

Agenda

Health and Wellbeing Board

Wednesday, 29 June 2022 at 5.00 pm
At Council Chamber - Sandwell Council House, Oldbury

This agenda gives notice of items to be considered in public as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

1 Apologies for Absence

2 Declarations of Interest

Members to declare any interests in matters to be discussed at the meeting.

3 Minutes

5 - 14

To confirm the minutes of the meeting held on 13 April 2022 as a correct record.

4 Additional Items of Business

To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered at the meeting as a matter of urgency.

5 Suicide Prevention Strategy and Action Plan 2022-2025

15 - 48



To endorse the Sandwell Suicide Prevention Strategy and Action Plan 2022-2025 for approval by the Cabinet on 20 July 2022.

- | | | |
|---|---|-----------|
| 6 | Joint Carers Strategy 2022-2026 | 49 - 116 |
| | To approve the Sandwell Joint Carers Strategy 2022-2026. | |
| 7 | Beyond the Stigma Project | 117 - 130 |
| | To receive details of 'Beyond the Stigma' project, focused on challenging stigmas associated with mental health among women in South Asian communities in Sandwell. | |
| 8 | Update on Development of Autism Strategy | 131 - 132 |
| | To receive details on progress in developing an overarching Autism Strategy for the Borough. | |
| 9 | Health and Wellbeing Board Strategy Update | 133 - 134 |
| | To receive an update on progress in refreshing the Health and Wellbeing Board strategy and ensuring it is aligned with strategies of Health partners across the Borough and regionally. | |

Kim Bromley-Derry CBE DL
Managing Director Commissioner
Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution

Voting Members

Councillor Hartwell (Chair)
Councillors Hackett, Padda and Piper.

Board Members:

Black Country and West Birmingham CCG: Dr Hallan (Vice-Chair), Dr Aslam, Dr Mavi and M. Carolan

Healthwatch Sandwell: P Griffin

Faith Sector Rep: R Muflihi

Non-Voting Members

Councillors E M Giles and Shackleton

Rashpal Bishop - Director of Adult Social Care

Michael Jarrett - Director of Children's Services and Education

Lisa McNally – Director of Public Health

Discretionary Members

Richard Beeken – Sandwell and West Birmingham Hospitals NHS Trust

Marsha Foster – Black Country Healthcare NHS Foundation Trust

Emma Taylor – Sandwell Children's Trust

Mark Davis – Sandwell Council of Voluntary Organisations

Chief Superintendent Ian Green – West Midlands Police

Matt Young – West Midlands Fire Service

Contact: democratic_services@sandwell.gov.uk

Information about meetings in Sandwell



If you are attending the meeting and require assistance to access the venue, please contact Democratic Services (democratic_services@sandwell.gov.uk).



If the fire alarm sounds, please follow the instructions of the officers present and leave the building by the nearest exit.



Only people invited to speak at a meeting may do so. Everyone at the meeting is expected to be respectful and listen to the discussion.



Agendas with reports with exempt information should be treated as private and confidential. It is your responsibility to ensure that any such reports are kept secure. After the meeting confidential papers should be disposed of in a secure way.



This meeting may be recorded and broadcast on the Internet. If this is the case, it will be confirmed at the meeting and further information will be provided.



You are allowed to use devices for the purposes of recording or reporting during the public session of the meeting. When using your devices they must not disrupt the meeting – please ensure they are set to silent.



Members who cannot attend the meeting should submit apologies by contacting Democratic Services (democratic_services@sandwell.gov.uk)



All agenda, reports, minutes for Sandwell Council's meetings, councillor details and more are available from our [website](#)



Sandwell Health and Wellbeing Board

13 April 2022 at 5.00pm

Held at the Council Chamber, Sandwell Council House.

Present:

Sandwell Metropolitan Borough Council (SMBC)

Councillor Suzanne Hartwell	Chair and Cabinet Member for Adults, Social Care and Health
Councillor Zahoor Ahmed	Cabinet Member for Housing
Councillor Karen Simms	Cabinet Member for Children and Education
Councillor Anne Shackleton	Chair of Children's Services and Education Scrutiny Board
Lisa McNally	Director of Public Health

Black Country and West Birmingham Clinical Commissioning Group (CCG)

Michelle Carolan	Managing Director Sandwell
Adele Hickman	Head of Primary Care and Place Commissioning (Sandwell)

Healthwatch Sandwell

Alexia Farmer	Healthwatch Sandwell Manager
Sophie Shuttlewood	Projects and Partnership Lead

Multi-Faith Sector Representative

Ragih Muflihi	CEO, Yemeni Community Association
---------------	-----------------------------------

Stuart Ashmore	Deputy Chief Executive Sandwell Council of Voluntary Organisations
----------------	--

Officers and Invitees in attendance

Laura Brookes	System Clinical Transformation Lead, Black Country Healthcare NHS Trust
Tonia Flannagan	Chief Executive – St Albans Community Association
Darren Fradgley	Director of Integration, Sandwell and West Birmingham NHS Hospitals Trust



Sandwell Health and Wellbeing Board 13 April 2022

Maxine Groves	Senior Commissioning Manager Dementia
Christine Anne Guest	Service Manager Adult Social Care
Justin Haywood	Operations Manager – Adult Social Care Commissioning
Kuli Kaur-Wilson	Chief Strategy and Partnerships Officer, Black Country Healthcare NHS Trust
Stephanie Lacey	Public Health Registrar
Steve Marshall	Director for Mental Health Integration and Transformation, Black Country and West Birmingham CCG
Lina Martino	Consultant in Public Health
Margaret Davis	Sandwell Cope Voluntary Organisation

12/22 Apologies for Absence

Apologies were received from Councillors Crompton and E Giles; Dr Sommiya Aslam (CCG), Mark Davis (Sandwell Council of Voluntary Organisations) and Marsha Foster (Black Country Healthcare NHS Foundation Trust).

13/22 Declarations of Interest

There were no declarations of interest made.

14/22 Minutes

Resolved that the minutes of the meeting held on 23 February 2022 are confirmed as a correct record subject to the replacement of reference to “Way to Go” with “Weigh to Go” in Minute No. 5/22.

15/22 Faith Sector Representative Introduction

The Director of Public Health introduced the new faith sector representative to the Board. The appointment had been approved by the Council at its meeting on 18 January 2022.

Sandwell was one of the first, if not the first, Health and Wellbeing Board in the country to have a faith sector

representative as a voting member on the Board. This was in recognition of the faith sector's positive contribution to the management of the covid-19 pandemic and the successful delivery of Sandwell's vaccination programme.

Mr Muflihi reflected on the difficult decisions that had had to be made during the pandemic, and the positive partnerships that had developed across all faith and community organisations as a result. He outlined the thematic workstreams that the multi faith group would be focussing on, which included faith sector advocacy, tackling health inequalities, mental health, bereavement, end of life support and spiritual care, homelessness, equality and diversity, drug and alcohol abuse, youth engagement, immigration and employment. The meetings of the multi-faith group were attended by partners such as the police, health and other local agencies to ensure a joint-up approach.

He also introduced the Maternity Navigator for the Yemeni Community Association who outlined the Starting Well Scheme, which was a partnership of community organisations and maternity services across Sandwell and West Birmingham supporting expectant mothers to access maternity services as soon as possible, to support a healthy pregnancy and the best start in life for their child.

Members welcomed the addition of a faith representative to the Board.

16/22 The Joint Carers Strategy 2022-26

Further to Minute No. 17/21 (of the meeting held on 30 June 2021) and Minute No. 24/21 (of the meeting held on 22 September 2021), the final draft of the Sandwell Joint Carers Strategy and Action Plan 2022-26 was presented to the Board.

Feedback received at Health and Wellbeing Board meetings in June and September 2021 had been incorporated, as well as feedback from various engagement exercises with carers, carer organisations, and partners.

The engagement with carer support organisations included collating personal 'I Care Statements' from carers themselves, affording the opportunity for carers to be directly involved in the co-production of the Strategy.

The Strategy would now be submitted for endorsement through partners' respective governance channels before being presented to the Board for approval in June 2022.

The Board heard from a young adult carer, a representative of Sandwell Cope (an organisation supporting carers) and a parent carer, on their experiences. The Board noted the follow key points from their presentations:-

- Young carers in Sandwell were not having their needs assessed, as required by the Children and Families Act 2014.
- There was estimated to be 624 young carers in Sandwell.
- Young carers required support to ensure that they were able to complete their education and access further education and training opportunities to ensure that they were not disadvantaged.
- More integration was needed between the local authority and charities supporting young carers.
- There was a lack of respite opportunities for parent carers.
- Sandwell Cope was a voluntary support group for carers established by carers, providing training for carers on such matters as learning disabilities, mindfulness, relaxation etc.
- During the pandemic period there had been little to no respite for parent carers as children were not able to physically attend school.
- The pandemic had been very disruptive for children with learning disabilities and their families due to loss of/changes to routines.
- Parent carers needed more support and opportunities to go to work.
- It was frustrating for carers when having to explain their situation over and over to the different professionals they came into contact with.

Sandwell Parent Carers estimated that there had been a 91% increase in parent carers during the pandemic. It was also estimated that the intensity of the care provided had increased. It was noted that in some communities people did not identify as carers though, due to cultural norms.

The Director of Public Health undertook to collate data on young and parent carers in Sandwell and the increase in both numbers and need during the pandemic, to map out those needs.

Social isolation was discussed as a key theme for all carers and rebuilding social connections was the number one priority post-pandemic. The Director of Public Health reported that Sandwell Council of Voluntary Organisations (SCVO) had been given funding to distribute to the voluntary and community sector to address this. She also undertook to discuss the option of a joint ring-fence fund with the Director of Children and Education to further support carer's groups.

The Director of Integration at Sandwell and West Birmingham NHS Hospitals Trust expressed gratitude for the hidden workforce of carers who were propping formal services. He reported that the Trust had recognised the frustration that carers experienced in having to re-tell their story over and over and in response was developing a shared health and care record. He undertook to meet with carers groups and individual carers to further discuss their experiences, concerns and needs and how to take the conversation forward.

The Chair thanked everyone for their attendance and their openness in sharing their experiences. She undertook to write to the Secretary of State for Health and Social Care to raise the issues discussed.

17/22 Sandwell Pharmaceutical Needs Assessment 2022

Further to Minute No. 16/21 (of 30 June 2021), the Board received an update on the development of the Pharmaceutical Needs Assessment for 2022.

Resolved that public consultation be undertaken on the Sandwell Pharmaceutical Needs Assessment 2022.

[Councillors Ahmed and Simms left the meeting following consideration of this item. The remainder of the meeting was therefore inquorate].

18/22 Update on the Delivery of Sandwell Dementia Commissioning Strategy 2019-2025

Further to Minute No. 34/21 (15 December 2021), the Board noted an update on the delivery of the Sandwell Dementia Commissioning Strategy 2019 – 2025, in line with its four key themes:-

- Training and awareness raising
- Improved information advice and sign-posting
- Pre and post diagnostic support
- Dementia Friendly Communities

The Training2care “Dementia Virtual Reality Bus” had been commissioned in November 2021. The bus provided a very powerful experience, giving people with a healthy brain the opportunity to experience what it was like to live with the effects of dementia. 36 people, including professionals, had experienced the bus and it was hoped that further opportunities would be made available during 2022/23 and ultimately for Sandwell to have its own bus.

A dementia road map had been developed by NHS for Sandwell in 2020 which provided living well advice, bringing together all available support services within the six towns of Sandwell. However, this was not easily accessible for everyone. A handbook “My Future Care Handbook” was therefore being produced for Sandwell, based on the Kent model, which had been developed by carers in collaboration with professionals. The handbook would provide a comprehensive guide in terms of people planning their future care needs around dementia. Focus groups were being established to get feedback on the draft.

The Board heard an overview of the dementia-friendly communities project, being developed by St Albans Community Association. A Single Point of Access and early contact with

people developing signs of dementia through Dementia Navigators allowed for evaluation of future needs at an early stage. The service was being integrated with primary care and secondary care services to reduce the risk of people falling through the cracks. A holistic approach was key, involving all family members affected by their loved one's diagnosis. The six week programme supported families to have difficult conversations early on after diagnosis, so that important decisions could be made before crisis point hit.

The following was noted in response to questions and comments:

- St. Albans represented an example of gold national standard in terms of integrated work between health, social care agencies and voluntary sector that should be emulated in Sandwell.
- Stigma associated with dementia persisted in BAME communities and organisations such as Inclusive Muslim Action Network were working with the communities concerned to change people's perception around dementia.
- St Albans Community Association currently had a project to look at community buildings to ensure they could be made dementia friendly.
- An update would be provided to the Board on the developments at Walker Grange to make it a Dementia focussed facility.

19/22 Mental Health Lead Provider Arrangements and Community Mental Health Transformation

The Board was informed of the new provider arrangements for mental health services in the Borough, brought about as a result of changes to commissioning outlined in the Health and Care Act 2021.

Subject to parliamentary approval, in July 2022 the new Black Country Integrated Care Board (ICB) would assume the duties of the existing Clinical Commissioning Groups in the region. Through this change, the Black Country Healthcare NHS Foundation Trust (mental health trust), would become the lead

provider of mental health services and determine the best arrangements to deliver mental health outcomes through collaborative working with partners and engagement of local communities.

The Black Country footprint of the new ICB would result in reduced clinical variation and variation in commissioning and provision of NHS mental health services across the Black Country. The Trust would be developing a set of service user outcomes to measure whether people in crisis and family carers were being treated with dignity and sensitivity and ensure that service failures were addressed much more promptly.

The next stages of work were to focus on improving the learning disabilities and autism mental health provision.

The new community model of mental health was underpinned by five golden threads:

- Easy and fair access to services – Mental health services suited to person's individual needs.
- No more gaps – Seamless transition between services to enabling continual care.
- Better community support – Working in partnership with the voluntary and community organisations to provide rounded support of mental health needs in the community.
- Better reintroduction to services – Simplified access to services after finishing treatment, if required, to avoid having to 'retell the story' to multiple professionals.
- Reduced waiting times – A holistic personalised plan of care within four weeks of assessment.

The model of support was based on the Maslow Hierarchy of Needs which was based on the premise that people's basic needs (access to basic resources) had to be addressed first before mental health therapy could become effective. This necessitated looking at mental health from the angle of wider determinants of health.

It was highlighted that many people with complex mental health needs also experienced multiple comorbidities. Therefore, the new model aimed to involve a wide range of organisations, including an inpatient nurse at mental health support locations.

The following was noted in response to questions and comments:

- The holistic and integrated approach to mental health provision, that looked for both physical and psychological wellbeing of people, was welcomed.
- Your Health Partnership was doing some work on the physical health of people with mental health issues.
- Smooth transition points between services and pathways was paramount.
- It was felt that following the abolition of Primary Care Trusts (PCTs) mental health provision had declined significantly and the voluntary sector had had to step in.
- Funding grassroots projects represented a good example of how tackling mental health problems needed to start with tackling everyday problems.
- Tackling mental ill health was not just about clinical interventions, but also the wider determinants of health. A mindset shift was necessary and the new provider would have the funding to work with partners across the Black Country to provide seamless interventions between tiers.

20/22 Integrated Care System Progress Update

This item was deferred.

It was noted however that the entire meeting was in a sense about integrated care and the conversations had provided a great deal of material for the place-based partnership in terms of shaping the Integrated Care System. .

21/22 Primary Care Access Update

The Board noted that primary care in Sandwell continued operating extended hours and with extra evening appointment slots available. Practices remained open for physical visits throughout Sandwell.

A more data focused report would be presented to a future meeting.

Sandwell Health and Wellbeing Board 13 April 2022

Meeting ended at 7.32pm

democratic_services@sandwell.gov.uk



Agenda Item

**Sandwell Health and Wellbeing Board
29 June 2022**

Report Topic:	Sandwell Suicide Prevention Strategy & Action Plan 2022 - 2025
Contact Officer:	Dr Lina Martino, Consultant in Public Health lina_martino@sandwell.gov.uk
Link to board priorities	<p style="text-align: center;">1. We will help keep people healthier for longer</p> <p>Suicide is the leading cause of death for men under 50, and even one death by suicide can have wide-reaching impacts across families and communities. Every suicide prevented can have a positive impact on many more people. The Strategy & Action Plan include a range of measures to prevent deaths by suicide, balancing universal action to improve wellbeing among our residents with more targeted action to ensure that they are supported in their communities to access the help they need.</p> <p style="text-align: center;">2. We will work together to join up services</p> <p>The Sandwell Suicide Prevention Strategy & Action Plan have been developed through the Sandwell SP Partnership, which includes representation from across services and sectors that contribute to improving population mental wellbeing and preventing suicide. The Strategy & Action Plan have a much wider focus than mental health services, recognising the complex relationship between the various factors associated with risk of suicide. A key focus is on improving partnership working and information sharing so that we can act early to prevent suicide,</p>

	<p>residents are always able to access the help they need.</p> <p>3. We will work closely with local people, partners and providers of services</p> <p>The recommendations on which the updated Strategy & Action Plan are based are underpinned by the Sandwell SP Needs Assessment, which was informed by engagement with local service providers and people with lived experience. We have worked with local service providers and voluntary & community organisations to develop the draft Strategy & Action Plan, which has been refined further through wider stakeholder and public consultation.</p>
<p>Purpose of Report:</p>	<ol style="list-style-type: none"> 1. Update the Board on intentions to take the draft Strategy & Action Plan to Cabinet in July 2022. 2. Obtain approval from the Board to publish and promote the Sandwell Suicide Prevention Strategy and Action Plan, subject to formatting and any revisions required by the Board and Cabinet.
<p>Recommendations</p>	<ol style="list-style-type: none"> 1. For Health & Wellbeing Board to endorse and approve the publication and promotion of the Sandwell Suicide Prevention Strategy & Action Plan 2. To endorse the ongoing work of the Sandwell Suicide Prevention Partnership to deliver these actions.
<p>Key Discussion points:</p>	<ul style="list-style-type: none"> • Sandwell had a preliminary Suicide Prevention Strategy and Action Plan which were drafted at the start of 2020. A local Suicide Prevention Needs Assessment was carried out to re-assess the local

	<p>situation and current programmes of work in light of the impacts of the COVID-19 pandemic. The findings and recommendations were endorsed by Health & Wellbeing Board in September 2021.</p> <ul style="list-style-type: none"> • The local Suicide Prevention Strategy & Action Plan were updated through the Sandwell Suicide Prevention Partnership, and links to the Black Country-wide Suicide Prevention Plan have been developed with the Black Country Suicide Prevention Group, which identifies common priority areas to be addressed through NHSE/I Suicide Prevention funding. • The principal priority is that by 2030, no-one will die of suicide in Sandwell. This ambition is also a key priority for the Sandwell Good Mental Health Strategy, reflecting the importance of good mental health in delivering an effective suicide prevention plan. These form part of a suite of interlinked strategies that also include Autism, Dementia and Child Mental Health. • The draft Strategy & Action Plan were released for public consultation on 20 December 2021 for the statutory 60-day period, supported by a communications plan to ensure maximum reach and representation across our diverse communities. Feedback has been incorporated into the revised draft. • This draft will also go to Cabinet in July 2022 and will be formatted for publication once any final changes have been made.
<p>Implications (e.g. Financial, Statutory etc)</p>	
<ul style="list-style-type: none"> • The Care Act (2014) set out a statutory duty for Local Authorities to promote wellbeing, including mental and emotional wellbeing. • Preventing Suicide in England: A Cross-government Strategy to Save Lives (2012) was updated in 2017 to clarify the role of local authorities in 	

suicide prevention, including an expectation that every local authority would have its own multi-agency suicide prevention plan.

What engagement has or will take place with people, partners and providers?

- The updated draft Suicide Prevention Strategy & Action Plan were informed by engagement with local service providers and people with lived experience. We worked with local service providers and voluntary & community organisations to develop the consultation draft.
- The draft Strategy & Action Plan were released for public consultation on 20 December 2021 for the statutory 60-day period, supported by a communications plan to ensure maximum reach and representation across our diverse communities. We also worked with voluntary and community sector organisations to engage seldom heard residents and service users.
- Feedback from the consultation suggested that the priority areas identified were generally the right ones, with individuals and organisations ranking them similarly in terms of relative importance. However, different groups placed greater emphasis on some of the areas (e.g. children & young people ranked priorities around information and intelligence more highly). The consultation also highlighted gaps around domestic violence & abuse, and individuals in contact with the criminal justice system.
- The draft was revised to address these gaps, as well as amending timelines where possible to reflect higher priority actions (taking into account that some of the actions are already ongoing/concurrent with one another, and differences between groups in perceived importance of priority areas).

Sandwell Suicide Prevention Strategy and Action Plan 2022 – 2025

DRAFT

Contents

Background	3
Our vision and strategy for Sandwell	4
Governance	5
Strategic and Policy drivers	5
Local and national context	6
Overview of rates and trends	7
Annual Coroner’s Summary Reports (2019/2020).....	9
Key Themes and Circumstances.....	9
Stakeholder interviews	10
Partners and Community Organisations.....	10
People with Lived Experience	11
Good practice examples	12
Recommendations	14

DRAFT

Background

When someone takes their own life, the impact on families, friends and the local community is devastating. As well as the immense pain and grief caused to loved ones, there are often wide-reaching and long lasting effects on all involved.

