

Somerset Carers Engagement Project

Evaluation report:
Consultation and co-production workshop,
19 September 2023

*A contribution towards the new
Somerset Commitment to Carers 2024
by Andrew Henon*



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The Somerset Carers Engagement Project was delivered by Evolving Communities - a Community Interest Company that specialises in stakeholder engagement and insight to drive improvements in health and social care. We achieve this at a national, regional and local level by delivering local Healthwatch services, community engagement partnerships and consultancy services

Evolving Communities is registered in England and Wales with company number 08464602, the registered office is at Unit 2, Hampton Park West, Melksham, SN12 6LH.

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Introduction

This evaluation has an extensive appendix where all the available documentation about or coming from the day can be found.

The workshop was a facilitated opportunity for members of the Somerset Carers Strategic Partnership Board (SCSPB) to work together with key decision-makers from Somerset Council, Somerset NHS and social care, members from the Integrated Care System (ICS) workforce including; mental health, open mental health, social care, council services, primary care and other professionals across the health sector; with organisations and individuals from the voluntary sector join unpaid carers themselves to input, contribute and co-produce the renewed Commitment to Carers initiative.

In context with the main Commitment to Carers document and initiatives

This evaluation will be combined with other evidence, data and reports including, 25 case studies of unpaid carers lived experience, documented visits to 65 carers group sessions, a straw poll of 150 participants asking for top five issues and challenges for carers in Somerset, Primary Care Network (PCN), General Practices (GPs), a range of research documents, local and national reports. Combined information has informed Somerset's final Commitment to Carers which was presented to the Somerset Board for endorsement. It will provide a reference for other Council strategies and workplans considering unpaid carers in Somerset.

Structure, methodologies, and approach

The workshop programme and content were co-produced and developed with members of the SCSPB, Healthwatch Somerset, Evolving Communities, senior commissioners and in consultation with unpaid carers from a diversity of roles across Somerset. The workshop included a range of presentations and networking opportunities, together with facilitated and enabled sessions. Group work informed the feedback to a range of questions.

The space was arranged with 12 tables of approximately ten people per table, self-organised.

Short presentations matched with the facilitated sessions were delivered before each session. Participants were enabled to share their thoughts, engage in conversations and discuss the specific questions posed by each session. Each presentation was around an average of five minutes and each group session was approximately 20 minutes. There were two comfort and networking breaks of 20 minutes each (one in the morning, one in the afternoon), with a networking lunch of one hour. Community, voluntary and services stalls were enabled with spaces around the sides of the hall where people could meet and talk with stall holders regarding information and networking together.

The workshop posed 11 key questions:

1. What does a Commitment to Carers mean to you?
2. What does a Commitment to Carers look like?
3. What does a Commitment to Carers mean to young carers?
4. How can we keep young carers in mind, include them and not overlook them?
5. How do we remove barriers and boundaries to inclusion and widening participation?
6. Working together?
7. How can we move towards embedded practice?
8. What does terrible and great support look like for unpaid carers?
9. What is missing?
10. How do we improve our practice? Action research living theory.
11. Affirmations what are people going to do post event? Answers on postcards.

Each question was discussed and Post-It Notes used for people to add ideas and responses in their own words. Scribes on each table facilitated records of comments bringing back focus towards individual questions being presented. When other questions arose, they were added into the Post-It Notes feedback. Plenary sheets were provided for each question for each table to stick Post-It Notes onto plus additional sheets per table per question. Photographs of the original Post-It Notes and a transcription of each comment can be found in Appendix 4. These sessions were facilitated mainly by Andrew Henon and are summarised in Key points, page 5.

There were an additional three sessions. One facilitated by Penney Calvert, Southwest Associate Member of the National Creative Health Network (NCCH). One facilitated by Professor Jack Whitehead and Dr Marie Huxtable on Action Research Living Theory and living poster access and submission to the actionresearch.net website. One facilitated by Andrew Henon on the use of affirmation postcards, asking participants to write a card stating what they will be doing towards advancing the Commitment to Carers initiative. These are also summarised in the following section and in full under Appendix 4.

Who participated?

128 people registered to attend, of which 12 sent apologies for cancellation due to unpaid caregiving roles and unavoidable circumstances connected directly with their roles. This itself shows one of the major issues and challenges faced by unpaid caregivers is that of time combined with exhaustion.

The SCSPB was used as a core participant population for the delivery of the workshop. Workshop participants were invited from within the wider membership of the Board. In this way all the different areas covered by unpaid carers would be represented. Unpaid carers from groups or individuals were invited from attendance of carers groups, through service providers and voluntary sector organisations.

Of 114 participants attending, 92 had been, were currently or likely to be in the future, unpaid caregivers. At least 50% of participants were attending because they were unpaid carers wanting to work coproductively with service providers and decision-makers to improve the lived experience of unpaid carers.

There is an analysis of anonymised details provided by participants attending in Appendix 2. 50 participants attending are currently in unpaid caregiving roles, nine of which are working or professionals attending in a work-related role. 19 participants were no longer in caregiving roles, the majority having cared for a loved one through end of life. 13 participants were both in current, have been and will be in the future, unpaid caregivers, this group need more support. Some unpaid carers provide support for a multiple family or extended family members, partners, parents and children. These carers are experiencing exceptional levels of stress and anxiety.

Event feedback

There has been an overwhelmingly favourable response post event on the content, facilitation, hospitality and genuine support for the event. Multiple requests have been made for more events of this nature to be held, not only as follow up events but on other multi agency, trans-disciplinary and cross-disciplinary issues or challenges and using coproduction between service users, service providers and decision-makers. Please see Appendix 3 for an analysis of the feedback forms received. There was one issue that arose from the overwhelming response and interest in the event leading very high numbers of registrations. Unfortunately, this put excessive pressure on the availability of parking for which I wish to apologise once again.

Evaluation summary

The key points from this summary together with its recommendations will be carried forward to inform the new Commitment to Carers 2024.

