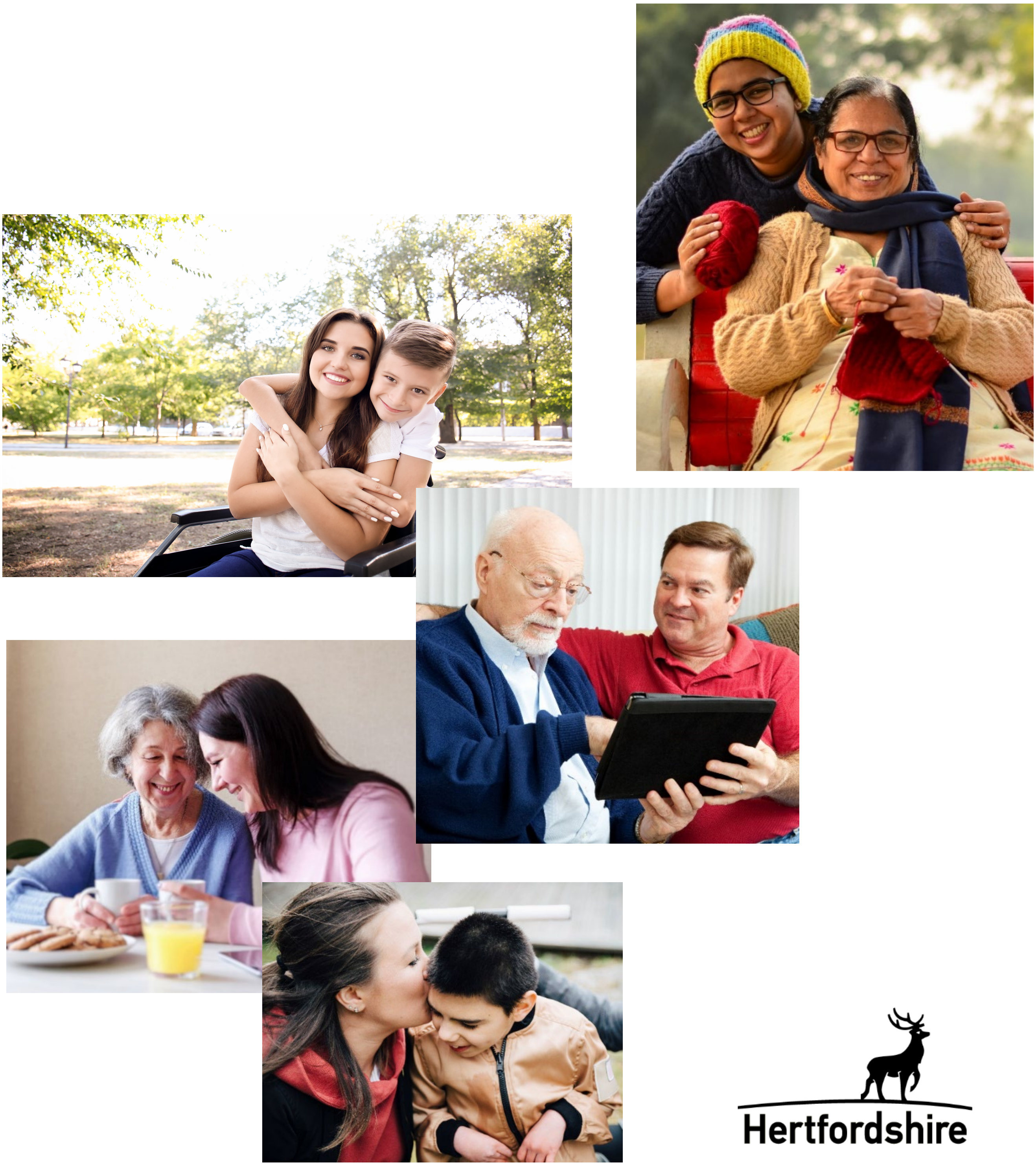
# A Carers Strategy for Hertfordshire 2026 – 2028



Hertfordshire

# Contents

# Foreword

***What do we mean by a Carer?***
***A carer is someone who provides help and support, unpaid, to a family member, friend, or neighbour, without which that person would not be able to manage. Carers can include parents, spouses, siblings, sons and daughters, friends, children and young people.***

***This includes young carers, which means a child or young person under the age of 18 who provides or intends to provide care for another person e.g., a parent, sibling or grandparent. It also includes parent carers, which means a parent or guardian of a child who provides more care than other parents because their child has additional needs.***

Hertfordshire County Council and Hertfordshire and West Essex Integrated Care Board have worked with carers to develop this Carers Strategy for Hertfordshire to reaffirm their commitment to partnership working between carers, health and social care providers and other agencies. This Strategy aims to support carers' wellbeing and where possible to help them to balance caring with their own needs. Many actions will be shared across organisations where joint effort and accountability is required. Each organisation will also develop their own action plans to meet the objectives of this Strategy. Carers interact with and can be supported by many different organisations, and so joint work is essential.