However, suicide is not inevitable. Deaths by suicide usually follow a complex history of distress, trauma and adversity, and occur not because someone wants to die, but because they feel they can no longer live in their situation. Although no single initiative or organisation can prevent suicide alone, there are many ways in which services, communities, individuals and society can work collectively to do so.

Despite considerable progress in awareness and understanding of mental health and wellbeing, the issue of suicide continues to be met with silence and stigma. Attitudes, understanding and false perceptions are still barriers to providing care and support to individuals in crisis and to those who have lost a loved one to suicide.

The COVID-19 pandemic has brought further challenges, both directly through the impacts of the virus, and indirectly through the social and economic effects on people's lives and communities. It has changed how we interact with each other and how we access help and support. Following a review and update of initial Suicide Prevention plans in light of the pandemic, the Sandwell Suicide Prevention Partnership has been working to continue and strengthen ongoing initiatives to raise awareness of suicide and ensure that all our residents can receive the right support at the right time.

Acting early to help people during times of despair could save many lives and improve countless others. This needs to start with changing our society and culture so that we can have open and respectful conversations, understand people's experiences and needs, and work together to tackle the problems that can lead to someone taking their own life. The actions we take to prevent suicide will also contribute to improving the mental health and wellbeing of our residents overall, and reducing inequalities in healthy living age and quality of life.

Every death by suicide is a death that could be prevented. This Strategy and Action Plan are our commitment to fulfilling our Zero Suicide ambition for Sandwell and to supporting the vision of a thriving, resilient and optimistic community.

Our vision and strategy for Sandwell

The purpose of this Strategy and accompanying Action Plan is to prevent loss of life to suicide in Sandwell, and the profound impacts on individuals, families and communities. Our ambition is to achieve “zero suicides” by 2030, which will contribute to achieving the Sandwell 2030 vision of a thriving, optimistic and resilient community.

This will be achieved through the following key strategic objectives, drawing upon the wealth of skills and expertise across the Sandwell Suicide Prevention Partnership and wider stakeholder networks:

1. To work in partnership to fulfil the ‘Zero Suicides’ Ambition.
2. To ensure the highest quality of care and support guaranteed by professionals.
3. To encourage a better awareness of suicide within local organisations and our communities.
4. To reduce the chances of suicide in high-risk populations.
5. To create an open culture where we listen to those with lived experience.
6. To reduce access to the means of suicide.

These priorities have been developed alongside the Sandwell Better Mental Health Strategy (currently in draft) as well as the national guidance in the 2012 *Preventing Suicide in England* strategy by the Department of Health and Social Care.

In line with Stronger Sandwell principles, the voices of our residents are central to this Strategy and have been key to shaping our objectives, recommendations and actions.

Governance

The Sandwell Suicide Prevention Strategy has been developed through the multi-stakeholder Sandwell Suicide Prevention Partnership, who are jointly responsible for the development and delivery of the Action Plan. This group sits alongside the Black Country Suicide Prevention Partnership (with recently established Children & Young People subgroup), which oversees development within the Black Country and has wider links across the West Midlands region.

For the delivery and development of this strategy, there will be local oversight from the Sandwell Mental Health Strategy Group and the Sandwell Health and Wellbeing Board.

The group also links in with various other boards via its members including: Children's mental health groups, Drugs and Alcohol Groups and Safeguarding Groups.

Strategic and Policy drivers

Preventing Suicide in England: A Cross-government Strategy to Save Lives¹ (2012) identified 6 key areas for action in order to reduce suicide in the UK and to better support those affected by suicide:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

¹ <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

This was updated in 2017 to address self-harm and clarify the role of local authorities in suicide prevention, including an expectation that every local authority would have its own multi-agency suicide prevention plan. These priorities are reflected in our strategic objectives, and the Action Plan developed against the recommendations of our local Suicide Prevention Needs Assessment (2021).

Prevention Concordat for Better Mental Health (PHE, updated 2020)² supports local areas to take their planning and action on prevention and promotion for better mental health further and deeper, backed by evidence of effective ways to support delivery. This includes having local suicide prevention plans in place.

NHS Long Term Plan³ reaffirms the NHS's commitment to make suicide prevention a priority over the next decade, via a variety of mechanisms.

In 2019, the **National Suicide Prevention Strategy Delivery Group** delivered a workplan outlining key suicide prevention actions for sectors such as the NHS, local government and the criminal justice system.⁴ These included ensuring the effectiveness of local suicide prevention plans; strengthening suicide prevention measures across mental health trusts and prisons; and improving use of local and national intelligence.

In November 2021, central Government launched a £5m **Voluntary & Community Sector Enterprise (VCSE) Suicide Prevention Fund** to support suicide prevention services.

² <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>

³ <https://www.longtermplan.nhs.uk/>

⁴ <https://www.gov.uk/government/publications/suicide-prevention-cross-government-plan>

Local and national context

A Suicide Prevention Needs Assessment was carried out in 2021 to re-assess the local situation in light of the Covid-19 pandemic and its impact on the ability to provide services and support.

A mixed methods approach was used to explore what services were already available, how accessible these services were and whether they were functioning effectively or not. Interviews with partner and community organisations, and with individuals with lived experience, provided valuable insights into the perspectives of survivors and those bereaved by suicide.

Overview of rates and trends

- Sandwell's average suicide rate for the last reported period (2017/19) is 10.8 per 100,000. This is statistically similar to the West Midlands (10.2) and England (10.1) averages and has remained fairly constant over the past 20 years, illustrating that suicide continues to be an issue at local, regional and national levels.⁵
- There also continues to be a much higher rate of suicide in males (17.6 per 100,000) than in females (4.5), again in line with national trends (Figure 1a & 1b). The most at-risk group for suicide continues to be males aged between 40 and 60.
- However, in line with national statistics, a higher proportion of females than males are admitted to hospital for intentional self-harm. Between 2015/16 and 2019/20 there were 3,209 admissions to Sandwell & West Birmingham Hospitals Trust for intentional self-harm, with females aged 15-29 accounting for 39% of those admissions.⁶
- Compared to population statistics for the borough,⁷ there was an over-representation of those who identify as White (British/Irish/Other) and an under-representation of those who identify as Black/Black British, Asian/Asian British or Mixed Ethnicity in those admitted to hospital for intentional self-harm during the same 5-year period.

⁵ Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide> (Accessed: 18/02/2021). This uses the Office of National Statistics' (ONS) definition of suicide, which is "deaths with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of event of undetermined intent (ages 15 and over)": Office of National Statistics, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/suicideratesintheukqmi> (Accessed: 23/02/2021)

⁶ Source: Hospital Episode Statistics, Sandwell & West Birmingham Hospitals NHS Trust. ICD 10 codes X64 - X80 (intentional self-harm).

⁷ Sandwell Trends, <https://www.sandwelltrends.info/2011-census/2011-census-ethnicity-hub/> (Accessed: 09/02/2021)

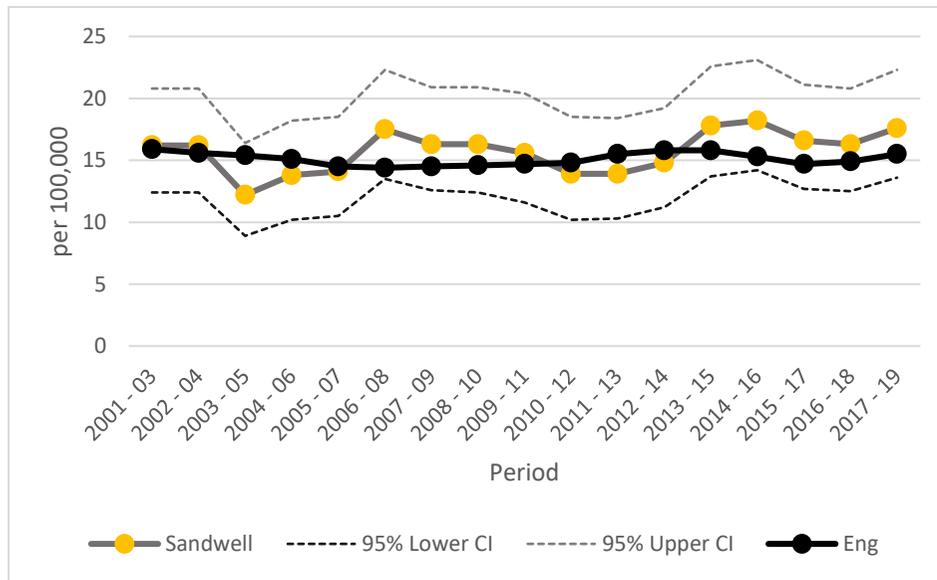


Figure 1a: Sandwell average suicide rate (Male) per 100,000 with England average

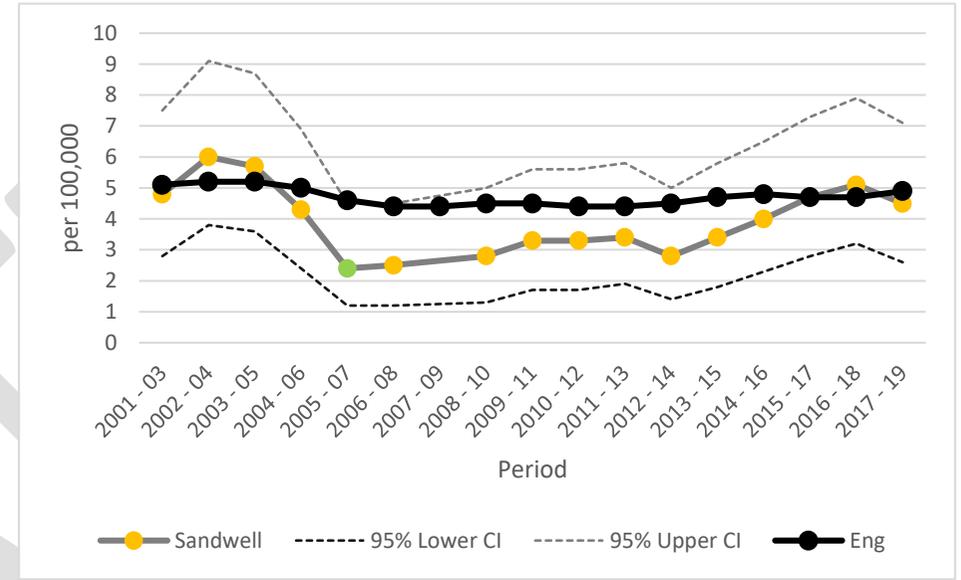


Figure 1b: Sandwell average suicide rate (Female) per 100,000 with England average

Annual Coroner's Summary Reports (2019/2020)

Coroner's reports for the years 2019 and 2020 were examined to understand the characteristics of those who had recently died by suicide in Sandwell. There were 19 deaths recorded as suicide in January-September 2019 and 18 in the same period for 2020. Local data appear to reflect national trends:

- Males accounted for the majority of completed suicides recorded across both periods. The number of recorded suicides was almost four times higher for males than for females.
- The majority of suicides were in those aged 40-69. It should be noted that these figures do not reflect the anecdotal increase in reported suicides in children and young persons that have occurred over the 2020/2021 winter months.
- The majority of suicides took place at home or at a private location, with a minority taking place in public settings such as parks and railway stations.

Key Themes and Circumstances

Across the Coroner's reports for both 2019 and 2020, a number of key themes that emerged that can provide insights into factors that may contribute to risk of suicide and help us to identify where support may be needed. It should be noted however that the factors involved in suicide are complex, and that we cannot assume any single issue or combination of issues was the cause of suicide.

Key issues identified across the 2-year period were as follows:

- Relationship breakdown (including child custody issues) was cited in almost a quarter of reports. Approximately two-thirds of people who died by suicide in 2019 and 2020 were single, divorced/separated or widowed, and over one-fifth had recently experienced bereavement.
- Approximately 40% were unemployed or retired.
- Substance and/or alcohol use problems were noted in over one-third of recorded deaths by suicide over the 2-year period.
- Previous suicide attempts and/or admission to hospital for self-harm episodes were noted in over a third of reports. Almost half of people who died by suicide were known to mental health services.

Social isolation is potentially a common underlying factor, particularly among those experiencing relationship breakdown or bereavement, or those who are unemployed. These issues may also be linked to increased financial difficulty, particularly when they co-exist with other difficulties or risk factors. Although it is not possible to determine this from the data, these are areas that may warrant further exploration.

While the number of recorded suicides was similar across both periods, considerably fewer reports in 2020 mentioned contact with mental health services, self-harm admissions or substance and/or alcohol use problems compared with the previous year. This may reflect impacts of the pandemic on access to and interactions with health services.

Stakeholder interviews

Partners and Community Organisations

The following themes were identified through content analysis of semi-structured interviews with partners and community organisations:

- **Awareness of Services**

A general lack of awareness around non-medical services relating to suicide prevention and bereavement by suicide was highlighted as a major issue in Sandwell. People with lived experience described a lack of follow up or further support following the initial contact with primary care services; service providers felt that partners and associates failed to promote their availability widely enough to healthcare professionals.

- **Accessibility of Services**

Interviewees felt that services could be difficult to access for some residents due to language barriers or low confidence in their offers. There was anecdotal evidence of more issues in the community than were being recorded because many residents did not want to formally 'access' services.

"Sandwell, especially, is filled with diverse, multi-lingual communities and keeping everything just in English remains the biggest barrier to access"

- **Impact of Deprivation**

A twofold impact of socioeconomic deprivation was highlighted: firstly, making risk factors for suicide more widespread and compounded; and secondly, placing additional pressure on services through more people relying on public services rather than being able to access support privately.

- **Impact of Covid-19**

Interviewees reported an increase in calls and contacts throughout the pandemic, with new and exacerbated mental health issues due to isolation, anxiety or lack of support. Service providers felt they had managed to adapt quickly and could still deliver services at the same level but in alternative formats.

- **Impact of Training**

Interviewees spoke positively about the impact of training, mostly because it raises professional awareness of a very complex subject. However, they expressed different ideas on whether training should be provided generally or to more specific groups, and on the content of training.

- **Lack of Funding**

Several interviewees said that there was scope to expand in their organisations but that they risked a loss of quality if they tried to stretch their current resources. The demands of developing bids for funding was cited as a barrier to increased funding.

“If we could access more funding, I think it would unlock a lot of potential for the group; we could much more proactive and get into people’s lives when they need it”

People with Lived Experience

Key themes identified through semi-structured interviews with people with lived experience were:

- **Disappointment with Clinical Pathways**

Interviewees were dissatisfied with the routes offered by their GP’s after seeking help for mental health issues. Common pathways were prescription of medication, which they felt did not address actual issues, or referral for therapy, which they felt was over-subscribed with long-waiting lists.

- **Pro-activity from Services**

It was felt that services needed to be proactive in reaching out at the earliest point to family and friends affected by suicide, as well as recognising that people will engage at very different points following their trauma. The expectation for individuals who are/have been affected by suicide or suicidal ideation to “*make the call*” can put people off accessing services because they might not be emotionally ready to move by themselves.

“There’s a general assumption that helplines are just for people in crisis but it can and should be used for emotional support as much as anything else”

- **Understanding Risk Factors**

There was a feeling that the wider context of common risk factors such as unemployment, especially in high-risk populations, needs to be better understood and appreciated. When identifying high-risk populations, we should consider first those who will already be affected by multiple factors.

- **Reactions by communities**

Interviewees felt that despite progress in talking about mental health, including men’s mental health, there is still stigma around emotional wellbeing and suicide bereavement. Meeting men “*on their terms*” in the right setting was considered important in building trust and enabling those most neglected to come forward. “*Closed doors*” and very little professional help made it difficult to discuss bereavement, leading to isolation and poor mental wellbeing.

- **Treatment by the media**

Interviewees felt that reporting on suicides and treatment of bereaved families needed to be improved as some media outlets currently take a very unsympathetic approach, with aggressive questioning and little empathy for their trauma as well as inaccurate reporting and failure to respond to complaints.

Good practice examples

There is a wide range of organisations across Sandwell that provide support to people who may be at risk of suicide, and to those who have been bereaved by suicide. These range from formal services to grassroots community groups.

It is important to note that many activities that can help prevent suicide are often not 'badged' as such: initiatives to improve mental health and wellbeing, enable connections within communities, and support people with wider issues such as housing, employment and debt can all contribute to suicide prevention, and provide opportunities to develop targeted approaches through engaging with people who may be vulnerable.

The examples shown here demonstrate how existing activity can be developed and better connected to identify and engage those who may be at risk of suicide, and provide more timely support.

Tipton town place-based pilot

Railways are among key locations for suicide attempts. A pilot group for Tipton and Dudley Port stations was established to reduce suicide risk at these locations, led by the local community with support from the Samaritans and Public Health. The aim of the group is to raise awareness and vigilance around risk of suicide, and signpost people to appropriate help. Support is in place for all station staff including train drivers who witness a suicide; this support is provided in-house and with the help of the Samaritans.

Kaleidoscope Plus – Sanctuary Hub

The Sanctuary Hub at Hope Place, West Bromwich was established in February 2021. The Hub provides out-of-hours support for adults who have primary mental health needs, or are concerned about a family member or friend. Staff work with individuals to give them the time and space to talk in a non-judgemental environment; reduce any immediate pressures; and provide advice or signpost to further help.

Prevention & Promotion Fund for Better Mental Health programme

Sandwell Council was awarded £370,000 from Public Health England's *Prevention & Promotion Fund for Better Mental Health* to invest in improving mental health and wellbeing among Sandwell residents. The funding was used to award grants to a range of voluntary & community sector organisations to provide targeted support for children and young people, men and ethnic minority communities through community outreach and peer support, and to provide education and training on mental health awareness and suicide prevention. Local organisations will also be able to apply for small grants of up to £5,000.

Grant-funded projects include pre-and post-natal support groups; a parenting programme (via Changes Antenatal); an anti-bullying campaign (via the SHAPE Programme); the Children and Young People/VCS Charter Mark initiative; and VCS mental health community training and champions. The funding will also focus on engaging men through outreach peer support for self-harm and suicide prevention, and football activities with peer support; and engaging Minority Ethnic Communities through targeted peer support and activities. Projects commenced in October 2021 and will run until June 2022.

GP Receptionist Mental Health First Aid (MHFA) Training

Funded by the HSE/I National SP Programme, MHFA was provided to equip key front house staff in GP surgeries with the knowledge and skills to provide immediate support to those in crisis and link them to appropriate help. This was initially piloted across Dudley surgeries, with plans to roll out to Sandwell, Walsall and Wolverhampton over 2022/23.

Recommendations

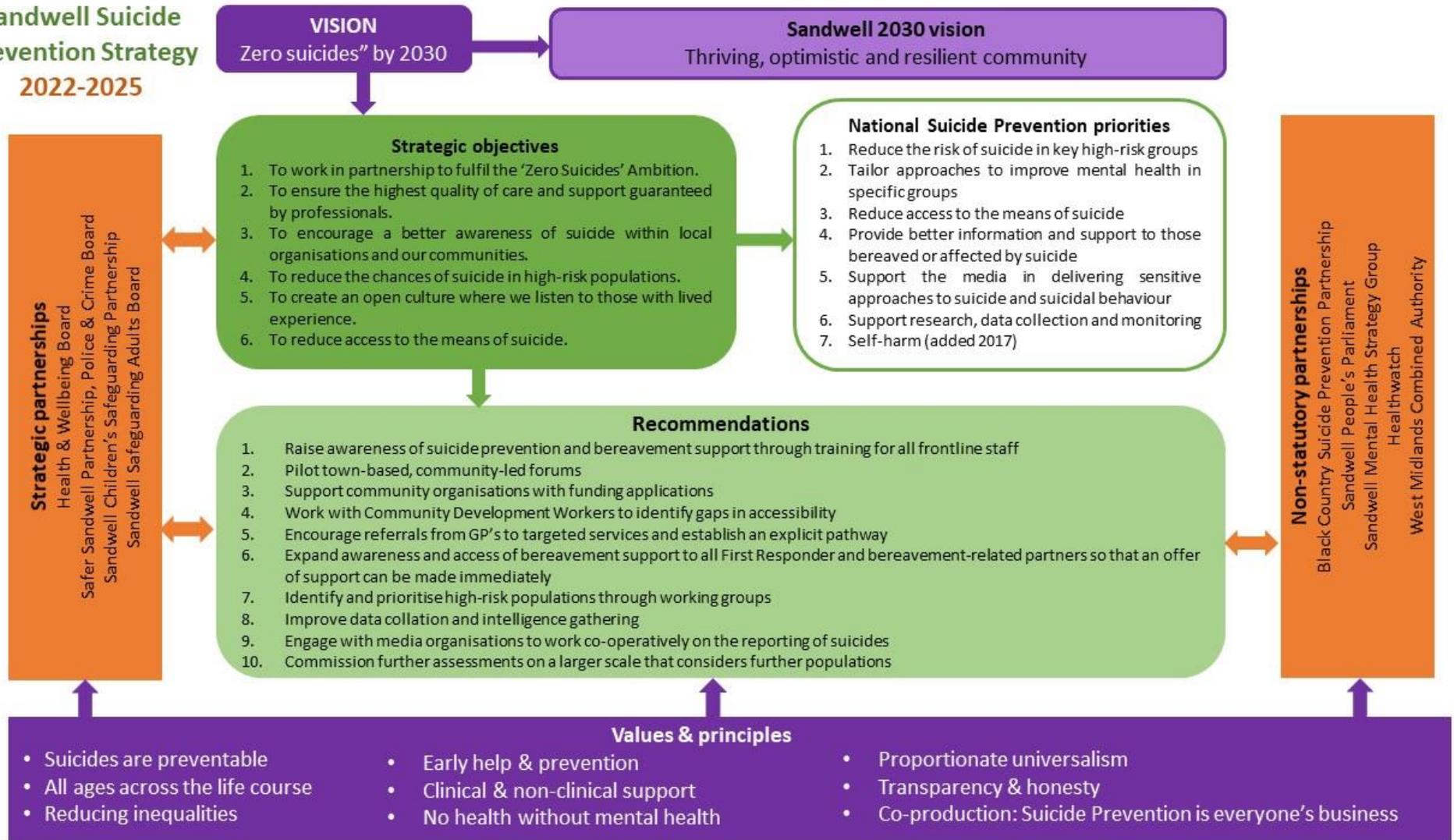
The following recommendations have been informed by the updated needs assessment, aligning to our strategic objectives and national suicide prevention priorities. The accompanying Action Plan has been developed against these recommendations, shaped through the Sandwell Suicide Prevention Partnership.

