

**Carers Leeds Year Strategy**  
**1 April 2022 – 31 March 2026**  
(updated February 2025)

## **Overall objectives**

Carers are people who look after a relative or friend who otherwise couldn't manage without their help. Carers Leeds works with adult and parent carers across the city. We want to help carers:

- access the resources they need to carry out their caring role
- mitigate the negative impact of caring
- enjoy life beyond their caring role
- have good health and wellbeing, social connections and financial security

## **Strategic principles**

Our strategy is underpinned by five strategic principles. These will guide our work over the four years:

1. To reach more, and more diverse, carers
2. To start with carers' strengths and skills, working with carers to improve their own lives, rather than doing for or to carers
3. To communicate and engage earlier: working preventively or on the cusp of crisis rather than once carers are already in crisis
4. To provide direct information, advice and support to carers *and* work to influence others to act to benefit the lives of carers
5. To be more intentional. Decide what we want to do, based on what carers tell us and tested through our strategy criteria and seek funding to do it

## **Service model**

We are proud of our one number, one team approach to providing information, advice and support to carers. We strive to provide a clear and consistent service offer which is timely, accessible and personal. We aim to continually improve the information, advice and support we provide so that it is high quality and impactful. We want to strengthen our approach to evaluation and evidencing the impact of our service. We will continue with the hybrid model we used during the pandemic and offer carers a choice of ways to receive support from Carers Leeds, where possible.

Carers Leeds already offers high quality information, advice and support to carers. Building on this, and to put our strategic principles into practice, we will continue to change and adapt our service model. Over the life of the strategy, we will make some incremental changes to what we do so that we can reach more, and more diverse, carers earlier and empower them to improve their own lives. We will be clearer about what we do and where we expect others to act.

Currently, the Carers Leeds service model is largely city centre based, with most of our time and resource spent on specialist, 1:1 support for carers. Our advice line and carers groups form the other central parts of our core offer. Over the life of the strategy, we will keep the core elements of our service model but will work towards a different balance of location, time and resource. This includes more community focused delivery, a mix of universal and specialist support and more time and resource into earlier contact with carers and carers groups, combined with more intensive 1:1 support for carers where it is most needed.

We will conduct further evidence gathering (data, evaluation, consultation, learning from others) and options appraisals to inform our final decision on the right balance. Below is the outline for the strategic direction of our service model.

### ***Central hub with community-based delivery***

During this strategy period, we moved to a smaller hub (which is for the advice line, drop in, some appointments and an office base). Our ambition is to deliver much more of our support in communities across Leeds. Strengthening our links and partnerships with community-based organisations will enable us to reach more, and more diverse, carers earlier and take a more strengths and skills based approach, enabling carers to engage with other things happening in their locality as well as with Carer Leeds.

We work with our existing partners to look for opportunities to share facilities and to identify pilot sites where we can trial and evaluate community-based delivery, before rolling out more widely across the city. This has started with the Reginald Centre in Chapeltown.

### ***Advice line and case work***

At Carers Leeds we understand the importance of timeliness, we don't want carers waiting too long for us to respond. To reach more, and more diverse, carers earlier, we will continue to review our referral pathway to ensure that carers are directed to the right information, advice and support at the right time.

We will reconfigure our referral process to ensure a more responsive service which includes:

- **First point of contact** – an enhanced triage process at the first point of contact and wrap around support to front load information, advice and support
- **1:1 Case Work** – higher quality internal and external referrals for 1:1 support and an assessment of the right balance between universal support (based on skills and focused on the things that are universal to the carer experience) and specialist support (where additional knowledge is targeted where it is most needed).

### ***Welfare benefits offer***

We know that many carers can struggle financially because of their caring role. This may be the result of reducing their working hours or giving up work and having to rely on welfare benefits. In response, we currently provide welfare benefits advice to carers in several different ways and primarily as part of our 1:1 support.

During the strategy period we have developed an enhanced welfare benefits offer – through a small in-house team - based on carer demand, so that carers get the most up-to-date welfare benefits advice and to free up carer support workers to prioritise other aspects of support. We will also expand our offer to include financial wellbeing, to include other ways to help carers increase their income and reduce their costs.

### ***Carers groups***

Carers groups are central to our service model and a good way to reach more, and more diverse carers. We will grow the number of groups we run across the city and as a result, the number and diversity of carers who access our groups, whether this is for peer support, social connection or information. We will continue to offer both online and face to face groups.

We have introduced an annual evaluation of our current carers groups and use this to inform our future group work offer. We don't believe a one size fits all approach to groups is right, so we will adopt an approach which considers:

- The purpose of a group – support, social or information
- The timeframe and frequency of group – ongoing or time limited
- The approach – staff, volunteer or peer facilitated
- Universal (e.g. geography based) or specialist (e.g. condition of the person cared for)

### ***Programme of support for carers***

In addition to our core information, advice and support, we will provide a programme of activities, learning and support which is intentional: developed by Carers Leeds, carer specific and based on carers needs. Alongside this, our community delivery model will make us better able to link carers with other activities in their community.

We will continue to offer grants, befriending and support with digital inclusion within our core contract. We will develop new ideas over the life of the strategy, encouraging innovation to come from any part of the organisation, not just the leadership team. We will use the strategy criteria (appendix 1) to decide what is and is not included within this programme. Emerging ideas for this programme include are a counselling service for carers and a rolling package of learning and education sessions for carers.