We are fortunate to have a strong voluntary, community, faith and social enterprise sector in Hertfordshire which works effectively in partnership with statutory organisations. By identifying carers earlier and ensuring they are referred to the most appropriate service, which includes voluntary sector and community sources of support, we can reduce the need for higher level statutory sector resources to carers in crisis. Different caring experiences have been considered when developing this Strategy to ensure that it is inclusive of the evolving needs of all carers who live in or provide care in Hertfordshire.

This Strategy is for Adult Carers and Young Carers of all ages. There are parallel aspirations of carers in both groups, and support needs to continue smoothly as young people reach adulthood. The partnership is committed to a smooth transition for young adult carers as they reach adulthood and will work on improving the join-up of services.

The Strategy aligns with other key Strategies across partners involved in this area of work, including:

- Hertfordshire County Council's Corporate Plan 2025-28, in particular the commitment to 'Supporting those most in need' and the objectives to 'Ensure the right support at the right time is provided to all residents' and to 'Help carers to sustain their caring roles, listening to them so they feel respected, supported and heard'.
- Adult Care Services Plan theme 'Supporting people who look after others (unpaid carers)'.
- Hertfordshire County Council's Children' Services Plan for Children and Young People 2026-2031,
- Hertfordshire's Early Help strategy for children and their families
- Hertfordshire's SEND Strategy 2026-2029
- The Hertfordshire and West Essex Integrated Care Board's Health Creation Strategy and Carers Vision, as well as the linking to agenda such as moving care closer to home and reducing falls, which require close involvement and support to carers to achieve. It also aligns with the Central East: Strategic Commissioning Intentions 2026-31, which include carers under the Core20plus groups as Unpaid Carers are noted as a 'PLUS group' by the Strategic Health Inequalities Board of Hertfordshire and West Essex in 2023.
- Hertfordshire County Council's Public Health Strategy 2022-2027.
- The Hertfordshire and West Essex Integrated Care Strategy 2023-2033.
- Hertfordshire Health & Wellbeing Strategy 2022 – 2026.
- Hertfordshire Drug and Alcohol Strategy 2025-30.
- Hertfordshire Public Health Suicide Prevention Strategy 2025 – 2030.

As we look ahead to changes within local government and the NHS, including Local Government Reorganisation, changes to Integrated Care Boards, and children's social care reforms supported by the government's Families First Programme, it is as important as ever that supporting carers of all ages, continues to be integral to future strategic plans.

The five objectives embedded in this Strategy result from feedback from members of the Hertfordshire Carers Co-production Board, Hertfordshire Carers Organisations Network, Young Carers Steering Group, Young Carers Council, frontline health and social care staff, and workshops with carers. This Strategy has been developed together with carers and partners through the Strategy Sub-Group of the Carers Co-production Board. We are committed to working with carers to listen to and respond to their feedback, and to work together to improve support as we deliver on the commitments in this Strategy.

The Strategy is also informed by quantitative data and evidence, such as through the Hertfordshire Joint Strategic Needs Assessment (JSNA) section on carers[1] (which was refreshed over the course of the previous Strategy), data from service monitoring, and emerging research.

The strategy is underpinned by Hertfordshire's See the Child See the Adult, See the Adult See the Child Joint Agency Guidance. This guidance states that all services, whether adult focussed or children focussed, must work with professional curiosity with all adults and children in the family network. In doing so all partners will develop services that are more inclusive, visible and responsive to the needs of all family members, and therefore adopt a 'whole family' approach to their work.

**Our vision is that together we will deliver the objectives that carers have identified as most important to them.**

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[1] https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents/unpaid-carers-jsna.pdf

## Objective 1: Be Informed

### Carers said they need:

- information to support them in their caring roles which informs them of their rights and entitlements for both day-to-day aspects of caring and when making longer-term decisions and planning for emergencies.
- staff in all organisations to be trained to help people to recognise themselves as carers, and to help them to find sources of support.
- information, which is readily available when they need it, which includes:
    - options for accessing it out of traditional office hours and online, including for those caring at a distance.
    - information that recognises the diversity of different carers' lives.
    - information which people can find for themselves alongside support to find it, which may involve having a trusted person to help them.
- support should be offered proactively not reactively.

### Action plans will need to achieve the following:

We will increase the range of information available in a range of media that considers digital exclusion, language and other communication barriers, cultural sensitivities and the demands of caring roles on everyday life. This will include a dedicated co-produced webpage for Young Carers. We recognise the work needed to improve the identification of and support to all age carers from the global majority.

Professionals need to be knowledgeable and confident in identifying carers, responding sensitively (considering issues such as trauma), and helping them to access support for them. This may be done in different ways at different organisations and services but should have the same core aims to identify carers and make them aware of support.

Professionals need to know where to find this information so that carers can be made aware to it. This includes being able to use HertsHelp, Carers in Hertfordshire, information from Adult Care Services and Children's Services including how to refer, the Hertfordshire Local Offer, Families First website and Hertfordshire Grid for schools as tools to find community resources that will aid carers to access the information they need to make informed decisions. We will have a training offer which will raise awareness of how to identify all age carers, what information and support can be offered, and how professionals can effectively support carers. We will also develop the Dementia Friendly Accreditation Scheme in Hertfordshire, to better support people who live with dementia and care for those with dementia.

