healthwatch
Somerset

Who cares?

Hearing how caregivers view available support and resources in Somerset.

August 2025

Contents

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About us

Healthwatch Somerset is your local health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve health and social care.

We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need. Our service is free, simple to use, and can make a real difference to people in Somerset.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Somerset is part of a network of over 150 local Healthwatch across the country. We cover the unitary local authority area of Somerset Council.

Background

> **A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.[1]**

The Office for National Statistics (ONS) 2021 Census shows there are currently almost 50,000[2] adults who identify as unpaid carers in Somerset. The actual number is undoubtedly higher because many people go uncounted as they do not recognise, or do not see, themselves as carers.

Office for National Statistics

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[1] NHS: NHS commissioning » Who is considered a carer?

[2] ONS Data: Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

A report from Carers Week in 2023[3] showed that 73% of more than 4,000 people who care for others without pay don't see themselves as or call themselves carers.

This leaves many carers unaware of the support available to them and the people they care for.

Some reasons people do not identify as carers include:

- They do not receive carers allowance.
- They don't realise that the amount of help they provide classifies them a carer.
- They do not view what they do as ‘care’ because of the close relationship they have with their cared for.

In March 2024 Somerset launched a revised Commitment to Carers strategy which includes community organisations, NHS Somerset, and Somerset Council.

Somerset's
Commitment to Carers 2024
Valuing and supporting
unpaid carers
“They are us and some are overlooked.”
Full report: March 2024

Somerset’s Commitment to Carers 2024 is a promise that follows the rules set out in the Care Act 2014. It recognises how important unpaid carers are and the difficulties they may face.

The statement explains the beliefs, guiding ideas, and steps that health and social care services should take to ensure unpaid carers receive the help and support they need.

We frequently hear from people who are unpaid carers either providing feedback about their experiences or requesting information and advice.

Between April to December 2023, 10%, (71 of 700), of people recorded on our data base identified as carers when providing us with their feedback.

We also gathered information through meetings we attended, networking, and as members of specific ‘projects’ such as the Carers Strategic Partnership Board (CSPB) and working group.

Unpaid carers became a theme in the intelligence we were gathering and was shortlisted as a potential key project for our People’s Vote 2024. It was the most voted for topic, receiving 27% of the total votes.

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[3] Carers Week Report 2023

Consequently, we wanted to explore how unpaid carers access information, what they are offered, and how suitable the materials are for the target demographic.

What we did

- We met with some key local stakeholders, including the Community Council Somerset (CCS) Carers service, to exchange intelligence and request support with the project.
- We created two separate semi-structured interview forms (SSIF) to collect information and stories from carers. One form was aimed at young carers aged 17 years or younger. The forms could be completed online, over the phone, or on paper between 01 September 2024 and 31 January 2025.
- We offered entry to a prize draw for young carers willing to share their story through our SSIF.

Are you under 18? Do you help to look after a family member?

Is the information and help you get useful for what you need?

Tell us your story to help young carers needs be understood

Entries will go into a draw, for a £35 Amazon gift voucher.
Terms and conditions apply.

- We produced various promotional materials to encourage parent carers, young carers, veterans, and diverse communities to tell us their stories.
- We attended:
  - 15 different CCS Carers groups and events
  - Four Armed Forces Breakfast Clubs
  - One NHS Somerset Armed Forces Outreach group
  - 17 other community events
  - Two groups where we delivered presentations with group feedback sessions
- We promoted the work:
  - On our website and in our monthly newsletter
  - Through three of our social media channels on five separate occasions
  - At 32 meetings including the Carers Strategic Partnership Board

Do you look after a family member or friend who couldn't manage without your support?

We want to hear your stories about the information and support available to you in Somerset.

Your stories will help us influence health and social care providers to ensure your needs are understood.

Get in touch and tell us your story

Call free: 0800 999 1286
Email: info@healthwatchsomerset.co.uk

Questions on the SSIF can be attended seen in Appendix 1.
A full list of groups and events we can be seen in Appendix 2.

