these Convention rights.

The National Strategy is available at:

Each local authority in Wales is charged with developing local Carers’ Strategies outlining how they will reflect and act upon the National Strategy. This document has been produced to ensure that Carmarthenshire remains focused and aligned with the National Strategy and will be able to report more accurately on local and national measures of how we are performing.

In 2010 the Welsh Government introduced a new Act – it is called the Carers Information and Consultation Strategies Measure (the Measure). Health Boards, as the lead agencies, and their partners from local authorities are charged with publishing a 4 year strategy to describe how:

• they will inform Carers with a range of specialist and general information
• they will engage & consult with carers when developing care plans for patients
• they will consult carers when services are being designed or commissioned

These elements are therefore excluded from this Carmarthenshire Action Plan but remain the focus of the regional strategy in response to the Measure. To find out what we are doing to inform and consult with Carers please refer to the regional Strategy; available from: www.hywelddahb.wales.nhs.uk or www.carmarthenshire.gov.uk

How far have we travelled?

In our strategy ‘Towards a better lifestyle for Carers’ we described how we would like to set off on a journey that has a ‘better lifestyle’ for carers as the destination. Over the course of the last seven years there have been significant developments for Carers, from the actions we have taken and from resources made available to us by the Welsh Government (WG) that have taken us closer to where we want to get to but there remains a way to travel.

Further to the Carers Special Grant the WG introduced the Mental Health Carers Grant in 2007 which meant an additional £260,000 for Carmarthenshire. This resource was used to support and sustain help for Mental Health (MH) Carers in several ways:
- Dedicated Advocacy Service for MH Carers
- Dedicated dementia Carers’ support services
- Additional community activities for service users to allow breaks for Carers
- Commissioning additional replacement care packages
- Developing innovative dementia day care

Further to this the WG made funds available to improve Independence and Wellbeing and we secured a sizeable proportion of Carmarthenshire’s allocation to fund day care for people living with dementia as support for their Carers.

In 2012 the WG introduced new legislation targeting information and consultation with carers: ‘The Carers Measure’. Alongside this new Measure came additional monies and over 4 years this will be in the region of £525,000 for the implementation of the Measure across the Hywel Dda Region. In Carmarthenshire (and within our partner counties) this has been invested to develop:

- Carer Aware E-learning – A short certified course to raise awareness of Carers rights and issues across all public service areas but particularly targeting health, social care and housing
- Young Carer aware E-learning – A similar course to the above but focusing on Young Carers and Young Adult Carers and targeting health, social care and particularly education
- Investors in Carers, an evidence based award framework for General Practices has been around in Ceredigion since 2006 and Carmarthenshire purchased the scheme in 2009. The Measure monies have been instrumental in facilitating comprehensive uptake of the scheme by primary health services and its introduction to Community Pharmacies, Secondary Care services and Education establishments with a plan to develop the scheme for employers.
- An Information Action Plan to establish Tiers of Information, Best Practice Guide on including unpaid Carers and Communication Networks
- Hywel Dda Health Board has engaged a dedicated Carers Liaison Officer to provide training and awareness raising across the Health Board

Significantly, beyond the transfer of the £440,000 Carers Special Grant (2002-2007) from the status of a Grant to the Core Revenue provided by the WG to Carmarthenshire, has been the County Council’s commitment to securing these monies for the ongoing provision of Carers’ support and services. This resource, coupled with additional Council funding and ongoing commitment from Hywel Dda Health Board has ensured that Carers in Carmarthenshire retain the levels of support services available to them at a time of diminishing budgets.