1. **Raise awareness of suicide prevention and bereavement support through training for all frontline staff**
2. **Pilot town-based, community-led forums**
3. **Support community organisations with funding applications**
4. **Work with Community Development Workers to identify gaps in accessibility**
5. **Encourage referrals from GP's to targeted services and establish an explicit pathway**
6. **Expand awareness and access of bereavement support to all First Responder and bereavement-related partners so that an offer of support can be made immediately**
7. **Identify and prioritise high-risk populations through working groups**
8. **Improve data collation and intelligence gathering**
9. **Engage with media organisations to work co-operatively on the reporting of suicides**
10. **Commission further assessments on a larger scale that considers further populations**

The Action Plan is based on the principle of *proportionate universalism* – balancing universal, population-based approaches with more targeted action so that we create a culture that promotes wellbeing and prevents crisis, while also ensuring timely and appropriate support for those who need it.

Focusing on the interfaces between individuals and services, and not just on risk groups and factors, will help to develop a co-ordinated and responsive system where no-one is overlooked.

Sandwell Suicide Prevention Strategy 2022-2025



This page is intentionally left blank

Sandwell Suicide Prevention Strategy & Action Plan – 2022-2025

Recommendations and actions

Recommendations	Actions	Led by	Due by end
<p>Recommendation 1:</p> <p>Raise awareness of suicide prevention and bereavement support through training for all frontline Council staff</p> <p>All staff across Sandwell Council who have direct contact with our residents will receive targeted training to recognise signs that someone may be having suicidal thoughts, initiate supportive conversations, and direct people to the right help and support.</p> <p>Delivering this alongside more basic training for all staff, and enhancing training in related areas through including suicide prevention elements, will help to create a culture of awareness and compassion</p>	<p>1a: Raising awareness across whole organisations</p> <p>ACTION 1: Universal online training - encourage all staff across the Council to complete brief online sessions from Zero Suicide Alliance as an entry point to developing awareness and understanding.</p> <p>ACTION 2: Develop a set of key principles for Suicide Safer Workplaces that will equip frontline staff with information to support residents experiencing suicidal ideation and/or refer or signpost them to appropriate services.</p> <p>1b: Workforce development</p> <p>ACTION 3: Link to the Sandwell Workforce Wellbeing Group, with representation from across services, to develop a workforce SP offer consisting of resources for staff to access support for themselves and colleagues, and to refer or signpost residents and service users.</p> <p>ACTION 4: Carry out a training needs analysis to assess current skills and training needs relating to suicide awareness and prevention across key service areas.</p> <p>ACTION 5: Map current training available through the voluntary & community sector, and promote via networks and SCVO's Route2wellbeing portal.</p>	<p>Sandwell SP Partnership/ HR and Public Health, SMBC</p> <p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership/ HR and Public Health, SMBC</p> <p>Sandwell SP Partnership/ Community Mental Health Taskforce</p> <p>Sandwell SP Partnership/ Community Mental Health Taskforce</p>	<p>Q2 2022/23</p> <p>Q2 2022/23</p> <p>Q2 2022/23</p> <p>Q2 2022/23</p> <p>Q2 2022/23</p>

<p>around suicide across the whole organisation. This will be complemented by training across partner organisations and multi-agency training (1c and Recommendations 5 & 6).</p>	<p>ACTION 6: Develop and deliver brief targeted training sessions on suicide prevention & bereavement support for services and sectors that work directly with specific groups across the life course (e.g. education and care workers).</p>	Sandwell SP Partnership	Q4 2022/23
	<p>ACTION 7: Develop and deliver SP awareness training for local elected members and support them to become advocates for suicide prevention in their wards.</p>	Sandwell SP Partnership	Q4 2022/23
	<p>1c: Partnership working ACTION 8: Explore options to develop and deliver multi-agency training that can be delivered in person or online.</p>	Sandwell SP Partnership	Q3 2022/23
	<p><i>Additional action specific to Children & Young people:</i> ACTION 9: Embed suicide prevention into wider mental health training offered by Sandwell Children’s Safeguarding Partnership (SCSP).</p>	Public Health and SCSP, SMBC	Q2 2022/23
	<p>ACTION 10: Ensure all frontline staff working with children and young people 10 years of age and over are supported to attend suicide prevention training (also known as “gatekeeper training”, a short intervention available online)</p>	Public Health and SCSP, SMBC	Q2 2022/23
	<p><i>Additional Action specific to Adults (including older adults):</i> ACTION 11: Embed suicide prevention into wider mental health training offered by Sandwell Adult Safeguarding Partnership</p>	Public Health and ASC, SMBC	Q3 2022/23
	<p>ACTION 12: Develop and deliver brief training on suicide prevention and bereavement support to businesses, services and groups (e.g. faith groups) across the wider community using a Train the Trainer approach, so that those who attend can inform and upskill others in their organisations and networks around suicide prevention & bereavement support.</p>	Sandwell SP Partnership/Black Country SP Partnership CDWs	Q1 2023/24
	<p>ACTION 13: Work with Suicide Prevention leads across the Black Country to introduce and monitor SP training funded through NHSE/I National SP Programme.</p>	Black Country SP Partnership	Q1 2023

<p>Recommendation 2:</p> <p>Pilot town-based, community-led forums</p> <p>We are working with stakeholders such as the police, fire service and community organisations to identify high-risk locations as part of the approach to reducing means of suicide. Thus far, this has identified motorway bridges and rail stations.</p> <p>Pilots undertaken in Tipton suggest that town-based forums led by local communities are effective in embedding awareness and vigilance around suicide prevention.</p>	<p>2a: Community-led, town-based approaches to Suicide Prevention</p> <p>ACTION 14: Use forums facilitated by Sandwell Public Health Development Officers (PHDOs) to support the adoption of the Tipton town-based approach focusing on rail networks across all six towns in the borough.</p> <p>ACTION 15: Carry out a similar pilot in one of the six towns focusing on highways, working with communities to raise awareness and vigilance around suicide, and sharing ideas on how to reduce risk.</p> <p>2b: Using community-led forums to inform and implement wider suicide prevention approaches</p> <p><i>Additional action specific to: Children & Young people:</i></p> <p>ACTION 16: Embed current good practice and continuous improvement across anti-bullying work via the SHAPE forum and partner agencies.</p> <p>ACTION 17: Improve information and advice available to parents/carers, primary care and community services about monitoring (signs to be concerned) and support for children and young people, including those who disengage with mental health services. This should include access to local crisis helplines and national resources.</p>	<p>Samaritans/Public Health, SMBC</p> <p>Highways Agency</p> <p>SHAPE Partnership Board/ Public Health, SMBC</p> <p>Emotional Mental Health and Wellbeing Service Providers commissioned via local authorities and the NHS, Voluntary and Community Sector organisations and independent sector organisations.</p>	<p>Ongoing</p> <p>Q4 2022/23 TBC</p> <p>Ongoing</p> <p>Ongoing</p>
	<p>ACTION 18: Work with Black Country Community Development Workers (CDWs) to facilitate community-led Suicide Prevention forums that will feed into the Black Country Suicide Prevention Steering Group.</p>	<p>Sandwell SP Partnership/ Black Country SP Partnership</p>	<p>Q1 2023</p>

<p>Recommendation 3:</p> <p>Support community organisations with funding applications</p> <p>Lack of capacity and resources are cited as key barriers to accessing funding by voluntary and community organisations, with this activity detracting from core business. Public Health and other partners with experience of the application process can work with community organisations to support them in writing bids for funding so that they can access the means to grow.</p>	<p>3a: Mapping suicide prevention & mental wellbeing activity</p> <p>ACTION 19: Work with PHDO in each town and SCVO to identify voluntary & community organisations already working towards suicide prevention and mental wellbeing promotion.</p> <p>3b: Helping organisations to access funding</p> <p>ACTION 20: Work with SCVO to maintain up-to-date information on related funding opportunities on their online funding portal, and to highlight key developments.</p> <p>ACTION 21: Work with SCVO to support voluntary & community organisations to develop funding applications and bids.</p> <p>ACTION 22: Liaise with Community Partnerships Team to identify opportunities to work collaboratively to best support community organisations to access funding to support suicide prevention.</p> <p>3c: Supporting communities through grant funding</p> <p>ACTION 23: Use available funding to provide voluntary & community sector grants to support suicide prevention activities and interventions (e.g. via the Prevention & Promotion Fund for Better Mental Health).</p>	<p>Public Health, SMBC/SCVO</p> <p>Sandwell SP Partnership/ SCVO</p> <p>Sandwell SP Partnership SCVO</p> <p>Public Health/Community Partnerships, SMBC</p> <p>Public Health, SMBC</p>	<p>Q3 2022/23</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
	<p>ACTION 24: Work with Black Country SP leads and CDWs to identify and build capacity within the voluntary & community sector.</p>	<p>Sandwell SP Partnership/ Black Country SP Partnership</p>	<p>Ongoing</p>
<p>4: Recommendation 4:</p> <p>Work with Community Development Workers to identify gaps in accessibility</p>	<p>4a: Improving communications to increase accessibility and reduce stigma</p> <p>ACTION 25: Develop a Suicide Prevention Communication Plan for corporate communications and community marketing.</p>	<p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p>	<p>Q1 2022 Refresh annually</p> <p>Q2 2022</p>

<p>Lack of accessibility to services supporting suicide prevention has been highlighted as a key issue in Sandwell. Here we focus on working together to identify barriers to access, in terms of both practical elements (i.e. language, format, digital literacy) and inclusion (i.e. cultural appropriateness and representation).</p>	<p>ACTION 26: Print materials (posters, leaflets, business cards) on suicide prevention in languages other than English, particularly those that are most widely spoken among Sandwell residents.</p>	<p>Sandwell SP Partnership/ Public Health, SMBC</p>	<p>Refresh as required Q2 2022</p>
	<p>ACTION 27: Develop targeted resources for people who are non-literate or whose first language is not English, including radio and audio information and adding pictorial information to key messages.</p>	<p>Sandwell SP Partnership/ Public Health, SMBC</p>	<p>Refresh as required</p>
	<p>ACTION 28: Produce resources in accessible formats for people who are deaf or hearing impaired, or blind or visually impaired.</p>	<p>Sandwell SP Partnership</p>	<p>Ongoing</p>
	<p>4b: Increasing representation within Suicide Prevention communications</p>		
	<p>ACTION 29: Use imagery and wording that is relatable to different communities and groups, including those in higher-risk groups.</p>	<p>Sandwell SP Partnership</p>	<p>Ongoing</p>
	<p>ACTION 30: Work with minority and/or marginalised communities and groups within Sandwell to understand how their unique lived experience affects their lives and mental health (e.g. experiences of discrimination).</p>	<p>Sandwell SP Partnership</p>	<p>Ongoing</p>
	<p>ACTION 31: Share learning across professional and community networks to increase understanding of the experiences minority and/or marginalised communities and groups, and ensure that these experiences are reflected in their communications.</p>	<p>Sandwell SP Partnership</p>	<p>Ongoing</p>
	<p>4c: Disseminating information</p>		
	<p>ACTION 32: Work proactively to promote messages around suicide prevention and available support to local communities via a range of media, including approaching local networks and radio stations.</p>	<p>Sandwell SP Partnership</p>	<p>Ongoing</p>
<p>ACTION 33: Work closely with community groups and the faith sector to build on existing infrastructure and embed support around suicide prevention.</p>	<p>Sandwell SP Partnership</p>	<p>Ongoing</p>	

	<p>ACTION 34: All partners and delivery organisations to ensure materials are available via Healthy Sandwell and SCVO Route2wellbeing platforms.</p> <p><i>Additional action specific to: Children & Young people:</i></p> <p>ACTION 35: Develop Just Youth platform to host all related information and resources.</p>	Public Health, SMBC	Ongoing
	ACTION 36: Work with the CDWs to develop networks and communications across the Black Country footprint.	Black Country SP Partnership	Ongoing
<p>Recommendation 5:</p> <p>Encourage referrals from GP's to targeted services and establish an explicit pathway</p> <p>Partners can work alongside GPs to ensure that they are aware of non-medical services as well as increase confidence that there is support available for anyone who has been affected by suicide. Part of this will require GPs to have a working knowledge of all up-to-date services so information and communication flow will be critical.</p>	<p>5a: Developing referral pathways</p> <p>ACTION 37: Approach Sandwell Primary Care Networks to develop referral pathways for universal, targeted and specialist services.</p> <p>ACTION 38: Develop self-referral pathways, particularly where there may be barriers to accessing support via Primary Care.</p> <p>5b: Links to social prescribing</p> <p>ACTION 39: Ensure that up-to-date information on all community provision is available on SCVO Route2wellbeing to promote and support referrals.</p> <p>ACTION 40: Develop training for GP social prescribers to become Suicide Prevention champions in their practices and communities.</p> <p>ACTION 41: Support the continued roll out of children and young people's mental health services across community settings such as schools, local authorities and criminal justice to improve accessibility</p>	<p>Public Health, SMBC</p> <p>Black Country & West Birmingham CCG</p> <p>Sandwell SP Partnership SCVO</p> <p>Sandwell SP Partnership Black Country SP Partnership</p> <p>Commissioners and Providers of Emotional Mental Health and Wellbeing Services, Department of Education, NHSE/I, Schools and Colleges, Local authorities, Youth</p>	<p>Q3 2022</p> <p>Q3 2022</p> <p>Q3 2022 Regular review</p> <p>Q4 2023</p>

		Offending Teams and Liaison and Diversion teams	
	ACTION 42: Progress and monitor the provision of Black Country-wide training for frontline staff in GP practices, funded through NHSE/I National SP Programme.	Black Country SP Partnership	Q4 2023 onwards
<p>Recommendation 6: Expand awareness and access of bereavement support to all First Responder and bereavement-related partners</p> <p>Knowledge of bereavement services by First Responders and wider professionals in contact with those who have been bereaved by suicide can help families and friends feel that help is available, at any time which they chose to take it. This includes not just emotional and psychological support, but also practical support in the period following a death.</p>	<p>6a: Developing the suicide bereavement support offer for Sandwell residents</p> <p>ACTION 43: Community engagement with people bereaved by suicide to identify gaps in support and provision and identify/inform policy and funding.</p> <p>ACTION 44: Identify opportunities to provide practical support to First Responders and people bereaved through suicide immediately after the death and in the weeks that follow, taking learning from Warwickshire.</p>	<p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Ongoing</p> <p>Kaleidoscope+ Group/Sandwell SP Partnership</p> <p>Ongoing</p>	
	<p>6b: Information and training for First Responders</p> <p>ACTION 45: Develop and deliver targeted training sessions on suicide prevention, postvention & bereavement support for first responders</p> <p>ACTION 46: Create Z cards for all first responders containing details of local bereavement support services.</p> <p>ACTION 47: Ensure appropriate identification and targeted support and actions taken to support the community after someone dies by suicide.</p>	<p>Sandwell SP Partnership</p> <p>Q1 2023</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Q1 2022</p> <p>Health and Local Authority commissioners, Emergency Response Team and Police</p>	
	ACTION 48: Work with Black Country Suicide Prevention leads to develop, monitor and evaluate a Black Country SP Bereavement & Postvention Support programme, funded through NHSE/I National SP Programme.	Sandwell SP Partnership/ Black Country SP Partnership	

DRAFT

<p>Recommendation 7: Identify and prioritise high-risk populations through working groups</p> <p>Through the Suicide Prevention Needs Assessment and ongoing work through the Sandwell SP Partnership, we are continuing to identify groups and circumstances that may be associated with increased risk of suicide. This goes beyond consideration of mental health issues and includes wider social, economic and environmental factors.</p> <p>It is important to actively engage with our communities to fully understand and begin to address emerging needs and concerns – including direct and indirect impacts of the COVID-19 pandemic. Links to related strategic priorities and groups, including the Sandwell Better Mental Health Strategy and Children & Young People’s SP subgroup, will enable a stronger and more co-ordinated approach.</p>	<p>7a: Reviewing local, regional and national evidence</p> <p>ACTION 49: Continue to ensure that new and emerging evidence and local intelligence on suicide and suicide prevention is discussed regularly through the Sandwell Suicide Prevention Partnership.</p> <p>ACTION 50: Continue to work with the Black Country Coroner’s Office and Child Death Overview Panel to understand the factors linked to deaths by suicide in Sandwell.</p> <p>ACTION 51: Update the Suicide Prevention Needs Assessment in 2024 to inform update of subsequent SP Strategy & Action Plan.</p> <p>7b: Links to mental health and other services</p> <p>ACTION 52: Conduct an audit of referrals into child and adult mental health services to determine where referrals are coming from and to understand more about the people accessing support.</p> <p>ACTION 53: Analyse data on hospital admissions for self-harm to identify associated risk factors.</p> <p>ACTION 54: Improve awareness of the impact of domestic abuse and strengthen links between multi-agency partnerships and strategies for domestic abuse and suicide prevention.</p> <p>7c: Links with community-led forums</p> <p>ACTION 55: Regular engagement with community-led forums in each of the six towns in Sandwell to identify new and emerging concerns.</p>	<p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Black Country & West Birmingham CCG</p> <p>Public Health, SMBC</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Q2 2024</p> <p>Q2 2022</p> <p>Q1 2023</p> <p>Ongoing</p> <p>Ongoing</p>
--	---	---	--

	<p><i>Additional actions specific to: Children & Young People:</i></p> <p>ACTION 56: Issue revised guidance to schools on the use of exclusion, recognising that when a child or young person is permanently excluded from school or college, any relationships with universal services are at risk of becoming fractured and should be identified as a potential risk factor for suicide. If a school or college is considering excluding someone there should be multi-agency engagement to discuss other potential solutions.</p> <p>ACTION 57: Improve awareness of the impact of domestic abuse, parental physical and mental health needs and conflict at home. In addition, agencies should ensure that where a parent or carer is open to adult mental health services, existing processes include systematic risk assessment (including thoughts of suicide) of the needs of the child or young person by all partner agencies to ensure they receive appropriate support</p> <p>ACTION 58: Ensure all schools and colleges (including independent and faith-based schools) have clear anti-bullying policies that include guidance on how to assess the risk of suicide for children and young people experiencing bullying and when and under what circumstances multi-agency meetings will be called to discuss individual children/young people.</p> <p>ACTION 59: Review existing local policies and guidance to ensure they emphasise the range of indicators identified to improve awareness of the possibility of child suicide.</p>	<p>Public Health/ Education, SMBC / School & College Leadership Teams & Governors</p> <p>Integrated Care System Suicide Prevention Leads, GPs, Adult Mental Health Services, Children and Young People’s Mental Health Services, Social care, Alcohol and Drugs Services, Children Services</p> <p>Public Health/ Education, SMBC / School & College Leadership Teams & Governors Health, Social Care, Education, Local Authorities, Schools Colleges, Criminal Justice System,</p> <p>Acute Trusts, Mental Health Trusts, Childrens Services, Local Authorities, Primary Care, Education departments, Schools, Colleges, Youth Offending Teams, Liaison and Diversion Services, Commissioned services</p>	<p>Q3 2023</p> <p>Q3 2023</p>
--	---	--	-------------------------------