Who we spoke to

People who shared their stories

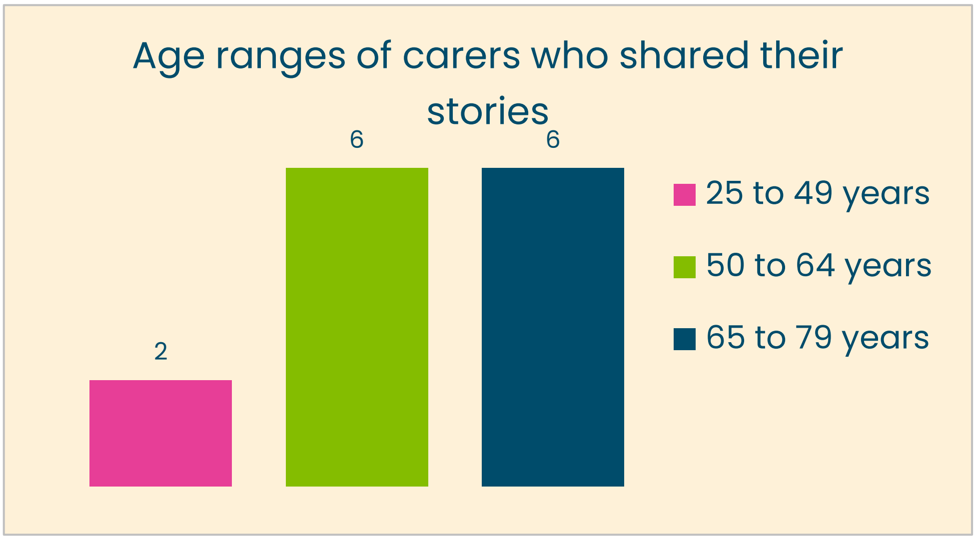
There were 14 carers who shared their individual stories relating to the availability of information and support.

- Eleven people cared for adults aged 25 and over.
- Three people told us they were parent carers to a young person aged under 25.
- Three carers also identified themselves as ex-service personnel or veterans.
- Two people were caring for someone with one or more mental health conditions.

Nine people specified their caring role as 'Other'; these responses are below:

- Arthritic spouse.
- I look after three family members. Both with physical and mental conditions.
- I am my husband's carer, and he has short term memory issues.
- I am a wife who looks after her husband who suffers from Multiple Sclerosis.
- Parent [has] Dementia.
- We are both ex-veterans and look after each other's health.
- Husband [has] Parkinsons, chronic asthma, and prostate trouble.
- Daughter helping mum.
- Daughter looking after mum.

Postal towns of carers who shared their stories can be seen in Appendix 3.



Key findings

- Carers often put their loved one's needs in front of their own. This leaves them vulnerable and tired without much time to understand complicated information.
- Some carers are supporting more than one person such as a child and a parent.
- Health and care services do not provide information in a clear and consistent way.
- Important care and information are being overlooked due to a lack of communication between services involved in a person's care.
- The Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector deliver vital support that is not provided by governmental organisations.
- Some information available:
    - Is confusing as it is not written in plain language.
    - Is not available in other formats or can only be accessed digitally.
    - Is overwhelming making it hard to navigate or off putting.
- Many carers said they would like a paper handout with key information and contact details alongside any digital support.

What people told us

The complexities of caring

We heard of the multiple challenges care givers face whilst supporting the people they care for. Some examples of these challenges are:

- **Managing medical needs**
  Appointments, medication, dressings, equipment, changes in health, multiple diagnosis, complex information, self-advocacy, treatment escalation plans.
- **Managing personal care**
  Dressing, continence, bathing, feeding, social interaction, self-advocacy, mobility, emotional wellbeing and support.
- **Managing finances**
  Budgeting, lasting power of attorney, self-advocacy, grant applications, increased utility and travel bills, government benefits, grant applications.
- **Navigating services**
  Knowledge of needs for their loved one and themselves, knowledge of support available, ability access to support, knowledge of multiple contacts and contact pathways.
- **Managing themselves and personal relationships**
  Work, children, other family members, complicated family dynamics, self-advocacy, quality personal time, personal health and wellbeing, mobility, feelings of guilt, loss, and grief.

Every carer’s experience is unique, and the support and information offered by services should be relative to their needs.