Key points

- Unpaid carers are severely affected by the cost of living, post pandemic issues and challenges. People are suffering from stress; in many cases trauma, lack of sleep disturbed nights, frustration at access to support, experiencing systemic failures and cumulative complex challenges.
- The renewed Commitment to Carers needs to be sustained long-term and embedded within every area of work that the NHS, social care, Somerset Council, voluntary sector, strategies and work plans going forward. Carer aware and carer friendly policies could be adopted to ensure progression.
- The new Commitment to Carers needs to address the balance between firefighting current challenges, dealing with the recent past and legacies while preparing for the future.
- Contribute towards raising awareness of unpaid caregivers, the issues, challenges, values and principles for carers of all ages - young, young adult and adult carers. A public health campaign that highlights the way that education, preparing to care and prevention can make a substantial difference.
- A commitment to young carers within the overarching commitment; young carers included as one of the main areas of concern.

- Several Commitments to Carers within the overarching Commitment to Carers. There are different areas of concern or focused work with unpaid carers. Each area of interest and work having their unique, specific and individual needs to be addressed while sharing that which is in common, replicable and shared with other areas of work.
- Integrated service approach with education and training in the workforce and co-production embedded into practice through the Triangle of Care, people who matter, personalised care and combined carers plans and assessments of need.
- Carers need to be heard and not have to keep retelling service providers what is required to get their needs met or assessed.
- Communication needs to be improved; sharing of data is a barrier and can lead to serious preventable issues being addressed. Information share-points and coordinated IT systems and a 24-hour helpline service. Communication channels between services and the public, between service providers, between service providers and service users, need to be developed and improved.
- Peer support groups need to be increased together with Carers Champions and recruitment of experts by lived experience from all the different interest groups and representation to an overarching working group.
- Strong social creative and activity-based networks backed up with social prescribing and active alonsidedness from service providers and decision-making bodies. Connectivity with the creative health network.
- The most common results of ‘terrible support’ for unpaid carers are that they feel angry, frustrated, isolated, worthless, undervalued, abandoned and anxious.
- The most common results of ‘great support’ for unpaid carers are that they feel supported, happy, connected, recognised, heard and relieved.
- From a combination of action research, living theory and participant affirmations the attendees were overall energised and engaged with asking questions such as, ‘How do I improve my practice?’ and the contributions that everyone could make in the future Commitment to Carers going forward.

On governance, oversight, and development.

The SCSPB is facilitated by Healthwatch Somerset and chaired by the Manager. The National Commitment to Carers strategic oversight through NHS Southwest Quality Improvement Team will be transferring due to changes in the new NHS workforce plan and will now come under the new Experience of Care Team. It is assumed that current changes to the Care Quality Commission’s remit for inspection will be duly influenced and informed by this change. Somerset Council will be reporting back to NHS England using the Maturity Matrix provided below by NHS England as a guiding principle for quality improvement in Somerset.

Recommendations

- ◆ More cohesion and collective practice and a deeper sense of working together. The SCSPB can provide the network, perspective and governance oversight to follow up on development.
- ◆ The SCSPB could support a range of working groups formed from within the partnership to develop projects with specific aims and objectives, reporting back to the board as required.
- ◆ Young carers be included within the main Commitment to Carers and a young carers strategic partnership and alliance enabled and facilitated.
- ◆ There needs to be a recognised process by which all areas of work with carers can move towards embedded practice. The Maturity Matrix provides a guidance model for developmental work; each area can take ownership of the different stages of progression and then combine results to create an overview of development.
- ◆ Quality improvement can be the means by which a Commitment to Carers is sustained and ongoing professional development enabled. A combined process of Action Learning, Action Research and Living Theory be adopted as part of the ongoing quality improvement and continuing professional development programmes.
- ◆ Experience of care can inform service delivery and be adopted with experts by lived experience being focused on prevention, rather than brought in as a last resort to ICBs once failures have already occurred.
- ◆ Social networks be strengthened and enabled to grow organically and a set of new pilot project programmes be trialled to add value to existing engagement within the community.

The Maturity Matrix model example below and guidance documents in the appendix.

Emerging	Developing	Maturing	Embedded	Region	Maturity Matrix Components	Leadership, Planning and Partnerships	Use of data and experience for Quality Improvement (QI) and Population Health Management (PHM)	Integrating Care/ Collaborative working - Local authority/social care	Integrating Care/ Collaborative working - Voluntary sector	Integrating Care/ Collaborative working- Primary Care Networks/ Social prescribing link workers/ GP Practices	Tackling health inequalities
				South West	Somerset	Maturing	Developing	Developing	Maturing	Developing	Maturing

Tackling health inequalities	Tackling unequal health outcomes and access to services/support	Supporting broader social & economic development/ Use of resources/Employment & Education	Training, development, communications, engagement and support	Overall ICS maturity	Brief Commentary	Overall PLACE/CCG maturity	Brief Commentary	Overall PCN maturity	Brief Commentary
Maturing	Developing	Maturing	Maturing	Maturing	Merger process underway for the council to become a unitary authority which will likely affect future roles and resources. Commitment to carers refresh, in partnership with the ICB, will be a key area of focus next year with efforts to increase senior leadership advocacy.	Developing		Developing	

Appendices

1. Workshop programme



Help us develop Somerset's new Commitment to Carers

What is the Commitment to Carers?

The Commitment to Carers is both a document and statement of the issues, challenges, underlying core values and principles that relate to unpaid carers in Somerset. The Commitment to Carers 2024 will be adopted formerly by the Somerset ICB it will inform and influence all other strategies, commissioning decisions and service developments in the future.

What are we doing?

Evolving Communities and Healthwatch Somerset are working together, independently on behalf of Somerset ICB, to review and renew the 2016/18 Commitment to Carers document. We are co-producing a new 2023/24 document with carers and those who work with and support carers; it will perform a similar function with an overview of current and future practice.

Join our workshop – your contribution will make a difference

We are holding a workshop on Tuesday 19 September to hear and record the views, ideas and perspectives of individuals and organisations. Outputs from the workshop will be combined with consultative and coproductive work undertaken over the last 12 months to inform the new Commitment to Carers 2024.

By attending the workshop, you will make a valuable contribution towards the new Commitment to Carers document and the development of a collective vision for carers in Somerset.

Aims

1. To enable and facilitate conversations and discussions on the subject of 'unpaid caregiving' and include caregivers in those conversations.
2. Facilitate open and group conversations about the renewal and review of the Commitment to Carers initiative.
3. Enable participants to co-produce a cohesive vision for the future of unpaid care in Somerset through the Commitment to Carers initiative.
4. Create an environment where networking and partnership working can evolve, existing connections strengthened, and new connections made.

