

# Adult Carers Strategy Engagement and Consultation summary

March 2022

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# Executive summary

## Introduction

Our proposed 'Kent adult carers strategy 2022 to 2027' describes how we plan to work with all our partners to make welcomed changes towards improving the experiences of unpaid adult carers in Kent.

This plan does not sit on its own - it is closely lined up with 'Making a difference every day: our strategy for adult social care, 2022 to 2027'. It is important to us that, in working to deliver change for carers, we also build strong and meaningful connections with other relevant local strategies. This includes links with the upcoming development of other key plans that cover Kent, for example the Young carers strategy, the Autism and learning disability strategy and the Dementia strategy.

There are many different reasons why people may have to take on caring responsibilities, and this can happen at any stage in their lives. Becoming an unpaid carer can often be sudden, making people ill-prepared for the role that they take on. A carer's role can make paid work, study, maintaining social connections and getting involved in leisure activities difficult and sometimes almost impossible. Carers are more likely to suffer with physical, emotional and mental health problems and we are committed to working with the NHS and other organisational partners to help improve this.

The draft adult carers strategy has been developed through a co-productive approach, however, officers had to rely on virtual and digital methods to do so for the majority of the time. This provided both challenges and opportunities in involving different groups of people in the pre-consultation engagement and public consultation stages.

Despite this challenge, there was a good response with a total of 387 responses, made up of 260 online responses and 127 postal responses. The proportion of people responding who were Kent residents giving their views as an individual was 91%, in terms of targeting carers, the majority of responses were from unpaid carers (87%) and around a quarter of the respondents considered themselves disabled (24%). These groups of people broadly aligned with those key groups identified in the Equality Impact Assessment as having the greatest potential to be affected by the strategy development work.

## Our approach

We have developed the strategy in partnership with carers, people we support, carers organisations, staff, and county councillors but it's just the beginning of the work we need to do together. Kent County Council and other public sector partners including the NHS and district councils, recognise the enormous contribution that carers make as 'care partners'. The support that unpaid carers give, directly benefits the people they look after and society as a whole.

Most of us will become a carer at some point in our lives – and through a shared vision for Kent, we hope to raise awareness of the valuable work carers do - and promote the support that might help them live a full life whilst caring for others.

The initial draft strategy model and outline principles were informed partly by the work done through a dedicated Kent carers behavioural study that took place from November 2020 to January 2021, as well as other available research on carers from national and local sources.

The formal consultation period took place from 12 January 2022 to 22 February 2022, preceded by a period of pre-consultation engagement to further develop the model and understand from people with lived experience how the strategy aims could be delivered in a meaningful way.

Key themes arose not only from the discussions had within the engagement and co-production workshops, but from previous discussions that had been conducted as part of the recent Adult social care strategy co-production work. This included additional insights from an adult social care engagement roadshow in libraries, interviews with staff and people that access our services, workshops with our People's Panel and shared learning from partner organisations such as Healthwatch, the NHS and community organisations.

## Summary of the draft strategy aims

### Timing

The strategy document shared for consultation has been developed at this time, as there is an immediate and pressing need to reflect current views and aspirations of carers which has been compounded by the effects of the pandemic. The Care Act has put carers rights on equal statutory footing and highlighted that carers should have their voices heard about how support is designed and delivered.

### Key principles and vision

The KCC adult social care strategic and operational response to supporting carers, in the context of the integration of health and social care means following our wider Adult social care strategy approach: *keeping the person at the heart of everything we do, aiming to continuously improve the services we offer and measuring outcomes more effectively*. Together, these describe our 'making a difference every day' approach to helping the person we support and carers, achieve the outcomes they see as most important.

Our aim was for the consultation was to enable carers, carers representative bodies and KCC to jointly have a conversation to understand what is important to unpaid carers in Kent, so that the carers strategy is relevant, accessible and helps to improve things for the future.

There are many different types of carer and they come from all walks of life, ages, ethnicities, and backgrounds - anyone can find themselves in a caring role. In this strategy, we use the Care Act 2014 legal framework and therefore, we define a carer as someone in an unpaid role who provides or intends to provide care and/or support to another adult. They may be mums and dads, husbands, wives, partners, brothers, sisters, friends, and neighbours.

### Core purpose

Our core purpose as an adult social care organisation is to carry out our duties according to the law by supporting and empowering carers to lead the lives they want

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to live, and in a place they call home, by putting carers at the heart of everything we do. This includes, planning and funding carers support, promoting carers' wellbeing, preventing, reducing, or delaying the development of the need for support. Understanding the carer's needs for support, identifying whether the carer is willing and is likely to continue to be willing to give support, the outcomes that the carer wishes to achieve in day-to-day life, for example to take part in education, training, or leisure, or access practical or emotional support.

