CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Carers' Strategy

- A strategy for carers of all ages

June 2018

North Wales Regional Partnership Board
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1.0 Context and background

Carers of all ages have a key role in the health and social care environment; the North Wales Regional Partnership Board places great value on this and also recognises that it needs to act to ensure that carers are well supported in all circumstances. This strategy acknowledges the importance of working in partnership with carers throughout their contact with services and is based on the principles of the Triangle of Care model developed originally as a guide to best practice in mental health care in England.

When referring to carers, we mean unpaid carers of all ages (including young carers and young adult carers) and background who look after a relative or friend who is ill, frail or is a disabled person, who cannot manage to live at home without the carer’s practical or emotional unpaid support. Whilst acknowledging that carers will have different responsibilities, such as carers of people with long term conditions, carers of people with dementia, carers of individuals with mental health problems or carers of substance misusers, it is acknowledged that a carer’s needs are unique to the individual and can differ substantially from the needs of the person cared for.

2.0 The Social Services and Well Being (Wales) Act 2014

The importance of supporting carers is also aligned with the Social Services and Well Being (Wales) Act 2014 (SSWBA) which legislates for enhanced rights for carers of all ages and simplifies and consolidates the law, giving them for the first time equivalent rights to the person they care for. The act also gives carers the absolute right to choose whether and to what extent they are or remain carers. The Act re-defines the responsibility of individuals and families for maintaining their own health and wellbeing, and requires a change in culture that provides a greater focus on promoting resilience, independence, self-care and community support. The Act recognises that carers have a key role in the preventative service approach and local authorities should therefore help ensure that carers are able to live their own lives as independently as possible. Carers have the right to say no to taking on a carer’s role as well as a right not to continue in their role as carer and to be supported in this. These requirements are stated both in Part 9 of the Act as well as throughout all other parts of the Act.

The Act defines a carer as a person who provides or intends to provide care for an adult or child. This definition includes carers of all ages.

Young carers are defined as carers who are under the age of 18, and young adult carers as being aged 16-25.

Carers often do not see themselves as carers. They will describe themselves as a parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, but not as a carer.

A *parent carer* is a parent or guardian who has additional duties and responsibilities towards his/her child because his/her child has an illness or disability. Parent carers will often see themselves as parents rather than carers, but they may require additional services in order to meet or continue to meet the needs of their child.

The Act:

- Ensures that carers can access a wider range of appropriate services in a more flexible way, including access to comprehensive information in relation to all types of support and services that can be accessed without a need for formal assessment.
- Creates a duty for local authorities to carry out carers' needs assessments where a carer appears to have support needs. The assessment of need of the individual in their own right is central as well as their capacity to carry on caring.
- Requires assessments to be proportionate to ensure that more energy is focused on delivering community-based support, and support from third sector organisations.
- Requires local authorities to provide advocacy support for individuals including carers. This provision will include independent professional advocacy as well as informal advocacy.

The Act also sets out a new national eligibility framework to determine whether assessed carers with greater support needs will meet the criteria for services as set out in the new framework. Carers with eligible needs will have a support plan centered on personal well-being outcomes they have identified themselves. It will also set out the support to help them achieve the personal well-being outcomes identified. Support plans will be subject to regular reviews by local authorities, and re-assessment of needs if their circumstances change.

3.0 National priorities

On 24 November 2017, Carers Rights Day, the Minister for Children and Social Care announced an allocation of £1m in 2018-19 for health boards and trusts to work collaboratively with all partners to enhance the lives of carers in line with the national priorities, which are:

- Supporting life alongside caring – all carers must have reasonable breaks

from their caring role to enable them to maintain their capacity to care, and to have a life beyond caring
- Identifying and recognising carers – fundamental to the success of delivering improved personal well-being outcomes for carers is the need to improve carers' recognition of their role and to ensure they can access the necessary support
- Providing information, advice and assistance – it is important that carers receive the appropriate information and advice where and when they need it

4.0 About carers in North Wales

The Population Needs Assessment published on 1 April 2017 states that carers provide a crucial role in the provision of care and support and it is estimated that they provide between 75% and 95% of care, saving £7.72 billion every year in Wales (Yeandle and Buckner, 2015; Welsh Government 2016).

