

Support for Carers

June 2016

Research & Insight

Engaging Communities | Suite 2 Opus House, Priestly Court, Staffordshire Technology Park, Stafford. ST18 0LQ

Contents

1. Introduction	2
2. Background	5
Plan & Methodology	8
3. Objectives.....	8
4. Methodology	8
5. Quality plan	10
Findings	11
6. Communication during transition.....	11
7. Awareness of service	12
8. Lack of information	14
9. Staff knowledge and training.....	14
10. Specialist needs	16
11. Accessibility to the hub services	17
12. Alternative provision	19
13. Carers Assessments	20
14. Relationships with service providers	21
15. Loss and gaps in services	22
16. Conclusions	24
17. Recommendations	26
18. References	30
19. Appendix	31

1. Introduction

- 1.1 Healthwatch Staffordshire is an independent consumer champion on health and social care for the residents of Staffordshire. We champion the consumer interests of those using health and social care services across the county and give local people an opportunity to speak out about their concerns and healthcare priorities. Our reports are designed to be transparent, clear, and easily accessible that create sustainable improvements in the delivery of services.
- 1.2 Healthwatch Staffordshire has undertaken an evaluation in relation to the transition of the universal carers' support services around the provision of the Carers Hub in Staffordshire which was commissioned by Staffordshire County Council with delivery of services to be provided by People Plus from 1st October 2015.
- 1.3 This engagement and evaluation work follows on from two previous phases of research and engagement with Carers undertaken by Healthwatch Staffordshire as part of the Engagement, Insight and Co-production work stream of the Staffordshire Carers Partnership that was used to inform the development of the service specification for the Carers Hub by Staffordshire County Council.
- 1.4 This evaluation engaged with a wide range of carers and previous service providers. The new service provider was also given opportunities to participate and whilst they facilitated access to carers their staff did not respond to the new provider's survey.
- 1.5 From the feedback received, the transition of services was seen as being effective from the point of view of previous providers when considering the transfer of data. However, the feedback from carers about communication with transitioning carers was largely negative. There was a sense that the transition was rushed and for carers that the service was not ready when they were moved across.
- 1.6 Awareness of the existence of the Hub for those who had not transitioned was in some cases limited and this was impacting on people would like to access services but did not know where to go. Carers felt that there was a lack of advertising and communications by the Hub and it was difficult to find out about it. Even for carers who had transitioned it was not always clear to them what the Hub was for and where they could find out about services.

- 1.7 Aligning with both the sense that the change had been rushed and that there was a lack of information, there was feedback, particularly from transitioned carers, that staff were lacking in knowledge. When unable to provide answers straightaway they were poor at returning calls and there was a basic lack of customer service. Other respondents reported that staff lacked empathy with the situations of carers and this negatively impacted on the service and the service users' experience.
- 1.8 For some carers there was a need for specialist services either because of their own situation or because of the condition of the person that they cared for. Although young carers answering the survey did not raise particular gaps in service, the parents of other young carers did. It was felt that there was a lack of tailoring to young carers' needs and that what was on offer was not always age appropriate.
- 1.9 Provision for families caring for someone with autism were seen to be inadequate as were services for those caring for someone with mental health needs. There was a request that there should be provision delivered by a mental health professional who was able to understand mental health needs from both the carer and those being cared for's perspective.
- 1.10 The physical location of the Hub buildings were widely commented on, particularly the access to car parking at the Hanley Hub. There was also criticism of the building in terms of accessibility for people with disabilities and being able to offer a private space for one-to-one meetings. There were concerns raised about the service being too concentrated in the areas where there are physical hub buildings with some areas being neglected in terms of service provision and access. The term postcode lottery was used by a previous service provider with North Staffordshire and Stoke-on-Trent being seen as the main recipients of services.
- 1.11 Being able to make contact with the Hub by telephone was an issue raised by respondents with high levels of frustration being expressed at having to make multiple phone calls. This was further exacerbated by what was perceived to be a poor website with limited information and limited interactivity.
- 1.12 Whilst it is recognised that this research was largely carried out with carers who were using previous providers services there was a sense that a number of respondents had made their own arrangement for accessing support and were not using the Hub. The Carers Association South Staffordshire and North Staffordshire Carers Association in particular were widely used and were providing similar services to the Hub. Therefore, for a number of respondents there was no value to using the Hub.

- 1.13 Those that had asked for carer's assessments said that they had experienced long waits for them and the quality of the assessments was not always good. However, knowledge of being able to have an assessment appeared limited amongst new carers and those not accessing services with some saying that they did not know how to access help.
- 1.14 The relationships with previous providers were variable with some feedback that there was a good relationship with referrals between the organisations. However, other providers including one that had been included as a partner in the winning bid for the contract had little or no relationship with the provider. There was comment that there had been little or no information provided in the transition period for them to distribute to carers and that there had been a slowing of referrals to their groups.
- 1.15 Previous providers spoke about loss of services both in terms of actual services being discontinued, such as provision for carers of people who have had a stroke, and a gap between the old service ending and a new one starting. There was a suggestion that an overlap would have been better to allow new services to establish before older services were ended. Respondents also raised issues of where there were seen to be service gaps, particularly in relation to geographical availability and being able to have a break from caring through the provision of respite services and carer breaks.
- 1.16 The findings of the evaluation have suggested a number of areas for improvement in the service and as such recommendations for change have been made.

2. Background

2.1 Healthwatch Staffordshire, on behalf of the Staffordshire Carers Partnership, has undertaken two previous phases of engagement in relation to Support for Carers. In February 2014 Healthwatch Staffordshire was invited by the Staffordshire Carers Partnership to lead on the engagement, insight and co-production task and finish group as part of the large scale review of the outcomes in the Strategy for Carers (2011-2016). The first phase (Phase 1) took place in 2014 and spoke to carers about the key issues that they faced. Phase 1 found:

- There was a lack of communication between carer organisations which led to a lack of co-ordinated effort to provide support services.
- There was an extensive need for financial support, predominantly because carers sacrifice work and find applying for benefits difficult.
- The role of carers needs need to be taken into consideration by employers and wider family networks as carers struggle both work and caring responsibilities.
- Carers found it difficult to enjoy a life outside of caring.
- The transition from child to adult carer services and from caring to bereavement was weak and needed better support and management.
- Carers felt excluded by clinical specialists which resulted in them feeling undervalued.
- GPs were pinpointed as needing to acknowledge the issues faced by carers and provide access to timely appointments that are convenient for them and the person cared for.
- Support groups and peer networks were valued but there needed to be more flexibility in opening hours.
- There was a need for a more robust carer's assessment.
- The absence of relevant information results in a healthcare which is difficult to navigate for carers. There needed to be improved signposting and a single point of access is required.

2.2 Following the submission of the Phase 1 Support for Carers report, Healthwatch Staffordshire undertook the Phase 2 engagement to support ongoing involvement with carers, based on a co-production model, to explore carers' perspectives towards developing carer support systems in Staffordshire and specifically a Carers Hub model of delivery.