Our vision: *'Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able'*

We aim to work in partnership to achieve this ambition, by focusing on the following areas.

**Supporting you to be you** - to live a full life, carers have told us that they need the right support so they can make time to get everyday tasks done. Support also needs to allow time for doing what contributes to someone's own identity - including help to participate in employment, education and social activities.

**Providing the best support possible** - carers have been clear that they, and the people they look after, need to be treated with respect and supported through every stage of their journey – not just during a crisis. We are committed to listening and learning from people's experiences, so that this can inform the way we provide and commission support in the future.

**Positive outcomes** - the ten areas that make up this principle have been influenced by carers' stories. Everything we do alongside providers and partner organisations should focus on what makes a real difference and leads to positive change in carers' experiences. By monitoring these outcomes, we will know when our shared vision is being delivered.

## Kent County Council decision making and governance process

<b>Governance milestone</b>	<b>Date</b>
Pre-consultation engagement and co-production activity	December 2021
Revision of the draft strategy following Adult Social Care Programme Board meeting	December 2021- January 2022
Public consultation opens	12 January 2022
Public consultation closes	22 February 2022

# Engagement process prior to consultation

Stakeholder groups identified and targeted

## Pre-consultation engagement activity summary that informed the draft strategy December 2021

- Public co-production workshops
- People's Panel and Learning Disability Partnership Board presentations
- Workshop with County Councillors
- Attendance and presentations at partnership meetings (Integrated Care System, Health and Care Partnership meetings)
- Formal meetings and updates at boards and committees
- Carers research study with a range of carers, carers' families and close networks, people who have the support of unpaid carers, carers support organisations and support staff including social workers
- In addition to the activity led by the strategy development project team, we linked with colleagues and partners carrying out any similar engagement activity with any key stakeholder groups (i.e. interim themes identified through the national carers survey work that was ongoing during the engagement stage)
- Desktop research was carried out to see what our neighbouring and statistically similar councils' approaches have been and to identify any existing relevant sources of information or insights gathered
- Briefing email from cabinet member to elected members
- Adult Social Care and Health internal staff newsletter content
- Direct email to our 'Your voice network' members - people who have an interest in social care in Kent
- KCC consultation portal (Let's Talk Kent) content and email to people registered on this platform
- Kent County Council residents newsletter article
- NHS-led communications channels
- KCC Facebook and Twitter posts
- Kent.gov web content
- Printed information and telephone calls upon request

- Kent County Council provider bulletin content
- Direct emails to carers support organisations regarding both carers workshops and provider workshops.

## Materials

- Invitation email and PDF
- Web content
- Social media posts/images
- Workshop presentation slides
- Visual diagram
- Background briefing for speakers
- Summary email for carers wishing to respond separately by email
- Summary letter for carers wishing to respond by post

## Summary of pre-consultation engagement workshops

### Engagement summary

<b>Workshop dates</b>	<b>Group</b>
Thursday 25 November	Providers
Monday 29 November	Providers
Monday 29 November	Carers
Tuesday 30 November	Carers
Wednesday 1 December	Providers
Thursday 2 December	Carers
Monday 6 December	Carers
Tuesday 14 December	Kent County Council Elected Members

### Carers

- 43 people attended the carers workshops
- In addition to this, 8 carers responded in writing

### Providers

- 11 provider representatives attended separate provider workshops
- 1 provider responded in writing
- Provider reps from a variety of community organisations focusing on support for carers and people they look after.