The main findings from the needs assessment were that:

- The number of carers in North Wales is increasing, particularly in north-west Wales
- People aged 50 to 64 are the most likely to provide unpaid care
- Half of all carers in North Wales are in employment: for carers in employment the support of their employer and colleagues is vital to helping them continue in their caring role
- The increase in need for social care identified in other chapters of the population assessment report is likely to lead to greater numbers of people providing unpaid are and providing care for longer
- There are over 1,000 young carers identified across North Wales, which is an increase over the past few years

5.0 Priorities for carers in North Wales

Evidence from the Population Needs Assessment, what carers have told us and the resource mapping considered by partners have led us to the following priorities. If carers are appropriately supported by society then the vast majority of negative consequences can be avoided proactively. Further work on these will be reflected in the work programmes of the partnership's North Wales carers' groups:

5.1 Engagement with carers and carers' voice

Listening to carers and hearing their voice provides a valuable insight into their lives and circumstances, and demonstrates the importance of engaging with them. This section highlights some of the issues carers have raised to demonstrate how they need to influence the planning and delivery of services.

The main findings from engagement activities carried out for the population needs assessment and from previous consultations carried out by each local council and health demonstrated that the needs of the carer could be supported by better meeting the needs of the cared for person:

- Equipment and adaptations and assistive technology can provide valuable services, although issues can include training needs and waiting lists
- Carer breaks (respite), including short-term carer breaks
- Continuing Health Care (CHC) assessments to include short term breaks for carers
- More activities for people cared-for, particularly individuals with dementia
- Good quality reliable support for person cared for
- Support when carer is ill, both in emergency and planned treatment
- Reliable hospital transport that includes transport for the carer. Carers need equal access to transport even when the cared for person is not with them to enable them to collect prescriptions for example
- Health and social care workers – having workers that can help with medication as well as personal care

Other aspects of support specifically for carers which are valued are:

- Accessible information and advice (preferably in one place)
- Local information surgeries, hubs, single point of access (SPOA), talking points and drop-in services
- Advocacy for the carer
- One to one support for the carer, such as a listening ear and telephone support 24 hours a day
- Socialising and carer groups in local community
- Access to leisure activities
- Volunteering opportunities
- Education, skills and employment
- Recognition and respect, consultation as partners in care, including when a person enters long-term care
- Better communication between all parties included in providing support for carers and the person cared for
- Third sector support – carers really value the range of support provided by the third sector organisations
- Support for the carer when their caring role comes to an end, including employment, benefit and housing issues

Mapping carers journeys has told us that a single point of access to services can work well for carers, in enabling some carers to refer themselves to services, holding the initial what matters conversation, signposting carers to information and carer support services, and understanding the circumstances and unique situation of the carer.

Carers’ stories demonstrate that care giving, as well as being a practical function, is also an emotive role, with carers reporting feelings of guilt, loneliness, anxiety, worry, distress, isolation, fear, frustration, difficulty in dealing with change and transition. These will occur at different times within the carer’s timeline of experience, and each carer will require bespoke support.

The main themes arising from carers' stories and case studies can be summarised as follows:

- The isolation of the caring role
- Stress experienced by carers of all ages
- The value carers of all ages place on the support of third sector organisations and local authorities
- The impact of the person cared for's well-being on the carer's well-being
- Carers' need for breaks
- Carers' need for information
- The need to be employed, or to return to employment
- Rural issues

The things that matter to young carers are often the same things that would matter to any young person. Their situation as a young carer however can at times have an effect on the way that they live their lives, and opportunities that are taken for granted by young people without caring responsibilities can be difficult to access for young carers. Findings from the consultation and engagement with young carers as part of the North Wales Population Needs Assessment found that areas that young carers found challenging were: concentrating, communicating, being confident and making friends.

