

**Healthwatch B&NES Community Pot
Final project report 2018-19**

SECTION A: YOUR ORGANISATION

1. Name of Organisation	BaNES Carers Centre
2. Full Address of Organisation (for correspondence)	1 Riverside cottages Radstock Bath BA2

3. Contact details

Main Contact for reporting	
Name	Claire Abrahams
Position	Senior Services Manager
Telephone	
Mobile	
Email	

SECTION B: THE PROJECT

4. Focus of project

- Please state clearly what issue(s) your project looked at.
- Were these the issues that you had planned to focus on?
- If not, please explain what the project focused on and how and why the focus changed.

During our time working on this project Carers Voice came together on a monthly basis to identify and proactively address issues faced by carers and users of Health and Social Care, and be proactive in finding and co-producing positive solutions to overcome these difficulties.

The initial few meetings were training and strengthening the core group in participation and how they can have a positive impact in their community. We explored what a community really is and relationships between carers and the community they come into contact with.

We then looked at the issues that Carers face and the group discussed how they would prioritise these issues. The biggest issue that carers felt they were facing is a lack of knowledge around what they should or could expect from health and social care providers, not only in statutory services but also in the voluntary sector.

A failure of some services to accommodate the specific needs of carers were also identified, with appointments being highlighted as an area of concern. Please see attached report for further details.

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5. What did you do?

- Using your Memorandum of Understanding for reference, please tell us what progress was made against each of the activities that were due to be delivered through this project - including numerical data for outputs where agreed.
- Please include details of any factors that contributed to or impeded the achievement of the agreed outputs.
- If the agreed outputs were not achieved, please explain the reasons why and any actions that were taken to try to address this.

NB - Please include any photos, video links, examples of surveys, media and communications used etc to illustrate what you did in the box below or attach them as an appendix.

Using Learn to Lead to facilitate, we engaged 10 young carers through our SOYC (Speak Out Young Carers) group and 40 adult carers through our Carers' Voice group. Both groups were trained in group led projects, facilitation and co-production skills. The adult carers then led a programme of work deciding what was the most challenging issues which were affecting carers today. They came up with a number of issues which they prioritised.

The adult group met 6 times in total, working on an action plan to address the identified issues. The group now have an action plan which we will be taking forward with them. Please see attached report for further details.

We did face some difficulties during the project with a change in staffing, which meant our Participation Officer post was vacant for some time. We felt that to try and continue at that time without giving the project its full attention was not fair on any of the stakeholders involved. We communicated this difficulty with Healthwatch at the earliest opportunity, and negotiated a new time frame for the project. We were able to recruit a new Participation Officer who was fully committed to ensuring the project was successful.

Progress against the outputs are as follows:

- 1) **BCC will work with Learn to Lead to train 20 young and adult carers:**
Overall we had 10 young carers and 40 adult carers involved in this project.
- 2) **Carers will be involved in the designing the project alongside BCC and Learn to Lead:** Carers were absolutely at the heart of leading this project. Every step of the journey was directed by the carers. Please see the attached report for information on how carers helped to design the project.
- 3) **A minimum of five monthly sessions will be held by Learn to Lead to train carers, develop their leadership skills and proactive work plans:** 6 sessions were held in total. We held sessions in January, February and the project was then put on hold. We resumed sessions in September and met monthly up to and including December. The attached report gives a clear overview of the session contents.
- 4) **A further session will be held with carers to review the project and plan implementation of work plans:** This was held in December. Although Healthwatch

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did not attend this session, they have been included in the workplan as a key partner to help the group achieve its goals. See attached action plan.

- 5) **The issues identified by carers, and their plans to address them will be shared with Healthwatch so that they can be shared with Healthwatch England: Please see attached report for issue which carers felt were a priority that needed addressing.**
- 6) **BCC will share their findings in a written report which will be submitted to Healthwatch B&NES: Report attached.**
- 7) **7) BCC will record the following information about the project's participants: - Demographics to be recorded for carers and dependant (where known): See section 9.**

8) What did you find out?

- Please outline the key findings from your project, considering:
 - key themes from the feedback that you received
 - themes related to any particular health and social care services that participants said that they used
 - what participants said worked well (with regards to health and social care)
 - where participants felt things could be improved (with regards to health and social care)
 - any conclusions or recommendations that your organisation would like to make based upon the feedback that you have received (please try to make these SMART - if you would like to discuss these further please do not hesitate to get in touch with us)

NB - Please include any relevant survey data, tables/ graphs, case studies etc to illustrate what you learnt in the box below or attach them as an appendix.