The Special Educational Needs and Disabilities (SEND) Community Activities Directory promotes a wide range of community activities for families and young people with SEND, a comprehensive resource for families and professionals. Tailored for disabled Children and Young People aged 0-25 and their families, this is a valuable tool for finding local activities and support groups in the community. The directory supports disabled Children, Young People and their Families to discover, engage and participate in a wide range of activities. Some activities will also include discounts for families registered on our Herts Card - additional needs database (previously HAND). Over the next 12 months there will be a focus from Children's Services to communicate the directory and Herts Card to parents and carers and to expand the directory's listings. Parents and carers will be consulted on what further information they would like to see conveyed through the directory.

Information about cost-of-living support, benefits, financial planning, deputyships and lasting power of attorney is essential and will be further developed, including through the County Council's carers webpages and via partners.[2]

Information needs to be available in schools, colleges, workplaces, health and care settings. Particular emphasis is needed to better support young carers' transition from primary to secondary school.

> Being a young carer is a role i am very proud of having. It helps me understand that my efforts are not going unnoticed.

> As a carer, I had hoped I might have been sent information or a brochure informing me of services and helpful contacts, etc. A One-Stop-Shop of sorts. Quite often when you try to source information for yourself, it can be a confusing quagmire with links taking you to pages that do not offer the info you need.

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[2] Carers | Hertfordshire County Council

## Objective 2: Life Beyond Caring

### Carers Said:

Caring can affect lots of aspects of your life, including relationships with family and friends, your education/ work, outside interests/hobbies, and your physical and mental health. This can change over time and at key points in the carers' lives and the lives of the people they care for, for example when someone turns 18 or moves into residential care. All age carers want support to reduce the negative impacts and increase choice and control over their caring roles. This includes more choice and control around the frequency and length of carer breaks. It also includes carer-friendly education and employment practices and support to access and retain work, and support to do this.

### Action plans will need to achieve the following:

All services supporting carers – whatever their role - should get to know the carer and their family in the round, to fully understand the caring situation and the wishes and needs of both the carer and the people they care for. Support needs to focus on what the carer wants to achieve and be tailored to them. In the case of young carers, they must be viewed as 'child first, carer second' and caring responsibilities must be age appropriate.

All age carers want clearer information about how to access breaks and time away from caring, with options that are flexible, trusted and good quality. This is especially important where it involves someone else providing care to the person they care for. We will review and update information on these topics.

Every carer will experience changes, such as changes in residential or education settings, or bereavement. The impact of these changes will vary and may be felt across different parts of life such as housing changes or benefit reductions. Carers need information and support at such times.

The County Council and Hertfordshire and West Essex Integrated Care Board have sought to set an example to others by having carer friendly employment practices and monitoring their impact. We will encourage other employers, and

> The support given enables me to have some quality "me" time. It has improved my mental health very much.

> It means the world to me we are so much more than just young carers I just love being able to meet other young carers hear about their story and have a break

educational settings, to adopt similar carer friendly practices, both within health and social care and seeking to influence wider employers too. We will share good practice and resources to support other employers to do this.

# Objective 3: Maintain Health & Wellbeing

### Carers said:

Caring can affect our physical and mental health. Maintaining our wellbeing is important if we are to continue in our caring roles and at times, we will need support with this. Support choices should consider that any disability we may have, our cultural needs, access to health services, and reasonable adjustments for our caring role. Emotionally, we would like more targeted support around managing guilt, prioritising our own needs, planning for life changes, experiencing bereavement, understanding cultural impacts and talking to others in similar situations. There can also be a significant impact on carers when the person they care for does not have or refuses support, which needs to be recognised and supported.

### Action Plans will need to achieve the following:

We will support professionals to make all age carers aware of the available support options from early on in their caring journeys. This will help carers to feel valued and assist carers to look after their own wellbeing, as well as considering the positive aspects of caring roles and relationships. Professionals can help by having a good knowledge of local support that will enable good physical and mental health for carers. This may be one-to-one or group support, including peer support such as local carers groups, which carers tell us are valuable.

Carer wellbeing will be promoted. Professionals need to understand the potential impacts on carers' wellbeing and give consideration as to how best to monitor and support when things become challenging, including supporting where the carer may be experiencing trauma. We will also work with services to identify and consider reasonable adjustments for carers.

Carers highlighted the importance of support for themselves as well as the cared for person in health settings, including GPs/primary care and hospitals. However, experiences can be inconsistent. We will seek to build on existing good practice such as the carers leads at the two Hertfordshire hospital trusts, GP carer champions at some surgeries, and the Young Carers in Schools Award, to better identify carers and offer support through health and education settings.

As a young carer who also has additional needs. Emotional support would be good. This could be done in a group online so everyone that wants to can access it.

Feel more valued in what I do for the one I care for. I feel enriched and better able to help that bit extra on mental and physical levels.

## Objective 4: Receive Consistent, Joined Up Services

### Carers said:

Receiving consistent and joined up services mean that our caring roles are made easier. The involvement of lots of agencies is critical to help us in our caring roles, especially when managing changes between services. However, we would like more joined up working between agencies, so we do not need to repeat our stories to many different professionals. It would be useful to have a simple pathway with co-ordination between organisations that relate to our needs throughout our caring journey. Some of us look after two or more people and have to deal with different organisations, and it is not always clear who does what or who we should contact.