The stories we listened to revealed that some services stereotype carers situations. As a result, they were given irrelevant or duplicate information aimed at generic audiences or conditions.

When a caring and individual way of listening was used to provide information and advice, caregivers felt understood and got better support.

> **Self-advocacy is about being heard as well as speaking up for the person you care for.**
>
> **Carers UK: Being Heard - A self-advocacy guide for carers**

Pat’s story (Not their real name)

> **As a parent you don't feel you are a carer, it's part of the job description.**

Pat is the parent carer of several children who have varying mental health diagnoses.

Two are young adults who have refused to engage with school, education, or financial assistance. One is currently dependent on parental support.

They were discharged from CAMHS (Child and Adolescent Mental Health Services) when they became adults. The transition to adult services was incomplete and they did not receive NHS support.

The lack of adult mental health services led Pat and their partner to fund private care. Since private and NHS services are not connected, their GP did not update the family on public support options.

> Their [the services] approach was we had to ask for help, but my children refused to engage and there seemed little point going to them for us. When one child’s behaviour and abuse to the entire family became so bad we could no longer cope, I contacted social services to be told they couldn't assist us.
>
> My child was deemed to be a person with capacity, and we were deemed not to need help as we were able to look after ourselves.
>
> Had we had more support and greater influences over my child their behaviour may have improved and that would have helped the family support one another and take the financial burden of the local authority.
>
> It was an awful process, and I started reaching out for help to find there was nothing available.
>
> Even when calling the council housing department, I was given false information, and they wouldn't start the assessment process with my child till they had been given a date to move out. They wouldn't include us because my child was an adult, and nobody offered aid in order to try to sort things out so that they were able to stay here.

> “ To be utterly honest my child’s behaviour and attitude was so bad and continues to escalate so that I don't think they would have seen reason but had there been help available early on, things may not have become so bad.
>
> I was encouraged and supported to make my child homeless but there was no support to do it in a kind, helpful, managed fashion for anyone concerned. ”

Social services mentioned village agents, but the family struggled to get help from their GP. There was no support from the local authority, and their child became homeless, living in hotels.

The family were not informed about the situation, and they couldn’t let the child come home due to their worsening behaviour, which affected the family negatively. The child became abusive, sending hurtful messages, and they had to involve the police, who advised against letting them back home.

> “ Whilst this was going on I had to continue to care and support their siblings both of whom have OCD and mental health issues, both of whom suffered because of my child’s behaviour, abuse and the impact it had on them whilst also coming to terms with the narcissistic and coercive treatment towards me.
>
> I had just made contact with the village agents, our GP really didn't understand how helpful and important they are and didn't think they could really help but on our request, she did chase things up and make a referral. ”

Pat was given valuable support by the CCS Carers and Village Agents who provided information and advice. The service contacted Pat on a weekly basis to support Pat with their wellbeing and ongoing needs as a parent carer.

> **The [CCS] provision was the best support I have received in all the years my children have had issues.**

Information and support

A "Transfer of Care" refers to the process of moving a patient's care from one healthcare setting or provider to another. This could be moving from hospital to home or moving from one ward to another.

We often heard the difficulties carers encounter around hospital admissions, discharge, or transfers of care involving their loved one.

It was also evident that sometimes important communication around diagnosis, treatment, and transfers of care were completely overlooked.