Providing support for Carers by commissioning services from the voluntary sector is only one strand of work. However, we monitor and evaluate these services regularly to establish effectiveness and efficiency by asking providers to report on a number of ‘measures’. These measures enable us to determine where carers are being identified and whether the request for a service is based on an assessment of the Carers’ needs. We can report with confidence that almost all service requests are generated as a result of Carers assessment, indicating that we are doing remarkably better at present than we were at the beginning of our journey.
Increasing numbers of Carers are being recognised from the outset of their caring careers, either at GP surgeries, hospitals or at point of contact with the social services department or its commissioned providers. This has led to a huge increase in the numbers of carers we now know about with growing carer lists existing in all GP surgeries. Social Services have cleansed their data and now have accurate records for carers and all third sector services maintain records of the carers that they work with. This intelligence helps inform our planning and enables us to reach out to these carers with news and information as a minimum.

Within our Older People and Adults with Disabilities section there has been a complete redesign of service delivery model that will improve outcomes for carers and service users. The underlying principles include:

- Only do what matters to the individual, rather than what's important to us
- Zero duplication – do it once, do it right
- Continuity of professional involvement
- Utilise the community innovatively

Since this revised way of working has been introduced we can report that the largest growth area within service demand has been for replacement care (excluding residential and day care). Below is a table illustrating the growth from 2012/13 to 2013/14:

<table>
<thead>
<tr>
<th>CONTRACT TYPE</th>
<th>TOTAL 2012/13</th>
<th>TOTAL 2013/14</th>
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<tr>
<td>Replacement Care</td>
<td>95</td>
<td>229</td>
</tr>
<tr>
<td>No of Service Users</td>
<td>638</td>
<td>1987</td>
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Whilst this example is only one indicator it reflects a sea change in a short period with growth at over 200% and reflects a growth in Carer recognition, Carers’ assessment and Carers’ services.

We hope that we are able to build on this momentum and continue to increase our recognition and service provision to support carers in Carmarthenshire and remain ahead of the Social Services and Well Being Bill emerging from the Welsh Government that gives Carers equal status to service users.

**Why an Action Plan?**

Family and friends often don’t recognise themselves as ‘Carers’. They will often believe that it is a duty performed out of love and devotion without giving any consideration to how the role is impacting on themselves and others. Our services are getting better at helping Carers to identify themselves and we are improving the way we recognise and support Carers. However, with the numbers of Carers and a big annual turnover of Carers we don’t have information that is accurate enough to justify a standalone strategy for Carmarthenshire. The following action plan is based on our knowledge of carers, the National Census data, Carer focused research and the experiences that Carers have told us about. The Action Plan will be based on the National Strategy as
we believe it reflects the similar needs of Carers nationally and locally. Here are some good reasons why we must address Carers’ issues:

**The Business Case**

In 2011 the Care Council for Wales commissioned some research to establish the levels of community care in Wales and who, exactly, was providing it. The outcome demonstrated a staggering 96% of all community care being provided by unpaid carers.

This single piece of evidence should be adequate to justify the need for an action plan to support carers who are probably the biggest contributors to modern society.

It is estimated that carers, on average, contribute the equivalent of £20,800 each per annum to the Health and Social Care economy. There are around 340,000 carers in Wales making a collective contribution of over £7 billion pounds – this is equal to the NHS budget for Wales. Carmarthenshire has 23,989 carers (2011 census) who contribute (on a population split basis) £499,000,000 per annum (approx) to the local health and social care economy, further strengthening the justification of need for an Action Plan to demonstrate how we intend to support them and sustain their contribution.

**The Legislative Case**

Since 1995 there have been three Acts of the UK Parliament that have recognised carers and the contributions they make, giving them entitlement to assessment and access to services. The key points are:

- **The 1995 Carers (Recognition and Services) Act**
  This Act introduced the right for regular and substantial carers to be assessed, in their own right, for support if they requested it. The cared for person would also need to be assessed.

- **The Carers and Disabled Children Act 2000**
  This Act introduced the right for regular and substantial carers to have an assessment of their needs regardless of whether the person they cared for was receiving an assessment or services or that they were known to social services departments. Further to this the Act enables local authorities to provide services to carers following a carer’s assessment. Direct Payments to carers were also introduced under this Act.