- 2.3 To that end Healthwatch Staffordshire undertook this second round of engagement with the same cohort of carers to re-visit the issues that had been identified and explored these with Carers.

Phase 2 of the engagement found that:

- Carers considered that issues related to their “physical health”, “my caring role”, “managing at home” and a “life outside of caring”, were particularly important.
- Young carers indicated that their highest priority was “managing at home” to support their caring role.
- Carers noted that there were a number of issues missing from the eight themes that were identified from the initial phase. These additional issues included respite care, information and advice, one-to-one support for carers as well as providing carers with a life outside of caring.
- Money and finance were particular issues of concern for those attempting to apply for financial benefits and those who are supported by Carer’s Allowance which is considered insufficient to support their role.
- Peer support networks were viewed as essential to improve carers’ ability to manage a home with the caring role.
- Carers suggested that the Carers Hub should be an accessible contact centre that individuals can visit. Rather than the centre be open 24 hours carers suggested that it was more important that it be open seven days, specifically weekends and evenings.
- Outside of opening hours there should be an emergency after hours Freephone line.
- Staff should be knowledgeable, reassuring, informed and friendly, whilst addressing queries and concerns of carers in a timely manner.
- The concept of a Carers Hub from the support services was well received.
- The Carers Hub should be delivered through a multitude of approaches: a physical contact centre that is delivered locally; through a Freephone support system; provision of on-line information; and face-to-face drop-ins and support groups.

- 2.4 An outline for the way that the Carers Hub was to be developed was shared with Carers. The outline included that the Carers Hub would:

- Identify ways in which carers wish to be supported

- Provide personalised information and advice
- Provide a break from the caring role, whilst reducing carers' social isolation.
- Recognise carers as expert partners and ensure that they are placed at the heart of designing the service that they want to support them.
- Offer signposting and referral support and co-ordination (for example, GP appointments or counselling services).
- Work collaboratively with organisations in the local community, offering peer support with other carers to develop a carers' community.
- Each carer who accesses the service will have a personalised care and support plan that is developed in conjunction with the carer that reflects their type of caring role.
- The Carers Hub will also identify individuals who do not consider themselves to be "carers" and provide them with appropriate support to continue their caring role.
- Alongside this, this single point of contact will be able to make appropriate referrals with social care providers, if required by the carer.
- The Carers Hub will provide carers with up to date, relevant and personalised information and training. Information will be available through face-to-face support, peer support networks; web pages and paper-based materials. Information will also be provided at key points in the carer's journey, such as becoming a carer, transition from young carer to adult, etc.
- In times of crisis or pending crisis the Carers Hub will ensure that intensive support for individuals is available/accessible. The Carers Hub will provide emergency and contingency plans to provide support for carers in the event of an emergency, or to plan for the future when they are no longer able to care.
- The Carers Hub will raise the awareness of carers, the issues they face and their rights through public events and activities, whilst also providing training for professionals and volunteering opportunities for those wishing to work with carers.
- The Carers Hub shall enable carers to take a break from their caring role.

Plan & Methodology

3. Objectives

- 3.1 This engagement and evaluation project sought to understand the experiences of carers of the Carers Hub since the contract was awarded with effect from 1 October 2015. The engagement was timed to ensure that there had been time for the services to embed rather than during the transition period.
- 3.2 The project investigates the experiences of carers who moved from the old service provision to the new (transitioned carers); those that are new carers; carers who are not accessing services and young carers. Carers were targeted through existing groups across the County including those provided by the Hub and previous providers of services. In addition to this surveys were taken to any events that Healthwatch Staffordshire attended during the period March to mid- June 2016. On-line surveys were sent out to providers as well as attendance at groups in order to facilitate wide access and participation. In addition feedback was sought from previous providers in terms of their experiences of transition and working with the new provider; practitioners and representatives from the new service provider. Engagement with the new provider was sought through face to face contact with a representative of the Hub to make them aware of the opportunity to take part as well as email contact and telephone calls. Unfortunately the new provider failed to take part in the engagement.

4. Methodology

- 4.1 A number of surveys were developed that were focused on the different cohorts of carers and also the previous providers of services. The surveys were available on-line and paper copies of surveys were also taken to carers meetings and public events in order to engage with a wider number of carers. It had been intended to undertake focus groups with carers using carer support groups but there was no take up for this and organisations preferred to have surveys to complete instead. Therefore, this element of the research was not pursued and the results are based purely on survey returns.
- 4.2 The surveys included a mixture of quantitative and qualitative questions in order to give an opportunity to respondents to expand on their answers.

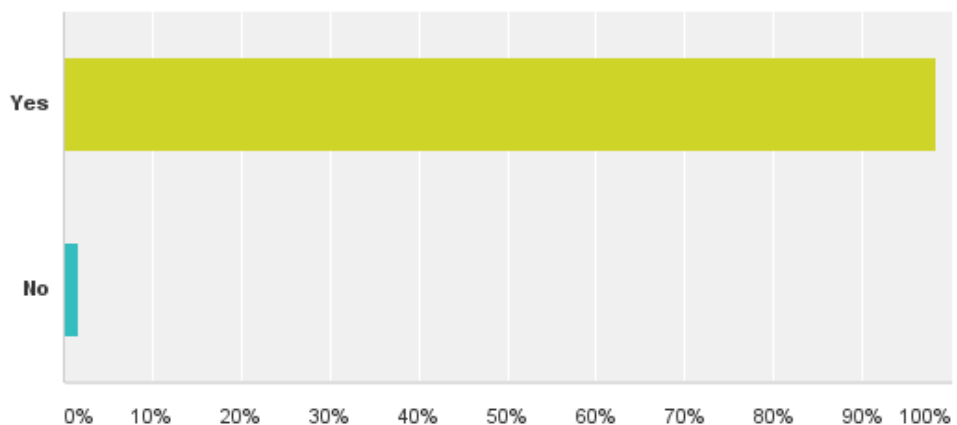
- 4.3 There were seven survey types with four for carers and three for providers. The number of responses to each type of survey is shown below.

Type of survey	Number of responses
Carers not accessing services	63
Transitioned carers	111
Young carers	3 (There were an additional five survey responses that included reference to services for young carers).
New carers	14
Previous providers	10
Practitioners	1
New providers	0

- 4.4 Those who are not currently accessing services as a carer were asked if they identified themselves as a carer as this could have had an influence on why they were not accessing any support services. However, 98.41% of those not accessing services did identify themselves as a carer as demonstrated in the figure below.

Q2 Do you recognise yourself as a carer?