Carers told us that some caring experiences can lead to high levels of stress and also trauma, for example where someone is sectioned. Carers need support at such times and are unsure where to go for this.

### Action plans will need to achieve the following:

We will support professionals to help carers feel respected by listening and offering a dignified and trauma-informed response. Adopting a collaborative and whole family approach, involving carers wherever possible, can aid coordination and lead to better outcomes for carers and those that they care for.

We will encourage all partners to involve all age carers in the development of services, models of care and procedures, especially when different agencies are involved in support and at points of transition for the carer.

We will work to improve the recording of carers' roles on systems so they can be flagged, for example at schools and colleges for young carers, and this will include whether they have other caring roles. We will seek to build systems and a culture that avoids carers telling their story repeatedly. We will work to reduce the need for carers to have their own needs assessed by different organisations and departments, such as where a carer cares for more than one person.

Social Prescribing resources will be more visible so that carers can access support to help them to be healthy and well independently and be helped to navigate systems, helping carers to know about the support available and reduce the times carers need to repeat their story.

The Young Carers Alliance and Covenant will underpin young carer-related actions. The partnership will commit to the principles of No Wrong Door for Young Carers[3] and will work to develop actions so that all carers, young and older, are identified and offered support.

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[3] "No Wrong Doors" for Young Carers - Carers Trust

> To[o] many organisations to chase. [I need] A coherent list with phone numbers that work.

> Happy I can help but glad I get support in school sometimes.

## Objective 5: Being Safe

### Carers said:

Being a carer is an act of care and support, not matter what the age of the carer. Many people take on caring roles willingly and want to support the people they care for the very best they can. However, for some people it can feel like an obligation or like there is little choice but to continue.

Being safe in our caring role is important, but this does not always happen. This can be because of the behaviour of people we care for, or because the person we care for does not want to accept support which in turn adds pressure to us. It can also be due to lack of support or recognition of our caring roles, such as when someone is being discharged from hospital, or when young carers struggle to concentrate in lessons, because of significant pressure and stress in our situations. We want choice about taking on or continuing a caring role, though this can feel very difficult in practice.

Many different people in a family may be involved in caring or impacted by it, and this needs to be recognised and appropriate support offered. For some carers, including young carers, we may be apprehensive about involving services in our situations. Sometimes we may be doubtful that we will get support if we ask for it or feel that the process to get support adds to rather reduces our stress. Some parent carers experience violence from their children and may not seek support for fear of not being trusted or being blamed. ‘Assessments’ can sound like we are being evaluated rather than supported. Some recent research has also looked at the risk of suicide amongst carers, as well as factors that can protect against this.[4] Carers can be involved in higher risk activities, such as managing medication or supporting someone who experiences breakdowns and need support as lay people in these situations.

### Action plans will need to achieve the following:

Caring relationships can unfortunately sometimes lead to either the carer or cared for person being at risk of abuse or harm. Abuse can include domestic and financial abuse. Sometimes abuse may pre-date a caring role or relationship, for example domestic abuse taking place prior to a diagnosis of a condition. These issues are complex and sensitive, and we will work with services to train and support staff to recognise and respond. We recognise that carers can be under tremendous stress but this is never an excuse for Domestic Abuse which is a behaviour underpinned by power and control

Assessment and support for carers and their families should consider these risks and offer appropriate information and support to everyone involved in the caring relationship. For young carers, the Continuum of Need document will support this work. We will work with services to improve practice in this area.

Organisations and professionals working with carers and their families will have robust policies and procedures related to safeguarding. We will work with

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[4] https://www.sciencedirect.com/science/article/pii/S0010440X21000390
and https://www.carersuk.org/press-releases/the-demands-of-caring-pushing-unpaid-carers-to-the-brink/.

partners on focussed training which includes consideration of caring relationships. We will explore supplementing this with additional specialist training.

We will work to improve awareness of where carers can go for support, including when their caring situation may be becoming unsafe. We will work to support carers to understand that carers services are for them, even if they do not relate to the term ‘carer’ and young carer, and that assessments are to support them rather than to assess how well they are caring for someone. We will also work with services supporting people during discharges from hospital to better identify and support carers.

> I don't always feel unsafe, it is only when my brother gets in to bad moods he can get violent.

## The Case for Supporting Carers

Carers are the largest source of care and support in the UK. It is in everyone’s interests that they are supported to help manage their individual and changing needs. The value of the ‘work’ family carers do across the UK has been valued at £132bn, equivalent to £2.4bn in Hertfordshire, if it were to be provided as paid care. This was more recently upgraded to £184bn for the UK.[5]

There is a significant opportunity to offer support early on in someone’s caring role to help them stay healthy and avoid crisis. The majority of carers in the county are caring for between 0-19 hours according to the last Census, presenting an opportunity to provide this early support. We have found however that low-level one-off interventions (to the value of £300-400) accessed via Carers in Hertfordshire can show demonstrable improvements in carers’ wellbeing (as measured by the Warwick-Edinburgh Mental Wellbeing Scale).