- **The Carers (Equal Opportunities) Act 2004**
  This Act introduced a duty on local authorities to inform carers of their right to an assessment before they decide on the needs of the cared for person or disabled child. In addition it states that during assessment, the carer’s employment, as well as their education, training or social needs must be considered.

Further details about the relevant legislation that supports carers can be found at: [www.legislation.gov.uk/browse](http://www.legislation.gov.uk/browse)

Carmarthenshire County Council, as a local authority, has the responsibility of upholding these laws and to ensure that carers have access to their rights.
The Statistical Case

The 2011 National Census data released in 2012 has allowed us to review the numbers of carers we have in Carmarthenshire. Since 2001 there has been an increase in the general population of 10,000 and this is reflected in the carer figures. In 2001 there were 21,840 carers in the county. In 2011 that figure has risen by 10% to 23,989 carers. Of these carers, the group providing substantial amounts of care (20 – 49 hours per week) has risen by 28% to 3,485 whilst those carers providing significant and substantial amounts of care (50 or more hours of care per week) has risen to 7,114, an increase of 14%.

This information demonstrates that there are over 10,000 carers in the county who are providing significant amounts of care on a regular basis. Coupled with the general principle that there is a 30% turnover of carers annually – due to for example, recovery, deaths, transfers of care etc. we have an enormous amount of work to do to ensure that carers are supported with services and have their rights upheld.

Profile of Carers

Carers are not a distinct group in society. One in every three people will experience a significant caring role at some point in their lives and there is a constant 10% (minimum) of the population providing unpaid care at any given time. Carers have no barriers such as age, sex or social standing, they exist throughout society and form the cornerstone of our communities, ensuring that those who are the most vulnerable, the sick, the disabled and those affected by substance misuse are cared for and their lives sustained at home. There is a huge variety of caring roles shaped by factors such as:

- Condition of the person(s) being cared for
- Where the cared for person lives
- The age of the carer: they may be elderly and frail themselves, they might be a young carer at risk
- Financial status of the family unit
- Other commitments to employment and/or family
- Caring under duress (resenting the expectation)
- The health and well being of the carer
- The ability and capacity of the carer

(This list is not exhaustive)

The ratio of male to female carers stands at 43.7 to 56.3. This demonstrates that providing unpaid care is not the domain of females as has been widely believed. In terms of age, caring is more prominent in the 50 - 64 yrs. age group than in any other followed by the 35 – 49 yrs. age group and the 65 – 84 yrs. age group respectively.

Carmarthenshire has an estimated 1000 young carers – a particularly difficult group to identify due to factors such as stigma and fear on behalf of families, afraid that dependency on children by adults may be frowned upon by authorities. This group of carers will be highlighted in this Action Plan as a particularly deserving group. The Welsh Government, in their 2013 Refresh of the Carers Strategy, is promoting awareness and recognition of young adult carers between 18 and 25 years of age in addition to those young carers who are Children.
Consultation

During the spring and summer of 2013 we conducted a series of consultation events in the county to help inform this Action Plan. The process was informed by the National Strategy so that we would be in line with what the Welsh Government directs. A postal questionnaire was prepared and sent out to almost 500 carers with opportunity for carers to comment on each strand of the national strategy;

- Health and social care
- Young carers and young adult carers
- Support and a life outside the caring role
- Carers and employment

This list excludes ‘Information, identification and consultation’ as explained above.

Similarly, carers were invited to attend events where their opinions, issues, ideas and hopes were gathered around the strands of the national strategy. Young Carers were invited to a separate session where expert facilitators were present to help the young carers to express themselves.