Answered: 63 Skipped: 0



5. Quality plan

- 5.1 ECS and Heathwatch Staffordshire have a responsibility to ensure that the evidence and insight it creates is of high quality and aligned to best practice across the industry. Research ultimately provides the evidence on which sound decisions should be made, which is why it is important to state upfront how quality has been ensured throughout this project.
- 5.2 ECS and Healthwatch Staffordshire underpin its research activities by applying the Market Research (MRS) Code of Conduct, which allows us to demonstrate that we are credible, fair and transparent. ECS is an MRS accredited Company Partner.
- 5.3 ECS and Healthwatch Staffordshire also adhere to a strict data protection policy that ensures that:
- ❖ Everyone handling and managing personal information internally understands that they are responsible for good data protection practices.
 - ❖ There is someone with specific responsibility for data protection in the organisation.
 - ❖ Staff who handle personal information are appropriately supervised and trained
 - ❖ Queries about handling personal information are promptly and courteously dealt with.
 - ❖ The methods of handling personal information are regularly assessed and evaluated.
 - ❖ Necessary steps are taken to ensure personal data is kept secure at all times against unlawful loss or disclosure.
 - ❖ ECS has firm guidelines for data storage, data retrieval, data security and data destruction. There is also a strict process in place should a data breach occur (which includes containment and recovery, assessment of ongoing risk, notification of breach, evaluation and response).
 - ❖ To further ensure the quality of the final report, an internal peer review process was initiated to ensure that the report is fit for purpose before submission. Where data was not robust it was statistically suppressed to prevent disclosure.

Findings

6. Communication during transition

- 6.1 The cohort of transitioned carers and previous providers were asked about the process of transitioning between providers and the communication during the process.
- 6.2 Whilst providers generally agreed that the technical handovers of data and service user records were generally well handled, the use of that data to communicate with service users had not been so smooth. One carer was unhappy that their data had been shared with the new provider and saw this as being an unacceptable action on the part of the local authority. However, in the main respondents told us that they had received little or no communication from the new service provider. Some of those that had said that they had received a letter and then had to make ‘many calls’ themselves since that letter and another said that since they had ‘one letter informing them of the changeover’ they had had ‘no further communication since.’ A number said that they had received nothing at all from the new service provider with one respondent commented that despite having given permission for the old provider to share their details they had had ‘no contact at all since agreeing for my details to be shared [with the Hub].’ For others when the Hub did finally get in touch they were of limited use to them with one saying ‘it took a long time for them to get in touch and when they did they had nothing to offer me.’
- 6.3 The only contact that some had had was when they contacted the provider and not the other way around. One commented that they had had to ask their friend for information on the Hub ‘not getting details myself.’
- 6.4 One user commented that it ‘feels like one service stopped and another one wasn’t ready to take its place.’ This was echoed by another service user who said ‘it was all too sudden’ and that they ‘don’t know who to contact’ since the transition. There were a number of comments about the transition having been too rushed and that this had affected the quality of the service.
- 6.5 There appears to be a certain amount of resistance on the part of service users to transition to the Hub with commenting when asked about the transition that ‘I wouldn’t like to say that I have transitioned. I can only assume that I should have but the Hub offers nothing so I have stayed with North Staffs carers.’ In some ways it may have been that whatever the new service had done to transition the service users there would have been some respondents

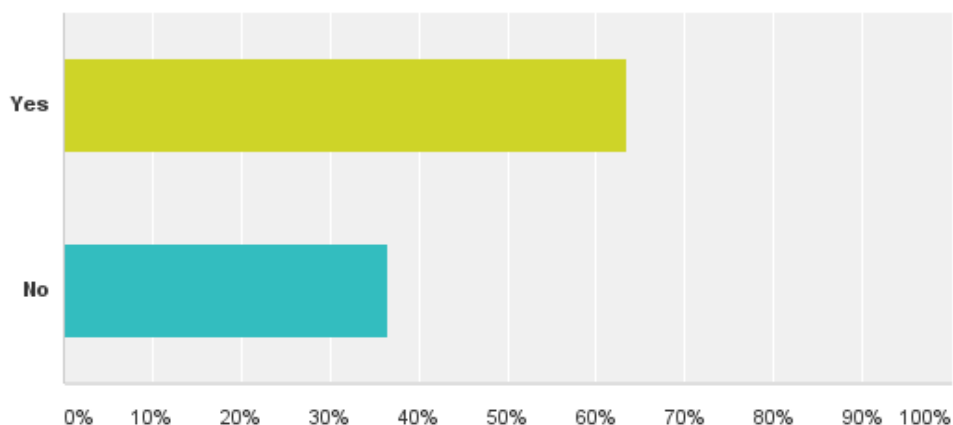
who were unhappy with how it had been done. However, it is fair to say that there were high numbers of respondents who felt that the transition had been badly handled, with only 6.86% of transitioned carers saying that they had formed a positive experience of the Carer's Hub during the transition period, and it would be unfair on them to say that they all had vested interests in the old service providers remaining.

7. Awareness of service

- 7.1 As might be expected there was a greater awareness of the Hub's existence amongst transitioned service users than there were in other surveyed groups as they had previous knowledge of there being a service at all. However, transitioned carers did make comments about not knowing what the purpose of the Hub was with one commenting 'what does the Hub do? I'm still unsure about what they do in real terms.' For carers who are not currently accessing services and young carers there were relatively low percentages aware of the Carers Hub. 64% of those not accessing services said that they were aware of the Carers Hub (see figure below) and only 33% of young carers.

Q5 Have you ever heard of the Carers Hub?

Answered: 63 Skipped: 0



- 7.2 Of those not accessing services who said that they knew of the Carers Hub some said that they had previously accessed services with the old provider and had chosen not to with the new provider.

- 7.3 Those not accessing services were asked why they were not accessing any support and some said that it was because they did not know how to access services. One commented that they ‘don’t know where I would get information on this or how to access support services.’ This suggests that there is a lack of awareness of the Hub and what it does for new carers and that agencies that they are in contact with such as NHS services are not making them aware either. One respondent commented that there was no information in their GP practice about the Carers Hub. Whilst it is not clear whether this is because the GP has failed to display material or have not received any from the Hub but either way being able to access information through the GP practice is important to Carers who are likely to be accessing primary care services either on their own behalf or that of the person they are caring for.
- 7.4 Some new carers also exhibited a lack of awareness of the Hub, commenting that they had ‘never heard of it’ or didn’t know it existed because ‘no-one told me it existed.’ Respondents spoke of a lack of advertising of the Hub and felt that improved advertising would help to raise awareness. For one new carer there being ‘no written information’ contributed to their lack of awareness.
- 7.5 However, there was a general lack of awareness of what the Hub could offer to carers. One respondent said that ‘I’m not sure what services they provide.’ Another respondent who wasn’t accessing any services said that the reason for this was because they ‘don’t know where to go.’
- 7.6 Previous providers supported the view that there was a lack of awareness of the Hub and some of them attributed this to poor communication from the Hub about the services that they offer. They spoke particularly in relation to the transition of the services with one saying that ‘very little information was shared from the new provider about what services would be available. Many carers and existing providers had very little knowledge of the new providers and what to expect.’ Another provider said that they had found that ‘some carers don’t know what the Hub is for.’ Part of the issues were seen as being poor community engagement and communication with one commenting that ‘events in the community are not advertised very well and people have struggled to find the location of the outreach sessions as not everybody has access to the internet.’
- 7.7 Similarly to the suggestion from one carer that there needs to be more advertising, previous providers are suggesting that there needs to be a wider approach to communicating about outreach sessions than through the website. It may be a worthwhile approach to consider

direct mail and telephone contact with known carers but also liaising with agencies such as GP practices, pharmacists, etc. in the locality of the community events.