However, without support, the impact of caring can be negative and in 2020 Public Health England[6] determined that caring should be considered as a social determinant of health. This is one of the conditions in the environment

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[5] Valuing carers | Carers UK

[6] https://www.gov.uk/government/publications/caring-as-a-social-determinant-of-health-review-of-evidence

in which an individual lives that can affect a wide range of health, functioning, and quality-of-life outcomes and risks. One example they reported was the Patient Survey which revealed that carers are less likely than non-carers to report using 5 or more medicines (polypharmacy), despite being more likely to live with multiple health conditions. This may suggest that carers struggle to access adequate services and support.

It is noteworthy, that two of the ten Adverse Childhood Experiences relate to potential young carers: children who live with someone who misuses alcohol or drugs and someone who has a mental illness.

Below is evidence from the National GP Survey, showing more carers reporting long-term conditions (2024 = 68%, 2025 = 71%), isolation, not feeling supported and having a mental health condition than non-carers. See also the Carers UK State of Caring annual reports State of Caring survey | Carers UK or visit unpaid-carers-jsna.pdf and Young Carers JSNA Briefing

| ***National GP Survey 2021*** | ***National GP Survey 2024*** | ***National GP Survey 2025*** | ***Carers Dashboard*** |
|---|---|---|---|
| ***54%*** *carers had Long Term Condition (47% non-carers)* | ***68%*** *of carers*<br>*(56% non-carers)* | ***71%*** *of carers*<br>*(58% non-carers)* | *Hypertension*<br>*307 per 1000 vs 147 per 1000*<br>*Atrial Fib*<br>*47 per 1000 vs 22 per 1000* |
| ***11%*** *had mental health condition (8%)* | ***17%*** *(11%)* | ***15%*** *(11%)* | *No Data* |
| ***18%*** *arthritis/joints issues (14%)* | ***22%*** *(16% non-carers)* | ***28%*** *(20%)* | *No Data* |
| ***57%*** *- condition limited day-to-day activities (52%)* | ***62%*** *(55%)* | ***65%*** *(57%)* | *Opioid Medication*<br>*132 per 1000 vs*<br>*48 per 1000* |
| ***27%*** *go to A&E when GP closed (25%)* | ***26%*** *(22%)* | ***22%*** *(23%)* | *No Data* |
| ***11%*** *had mobility problems (9%)* | ***16%*** *(12%)* | ***18%*** *(13%)* | *No Data* |

| | | | |
|---|---|---|---|
| ***14%*** *isolated (12%)* | ***10%*** *(6%)* | ***9%*** *(6%)* | *No Data* |
| | | | |
| ***1%*** *had 2+ falls needing med. attention (2%)* | ***3%*** *(2%)* | ***2%*** *(2%)* | *On Frailty Register Mod to Severe*<br>*36 per 1000 vs 13 per 1000* |

Furthermore, several population projections indicate that the population who may have care and support needs is likely to increase in future years. This in turn is likely to increase the number of people in a caring role. The Ageing Well JSNA notes that between 2020 and 2040, the number of people aged 55+ in Hertfordshire is projected to increase by 23.5% (from 351,500 to 434,000 people).

The Learning Disability JSNA notes that the number of adults with learning disabilities in Hertfordshire is predicted to increase by 7.0% to 23,106 adults in 2040 with the biggest increase occurring in the 65+ group (+37.5%).

In terms of young carers, new attainment data shines a light on their educational challenges:

- 23 days of school missed each year
- 38% of young carers are persistently absent (45% in secondary schools)
- Young carers are twice as likely as their peers to be suspended and excluded
- 1 in 10 miss a test or exam because of their caring role
- 51% finished school with GCSE passes in English and maths compared to 65% of non-young carers.

*Young Carers' Health*

Hertfordshire Young People's Health and Wellbeing Survey 2024[7] (n= 14,545 with 10.31% identifying as a young carer (YC))

### Mental health and wellbeing

**15.9%** of all respondents rated their life satisfaction as low. This statistic was **24.1%** for young carer respondents.

**5.6%** of all respondents stated that they never feel hopeful about their future. This statistic was **9.8%** for young carer respondents.

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[7] Dashboard

**9.4%** felt they were overweight while **9.6%** felt they were underweight. From Young carer respondents, **14.4%** felt overweight, and **11.7%** felt underweight.

**14.5%** of all respondents stated that they have self-harmed before. From Young carer respondents, **23.2%** stated 'Yes'.

**35.3%** of respondents answered 'Not sure' or 'No' when asked if they knew how to access support and services for mental health. **64.7%** answered 'Yes'. From Young carer respondents, **60.7%** stated 'Yes'.

## Lifestyle

**14.5%** of respondents reported having ever vaped and **2.4%** reported vaping regularly (once a week or more). For Young carer respondents this was **19.2%** and **4.8%** respectively.

**22.5%** of respondents reported having had an alcoholic drink in the past 3 months and **0.9%** reported drinking 4 or more times a week. For Young carer respondents this was **21.6%** and **2.7%** respectively.

**6.0%** of respondents reported having ever taken drugs and **0.9%** reported taking drugs regularly (once a week or more). For Young carer respondents this was **8.9%** and **2.7%** respectively.

## Bullying

**37.4%** of all respondents stated that they have been bullied before. From Young carer respondents, **47.4%** stated 'Yes'.