In addition to this, young carers have told us that the health and well-being of the person for whom they are caring is important to them, e.g. not wanting their parent to start drinking again. Also important for young carers is acceptance both by their peer group and by teachers. Whilst what people think of them can be important for many young people, the impact that their caring responsibilities can have on their lives mean that this issue is sometimes heightened for young carers, e.g. attitudes that people might have towards them because of them not being able to join in social activities, or not being able to complete homework. One young carer said that whilst other young people messed around in class, that he strived to get all his work done at school as he wouldn't be able to do so at home.

"If my mum got better. If I had better memory. If I was faster at doing work. If I could see my friends out of school more often." Young carer, Anglesey.

Young carers' ability to concentrate amidst other responsibilities and concerns is an issue, e.g. whilst the person for whom they are caring is ill. Also, the need to talk to others about their problems and feelings, e.g. family, friends, neighbours, other young carers as well as professionals in the public and third sector.

Play and recreation facilities have also been voiced by young carers as important. In the same way as young people without caring responsibilities, young carers enjoy contributing to the development of services, and are looking for a positive attitude and an openness to new ideas from community leaders to support them to do this.

Parent carers report that they often have to battle to ensure that their child's condition is acknowledged, and also to receive attention afterwards e.g. from schools. This can lead to feelings of frustration and a perception that the system is not there to facilitate matters for them. This can also have an impact on sibling carers.

"*The pressure that is put upon me as a carer to make decisions that I am not always comfortable with them and if I object the feeling that I am judged*."
Parent carer, Gwynedd.

Many carers will say that they do not need support, and that if the person cared for's needs are met, that they also feel that they are supported as carers. This highlights the importance of ensuring that the carer's views are sought as part of the person cared for's needs assessment.

5.2 Induction and training

If carers' experiences and stories are listened to, they will provide a sound basis from which to deliver day to day services and support for carers. One important element to underpin this is staff induction and training. Supporting staff with a good introduction to carers' needs, raising their awareness of carers and their role will contribute greatly to influencing the way that carers are treated as part of the culture of organisations responsible for services to carers of all ages. Good peer support and mentoring from more experienced members of staff and strong leadership will also be vital to support a carer aware culture.

Carers themselves need to be supported with training on the new skills they may need when they begin or adapt to their new caring role or when that role evolves. This may involve training on caring for specific conditions, e.g. administering medication (young carers) dementia, moving and handling, interpersonal skills, financial issues, delivering personal care, as well as other skills to support the person cared for's well-being. Third sector organisations already provide this training which is based on what carers say that they need and is highly valued by them.

5.3 Assessment and support for all carers

Local Councils have a new duty to offer an assessment to any carer where it appears to the local authority that a carer may have needs for support. If the local council determines that a carer's needs meet the eligibility criteria then they must consider what could be done to meet those needs. Previously, it was the responsibility of the carer to request an assessment.

A carer's needs meet eligibility criteria for support if:
a) The need arises as a result of providing care for either an adult or child
b) The carer cannot meet the need whether

  - Alone
  - With the support of others who are willing to provide that support, or
  - With the assistance of services in the community to which the carer has access, and

c) The carer is unlikely to achieve one or more of their personal well-being outcomes which relate to the specified outcomes in part 3 of the act

The local council may now carry out a joint assessment, where an assessment of the cared for person and the carer is carried out at the same time if both parties are willing and it would be beneficial to do so. This is good practice although there are concerns that the assessment of the carer may be compromised by focussing on what the carer can and can't do for the cared for person rather than looking at their desired personal well-being outcomes in their own right.

The carer's element of the assessment needs to focus on 'what matters' to the carer and the carer's needs in their own right, for example, their employment, education and training needs.