8 Lack of information

- 8.1 Those that had contacted the Hub commented that the Hub themselves lacked the information that they were looking for and that as a result they felt that the Hub had nothing to offer them. For transitioned carers 65.69% said that the Hub did not benefit them in anyway. One respondent said that the service was *'very bad, lack of information.'* This continued to be echoed by transitioned service users with only 9.8% saying that they felt the Hub was able to impart advice, including signposting, to service users. New carers did give more positive feedback on their experiences of the Hub particularly in relation to the *'aftercare'* they received when their caring role was coming to an end because the person they were caring for had gone into residential care but they were still largely negative.
- 8.2 Respondents felt that there was a lack of information provided in the form of leaflets. One respondent would like to see *'more literature about support services and where to apply for help.'* However, there was also a comment from one that having more advertising was *'no good if they hardly have anything to offer.'*
- 8.3 There were a number of comments that respondents had been promised information but it had not arrived and for others that information was simply not available. One carer said that although they had been told that information would be sent to them *'no information ever arrived.'* This lack of responsiveness was echoed by other carers who had had personal contact with staff and saw it as a customer service issue. Another carer commented that when they had contacted the Hub they found they had *'nothing really to offer me as a carer.'*
- 8.4 However, some carers said that they had had *'lots of information from the carer's hub.'* Whilst this respondent was very much in the minority it does suggest that there is information available and there is either inconsistency of approach or there is a lack of relevant information for some carers.

9. Staff knowledge and training

- 9.1 A number of respondents felt that the staff at the Hub were lacking in knowledge and expertise. This was particularly marked amongst those who had transitioned from the

previous service providers. One respondent commented that staff were ‘not up to speed with things, didn’t know about the service’ they went on to describe this as ‘frustrating because they should be able to help.’ However, the negative comments were not exclusively from carers who had transitioned from the previous service and suggestions were made by other respondents including new carers that staff should ‘know their job.’

- 9.2 It was particularly the case that there had been poor experiences with staff who were new to the role and the respondents felt that they were ill equipped to support them. One respondent told of how ‘someone not very experienced went through the assessment with me.’ The respondent felt that the lack of experience contributed to them feeling ‘very exposed as this was a painful exercise.’ Another said that they had also been visited by someone who ‘was new to the job, promised to get back to me with more information and I’ve not seen or heard from anything since.’
- 9.3 There were also some comments about the attitudes of the staff when they were in contact with service users. One respondent commented that they had ‘met with a very rude young lady who had no understanding of carers.’ Whilst another described the staff on the phones as ‘very blunt and didn’t seem to know what they were talking about.’
- 9.4 It would appear that there is a lack of basic customer service training within the Hub in terms of attitudes, ensuring that promises are kept and keeping people updated when it is not possible to deliver what has been promised. One respondent commented that an improvement to the service would be to ‘actually do what they promise.’
- 9.5 It was suggested that the staff would benefit from learning from ‘actual carers about what it is like to care for someone 24 hours a day.’ This would help to ensure that carers asking for help were treated well and felt that they could have confidence in the service. For those who said that they had had a positive experience with the staff from the Hub they spoke about how they had encountered ‘competent, empathetic, understanding experts’ whilst another spoke of ‘skilled staff who offer compassion to callers going through a difficult time.’ Whilst they had a positive experience it would call into question why this was not the case for most of the respondents to the surveys and also demonstrates a lack of consistency. Some staff were particularly named as being a good source of support to the respondent and on the whole these appeared to be the people running the drop-in sessions in the community or acting as key workers rather than staff members who are the first point of contact on the telephone. There was also support for the use of a named contact in order to ensure that

there is continuity of service. One respondent said that ‘[having one person to contact](#)’ had been helpful and that their key contact had been ‘[able to answer everything that had been asked of her.](#)’

10. Specialist needs

- 10.1 Young carers felt that the support services that were available did not meet their needs as they were often different from the needs of older carers and that there was a lack of ‘[understanding](#)’ of young carers. The small number of young carers that responded to the survey showed themselves to be aware of support services but a low number were aware of the carer’s hub as a source of support and advice. However, the parent of a young carer who had responded to a different survey commented that there was a lack of provision for young carers and that what there was wasn’t age appropriate for their seven year old child. They said that ‘[the youth group, it’s just not the right provision for a seven year old](#)’. They went on to say that there was a lack of ‘[provision aimed at different groups of young people.](#)’ They suggested that there needed to be ‘[personalised and appropriate support](#)’ particularly for younger carers. There were further comments about there being a lack of provision for young carers and there was also a lack of transport which impacted on all groups of carers. The young carers who completed the survey suggested that they needed to have access to more supported leisure activities including having access to transport to get there. They also said that they would like to have ‘[a mentor, someone to talk to when I needed to.](#)’ Another parent said that they felt that the provision from CASS in the past was better than what was currently on offer and their approach has been ‘[multi-generational.](#)’ It was suggested that the Hub needed to engage with young carers of all ages and their parents and ask them ‘[what they want and provide more activities similar to those provided previously.](#)’
- 10.2 Carers who were not currently accessing services named a number of more specialist support services that related to the conditions of the people that they cared for rather than more generic carer support provision. It was felt that there would be a benefit from having staff at the Hub who were able to relate to the carers of people with specific conditions. A suggested improvement was that there would be ‘[advice from a professional who understands the condition of the person being cared for and who can offer support with the first hand examples of the way forward.](#)’

- 10.3 Linking to this view was a comment made about the lack of service provision for families affected by autism and the carer who was affected by this said that they would like ‘[help with looking after my child so I have the chance to spend some time with my other child and may be some time for myself.](#)’ The need for practical help was a recurring theme but also where there are gaps in support the impact can be quite profound. The same carer said that ‘[there is nothing worse than struggling and knowing that there is no-one or any services to turn to for help.](#)’
- 10.4 The lack of services for people caring for people with specific conditions was not isolated to autism provision. One carer said that there was no provision by the Hub for the carers of people with mental health needs and there wasn’t anyone employed by the Hub who had mental health knowledge. This had not been the case with the previous provision and the respondent was feeling the loss of this approach. Another new carer suggested that they would benefit from specialist services relating to early onset dementia.
- 10.5 However, another carer felt that they didn’t need services for themselves and the best support would be for their parents to be able to access support from the local authority which in turn would relieve the burden on the carer. They said that if the services were there to care for their parents they would be able to return to work and caring for their children rather than being in a caring role that they did not want.