**13.5%** of all respondents stated that are currently being bullied. From Young carer respondents, **20.9%** stated 'Yes'.

## Safety

Regarding safety, **3.4%** of respondents felt unsafe going out during the day, **36.1%** felt unsafe going out after dark, **4.3%** felt unsafe at school, and **3.7%** felt unsafe on their journey to school. For Young carer respondents this was **7.0%, 40.4%, 9.5%, and 7.7%** respectively.

We also recognise that many young carers have additional needs (often SEND needs) themselves.

## Government has recognised the importance and vulnerability of families and legislation places the following duties with Local Authorities:

### The Care Act 2014 requires local authorities to:

- Support any carer caring for someone who is resident in that local authority's area.
- Assess a carer's own need for support, regardless of how much care they provide.
- Consider the impact of the caring on the carer.
- Decide whether the carer's needs are 'eligible' for local authority support.
- Provide carers with a personal budget - a statement showing the cost of meeting their needs their needs.

### The Children Act 1989 places responsibilities on local authorities:

- Parent carers are defined as a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.
- The local authority is required to support parent carers' wellbeing, in the same way as other carers covered by the Care Act 2014. The Children and Families Act 2014 places a duty on local authorities to assess a parent carer or a young carer if it appears, they may have needs for support, or if they request an assessment, where the local authority is satisfied that they may provide or arrange for the provision of services under section 17 of the Children Act 1989.
- The parent carers' needs assessment must have regard to the wellbeing of the parent carer (as included in the Care Act 2014) and the need to safeguard and promote the welfare of the disabled child who is cared for, and any other child for whom the parent carer has parental responsibility.

### For Young Carers, under 18, who are caring for adults or children (sibling)

The Children Act 1989, Care Act 2014 and The Young Carers (Needs Assessments) Regulations 2015 require local authorities to:

- Ensure the right to an assessment of needs for support is extended to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it.

- To undertake an assessment of a young carer’s needs for support on request or appearance of need. This must be carried out in a manner which is appropriate and proportionate to the needs and circumstances of the young carer.
- Adopt a whole system, whole council, whole-family approach, making links between children’s and adult’s legislation to enable local authorities to align assessment of a young carer with an assessment of an adult they care for (preventing inappropriate care).
- Assess whether young carers in their area have support needs and, if so, what those needs are.
- Be proactive about identifying young carers in their area and acting to help reduce their need for support through the provision of information and preventative measures (for example in schools).
- Consider when carrying out an adult’s or carer’s assessment, if it appears that a child is involved in providing care, the local authority must consider the impact of the person’s needs on the young carer’s wellbeing, welfare, education and development and whether any of the caring responsibilities the young carer is undertaking are inappropriate.
- Ensure young carers are not left with inappropriate levels of caring – described as ‘anything which is likely to have an impact on the child’s health, wellbeing or education, or which can be considered unsuitable in light of the child’s circumstances.
- Assess a young carer if it is considered that she/ he is likely to have needs for support after becoming 18 and that the assessment would be of significant benefit to him / her. If a local authority decides not to undertake such an assessment it must give reasons for its refusal.

## Ways of Caring

***Someone who provides unpaid help to a friend, family member or neighbour who couldn't manage without their support. They may have a physical or learning disability, dementia, mental health problems, may misuse drugs or alcohol or may be ill or frail. There is also a growing recognition of people affected by someone’s gambling.***

It is important to distinguish carers from paid care workers, foster carers, and from parents/carers of young people without disabilities or additional needs. The Care Act 2014 broadened the definition of an unpaid carer, removing the need for carers to be providing regular and substantial care to someone before they qualify for a carers’ assessment. Caring can also take place at a distance.

***A young carer is a child or young person under the age of 18 who provides or intends to provide care for another person e.g., a parent, sibling or grandparent.*** During engagement activities, young carers have particularly highlighted:

- Young carers must be seen as a child first, carer second, and caring roles must be age appropriate and not excessive
- Need for a diverse range of information and advice, staff training and awareness of carers and local sources of support and understanding of the diversity of young carers' caring roles and experiences.
- Caring roles can impact on school, work/work experience, friendships and bullying, and mental health.
- Transitions from primary to secondary school, considering post 16 options and into adulthood are key periods when extra support is needed.

***A Parent Carer is a parent or guardian of a child who provides more care than other parents because their child has additional needs. Parent Carers will often view themselves as parents rather than carers and may not recognise themselves or be recognised as Parent Carers in this sense***. Parent Carers have particularly highlighted the following issues related to their caring roles when we have spoken to them:

- Mental health and wellbeing of parent carers – more support and understanding needed of the complexities of being a parent carer, specifically around how services work and communicate with them.
- More respite needed – whilst the County Council's Short Breaks Local Offer is good, parent carers felt there needs to be more for families to support parent carers to get respite. Parent carers highlighted the importance of universal services for early identification, including Family Centres, youth clubs and free activities.
- Support for those not able to work due to caring responsibilities – when a child isn't able to access appropriate education, this impacts the whole family. Many parents have to give up work as their child is out of education for a long time.