The local council must involve the carer in the assessment and include:
- The extent to which the carer is willing to provide the care and to continue to provide the care
- The personal well-being outcomes the carer wishes to achieve

An assessment of a carer must also have regard to whether the carer wishes to work and whether they are participating or wish to participate in education, training or leisure activities.

Carers will need to be very clear about what they can and can't do and any differences between their expectations and that of the person cared for. The people carrying out the assessments will need to be skilled in drawing out this information. The act says carers need to be asked what they can do, so this will need to be monitored to make sure it happens in practice and is included in the assessment. It is important that the individual feels that they are an equal partner in their relationship with professionals.

With regard to young carers, the Code of Practice relating to the act includes a range of examples relating to young carers including:
- The child is unlikely to achieve development goals
- The individual is/will be unable to access and engage in work, training, education, volunteering or recreational activities

In assessing, the council must have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child.

Where the carer is a child the council must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. This should lead to consideration by the council of whether a child carer is actually a child with care and support needs in his or her own right.

Providers of support services for young carers report that short term funding, lack of resources for transport, money for trips places constraints on the support and breaks that they can offer young carers. Ensuring that young carers are provided with support according to their age-related needs is also a challenge.

The act sets out a new national ‘eligibility framework’ to determine whether or not a carer who has been assessed and who has support needs will meet the criteria for service. Carers with eligible needs will have a support plan centered on personal well-being outcomes they have identified themselves. It will also set out the support to help them achieve the personal well-being outcomes identified. Support plans will be subject to regular reviews by local councils, and re-assessment of their needs if circumstances change.

5.4 Information, advice and assistance

The Population Needs Assessment engagement demonstrated that accessible information and advice (preferably in one place) matter to carers as well as local information surgeries, hubs, talking points and drop-in services.

Evidence from carers’ stories and ‘what matters’ conversations suggests that many carers are unaware of their rights and also unaware of the information and support services that are available to them.

“The family never accessed any statutory services and she was never aware of any services to support Carers. Her main contact was always with the GP but he never informed her of any services available to her, or her right to a Carer Assessment.” Case Study, Denbighshire.

Lack of information on financial issues can also lead to carer anxiety:
“Mr A was not in receipt of any benefits and was not aware that he could claim Carers Allowance. He didn’t know of the support available to Carers in Denbighshire.” Case Study, Denbighshire.

A parent of a child with Down’s Syndrome told us that she had not received sufficient information:
“When looking back at the early period I did not receive information about organisations such as “Down Syndrome Association” or the Carers Outreach Service which could have been of assistance for me as a parent.” Parent Carer’s Story, Gwynedd.

Young carers also need information, which sometimes needs to come from people they know:
“Would like to be told more about brother’s condition.”
“Would like support from an autism charity – want a better understanding of the condition.” Young carer, Anglesey

Carer breaks have traditionally been referred to as ‘respite’, and it is worth noting at the outset that there is no real national definition for ‘respite’. The term has also been associated with respite from something that is a burden. For the purpose of this strategy, the term ‘carer breaks’ will be used.

Local authorities and BCUHB invest significantly in carers’ services that provide short term breaks in the form of sitting services and/or replacement care. Although there are services delivered to the cared for person, they are sometimes regarded as carers’ services. Some third sector organisations also draw in external funding for these types of services.

The population needs assessment identified insufficient range, availability and flexibility of respite and short breaks for carers.

This is supported by the resource mapping which tells us that carer break services are provided in the field of older people, learning disability and mental health. In older people’s and learning disability services the carer break is delivered in the form of a sitting service or replacement care. In mental health services, the service offers a mental break, support and skills development for the carer. However, following discussions by partners at the workshop, the amount invested of £1.25m depicted in the resource mapping is not thought to be an accurate reflection of carer breaks. The resource mapping encountered challenges as:

- All carer breaks could not be identified, as monies paid to independent domiciliary care providers could not be separated out
- Differentiating between a break for the carer and the person cared for was not a simple task
- Whether the carer break provides the carer with a complete break or not, e.g. are they using their time to catch up on household chores
- Carer breaks in all service areas may not be accurately reflected

The main message that carers are telling us is that the break they need from caring is in response to their needs, situation and home environment. They want to be listened to, and each carer will have different needs. They do not appreciate being told what service can be provided to them, do not necessarily need a regular carer break service which sometimes causes overprescribing of services, leading to wastage.