	ACTION 60: Share learning with Black Country Suicide Prevention leads to identify priority areas for collective action and ensure alignment to CYP action plan.	Sandwell SP Partnership/ Black Country SP Partnership	
<p>Recommendation 8: Improve data collation and intelligence-gathering</p> <p>There are multiple sources for statistical data that can be shared on a regular basis to identify developing trends. Equally, there should be encouragement for recorded and anecdotal evidence from across the borough to be shared among partners so that we can continue to understand what is happening at every level. This also feeds into the requirement to link to the Police's real-time surveillance activities.</p>	<p>8a: Monitoring and evaluation</p> <p>ACTION 61: Improve monitoring of protected characteristics for mental health and wellbeing programmes, project and services delivered or commissioned by SMBC and partner organisations.</p> <p>ACTION 62: Develop a set of key outcome indicators to inform evaluation frameworks for suicide prevention interventions and projects.</p> <p>8b: Effective information sharing</p> <p>ACTION 63: Work with Sandwell Council Information Management Unit to establish Information Sharing Agreements between the Council and partner organisations.</p> <p>8c: Sharing learning between partner organisations</p> <p>ACTION 64: Continue to share information and intelligence via the Sandwell Suicide Prevention Partnership to inform local policy and practice.</p> <p><i>Additional action specific to: Children & Young People:</i></p> <p>ACTION 65: Review local policies on information sharing and escalation to ensure children and young people at risk of suicide can be identified and supported.</p>	<p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership/ Public Health/IMU, SMBC</p> <p>Sandwell SP Partnership</p> <p>Acute Trusts, Mental Health Trusts, Childrens Services, Local Authorities, Primary Care, Education departments, Schools, Colleges, Youth Offending Teams, Liaison and Diversion Services, Commissioned services</p>	<p>Ongoing</p> <p>Q2 2022</p> <p>Q4 2022</p> <p>Ongoing</p> <p>Ongoing</p>
	ACTION 66: Develop a Real Time Surveillance system across the Black Country to improve use of data and intelligence to develop timely postvention support.	Sandwell SP Partnership/ Black Country SP Partnership	Q4 2023

	ACTION 67: Develop a Black Country Suicide Prevention Dashboard, hosted by Walsall MBC.	Walsall Council/ Research & Intelligence, SMBC	Q4 2023
<p>Recommendation 9: Engage with media organisations to work co-operatively on the reporting of suicides</p> <p>Media organisations have a responsibility to report accurately and compassionately on deaths by suicide. Working proactively with media organisations and reporters to embed good practice reporting guidelines can help to ensure that they understand the impact of their messages on bereaved families and friends.</p>	<p>9a: Promoting responsible reporting of suicides ACTION 68: Provide opportunities for media organisations and staff to participate in multi-agency training to advocate towards responsible reporting.</p> <p>ACTION 69: Actively engage with local media organisations to encourage and support them to adopt the Samaritans' media guidelines for reporting suicide.</p>	<p>SMBC Press Office/Samaritans</p> <p>Samaritans Sandwell SP Partnership/ Public Health, SMBC</p>	<p>Q1 2024</p> <p>Ongoing</p>
	<p>9b: Developing key messages for the public ACTION 70: Produce a set of key messages around local suicide rates and support available that should be included in all relevant press releases and media communications, highlighting where these may be subject to change so that they can be updated as required.</p> <p>ACTION 71: Develop and deliver a general awareness campaign around the sharing of media stories on suicides online and how it can be traumatic for those affected.</p>	<p>Samaritans Sandwell SP Partnership/ Public Health, SMBC</p> <p>Samaritans Sandwell SP Partnership/ Public Health, SMBC</p>	<p>Q3 2022</p> <p>Q1 2023</p>
	ACTION 72: Work with Black Country Suicide Prevention leads to develop and promote consistent messages.	Sandwell SP Partnership/ Black Country SP Partnership	Ongoing
<p>Recommendation 10: Conduct further assessments to consider specific populations</p> <p>We have already begun to identify key groups including rough sleepers, migrants, those with who misuse drugs and alcohol and people who are</p>	<p>10a: Increasing resources and capacity ACTION 73: Identify potential funding sources to support local suicide prevention activity.</p> <p>ACTION 74: Align with related strategies (including Sandwell Better Mental Health Strategy; Autism Strategy; Carers Strategy and End of Life Strategy).</p> <p>ACTION 75: Ensure that suicide prevention considerations are included in the Joint Strategic Needs Assessment (JSNA) for Sandwell.</p>	<p>Sandwell SP Partnership</p> <p>Public Health, SMBC</p> <p>Public Health, SMBC</p>	<p>Ongoing</p> <p>Ongoing</p> <p>TBC</p>

<p>unemployed. We will continue to work as a multi-stakeholder group to review and update these groups.</p> <p>We are working with the community and voluntary sector to ensure that there is appropriate support for those who do not access traditional services and review commissioned services which target the mental health of target groups highlighting suicide prevention/interventions/effectiveness.</p>	<p>10b: Focus on specific groups</p> <p>ACTION 76: Continue to identify key groups for targeted action including rough sleepers, migrants, those in the criminal justice system, those who misuse drugs and alcohol, people who are unemployed and those who are LGBT+, working as a multi-stakeholder group to review and update these groups.</p> <p>ACTION 77: Continue working with the community and voluntary sector to ensure that there is appropriate support for those who do not access traditional services and review commissioned services which target the mental health of target groups highlighting suicide prevention /interventions/effectiveness.</p> <p>ACTION 78: Carry out more detailed work on self-harm, following on from preliminary analysis of hospital admissions data (Action 49) to understand more about potential risk factors.</p> <p>ACTION 79: Continue to work together to identify emerging risk factors and key issues.</p>	<p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Q4 2023</p> <p>Ongoing</p>
	<p>ACTION 80: Identify potential funding sources to support suicide prevention activity across the Black Country footprint.</p>	<p>Black Country SP Partnership</p>	<p>Ongoing</p>

This page is intentionally left blank



Sandwell Health and Wellbeing Board
29th June 2022

Report Topic:	Sandwell Joint Carers Strategy 2022-26
Contact Officer:	Justin Haywood – justin_haywood@sandwell.gov.uk Beverley Stevens – beverley_stevens@sandwell.gov.uk
Link to board priorities	<p>1. We will help keep people healthier for longer</p> <p>The Joint Carers Strategy 2022-26 aims to make life better for Carers – it will ensure that Carers in Sandwell will be supported to look after their own physical health and mental wellbeing. and to prevent or reduce the risk of crises and support them in managing any crisis better.</p> <p>2. We will help keep people safe and support communities</p> <p>The strategy aims to support carers to access community based support in order to keep them safe and help them to feel part of their communities, and address loneliness and isolation, particularly in times of crisis, bereavement and loss.</p> <p>3. We will work together to join up services</p> <p>The strategy aims to encourage the Council and other Statutory partners to train and develop its staff to identify carers and signpost them to appropriate support. The strategy also promotes the adoption of innovation and best practice, including more joined up support for carers and their families, as well as building on feedback from carers as experts by experience,</p>

	<p>4. We will work closely with local people, partners and providers of services</p> <p>The strategy aims to raise the profile of caring within Sandwell and to ensure that under represented carers’ voices are heard and supported. This includes local carers who are young carers, carers who are parents, carers from minority ethnic groups and communities and others who may be more likely to be unidentified and unsupported.</p>
<p>Purpose of Report:</p>	<p>To seek sign off and endorsement from Health and Wellbeing Board for the Joint Carers Strategy 2022-26.</p>
<p>Recommendations</p>	<ol style="list-style-type: none"> 1. Health and Wellbeing Board to endorse and approve publication of the Joint Carers Strategy 2022-26. 2. Health and Wellbeing Board to request 6 monthly updates of progress in relation to implementation of the strategy
<p>Key Discussion points:</p>	<ul style="list-style-type: none"> • Any outstanding endorsements from partners. The Strategy was supported by Sandwell Health and Care Partnership Board on 21 June. • Any final comments before Health and Wellbeing Board endorses the Strategy • The importance of partners now delivering on the actions contained within the Strategy • The importance of reaching out to and supporting seldom heard and underrepresented carers in the community.

Implications (e.g. Financial, Statutory etc.)	
<ul style="list-style-type: none"> • The need to consider the interests and needs of carers as part of ‘Ordinary Business’ • The need to support the Voluntary and Community Sector to leverage external funding for projects to support carers that complement and contribute to the Joint Carers Strategy. 	
What engagement has or will take place with people, partners and providers?	Engagement in relation to the Strategy has been covered extensively in previous presentations on the Strategy at Health and Wellbeing Board
Appendices	Appendix A – Sandwell Joint Carers Strategy 2022-26



This page is intentionally left blank

Better Lives for Carers in Sandwell

Sandwell Joint Carers Strategy 2022 - 2026



“This is great and needs to happen! Unpaid Carers can need as much support as the people they care for. Many people rely on the support of family, friends and neighbours and if that is taken away, both Carer and patient suffer, and this impacts negatively on NHS services. Agree with the priorities and actions, but all agencies need to be working with this, it needs to happen.”

“It is important to realise that at some point in our lifetime, most of us will be a Carer or will be cared for.”

Carers in Sandwell



Contents

Foreword

Executive Summary

Introduction

Current Support for Carers in Sandwell

Our Approach – Co-production

What we Heard

Our Commitment to Carers

National Priorities and
Local Promises for Action

Action Plan

Next Steps

References:

Healthwatch Sandwell reports on Carers:

<https://www.healthwatchsandwell.co.uk/reports/>

Carers Trust, [*Social Care Survey 2020*](#).

[*NHS England Commitment to Carers*](#).

NHS England, [*An Integrated Approach to Identifying and Assessing Carer Health and Wellbeing*](#).



Foreword

Every year in the UK over 2 million people take on unpaid caring responsibilities, and almost as many people find that their caring responsibilities come to an end. This 'turnover' means that caring will touch the lives of most of the population; as we find that we need to provide care or support to a family member, friend or neighbour at some point in our lives.

Carers UK have estimated the total number of carers in the UK is now 13.6 million, up from 6.5 million since the start of the pandemic. The estimated value of the support provided by Carers stands at about £132 billion a year to the Health and Social Care economy, and the value they add to the wellbeing of their families and friends who could not manage without them is immeasurable.

Carer's contribution to the sustainability of health and care services is immense, but their own wellbeing can be affected by their caring role, so there is a vital need for early identification and an offer of support to meet their needs, which will also contribute to a more effective and joined up care system.

This Strategy has been developed during a particularly difficult time for Carers. Carers UK (December 2020) found that 81% of carers had been taking on more care since the start of the pandemic. In Sandwell, Healthwatch found carers have taken on additional caring responsibilities, had less access to support, and normal functions, such as food shopping, have become a burden as carers have tried to protect the people they are caring for. Carer's lifestyles and wellbeing have been impacted by these experiences and need support to restore and recover from the impacts of the pandemic.

Therefore, the Health and Wellbeing Board are pleased to endorse the Joint Carers Strategy for Sandwell. Our Strategy and Action Plan 2022-26 has been the subject of extensive public and partner/stakeholder engagement over the past 18 months and the views of many carers and other stakeholders have been incorporated in the final version.

Our sincere thanks go to the Carers and the Carer's Organisations, and to Healthwatch Sandwell for their research, that have contributed to the development of this Strategy and to those who will be part of the delivery of the Action Plan. We are particularly excited about the involvement of local carers in developing our Strategy. We will continue to embrace their passion and experience moving forwards. We very much hope that we will see Carers at future Health and Wellbeing Board meetings reporting back on progress on the Action Plan of this Strategy.

Working together with our partners, we are committed to making this Strategy a reality. Our commitment to the people of Sandwell, through the 9 Promises, is: **to work together to do all we can for better lives for Carers in Sandwell, so that they and their families thrive for longer.**

We know that for some people within Sandwell 'caring' is not even recognised as an activity – it's just seen as what they do to support their families and friends. Therefore, their voices are unheard and their needs unaddressed. We have also heard through the development of this Strategy that different groups of carers may have some different needs from other groups. These include Young, Young Adult and Parent carers, Older carers, our LGBTQ+ carers, our ethnic minority carers, new and former carers, 24/7 and occasional carers, and carers caring for one or several people.

We need to understand, recognise and address these differences to make lives better for all carers in Sandwell. The impact of COVID 19 has been to widen the inequalities between different groups in Sandwell, and this is likely to have a differential impact on different groups of carers. The impact of caring can be far-reaching and will be more so as society opens and recovers from the pandemic, it affects Carers' employment, education, family, friendships and finances.

We hope that by involving Carers, increasing awareness and raising the profile of caring in Sandwell, we can better understand the contribution Carers make, and the support that they need to continue their vitally important role.

The Action Plan will be implemented by the working together of a wide range of organisations in Sandwell, including the Voluntary and Community Sector, Health Sector, the Local Authority and Clinical Commissioning Group. We will ensure this Action Plan is monitored closely and hope to include the feedback of Sandwell Carers as users of the support and as experts by experience. We will present regular update reports to the Sandwell Health and Wellbeing Board.

We can make lives better for Carers in Sandwell!

Signed:

Councillor Suzanne Hartwell,
Cabinet Member for Adult Social Care,
Health and Wellbeing, and Chair of
Sandwell Health & Wellbeing Board

Dr Ian Sykes,
Chair of Sandwell and West Birmingham
Clinical Commissioning Group

Summary of the Sandwell Joint Carers Strategy 2021-2025:

9 promises for Carers in Sandwell

Information, Advice & Assessment



Carers within Sandwell will have quicker and easier access to effective support including crisis and respite support, to meet their needs and prevent their needs increasing

"We need quick assessment and support to prevent our needs escalating"

Key outcome:

Carers are identified earlier, and their needs assessed earlier, so they are supported quicker

Developing the Workforce



The Council and its other Statutory Partners will continue to train and develop its staff to identify carers and signpost them to appropriate support

"Workers need to be more aware of the individual needs of different carers, and listen to us"

Key outcome:

Carers feel well supported by staff in NHS, Social care and Schools

Managing & Reducing Risk of Carer Breakdown



Carers will be supported to reduce risk of crises and manage crises

A lot of people rely on carers – if that's taken away it puts more pressure on the NHS"

Key outcome:

Carers continue to cope and less risk of illness and safeguarding.

Employment & Financial Wellbeing



Carers within Sandwell will be supported to remain in, and return to, employment education and training and will feel supported to access benefits to prevent hardship

"We need support to live well throughout caring and provide for ourselves in the long term"

Key outcome:

Caring families, young carers, young adult carers and parent carers feel supported.

Supporting Young and Parent Carers



Young carers within Sandwell will be supported to have the same opportunities as other children and young people and in addition the needs of Parent Carers will be identified

"We need to know who to contact and what support is out there – we also need support when we, or our children grow into adults"

Key outcome:

Young and Parent Carers feel supported

Carers Health & Wellbeing



Carers in Sandwell will be supported to look after their own physical health and mental wellbeing

"We need time for a rest as we are often exhausted and stressed"

Key outcome:

Carers are healthy, well and independent for longer

Awareness and Diversity



All partners will work to raise the profile of Caring within Sandwell and to ensure that under represented carers voices are heard and supported

"We need to know if we are carers and where to get support from" voices are heard.

Key outcome:

Carers identify as carers and all carers voices are heard

Living Well in the Community



Carers in Sandwell will be supported to access community support they are entitled to, to address loneliness and bereavement issues

"We can feel trapped and lonely. We need bereavement counselling and more care planning so the person we care for is looked after in

Key outcome:

Carers access their local community to feel less lonely and a part of their surroundings

Building on Innovation & Best Practice and Feedback from Carers



Support for Carers in Sandwell will be commissioned based on evidence and best practice as well as feedback from Carers as Experts by Experience

" Carers need to feedback on their support and need good quality services"

Key outcome:

Carers feel listened to and supported

Introduction

Who is a Carer?

The informal definition of a Carer is a person who provides unpaid care and support to a family member, friend or neighbour.

The care these Carers provide may range from 24/7 help with personal care such as assistance with bathing and dressing, help with medication, cooking, grocery shopping and domestic tasks, accompanying to appointments, transport, help managing finances, emotional support and listening and supporting on the telephone. It may last years, until the death or change of relationship with the cared for person, or it may be temporary for a few days, weeks, or months, until the recovery of the cared for person.

Carers may be supporting someone with a physical, learning or sensory disability, frailty, mental health condition, drug and/or alcohol issues or another long term and/or fluctuating illness. Carers can be from any gender, ethnicity, faith or social background and of any sexual orientation. Carers can care for more than one person (and one person can have more than one Carer), may be studying, working or unemployed, and may have their own disabilities or illnesses.

Many Carers do not see themselves as Carers and be unrecognised as such by others or “hidden”. They may feel that is a normal duty of being a family member or friend, or they may be about to take on a caring role, or they may have no current support needs, but will have needs in the future. There is evidence of “hidden Carers” in all communities, but particularly the case in some of Sandwell’s Black and Minority Ethnic and other smaller communities.

Many Carers just want support for them and their family or friend they care for to work well and be there when they need it. The support may be offered by health, social care and other public services, other family, friends, neighbours, social clubs, voluntary and faith organisations.

Adult Carer

Someone aged 18 years and over who is caring for another adult with support needs, this could be a partner, parent, other relative, friend or neighbour. The Care Act defines a Carer as “an adult who provides or intends to provide care for an adult needing care...[who] is not under or by a contract, or as [part of] voluntary work.”

Parent Carer

Parent Carers are parents or guardians who provide care to an ill or disabled child or young person under the age of 18 than would be normally expected in a parenting role. The Children and Families Act defines a parent Carer 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”

Young Adult Carer

Young Adult Carers are people aged between 18 and 25 who are caring for another child, a young person or an adult with support needs.

Young Carer

A Young Carer is a child or young person under 18 years who provides regular, ongoing care and emotional support to a parent, sibling, relative, friend or neighbour with a support need. The care provided is over and above “helping out”, or the usual caring for an adult or sibling within the family. The Children and Families Act defines a young Carer as “a person under 18 who provides or intends to provide care for another person”.

Temporary, Former or Bereaved Carers

Many carers are temporary carers while the cared for person has COVID or influenza but in some cases the caring can last for months, as in a carer for someone with long COVID or aftereffects of serious illness.

Former carers are no longer actively undertaking a caring role; this is usually because of a change in condition or circumstances of the person they care for. This includes the death or move to residential care of the cared for person, the person recovering and no longer needing care, or the Carer wanting/having to stop providing care.

This strategy covers Carers who are living in Sandwell and caring for someone living in Sandwell and:

- Living or planning to live outside of Sandwell and caring for someone living in Sandwell.
- Temporary Carers while they are caring, and former/bereaved Carers e.g. any of the above groups of Carers for up to a year after they cease their caring role.

This strategy does not cover (and should not be confused with) the following groups: personal assistants, care workers, Shared Lives Carers, or any other paid or volunteer care workers unless the worker is providing additional caring hours outside of the formal arrangement.



National Context

Legislation

The Care Act 2014 and Children and Families Act 2014 gave local authorities in England a legal responsibility to assess the needs of Carers, support their eligible needs and actively promote their wellbeing and independence. Carers play an important role in helping to keep their loved ones at home for as long as possible, avoiding hospital admissions and readmissions for their loved one, and supporting them to return home from hospital as quickly and safely as possible. It is vital to intervene early to support Carers' wellbeing, prevent need, and reduce and delay deterioration of their needs, and those of their loved one, wherever possible.

National Strategy

This Strategy brings together and sets out to reflect the main legislation, 5 national priorities in the National Carers Action Plan 2018 and the 9 Local Promises as identified by Carers and Carers groups in Sandwell in 2019, and by Healthwatch Sandwell and local carers in 2020, into one document and associated Action Plan. The Key Priorities are typed in Bold and set out in A-E, and the local promises are typed set out in 1-9 below:

A Services and Systems that work for Carers

1. Improving Access to Information and Advice, and Assessment.
2. Developing the Workforce to Identify and Support Carers More Effectively.
3. Managing and Reducing the Risks to Carers to Prevent Breakdown of Caring Relationship.

B Employment and Financial Wellbeing

4. Improving the Support for Carers to Remain in, and Return to, Employment, Education and Training, and Supporting Carers to Prevent Hardship.

C Supporting Young Carers, Young Adult Carers and Parent Carers

5. Support Young and Young Adult Carers to have the same opportunities as other children and young people in Sandwell, and Identifying, Recognising and Supporting the Specific Needs of Parent Carers.

D Recognising and Supporting Carers in the Community

6. Improving Carer Health and Wellbeing.
7. Increasing Awareness of Carers and their Diversity.
8. Supporting Carers to Live Well in the Community.

E Building on Research and Good Practice

9. Building on Innovation and evidence of Best Practice, and that carers are Recognised as Experts by Experience, and their feedback is used as evidence to develop services.

NHS Strategy for Carers

This Strategy also includes the 7 principles in the NHS Strategy for Carers, which are relevant to our Priorities A - Services and Systems which work for Carers, D -Recognising and Supporting Carers in the Community and E - Building on Research and Best Practice:

- 1 – We will support the identification, recognition and registration of Carers in Primary Care – See Promise 7 – awareness.

2 – Carers will have their support needs assessed and will receive an integrated package of support to maintain and/or improve their physical and mental health – see Promises 1: assessment and Promise 6: health.

3 – Carers will be empowered to make choices about their caring role and access appropriate services and support for them and the person they look after – see Promise 1: information advice and assessment.

4 – The staff of partners to this agreement will be aware of the needs of Carers and of their value to our communities – see Promises 2 and 7: both about awareness raising.