Objectives

1. To enable and facilitate statutory service professionals, providers of services and commissioners to work coproductively with voluntary sector organisations and unpaid carers.
2. To enable a coproductive vision for the future of commitments to carers in Somerset.

3. To gather intelligence, information and understandings that will contribute towards the Commitment to Carers initiative and document.
4. To document and evidence a coproductive contribution towards the Commitment to Carers initiative.

Workshop programme

9.30am	Registration, tea & coffee (freely available throughout the day).
10.00am	Introductions and housekeeping - Andrew Henon.
10.05am	Keynote opening address by Councillor Heather Shearer (Lead Member for Children's Social Care & SEND).
10.10am	Keynote address by Jonathan Higman (Chief Executive NHS Somerset).
10.15am	'Where is my man' poem by Alison Birkett, expert by lived experience - a caregiver's perspective.
10.20am	Session 1 introduction - Andrew Henon.
10.25am	Facilitated session. What does a Commitment to Carers mean to you? Group discussions leading to descriptions, personal accounts and perspectives. Sharing conversations and capturing notes. What does a Commitment to Carers look like?
11.00–11.20am Break	
11.20am	Session 2 introduction - Andrew Henon. Presentation by Fiona Phur (Participation and Partnerships Business Manager). Mel Bicknell presents young carers slides and video. Address by Siana Paginton. Young carers voice, perspective and lived experience.
11.40am	Facilitated session - Andrew Henon. What does a Commitment to Carers mean to young carers? How can we keep young carers in mind, include them and not overlook them?
12.00pm	Session 3 introduction - Andrew Henon. Presentation by Richard Hobbs (Parent Carer Forum). What are the issues and challenges parent carers face?
12.10pm	Facilitated session - Andrew Henon. How do we remove barriers and boundaries to inclusion and widening participation?
12.30pm	Session 4 introduction - Andrew Henon. Presentation by Nataliya Wills. Local Area Networks on working together.
12.40pm	Facilitated session - Andrew Henon. What are the challenges and issues, unique, specific, individual. What are the common, general issues and challenges of working together?
1.00–2.00pm Working lunch/networking opportunity Somerset Libraries interactive projection on the stage	
2.00pm	Session 5 introduction - Andrew Henon. Afternoon address by Paul Coles (Service Director Adult Social Care Commissioning).
2.10pm	Session 6 introduction - Andrew Henon. Presentation by Caroline Mead (Carers Development Manager). NHS Carers Involvement Group.
2.20pm	Facilitated session - Andrew Henon. How can we move towards embedded practice? What examples of coproduction could be developed? What processes of quality improvement and professional development exist and could they be developed?
2.40pm	Session 7 introduction - Andrew Henon.
2.45pm	Presentation by Penny Calvert (Creative Health Associate Southwest, National Creative Health Network). More creative ideas and widening of opportunities and access for unpaid carers and those who are cared for?
2.55pm	Facilitated creative session.

3.15– 3.35pm Break	
3.35pm	Session 8 introduction, preparing for the future - Andrew Henon.
3.40pm	Presentation by Emma McGarva (Somerset Carers) and Katherine West (Open Mental Health part of Community Council for Somerset).
3.50pm	Presentation by Professor Jack Whitehead and Dr Marie Huxtable. Facilitated session. How do we improve what we are doing?
4.00pm	What is the future we can sign up to? What does a Commitment to Carers mean to us all as individuals and groups going forward? What else do we need in order to improve the Commitment to Carers for Somerset? What barriers and boundaries do we need to remove or overcome? What is missing?
4.20pm	Closing Affirmation Statements. What are we as individuals and as representatives in our areas of work going to do now from the experience of today, our lived experiences and professional practices?
4.30pm	Post event catch up, Q&A, networking and gradual departure.

2. Attendance and participant analysis

Number of participants attending	114
Number of participants registered	128
Number of participants apologies because of caring responsibilities	12
Unpaid caregiving numbers self-identifying	
Currently in unpaid carer roles	41
Currently in unpaid carer roles and working in service provision	9
In unpaid care roles in the past	19
In unpaid care roles in the past, current and future	13
Likely to be in a carer role in the future only	1
Participants by role	
Council includes officers, commissioners, senior decision-makers, council members	10
Number of organisations from the voluntary sector	20
Number of senior decision-makers, and NHS/Social care workforce	26

3. Event feedback

Feedback forms submitted

Total number of participants: 114 of 128 registered, with 12 apologies for cancellation.

Total participants completing feedback forms: 59 - returned response 60%.

Number providing contact details: 17.

Learning as an event

The prevailing messages post-workshop and from the day itself through feedback forms, affirmation postcards, Post-It Notes, verbal and emails have been very supportive and positive.

The abiding negative messages were around the available car parking. The original capacity for the event had been for 70 participants. At close of Eventbrite ticketing there had been 128 people registered, 14 of which had cancelled at the last moment.

The apologies for not attending make interesting and touching reading. A selection of them were read out at the beginning of the event.

If held again what could be changed?

- The groups could be split up and circulated this would create more of a networking feel and groups could feedback key points from the sessions as well as individual Post-It Notes data. There are drawbacks to this, the numbers of participants could make it difficult moving around, could be disorientating and disconcerting for neurodiverse people.
- There could have been fewer presentations and more group working. In which case questions would need to be clarified and perhaps designed or suggested by the groups themselves. This could be very dynamic and a better coproduced facilitation.
- More community stalls and networking time.
- More background information provided on Eventbrite.
- Perhaps a shorter day.
- Follow up day not planned yet.

How did you hear about this event?

Direct email	40
Social media	0
Manager	8
Colleague	2
Group	2
Healthwatch Somerset	4
Friend	2
Carers Involvement Group	1

Key negative aspects

Parking complaints	6
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What went well?

Venue	51
Content	57
Refreshments	5
Networking	5
Presentations	4
Table company	5
Personal stories	2
Relaxed atmosphere	3

Comments or suggestions on how we can improve future events.

General comments

- Best multi stakeholder session I've been to in five years.
- More sessions like these across the key populations on health issues especially social deprivation.
- Organise more workshops like this, it is very informative.
- Great focus on issues in a human and accessible way, a look at solutions.
- Bigger venue and more advertising.