In a situation where in-home respite is being provided, carers have told us that it is important that the person cared for is familiar with the individual providing the care, otherwise it may not be worthwhile. In situations where the individual providing the sitting service is on holiday, the person cared for or carer may decide to delay the arrangement until the individual who usually provides the carer break is available. Consistency and continuity of service is therefore of paramount importance to both the carer and person cared for.

Continuing Health Care (CHC) is a sensitive area in terms of carer breaks. Carers have told us that when an individual becomes eligible for CHC funding, then this can lead to changes in the support that both the carer and person cared for can expect to receive. For example, BCUHB will be contracting with different providers to those providing care through local authority commissioning arrangements, therefore resulting in a change in the care giver.

If the person cared for is CHC funded, the health service recognises that carers need a break and places value on the support that the carer offers in meeting the person cared for's needs. The health service recognises its duty to meet all of the person cared for's needs, particularly in the absence of the carer being able to care for them. This could involve the care co-ordinator developing an application for 'additional funding'.

It is also important that carer breaks can be provided on a flexible and short notice basis in order for the carer to continue to live their lives the way they want to, e.g. joining social gatherings at short notice, and not having to make arrangements too long before hand.

Voucher schemes are in operation in some areas of North Wales to facilitate flexibility for carers. Eligible carers, upon completion of a carer's needs assessment, are provided with a time-limited voucher for flexible short-term breaks. Whilst the development of innovative flexible schemes such as this is positive, it is important also that regular evaluations are carried out to ensure that lessons are learnt.

Young carers would like to spend time apart from the person they care for doing the actitivies that they enjoy with their peers, e.g. activities in leisure centres, making use of local amenities such as parks, cycle pathways, and participating in sports.

Carers living in rural areas wish to receive the same level of service as carers living in towns.

Carers report that living in rural areas creates problems for them in terms of:

- Accessing support or carer breaks
- Travel time being taken out of the time allocated for direct service
- Isolation

> *"There are no learning disability facilities, support group activities for my daughter to attend in Llangollen although there appears to be far more in Denbigh and some in Ruthin, but she is unable to get transport to these places." Carer, Denbighshire*

Some carers want to receive services in Welsh, in the language of their choice. Consultation and engagement as part of the Population Needs Assessment highlighted the importance of care and support services being available in Welsh. Services should ensure Welsh language services are built into service planning and delivery and that services are offered in Welsh to Welsh speakers without them having to request it. Although information from the service mapping exercise suggests that services are available in both Welsh and English for carers, it is unclear whether services reach the ‘More than just words’ standards, whether they are instantly available or whether arrangements need to be made before hand to arrange the services.

5.5 Policy and practice

Partners need to ensure that standard policy and practice protocols are in place with relation to confidentiality and the sharing of information. The piloting of the Triangle of Care model in mental health rehabilitation services within BCUHB has enabled discussions to take place around consent and confidentiality when working with carers.

Staff recognise the importance of carer inclusion but admit that they struggle when there is no consent from the cared for or consent fluctuates depending on situation or mood. Guiding principles endorsed by the Triangle of Care Lead for England, as well as the BCUHB Carers Lead Officer are that staff:

1. Talk about what they are aware of.
2. Provide carers with non-sensitive information in a form which helps the carer to understand. For example: condition specific information, or information around medicines management.
3. Signpost carers to sources of information and support.
4. You can receive third part information from carers.
5. Tell carers information for themselves.
6. Carers are entitled to confidentiality for themselves.

Staff have welcomed these guiding principles and also welcome bespoke training on carers and confidentiality.