5 – Carers will be supported by information sharing between health, social care, Carers Support organisations and other partners to this agreement – See Promise 2 on workforce.

6 – Carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services – See Promise 9 about feedback for carers.

7 – The support needs of Carers who are vulnerable or at key transition points are identified early – See Promise 3 about managing risk.

The NHS Long-Term Plan set out clear commitments for the NHS to improve the identification and support of Carers. NHS England is driving forward initiatives to embed the timely identification and support of carers that focus on support within primary care, contingency plans, a more inclusive offer for carers from vulnerable communities, and ensuring that Young Carers are included.

NICE guidance for Supporting Adult Carers

This Strategy also considers the NICE guidelines on Supporting Adult Carers which underlines the priorities already identified in our local strategy and builds upon the Carers' National Action Plan. There are 5 NICE Quality Standards against which the quality of carer support can be judged:

1 Carers are identified by health and social care organisations and encouraged to recognise their role and rights.

2 Carers are supported to actively participate in decision making and care planning for the person they care for.

3 Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training.

4 Carers are regularly given the opportunity to discuss with health and social care practitioners the value of having a break from caring and the options available to them.

5 Carers are offered supportive working arrangements by workplaces.

People at the Heart of Care

The recent White Paper “People at the Heart of Care” talks of the empowerment of Carers through better information, advice and signposting, and a lists progress on the national 2018 Carers Action Plan (there may be up to £25m to “kick-start” new/different approaches to supporting Carers nationally); more detailed data on Carers including Young Carers; an increase and modernisation in Carers Allowance and more wellbeing support for Carers. See: <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform#annex-b-carers-action-plan-2018-to-2020>

The Action Plan to this Strategy includes the Key Priorities in the Carers National Action Plan, Local Promises, NHS principles and NICE recommendations, and takes account of the developments of “People at the Heart of Care” in 30 measurable actions for Sandwell.

Local Demographic Trends

There are currently 35,084 carers in Sandwell, almost one third of whom are caring for over 50 hours per week, a projected increase of 6.8% since the 2011 Census. A further significant increase in the number of carers can be expected towards the next census when published in 2022: using data from the 2011 census, it is estimated that there were 36,796 carers in 2021, and 41,105 carers by 2036. The carer's population in Sandwell may exceed 49,000 by 2037, according to Carers UK estimates. These estimates need to be seen in context of aging population: numbers of those aged over 65 are expected to rise in the next 10-15 years with a consequent increased impact on caring. The impact of COVID 19 has been to increase the number of carers nationally (Carers UK) and there is no reason to believe this is different in Sandwell. Although most people recover or are vaccinated/show few symptoms, the prevalence of long COVID could increase carer numbers.

A recent analysis of local carers population projections showed that the numbers of carers will grow for all age groups, but the share of carers aged 65

or older will grow from 20.7% to 25% by 2036. Of the approximately 1,712 more carers estimated in 2021, about 1,200 are aged 50-64, and about 400 are over 65.

It is not known how many parent carers there are in Sandwell but there are approximately 4,500 children with Special Educational Needs and/or Disabilities living in Sandwell, all of whom will have at least one parent carer. It is estimated that approximately 700 young carers in Sandwell accessed commissioned support services dedicated to their needs in 2015/16, however, this is likely to be an under-representation as nationally it is recognised many young carers are hidden from the view of others.

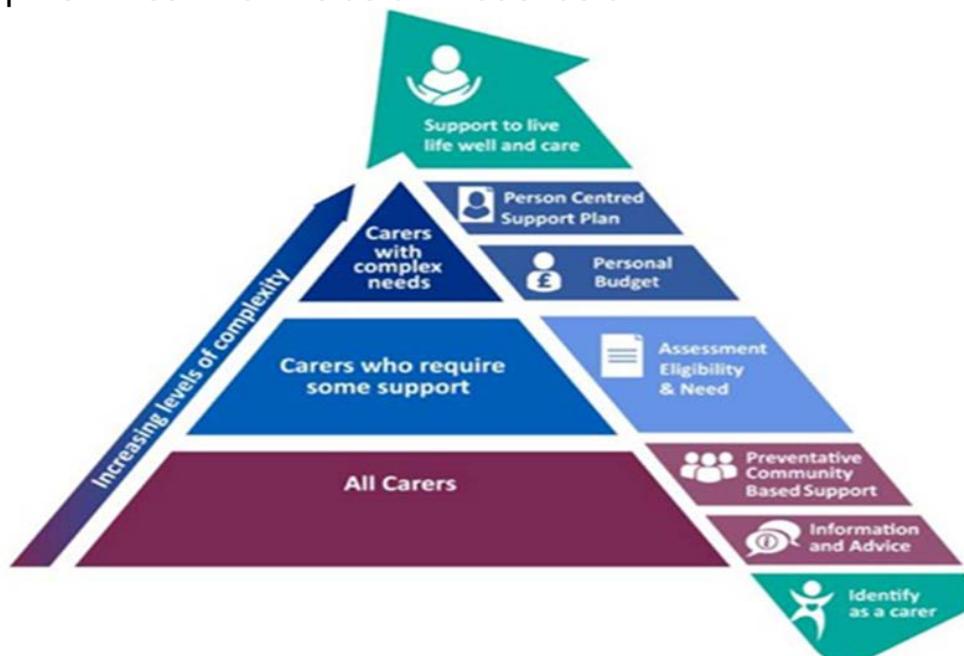
The percentage of carers in Sandwell aged over 65 will grow from 20.7% to 25% by 2036.

The number of Carers in Sandwell is forecasted to exceed 49,000 by 2037

According to the 2011 Census there are Carers in Sandwell 35,804
A third of whom are caring for over 50 hours per week

Current Offer for Carers in Sandwell

The current support for Carers can be described using the National Development Team for Inclusion model below.



Providing support to Carers is one of the most effective ways to improve their wellbeing and support them to continue caring (if they are willing and able), keep their families and friendships together and thriving, and to help prevent a care breakdown, which can otherwise result in an emergency admission or need for domiciliary, nursing or residential care for their loved one.

Identification of Carers

Carers may or may not identify themselves as a Carer and ask for support. Some Carers may see caring as just part of family life or friendship and may or may not need support. Thus, the Council has a duty under Care Act 2014 to put Carer wellbeing at the heart of delivery and to identify Carers on appearance of need – so social workers often identify Carers as part of hospital discharge or while assessing the cared for person. GPs and Primary Care staff are trained to identify and register Carers as part of their agreements in the Primary Care Commissioning Framework, and staff in voluntary sector also promote services and identify Carers.

Information Advice and Support

There is a wide range of information and advice for Carers both face to face, virtual, online and by telephone– including:

- Carer Support in Sandwell can be accessed by ringing Sandwell Enquiry on 0121 569 2266.
- Our web page: www.sandwell.gov.uk/carers which has 6 pages of information for Carers, a video, factsheets for Carers, and leaflets and Facebook pages, websites by local Carer support organisations.
- Leaflets, webpages and social media posts by Carer support organisations online, in local libraries and GP practices.

There is free carer support in Sandwell from the services listed on the following 2 pages, all are open to all adult carers in Sandwell and cover:

- listening to experiences over the phone, online, or in person
- offering advice and information on support available
- social activities, like quizzes and outings with or without the loved one
- training courses– such as training in mental health or using a hoist
- providing groups to make friends and share caring experiences
- advice on asking Sandwell Council Enquiry Service for a formal assessment of carer needs.

Approximately 1,500 carers benefit from these services. All this support prevents and delays the needs of the Carer and their families from the need to use more intensive care and specialist support such as hospital and residential care.

Young carers can access support services developed specifically for young people – Sandwell Young Carers and Parent Carers can access Sandwell Parents for Disabled Children or other services such as South Asian Family Support Service. There are organisations who also offer support to Carers from African Caribbean and Asian Communities.

You can find up to date information on carer’s services by searching with the keyword “Carer” on <http://sandwellvcs.info/>.

Carer’s Service	What they offer carers
<p>Sandwell Crossroads Care Attendant Scheme Ltd Oldbury Tel: 0121 553 6483 http://www.sandwellcrossroads.org/ The Crossroads Carers Assistance Line: 0121 803 6830 or email CAL@sandwellcrossroads.org Mon - Thurs, 8.30am - 4.30pm. Fri - 8.30am - 4pm</p>	<p>Provides a caring, listening ear and can support carers in many practical ways, with confidential, one-to-one support and advice, information and guidance over the phone or face-to-face and signposting to other specialist support services within Sandwell, help to reinstate previous/pre-COVID care arrangements or facilitate new arrangements, advice on how to ask for a Carers Assessment from Sandwell Council, Wellbeing support, coaching/mentoring, Signposting to in-house trainer to support carers with complex care within their own home and access to Carers Trust Emergency Fund.</p> <ol style="list-style-type: none"> 1. Make Carers Count to support carers from the ethnic minority communities within Sandwell. 2. Single Point of Access for Sandwell Community Dementia Service, a provider collaborative partnership of Sandwell Third sector providers, to support local people who have a health, memory, or dementia concern. 3. Specialist Training for groups of carers on Moving, Handling and Hoist Training, for Carers in their own home 4. Service for bereaved Carers with support and continuity before, during and after the death of a loved one. 5. Care at home, from our specialist care support workers, who provide 24/7 care and support.
<p>Sandwell COPE, Oldbury 0121 612 6000 or 07926227331</p>	<p>A group of adult Sandwell carers who all care for a relative or friend with a Mental Health diagnosis, Learning Disability or use Child and Adolescent Mental Health Service. Runs regular carers forums, drop-in advice sessions, social events, and training, and a regular newsletter.</p>

<p>Sandwell Parents for Disabled Children Smethwick 0121 565 2410 info@sp-dc.org</p>	<p>SPDC's services offer families with disabled children and young people: A chance for families to have fun together or for parent carers to take a welcome break from their caring responsibilities whilst their child takes part in an activity. Access to a dedicated parent carer engagement officer who can support parent carers in a variety of ways. A Family Club which operates during term time, activities such as swimming, outward bound pursuits, crafts, family fun days Information sessions and volunteering opportunities.</p>
<p>Sandwell Asian Family Support Services (SAFSS) Smethwick 0121 558 2198 info@safscare.org www.safscare.org/services/support-for-carers</p>	<p>Care Navigation and Support for Asian carers. SAFSS offers support to the whole family and provides care, support & well-being services in the home, community and at SAFS Windmill Community Centre. The support & well-being services for parent carers are a regular carers support group, drop-in support and health awareness sessions, physical activity sessions at our gym and yoga in our sports hall, we also organise regular outings and celebratory events. SAFSS also provides Domiciliary Care, Community Outreach and centre-based Day Opportunities/ Lifestyle Services/ Saturday Club and Personal Assistant Support for children, young people and adults.</p>
<p>Halesowen Asian Elderly Association, Rowley 0121 559 0137</p>	<p>Day care and carer support for older Asian people aged 60 or older, every weekday from 11am -1pm, including multi-faith activities to bring the community together, health information, gentle exercise, and outings.</p>
<p>BUDS (Better Understanding of Dementia for Sandwell) Tipton 0121 565 3721 www.buds.co.uk/carers-support-service</p>	<p>Support to adult carers of people with dementia. This enables all those involved to feel supported and empowered in their journey through dementia. An Outreach Worker offers initial support to carers and other relatives, with information, advice and support with any issues they are facing, either at the BUDS Centre, in their own homes, or over the phone.</p>
<p>West Bromwich African Caribbean Resource Centre 0121 525 9177 http://www.wbacrc.org.uk/</p>	<p>Navigation and Access for adult Black and Minority Ethnic carers – mainly African- Caribbean and dual heritage. Identifies carer's needs; and refers or signposts the carer to specialist support and track each person we refer to ensure they get the help and support they need.</p>

<p>Omega T: 01743 245088 E: chatterbox@omega.uk .net This flexible service can offer support to clients during the evening and at weekends too.</p>	<p>Chatterbox Telephone Support Programme is a friendly, confidential service for carers and bereaved carers who live alone or would welcome extra contact; a trained volunteer will regularly keep in touch with the adult carer to offer companionship and emotional support and help access other services and activities.</p>
---	---

The Community Offer

This offer includes local and holistic community navigation and preventative support to adult residents in Sandwell, including Carers and their families, so that they know where to get the right local care and support at the right time. It is delivered via a partnership of providers to build stronger, more resilient communities. Local Voluntary Community “Anchor” Organisations operate free services in each of the six towns, with three Community Navigators in each town. They offer an initial conversation with residents (including carers) around their strengths, needs and provide information, advice and guidance, and practical support, so that residents can make informed decisions about what is most meaningful to them. More information is available at: www.scvo.info/sandwell-community-offer/

Primary Care

GP practices in Sandwell can also offer an annual health check and influenza and COVID vaccinations to Carers, which helps to identify health concerns and prevent development to illness and crisis. Carers need to register as a Carer with their local GP practice.

Support from Sandwell Council

Care and Support for Cared for Person

Sandwell Council offers an assessment of the cared for persons’ care and support needs. If the cared for person is eligible (under the Care Act 2014) to receive publicly funded care and support, a commissioned package of support is put in place, or the cared for person can receive a direct payment to buy the support from a care agency or Personal Assistant. which indirectly helps the Carer by reducing the time/care required for caring or making life easier. The support may include:

- changes to their home to make it more suitable

- equipment such as a hoist, grab rail, or IT equipment
- personal care at home
- a temporary stay in residential care/respice care
- meals delivered to their home
- day activities at home or in the community
- assistance with travel
- laundry services
- “replacement” care so the Carer can have a break, go for appointments or go to work.

Carers Assessment

Carers have a legal right to an assessment of their own needs, regardless of their level of caring. The only requirement is that the Carer ‘may have needs for support – whether currently or in the future’.

Carers are entitled to support if they meet the national eligibility criteria, which aims to minimise the impact of providing necessary care so that it will not put the Carers health at risk or prevent them from meeting eight outcomes, including meeting childcare responsibilities, providing care to other people, maintaining a home, accessing community facilities etc.

Carer’s Support Plan

Carers who are assessed as eligible for support under the Care Act 2014 have a Carers Support Plan drawn up by a social worker, which lists the support available to meet their eligible needs and the cost of the support. The Carers Support Plan also includes a Contingency Plan to outline what will happen if the Carer becomes ill/unavailable. This has especially been needed during the pandemic when carers were more fearful of becoming ill.

Support for the Carer in a Carers Support Plan could include:

- Carers break or outing to relieve stress
- Help with developing hobbies like gardening
- help with transport costs, such as taxi fares or driving lessons
- technology, such as a phone or a laptop
- help with housework, or going shopping,
- help to improve health, like going to gym.

Carers’ Direct Payments

Eligible Carers receive a Personal Budget to pay for support to meet their needs in the Support Plan. In Sandwell, this is paid in the form of a Direct Payment once a year and the amount depend on the level of need that the Carer presents with. The amount of money spent on Carers Direct Payments

has gradually increased since introduced in 2015, until 2020 due to the pandemic.

Emergency or contingency support

If the Carer becomes ill, or is unavailable for any other reason, the Council can offer a Promoting Independence Pathway with temporary beds in a local care home, transport, night sits etc. Carers can also access the free Carer's Emergency Card scheme for extra peace of mind. This card is carried by the Carer and tells emergency services that they are a Carer. The card shows a unique ID number and the phone number of a 24-hour contact centre, where Carers' details are held with information about the person cared for. In an emergency the centre will call the friends or family of the Carer, or the council's services if no one else is available. This can be accessed by Sandwell Community Alarms service. Call: 0121 569 6800/02.

Current Support for Parent and Young Carers

Parent Carers and Young Carers have a similar offer, but their assessment and support are based mainly on the Children and Families Act (2014):

Parent Carers

There is a duty on local authorities to give parent Carers the same right to assessment and support as other adult Carers. A local authority must assess and consider whether a parent Carer has needs for support and, if so, what those needs are. They are required to be satisfied that the disabled child and their family are persons for whom they may provide or arrange for the provision of services under section 17 Children Act 1989. Adult Carers of children for whom they do not have parental responsibility may also be assessed and supported under section 1(2) of the Carers (Recognition and Services) Act 1995.

Young Carers

Young Carers are entitled to assessment and where eligible to support, equal to that of adult Carers. The Act has introduced changes in the way in which young Carers are identified and supported:

- The duty to assess is triggered if they think the child has needs; the young Carer or their parent does not have to ask. The assessment must consider whether it is appropriate for the young Carer to provide, or continue to provide, care.
- A duty on local authorities to improve the wellbeing of young Carers.

The Young Carers (Needs Assessments) Regulations 2015 strengthened the rights of young carers. A local authority must carry out a young Carer's needs

assessment in a manner which is appropriate and proportionate to the needs and circumstances of the young Carer to whom it relates, and must have regard to their age, understanding and family circumstances, preferences, any difference of opinion between the young Carers, their parents and the person cared for, with respect to the care which the young Carer provides (or intends to provide) and the outcomes the young Carer seeks from the assessment. It must involve young Carers, their parent/s and any person whom the young Carer or parent of the young Carer requests when carrying out a young Carer's needs assessment. The assessment must consider whether it is appropriate for the young Carer to provide or continue to provide care, considering the young Carer's needs for support, other needs and wishes.

The assessment must:

- Determine whether the need to provide support to a young Carer could be prevented by providing support to the person they care for or to another member of their family.
- Provide a written record of the assessment to the young Carer, the young Carer's parents or any person who the young Carer or parent requests receives a copy.
- Take reasonable steps to identify the extent to which there are young Carers within their area who have needs for support.
- Consider whether a young Carer's needs for support can be met through services which may be provided to the young Carer and/or any member of their family.



Our Approach – Co-producing the Strategy

This Strategy has been co-produced with local Carers, professionals and key stakeholders in the local community, voluntary sector and statutory services.

A Joint Carers Strategy project group was set up and led by Sandwell Council, with representatives from Black Country Clinical Commissioning Group, local NHS trusts, and Carers support organisations in the voluntary sector. This group agreed to base the Strategy on the 5 Key Priorities and outcomes in the National Action Plan, and developed the first draft of this Strategy, which was then presented to groups of Carers throughout Sandwell. The findings of national consultations by the government of 6,000 Carers and Carers UK surveys of 7,500 Carers were also used to inform the National Action Plan, and our Strategy.

We held a series of meetings with Carers who used the Carer support services in Sandwell. We focused on asking key questions about their agreement with the vision, priorities, outcomes and key actions, and this feedback led to the development of the 9 local promises for carers.

Healthwatch Sandwell was asked to undertake independent engagement with a wider range of Carers, to include and capture the views of those not already accessing Carer support or other services. They consulted with over 227 local Carers. They also consulted with a focus group of 9 carers at the start of the pandemic to understand the impact (report published January 2021), and the hidden impact on carers in Sandwell with 102 survey returns, 50 carer stories (report published November 2021). West Bromwich African Caribbean Resource Centre, who support mainly African Caribbean and dual heritage carers, engaged with 60 carers, to understand the impact of the pandemic on these.

The Department of Health and Social Care biannual survey of carers of those who had used Adult Social Care services in the last 12 months took place in 2018 and 2021, and findings have been included.

Through this, we were able to gather carer's direct experiences and views. We are grateful to over 500 local Carers and their champions for their tremendous time and energy in completing survey forms and taking part in engagement events to give us valuable feedback on this Strategy and Action Plan for Carers.



What We Heard

The findings of the Carer's engagement have formed the basis of the vision, and 9 local promises to Carers.

Carers told us and Healthwatch of their views, experiences and needs around 9 themes and we based the 9 promises around:

1. Information, Advice and Assessment

Carers need quicker and easier access to effective support, including crisis and respite support, to meet their needs and prevent their needs increasing:

“Support that works for Carers is very important. It is pointless having things in place that no one knows how to access. Social workers have a heavy caseload and may not have the time to signpost Carers, therefore, there is the need for a Carer navigation service”.

“We need information to know what is available and what we are entitled to, and quick assessment and support to prevent our needs increasing”.

“There is an abundance of information on the internet – it left me confused as to what the person I care for is entitled to, or who to contact, and what to expect”.

“Social worker can at times be difficult to contact, as they carry a heavy caseload”.

“We need to know who to contact for support and what we are entitled to - we did not know that we can ask for a carers assessment or be registered as a carer with GP and get a health check. We need to know why there is a delay in waiting for support, or changes to support, direct payments or respite”.

“We need to know why the funding panel in Children’s have decided not to fund changes in our children’s care and what else is available”.

Healthwatch (2019) reported that although there was a limited number of carers who had a Carer’s Assessment, feedback was that they had not gained more support and there was a limited amount of support available. Some said that they had not had an assessment as they did not want or need this. The Carers’ Surveys of 2018 and 2021 found that many carers of people who had used Adult Social Care in last 12 months found the Carers Assessments and Direct Payments useful to support their needs, but some expressed concern about length of wait and access to social worker.

“Being able to access information on services that they can make use of was important to participants. Having a single point of contact for up to date relevant information was something that participants considered to be needed”. (Healthwatch, 2019)

Healthwatch Sandwell (November 2021) reported that during the pandemic, carers had felt frustrated by the closure of services and carer support groups and felt there were “Endless phone calls, including to mobiles – just want to pull your hair out!” or they were “Going around in circles”.

