We all exist in communities: the smaller groups that make up the larger society in which we live, work and grow. You may think of these communities as friends and families, neighbours, or as groups of people engaging in activities related to work, social, religious, sport, arts, civic or occupational interests.

Communities are important to us: they give our lives cohesion, identity, a sense of belonging and mutual help when needed. When we encounter difficulties or change in our lives, our community can be a ‘safety net’ to us, providing us with the necessary practical and emotional support to carry on. This is the same for those who are in a caring role.

Carers can be defined as someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

Carers need communities and communities need carers. This guide aims to give you, as someone working with carers, an overview of ways in which your practice can strengthen these ties and why this can lead to better outcomes for all.

Grateful thanks to David Trumper of Bath and North East Somerset Carers’ Centre for his help with the development of this guide.
What is ‘community?’

Community can mean different things to different people. For some people, community means the neighbours to chat to across the garden fence. For others, it is life-long friends, work colleagues or those of the same faith. We may have several different communities that we belong to at any one time, reflecting our interests and lifestyles. Within these different communities, there are resources; sometimes very practical (somewhere to get information from, somewhere to have lunch) and sometimes much less tangible but highly important (mutual support, a break from talking about the same subjects, a chance to be an individual aside from being a ‘carer’ etc).

These connections and involvement with our community can be difficult to maintain alongside a caring role. Caring takes time and energy, with many carers finding themselves far less able to have time to be part of and contribute to their communities in the way they did.

For those who find themselves caring and becoming physically isolated, community can be a virtual one, accessed through social media and forums.

The role of community when care is needed

When illness or disability happens to a member of the community, those around them often step in to become carers. Carers often do everything they can to minimise the need for formal care and support. Those with care needs and their carers may draw on their existing communities to support them, often showing great creativity in their ability to meet need via their friends and neighbours. Carers play a critical role in reducing the need for formal care.

Though carers may be providing solutions for the person with care needs, carers themselves also need support in their own right to help them stay physically and emotionally well and maintain a life of their own. This support can be planned to enhance the role that communities play. It is also possible to introduce carers to new community resources that they may not be aware of that can offer help and support. Carers can be excellent at working out solutions for the person they care for, but often don’t prioritise looking for support for themselves.

Formal support provided in a way that recognises community resources

Carers’ needs, and ways to meet those needs, can be explored by a carer’s assessment. This is carried out by, or on behalf of the local authority. This aims to look at the impact that caring is having on the person to help identify the outcomes that the carer hopes to achieve through any services, guidance or support that is offered. Carers deserve an assessment that genuinely considers who they are, their caring role, its impact on their life and the information and support they need, including from their community.

- Traditionally, the assessment model has used a ‘deficit’ approach; that is to say that the assessor notes what the carer cannot do and then offers a solution to ‘plug’ the gap, often from formal services.
- However, this approach assumes that the carer has few existing skills to use or build upon.
- It assumes that formal, paid for support is the ‘answer’.
- It assumes that ‘one size fits all’ in terms of services on offer.

- Services offered through local authority or health services can be incredibly valuable to carers. However it’s also important to support carers to come up with their own solutions, using their own skills and resourcefulness, by asking:
  - What skills do you have to use in the situation you find yourself in?
  - Who do you know who could help or support you to learn a new skill?
  - What support would help you and do you know of anything that would fit?

By framing the assessment in this way, the opportunity is given to the carer to use their skills and connect (or reconnect) with their community, utilising the skills of the community.

This approach to providing support requires solutions to be person-centred and creative, drawing on the support already available within their local community. A carer’s assessment that respects the carer as an ‘expert partner’ and helps them to identify and unlock their own solutions using a wide range of resources from their own community is the key to achieving sustainable outcomes. Whilst formal services can be an answer for many, the outcomes gained from connecting and embedding carers in their communities can be much more far reaching.
Vicky has been a parent carer for her son Paul, who has cerebral palsy, for 31 years and for her 24-year-old son Daniel, who has severe ADHD with related social, emotional and behavioural problems.

I got in touch with my local carers centre 10 years ago to ask for a room to start a support group and the staff really helped. The SAFE support group is still going strong today. Being involved with the carers centre helped me to recognise and value myself as a carer. They helped me to see the important role I play in society; they gave me confidence not only to be my son’s carer, but to be a person in my own right.