- Some of the dry speeches and content could have been put at the beginning.
- It would have been good if the CEO could have stayed all day and to offer a promise around next steps.
- It was great, very informative with enthusiasm and useful contacts/info, just got a bit weary – long day.
- Very engaging, great speakers.
- Really good, thank you for all the hard work.
- A great day lots of relevant information and networking.
- Enjoyed creative session, bit different.

Feedback and follow up requests

- Please can we have feedback from the day.
- Ensure feedback is made available.
- Need follow up on next steps.
- Very thought provoking and learnt more about myself.
- Refer back for continuity of learning.

Timing and pace

- Lots of interaction was brilliant.
- All fantastic, quick pace and lots of interaction.
- Timetable was very full.
- Consider a shorter day for carers to attend.
- Bit too much for one day.
- Not quite so many presentations, more time for networking.
- Bit too much content some felt a bit rushed.
- More clarity over start time as arrived early.

Logistics

- Send list of participants in advance.
- More organisations with stalls.
- Parking issues.

General perceptions and responses

- Appeared to be led by Somerset Council.
- Very moving from young carers.
- A lot of the Post-It Notes illicit the same responses.
- Felt a little repetitive in the second half of the day.
- Relaxed atmosphere.
- All very good, you have done well.
- Have more practical outcomes.
- Really good day.

About the programme content

- Where are NHS/ICS joined up working?
- Observation that there is lots of duplication in the system.
- Make training mandatory.

- Too much content, not sure if aimed at professional or carers.
- A bit more info from speakers rather than job descriptions.
- Hopeful that this day will result in better access for carers to support and provision of resources.
- Make questions a bit easier.

Mental health

- Mental health felt very brief and slightly under-represented.
- Event was very mental health orientated.
- Mental health could have expanded on how to engage carers in Carers Involvement Group.

Group work

- Could have had a half-day change of tables and feedback session from the floor with discussions.
- Maybe mix tables up to provide a mix of views.
- We sat on the same tables so may be an opportunity to circulate more.
- Great group of people on our table, the company worked well.
- More time to focus on group discussions.
- Split professionals up more with carers.
- Good to hear from people with lived experience.
- More accounts from carers themselves and less strategy.

4. Facilitated sessions 1-9

Summary of session 1 question 1 & 2

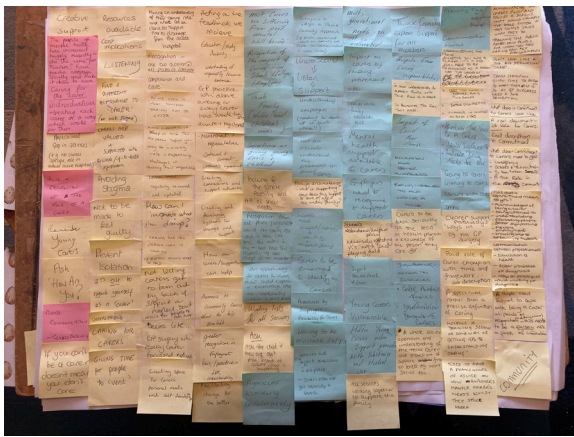
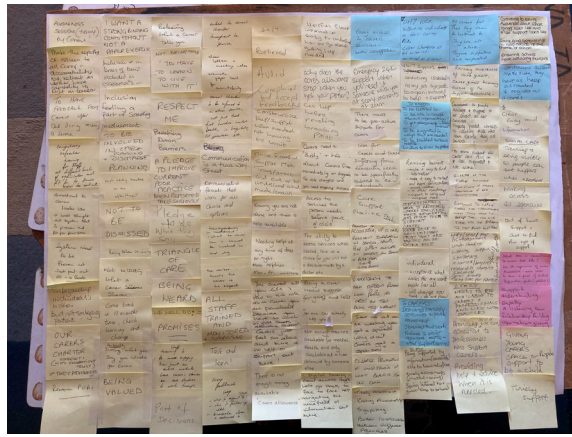
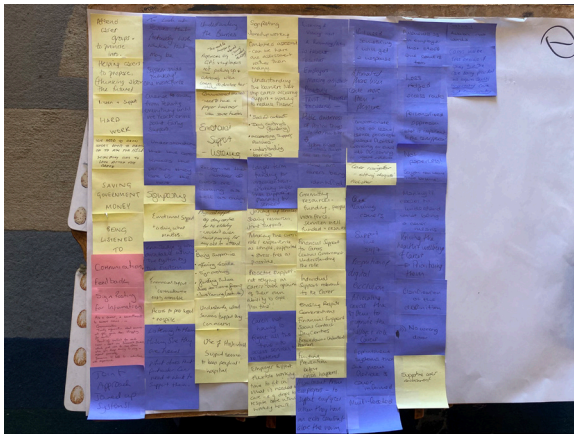
What does a Commitment to Carers mean to you?

- Support when you need it. Time and resources to support the caring role but also to have a break from it with respite care support.
- Joined up services and support with good communication and signposting services. Recognition by services listened to and acted on because of what can be learned.

What does a Commitment to Carers look like?

- A Commitment to Carers needs to be a public raising awareness exercise. We are they in the bigger demographic picture. To see carers as individuals with unique, specific, common and shared issues, challenges and needs.
- An official charter and set of commitments that can be tracked and reviewed. An ongoing professional development process of quality improvement. Working together with carers as experts of experience.

Full data collection: Session 1 questions 1 & 2



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- Joined up services and support.
- Time and resources to support the caring role but also to have a break from it with respite care support.
- Recognition listened to and acted on because of what can be learned.
- Good communication and signposting services

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- Working together with carers as experts of experience.