Carers may care for one or more people with a variety of conditions. The carer may themselves have care needs and two people may be dependent on each other for support.

There are numerous relationship dynamics between carers and the person they care for. These include spousal, sibling, friendship and parental (including young carers supporting a parent), several people caring for one person, and each presents a different set of challenges. Many people do not recognise themselves as carers, seeing themselves as a husband, wife, son, daughter etc. We also know that some groups of carers may be less likely to associate with the term carer, such as those caring for someone with a mental health condition or who misuses drugs or alcohol.

Whilst the living arrangements of the carer and person being cared for can vary, it is acknowledged that proximity is not the measure of a caring role and regardless of where the person being cared for may live, even in a care home or another county, a carer is entitled to support. No matter the type of caring, changes will occur, including ageing, progression of illness, moving home and bereavement.

We want to achieve the outcomes in this Strategy for all carers, and services need to recognise and support the nuances of these caring relationships.

## Profile of Hertfordshire’s Carers

According to the Census (2021), there were approximately 92,800 carers in Hertfordshire which had reduced from approximately 108,600 carers in 2011. Changes over time should be interpreted with caution, as the wording of the question relating to being an unpaid carer differed between 2011 and 2021. Additionally, rules introduced during the coronavirus pandemic may have impacted people’s ability to share caring responsibilities due to the limited ability for households to mix. A higher number of deaths in older people could have potentially reduced the need for unpaid care at the time of the Census.

During the period of the previous strategy, the Joint Strategic Needs Assessment (JSNA) for Hertfordshire was updated to include a new section covering unpaid carers, with a summary available here.

There were 2,525 young carers aged 5-17 identified in the 2021 census, which is considerably lower than estimated in the JSNA report (4,314). This, together with Carers Trust estimate that 1 in 5 school aged children could be young carers and 2025 school census finding 60% of schools in Hertfordshire have no known young carers, suggests young carers are not being identified as well as they could be and therefore potentially not being supported as well as they could be.

## Integrating Carer Support across Organisations

Carers of all ages come into contact with many different types of services (e.g. Health, Social Care, Voluntary and Education settings), therefore, it is vital that all professionals have a good understanding of the impact of a caring role. All services should be united in identifying carers earlier on in their caring journey and promote and have a good awareness of carer support that is available.

NHS organisations and Hertfordshire County Council each have their own separate strategic action plans to improve support to carers, but all have agreed a shared five-point pathway:

| | |
|---|---|
| Identify | • all agencies play their part in carer identification and onward referral |
| Welcome | • carers are welcomed and made to feel valued and respected |
| Assess and support | • providing carer-friendly information and advice, and support in the way which best supports the carer |
| Involve | • carers are listened to in relation to their caring role and have opportunities to influence services |
| Support through change | • carers are supported through complex changes e.g. bereavement, moving in and out of caring, and transition between services |

Hertfordshire County Council Children’s Services’ vision is to support all children and young people to feel they belong and are happy, healthy, and safe so they can thrive with their families and community. This vision is aligned to Children’s Services Outcome Bees Framework. Young Carers partners are committed to continuing to work in partnership to ensure children and young people with caring responsibilities will be protected from inappropriate and excessive caring, and have access to support they need to learn, develop, be happy, be safe, be healthy, be resilient, be ambitious, be independent and be included.

Children’s Services have established a termly Community of Practice group with schools (primary and secondary) to share what works to support young carers in education settings. A Young Carers data dashboard is also being established to further embed a culture of shared responsibility across the young carers partnership.

Voluntary and community sector organisations meet together with health and social care representatives in the Hertfordshire Carer Organisations Network to share information and work together to make support more joined up.

## An Inclusive Carer Strategy

Whilst this Strategy has been written to encompass all age carers, it is recognised that there are differences that may need to be considered in organisations' action plans. For example, it is reported that carers from global majority backgrounds were more likely to state that the services in their area did not meet their needs.[8]

The partnership will work together to monitor uptake from different communities and work to proactively engage with groups that are less represented. This may involve targeted pieces of work or commissioned projects.

The needs of a carer can be dependent on many things and a Carer's Assessment or Family Assessment will help individuals identify what matters most to them and what support is required.

Although being a carer is not a protected characteristic within equalities legislation the people they support often do have protected characteristics. It is also important to consider how caring intersects with protected characteristics such as ethnicity, age and disability.

Co-production of this Strategy has heard from many different carers' experiences and the objectives identified seek to reflect a range of backgrounds and scenarios e.g. Parent Carers, Young Carers and Working-Age Carers and Disabled Carers. Where there are nuances in practice, there is a common thread that runs through many lived experiences, and these will help shape the support options available to the carers of Hertfordshire.

## Recent Developments

Much work has been done through the 2022 - 2025 Carers Strategy with valued input from carers, carers organisations, and wider public and voluntary sector partners.