In the 10 years I have been involved with the centre, I have been a service user, a volunteer and facilitator of the parent/carer support group, a Trustee & Vice Chair on the Management Committee.

Like Vicky, carers can offer informed support to others who find themselves in a similar situation and as such, offer a great contribution to the community. Sharing their experience also enables carers to raise the profile of caring. Making caring an ordinary part of life is an important factor in carers feeling less isolated and more supported.

Many carers already have pre-existing knowledge about local services and community resources which can help inform support plans for the carer and the person they care for. Many carers play an active role in their local community before becoming, and whilst being, a carer.

Meet Sarah, her daughter Millie and her carer-friendly employer

Sarah is 38 and a single mother to six year old Millie who has a learning disability. Sarah gave up work to concentrate on caring full time for Millie. Millie has made great progress and has in the last year started attending a specialist school.

Sarah was initially lost without Millie being at home in the day, but eventually decided to go back to work part-time. Sarah found it difficult to find a job that would ensure she could pick Millie up from school each day and attend medical appointments.

After six months of trying, Sarah approached her local volunteer bureau and began supporting a local hospice with their administration. Sarah loved the role but really needed to earn an income.

Talking with her supervisor one day, Sarah explained the difficulty of juggling her caring role for Millie with finding flexible work. The supervisor understood all too well as one of her paid staff, Rachita, was also a parent carer and had regularly needed time off for her caring role. Rachita was introduced to Sarah. Rachita told Sarah about a Facebook group where parents of children with disabilities chatted and swapped tips.

A few weeks later a vacancy came up within the hospice and Sarah applied. Sarah felt confident in explaining her role as a carer. Sarah secured the job and is pleased to be back in work and making a difference at the hospice. Through the Facebook group, she has also met many parents with whom she is now friends and they are in the process of setting up a collective “babysitting” pool between them.

Sarah’s story is an example of what carers can contribute to both community and other carers within it.
As many carers struggle with the demands of their role, the first thing to get lost is often a carer’s sense of self, wellbeing and place in their community. Many carers feel that they have to give up work, a vital community for many and this can add to real feelings of isolation. To add to the challenge, carers may have their own disabilities or conditions to manage too. They may stop meeting friends and neighbours, attending groups or local activities. Equally, they may never have had many existing community connections, either by choice or circumstance. For these carers, particular support may be needed to enable this happen at the carer’s pace. Carers can feel embarrassed about joining/re-joining groups or asking for their help at a time when they may feel they have a smaller amount to offer back.

However, encouraging carers to take part in local activities which reflect past or new interests and hobbies is likely to have a long-term benefit for the carer and the community itself. Sometimes, carers can be lacking in confidence and therefore may need support and encouragement to engage with or reconnect with resources. This could be as simple as accompanying a carer to a group or activity for the first time. Taking a regular break from caring can make the difference between being able to continue caring and having to give up.

Communities that are enabled to understand caring through direct experience of carers are then more able to understand and play a part in caring.

Meet John, Pauline, Bert and the award-winning community garden

John, 68, gave up work to care for his wife Pauline who is physically disabled. As a keen gardener, John still likes to get out into the garden when he can. John describes it as his ‘release’. Since John left work four years ago, Pauline’s condition has worsened and John now rarely leaves home. Apart from his neighbour, Pete, John gets to see few people and has become isolated.

Recognising John’s green fingers and passion for gardening, the lady who completed his carers assessment told John about a local green spaces project, desperate for volunteers to help create a new community garden for a local playgroup.

With some encouragement, John agreed to go along for a chat with the project coordinator. John was instantly hooked and agreed to do a couple of hours at the garden each week. The project was flexible about when which meant that John could pop along whenever he felt Pauline was OK to be left alone.

By working with a local befriending scheme, the assessor was able to arrange for Pauline to receive a telephone call from a volunteer to check that she was OK while John was out. This meant John could get on with the gardening and take a break from caring.

John quickly became friends with some of the other volunteers on the project, including Bert, who cares for his wife.

As well as continuing to volunteer, John and Bert regularly catch up on the phone and occasionally treat themselves to a quick pint in John’s old local.

John feels less isolated and feels he has a bit of his old life back. The community garden is looking great and has won an award!