5.6 Employer standards

All partners involved in the design and delivery of carers services in North Wales will want to ensure that their organisations commit to the following:

- Identifying carers in the organisation
- Adopting a carer friendly infrastructure
- Committing to equitable provision for carers
- Providing opportunities to hear the voice of carers in the workplace
- Allow flexible working practices, where reasonable and practicable

5.7 Carer Leads

Carer lead posts in the North Wales six local authorities and in BCUHB are of significant importance particularly with regard to developing and promoting carers services locally, working with community teams to engage with carers and understanding what matters locally, collating and analysing data, understanding service needs and identifying gaps in services. These officers can also facilitate teams to develop and pilot new models of working with carers, as well as providing training. They will also support corporate leads to ensure that employer standards are met. Carers leads will also be working with their local carers partnership to implement the carers offer as well as working regionally to design services and contribute to learning and improvement work nationally.

Where the carer lead officer is not also the lead officer for young carers, the organisation will need to be clear how the development and promotion of carers services happens in children's services.

These posts can influence and impact the perception of carers within organisations and facilitate working towards 'think carer' and raising carer awareness.

6.0 How services for carers are currently funded

Funding for carers services have been unstructured, with allocations for carer breaks accounted for, for example, in core budgets. The Carers' Transitional Grant received by BCUHB from Welsh Government to manage the transition from the Carers Strategies (Wales) Measure 2010 (Carers Measure) to the SSWBA has been allocated on a short term annual basis.

On 24 November 2017, Carers Rights Day, the Minister for Children and Social Care announced an allocation of £1m in 2018-19 for health boards and trusts to work collaboratively with all partners to enhance the lives of cares in line with the national priorities. A decision was taken by the Regional Partnership Board on the expenditure of the grant following consideration to the carers' work stream and the offer for carers in North Wales.

Local authorities have received an allocation for respite (carer breaks) for carers of all ages during 2018-19 through their Revenue Support Grant (RSG), and Integrated Care Fund (ICF) guidance refers to the national priorities for carers.

The resource mapping demonstrates that funding is received from a variety of sources:
- Local authority
- Third sector
- Welsh Government
- Health Board
- Chargeable services

The resource mapping also reflects the unsustainability of funding with providers not knowing whether funding streams will be available from one year to the next, creating uncertainty amongst the workforce and staff turnover, which in turn affects the continuity of service to the carers. The mapping also tells us that third sector providers have been successful in attracting external sources of funding as well as sponsorship.

Providers have reported on the inefficiency of preparing more than one performance report for the same commissioner, as well as having to report on management data, rather than focusing on the real personal well-being outcomes for carers.

Providers also mentioned the need for security for a skilled and specialist workforce in the field. This would then support what is agreed as part of the carers offer relating to being carer aware. Providers report that 3+2=5 years contracts are valued and provide stability for the service as well as an opportunity to plan and develop services for the future.

Whilst Direct Payments provide a personalised form for individuals to access services. take up by carers is understood to be low. The effective delivery of Direct Payments services is essential to the implementation of the Social Services and Well-being (Wales) Act 2014.

The explanatory memorandum to the regulations that accompany the Act[1] underlines this:

"Direct Payments are crucial to achieving the Welsh Government's aim of improving the well-being of people who need care and support to achieve their well-being outcomes and carers who need support to achieve their well-being outcomes. They provide the mechanism to increase independence, choice and control, and are an enabler of co- production in care planning which affords individuals the freedom to plan flexible and innovative ways to maximise their well-being outcomes."

Whilst the main impetus for increasing take-up generally is likely to come through the work done with individuals when they are first assessed for services and begin discussing care and support plans with the staff doing those assessments, therefore, work would need to be undertaken regionally and locally to look at the possibility of increasing the take-up of Direct Payments.

There are positive examples of adult carers taking up Direct Payments to provide them with flexibility in their caring role in North Wales. Further discussions on the possibility of Direct Payments as an enabler to facilitate flexibility in carer services are needed.