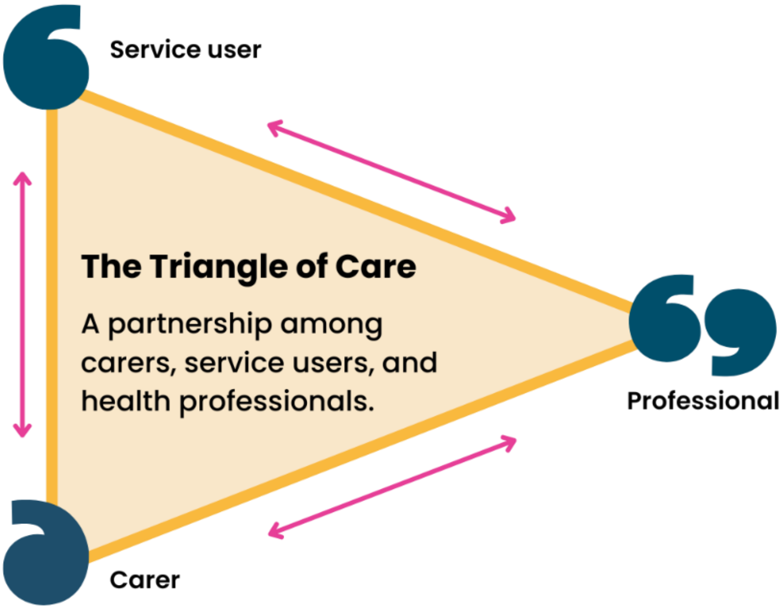
> **I am a full-time carer for my mum who has dementia; she was due to be discharged from hospital on certain date. Mum was discharged the night before that date and then brought home via hospital transport. She arrived around 21:00 and her incontinence underwear was soiled and full.**
>
> **Nobody contacted me to tell me she was coming home early. It was a good job I was there, I don't know what would have happened if I wasn't.**

Carers reported that the quality and amount of support varied by service and depended on the staff member's knowledge. Several carers told us they were not offered any information or support by professionals until they contacted a designated carers service such as the CCS or Parent Carer Forum.

We learned that a balance between the volumes and formats of information is needed. Large amounts of information all at once can be overwhelming causing important details to be overlooked. A lack of information can result in complications in a person's care and wellbeing. For example, a lack of information about respite care could leave a carer exhausted and potentially unable to look after their loved one.

> **There is plenty of information available, but it is too much, and too many organisations involved. Should be under one umbrella and easy to understand. When my husband was first diagnosed with dementia I was handed around 15 leaflets, but none actually provided individual and personal advice.**
>
> **The best information has come from a regular carers group held in Somerton led by Alison Pomeroy who is a carer assessment officer. The meetings are invaluable but a long way to travel from Taunton. Why isn't there an equivalent meeting locally to me? I have found out most of my information through this meeting group.**

Hospitals and Primary Care services were often mentioned as places who did not provide suitable information and advice to carers.



The Triangle of Care

A partnership among carers, service users, and health professionals.

This may stem from:

- Not providing written information alongside verbal instructions.
- Lack of professional resources.
- A lack of awareness of the Triangle of Care or oversights by overextended staff.

> **The Triangle of Care is based on six principles which health and care providers can use to include and support unpaid carers, staff, and those receiving care.**
>
> **Carers Trust:** The Triangle of Care

> **I felt in some ways, I was going round in circles - some instances, I would be referred to someone I had already spoken to.**

> **There is always so much information and advice out there. But this isn't always what you need, you feel very alone most of the time and you want to talk to human beings who understand what you are going through and can help you. Making phone calls is incredibly stressful when you are caring for someone 24/7, you need to interact with a friendly face.**

> **Despite being aware that I care for my elderly mother, I requested that I was registered as a carer at the GP practice. I was not given any further information or advice, but the GP surgery information screen showed there was a carers champion at the surgery. I found out about the Health Connection Mendip via the website and spoke to a community agent re best care for mum(support). Whilst she tried with me - only pointed me in the direction of a directory.**

> **I was provided with lots of information leaflets and verbal advice by the Yeovil Carer Assessor and referred by her to attend a Carers course which I did. Following the course I joined a MH [Mental Health] Carers Support Group which has been invaluable to me both through proving much advice and information but also through interaction with other MH carers.**

> **GP has been incredibly supportive and has systematically worked through the numerous issues my husband has. I have tried looking for carer support but so far have not found any.**

Many carers told us that support and information was forthcoming once they had been signposted to, or found, one or more of the following organisations:

- CCS Village and Carers Agents
- CCS Carers service
- NHS Somerset Armed Forces Team (Veterans/Ex-service personnel)
- Somerset NHS Carers Assessment Team (Mental health)
- Somerset Parent Carer Forum (Parent carers of those under the age of 25)

Transfers of care

During visits to carers groups, and in carer's stories, we continued to hear of concerning failures in communication, information, and procedures throughout the journey of leaving hospital.