11. [Accessibility to the hub services](#)

- 11.1 The physical accessibility of the Hub building, particularly in Hanley were raised as issues for some carers who found them too far from parking and not accessible for people with disabilities. One respondent said that they had ‘[gone to the Hanley one. I couldn’t find parking or a lift so I came home. Can’t understand why it is where it is.](#)’ It should be remembered that when carers visit the Hub they are likely to bring the person that they are caring for with them and will require access for people with disabilities. One carer commented that ‘[my wife can’t walk very far and can’t manage steps or inclines.](#)’ The lack of parking had impacted on this couple because of the wife’s poor mobility and another commented that ‘[the lift is too small.](#)’
- 11.2 The lack of parking at the Hub in Hanley also meant that people had to pay for car parking and for some this is unaffordable. One respondent said that it was ‘[too expensive to park](#)’ in the middle of Hanley. This issue was confined to responses about Hanley as there is free

parking near to the Stafford Hub. Whilst it is appreciated that finding a central location with free parking is difficult in a city centre the disparity between the two sites seems to be unfair and is restrictive for potential service users. For those in Hanley there were comparisons with the North Staffs Carers location which is accessible and has free parking albeit not in the city centre.

- 11.3 There were a number of comments about the physical environment of the Hub and its lack of privacy for people seeking one-to-one assistance. It is not clear if this relates to both of the sites or just one site. One respondent commented that there was a 'very small waiting room' and as a result of this they 'could hear everything that people were saying.'
- 11.4 It was also commented that for people who did not live in Stafford or Stoke-on-Trent the Hub was too far away to be accessible to them. In addition to the physical location of the Hub points were made about the service provision generally being Stafford or Stoke-on-Trent centric one respondent in particular spoke about being 'sent a letter. I live in Burton-on-Trent. No mention was given to Burton.' The concerns about the focus on Stafford and Stoke-on-Trent was echoed by previous providers with a perceived need for the Carers Hub 'to make themselves visible to the whole of the County, not become Stafford and Stoke-on-Trent centric.' This view was further defined as a 'postcode lottery' with a view that there was a lack of services in 'South Staffordshire compared to North Staffordshire and Stoke.' It was suggested that the Carers Hub 'need a physical presence in every area several times a week'. Whilst this may not be practical there is clearly a need for the Hub to make itself more visible and more relevant to people living outside the areas where there is a physical base.
- 11.5 Comment was made that it was difficult to find the contact details for the service with one respondent saying that they 'rang two other hubs before I got to them.' When asked what would help to improve the service one respondent said that having 'details that were easier to find' would be an improvement to the service.
- 11.6 Additionally the website for the service was pinpointed as being difficult to find and that when respondents did find the website it was of little overall value. The website was described as being out of date, one respondent said that 'their website, if you manage to find it, is pointless and has not been updated for over a month.' Previous providers said that at the point of transition 'there wasn't a basic website page with contact numbers that we could signpost carers to.' Although there is now a website, a previous provider said that carers had 'described the website as not very user friendly.' In view of the fact that people said it was

difficult to get through on the telephone having a website that is up to date and interactive could help to alleviate some of the dissatisfaction expressed with being able to contact the Hub and would provide support for those who are more comfortable accessing services online.

- 11.7 Respondents spoke of not being able to get through on the telephone with calls going unanswered rather than that the phone lines were busy. One transitioned carer said they had been ‘unable to make contact by telephone - no answer.’ Additionally a new carer has said that the telephones ‘don’t seem to work at all.’ For one carer the issues with getting an answer on the phone or getting a call back made them think that the Carers Hub was not ‘worth the extra hassle.’

12. Alternative provision

- 12.1 A number of service users made the point that they had remained using the services of previous providers where they could and this included the support groups that they had attended prior to the Hub being established. One carer commented that ‘the Hub offers nothing and so I have stayed with North Staffs Carers’ Another said that their original group had ‘stayed together’ and so they had continued using that group although the Carers Hub had started to send representatives to the group meetings.
- 12.2 North Staffs Carers and CASS continue to deliver services and appear to be the main sources of support for a number of the respondents to the surveys. Therefore, it should be remembered that they speak predominantly about the services that they had received from them and how it compared to the Hub. The comparisons that they offer help to explain why they have remained with those services and also gives an indication of what they would like to see from the Carers Hub. For some there is the simple fact that they found the atmosphere to be more supportive at the other providers. One said that when they went to North Staffs Carers Association in Duke Street they would ‘get such a warm welcome there’ whereas one respondent said that they found the Hub to be too ‘corporate’. The issue of friendliness recurred in relation to the support groups run by the Hub where one respondent had been to a group but had found it to be ‘unfriendly’. There were a number of comments about the need to make the approach more personal and that they had received this from other providers.
- 12.3 For some respondents the reasons for using alternative providers was that they had more trust in them and felt that their knowledge was better. It was felt that the ‘previous support

seemed established and had good local knowledge’ and therefore, was preferable to the Hub. It was recognised that the previous providers had an advantage in that respect because they ‘had been in place for many years and had a great deal of knowledge of the area and services available.’ Despite this recognition there was a sense that carers still wanted to stay with the services that they had used before because they would be able to have the support that they needed quickly due to the knowledge the providers already had. One said that they had ‘a service straightaway with CASS and got the help that I needed, unlike the Hub.’

- 12.4 The reputation and track record of the providers appeared to have a big influence on whether they were used or not and the Hub has not had an opportunity to build that track record and there have been a number of negative experiences that has meant that people have returned to their previous providers or are intending to with one respondent saying that ‘previous support services were excellent and I will be returning to them.’ Another spoke about the practical help that they had received in the past where North Staffs Carers had ‘helped me with benefits, got a new ramp fitted and met with us and our social worker. They are only a phone call away and have always been able to help me, they seem to understand when no one else does.’ With this in mind for this carer there seems little added value in engaging with the Hub when they can receive such a service from a familiar provider and 65.59% of transitioned carers said that they felt the Hub had nothing to offer them.
- 12.5 One spoke about how they had accessed other services on the recommendation of a friend rather than through the Hub. They said that ‘my friend suggested that I contact the CAB and the Dove Service, who I must say have been wonderful.’ Others who weren’t accessing services when asked why they were not using the Hub said that they ‘find my own support/information, etc.’ and felt that there was no added value in making use of the Hub.

13. Carers Assessments

- 13.1 There was comment about the process of getting a Carer’s assessment and how it was often difficult. Previous providers said that they were referring carers to the Hub for assessments but that ‘wait times for assessments are not as timely as they could be.’ This view was supported by carers who had asked for an assessment with one saying that they were ‘still waiting four months on to see someone’ and another saying that they had ‘chased and chased the hub for support and got nowhere, six months on still waiting for an assessment.’ There is a sense that carers have to be persistent in order to get an assessment with one

saying that they ‘eventually got an appointment after nagging.’ The need for carers to be persistent in order to access the services that they are entitled to places an extra stress upon them and can act as a disincentive to bother accessing any support.