7.0 The offer for carers in North Wales

The partners' offer to carers in North Wales has been developed and co-produced by the following groups:

- North Wales Carers' Strategic Group
- North Wales Carers' Operational Group

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[1] Explanatory Memorandum to the Care and Support (Direct Payment) (Wales) Regulations 2015 Welsh Government 2015

- North Wales Young Carers' Operational Group
- Carers Reference Group

Partners want to achieve the following personal well-being outcomes for all carers in North Wales:

- That individual carers' needs, including language needs are met in the best way
- That carers come to mind as soon as the person cared for
- Services that are consistent

In doing this, we also want to make sure that:
- There is added value by working collaboratively
- Services and funding are not duplicated
- We adhere to best practice

Partners will commit to:

- **Promote general awareness** of carers and caring to the wider population and to all relevant staff in the health and care sector
- **Think carer** in commissioning and assessing needs, with attention to rurality and those furthest from services for other reasons
- **Involve carers** of all groups and communities in decision-making and planning processes
- **The early identification** of carers at first contact with services

What partners will do as employers
- Identify carers in the organisation
- Adopt a carer friendly infrastructure
- Commit to equitable provision for carers
- Provide opportunities to hear the voice of carers in the workplace
- Allow flexible working practices, where reasonable and practicable

8.0 Standards of service

The following standards were adopted from the Triangle of Care and are particularly relevant to local authorities and BCUHB. Partners agreed these standards provide a strong base on which to develop services, with and for carer, across the region.

- Carers' views and knowledge are sought, shared, used and regularly updated as overall care plans and strategies are co-produced
  - Staff are carer aware and trained in carer engagement strategies from the outset
  - Staff need to be aware of and welcome the valuable contribution carers can make and be mindful of carers' own needs
- Staff need knowledge, training and support to become carer aware
  - A carer focused introduction to the service and staff are available, with a relevant range of information across the care pathway
- Carers and the essential role they play are identified at first contact or as soon as possible thereafter and help is available to them in the simplest and

quickest way possible

- Policy and practice protocols on confidentiality and sharing information are in place
- Defined post(s) responsible for carers are in place (carers leads)
- A range of carer support services is available

These standards will have implications for all partners when services for carers are commissioned and delivered:

- For local, sub-regional and regional commissioning:
  - agencies designed to give carers a voice in local decision-making and make sure that all services in the area become more carer-aware and carer-friendly
  - services with carer expertise able to raise the carer awareness of all agencies in an area
  - services designed to find carers and help them to identify their needs and entitlements
  - support services for carers with particular support needs and/or entitlements
  - Direct Payments are offered to those who want them
- Ready access to information and advice (and where appropriate formal or independent advocacy) services tailored to the needs of carers in different life stages (e.g. young carers, parent carers, carers of adults), circumstances and conditions, and stages of the caring journey
- Access to training on the new skills carers may need when they begin or adapt to their new caring role and to peer support when appropriate
- The right to an assessment (what matters conversation) as a carer in your own right:
  - to develop a general care and support plan
  - signpost to appropriate services; and
  - determine eligibility for support to them to care
- For eligible carers:
  - A support plan centred on personal well-being outcomes they have identified themselves.
  - It will set out the support to help them achieve the personal well-being outcomes identified.
  - Support plans will be subject to regular reviews by local authorities, and re-assessment of needs if their circumstances change

In accordance with the standards agreed, the following headline plan outlines the actions and lead responsibility.