Our previous report Supported transfer of care from hospitals, published in 2023 gave recommendations to services involved in transfers of care. These recommendations focussed heavily on improving communication between professionals and their communications with patients and carers.

Our recommendations in the report received a pro-active and detailed response from Somerset NHS Foundation Trust (SNHSFT). It included some of the current and future actions being taken to improve discharge:

> **Somerset has an integrated 'Discharge Improvement Group' that meets monthly. This group has set an ambition for pathway leaflets to be issued consistently to support discharge planning. A 'discharge checklist' has been created and recently signed off as an official Trust document to ensure that literature is consistently issued. 'Information packs' are in development phase. These packs will provide patients with resources and advice available for after hospital care/after hospital complications.**
>
> **Phil Brice, Director of Corporate Services, Somerset NHS Foundation Trust – (quote taken from full response to our report in 2023)**

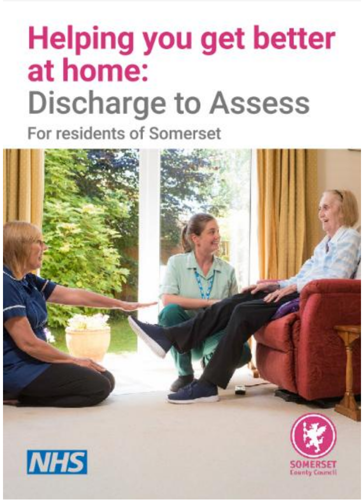
Searching for information

We briefly explored the experience for carers searching for local discharge information and support online. This was an effort to show the visibility to carers of standard information that may be overlooked by professionals during transfers of care.

On 9 July 2025 we carried out an internet investigation through 'Google' search engine using the wording 'somerset discharge from hospital'. We took 45 mins looking through webpages, some of those pages were links within the 'original' search result webpages.

It revealed a selection of results, including an Artificial Intelligence (AI) summary. The first three website results not in the AI summary were:

Help after a stay in hospital – Somerset Council (SC)
Electronic Referral and Discharge - NHS Somerset ICB
Hospital@Home - Hospital @ Home -Somerset NHS Foundation Trust


Helping you get better at home:
Discharge to Assess
For residents of Somerset

We were able to locate the 'Intermediate Care Discharge and Assess' leaflet on the SC website page Intermediate care. There is no information about carers in this leaflet.

It would be helpful to reference this leaflet on other pages such as the 'Help after a stay in hospital' webpage.

This brief tabletop research showed some useful information, some with links to further pages and, or online documents. Some of the information and resources did not acknowledge carers, were out of date, not local to Somerset, or irrelevant.

Examples include:
The home from hospital leaflet(B12) by SC on the 'Help after a stay in hospital' webpage is out of date. There is no link to the full set of Adult Social Care information sheets on this page which may reduce unnecessary searching.

The terms within the searched pages lacked consistency and in some cases relevance. For example, Intermediate Care, Home First, Hospital at Home, Discharge to Assess (D2A), and Health Interface Service were all terms used when looking through several pages and links about support leaving hospital.

We also used the search term 'discharge' on the following three websites:

You searched for discharge - Somerset NHS Foundation Trust

You searched for discharge - NHS Somerset ICB

Search results – Somerset Council (SC)

The SC search produced three useful links in the top 5 results. NHS Somerset website search produced one useful link for Veterans in the top 5 results. SNHSFT did not produce any useful links in the top 5 results.

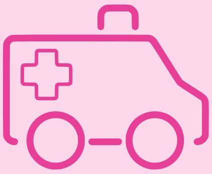
In conclusion, digital information and resources surrounding discharge from hospital for Somerset residents can be difficult to find, lack consistency, and is sometimes out of date.

Sam’s story (Not their real name)

Sam cares for their mum who has varying needs including hearing loss. Sam is a named attorney in their mum’s lasting power of attorney (LPA).

> **A lasting power of attorney (LPA) is a legal document that lets you (the ‘donor’) appoint one or more people (known as ‘attorneys’) to help you make decisions or to make decisions on your behalf.**
>
> **GOV.UK: Make, register or end a lasting power of attorney**

Attorneys do not have to be professionals, they can be partners, relatives, family members or friends over the age of 18 years.