Carers in Carmarthenshire are represented by the Carers Forum, a growing body of unpaid Carers willing to give of their time and effort to improve the circumstances of Carers. Their vast knowledge gained from ‘lived’ experiences must be embraced and valued whilst their knowledge of service delivery and what works best cannot be ignored when services are being developed. Their response to the consultation reflects a broad range of appropriate issues, including the future strategic direction:

“The forthcoming Social services and Well Being Bill is welcomed as it promotes Carers as equal partners in the provision of care and elevates Carers to equal status with service users. We would like to see the Welsh Government recognise the contribution of Carers in the Future Generations Bill.....‘Our aim is to develop strong, cohesive communities, which flourish, and in which families can have a decent standard of living now and foresee the same for their children and grandchildren...’ (WG2014). Citizen engagement is critical, particularly at a local level where developments such as Hywel Dda’s Clinical Services Strategy are meaningfully influenced by Carers (and other citizens). We can see the benefits of collaboration and minimising duplication to maximise resources, we want to see services co-produced!”

“These are the top issues we want to see addressed:

1. Needs of unpaid Carers must be reflected not only in public policy but in resource allocation.
2. Outcomes and not process must drive the agenda.
3. Carers must be active partners not passive recipients.
4. Carers and cared for must be involved in the design of services.
5. Carers must be seen as equal partners with professionals and paid carers not the unpaid and untrained poor relations (96% of all community care in Wales is provided by unpaid Carers). No more of them and us!
6. Carers to be recognised as ‘assets’ for the immense hidden resource that they represent.”
Health and Social Care

The Welsh Government introduced its Social Services and Well-being (Wales) Bill in January 2013 with the provisions in the Bill expected to be implemented in 2016. The Bill provides carers, for the first time, with equivalent rights to the people they care for. It includes measures to ensure that local authorities and local health boards:

- understand the characteristics and needs of their local population including carers
- provide, or arrange the provision of, a range and level of services, including preventative services, to carers which are accessible within the community
- ensure that carers can readily access information, advice and assistance about the type of support and services available in their community and to help them to understand how the care and support system works.

Research commissioned by carers’ organisations suggests that caring can have a detrimental impact on the physical, emotional and mental health of carers, especially on older carers. The National Carers Strategy Action Plan 2007 contained a commitment to monitor on an annual basis the data from the Welsh Health Surveys to assess the impacts on carers’ health. Periodic Statistical Bulletins have been produced by the Welsh Government. In April 2013, the Welsh Government published information based on the latest Welsh Health Survey (2011), to complement this refreshed Strategy. The key findings are summarised below.

- In general, carers aged 16-44 tended to report poorer health (especially mental health) than non-carers of the same age.
- However, older carers aged 65 and over were generally more likely to report slightly better health than non-carers of the same age.
- Carers aged 16-44 were more likely to report smoking or being overweight or obese than non-carers of the same age. There was little difference for the older age groups.
- Carers aged 65 and over were more likely than non-carers to report eating at least five portions of fruit or vegetables a day, and to be physically active on five or more days a week.
- Non-carers aged 65 and over were more likely than carers to have used hospital services (such as attending casualty, or attending an inpatient or outpatient department). (Welsh Government 2013)

Carers in Carmarthenshire reflected these key findings and historically have not presented any particular differences to the national average. Examples of the Health and Social Care issues identified by Carers in Carmarthenshire include:

- Increasing levels of Anxiety
- Isolation and loneliness
- General ill health
- Increasing mental health problems
- Being ignored by the system
- No emergency or contingency plans “What happens when....”
- Lack of breaks from caring
- Poor consultation around hospital discharges and too much assumption.
- Perceived lack of commitment to integrated working
- Service cuts (e.g. 3% to District Nursing)
We have identified some key findings locally to inform our planned actions:

- The importance of timely assessment of carers' needs
- Contingency plans for service users when a carer is unable to continue caring (either planned or emergency)
- Increased number of carers' self help groups
- Better consultation on patients’ care and treatment
- Named workers or service coordinators
- Information on maintaining health

**Desired Outcome 1.1**

**Carers receive appropriate, person centred and timely assessment.**

**Key Actions**

1. All relevant staff undertake the Carers Awareness E-learning course
2. All relevant staff undertake Carers Assessment Training
3. Recruit Carers Champions within each Community Care Team to provide a local focus and knowledge base
4. Conduct audit and appraisal of Carers Assessments and report to managers
5. Primary and Secondary care targeted to increase carer assessment referrals