No	Standards	Action	Regional responsibility for action	Local responsibility
1.	Engagement with carers and carers voice	Carers views and knowledge are sought, shared, used and regularly updated as overall care plans and strategies take shape.	NWCSG	All partners
		Agencies designed to give carers a voice in local decision making and make sure all services in the area become more carer-aware and carer-friendly	NWCSG	All partners
2.	Induction and training for carers and staff	A carer focused introduction to the service and staff are available, with a relevant range of information across the care pathway	NWCOG, in collaboration with NWYCOG	All partners
		Staff are trained in carer awareness and engagement strategies.	NWCOG, in collaboration with NWYCOG	All partners
		Carers need access to training on the new skills they may need when they begin or adapt to their new caring role and to peer support when appropriate	NWCOG/NWYCOG	All partners
3.	Assessment and support for all carers	Carers to be part of an assessment (what matters) conversation in their own right	NWCOG/NWYCOG	Local authorities
		A support plan centred on personal well-being outcomes they have identified themselves to achieve the personal well-being outcomes identified and subject to regular reviews and re-assessment of needs if circumstances change	NWCOG/NWYCOG	Local authorities working with partners
		Ready access to information, advice and peer support (and where appropriate formal	NWCOG, in collaboration with NWYCOG	All partners

No	Standards	Action	Regional responsibility for action	Local responsibility
		advocacy) services tailored to the needs of carers in different life stages, circumstances and conditions and stages of the caring journey		
		A range of flexible carer breaks is available	NWCSG	Local authorities working with partners
		Specialist advocacy, including for Continuing Health Care and for young carers	NWCSG	Local authorities, BCUHB working with partners
4.	Policy and practice protocols	Policy and practice protocols on confidentiality and sharing information are in place.	NWCSG	All partners
5.	Adopt employer standards	• Identifying carers in the organisation • Adopting a carer friendly infrastructure • Committing to equitable provision for carers • Providing opportunities to hear the voice of carers in the workplace • Allow flexible working practices, where reasonable and practicable	NWCOG	All partners
6.	Carer leads	Defined posts responsible for carers are in place	Local authorities, BCUHB	
7.	Develop success measures and data collection arrangements	Performance measures agreed	NWCSG	All partners
		Data collection arrangements agreed and underway	NWCOG/NWYCOG	All partners

9.0 Success measures

Noted below are the proposed headline success measures as agreed by partners. These will be collated by the NWCOG and NWYCOG and progress monitored by the NWCSG to inform future planning. Two of the measures are the same as those in the Welsh Government Outcomes Measures Framework, with the others considered to be important to measure the progress of our strategy in North Wales. These success measures place a strong focus on improving the life circumstances of carers, listening to their views and involving them in the design of services.

- Carers of all ages report satisfaction with the assessments and personalised support they receive, have access to the services they need and have an understanding of their rights under the Social Services & Wellbeing (Wales) Act
- Social workers and other care practitioners can evidence that they are applying the well-being principle in all their adult social care decisions.
- The number of assessments in 2018 has increased in line with the Regional Partnership's own estimate
- Carers reporting they felt involved in designing the care and support plan for the person that they care for (Welsh Government)
- Carers reporting they feel supported to continue in their caring role (Welsh Government)
- If a carer is facing a crisis, they know how to access a rapid response service to assess and respond to their need

10.0 Conclusion

Listening to what carers of all ages have to say about their experiences has shown that there is a high quality level of provision available for carers in North Wales, and that when things go right, that this is greatly appreciated. What carers have also told us is that services provided by knowledgeable and informed staff can make all the difference to their well-being and circumstances.

Whilst there are numerous good practice examples of support for carers in North Wales, those responsible for implementing this strategy and its related action plans will work to ensure that those services become more consistent across the region and that local provision in all areas will reflect the regional standards which have been agreed.

Those firstly coming into contact with carers, possibly in primary health care, schools or local authorities need to listen to carers, think carer and encourage them to be aware of their role and understand that they can access the information and support that's available for them.

Appendices:

Appendix 1: What matters to carers

Appendix 2: Carer pathways
Appendix 3: Resource mapping
Appendix 4: North Wales Carers Strategic Group (NWCSG) Action Plan
Appendix 5: North Wales Carers Operational Group (NWCOG) Action Plan
Appendix 6: North Wales Young Carers Operational Group (NWYCOG) Action Plan
Appendix 7: Carers Reference Group (CRG) Action Plan