## Initial emerging themes from pre-consultation engagement activity

<b><u>HOW TO DELIVER SUPPORT</u></b>	<b><u>WHAT TO AIM FOR</u></b>	<b><u>WHAT TO TACKLE</u></b>
<ul style="list-style-type: none"> <li>• Communicate well with me and the person I care for</li> <li>• Give us a choice of communications methods that suit our lives</li> <li>• Build a trusting relationship with us</li> <li>• Respect us and listen to our views</li> <li>• Manage our expectations and be upfront with us about limitations</li> <li>• Be responsive, as our needs will change along the way</li> <li>• Check in regularly with us to see if we are managing well</li> <li>• Give us an easy way of contacting you for support</li> <li>• Promote what's available to the public</li> <li>• Treat the person/carer as an individual with specific circumstances and needs</li> <li>• Join up how you work with other organisations so we don't get passed from place to place</li> <li>• Avoid overloading us with information</li> <li>• Tell us how you will deliver the practical support through the strategy (i.e. how will we be able to tell our story once)</li> <li>• Provide education and training for staff to build more empathy</li> <li>• Be clear about carers rights</li> </ul>	<ul style="list-style-type: none"> <li>• Personalisation</li> <li>• Care Act implemented fully</li> <li>• Better access to health services</li> <li>• Consistent across the county</li> <li>• Supported in decision making</li> <li>• Carers are well prepared</li> <li>• High awareness of support within the public</li> <li>• Whole life strategy</li> <li>• More direct payments</li> <li>• 'One stop shop'</li> <li>• Regular opportunities to share experiences</li> <li>• Social interaction for the carer and the person being cared for</li> <li>• Smooth transition for young carers</li> <li>• Matched supply to demand for carers support</li> </ul>	<ul style="list-style-type: none"> <li>• Out of area - communication between providers/Local authorities</li> <li>• Peer support to combat loneliness</li> <li>• Finances should be arranged early on</li> <li>• Breaks are very important</li> <li>• Working carers are sometimes not supported well</li> <li>• Assessment should be more user friendly</li> <li>• Direct payments should be more available</li> <li>• Some carers only get access in a crisis</li> <li>• Don't base decisions purely on funding</li> <li>• Internet access is not always an option</li> <li>• Lockdown is every day for some carers</li> <li>• Dementia needs more focus</li> <li>• Provider accountability has been an issue for some carers</li> <li>• Council to support people with information/guidance even if they are self funders or use direct payment</li> <li>• Better communication with staff about self funders</li> </ul>



# Consultation process

## Promoting the consultation

The public consultation on the draft Adult Carers strategy ran from 12 January to 22 February 2022 and was promoted in the following ways:

- Press release distributed to media outlets, uploaded to the Kent Media Hub website and shared on KCC social media channels and coverage obtained on Meridian Tonight (ITV) and other news outlets including a specific video interview with Chris McKenzie, Director of Adult Social Care (West Kent) by Healthwatch Kent, hosted on the homepage of their website and promoted via social media and through their newsletter.
- Information including printed copies of the consultation document, questionnaires and easy read versions distributed to all KCC libraries along with freepost envelopes for responses
- Promotion of the consultation via an organic social media campaign throughout the consultation period, with additional targeted social media campaign boost part way through the consultation period
- Direct emails and reminders to our social care stakeholder contact databases including 1000+ contacts from health organisations, care sector, voluntary sector and community organisations, members of KCC's engagement and consultation portal, 'Let's talk Kent', and our adult social care Your voice network members (4000+ direct contacts in total)
- Regular staff, public and provider communications via our bulletins, intranet, website and other updates
- Kent County Council Residents Newsletter content
- Kent County Council Provider Bulletin content to care sector organisations
- Kent County Council staff communications via KCC-wide internal newsletter and intranet features (K-mail and Knet) and Adult Social Care and Health staff bulletin and intranet pages
- Digital content on websites including Kent.gov.uk, adult social care web pages and also picked up on partner websites such as Healthwatch, NHS Kent and Medway CCG and parish council websites
- Materials to carers support organisations for distribution to the carers they support and their networks (printed strategy documents, easy read versions, questionnaires and freepost envelopes, digital content and emails)
- In addition to this, three organisations took up the offer of a virtual consultation workshop with their community groups; a standalone consultation workshop with parent carers and advocates of people with a learning disability or Autism was conducted; carers coffee mornings were attended in person and online

(hosted by two separate organisations) and a workshop with patient participation group representatives was held.

- In addition to this, a discussion focused on people from Armed Forces backgrounds was held at the request of a national organisation.

## Making information accessible

Information was provided on the Kent County Council engagement and consultation platform and on the Kent County Council website where people accessing adult social care information usually visit. This content is subject to government accessibility standards.

The information developed was intentionally drafted in plain English, with a mix of images and text. Any imagery used in the designed version was described in words as part of the plain text version of the draft strategy document. A specific easy read version was created for the strategy consultation portal along with supporting information. A British Sign Language video version of the draft strategy was created and hosted on the consultation platform.

Standalone consultation workshops were also offered for anyone who preferred facilitated discussions over filling in the consultation questionnaire. This offer was taken up by three specific groups including parent carers of adults with learning disabilities, patient participation group representatives and carers who look after older people and who are almost constantly caring.

Printed materials including consultation documents, questionnaires, an easy read consultation document and freepost envelopes that were made available on request, distributed via carers support organisations and made available to pick up from KCC libraries, as well as promoting the details to request alternative formats to ensure that people were not excluded from taking part.