- 13.2 Respondents also commented on the lack of experience that those carrying out the assessments seemed to have with one saying that their experience was ‘poor’ as someone ‘not very experienced’ had gone through their assessment with them. One carer said that they had received ‘a letter of apology for the assessment being so bad.’
- 13.3 There were not only waiting times for an assessment to take place but there were reportedly delays in receiving outcomes from the assessments with one saying that they were ‘still awaiting my outcomes from my carer’s assessment even though it was urgent. I have emailed them on the email given and nothing.’ This lack of responsiveness negatively impacts on the reputation of the Hub and it indicates a lack of understanding of the difficult position of many carers where there is an urgent need for intervention. There were also comments about having had an assessment only to find that there was ‘nothing available to me’ or that an application for personal welfare funding had ‘been refused.’
- 13.4 It would also appear that there is a lack of promotion about the Hub carrying out assessments and these being an entitlement for carers under the provisions of the Care Act 2014. There were a number of comments from new carers and those not accessing services saying that they would benefit from practical, financial and well-being support but didn’t ‘know if I am entitled to any help.’ This suggests that there is a lack of awareness of being able to access a carer’s assessment and more needs to be done to promote this with new carers and those not accessing existing services, particularly as 64% of carers not accessing services said that they knew of the Hub but were not using it. It is notable that most of the comments about having had a carer’s assessment or having asked for one were from carers who had transitioned from previous providers who were likely to have more knowledge on their entitlement to a carer’s assessment in the first place.

14. Relationships with service providers

- 14.1 Previous providers said that they had little or no relationship with the new service providers other than making referrals for their service users to access the Hub. One provider said that the Hub had not ‘made any contact with the group’ and as a result the carers in their group

has had 'no first-hand knowledge of the Hub.' There was a view that the Hub has made 'no attempt to involve themselves with voluntary groups.'

14.2 One provider who has a partnership with the Hub felt that their relationship was working well and that 'we are a strong service and we work in partnership with the Hub with regards to providing emotional support.' However this was not the case with another provider who was supposed to be working in partnership with the Hub. They said that 'as part of the winning bid we were named as being a partner agency that would provide services. However, to date that arrangement hasn't happened and we do not have a formal partnership with People Plus. It is quite misleading for carers and their families that [we are] detailed as partner on the Carers website.' Another commented that their group 'has not had any new members referred to it since July [last year].'

14.3 Although some relationships are working well and to the benefit of carers there are clearly gaps in wider relationships that are impacting on the ability of groups to work with carers and provide support to them. With this in mind it is of little surprise that some carers are failing to access support or are returning to the providers that they have used for advice and support in the past.

15. Loss and gaps in services

15.1 Some respondents spoke about the lack of service provision in some areas and previous providers particularly spoke about how some services had been lost through the change of providers. For many people there was a need for access to practical help to assist them in their caring role. This included the need for respite care in order to give the carer a break. It was felt that 'respite breaks should be easier to obtain' and there was also a request for more information on suitable homes to provide respite. As well as needing access to respite breaks a number of carers suggested that there was a need for transport assistance for them to access services. This was particularly the case for young carers with one saying that being picked up 'to take us to groups' was one of the improvements that they would like to see. Other respondents who had children who are carers suggested that there had been a general loss of provision for young carers and that the service would be improved by asking 'the parents and children what they want and provide more activities similar to those provided previously.'

- 15.2 The need for more activities was not confined to young carers although their needs were perhaps more specific in wanting ‘a programme of day trips - something unusual’ and an opportunity to do ‘fun stuff, to go out with friends.’ For adult carers there were similar requests albeit expressed in different language with requests for a ‘relaxation session’ and ‘courses, relaxation days, cooking, painting, etc.’ It was felt that there was a lack of activities in general and it was suggested that an improvement to the service would be to ‘have an activity budget.’
- 15.3 The previous reports produced by Healthwatch Staffordshire about the services that carers wanted to be able to access identified that there needs to be provision of support groups that enabled carers to access peer support. Whilst there were a number of people who said that they were accessing groups provided by the Hub there were more that were accessing groups that they had been accessing that are provided by previous service providers. For some new carers and those not accessing services they said that they had been told that there were ‘no services for me.’ It was commented that there needed to be ‘more groups’ in order to provide ‘a break, for carers to get together.’ Locality also played a part in the accessibility of services with one respondent saying that there needed to be ‘more things going on in small areas as I don’t drive.’
- 15.4 Previous providers spoke more about the loss of services than carers themselves and as previous providers may have an interest in drawing attention to the loss of specific services. There was very specific feedback about the loss of the Stroke Co-ordinator from Good Hope hospital who has been able to ‘provide on the spot advice, guidance and support to the patient, the carer and the family.’ The respondent went on to say that there had been a loss of information to their group and that the ‘Carers Hub has made no attempt to replace this service.’ In order to counter some of this loss it was suggested that there needed to be hospital visits by the Carer’s Hub ‘to assess the needs of carers and patients.’ There were also comments on there being a reduction of service for the end of life when carers may need additional support and help with their caring role coming to an end. It was commented that there was ‘reduced capacity to accept and support carers’ who were not already ‘known to the hospice.’
- 15.5 Some providers felt that ‘services began closing and nothing was replacing them.’ Whilst this may not have been the case as such there was a sense from previous providers and carers who had transitioned with the service, that the transition meant there were gaps in service

and it would have been better to have an 'overlap of services' rather than the 'close of one and start of another as they take time to become established.'

16 Conclusions

- 16.1 The evaluation engaged with a range of carers and former service providers to understand the experience of transition to the new Carers Hub and the service as it is now delivered. Although the existing service provider was given opportunities to take part they did not do so.
- 16.2 The process of transferring data from the previous providers to the new provider was seen as being effective and efficient on the whole by previous providers. However, the perspective of transitioning carers was somewhat different. There was a sense that the transition had been rushed and the service was not ready for carers to use when they were moved across.
- 16.3 The awareness of the Hub by carers was mixed with new carers and those who weren't accessing services being less likely to be aware of the Hub at all. This prevented them from being able to access an assessment and related support services because they did not know where to turn. For those that knew about the Hub there was often a lack of understanding of the role of the Hub and what it offered to Carers. There was seen to be a lack of information and advertising to promote the existence and purpose of the Hub.
- 16.4 The knowledge levels of the staff were seen as being limited by some, particularly carers who had transitioned to the new service. Where staff did not know the answers to queries they were reported to be poor at returning calls with the answers. There was also a perceived lack of empathy from some staff, especially those who were the first point of contact on the telephone. It was felt that staff would benefit from additional training and actually talking to carers about what it was like to be in a caring role.
- 16.5 For some carers there was a need for specialist services that related either to their own circumstances, such as being a young carer, or to the condition of the person that they were caring for. Although young carers themselves did not raise particular gaps in service the parents of some younger carers raised issues around the age appropriateness of some of the services. In addition to services for young carers being seen as limited there was also seen to be a lack of support for families caring for people with autism and a lack of specialist support

for people caring for someone with a mental health need as well as a lack of mental health support in general for carers.