Please see the attached report, which I believe covers the questions asked here. If there is anything else you would like to know, please do not hesitate to contact me to discuss.

9) Demographic information

- Using your Memorandum of Understanding for reference, please report who you engaged with through this project, including any agreed questions such as:
 - postcode
 - age range
 - disability
 - carer etc
- Did you identify any differences or themes in the experiences of different demographic or protected characteristics groups (i.e. that might suggest barriers to and/or potential inequalities in access to health and social care services)

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- All Carers involved were from across the B&NES area. Postcodes of those involved includes BA1, BA2, BA3,BS39, BS40.
- The young carers SOYC group age range is from 6-17 years old, with a good mix between these ages. The Carers Voice group are from 44-78, with a good spread between these ages. We recognise a lack of representation between 18-43 year olds. Despite efforts to engage using other methods such as joining meetings using video calling or offering evening meetings for those who might be working, we have been unable to engage this age range. Working carers have particular difficulties in accessing other commitments, as they are either working or caring and have very little time between. This is something we will continue to work on.
- We know of 2 adults within the group who identify as disabled, and 2 children with SEN.
- All members are either currently carers or have been carers in the past.
- We have one member who actively identifies as LGBTQ+
- We have a minimum of 3 members who identify as BAME.

10) Outcomes - please tell us how this project has impacted those people who took part?

***NB** - If you have any testimonials or quotes that you would like to share to demonstrate the outcomes that your project achieved, please include them in the box below or attach them as an appendix.*

The group have been learning how to become more pro-active and work on the issues which they feel are priority. This has led to an increased confidence in individual members and the group as a whole. In the attached report, it is identified that carers feel listened to by the Carers Centre and feel that they are able to have the voice to make positive change in the lives of other carers as well as their own.

I have also notice how the group are very engaged with this new way of working, and as such this has delivered energy to the group.

Case study to follow.

11) Considerations

Did you have to take any steps when designing and conducting the project to ensure the safety and wellbeing of your participants? If yes, please explain what these steps were and how you overcame them. Example areas include: Data Protection, Ethical considerations, safeguarding etc.

All carers who are registered with the Carers Centre are informed of our data protection policy. Both groups also have terms of reference, understanding that carers within the group may share personal stories, and the group as a whole must respect each other's privacy and not share with anyone outside of the group.

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We did not have any safeguarding issues during this project, however all staff are trained to Level 2 (Safeguarding leads are trained to level 3) and understand the importance of following our safeguarding procedure's.

12) Next steps...

What action do you think needs to be taken now to share the feedback/ conclusions/ recommendations from your project and help to improve people's experiences of health and social care services in B&NES?

- Please refer to your Memorandum of Understanding for any actions that had been agreed between your organisation and Healthwatch B&NES.
- Please let us know if your organisation is planning to carry out further work in this area.
- Please let us know if there is anything further that could be done in partnership with Healthwatch B&NES. We are very happy to work with you to escalate feedback, best practice and concerns where required.

In the attached report carers have identified the need to make changes in the appointment systems to ensure carers and their loved ones are taken into consideration when attending appointments. Carers Voice would like to work with partners (some yet to be identified), including Healthwatch, to try and make changes happen. They would also like to ensure that carers are identified on the future Integrated Care Records. We will continue to work closely with Healthwatch over these plans.

Carers Voice and SOYC are also very keen to continue to be the voice of carers for Healthwatch, and where applicable happy to get involved with any research opportunities which may arise going forward.

13) Working with Healthwatch B&NES

This is the first time that we have run a small grant scheme for VCSE organisations. We very much hope to be able to continue this funding stream and build relationships with partners across B&NES. We would therefore be very grateful for your thoughts on which elements of this process have worked well and if there was anything that you think we could improve on or do differently next time.

It has been a pleasure working with Healthwatch B&NES on this project. Despite our difficulties and changes in staffing in the middle of the project, we have found Healthwatch to be flexible and happy to assist to make the most of the funding. We look forward to a continued close relationship, and working together to raise the voice of carers across the county. Thanks you.