There is a greater need for accurate and timely information for carers and their families – especially around tests and vaccinations, and opening hours for local services and support. There was also more need to present information clearly especially around the risks associated with COVID variants and vaccinations, and for going out.

Digital exclusion can affect carer’s or their children’s education and training, and for all carers it can mean that they do not have access to the most up to date and accurate information, which can go out of date quickly. Healthwatch found that carers not previously connected to any form of support during the pandemic and those digitally excluded through skills, language or “digital poverty” were less likely to have accessed or received information or signposting services.

2. Developing the Workforce

The Council and statutory partners need to continue to train and develop staff to identify carers as early as possible and signpost them to appropriate support:

“There is a need for clear I.T. systems that work together to improve the co-ordination of care, so that Carers aren’t always repeating themselves to different officers in Health and Social Services”

“Staff need to listen and be more aware of Carer’s individual needs, family circumstances, incomes, costs and affordability of some services”

“There is a need to make Carers aware of other support and benefits available, not just Carer’s Direct Payments”.

“Workers need to be more aware of the individual needs of different carers and listen to us. We have different needs around family circumstances, incomes, cultures”

“There are too many changes in social workers, especially in Children’s Services, and too many different home carers coming into our home. It unsettles our autistic child – we need to build relationships with the same staff and develop trust”.

“Staff should be aware that carers have real expert knowledge and experience. They need to treat carers in the same way as another professional”.

“Politeness is important, and to have a can-do attitude”.

“Schools and other professionals need to believe parents and not blame us for lack of parenting skills if our child misbehaves. We don’t always want to share our stories over again with new staff”.

The pandemic has increased the visibility of carers to statutory services as they have needed to take on more care, especially if the cared for person is shielding, and more carers were identified by GPs and the Council during the vaccination of carers in priority group 6. This needs to be built on, with work on increasing vaccine take up in communities where this is lower. The impact of the closure of day services, care homes, supported living and respite during restrictions were reported by Healthwatch.

Carers and their families became more stressed and isolated:

“Isolation during Covid-19 lockdowns and access rules within supported housing, including for support staff, were very challenging for the carer and cared for people to cope with.”

But were wary about services re-opening:

“Support worker will hopefully help her get back but it’s building confidence.”

“The system needs to be more joined up and carers given more advice and guidance from professionals.”

3. Managing and Reducing Risk of Crisis

Carers need support to reduce risk of crises and manage crises (such as stress or illness of carer), including respite and future emergency plans:

“A lot of people rely on carers and if a carer gets ill or stressed, it puts more pressure on the NHS, their family and others to look after the person they care for.”

“There are a lot of resources online which can be overwhelming and confusing. Once I managed to contact the appropriate team, I was offered emergency care. But I found that emergency care works as a sticking plaster and was not always effective”.

“If carers and their family are overwhelmed with red tape and the feeling that no one is listening, this could lead to family breakdown and abandonment.”

“Support carers early. Provide carers with tools such as First Aid training, so that they can feel prepared for unfamiliar situations.”

“Remind carers from time to time of their options, such as respite, befriending and sitting services, so that they do not get burnt out.”

“I feel anxious, when I am caring for my brother, because he is unpredictable, and he takes risks. What I need is a break from my caring role and someone to talk to in private”. – Young Carer.

“I was not fully informed of the process following the setting up of an emergency care package. There were variations in domiciliary carers, times of carer visits and quality of domiciliary care.”

Healthwatch (2019) reported that “For some, being able to access appropriate support for loved one such as respite services help to alleviate the stress of their caring roles and allow them opportunities to have a break from caring.”

During the pandemic, carers were particularly worried about the impact on cared for or family if they/their cared for person became ill, and impact of day and other service closures on wellbeing of cared for and themselves, especially as there was less opportunity for breaks/respite.

Healthwatch ran a focus group of 7 carers in January 2021 and found that fear of infection could lead to less take up of health services:

“I can't catch it because who would care for my loved one?”

“Many carers will have been just about managing, but when an illness hits, their vulnerabilities show.”

There is a need to support carer wellbeing, ensure respite, and reduce the risk of carers becoming ill by encouraging take up of vaccination, and other forms of carer support and respite.

Sandwell Council offer an initiative issuing Carers Emergency Cards with key contact details linked to Sandwell 24-hour Community Alarms Service. Healthwatch reported that only 4% of carers indicated having a card, so this will need review. There is also a need to ensure carers have good support to plan care in emergencies and for the future:

“There is a need to look at the needs of Carers who will outlive their children, and need bereavement support, or those who will may get ill or die before their children – we need more support for emergency or care planning in the future so they know that their relative or child will be cared for.”

4. Employment and Financial Wellbeing

Support to remain in, and return to, employment, education and training and will feel supported to access benefits to prevent hardship:

“Help Carers to prepare for or to stay in paid work – even for a specific number of hours would be a great step forward.”

“Employees who are Carers should have some rights in the workplace, for example, being able to be contacted via telephone during working hours, or to be given flexible working hours so that they can also provide appropriate care.”

“We need support to live well throughout caring and provide for ourselves in the long term, and to work more flexibly around the needs of cared for.”

“Carers in paid work in my experience appear to be overlooked and denied benefits, or access to benefits, for loved ones.”

“It is hard to access support when needed, and work. People don’t want to know when you have disabled child and can only work certain hours.”

Healthwatch reported that: “(some carers) who had been working previously still wished to be economically active but could not find work that would enable them to fulfil their caring responsibilities. Those that were employed felt that there was a lack of flexibility on the part of employers where their caring duties were concerned.

Losing employment meant that many had lost their income and were reliant on welfare benefits, but for some this was difficult to navigate, and there was a requirement for support to find out about entitlements and claim them.

There is evidence from a study of 60 carers in the African Caribbean/dual heritage community that some had given up jobs or training, or reduced hours, to enable them to take on an increased burden of care during the pandemic.

10% said they had lost their jobs due to the pandemic, and 15% said they had their hours reduced, but others needed to increase hours.

“My working hours have increased from 40 hours to 50+ hours which has made my life more difficult particularly as I feel I am putting myself and my family at risk but being a key worker, I am a single parent, so it is essential that I attend my job. My energy levels are low, I constantly feel tired and I have noticed each week that my self-esteem is getting lower. At one point I lost my voice due to feeling rundown”.

“In my work we now have increased numbers returning to premises, I was advised by the GP to reduce my hours and shield with my husband.”

Similarly, Healthwatch Sandwell (Hidden impact of Covid19 on Carers) reported that 35% carers stated that COVID had a negative impact on education, 58% stated it had a negative impact on personal finance, and 60% on household finance. Reasons given were giving up jobs or working hours to increase care, and increased costs and concerns about supply of food/medicines during lockdown. 8% mentioned a positive impact – mainly due to winter grant or shared caring with other family.

“I had to leave my job mid pandemic to look after my mother-in-law!”

5. Supporting Young and Parent Carers

Young carers need to have same opportunities as other children and young people, and the needs of Parent Carers need to be identified and supported:

Young Carers:

“Children who are growing up around a parent or other family with illness/disability need to be considered. It is not just primary caregivers who need support. This action needs immediate implementation as this would benefit both the young Carer and the person they care for”.

“I feel annoyed when my time passes by,
And others say ta-ra, goodbye
Because not all know my pain,
I am a young carer and there is no one to blame,
I raise awareness for others like me
So, others can love and be kind for thee.
My time goes and flies,
But I do not simply say bye.
People with power, money and kindness,
Please show not all suffer from blindness.
You are here to show us the way,
For us to keep our minds at bay.
We are young carers, there is no one to blame.
It is time you felt our pain.”

“I feel proud when I am able to raise awareness of young carers, because we need more visibility. What I need is for those in ‘power’ to listen.”

The education and mental health of many children has been impacted by school closures, and this includes young carers. Healthwatch reported that young carer’s roles intensified during Covid-19, with many staying at home longer as schools closed, and more responsibilities being taken on to protect against risks. The increased burden included more housework, isolation, concerns about losing friendships, anxiety about Covid-19 heightened by the fears of loved ones, and intense home living situations – feeling unable to escape/have outlets.

“I did have a lot of mixed emotions during COVID 19, it made me worried as all my family and my grandma had to avoid getting it, so it was difficult to socialise with others and I was worried about falling behind on schoolwork.”

“I have had a lot of anxiety build up because I worry about my Mom getting COVID, as she has no immune system. During online learning, my brother, with additional needs, has had meltdowns stopping me from doing work.”

Parent Carers:

“Parents need support before during and after diagnosis of cared for child. Not all assessments cover all autism traits and associated conditions especially the sensory needs of autistic children.”

“We had a very long wait for the very overstretched Children’s and Adolescents Mental Health Service and many children don’t meet criteria for support as it is very tight. This can lead to isolation and feeling unsupported.”

“Professionals are gatekeepers to support and not specialists in autism so we can hit a brick wall. Early interventions are very important to reverse the decline of carer and carer. Getting the right diagnosis is key to getting the right level and type of support.”

“We need to know who to contact, what support is out there now - and for when we, or our children, grow into adults. Especially if we or our children don't meet the criteria for public support.”

“Changeovers of SENCOs don't help. Transition to adulthood process is unclear and confusing.”

Parent carers have been impacted by the stress of changes in routine on their children as schools open, close and reopen (causing stress to their children), or hours/arrangements change, and by having to juggle work and childcare, or caring for other children and/or adults, all at once.

A carer spoke to Healthwatch about the impact of Covid-19 on her relationship with her son who has profound disabilities and lives in supported housing. Since Covid-19 they had only seen him twice.

The carer spoke of fears of her son losing skills or him being able to recognise them as parents. Another spoke of her child missing therapy appointments which affected his physical development, day, and holiday activities to support her son's needs had stopped, and she needed to reduce working hours, but felt that working from home was more flexible around caring needs. In some cases, the pandemic made it difficult for parents to get new support in place and this had impacted on the quality of life for all the family.

6. Carers' Health and Wellbeing

Carers need support to look after their own physical health and mental wellbeing:

“The best way to improve the health and wellbeing of Carers is to offer a break from caring responsibilities and a 24/7 Call line where Carers can talk to someone who understands, especially when they don't have anyone to turn to, or need to cry, or need reassurance.”

“We need time for a rest, as we are often exhausted and stressed.”

Healthwatch reported that “feedback suggested that there could be an impact on Carers' health because of their caring responsibilities, with a number of participants saying that they found their role stressful, and that in that context they would welcome some emotional support to assist them in their role. For

some, this was as simple as having someone call them to see how they were, as well as being able to speak to people who were in the same position as them so able to empathise with their experiences”.

Carer’s physical and mental health have been impacted by the pandemic – with increased incidence of anxiety, depression and loneliness. There has been more tiredness and less sleep, fewer nutritious meals, less time for exercise, breaks and self-care as they have spent more time looking after loved ones, and some evidence of unhealthy practices for stress relief in some cases.

The Carers UK report, *Caring Behind Closed Doors: Six Months On*, has recently published the results of a national survey on how unpaid carers are coped with the pandemic. The main findings were:

- 81% provided more care than before lockdown
- 78% said the needs of the person they care increased
- 64% were unable to take any breaks at all in six months
- 58% have seen their physical health impacted by caring
- 64% said their mental health had worsened

Healthwatch also reported that Carers expressed anxiety, uncertainty and exhaustion:

“After 6 months I can’t do it anymore...it was okay in the short term, I coped but I’m struggling now.... however, much you love someone 24/7 is hard....it is leaving us mentally and physically exhausted.”

“Carers have always suffered with mental health due to the stress of caring, but it’s got worse...some carers will have developed poor mental health due to Covid19.”

In “The Hidden Impact of Covid19 on Carers” Healthwatch reported that 80% of carers stated that their fitness, health or weight had worsened due to the pandemic, due mainly to lack of time to look after themselves, and mental wellbeing had worsened, with about 60% each mentioning high stress levels, anxiety, depression, and low confidence or patience.

“Night is the hardest...you feel alone and that there is no one there for you.”

“I had to start medication for depression because of lockdown.”

“My anxiety has become much worse. I am in a constant state of stress.”

7. Awareness and Diversity

Carers would like all partners to work together to raise the profile of caring in Sandwell, and to ensure that under-represented Carers' voices are heard and supported, including Carers of different ages, ethnicities, genders etc.

Awareness:

"We all need to raise more awareness of Carers. Some Carers may not be aware of what they are entitled to. We need to support all Carers in all communities."

"Stigmas of Carers in some instances are due to ignorance; therefore, more education is needed to raise awareness."

"It is important to realise that at some point in our lifetime most of us will be a Carer or will be cared for."

"We need to know that if we are carers, we will be able to speak up as carers and know where to get support from". "More drop-ins and access to professionals, there is a lot of resources online."

Healthwatch reported that "whilst most carers did see themselves as Carers, there were some that said that they did not identify themselves as a Carer because they either had a duty to care for their family members, or they were a parent first and caring for their child was expected. Others said that they had only realised they were a Carer when there was a medical diagnosis for the person they looked after, or they were defined as such by an external agency".

This suggests that there are many Carers who do not look for support or are not identified as needing support by others because they do not see themselves as a Carer.

There are hidden carers in every community, but the impact of the pandemic has been greater on carers from ethnic minority groups and communities for both cases and deaths – this will have an impact on carers – many of whom are hidden. The numbers of carers registering with GPs and presenting to carers organisations during the publicity around vaccination for carers needs to be built on.

Healthwatch recommended exploring options around setting up a database for carers to send relevant communication.

Diversity:

Carers want services to recognise and respect the different needs of different groups of carers. NOTE: See the Equality Impact Assessment April 2022 which covers the impact of the Carers Strategy on diverse groups of carers.

“Have regular meetings with different carers and care users to see if this is working as every need is different.”

“Carers need more trust in care workers, by the workers better respecting the dignity and culture of the person I care for.”

“Young, parent and elderly carers, and others with illness or lonely tend to be more vulnerable than other carers, as are those who are caring for two or more people.”

Carers of different ages:

Healthwatch reported that:

- Carers in their 40s and 50s were most likely to say that they had been impacted financially by caring.
- Older carers aged 65+ were most likely to say that they felt that support to manage at home and with wellbeing, life outside caring, and finances was important. Younger carers felt that support around education and work was important.
- 80% of over 75-year olds said that they had found it difficult to find information. Younger carers (18-34) had not tried to find information.

The below examples demonstrate the differing needs of carers of different ages:

“Provide Schools and colleges with the opportunity to build an interaction with the ageing population and understanding of the social needs of both carer and care user”.

Young Carers:

“I feel annoyed, when people dismiss my worries or experiences, because I have responsibilities and points of view they might not have. What I need is for people to support and listen to me”. -Young Carer

“I feel annoyed and angry when people treat me like a little kid when it comes to my brother’s medical condition, because I’ve helped look after him since day one when he was diagnosed. I know what his triggers are, and methods to help calm him down, which non-family members don’t know about. What I need is for people to give me the same respect as adult carers receive, and to understand that schoolwork isn’t always my highest priority.”

A case study (West Bromwich African Caribbean Resource Centre) showed two young adult carers expressed frustrations, as caring often leaves them working less hours, whilst ensuring cared for needs are met.

Older carers:

BUDS and Age Well shared their views on the impacts of Covid-19 on older carers to Healthwatch: Dementia caring affected by the lack of social opportunities placing greater burdens on carers, no respite and no GP's face-to-face and hospital referrals, isolated, lonely, not connected to families, physically less fit with higher risks of frailty and falls and older people's voices within services now less heard.

"Everything had to revolve around my husband, my life was put on hold."

Carers of Different Ethnicities:

The below examples show the different needs of carers of Black and Minority Ethnic Groups and Communities:

"A proxied caring arrangement is not sufficiently flexible or responsive to the unique needs of the care recipient. Bespoke care, tailored to the user's needs, perhaps in partnership with direct private care provided or organised by family members/friends where possible respecting cultural or language sensitivities."

"Too often care and support appears to be targeted for the convenience of the Support services, not the benefit of recipient. There is a need to provide and fund more cultural services."

"Build trust. This is a necessity – quick access to crisis support, and support that works for carers, to stop needs escalating."

The Healthwatch report looked at the differences between groups of carers by ethnicity and found 100% of Pakistani carers said that there had been either some or a lot of financial impact from their caring role, 50% Mixed White and Black African carers said that they had found it difficult to find information and advice, and 17.6% of Asian Indian carers. 6.7% White British had found it very difficult to find information and advice.

- Research compiled by West Bromwich African Caribbean Resource Centre shows that:

- Black and minority carers are more likely to be struggling financially and are more likely than majority white carers to care for 20 or more hours a week (NHS Information Centre).
- Some surveys have found that minority groups rate services as less satisfactory than white carers (Health and Social Care information centre 2013).
- Black and minority ethnic carers were less likely to receive practical and financial support and more likely to wait longer to access it. This is due to lack of information provided in culturally appropriate ways, language and literacy barriers and poor knowledge of services and entitlements (Carers UK, 2015).
- Providing culturally sensitive services can also be challenging for social care staff due to lack of knowledge and service user involvement (Manthorpe et al 2012).

The pandemic has had a disproportionate impact on ethnic minority groups and communities. West Bromwich African Caribbean Resource Centre asked 60 carers to describe the impact on them and their families.

95% stated that the family members physical and mental health had deteriorated because they have not been able to attend the Day Care Service, and 70% felt anxious as they could not see family, 45% said that their sleep had been impacted, 45% said that they had needed to see their own GP in the last 12 months. 35 % stated their relationships with their partners and children had worsened, this was partly due people spending a lot of time together in closed spaces and due to family members or friends/neighbours dying and not being able to attend the funerals to say goodbye and grieve. 60% said they would benefit from culturally sensitive home respite and sitting service, they did not want strangers in their homes, they wanted people who they had an existing relationship with, and 30% said they would benefit from a telephone befriending service.

“She really misses spending time at Day Care, she misses the staff and the friends she has made there which has impacted on her physical and mental wellbeing. I also look forward to their befriending calls, I know they have limited capacity, but I would rather stay with a service I know and trust than talk to complete strangers.”

“It has been very stressful, I work as a Support Worker and I am around lots of people with underlying health conditions therefore I am being unable to see my mom, family or friends but I’ve kept communication going by phone.”

“It is not normal for human beings to stay caged indoors at home and on top of that I have to school my children for the last four months has affected my

emotionally/mentally and physically. I feel exhausted and my energy levels are low for most days.”

The West Bromwich African Caribbean Centre recommended that:
This Strategy is reviewed due to the impact the pandemic on BAME communities and vulnerable groups, and the Equality Assessment uses data by 10 protected characteristics across Sandwell 6 Towns – will be done when Strategy is reviewed and when Census published
Sandwell to develop and deliver bespoke culturally sensitive services in partnership with African Caribbean and BAME communities -respite and initiatives to address loneliness will be reviewed.
Better collection and reporting of ethnicity to understand the full impact of the pandemic – all carers support services are currently required to report take up by ethnicity.

South Asian Family Support Service spoke with Healthwatch about the specific experiences and impacts of Covid-19 within Asian families. They reported higher levels of vaccination hesitancy within some minority ethnic communities, and Asian community were anxious to return to normal interactions, felt expected “to cope”, with an example where normal shared caring/visiting was restricted – which impacted on working from home and feeling unable to switch off from caring.

Carers of different genders:

Healthwatch reported that:

- 55.3% women carers and 31.9% of men carers stated they had been financially impacted by caring
- 65.4% women said support with health was important compared to 42.6% of men.
- There were similar differences by gender for support with wellbeing, work, life outside of caring and money.

Carers with different disabilities and long- term conditions:

Healthwatch reported that carers with a disability (only 22 out of 222 respondents):

- 54.5% of carers with a disability had been impacted financially due to caring, compared to 49.7% of carers without a disability.
- Higher shares of carers with disabilities felt that support with health and managing at home were important.
- 23.8% of carers with a disability said that finding information and advice had been difficult compared to 12.3% without a disability.

Healthwatch reported on the impact of long COVID on carers, since the pandemic:

“Support from SAFS and Options for Life gave me a break to recover, I am still affected, even small tasks, I need a lot of breaks.”

“My mental health and confidence are low, but I am pushing myself.”

“COVID has re triggered the anxiety, going out, now I can’t travel on a bus or train. I feel like Covid-19 has set my life back to 20 years ago again.”

Healthwatch also reported on the impact of COVID on carers who care for those with learning disability, autism and long-term conditions such as mental health, with service closures and:

“An assumption that the carer will continue, there was no planned or joined up service plan.”

8. Living Well in the Local Community

Carers want support to access local community facilities and groups, to live well and address loneliness and bereavement issues, including support with planning future care for loved ones:

“There are issues with transport – with Ring and Ride you need to book every Saturday within a one-hour slot for Monday bookings – and the service user with dementia needs to pay – it needs more flexibility”.

“A recent study has shown that loneliness can bring on other medical conditions. It is therefore important that Carers are given every opportunity to attend social groups or have a regular telephone call so that Carers who are unable to leave the house can still have some interaction with others”.