- 16.6 The physical location of the Hub buildings were commented upon, particularly in relation to car parking being costly for the Hanley Hub. Additionally issues were raised around access for disabled people to the Hub with comment about the lift being too small. For those people who wanted to have a confidential one-to-one at the Hub comment was made that there is a lack of private space and that conversations were audible in the waiting room.
- 16.7 There was a concern that services would be centred upon the locations where there is a Hub building and this could exclude those Carers who do not have access to a car or public transport or who do not live close by. There was also a view that there were more and better services in North Staffordshire and Stoke-on-Trent than in the south of the County. It is important that the service is visible across the county and is accessible to all.
- 16.8 There were reported to be difficulties with being able to access services by telephone and that calls were not returned. For some carers having to make repeated calls made them consider that the Hub was not worth bothering with for them and they either accessed no services or sought alternative provision. This was also made worse by the reported limitations of the website that was lacking information and had poor interactivity.
- 16.9 Carers who had been accessing services prior to the Hub opening appeared to be continuing to use the services that they had used before. CASS and North Staffs Carers Association were particularly referenced and appear to be continuing to offer similar services to the Hub. The familiarity of the previous services and providers, and the perceived higher quality means that for some carers there was little incentive or perceived value to accessing the new Hub services.
- 16.10 There was reference made to carers' assessments predominantly by people who had transitioned to the new service rather than new carers or those not accessing services. This suggests that knowledge of the right to an assessment is limited amongst newer carers and therefore, there needs to be wider dissemination of information on them. For those that had asked for an assessment there had been wide spread delays in obtaining one and at times the quality of the assessment had been poor.
- 16.11 Relationships with previous providers were mixed. One provider felt that they had a good working relationship with the Hub but this was not replicated with other providers. Although

referrals were made by one organisation they did not feel they had a relationship with the Hub and others reported that they had not had any referrals back to their service since the Hub was established. A provider who had been named as a partner in the winning bid for the Hub said that they had no formal working relationship with the Hub at all and felt that carers were being misled by having them named as a partner on the Hub's website.

- 16.12 Providers also spoke about the loss of services with one very specific example of how a service had gone and not been replaced. There was a feeling that there should have been an overlap in services at the point of transition to ensure that there were no gaps when a new service was being established. Carers remarked less on service losses but did comment on gaps in service that they felt that they needed. The services that were particularly identified were those that enabled the carer to have a life outside of caring. There was seen to be a need for more access to respite services and access to activities that enabled the carer to relax or develop a new skill. It was suggested that there needed to be a budget for activities for carers.
- 16.13 Although there are issues that relate to the experience of transition from one service to another and that has passed, there are areas where the Hub can make improvements in order to provide better and enhanced services for carers as it moves forward.

17. Recommendations

17.1 Raising awareness

- 17.1.1 Ensure that there is ample promotion of the Carers Hub and its purpose in a range of locations and formats. This should include advertising in publications but also ensuring that work is carried out with health and social care providers to raise profile and encourage them to promote the Hub.
- 17.1.2 Ensure that community outreach work is well promoted and that work is carried out to promote widely in the locality including working with other providers in the locality who may have better local reach.

- 17.1.3 Implement targeted engagement, particularly in relation to young carers in order to ensure that information is accessible. This needs to include printed material but also accessible information on the website. Maximise links with Staffordshire County Council's websites, including Staffordshire Cares and Marketplace.
- 17.1.4 Take part in any promotional or engagement activities undertake by Staffordshire County Council in relation to their statutory responsibilities under the Care Act to ensure a broader reach of information to carers. Information should include leaflets and other written information as well as wider information such as specific service information on the website which is currently lacking.
- 17.1.5 Ensure that the Carers Hub website is regularly updated has clear and comprehensive information regarding contact details, its services, locations, opening hours, services available, out of hours contact numbers and what to do if you are in crisis.

17.2 Communications

- 17.2.1 Ensure that when approached for advice or support from carers or by referrals, there is a clear timeline for responses, next steps and follow up actions are articulated clearly by Carer's Hub staff to ensure that for the carers and organisations making referrals, expectations are managed and met effectively.

17.3 Carer's Assessment

- 17.3.1 Establish a clear and comprehensive plan of ongoing engagement and promotions activities to ensure that carers are aware of the availability of and right to a carer's assessment including who to contact, what they entail and the potential benefits of having an assessment and the support services that are available.
- 17.3.2 Ensure that clear timescales are given for carer's assessments to be undertaken as well as clear information on options on where this could take place in order to manage carer's expectations effectively.
- 17.3.3 Ensure that there are clear timescales in place for carers to have feedback on outcomes of any assessments that have been undertaken including the right of carers to have a copy of their assessment and options for appealing any decisions.
- 17.3.4 Ensure that there is rigorous quality monitoring of carer's assessments to ensure that there are good standards maintained for all assessments.

17.4 Accessibility

- 17.4.1 Consideration to the physical access and location to the Hub buildings as this has been raised as an issue. This should include discussion with carers about the issues they face accessing the building as whilst they are DDA compliant, the experience of some service users is that they are physically difficult to navigate around, the affordability of car parking options and its location in relation to the building; accessibility within the Hub building; and ensuring sufficient private space for confidential one-to-one discussions.
- 17.4.2 The Carers Hub should carry out monitoring to ascertain the numbers of carers accessing the Hub by car or public transport and assess what may need to be put in place to support access.
- 17.4.3 Ensure parity of service across Staffordshire including smaller more isolated communities. Ensure that outreach services are well publicised and that other activities also take place in locations other than Stafford and Hanley. Where this is not possible provide transport to enable non-drivers to still access activities.

17.5 Training and Development

- 17.5.1 Training and development for all staff, including ensuring that new staff are fully trained before answering calls from the public to ensure that there is confidence in the advice from the Hub.
- 17.5.2 Ensure there is ongoing customer service training that is regularly updated and repeated to ensure that standards are maintained for all contacts with the Hub.
- 17.5.3 Produce a set of customer service standards and give consideration to co-developing training with carers and their representatives to ensure that there is understanding and empathy with carers and the situation that they find themselves in.

17.6 Specialist needs

- 17.6.1 Engage with carers to develop specialist services built around the conditions of people that they care for, particularly in relation to mental health needs and autism in families.
- 17.6.2 Engage with young carers and their families in order to develop a range of services that are age appropriate for the individual carer. Ensure that there is transport in place to enable young carers to attend activities.

17.7 Relationships with other providers

- 17.7.1 It is clear from the feedback received from a range of carers and professionals that there is a lack of a cohesive approach to the development and delivery of the Carers Hub and its services particularly in reference to partnership working and local delivery.
- 17.7.2 The vision for the support services for carers was a hub and spoke model of delivery and this does not appear to have been established and delivered in a consistent and comprehensive way in order to build a large network of delivery partners to ensure local delivery as spokes from the Hub which incorporates the relevant experience and expertise need to support carers.
- 17.7.3 It is recommended that an urgent priority for the Carers Hub should be to build relationships with local providers and partners to ensure the effective development, delivery and sustainability of quality services for carers that can meet their needs.