John has gained greatly from this opportunity to re-establish this part of his life. He has gained a sense of purpose, some respite from his caring role, made friends who can understand his situation and is once more contributing to his local community. For Pauline, this has opened the door on a new friendship with the volunteer.
Whilst most of us wish to remain part of our chosen communities if our lives were to change (for example by becoming a carer), community resources are part of a wider jigsaw of support and services. Many carers will always need the help and support of formal services and will welcome the service they receive and the outcomes it may provide for them, if it meets their needs. will welcome the service they receive and the outcomes it may provide for them, if it meets their needs.

Community resources can offer a supplement or in some cases provide an alternative to these formal services that allows carers to feel in control, supported and less isolated in a way that is ‘real’ and reflects how most of us use our existing community connections.

Meet Mary and Tom; an example of how to use community resources creatively.

Mary and Tom have been married for 55 years. They moved to a small pretty village in the South West shortly after they married and had two boys. Now in their 30s, the older son now lives in London and has a large family. The younger son settled in a neighbouring town and has a stressful job. Mary and Tom don’t like to bother them. Mary was a school teacher in the village and Tom a member of the local cricket club and a keen gardener. They both used to regularly attend church. A traditional couple, Tom took charge of the family finances, DIY and driving.

Three years ago Tom was diagnosed as having dementia. Gradually over this time Tom has become more confused and becomes agitated around other people. Tom is also prone to wandering at night. Mary now finds herself looking after Tom 24/7.

Tom gave up driving some time ago. Mary can drive but is very anxious. Walking is difficult for Mary as she has arthritis.
How is a traditional service focused response different to one drawn from the community around Tom and Mary?

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<tr>
<th>How it is for Mary?</th>
<th>Service focused response</th>
<th>Community focused response</th>
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<tbody>
<tr>
<td>Mary wants Tom to remain at home for as long as possible, but caring 24/7 is taking its toll. Mary is emotionally and physically exhausted.</td>
<td>Respite care subject to means testing. Signposting or referral to fee-paying services. Referral to a day centre (waiting list) Referral or signpost to GP.</td>
<td>Mary is introduced to a local volunteer sitter service. Over a few weeks, volunteer Beryl pops over to get to know Mary and Tom. Tom enjoys telling Beryl about his childhood.</td>
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<td>Mary has withdrawn from village life and sees few people. She feels isolated, lonely and trapped. She feels depressed and admits to having felt suicidal at times.</td>
<td>Provide a list of activities for older people in the area. Suggest local older people’s charity Referral or signpost to GP.</td>
<td>Mary is put in touch with her local carers support organisation. Mary is encouraged to reconnect with friends in the village. Mary is supported to set herself a goal to attend church and one Sunday morning while Beryl sits with Tom, Mary goes to church. She is overwhelmed by the warm welcome. An old friend Janice agrees to visit the following week.</td>
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<td>Mary won’t let her two sons know the reality of Tom’s condition and makes excuses for them not to visit too often. Mary misses the grandchildren terribly.</td>
<td>No service available</td>
<td>Mary is encouraged to set herself the goal of writing letters to her son’s explaining how things really are for Tom. They are relieved that Mum has finally opened up. Now that Tom is used to Beryl, Mary agrees to let a paid carer, paid for with her personal budget, come in to sit with Tom on Tuesday mornings while she attends a ‘Silver Surfer’ computer course. Within a few weeks Mary is able to use Skype and makes her first call to her son in London. She gets to see the grandchildren.</td>
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<th>How it is for Mary?</th>
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<th>Community focused response</th>
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<tr>
<td>Mary has struggled to manage the household finances and finds it difficult to budget.</td>
<td>Referral to Citizens Advice Bureau</td>
<td>Mary’s son, Peter, agrees to take on the responsibility of managing the bills and finances. This is a huge relief to Mary. After Mary has finished her computer course she joins a managing your budget course run by her local carers centre. As well as learning new skills, Mary meets lot of new friends.</td>
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<td>Mary tries not to use the car, except once a week to do the shopping. Mary has a struggle to get Tom into the car and finds the journey to the local grocery shop stressful. She has to leave Tom in the car while she rushes to get groceries.</td>
<td>No service available. Suggest Dial a Ride</td>
<td>One of the carers who Mary meets at her course lives nearby and is happy to take Mary to do a big shop once a fortnight while Beryl pops in to chat with Tom.</td>
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<td>Mary tries not to let friends see how Tom is as she is worried they will be embarrassed or feel awkward.</td>
<td>No service available. Suggest talking to the GP about counselling.</td>
<td>Mary has managed to get back to church on a few occasions and has opened up to people about Tom. Mary hosts a Christmas gathering at home for a few old friends from church. Tom is in his element. Mary thinks that in the future, when life changes for her, she would like to volunteer to become a befriender herself, to use what she has learnt from her life as a carer for Tom.</td>
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Meet Raj, son Aadi and good neighbour Bob