Summary of session 2 question 2 & 3

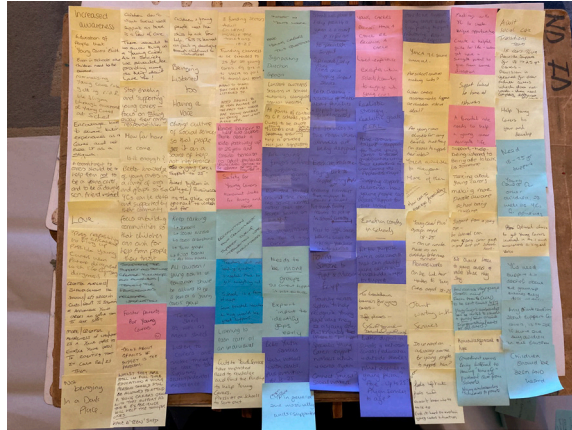
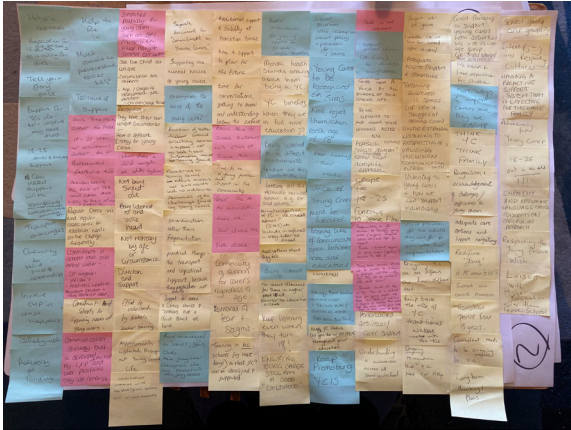
What does a Commitment to Carers mean to young carers?

- Respect for young carers, understanding and empathy being heard and listened too.
- A sustained long-term committed programme of work that enables young carers to be children and to access support so that they can just be.
- Transitional age groups need extra support rather than a cliff edge, groups for 18-25 young adult carers.

How can we keep young carers in mind, include them and not overlook them?

- Raise public awareness and remove the stigma.
- Include the voice of young carers in decision-making and professional development with workforce training around young carers awareness and identifying support needs. Strong advocates workforce training and lived experience co-production.
- Outreach work beyond school and proactive identification with schools and colleges to provide increased young carers groups as peer support.

Full data collection session 2 questions 2 & 3



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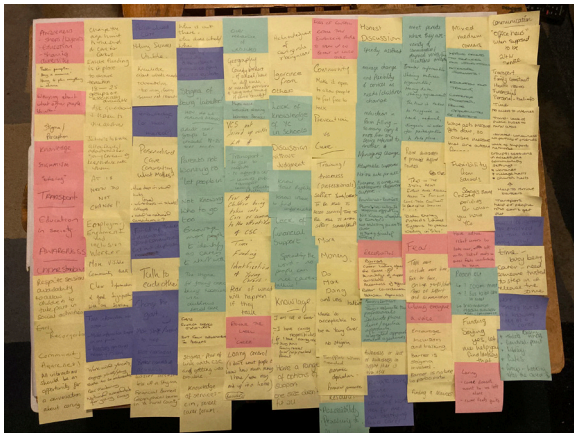
- Outreach work beyond school and proactive identification with schools and colleges.
- Include the voice of young carers in decision-making and professional development.
- Raise public awareness and remove the stigma.
- Workforce training around young carers awareness and identifying support needs.
- Strong advocates workforce training and lived experience co-production.
- Increased young carers groups as peer support.

Summary of session 3 question 4

How do we remove barriers and boundaries to inclusion and widening participation?

- Raising awareness, understandings, and knowledge with a dedicated phone line.
- Integrated service approach with education and training in the workforce and co-production embedded into practice.
- Flexibility tailored to individual support and respite time, personalised carer support plans to accompany personalised care, triangle of care and people who matter initiatives.

Full data collection session 3 question 4



How do we remove barriers and boundaries to inclusion and widening participation?

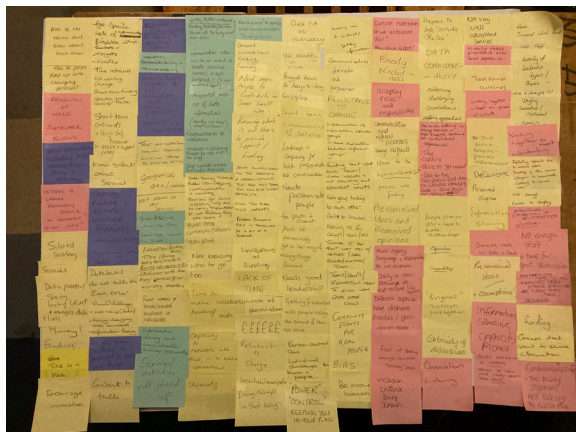
- Education and training in the workforce, could be co-production embedded into practice.
- Integrated service approach.
- Raising awareness, understandings, and knowledge.
- Dedicated phone line.
- Workforce services co-production to change service.
- Flexibility tailored to individual support.
- Respite time.

Summary of session 4 question 5

Working together?

- Rural isolation is an issue and knowing what already exists and is available needs public information campaign and services sharing information.
- Carers should not have to keep telling the story, services need to be joined up and talk with each other. Information sharing needs to be improved between services there are too many systems not talking to each other, leadership is required.
- Reluctance to change and a lack of money and resources to support change effectively and include people in the decision-making process. Fragmented work force staff changes and too busy working on day-to-day issues and challenges.
- Lack of awareness of what different teams do and lack of capacity and time to find out. More community and interagency events are needed the capacity to network and opportunities like this are rare. Different agencies and professions have different priorities bringing them together could add value and better partnership working, sharing and better allocation of specialist roles.

Full data collection session 4 question 5



- Rural isolation.
- Should not have to keep telling the story, services need to be joined up and talk with each other. Services are not joined up. Information sharing needs to be improved between services.
- Capacity to network and opportunities like this are rare.
- Reluctance to change.
- Lack of leadership.
- Communications to many systems not talking to each other.
- Fragmented work force staff changes.
- Lack of awareness of what different teams do.
- Too busy working on day-to-day issues.
- Lack of capacity.
- Knowing what already exists and is available.
- Different agencies and professions have different priorities.
- More community and interagency events.
- Lack of money and resources.

Summary of session 5 Keynote presentation Q&A Paul Coles

Service Director Adult Social Care Commissioning

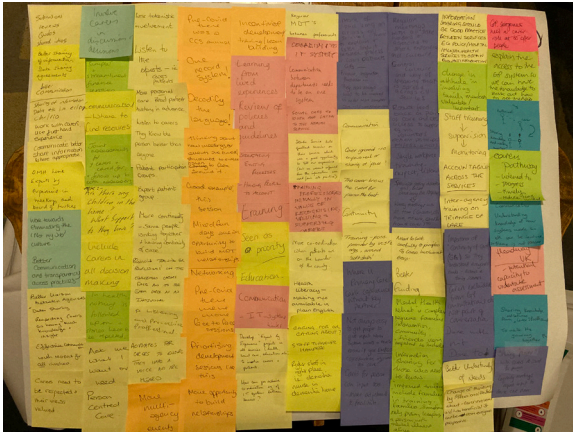
Summary of session 6 question 6

How can we move towards embedded practice?