**Desired Outcome 1.2**

**Community Care Plans will identify the contribution of unpaid carers and will include a contingency plan if the carer is unable to provide care.**

**Key Actions**

1. Establish a task and finish group to review and promote best practice
2. Embed best practice through learning, development and supervision
3. Review the Carers Emergency Card scheme and re-launch

**Desired Outcome 1.3**

**More Carer Support Groups in Carmarthenshire**

**Key Actions**

1. Work with service providers to develop Carer support groups
2. Promote Carer support groups across primary and secondary care and within the area teams and communities
3. Facilitate and support Carers groups
Desired Outcome 1.4

Carers are meaningfully engaged by GP’s regarding the cared for persons health and treatment options

Key Actions

1. Produce information for carers about getting recognition from the cared for person’s GP
2. Develop and implement a consent form that allows GP’s to consult with Carers
3. Work with Investors in Carers to promote better engagement with Carers by GP’s

Desired Outcome 1.5

Carers health needs are recognised and facilitated

Key Actions

1. Work jointly with health colleagues and the liC team to develop a carer aware protocol for elective interventions and long term treatments
2. Implement the protocol
3. Evaluate the protocol
4. Embed the protocol into practice

Desired Outcome 1.6

Service users and Carers have a named service coordinator

Key Actions

1. Carers issues will be built into the new TASC processes
2. TASC to introduce caseload management

Carers and Employment

The Carers Equal Opportunities Act 2004 introduced a legislative obligation on social services departments to assess a carer’s needs for education, training, work and a social life when undertaking a Carer’s support needs assessment. For many Carers there are difficulties associated with managing work and caring. These can range from working carers having to give up work or a career in order to sustain caring for someone at home to young carers wanting to enter a job or further/higher education.

Carers who look after a disabled or chronically ill friend or relative make up over 12 percent of the UK workforce – that is one in eight people. “Each year over two million people become carers – some overnight; some more gradually – so each day sees a new population of carers in the workforce. Many businesses are already seeing the benefits of flexible work patterns for their employees in greater staff retention, higher skill levels and cost-efficiencies. Good flexible working arrangements need planning but they need not be difficult” (Redmond 2007).
‘We need to make the case for supporting carers in employment in a new way to meet the challenges of the workplace in challenging economic times, and be creative in the levers we pull’ (WG 2013). Below are a few ways in which employers may offer support:

**Flexible working hours**

Giving carers some flexibility in their working hours can be a great help. If you are late because things have not gone smoothly at home, it’s good to know that you will not have to apologise or explain yourself. Find out more about flexible working at GOV.UK.

**Access to a telephone**

Being able to use a phone at work can give both you and the person you care for a great sense of reassurance. It can also mean that if there is a problem, you can sort it out quickly.

**Car parking space near work**

Knowing that you will not have to hunt for a car parking space when you arrive for work means you have one less thing to worry about. It can also cut your journey time to and from work.

**Working from home**

Being able to work from home on a regular basis, or just occasionally, when you most need to, can be a real help. You can be at home with the person you’re looking after and still get a day’s work done. It can also give you a welcome break from the stress of commuting.

**Unpaid and paid leave**

As well as your statutory right to take time off in an emergency, your employer may allow you extra time off, either paid or unpaid. This can help when you need to look after the person in your care for a longer period of time, such as when they come out of hospital.

**Career breaks**

If working and caring become too difficult and you are thinking about giving up work, ask about a career break or sabbatical. Some employers offer paid or unpaid career breaks, so it is worth checking. It would mean you could concentrate on your caring role for a while, knowing that you have your job to go back to. If you are on an unpaid career break, you may also be entitled to Carer’s Allowance.