17.8 Activities

- 17.8.1 Engage with carers to design and develop activities that offer them a chance to have a life outside of caring. Include a budget for activities and be prepared to have a wide service offer to fully encompass a range of needs and interests. By carefully developing the range of activities available it will be possible to help fulfil some of the 8 themes of need for carers that were identified in the first two phases of support for carers' engagement. The themes are "a life outside of caring"; "emotional wellbeing"; and "employment, training and work".

18. References

Healthwatch Staffordshire, 2014, Support for Carers Phase 1.

<http://healthwatchstaffordshire.co.uk/download//support-for-carers-phase-1-report>

Healthwatch Staffordshire, January 2015, Support for Carers Phase 2.

<http://healthwatchstaffordshire.co.uk/download/support-for-carers-phase-2-report/>

19. Appendix

Survey for carers not accessing services

Carers not accessing services

Healthwatch Staffordshire are undertaking research for Staffordshire County Council following the development of the new Universal Carers Service.

We want to gather feedback from people who care for someone to evaluate your awareness of support services that are available to you and how to improve your access to support.

Please note that your response to this survey is completely anonymous.

1. Do you, or have you previously cared for someone?

☐ Yes

☐ No

2. Do you recognise yourself as a carer?

☐ Yes

☐ No

3. Are you aware of any support available to carers?

☐ Yes

☐ No

4. If yes, what services are you aware of?

5. Have you ever heard of the Carers Hub?

☐ Yes

☐ No

6. Have you previously or do you currently access any services for support in caring for somebody? If so, what services do you access?

7. If not, what has prevented you from accessing support services?

8. What would help you access support in the future?

9. What help do you/would you need from support services?

10. What impact do you think support services would have on you and the person you care for?e.g. *Better care, more free time, less pressure, financial stability, peer support, mental and physical wellbeing*

Survey for new carers

Carers New to Services

Healthwatch Staffordshire are undertaking research for Staffordshire County Council following the development of the new Universal Carers Service.

We want to gather feedback from people who care for someone to evaluate your experience of care services and your awareness of the new Carers Hub

Please note that your response to this survey is completely anonymous.

1. Do you currently or have you previously cared for someone?

- ☐ Yes
☐ No

2. Do you currently access care support services?

- ☐ Yes
☐ No

3. Are you aware of the new Carers Hub?

- ☐ Yes
☐ No

4. If yes, have you had any contact with the Carers Hub?

- ☐ Yes
☐ No

5. If you have not had any contact with the Carers Hub, please explain why

6. If you have contacted the Carers Hub, please explain your experience of the hub

7. What do you think works well with the Carers Hub?

8. What does not work well with the Carers Hub?

9. How do you think the Carers Hub could be improved?

10. What impact do you think these improvements would have for you as a carer and the person you care for?

Survey for transitioned carers

Carers who have transitioned from previous to current provider

Healthwatch Staffordshire are undertaking research for Staffordshire County Council following the development of the new Universal Carers Service.

We want to gather feedback from carers to evaluate your experience of the care support services during the transition period. We want to know what worked well and what didn't work well and how the service could be improved.

Please note that your response to this survey is completely anonymous.

1. What was your experience of the transition from previous support services you have used to the new Carers Hub?

2. What type of contact have you had with the new Carers Hub?

3. What was your experience of the contact you had with the Carers Hub?

4. Have you found the Carers Hub to benefit you in any way? If so, how?

5. How does the new Carers Hub compare to previous support services you have used?

6. What do you think works well with the Carers Hub?

7. What doesn't work well with the new Carers Hub?

8. How do you think the Carers Hub could improve?

9. What impact do you think these improvements would have on you as a carer and the person you care for?

Survey for Young Carers

Young Carers

Healthwatch Staffordshire are undertaking research for Staffordshire County Council following the development of the new Universal Carers Service.

We want to gather feedback from young people who care for someone to evaluate your awareness of support services that are available to you and how to improve your access to support.

Please note that your response to this survey is completely anonymous.

1. Do you currently care for anyone?

- ☐ Yes
☐ No

2. Do you recognise yourself as a 'carer'?

- ☐ Yes
☐ No

3. Do you feel comfortable telling people that you are a carer?

- ☐ Yes
☐ No

4. If no, what makes you feel uncomfortable?

5. Are you aware of any support available to carers?

6. Have you ever had support in caring for somebody? If so, what support did you receive?

7. Is there anything that would prevent you from getting support? If so, what?

8. Is there anything that would help you get support in the future?

9. What help do you think you would need from a support service?

10. How do you think support services could help you care for somebody?

Survey for previous providers

Previous Providers

Healthwatch Staffordshire are undertaking research for Staffordshire County Council following the development of the new Universal Carers Service.

We want to gather service provider feedback to evaluate your experience of the service during the transition period. We want to know what worked well and what didn't work well and how the service could be improved.

Please note that your response to this survey is completely anonymous.

1. What type of organisation do you belong to?

2. What has your involvement been with the new provider?

3. How were data and patient records handled during the transition?

4. Were there any issues with data management during the transition? If so, what issues did you experience?

5. Has information and data management improved since the transition? If so, how?

6. How was information provided to carers about the transition handled?

7. Were there any barriers to keeping carers informed about the transition during this period?

8. What worked well during the transition to the new Carers Hub?

9. What did not work well during the transition to the new Carers Hub?

10. How could the transition process be improved?

11. How did communication and support to carers and staff change during the transition period?

12. What impact has the transition had on staff and the organisation overall?

13. What impact has the transition to the new Carers Hub had on the sustainability of services and your organisation?

14. Were there any gaps in service provision during the transition? If so, how could it have been improved?

15. How do you think the Carers Hub has impacted upon timelines and service delivery? Could this be improved in any way?

16. What is your overall satisfaction following the transition to the new Carers Hub?

	Much Worse	Worse	Indifferent	Better	Much Better
Communication to carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and Data Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timelines and Deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey for new provider

New Service Providers

Healthwatch Staffordshire are undertaking research for Staffordshire County Council following the development of the new Universal Carers Service.

We want to gather service provider feedback to evaluate your experience of the service during the transition to the new Carers Hub. We want to know what worked well and what didn't work well and how the service could be improved.

Please note that your response to this survey is completely anonymous.

1. What type of organisation do you belong to?

2. What was your experience of the transition to the new Carers Hub?

3. What worked well during the transition to the new Carers Hub?

4. What did not work well during the transition to the new Carers Hub?

5. How could the transition process have been improved?

6. What impact has the transition had on staff and the organisation overall?

7. What impact do you think the the transition has had on carers and new carers?

8. What impact has the transition to the new Carers Hub had on the sustainability of services and your organisation?

9. Were there any gaps in service provision during the transition? If so, how could it have been improved?

10. Has information and data management improved since the transition? If so, how?

11. What impact do you think the Carers Hub has had on communication between your organisation and carers?

12. How do you think the Carers Hub has impacted upon timelines and service delivery?

13. Do you think timelines and service delivery could be improved in any way?