> Mum woke up ill, I rang 111 and they took all day to phone back. I rang twice, then they rang back Sunday afternoon and told her to ring GP.
>
> GP call booked next day. I rang the surgery and said things were taking too long. GP booked ambulance and ward.
>
> Day 2: Waited all day, rang 999 to liaise ambulance. Ambulance team linked info with GP's request.
>
> Day 3: 06:30 ambulance arrived, took her in. 08:30 arrived with overnight bag - queue of 8 ambulances, no ward had been booked.
>
> 
>
> Seen in A&E (Accident and Emergency): Lost her hearing aid - inventory list was ticked, then hearing aid crossed through, (we don't know who amended this as audiology charges patient, or ward responsible!). Moved to Acute Medical Unit.
>
> 3 days in AFU (Acute Frailty Unit): staff all excellent and kind. Communication confused re: dressing her leg ulcers and she was due to go home? district nurse.

Sam said that before the paramedics got there, their mother hadn't been seen by any doctors or nurses. Instead, all the help had been given through a triage service over the phone.

Sam believes that no-one was prepared to visit their mum at home and her admittance to hospital could have been avoided if they didn't have to wait two days for an ambulance.

> 7 days waiting for Discharge to Assess (D2A) availability. BED BLOCKING. Huge waste of hospital funds, where this system was supposed to clear beds. Dr said half the ward was waiting to be discharged.

> No trace of hearing aid, I went to audiology twice, A&E lost property, checked 2 wards and inventory in notes
>
> Discharged: checked bags and meds. Someone else's meds were put into mums' bag!!
>
> D2A came 2 times a day, in the morning (either at 10:30 and mum had [already] struggled to get dressed and downstairs, or 07:15 when [they] woke her up with a fright by standing by her bed). They also came in the afternoon at 16:30 which is too early to eat.
>
> So basically, she thought they would help but they came at odd times. I told her to stay in her pyjamas and wait, then ask them to help her shower. Communication was poor, we couldn't work out their role. Waste of NHS funds, to "observe" and "tick boxes".

We asked Sam what would have improved their experience, they told us:

> 1. Lost hearing aids: it seems a common event. They need a better system, or at the least use inventory in and out property. Changing a tick to a cross should not occur.
>
> 2. Medication: Systems again. How did the wrong patient's medication end up in mum's bag?
>
> 3. D2A: This is the worst. It was quite stressful and frustrating trying to clarify their role. Seems they come to watch, when someone is weak from hospital and needs some help to get back on their feet. It isn't helpful as a system. I think they should not be a separate team from the care team, so that they are able to help when they arrive rather than sit and watch. The hours don't work either but they can't specify a time of arrival.

Sam's story is just one where we heard how carers are left to manage the consequences when services are not delivered properly or make mistakes.

> “I did write to MPH [Musgrove Park Hospital] about the wrong medication. The ward supervisor rang me, apologised. She said she had spoken to the nurse who was sorry and that systems training had been reviewed. I said the situation could have been serious had mum taken someone else's medicine.
>
> D2A decided mum doesn't need help, but she is struggling. Red Cross have been more helpful, Age Concern came and helped fill in attendance allowance form so that we can pay for some help. We didn't know any of this without the Red Cross. Mum needs micro care apparently and we will have to sort it ourselves.
>
> Mum has just waited 2 months for a hearing aid and it isn't working. Set up or adjustment?”

The incorrect medication could have had serious medical consequences. There should be a clear and simple process for the prompt recovery of lost property. In addition to this there should be a procedure for people to reclaim any financial loss for replacements such as hearing aids.

Suitability

We asked carers if the information available to them was suitable for their needs.

> ‘**Information provided and explained by the professionals and discussed by other Carers at the support group is by far the most suitable.**’

> ‘**I have dyslexia and find facts sheets such as those for Alzheimer's are difficult to read. Some information does not use fonts suitable for dyslexia.**’

We heard that content and relevance of information were important and that it should not be confined to a single format like online but be available in a variety of formats like paper and online.