In Carmarthenshire we will work alongside partners to adopt and demonstrate best practice so that we can promote better awareness and consideration of carers’ needs in the workplace and in education and training.
Desired Outcome 2.1
Carers have opportunity to gain employability skills

Key Actions
1. Re-establish the sub group Action for Carers Equality (ACE) to debate and guide Carer Equalities
2. Identify or develop opportunities that will help carers to gain skills for employment and promote to carers and strategic partners
3. Develop with partners a Carers Confidence and Self Esteem programme
4. Build on established links with Job Centre Plus

Desired Outcome 2.2
Employers recognise and support working Carers

Key Actions
1. ACE will promote and raise awareness of Carers within partner agencies and external employers
2. ACE will develop a best practice guide around carers for employers

Desired Outcome 2.3
A directory of carer friendly employers

Key Actions
1. ACE will work to formulate an e-directory to inform carers

Desired Outcome 2.4
Investors in Carers has a specific award framework for employers

Key Actions
1. ACE will link with the IiC team to develop an evidence based assessment framework looking at how working carers are supported
2. ACE will seek and support employers to participate in a pilot project
3. ACE will work with IiC to monitor and evaluate the pilot project

Desired Outcome 2.5
Carers’ assessments will consider work, training, education and leisure needs

Key Actions
1. All appropriate staff receive Carer assessment training
2. Produce an aide memoire to inform and guide assessment practice
3. Conduct regular and random Carers’ assessment audits to identify best and poor practice and provide managers with outcome reports and recommendations
Support and a Life Beyond Caring

During our consultation Carers told us:
‘Many of us (Carers) are experiencing a 24 hour largely unsupported role’.....‘After initial assessment there is never a follow up’.......‘Carers needs, despite the rhetoric, are in the margins of public policy’..... ‘There’s a perception that addressing Carers needs would be too costly for government’.

‘No carer can be expected to care 24/7 for 365 days a year. All substantial carers must have reasonable breaks from their caring role. These breaks enable them to maintain their ability to care and to have a life beyond caring. Carers will have different needs, expectations and preferences which will need to be taken into account when determining a reasonable pattern of caring. There also need to be contingency plans in place for when a carer is unavailable to provide care.’ (WG 2013)

Further to this the Welsh Government published in its guidance for the Carers Strategies (Wales) Measure 2010 the following: ‘It must never be assumed that carers can or will provide care. Carers can choose whether or not they will care and the level of support they are prepared to offer. The amount of caring they can and are willing to do must be negotiated and regularly reviewed.’

A survey commissioned by the Carers Trust in 2012 found that of the responding Carers who had sought out extra help, almost half (46%) did so after they were made aware that assistance was available specifically for Carers. Of other reasons given, 34% said they accessed support because they needed a break and 21% said they had already reached crisis point. 30% said that they accessed support because their mental health was being affected and 29% because their physical health was being affected.

The above makes it clear that Carers should retain a degree of control over how much care they are prepared to contribute and to sustain that care they are entitled to request breaks from caring in order to:

• build resilience and be able to continue caring
• have a life beyond caring, including time to enjoy recreational and leisure activities, and (if they wish to) to pursue formal or informal learning opportunities
• maintain a career or employment
• maintain their own physical, mental and emotional health
• develop a more constructive partnership between the carer, the person cared for and other agencies involved in that person’s care

Respite care is a familiar term to many but is considered politically sensitive whilst an alternative ‘Carer Breaks’ suggests a holiday. In reality many Carers only receive a break from caring to maintain other duties or responsibilities that are far removed from a ‘holiday’. Therefore the preferred term will be ‘Replacement Care’ which is more accurate and acceptable to carers as it simply describes what’s happening.

Crucial to enabling Carers to have a life beyond caring is the premise that ‘we don’t assume or expect total commitment from carers at the expense of their well being and aspirations’ (WG 2013). Recognition from the outset and a partnership approach with Carers to address the holistic needs of the whole family will
ensure that Carers have information about their rights and an opportunity to explore the sacrifices they may be making as well as time to express their needs for support to have a life of their own. Understanding Carers, through the process of assessment, is the key to delivering meaningful outcomes for carers.