General comments were received about the fact that some people did not want to have to register for the standard Kent County Council Let's Talk Kent portal as part of the routine process for consultations. These enquiries were responded to by outlining the alternative options available to people via telephone, paper copies or by emailing the responses direct to the relevant team for inclusion.

## Consultation responses and themes

### Respondents

Please refer to the appendix and read the **Carers Consultation Survey Results Summary** for the consultation report including respondent demographic summary.

### Additional feedback

The **Carers Consultation Survey Results Summary** contains the full roundup of key themes raised via the consultation questionnaire, however we also received separate organisational and individual responses to the consultation outside of the KCC online/postal questionnaire.

Among the feedback from organisations were the following recommendations linked to the support for and awareness of carers from the Armed Forces community. It was suggested that KCC social care teams record whether someone is part of the Armed Forces community, that KCC as part of its ongoing positive practice as a member of the Armed Forces Covenant, continues to make staff aware of the need to identify people from this community as part of an ongoing aim and aspect of continuous training and that KCC works with the NHS in their role to support the mental health and wellbeing of people from the Armed Forces community including carers.

Another organisation suggested that KCC compare locality carers statistics with the total number of carers and to ensure that we refer to 2023 Census data when that becomes available to further define the most up to date numbers of carers in Kent. The response highlighted the need for ongoing support and not just support during the key moments, and also to outline carers concerns about domiciliary care sometimes being unreliable owing to lack of staff and consistency of service within domiciliary care services.

There was a suggestion about updating the person's stories section within the document to reflect carers that care for over 50 hours or more a week and an additional recommendation to include more detail in the strategy about delivery and to define the term 'support' to help inform providers and carers. In addition to this, there was a call to take on board feedback given by providers about the carers support market (block funding and protecting short breaks) into the development of the subsequent and more detailed market position statement for carers support.

In our communications about the consultation, KCC made the offer available to conduct consultation workshops either in person or virtually to community groups. As

a result we attended a number of existing meetings of key stakeholder groups and carers meetings hosted by different organisations.

At those events, we gained additional feedback about the strategy and the issues that were most pertinent to carers and the people they look after.

The feedback received direct from carers covered the following points: the need for carers assessments (and re-assessments) to be carried out regularly, good feedback for the information about the strategy and positivity about the presentation given, working with and listening to the carer was raised as being key to any future plans and treating carers as experts in their caring role and support staff can learn from the carer, the need for carers to make sure they register with their GP, positive comments on the Kent Carers Card and having a useful means to identify carers.

There was a focus on the time commitments of carers and the need to have to juggle multiple hospital and health appointments around the carers support they receive. People attending the workshops made the point that caring varies for different people and caring for a young adult is very different from caring for an older adult and brings its own unique mix of stressors that affect the carers wellbeing and emotional health.

Experiences were shared about the increased isolation of carers during the pandemic and lack of clear signposting and information was a key discussion point but it was also noted that information, advice and guidance needs to be followed up with practical support. Peer support was highlighted as a good way for carers to share their experiences and to better understand what support is available and being open about innovative ways of using technology was discussed as a positive thing to pursue, as long as the in-person contact option was available too.

## Immediate changes made to the draft strategy document\* as a result of feedback

Comments and suggestions were taken on board and will be used to further define the next steps in terms of the more detailed delivery plans that will follow the initial strategy.

Although not all comments and suggestions could be woven into the changes to the high-level strategy document itself, the following specific amendments were made to the draft:

- Specific reference to carers with varied circumstances including those that are 'heavy' carers who care for over 50 hours a week
- Inclusion of reference to the Armed Forces Community

- Addition of a new carer's story focusing on someone caring for over 50 hours per week for someone who is older and has a debilitating health condition and the importance for them of regular respite and breaks
- Further definition of the ways in which the strategy will be delivered
- Emphasis on trusted points of contact and telling your story once.

\*Please see the appendix for the final revised draft of the strategy document.

## Summary of main findings of the responses to the consultation questionnaire

- 78% of survey participants 'mostly agreed' or 'strongly agreed' with the draft vision.
- 72% thought the wording was easy to understand.
- 72% thought it was easy to understand the diagrams and pictures.
- 88% agreed the 'Supporting you to be you' list will support carers to live a full and health life.
- 88% agreed the 'Providing the best support possible' list will create a better experience for carers.
- 90% agreed the 'Positive outcomes' list will create a better future for carers.
- Regular and reliable support was considered the most important service aspect by 60% of 385 survey participants.
- Respite care / breaks are seen as intrinsically linked to regular and reliable support.
- Respite care / breaks is particularly important to carers with disabilities / is mentioned frequently in their feedback comments.