Raj is 52 and cares for his son, Aadi, who has a mental illness. Aadi lives at home and doesn’t go out. Aadi doesn’t like meeting new people and Raj tries to avoid strangers visiting the home. Aadi gets on OK with Bob, their neighbour and Bob will sometimes come round to keep an eye on Aadi when Raj goes out.

Raj has lost many of his friends due to his caring role; he does sometimes take Aadi to the Mosque with him but Aadi does not like this. Even when Raj used to get a break he wasn’t sure what to do and because he is not working, he had little money to pay to go anywhere.

A personal budget enables Raj to pay for gym membership. Twice a week Bob pops round and Raj gets a break from caring. Raj can now pay Bob for doing this from his personal budget. Raj feels better and hopes to join the running group. Raj can also now attend the Mosque a few times a week, where he can catch up with friends.

Getting out and trying new things has motivated Raj to do more. It has even rubbed off on Aadi who is warming to the idea of joining Mark and Bob for a trip out, thanks to Mark’s personal budget.

Top tips for using community resources

We hope that this guide has enabled you to start thinking about the importance of carers to their communities and communities to carers. Below are a number of ways to ensure that work you do with carers enhances your and their abilities to reinforce or re-establish community connections.

1. Start by looking at what the carer and their informal network are already doing for themselves or have the potential to do with a little help.
2. Suggest services or interventions which build upon the informal network of support from friends and the local community.
3. Recognise that carers who are well informed and connected to support in their local community are better able and willing to continue caring for longer.
4. Empower the carer to remain in or regain control of their own life.
5. Realise the potential for the carer to design their own solutions. Support them to set goals for themselves which will reconnect them.
6. Celebrate and support family, local networks and informal support.
7. Enable the whole family to remain as independent for as long as possible by planning and directing their own support.
8. Respect the carer’s wishes to do things with or without the person they care for.

Ensuring a carers assessment and support planning recognises and harnesses community resources:

- We hope that this guide has enabled you to start thinking about the importance of carers to their communities and communities to carers. Below are a number of ways to ensure that work you do with carers enhances your and their abilities to reinforce or re-establish community connections.
The importance of knowing what community resources are ‘out there’

To be able to put into practice some of these tips, you will need to have some information at your fingertips to share with carers. Perhaps carers can add to your list from their knowledge?

It would be impossible to list every community group or resource that exists in an area; it would be forever changing and some ‘groups’ are so subtle that it would be hard to know they are there (for example, social media groups such as Facebook groups).

Consider this ‘town’ and its resources:

However, opposite are some suggestions for you to consider, with space to add the details of those in the area you work. If you don’t know of some of these, ask yourself how you would go about finding out and who you might ask?

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<tr>
<th>Resource</th>
<th>What does it do?</th>
<th>Contact details</th>
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<tr>
<td>Carers centre or carers support organisation</td>
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<td>Young carers projects</td>
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<td>GP practices</td>
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<td>Groups for older people and lunch clubs</td>
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<td>Leisure centres, swimming pools and community centres</td>
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<td>Hobby based groups and community centres</td>
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<td>Citizens Advice Bureaux and benefits advice</td>
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<td>Sure start and children's centres</td>
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<td>Churches, mosques and places of worship</td>
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<td>Libraries</td>
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<td>Volunteer centres or timebanks</td>
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<td>Befriending services</td>
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<td>Colleges and evening classes</td>
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<td>Local traders and shops</td>
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<td>Local disability charities</td>
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<td>Local schools</td>
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<td>Local housing associations</td>
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Remember; Carers need communities and communities need carers. It’s your role as someone supporting carers to help, celebrate and reinforce this connection, to ensure better outcomes for everyone.

For more information on working with carers, please see www.skillsforcare.org.uk/carers and www.carers.org