“I am 73 years of age with long term health condition which means I have had to shield and therefore I have not been able to see or visit my frail elderly mother who is 93 years of age”.

“More local help and support for longer like bank or school holidays, when/if child/cared for person is ill or child has meltdown, or when need to go out for shopping or appointments”

“We can feel trapped and lonely. We need bereavement counselling and more care planning so the person we care for is looked after in future”.

Healthwatch in 2019 reported that “A lack of employment and income was seen by some as a factor in how they had become socially isolated since becoming carers. Having support to be able to access peer support groups would be welcomed. Few had accessed sitting services or respite care that

might have enabled them to have a break from caring and access social activities”.

Loneliness and isolation increased during the pandemic, as services have closed, and support delivered online through zoom, WhatsApp or doorstep deliveries. Healthwatch reported carers described how people they care for can have no understanding of social distancing. So therefore, one carer shielded continuously, this meant that the carer couldn't relax or go out as a sitter was needed so that they were safe.

‘Really tough I didn't leave the house from March to September...it's like having a small child’.

Carers organisations reported that bereaved carers have been lonely during their loss due to social distancing and not wanting or waiting lists for bereavement counselling.

“I used to care for my mother, but she has recently died from the COVID 19 virus, I have tried to deal with my mother's death by occupying my mind and time by going for long walks and talking to my family virtually. I do not want to be referred to a bereavement service, would like to keep in touch via your telephone befriending service as your staff have been my rock through this difficult time in my life.” (West Bromwich African Caribbean Centre).

In “The Hidden Impact of COVID 19 on Carers” Sandwell Healthwatch reported 58% of carers said there had been an increase in the level of care and support provided, and 47% indicated a decrease in quality of time spent with the person cared for. Carers with a spouse or partner were asked about the impact of caring during Covid-19 on the relationship – 51% indicated a negative impact, 32% no effect and 16% a positive impact. This indicates increased pressure on family relationships and more loneliness. Healthwatch also reported some issues with reinstatement of transport after lockdown, and recommended review of accessible toilets, changing places, indoor facilities, and outdoor spaces to suit disabilities and vulnerabilities and enable maximised options for cared for people and carers.

9. Building on Innovation and Best Practice and Feedback from Carers

Carers want support based on evidence, best practice and their feedback as Experts by Experience, for example the use of technology and support with home maintenance:

“We need regular Carer meetings for Council and providers to find out what we need, what works and doesn't to support us. Meetings with Carers to get input/information to apply to strategy”.

“Many carers work long hours and we need good quality support for our cared for that we can trust.”

“Technology such as cameras or fall sensors may be useful. It may also be useful to have carer’s notes typed rather than written, so that it is legible, and can be accessed by other carers, next of kin or care managers, so that everyone is aware of current situation. It would also be useful for some services to have online access.”

Healthwatch also reported that “Being able to access services to assist with home and garden maintenance was also raised by some participants as being able to maintain their home as well as carry out their caring role could sometimes be too much and as a result their home environment was sometimes neglected.”

Recent feedback from Carers during COVID 19 (January 2021) to Sandwell Healthwatch stated that carers found the sudden withdrawal of day, respite and personal care difficult but regular telephone, zoom and WhatsApp calls and meetings have helped them cope, and there is a need for accurate information about the future of day services.

“Zoom is helping me to not feel so remote, but I’m concerned about people who have no access to IT especially as the libraries are closed.”

Telephone befriending, walking in local parks and green spaces, and online meetings helped to address loneliness. Online meetings targeted at specific groups of carers, such as men, or LGBT carers were welcomed. A break with another relative or close friend was welcomed too.

Healthwatch Recommendations

The Healthwatch report 2019 made 4 recommendations which have been considered and incorporated into the Delivery Plan:

1. A publicity campaign by the Local Authority or relevant voluntary sector to publicise tasks which would define a person as a Carer, Carer support services and promote the Carer’s Assessment. - see Actions 1, 2, 21, 23.
2. Provide a central point of access that would give relevant information to address financial, social support, practical support, respite, health information (for Carers and the cared for) and support and support for back into employment – see Actions 1, 3 10.
3. Adult practitioners and associated staff to receive training in the needs of Carers including their role as sign posters to support – see Action 6.

4. Promote/provide services for people who provide emotional support to Carers e.g. a buddy/befriending service to alleviate loneliness and isolation – see Actions 25 and 26.

The Healthwatch report “Caring during COVID” made the following recommendations, which have also been considered and incorporated:

- Adult Social Care to produce a communication plan about the future of day care to include accurate information about services for adult service users including respite – Action 1.
- Relevant organisations to provide access to welfare rights advice and technology for people who do not have IT equipment. (iPad or tablet) for carers – Actions 11 and 30.
- Statutory, independent and voluntary sector to continue to provide online support for carers - Action 1.
- Funding approval for Continuing Healthcare for service users with complex needs to be actioned by Sandwell and West Birmingham Clinical Commissioning Group – this will be included in Action 4
- Care packages to be re-assessed by Adult Social Care take account of the current changes and this to include the needs of carers under The Care Act 2014 – Assessments should be in line with Care Act, but Action 6 will ensure all staff receive up to date training.

The Healthwatch report “The Hidden Impact of COVID on Carers” made the following recommendations for this Strategy, which have been considered and most will be included in the Action Plan:

The experiences, stories, and carers views in this report help inform the service remodelling and that carers, as well as service users, are included within the consultation processes.

- Ensure the action plan incorporates learning from this report and seeks to ensure an integrated health, care, and support service for carers.
- Plan a Carers Conference to discuss findings of this report, identify immediate health, care, and support service adjustments, promote services and consult on the draft Strategy.
- Scope and model information available to carers ensuring all carers can receive a consistent package of information regarding support options available irrespective of access point. Provide the information in the range of accessible formats to address identified specific needs, language barriers, and carers who are digitally excluded.
- Consider options to create a database of all carers in Sandwell for relevant communication purposes.
- Review the validity of carers emergency cards including considering plans for “shared care records.”

- Explore options to develop or support a carers forum accessible in a range of formats.

Our Commitment

We are pleased to present:

**Our Commitment to Carers in Sandwell, through the 9 Promises:
“to work together to do all we can for better lives for Carers in Sandwell, so that they and their families thrive for longer”**



5 Local Priorities and 9 Local Promises for Action

To help shape our main priorities for action for 2022 to 2026, we have taken our lead from the Carer's National Action Plan and have adopted the following priorities for Carers:

1. Services and Systems That Work for Carers
2. Employment and Financial Wellbeing
3. Supporting Young Carers & Parent Carers
4. Recognising and Supporting Carers in the Community
5. Building on Research and Best Practice

We have included Parent Carers in our third local priority as we felt this was missing from the National Action Plan. Many of the Carers we engaged with

were young, young adult and parent Carers of children with disabilities or long-term conditions and they asked for separate recognition of their needs.

We have also recognised the impact of the pandemic on Carers, by listening and taking account of the feedback by local Carers to Healthwatch and to Adult Social Care.

Each of the theme areas has a promise that underpins it. We have nine promises in total, which are listed on page ---.

An Action Plan at the end of this Strategy outlines what we will do, how we will do it, who is responsible and in what timescale.

There are 30 actions to deliver the changes that are needed to ensure our Vision of “Better Lives for Carers in Sandwell”.

For some of these actions, we do not yet know who will be leading or delivering on these, nor how they will be funded, but this Plan sets out our collective priorities for action.

1. Services and Systems That Work for Carers

The Carers National Action Plan refers to Carers often having extensive contact with health and social care. Services need to be aware of the diversity of Carers and their circumstances. There is no such thing as a "typical Carer" and services need to be responsive and flexible, recognising and supporting Carers at different stages in the caring journey, including crises.

Local engagement with Carers revealed the importance Carers place in seeing them as individuals and respecting them as partners in care of loved one, and of importance of keeping in touch with family, friends and of leisure. Support for Carers and the people they cared for who fell just outside the eligibility criteria for care and support, and thus were self-funding was important.

Engagement also showed the need for Carers to know where to get the right support and how to access it with simpler routes to support. They need timely and up to date information and advice in various formats. Findings from Sandwell Healthwatch showed that:

- There is a need to identify more carers, including temporary carers who are looking after people with short term conditions such as COVID or long COVID, or those experiencing mental health difficulties or ongoing conditions due to treatment/operations being delayed due to lockdown.
- There is a need for Social Workers and other health and social care staff to be trained to recognise when someone they are working with a carer, and especially those from diverse groups – such as those from BAME or LGBT communities, who may be less likely to self-identify as Carers or ask for support.
- Health and Social Care workers also need to recognise and support the different needs and preferences of diverse groups of carers – for example, some carers prefer day or personal care to be delivered to loved ones by someone familiar or from their own community, or prefer to attend support groups with the cared for and related to the condition of person receiving care (e.g. a dementia support group, an LGBT carers group or men's carers group instead of a general carers group).
- There is a need to ensure that Carers who are digitally excluded can access updated information and advice about important aspects of caring such as respite availability and welfare rights changes.
- There was a request for Social Workers to consider the impact of the pandemic on the needs of Carers when assessing or reviewing their needs.
- There is a need for quick assessment and access to Carer support.

Carers' Requests for Support to Sandwell Enquiry 511 in 12 months from 17 March 2022.

Local Promise 1

Improving Access to Information, Advice, and Assessment.

Key Outcome – All local Carers and the Wider Community have access to the right information and advice at the right time, in the right place and in the right way (including format) and support to meet their needs and prevent them increasing. Carers will have quicker and easier access to information and advice, they are identified earlier, so they are supported more quickly.

Local Promise 2.

Developing the Workforce to Identify and Support Carers more effectively Carers will be well supported by a trained workforce who can identify them early, respect and value them and support effectively or signpost to appropriate support.

Key Outcome: Carers feel well supported by a trained health and social care workforce, and schools, who can identify them early, respect and value them and support effectively or signpost to appropriate support.

Local Promise 3

Managing and Reducing the Risk of Carer Breakdown – The Council and Statutory Partners will work to support Carers to reduce their risk of crises and help them cope. This includes illness and safeguarding incidents.

Key Outcome: All Carers receive support to reduce the risk of crises and manage them. All Carers continue to cope and receive support to reduce risk of Carer crises, including sudden changes of circumstances, like loss of work, relationship and social opportunities, illness, exhaustion and breakdown, and safeguarding incidents.

2. Employment and Financial Wellbeing

47%

of Carers said they had left paid work to provide care

1/3

of Carers had reduced their working hours to provide care

Over half of all Carers have missed some educational opportunities due to their caring responsibilities

53%

Figures from the State of Caring 2019 report of 7,500 Carers by Carers UK

The Carers' National Action Plan refers to the difficulties Carers face balancing work and performing a caring role, and at the same time how they are struggling to make ends meet leading to financial hardship. Where an employer is made aware of an employee with caring responsibilities, they can use flexible working practices that might help both the employer and employee.

Carers are often in receipt of low income, due to some not being in paid employment and many are eligible for Carers Allowance. The report "Staying afloat in a crisis: families on low incomes in the pandemic", has been published by the Joseph Rowntree Foundation. Parents without stable work faced the most severe difficulties during the pandemic. Difficulties making ends meet on already stretched income has coincided with increased costs. Having a stable and enough income from work and the benefits system has become more elusive in recent years, exacerbated by the impact of the pandemic.

A recent study of 60 carers who use a local carers organisation shows that some carers had given up jobs or reduced their working hours in response to the pandemic – for example by needing to support shielding cared for people.

39%

of Carers said they were struggling to make ends meet. Over half say they are not able to save for their retirement

53%

of Carers receiving Carers allowance are also struggling financially

2/3

of Carers regularly use their own income or savings to pay for care or support services, equipment or products for the person they care for

Local Promise 4:

Employment and Financial Wellbeing

We will improve the support for Carers to remain in, and return to employment, education and training and support Carers to improve their financial wellbeing.

Key Outcomes:

Carers within Sandwell will be supported to remain in, and return to, employment, education and training and will feel supported to access benefits to prevent hardship.

3. Supporting Young Carers & Parent Carers

The National Action Plan refers to difficulties young Carers face with poorer health and wellbeing, often missing out on education and training opportunities. Improved identification of young Carers, to enable assessments that identify support needs alongside flexible educational opportunities are vital to providing support. Then Young Carers are more likely to access and have the same life chances as other young people without caring responsibilities.

Young, young adult and parent carers are more likely to be younger than most Carers of adults, and more interested in accessing a job, training or education and building a career, vocation or social life and have more concern and investment in their future, and that of their cared for person or wider family.

Examples include:

- A young Carer who wants to leave home for university and concerned about impact on caring role and how the parent will cope.
- A Parent Carer of a child with complex needs wanting to return to employment or concerned about future care needs when child reaches 18 (when responsibility for their care and support transfers from Children's Trust to Adult Social Care).
- Parent Carer and Young Carers have reported the following pressures to local carer support organisations because of COVID and lockdown:
- Changes involved as schools closed, opened causing anxiety in children
- around new teachers, or staff, learning support, classes, routines, transport changes.
- Concerns around staff changes and understanding of children's specific communication and other needs?

- Parents are concerned that their child does not understand the need for social distancing or hygiene/handwashing they will put themselves at risk
- Concerns about changes involved in parent work at home/returning to workplace as this will place burden on rest of family.

9,135 The number of Parent Carers in Sandwell is not known.

But there are 9,135 children and young people with Special Educational Needs

2,135

Children and Young People within Sandwell have an Education, Health and Care Plan

700 Young Carers were estimated to have accessed support – this number is likely to be an under representation as many young Carers are ‘hidden’

Local Promise 4:

Young Carers and Parent Carers are identified and supported.

Key Outcomes:

Young and young adult Carers within Sandwell will be supported to have the same opportunities as other young people in Sandwell.

The specific needs of Parent Carers and their families will be recognised and supported, including Carer or cared for people moving into adulthood.

4. Recognising and Supporting Carers in the Community

The National Action Plan refers to Carers having little contact with services for Carers, and many will not be receiving formal support in their caring role. It is therefore vital that all partners to our Strategy raise awareness of caring amongst the wider population to build Carer friendly communities.

Just over 50% of Carers in Sandwell are aged 50 or older – the younger Carers are various ages

55% are women, 45% men. It is unknown how many are different ethnicities or faiths.

healthwatch
Sandwell

190 carers showed that in the last 12 months: 80% had felt tired, 59% had lost sleep, 57% needed to see their GP because of caring, 55% had felt stressed, 50% of had physical strain and 26% had developed their own health condition.



Of 190 Carers surveyed by Healthwatch (2019), 83% cared for a close adult family member, 23% “full time” and 45% cared for more than one day a week. Whilst most Carers did identify themselves as Carers, there were some that they did not because they felt it was their “family duty” or had only realised they were a Carer when there was a medical diagnosis for their cared for person, or they were defined as such by a professional working in health and social care. These “hidden” Carers are less likely to ask, seek or be offered support than other Carers. There are many hidden Carers in the community, and even if they do recognise, they are Carers, many are too busy caring to think about their own needs for support. Almost two thirds of Carers (64%) say that they have focused on the care needs of the person they care for, and not on their own needs.

Approximately 1,600 Carers use Carers support services based in the community and funded with support from Adult Social Care. This includes information and advice, Carers groups, outings, training and bereavement support. There has been less take up of most services due to lockdown recently, and more online support – carers have needed more intensive 121

support as many did not want to meet in online groups, but most services have now reopened face to face.

Carers UK 2015 also shows that black and minority ethnic Carers are not only less likely to be in receipt of practical and financial support but also are more likely to wait longer to access it.

Loneliness, isolation and bereavement have been experienced by many carers during and since the pandemic, and some carers expressed concerns about the need to plan support for cared for people (such as adult sons and daughters with learning or sensory disability) when their parent carers have died, so that they continue to be supported in the way parents wanted.

It is vital that we work with partners within and beyond health and social care to raise awareness of caring among the wider population to build Carer-friendly communities and improve access to services.

Local Promise 6

We will support and work to improve Carers Health and Wellbeing.

Key Outcome: Carers in Sandwell will be supported to look after their own health and wellbeing.

Local Promise 7

We will work to increase Awareness of the differing Needs and Diversity of Carers in Sandwell.

Key Outcome: All partners will work together to raise the profile of caring within Sandwell and to ensure that under-represented carers voices are heard and supported.

Local Promise 8

We will enable Carers to live well within the community.

Key outcome: Carers in Sandwell will be supported to access the community-based support, to address situations of loneliness, isolation and bereavement.



5. Building on Research and Best Practice

The National Action Plan prompts partners to better understand what solutions would be most effective and helpful for Carers and to strengthen areas where gaps in knowledge exist to ensure that the development and delivery of future policies are informed by a strong evidence base.

Local Promise 9

We will ensure that support is based on evidence and best practice and that Carers are recognised as Experts by Experience and feel recognised and valued

Key Outcome: Support for Carers will be commissioned based on evidence and best practice and engagement with Carers as Experts by Experience.

BETTER LIVES FOR CARERS ACTION PLAN: DELIVERING THE JOINT CARERS STRATEGY 2022-26

The Joint Carers Strategy Project Group will meet quarterly to develop initiatives and review progress against the Strategy.

The Better Care Fund Commissioning and Performance Group and Joint Partnership Group will govern the Action Plan for this Strategy and ensure annual review.

Progress will be reported annually and will be fed into the Health and Wellbeing Board.

Priority A: Systems and Support That Works for Carers

Local Promise 1	Key outcome	Action Number	Actions Description	Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Identifying Carers, Improving Access to Information and Advice and Ensuring Timely Assessments.	<i>All local Carers and the wider community have access to the right information, advice at the right time in the right place and in right way/format, and support to meet their needs and prevent them increasing. Carers will have quicker and easier access to</i>	1	Ensure that clear Information, Advice and Guidance for Carers is widely available, accessible using multiple channels and regularly updated in line with Care Act and other legal requirements.	LA, CCG, Children's Trust and VCS Orgs					
		2	Identify ways to better Promote Carers Offer within Sandwell - including implement an online Carers Assessment as an additional way to make it easier for carers to have their needs assessed and support identified.	LA Adult Social Care and SCT					

	<i>information and advice, they are identified earlier, so they are supported more quickly.</i>	3	Review need for single point of access for Carers to access information and advice or support embedded within the Community Offer.	LA - Adult Social Care					
		4	Champion the interests of Carers within plans for integration between Health and Social Care - so that Carers experience joined up support.	Adult Social Care, CCG					
		5	Review the respite and replacement care offer in Sandwell including Carers breaks, and emergency care - to address loneliness, health inequalities.	LA - Adult Social Care					
Local Promise 2	Purpose	Key Actions	Responsibility for Delivery	Implementation of Strategy					
				2022/3	2023/4	2024/5	2025/6		

<p>The Council and Statutory partners will continue to develop the workforce to Identify and Signpost Carers to support.</p>	<p><i>Carers will be well supported by trained workforce who can identify them early, respect and value them and support effectively or signpost to appropriate support.</i></p>	<p>6</p>	<p>Explore ways to improve the ability to identify and support carers for frontline workers from health, social care, domiciliary care, education, private employers and voluntary organisations. This includes review of training needs of frontline Social Care staff in relation to relevant law (Care Act and Children's and Families Act), and raising awareness of teachers and other frontline workers on the identification of young and parent carers, and signposting to relevant support</p>	<p>Council – Adult Social Care</p>					
<p>Local Promise 3</p>	<p>Purpose</p>		<p>Key Actions</p>	<p>Responsibility for Delivery</p>	<p>Implementation of Strategy</p>				
<p>Carers risk of crisis is reduced (illness, safeguarding).</p>	<p><i>All Carers receive support to reduce risk of Carer crises and manage them. All Carers continue to cope and receive support to reduce risk of Carer crises, including sudden changes of</i></p>	<p>7</p>	<p>Ensure that the specific needs of Carers, who may be at risk of exhaustion, stress and illness, are addressed with mental and physical health resources and breaks, ensuring a range of respite options.</p> <p>See Action 5 around review of the respite / replacement care offer.</p>	<p>Council - Adult Social Care and Children's Trust</p>					

	<i>circumstances, like loss of work, relationship and social opportunities, illness, exhaustion and breakdown, and safeguarding incidents.</i>	8	Review and develop the Carers Emergency offer including information and advice, and look into a Carers Emergency Card for support to Carers who re assessed as high risk by Adult Social Care - to ensure cover for Carers if they become ill or unable to provide care for short periods and potential inclusion of Carers Equal Partner Card for use when Carer is liaising with health or social care professionals around care and treatment of cared for person in crisis or at transition point.	Adult Social Care CCG Primary Care, Hospitals Adult Social Care and Children's Trust.					
		9	Develop training for community, hospital and primary care staff to liaise with Carer effectively to inform response to episodes of crisis appropriately.	CCG Primary Care, Hospitals, Adult Social Care, Children's Trust					