- General awareness raising that we are moving towards embedded practice with a change in cultural awareness and culture around care.
- Training, education, learning ongoing professional development would gain from working more closely together and learn from best practice use supervision and monitoring to assess developments. There is a need to consider core values and principles carefully then agree and move forward together. Retain and retrain staff, value people more as a quality improvement process.
- Advocates for carers, advocacy training to provide experts by experience groups in all the different areas, increase the numbers and capacity for carers champions and volunteer peer group led support.

- Have pilot projects that feedback and prioritise development sessions like this, to bring people together more with structure and timings of meetings to be flexible.
- Attach working parties to workshop events regularly to document progress.
- Better liaison and clearer communication levels with health literacy in plain English and decodify the language.
- Joint assessments, continuity of care.
- Information share points and co-ordinated IT systems.

Full data collection session 6 question 6



- Training, education, learning ongoing professional development.
- General awareness raising that we are moving towards embedded practice.
- Need to consider core values and principles carefully then agree and move forward together.
- Work more closely together and learn from best practice.
- Have pilot projects that feedback.
- Prioritise development sessions like this, bring people together more.
- Attach working parties to workshop events regularly to document progress.
- Supervision and monitoring.
- Advocates for carers, advocacy training.
- Better liaison and clearer communication levels.
- A change in cultural awareness and culture around care.
- Retain and retrain staff, value people more.
- Quality improvement process.
- Experts by experience groups in all the different areas.
- Decodify the language and improve health literacy in plain English.
- Structure and timings of meetings to be flexible.
- Joint assessment.
- Information share points.
- Co-ordinated IT systems.
- Continuity of care.

Session 7 Creative Health

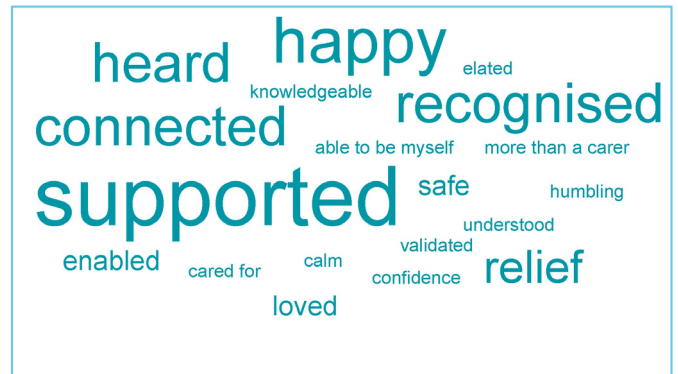
What does terrible and great support look like?

All raw data behind the following soundbites and word clouds are available on request.