In Wales there are over 20,000 carers missing out on over £60 million pounds of Carers Allowance every year. This is a welfare benefit that could help many carers who are currently experiencing difficult financial times. It is our intention to try and ensure that Carers in Carmarthenshire are aware of their entitlements and rights and are helped to access them.

**Desired Outcome 3.1**

**Fairer access to replacement care**

**Key Actions**

1. We will develop and publish a Carers’ guide to replacement care that will include:
   - Description of replacement care
   - Types of replacement care
   - How to access replacement care
   - What you can expect to pay for replacement care

**Desired Outcome 3.2**

**Carers’ assessments will consider work, training, education and leisure needs**

**Key Actions** (As Desired Outcome 4 above)

1. All appropriate staff receive Carer assessment training
2. Produce an aide memoire to inform and guide assessment practice
3. Conduct regular and random Carers’ assessment audits to identify best and poor practice and provide managers with outcome reports and recommendations

**Desired Outcome 3.3**

**Carers can choose and control the types of breaks that best suit their needs**

**Key Actions**

1. Work with the Community Care Teams to promote self directed support for Carers
2. Develop a Replacement Care guide for practitioners that will:
   - Describe different types of replacement care
   - Promote the availability of Direct Payments
   - Encourage Citizen Directed Support (CDS)
   - Include CDS in the Carers Guide to Replacement Care
Desired Outcome 3.4

**Eligible Carers in Carmarthenshire access Carers’ Allowance**

**Key Actions**

1. Promote awareness of Carers’ Allowance
2. Encourage and assist Carers’ to access Carers Allowance
3. Monitor take up of Carers Allowance with the Dept. of Work and Pensions

Desired Outcome 3.5 (see also DO 1.2 above)

**Carers are confident that their cared for person will be safe and well should they be unable to maintain care for any reason.**

**Key Actions**

1. Develop a work stream with Community Care Teams to ensure contingency planning is undertaken from the outset and agreed with the Carer.
2. Ensure that Carers receive a copy of the care plan that identifies the contingency plan
3. Provide Carers with additional information on emergency and out of hours services
4. Review the Carers Emergency Card scheme and promote membership to Carers

**Young Carers and Young Adult Carers**

Young Carers are children and young people under the age of 18 who provide care, support or assistance to a family member with care needs. The majority of young carers care for a parent, but the person with care needs may be a sibling, grandparent or any other family member. Young carers were identified as a key priority within the Carers Strategy for Wales 2000 and the 2007 Action Plan.

In the Welsh Government’s refreshed Carers Strategy 2013 it has been decided to broaden the focus to include young adult carers aged 18-25. This recognises that, in addition to the transition issues to be considered as a young carer approaches adulthood between the ages of 16-18, there are also transition issues when a young person moves from being a young carer to being a young adult carer. The demographic of the carer population means that mainstream adult carer support services are not always best placed to meet the needs of young adult carers, and there is a need to ensure that appropriate support is in place for this specific group of carers. There are also particular issues to be considered around supporting young adult carers in accessing further or higher education, training and employment (Welsh Government 2013).

Having caring responsibilities is not necessarily a negative experience. Young Carers are often proud of the support that they provide and do not view themselves as different from other young people. However, support must be available to avoid their caring responsibilities from affecting their well being and protects them from unmanageable duties that can impact on their emotional, physical or personal development. “A Young Carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child” (the Children’s Society).
We will be tackling the problem of identifying Young Carers from two approaches:

- Firstly by promoting awareness among young people that care-giving is a role that can be supported
- Secondly by targeting personnel within our Community Teams to be Young Carer aware and to know what steps to take to support them.

Figures released in May 2013, from the 2011 census, show that there has been a 25% increase in the number of young adult carers, aged 16-25. Research conducted by the National Institute of Adult Continuing Education (NIACE) and others, and widespread anecdotal evidence shows that young adult carers are far more likely to be NEET (not in education, employment or training) than their peers, and that they experience a range of difficulties and disadvantage, including poverty, isolation, physical and mental health difficulties which have consequences for them, and their families, throughout their lives.