Priority B: Employment and Financial Wellbeing

Local Promise 4	Key outcome	Action Number	Action Description	Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Improving the support for Carers to remain in, and return to, Employment Education and Training and Supporting Carers to improve their Financial Wellbeing.	<i>Carers within Sandwell will be supported to remain in, and return to, employment education and training and will feel supported to access benefits to prevent hardship.</i>	10	Work with the Voluntary and Community Sector to investigate need for pilot to work with local employers to identify and support carers in the workplace and promote Carer friendly employment practices to remain in work and return to work training and education.	Vol Sector supported by LA ASC					
		11	Work with the Councils Welfare Rights network to recognise and support the increasing needs of Carers to access the benefits they are entitled to	Voluntary Sector Support Team – Council & Voluntary Community Sector					

Priority C: Supporting Young Carers and Parent Carers

Local Promise 5	Key outcome	Action Number	Action Description	Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Young Carers and Parent Carers are identified and supported.	Young Carers will have the same opportunities as other young people.	12	Review and develop effective follow up action to support identified young and young adult carers, including those moving into adulthood, with a clear pathway that ensure they get appropriate support in a timely manner.	Council – Adult Social Care and Children’s Trust					
	And the specific needs of Parent Carers will be recognised and supported.	13	Work together to identify clear pathways to support Parents Carers and continue this support when their cared for child moves into adult services and needs to cope with change	Adult Social Care					
		14	Ensure that Parent Carers are aware of the right to request and access a parent Carer needs assessment to consider their individual needs as a parent Carer, things that could make looking after their child easier, their wellbeing as a parent Carer, the need to safeguard and promote the welfare of their disabled child and the need to safeguard and promote the welfare of any	Adult Social Care					

			other children that they care for.						
	For both young and parent carers....	15	Work together to support young carers and parent carers when they or their cared for child and family needs to cope with change – including returning to school, new classes/teachers, and other changes involved in easing lockdown, and moves into adult services.	Adult Social Care, Children's Service and Sandwell Children's Trust					
		16	Ensure the needs of young carers or parent carers of children with Autistic Spectrum Disorder or complex needs are addressed.	Council - Adult Social Care and SCT					
		17	Short breaks for families, and other initiatives, to ensure parents and young carers to develop friendships, have fun, build an effective voice and have access to respite and breaks, will be reviewed by Sandwell Children's Trust.	Sandwell Children's Trust					

Priority D: Recognising and Supporting Carers in the wider Community and Society

Local Promise 6	Key outcome		Key Actions	Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Carers Health and Wellbeing	<i>Carers in Sandwell will be supported to look after their own physical health and mental wellbeing</i>	18	Develop initiatives in conjunction with the CCG to encourage Carers to register with their GPs as carers, and to access the support on offer to carers.	CCG					
		19	Improve take up of Lifestyle services/Health & Wellbeing programme, Community Offer activities and other relevant Public Health services/programmes by Carers to improve health and address social isolation.	Council - Public Health and Community Offer					
Local Promise 6	Key outcome		Key Actions	Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Awareness and Diversity	<i>All partners will work to raise the profile of Caring within Sandwell and to ensure that underrepresented Carers voices are heard and supported</i>	20	Regularly review and refresh this Carers Strategy to build in learning from COVID19 and other research and analysis on the impact to Carers from all under-represented or seldom heard groups and communities, using demographic data broken down by towns and neighbourhoods.	All – led by Adult Social Care					

		21	Develop a partnership wide commitment to establishing a 'Carer Friendly Community' campaign across Sandwell to raise awareness of who is a carer and what are their needs.	All – led by Adult Social Care					
		22	Organisations funded by the Council and CCG to support Carers will be expected to demonstrate support for those from underrepresented and seldom heard groups to represent the wide diversity of Carers within Sandwell including LGBTQ+ Carers.	Adult Social Care Voluntary Sector					
		23	Targeted campaigns amongst underrepresented and seldom heard community groups to raise awareness of the role of a carer and promote the support available to hidden carers including LGBTQ+ Carers, and those in Minority Ethnic Groups and Communities.	Public Health, Voluntary Sector					
Local Promise 6	Key outcome	Key Actions		Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	

Carers supported to live well in the community	<i>Carers in Sandwell will be supported to access community-based support to address situations of loneliness, isolation and bereavement.</i>	24	We will raise awareness of the need to support whole families together – including Carer, cared for and other family members affected by caring relationship (e.g. children whose parents are Carers of spouses/other children, or families who stay in as members clinically extremely vulnerable)	All – led by Adult Social Care.					
		25	Investigate shared interest in developing a Carer Passport scheme with discounts and rewards akin to the Blue Light Card but for carers from the Council and local businesses – this could be tied to a Carers Emergency or Equal Partners card to address social isolation.						
		26	Review bereavement support and develop care planning involvement in Sandwell for the Carers of people at end of their life, and carers who are or could be near or at end of caring, or socially isolated.						
		27	Explore technological solutions (apps, sensors) to support Carers with their caring responsibilities, in addition to face to face or telephone support.	Adult Social Care					

Priority E: Building Research and Evidence to Improve Outcomes for Carers

Local Promise 9	Key outcome		Key Actions	Responsibility	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Support is based on evidence and engagement.	<i>Support for Carers will be commissioned based on evidence and best practice and engagement with Carers as experts by experience.</i>	28	Identify local and national user led research and best practice to broaden and improve the offer of Carer support in Sandwell (taking account of policy developments, local needs, health inequalities and demographic trends).	Sandwell MBC – Adult Social Care Commissioning					
		29	Work with Community Offer or Healthwatch Sandwell to establish carer peer support groups as experts by experience to recognise quality in care/support, provide feedback and to improve services.	Sandwell MBC – Adult Social Care. Voluntary and Community Organisations					
		30	Review Carers Grants provided to Carers support services (in line with Corporate Grant Review) to have a clear outcome focused approach and to ensure that they are supporting Carers from across all of Sandwell's diverse communities.	Adult Social Care and Children's Trust					

Next Steps

The Action Plan aims to cover all the key comments and suggestions made from extensive public engagement which we are taking forward as part of this strategy.

Some of these actions will require extra funding, either temporary or ongoing. However, to ensure resourcing of the Strategy's actions properly, compare what is currently available with the gaps that are felt to exist in services and support across the whole of Sandwell, and meet those main gaps.

The Joint Carers Strategy Project Group will meet quarterly to develop initiatives and review progress against the Strategy.

All partners will be expected to report progress to their decision-making boards on a 6 monthly basis on any actions that they are leading on. The Health and Wellbeing Board will oversee the Action Plan for this Strategy and progress will be reported annually to the Health and Wellbeing Board.

Terms used in the Joint Carers' Strategy

Carer's Assessment – Carers have a right to ask for this as part of the Care Act 2014. Adult Carers can discuss anything they think would support their own health and wellbeing including their caring role, with an officer in Sandwell Enquiry or Social Worker. The Council then uses this information to decide if the Carer is eligible for a Direct Payment and if so, what support it can offer.

Carer support plan – If a carer is identified as having eligible needs following an assessment under the Care Act 2014, the Council social worker sets out a support plan for how those needs will be met. The support plan must be developed with the carer and should set out the outcomes the carer hopes to achieve, including their providing care and accessing work, education and training, and emergency support plan if the carer becomes ill.

Carers' Support – all the support available to carers and their families.

Carers' Peer support – carers forming groups or friendships to support each other, share experiences, offer practical advice on choices for them and their families. May be offered by carer support services, part of wider support groups or online networks.

Carers' breaks – a few hours during the day or evening, overnight, or a few days break by providing short-term care for their loved one in their own home or in a care or nursing home. They can be occasional or regular breaks to give carer a rest and time to pursue other tasks, relationships and hobbies outside of caring.

Replacement care – Care that replaces the care normally given by a Carer, either on a planned basis or in an emergency. Replacement care is usually offered by the Council, if the person needing care has had a Care and Support Assessment and is entitled to care and support services. Otherwise, people may have to pay for it.

This page is intentionally left blank



Sandwell Health and Wellbeing Board
29th June 2022

Report Topic:	Beyond the Stigma Project – Changing Our Lives
Contact Officer:	Lucy Dunstan – Deputy Chief Executive Officer, Changing Our Lives ask@changingourlives.org
Link to board priorities	<p>1. We will help keep people healthier for longer</p> <p>Mental health projects such as Beyond the Stigma project allow communities to speak out about their mental health and thereby improve both physical health and mental wellbeing, prevent or reduce the risk of mental crises and support in managing any crisis better.</p> <p>2. We will help keep people safe and support communities</p> <p>Beyond the Stigma project aims to challenge the stigma that surrounds mental health within South Asian communities and encourage others to engage in the conversation. This will contribute to building more understanding and resilient communities in Sandwell.</p> <p>3. We will work closely with local people, partners and providers of services</p> <p>This project is undertaken by Sandwell Council’s third sector partner, Changing Our Lives, who are one of the main partners supporting the council in tackling health issues and inequalities in the Borough.</p>
Purpose of Report:	To receive details of ‘Beyond the Stigma’ project carried out by Changing Our Lives, a rights-based organization.

<p>Recommendations</p>	<ol style="list-style-type: none"> 1. To receive details of the Beyond the Stigma project. 2. To seek feedback on the project from members of the Health and Wellbeing Board.
<p>Key Discussion points:</p>	<ul style="list-style-type: none"> • Invite members' feedback on the project and any suggestions on how it can be improved going forward • Underline the importance of reaching out to underrepresented groups and discuss how targeted projects can contribute to reducing health inequalities in the Borough
<p>Implications (e.g. Financial, Statutory etc.)</p>	
<ul style="list-style-type: none"> • This is a piece of work undertaken by the Council's Voluntary and Community Sector partner. 	
<p>What engagement has or will take place with people, partners and providers?</p>	<p>The project forms part of engagement with targeted communities in Sandwell.</p>





Changing
Our Lives

Beyond the Stigma

changingourlives.org/beyondthestigma



The project

We know through our work in communities that the term '*mental health*' doesn't translate in many languages. The truth is, for some people in the South Asian community, there is no such thing as mental health. It's not talked about or recognised.

Beyond the Stigma brings together South Asian communities to challenge the stigma that surrounds mental health within their communities and encourage others to engage in the conversation.

This project explored how the arts can be a powerful way to share stories, experiences and challenge myths. It encouraged self-expression and celebrated identity and value, giving women the opportunity to explore ideas and develop their own writing and creative work.

This collection was developed during the course of the coronavirus pandemic, a time in which mental health became a hot topic of conversation. Though conversations about mental health are more common place in the UK today, we know through our work, there is still widespread stigma within South Asian communities.

Each story is an individual journey written in the women's own words, including experiences of self-harm, suicide, depression eating disorders and substance misuse. The way these women experience mental health difficulties is no different to the rest of society. However, their encounter is often set against a background of racism and cultural expectations which include pressures from family relating to gender biased customs.

The stories



“Intergenerational Trauma – search it, read about it, become aware of it. It doesn’t just exist in our communities, but it prospers in our communities because those norms and those values passed down to us, seemingly to keep our culture and traditions alive, have taught us to suffer in silence.”



Beyond the Stigma

The Mirror

There is a girl staring at me
Five foot five, brown eyes
With a soul so deep

There is a girl staring at me
A smile so bright
With tears that bleed

There is a girl staring at me
In the prime of her life
But wants to be set free

There was a girl staring at me

- Laddi

“Through my journey, I found one thing. Counselling and CBT are not culturally sensitive. My counsellor said to me ‘talk about this with your family’, and I remember saying ‘you don’t understand Punjabi families if this is your advice’. I think a lot needs to be done when it comes to therapy.”



Beyond the Stigma

Dear younger self,
How I wish I could be the shoulder you needed to cry on,
the mother you needed to rely on,
the guidance you needed to move you on...
to brighter days.

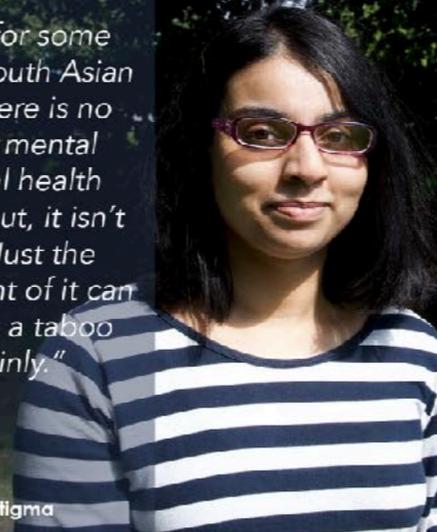
Dear younger self,
I know that life has made you feel beaten,
I understand that you feel defeated,
your energy and sweet spirit depleted,
it’s such a shame.

Dear younger self,
it’s not fair the struggles that life has dealt you,
I know too often you felt too
drained to find someone to help you,
to see the light.

Dear younger self,
I know life thought it could break you,
but your strength is amazing,
it made you
the woman I am, so I thank you,
for not giving up the fight.

- Nadia

“The truth is, for some people in the South Asian community, there is no such thing as mental health. Mental health isn’t talked about, it isn’t recognised. Just the acknowledgment of it can be difficult. It’s a taboo subject mainly.”



Beyond the Stigma

I grew up Sikh, in an Indian Culture,
When I felt down people thought let’s not approach her.

They thought there was something wrong with my head,
but told me to get up and get out of bed.

‘What is mental illness?’ they once asked me,
So I took them on a journey and got them to see.

Today it’s more accepted,
but more has to be done
So let’s all join together
and become as one

- Prab

“Talking about mental health is the hardest part. I am now brave enough to come forward and talk about my journey. In the Asian community mental health is not ordinarily discussed, it remains behind closed doors and it is a taboo subject. It’s difficult because you can’t see mental health and so it is kept hidden.”



Beyond the Stigma

Fear, shame, anger, trauma,
from an early age I’ve had nothing but drama.

Crying, laughing, screaming, self-harming,
these behaviours should have served as a warning.

That I was in pain.
That I was in need.
That I was so hurt.
That I needed to grieve.
That I was fed up.
That life wasn’t fair.
That I was a child.
I needed someone to be there.

Stronger, tougher, wiser, older,
my experiences they made me a soldier.

- Nadia

“People remain unwilling to acknowledge and talk about [mental health]. Why? Because culturally that is how we have been brought up, to get over our problems. We don’t talk to others because if other people think there are problems within our family then it brings shame to our family, our culture and our religions.”



Beyond the Stigma

The stigma

Lok Ki Kehnge?

“It is my mission to have this phrase ingrained in your memory for the right reasons. For too long, has it sat comfortable on the tongues of our families. It regulates our life choices to keep us in the tight-fitting mould of the “brown female”. Mental health doesn’t fit in that mould - just let that sink in!”

Reinforcing a tradition of silence and female conditioning

“We weren’t discussing it at the dinner table and it wasn’t taught at school. I was quite oblivious to it, it felt like something out of fictional tales. Growing up, if you were sad, you had to make sure no one realised you were sad.”

“There is still the stigma that ‘depression’ means that someone will kill themselves or that they are ‘crazy’. People don’t see the daily impact of depression, or the fact that their loved one needs support. They do not need people to treat them differently, as though they are possessed.”

“If you do open up about mental health, people can think less of you. You are not valued in the same way as others.”



Bringing shame to our family, culture and religion - a reflection on parenting

Most people in our communities don't want to talk about it, understand it or want to really learn, and so it goes on...

Intergenerational racism and trauma

GOD, Rab, Allah, Baba Ji, Bhagavan, Sri.....

The family doctor!



The racism



The scrutiny

- The sharing of stories to tackle the stigma - the sooner we can acknowledge it, the easier it will be for us to get the right support. The more that people think like this, the less people will grow up to hold the negative stigma that is currently attached to mental health.
- Culturally informed/sensitive services and supports.
- Co-production working with South Asian communities to break down barriers and foster a better awareness.
- Work alongside influencers within the community to normalise mental health, such as religious establishments promoting awareness and access to services.
- LANGUAGE
- Commissioning services and supports that are proactively anti-racist and can demonstrate this practice.

Let us know you agree to cookies

We use cookies to give you the best online experience. Please let us know if you agree to all of these cookies.

Yes, I agree

No, take me to settings



Sign in



Home

News

Sport

Weather

iPlayer

Sounds

Bitesize

...

Search iPlayer

iPLAYER

Channels

Categories

A-Z

TV Guide

My Programmes



Back in Time for Birmingham

Series 1: Episode 4

The Sharma family reflect on their time-travelling journey through British Asian history and discover what has changed for second and third generations in the 21st century. [More](#)

59 mins 8pm 23 Jun 2022 Available for 11 months

This page is intentionally left blank



Sandwell Health and Wellbeing Board
29th June 2022

Report Topic:	Update on Development of Autism Strategy
Contact Officer:	Vicki Merrick, Commissioning Team Manager, Adult Social Care, Vicki.Merrick@sandwell.gov.uk
Link to board priorities	<p style="text-align: center;">1. We will work together to join up services</p> <p>Service users are at the heart of the development of autism strategy and action plan for the Borough. Sandwell Council is also working with its voluntary and community sector partner, Changing Our Lives, to ensure this strategy will be joined up and fit for purpose.</p> <p style="text-align: center;">2. We will work closely with local people, partners and providers of services</p> <p>Consultation with autistic people, their families and professionals from health, social care and education has formed, and will continue to form, a key part in development of the autism strategy and action plan.</p>
Purpose of Report:	To provide an update of actions completed to date in preparing the Sandwell Autism Strategy.
Recommendations	<ol style="list-style-type: none"> 1. For the Health and Wellbeing Board to endorse next steps in preparation of Sandwell Autism Strategy. 2. To endorse the timelines and launch date of the Sandwell Autism Strategy.
Key Discussion points:	<ul style="list-style-type: none"> • Changing Our Lives continue to facilitate the involvement of autistic adults, carers and professionals to ensure outcomes focus on

	<p>‘ordinary lives’ keeping people healthier for longer, safer and supported in the community.</p> <ul style="list-style-type: none"> • For the board to offer key stakeholders within their organisations to be involved in the development of the strategy and action plan. • The board is invited to offer feedback on the draft promises/pledges and next steps.
<p>Implications (e.g. Financial, Statutory etc)</p>	
<p>Following the publication of the Autism Act 2009, statutory guidance was published which clearly sets out standards and expectations for local authorities and health services when commissioning services for autistic people. Although work has commenced with achieving these standards it is apparent there are gaps in the market and further work needs to be undertaken.</p> <p>It is important to note not all the requirements should be met by health services and local authorities but their ability to shape and influence the approach of the voluntary and community sector and local businesses is key to raising awareness and acceptance within the local community.</p> <p>The strategy and action plan aim to progress and enhance the work to date and ensure all key stakeholders are involved to meet statutory requirements.</p>	
<p>What engagement has or will take place with people, partners and providers?</p>	<p>A series of consultation events have been undertaken with autistic people, their families and professionals from health, social care and education to develop the strategy and action plan so far.</p> <p>Further engagement will be held to ensure that all key partners are involved in the development of the final strategy and a robust action plan which will deliver the promises/pledges.</p>





Sandwell Health and Wellbeing Board
29th June 2022

Report Topic:	Health and Wellbeing Board Strategy Update
Contact Officer:	Lisa McNally, Director of Public Health Lisa_McNally@sandwell.gov.uk
Link to board priorities	<p style="text-align: center;">1. We will work together to join up services</p> <p>Health and Wellbeing Strategy is all about working with partners and residents to ensure a joined-up approach to delivery of health services in the Borough across NHS, public health, social care for adults and children and related services.</p> <p style="text-align: center;">2. We will work closely with local people, partners and providers of services</p> <p>Involving people, partners and providers of services in development of the strategy through engagement, communications and listening exercises will be essential to the success of the Strategy.</p>
Purpose of Report:	To provide a progress update on the development of Sandwell Health and Wellbeing Board Strategy and to seek suggestions on how to shape the strategy so that it is effective in addressing health needs in the Borough.
Recommendations	<ol style="list-style-type: none"> 1. For the Health and Wellbeing Board to note the next steps in development of Health and Wellbeing Board Strategy. 2. For members to discuss and offer suggestions on how to shape the strategy so that it contains effective solutions in terms of encouraging partner involvement and meeting health needs of the Borough.

<p>Key Discussion points:</p>	<ul style="list-style-type: none"> • How to shape the Health and Wellbeing Board Strategy so that it offers effective ways to improve the health outcomes in the Borough. • How the Strategy can contribute to forging effective relationships and joined-up culture between health partners in Sandwell and regionally . • Timelines for the delivery of the strategy.
<p>Implications (e.g. Financial, Statutory etc)</p>	
<p>Health and Social Care Act 2012 places a statutory requirement on Health and Wellbeing Boards to have a Joint Health and Wellbeing Strategy (by the local authority and clinical commissioning groups) that spans NHS, social care and public health priorities and the wider determinants of health, taking a key role in overseeing delivery.</p> <p>The Health and Wellbeing Board Strategy will work to encourage those who arrange the provision of health and social care services in Sandwell to work in an integrated manner and adopt a similar approach with other health-related services e.g. transport and housing where appropriate. It will also aim to adopt joint working arrangements with voluntary sector organisations and partners across Sandwell and regionally.</p>	
<p>What engagement has or will take place with people, partners and providers?</p>	<p>This strategy is in a pre-consultation stage and details of any engagements to be undertaken will be discussed at the meeting.</p>