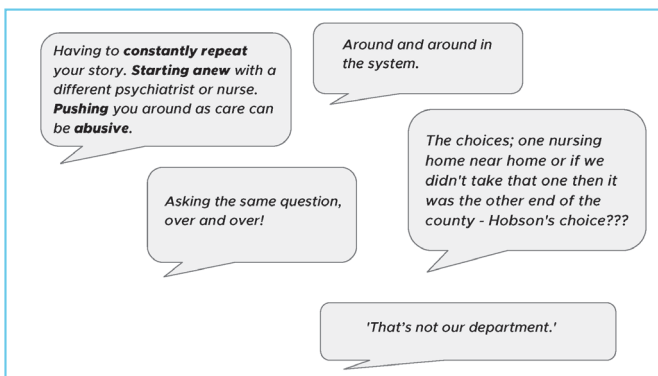
Terrible support



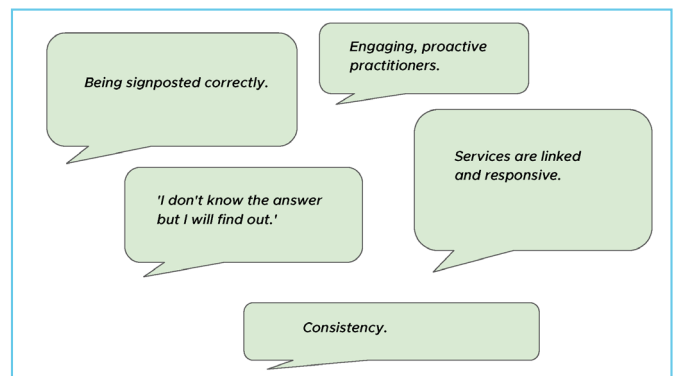
Great support



Terrible system support



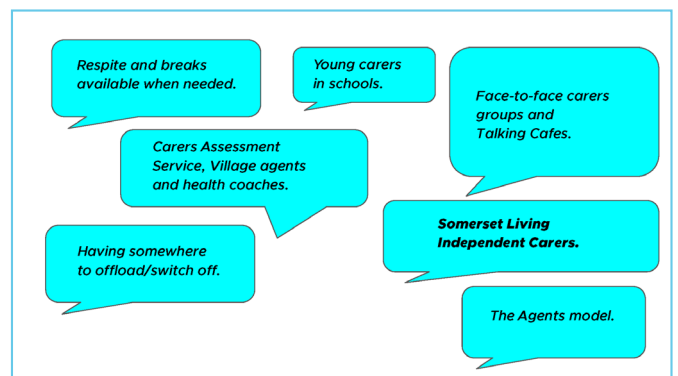
Great system support



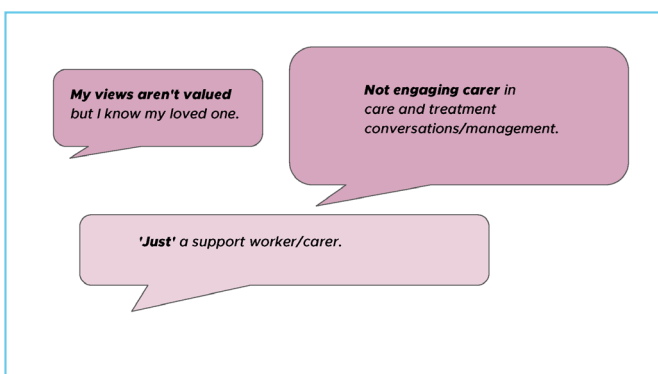
Impact of terrible support



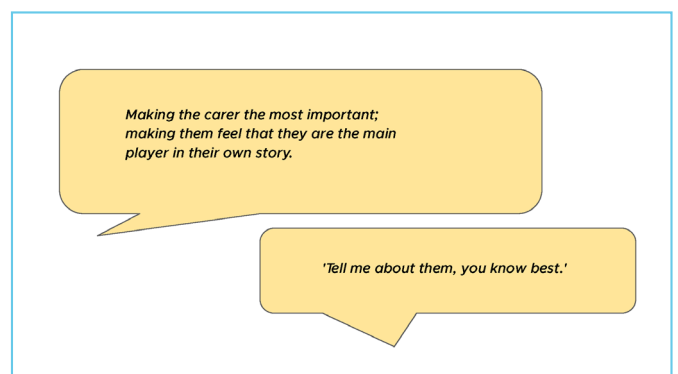
Examples of great support



Not treating carers/patients as experts



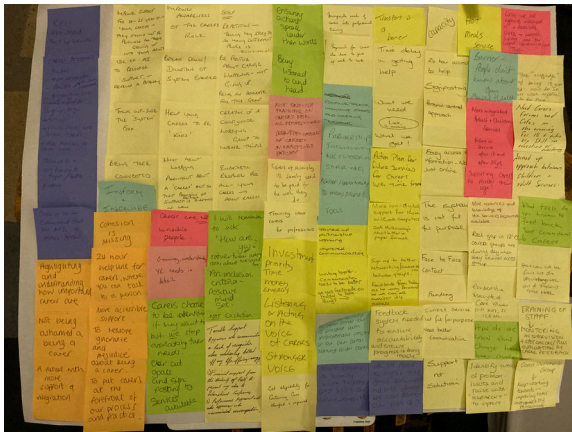
Treating carers/patients as experts



Summary of session 8 question 9 - What is missing?

- Cohesion is missing. Communication needs to improve between services. More chances and opportunities to work together.
- Growing the understanding of young carers needs with more integrated approach from Adult and Children's services.
- An inclusion criteria positive mindset, listening to and acting on carers' voices.
- Carers looking after those people who are seriously ill need to be paid more. Not ending the training for carers to look after people better.
- Removal of ignorance, stigma and prejudice about being a carer a public awareness campaign, we are they and they are us.
- Time delays in getting support need to be addressed and a 24-hour helpline for carers.
- Need forums and cafes in the evening for young carers.

Full data collection session 8 question 9 - What is missing?



- Cohesion is missing.
- Growing the understanding of young carers needs.
- An inclusion criteria positive mindset.
- Listening to and acting on carer's voices.
- Communication needs to improve between services.
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- More integrated Adult and Children's Service
- 24-hour helpline for carers.
- Removal of ignorance, stigma and prejudice about being a carer.
- Time delays in getting support need to be addressed.
- Need forums and cafes in the evening for young carers.
- More chances and opportunities to work together.

Summary of session 9 - Affirmations

What are people going to do post-event? Answers on postcards?

With 46 postcards completed containing 74 affirmations, some with multiple additional statements of intent. This question was supported and facilitated by Professor Jack Whitehead and Dr Marie Huxtable with an Action Research living Theory approach.

Asking questions of the kind 'How do I improve my practice?' and 'How do we improve our practice together?'

A presentation was delivered inviting people to submit their narrative stories of lived experience to the Poster Archive on actionresearch.net website. To consider the question when completing the affirmation postcards at the end of the workshop.

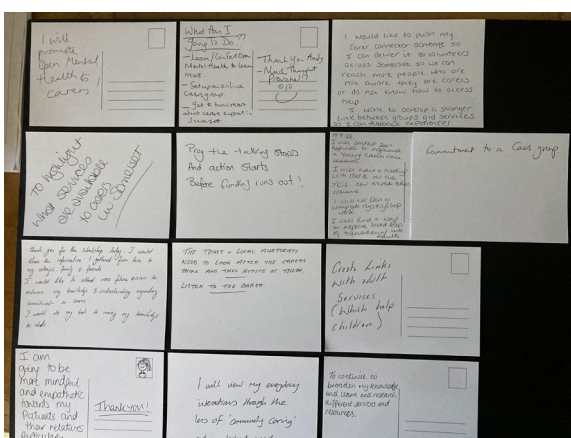
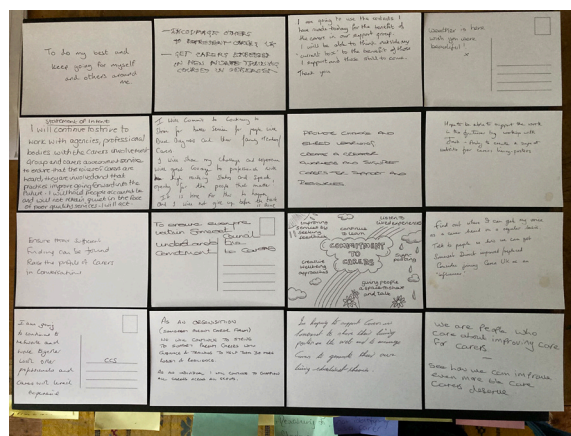
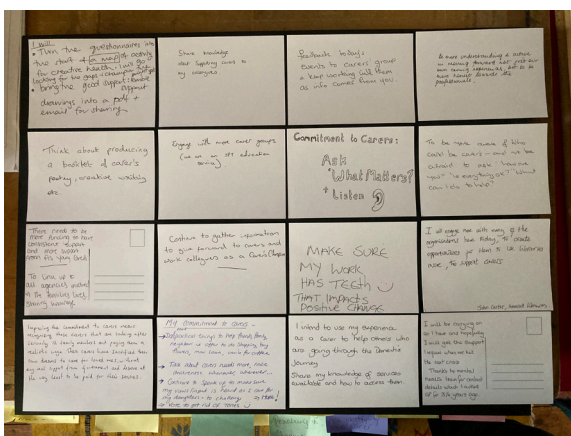
The key themes emerging from the affirmations were to:

- Raise awareness of unpaid caregivers needs.
- Work closer together and join up the work.
- Share lived experiences more to improve things.
- Make practical commitments to improve things for unpaid caregivers.