Carmarthenshire County Council's Adult Social Care Service has embarked on a creative and challenging reform of service delivery with more emphasis placed on putting the service user and carers at the centre. In doing so we are hoping to help more people to achieve their goals and this will apply to Young Adult Carers as much as any other group. Initially, we will:

- Raise awareness of the needs and experiences of young adult carers (16-25)
- Support young adult carers to effectively engage in learning and work, have high aspirations and achieve their full potential
- Support organisations and learning providers that work with young adult carers to offer effective, tailored and flexible support

**Desired Outcome 4.1**

**Staff from Primary Education Services are familiar with the issues and are adequately informed and motivated to recognise and support young carers**

**Key Actions**

1. Develop a presentation for primary school staff awareness
2. Identify schools to pilot the presentation and evaluate it
3. Identify resources to support county wide roll out
4. Conduct the presentation within all primary schools

**Desired Outcome 4.2**

**Young Carers are able to recognise themselves as carers and are supported to seek help**

**Key Actions**

1. Continue to deliver awareness raising in secondary schools
2. Review and update the ‘I was a Young Carer’ celebrity boards
3. Develop a strategic plan for delivering schools based awareness programmes across Carmarthenshire, aligned with TAF etc.
### Desired Outcome 4.3

**Young Adult Carers are able to recognise themselves as carers and are supported to seek help**

**Key Actions**

1. Deliver a rolling programme of awareness raising in Colleges using the 'I was a Young Carer' celebrity boards.
2. Deliver awareness raising sessions during Freshers’ Fayres in FE Colleges
3. Develop a business case and seek funding to meet the needs of YAC’s

### Desired Outcome 4.4

**Secondary, Further and Higher Education staff are knowledgeable of Young Carers and Young Adult Carers and actively support them**

**Key Actions**

1. All staff to undertake the Young Carer Aware e-learning course
2. Ensure relevant information is readily available for all staff
3. Ensure that the impact of caring is considered within the school/college attendance agenda

### Desired Outcome 4.5

**Health, Social Services and 3rd sector staff are Young Carer aware, recognise familiar issues and how to seek support**

**Key Actions**

1. All staff to undertake the Young Carer Aware e-learning course
2. Ensure relevant information is readily available for all staff
3. Ensure that the impact of caring is considered within the school/college attendance agenda

### Desired Outcome 4.6

**Young Carers can access information in the format of their choice**

**Key Actions**

1. Establish an Information technology sub group to advance this workstream and ensure young carers are included.
2. Support this group to identify resources that will support technology
3. Ensure information outlets are maintained and updated
4. Promote Carmarthenshire Young Carers Service at appropriate opportunities in the local media
Desired Outcome 4.7

**Young Carers receive the emotional and practical support they need to reduce the risk to their health and well being**

**Key Actions**

1. Ensure all Young Carers referred to Childrens’ Services receive an assessment of need within 10 working days
2. Ensure that all Young Carers referred to Carmarthenshire Young Carers Service have an up to date care plan that is reviewed at least 6 monthly
3. Review the use of flexible funding to meet the needs of Young Carers (Flexible Carers Grant, Section 17 funding, Buttle Trust etc.)
4. Review the links between Carmarthenshire Young Carers Service, Adult Services & Children’s Services to ensure Young Carers needs are identified, responded to and managed effectively between services
5. Develop effective working links with the Team Around the Family (TAF)
6. Deliver a range of cost effective & accessible one to one and group support services to Young Carers in partnership with other local organisations
7. Be an active partner in the Children & Young People’s Substance Misuse Service, to work with children affected by parental or sibling drug or alcohol use.
8. Young Carers are actively involved in planning & delivering services through a range of measures e.g. annual participation event, workshops, involved in recruitment, feedback questionnaires etc.