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[8] carersukbamecovidreport2022.pdf

## Developments impacting adults caring for adults include:

- Implementation of actions for carers in the Hertfordshire County Council Adult Care Services 15-year plan and 4-year plan.
- Connected Lives assessment framework & Adult Care Services Practice Principles, including the introduction of regular audits of practice. We have also introduced monthly 'Your Views' surveys of carers who have received support from us to ask for their feedback.
- Regular reviews of information and advice, done together with carers and partners, resulting in improved leaflets and webpages for carers. These include our Carers Assessment leaflet, Carers in Case of Emergency Plan leaflet, developing new videos on these topics, and updating the Council's carers webpages.
- New leaflet on supporting carers' mental health and emotional wellbeing.
- Ongoing commissioning of support from the voluntary and community sector, including Carers in Hertfordshire.
- Free breaks of up to 18 hours prior to Carer Assessments of longer-term support needs.
- Review of carers breaks contracts for short, regular breaks in someone's home, followed by a re-commissioning exercise to address issues carers raised, such as out of hours provision, provision in rural areas, and lack of continuity of care.
- Carer awareness training to organisations, commissioned through Carers in Hertfordshire's Carer Trainer Unit.
- Carer practitioners and champions within Adult Care Services teams supporting good social care practice.
- Carers Leads at both acute hospital trusts supporting carers in hospital settings and during hospital discharge, with services established to support carers and grown over the period of this strategy.
- Support to Carers Champions at GP surgeries across the county, delivered by Carers in Hertfordshire using funding from Hertfordshire County Council.
- Work with primary care and Health and Care Partnerships (HCPs) such as the Enhanced Commissioning Framework to include carer identification and support in primary care.

- Innovation through assistive technologies offering new ways for carers to be assured about the safety and activities of people they care for, either from another room or even another location.

- Developing a pilot to trial new ways to support carers with longer-term planning for the future. We will complete this work and evaluate its findings.

- Projects to support outreach to carers from a range of background and communities, including those of South Asian heritage, the LGBTQIA+ community, and gypsy and traveller community.

## Developments impacting Young Carers and Parent Carers include:

- Increase in number of young carers identified in schools from 837 in 2023 to 1483 in 2025.

- Updated the Whole Family assessment framework, including young carer registrations to increase early identification of young carers and transition assessments by Children's Services.

- Embedded young carers registration for all identified young carers with regular review to monitor changes in their caring role and needs to ensure continued support.

- My Young Carers Health Journal produced, launched and promoted to all primary schools in Hertfordshire.

- Embedded young carers support pathway within Early Help Strategy and delivery framework.

Updated the Families First website – an online repository of local early help offers for families, including support for young carers and their families.

- Improved data collation through development of young carers workflow enabling accurate data on young carers being supported in the county.

- Development of a young carers Local Offer information leaflet and webpages.

- Access to personalised commissioning through Families First Assessment.

- Successful pilot work with schools to promote a whole school approach to identifying and supporting young carers.

- Rolled out young carers awareness training to increase awareness and identification of young carers by professionals in the county.
- Re-establishing the young carers mentoring project.
- Improved levels of multi-agency involvement in developing strategic improvements with a better understanding of the need to develop a 'No Wrong Doors' approach for young carers.
- Development of practice guidance for professionals to increase early identification and support of young carers.
- Young carers included in targeted support to children, young people and their families to access holiday clubs, known as Happy Camps.
- Developed and launched a new e-learning module to skill up professionals to identify and support young carers in their day-to-day work.
- Co-produced new initiatives supported by the voice of Young Carers including the Young Carers' Council.
- Successful popular annual in-person Young Carers Conferences which have all been sold out after having had to rely on Virtual approaches to getting together during Covid-19.

## Next Steps & Monitoring Impact

The County Council, health and other relevant partners will develop an Action Plan for 2026-28. This will include commitments that span organisations and need joint effort to deliver. It will need to link to individual organisations' strategies and plans, and partners will be asked to sign up to shared commitments and to share their individual projects. The Action Plan will be a living document that will be reviewed and updated regularly focusing on the progress against the key actions.

### For Adult Carers

Progress will be monitored by the multiagency Carers Strategy Steering Group which will establish subgroups for specific areas of work. The Steering Group regularly discusses live issues that have been raised through the Carers Reference Group. Measures of progress must be meaningful to carers and reflect the difference they have actually experienced. These might include:

- Surveys by ACS and carer organisations giving qualitative feedback.
- GP survey results
- Outcome measures of changes reported by carers after receiving services
- Numbers and demography of carers helped by specific services.

The Carers Strategy Steering Group will work with the other condition specific Strategy Steering Groups to highlight and consider carers' needs.

## For Young Carers

Progress and delivery of the Young Carers element of the Strategy through a Young Carers partnership Action Plan, which will be monitored by a multi-agency Young Carers Steering Group led by Children's Services which meets every two months to monitor and review progress. This group works to seek feedback from young carers and hear young carer's voices, including through the annual young carers conference, workshops and surveys of young carers and their families. Progress will be measured through:

- Lived experiences, captured through:
- Young Carers surveys
- Health and Wellbeing survey,
- Feedback from young carers receiving support reporting improved outcomes and reduction in inappropriate care
- Young Carers annual conference
- Young Carers data dashboard, which will report on:
    - Numbers and demography of young carers identified, registered and accessing support from organisations and commissioned services
- Numbers and demography of schools supported to adopt a 'whole school' approach to identifying and supporting young carers
- Numbers and demography of young carers supported through transition
- Numbers of professionals accessing training to enable the early identification and support for young carers.