Full data collection session 9

Affirmations: What are people going to do post-event?

There are 46 affirmation postcards produced at the end of the workshop.



First group of 16:

- I will turn the questionnaires into the start of a map of activity for creative health, looking for the gaps and champion the bright spots.
- Bring the good support/terrible support drawings into a PDF and email for sharing.
- Think about producing a booklet of carers poetry, creative writing.
- There needs to be more funding to have consistent support and more support for young carers.
- To link up agencies involved in the families lives sharing knowledge.
- Improving the Commitment to Carers means recognising those carers that are looking after seriously ill family members and paying them a realistic wage. These carers have sacrificed their own dreams to care for loved ones without any real support from government and deserve at the very least to be paid for their services.
- My Commitment to Carers; Do more, practical things to help friends, family, neighbours - offer to do shopping, buy flowers, mow lawn, invite for coffee.
- Talk about carers needs, more, raise awareness whenever wherever.
- Continue to speak up to make sure my views input is heard as I care for my daughters – to challenge and hope.
- Vote to get rid of the Tories.
- Continue to gather information to give forward to carers and work colleagues as a Carer Champion.
- Engage with more carer groups (we are an SFT education service).
- Share knowledge about supporting carers to my colleagues.
- Feedback today's event to carers group and keep working with them as info comes from you.
- Commitment to Carers, ask what's the matter? Listen.
- Make sure my work has teeth that impacts positive change.
- I intend to use my experience as a carer to help others who are going through the dementia journey.
- Share my knowledge of services available and how to access them.
- I will be carrying on as I have and hopefully, I will get the support I require when we hit the next crisis.
- Thanks to Mental Health Team for contact details which I asked for 3.5 years ago.
- I will engage more with many of the organisations here today, to create opportunities for them to use libraries more, to support carers.
- To be more aware of who could be carers – and not be afraid to ask 'How are you; is everything ok?; What can I do to help?'
- Be more understanding and active in moving forward not just our own caring experiences, but to be more honest towards the professionals.

Second group of 16:

- Do my best and keep going for myself and others around me.
- I will continue to strive to work with agencies, professional bodies with carers involvement group and carers assessment service to ensure that the voices of carers are heard, they are involved and that practices improve going forward into the future.

- I will hold people accountable and will not remain quiet in the face of poor quality services – I will act.
- Ensure that sufficient funding can be found and raise the profile of carers in conversations.
- I am going to continue to network and work together with other professionals and carers with lived experience.
- Encourage others to represent Carers UK.
- Get carers embedded in new nurse training courses in Somerset.
- I will commit to continuing to strive for better services for people with dual diagnosis and their family members and friends.
- I will share my challenges and experience with great courage to professionals with high-ranking status and speak openly for the people that matter. It is time for this to happen and I will not give up before the task is done.
- To ensure everyone within Somerset Council understands the Commitment to Carers.
- As an organisation (Parent Carers Forum) we will continue to strive to support parent carers with guidance/training to help them be more robust and resilient.
- As an individual I will continue to champion all carers across all groups.
- I am hoping to support carers in Somerset to share their living posters on the web and to encourage carers to generate their own living educational theories.
- Improving services by seeking feedback.
- Continue to learn.
- Creative wellbeing approaches.
- Giving people a space to share and talk.
- Listen to lived experience.
- Sign-posting, Commitment to Carers.
- Promote change and embed learning.
- Create a greater awareness and sign-post carers for support and resources.
- I am going to use the contacts I have made today for the benefit of the carers in our group.
- I will be able to think outside my current box to the benefit of those I support and those still to come, thank you.
- Weather is here I wish you were, beautiful.
- Hope to be able to support the work in the future by working with Jack and Andy to create a page on website for carers living posters.
- Find out where I can get my voice as a carer heard on a regular basis.
- Talk to people on how we can get Somerset Direct improved/replaced.
- Consider joining Carers UK as an influencer.
- We are people who care about improving care for carers.
- See how we can improve even more.

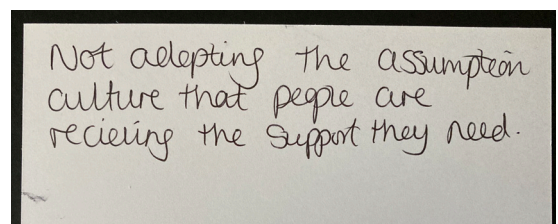
Third group of 12:

- I will promote Open Mental Health.
- To highlight what services are available to carers in Somerset.
- I will do my very best to convey my knowledge as able.

- Thank you for the workshop today. I would show the information I gathered from here to my colleagues, family, and friends.
- I would like to attend more future sessions to enhance my knowledge and understanding regarding Commitment to Carers.
- I am going to be more mindful and empathetic towards my patients and their relatives particularly. Thank you!
- I will view my everyday interactions through the lens of 'community caring' and overlooked need more often.
- The trust and local authority need to look after the carers more and take notice of them.
- Listen to the carer.
- Pray the talking stops and action starts before funding runs out!
- What am I going to do? Learn/contact open mental health to learn more, set up online carers group, get to know more about carers support in Somerset. Thank you Andy, much thought provoked.
- I would like to push my Carer Connector Scheme so can deliver it to volunteers across Somerset so we can reach more people who are not aware they are carers or do not know how to access help.
- I want to develop a stronger link between groups and services so I can feedback experiences.
- I will contact Zoe Aspinall to organise a Young Carers Voice session.
- I will have a meeting with Mel B re the YCIS new accreditation scheme.
- I will ask Dan to complete mystery shop work.
- I will find a way to explore lived experience of transitioning to adults.
- Commitment to Carers group.
- Create links with adult services (which help children).
- To continue to broaden my knowledge and learn and research different services and resources.

Single thought:

- Not adopting the assumption culture that people are receiving the support they need.



More information

Somerset's Commitment to Carers 2024 is available from:

- **Somerset Council Adults Commissioning Team**
Email commissioningteammailbox@somerset.gov.uk or phone 0300 123 2224
- **Somerset Carers Strategic Partnership Board**
Email info@healthwatchsomerset.co.uk or online healthwatchsomerset.co.uk
- **Somerset Carers Service**
Email: carers@somersetccc.org.uk or online somersetcarers.org