### **Influencing others to act**

Carers Leeds has always done a range of things to influence others to act to benefit carers and we want to build on these firm foundations. Our aim is to encourage professionals to make high quality referrals to Carers Leeds *and* to influence them to act directly to benefit carers. The Leeds Carers Partnership Strategy priorities will help guide our external influencing work. Alongside this, the priority stakeholders we want to influence are:

- Adult social care
- Primary and Secondary healthcare
- Employers

We have established an external engagement team, managed by the Head of Health and Development who work with the CEO, SMT/OMT and the wider team to grow our voice and influence, particularly amongst these priority stakeholders. We will be more purposeful and strategic in our approach, prioritising the actions that we believe will have the most impact.

The following are the examples of the types of activity this would include:

- CEO and SMT influence on senior decision makers in the city
- Training and awareness raising which leads to action by others
- Partnerships with more diverse organisations
- Developing and supporting a movement of carers champions
- Clear and consistent communication messages for professionals

### **Other key pillars of the strategy**

Alongside our service model and work to influence others to act, our strategy has 4 other strategic pillars. These are areas of work that cut across everything we do – how we run the organisation, our

support functions, service delivery and influencing others to act. These are: equality, diversity and inclusion; carer engagement; partnerships and digital.

### ***Equality, diversity and inclusion***

Our Carers Leeds strategy is underpinned by a strong commitment to equality, diversity and inclusion. We have started our journey to becoming an equal, diverse and inclusive organisation and want to build on this ambition. We take a broad definition of ED&I which includes protected characteristics, social class and carer status.

Rather than create a separate ED&I strategy, it is a thread running through our service model, influencing activity and all four pillars of the strategy. We commit to striving to be an equal, diverse and inclusive employer and to reach more diverse carers. We are taking concrete steps to demonstrate this over the life of the strategy. This will involve investing time and resources in education and support for staff and volunteers and a commitment to consider the ED&I implications of our actions and decisions.

### ***Carer engagement***

Our approach to communication is crucial if we want to reach more, and more diverse, carers and engage carers earlier. We have a senior communications officer and a communications plan which includes online and offline communications for carers. We continue to explore options for reaching a wider group of carers early (even before they self-identify as a carer), with information and advice.

We have a Project Co-ordinator who has the lead on carer voice and engagement, a staff working group and an associated plan containing organisational priorities. This is enabling us to be more systematic and creative when it comes to carer engagement. We also conduct an annual carers survey. Our carer engagement work has two primary objectives:

- To involve carers in the running of the organisation and shaping our service
- To ensure that carers voices are at the heart of our influencing work

### ***Partnerships***

Carers Leeds has a long history of partnership working and we are clear that this is an important aspect of our work if we are to reach more, and more diverse, carers earlier. It cuts across our service delivery and our work to influence others to act. Alongside maintaining existing partnerships, we will continue to look to widen our partnership working particularly with community-based organisations and to help realise our ambitions around ED&I.

We have mapped our more informal relationships and networks across the city, so we know where relationships are strong and where there are gaps. Informed by our strategy principles, we are using this mapping to build our relationships and networks. We want all staff and volunteers to look outwards as well inwards and be well connected with other organisations and individuals to benefit carers.

### ***Digital***

COVID has taught us the value of digital and we have continued to build on some of the adaptations we have made during the pandemic. Digital is central to how we run the organisation, including digitising processes, online meetings and events, digital marketing and communications. It is also an important way we provide information, advice and support to carers. Working digitally has the potential to help us to reach more, and more diverse, carers earlier. Over the strategy period, Carers

Leeds has become a Digital Health Hub. We are developing a new website and associated digital tools (such as a web chat and online appointment booking system) and now have an externally funded Digital Carers Support Worker.

In our drive to be more digital, we will maintain our focus on digital inclusion and breaking down the barriers to carers getting online. This will be through our digital inclusion co-ordinator and an expectation that all staff and volunteers consider the role of digital in their work. But we won't leave carers behind. We know that some carers are not online, and we will continue to ensure that our information, advice and support offer is hybrid (online and offline) and that carers can choose how they engage with Carers Leeds where possible.

## **Appendix 1: Strategy criteria**

Carers Leeds has grown organically over the years, a new strategy gives us an opportunity to take stock and be more purposeful and strategic in our approach. Obviously, anything we do needs to be in scope of our governance documents. For anything we do, whether it is planned or opportunistic, we will use a set of strategy criteria questions to help us decide whether to do something; seek funding or put time and effort into exploring an idea.

At this stage we have not weighted the criteria but may do after further testing. We would anticipate that, for an idea or opportunity to be pursued, it would need to 'pass' at least 10 out of the 15 strategy criteria questions. Priority questions, that must have a positive response, are is it carer specific? Are we best placed to do it? Is there good evidence that it would be an impactful thing to do?

1. Is it carer specific?
2. Is it something that carers want?
3. Will it help us reach more and more diverse carers?
4. Does it help carers access the resources they need for caring; mitigate the negative impacts of caring or enjoy life beyond their caring role? and/or
5. Does it help improve carers' health and wellbeing, social connections and financial security?
6. Does it help us to communicate and engage earlier?
7. Are we best placed to do it?
8. Will it fill a gap for carers or add value to existing support?
9. Do we have good evidence that it would be an impactful thing to do?
10. Does it help us make the most of what we already provide or resources we already have?
11. Does it enhance our commitment to work in partnership?
12. Does it outweigh the thing(s) we may have to stop in order to do it?
13. Is it financially sustainable?
14. Is it in line with our Values and Behaviours?
15. What are the equality, diversity and inclusion implications?