Most of the carers we spoke to were unaware of the Accessible Information Standard (AIS) which has a been a legal requirement for NHS and adult social care providers since 2016 and has been reviewed, updated, and re-published in 2025.

> **The accessible information standard states that people should get information in a format they can use and understand and any support they need to use health and care services.**
>
> **Even though earlier versions of the accessible information standard have been published since 2016, research indicates that many disabled people and people with impairments or sensory loss are still not having their information and communication needs consistently met.**
>
> **NHS England: AIS Why it's important**

The re-published AIS now has six steps services must follow, they are:

1. **Ask**: find out if people have communication and information needs.
2. **Record**: record those needs in a clear and standardised way in electronic or paper-based systems.
3. **Flag**: use alert systems to generate specific formats or to clearly indicate needs to others.
4. **Share**: include records as part of data sharing and treatment and referral processes.
5. **Act**: take steps to ensure people's information and communications needs are met.
6. **Review**: regularly review needs and ensure records are up to date.

Need help understanding information about your healthcare?

Here's **five things NHS & social care services MUST do** for you...

Check — You should be asked about your needs.

Record — Your preferences for communication should be recorded in your notes.

Visibility — Your needs should be flagged to staff when they communicate with you.

Share — If you are referred, your needs should be shared with other services.

Meet Needs — Your needs must be met. The service should be communicating about your care, your way.

If your needs are not being met... Let the service know! You have a right to receive information in a way you can understand it. If that's not happening, you should contact the service and ask them to address it.

You can also feedback to Healthwatch Suffolk on www.healthwatchsuffolk.co.uk, or call **freephone 0800 448 8234.**

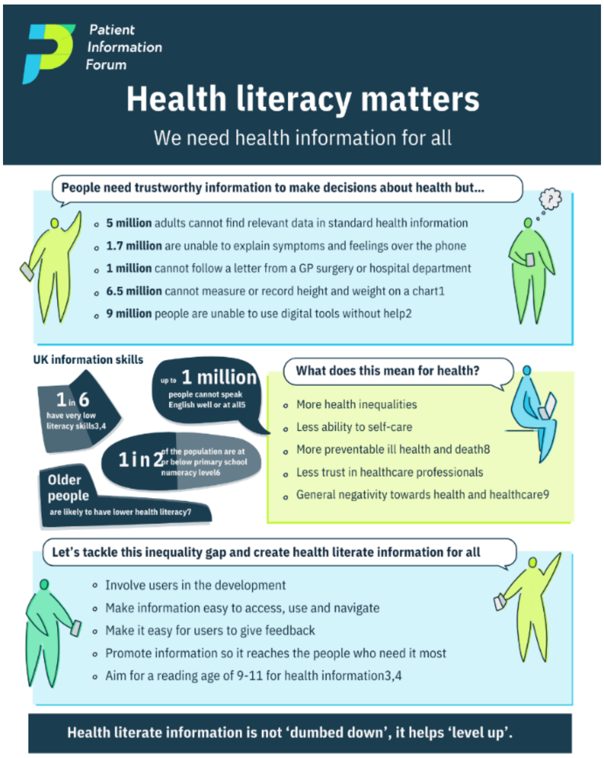
We have provided some useful excerpts from the revised AIS including how it applies to carers in Appendix 4.

Supplying accessible formats of information that suit every disability, sensory, or impairment is not realistically possible due to the adaptations for specific needs.

If the NHS Health Literacy Toolkit was applied in all written information, a wider proportion of people without additional communication needs would benefit. The toolkit combines the principles of plain English (also known as plain language) with other accessibility, communication, and design guidelines.

More than:

- 4 in 10 adults struggle with health content for the public. *
- 6 in 10 adults struggle with health content that includes numbers and statistics. *



Patient Information Forum

Health literacy matters

We need health information for all

People need trustworthy information to make decisions about health but...

- **5 million** adults cannot find relevant data in standard health information
- **1.7 million** are unable to explain symptoms and feelings over the phone
- **1 million** cannot follow a letter from a GP surgery or hospital department
- **6.5 million** cannot measure or record height and weight on a chart1
- **9 million** people are unable to use digital tools without help2

UK information skills

1 in 6 have very low literacy skills3,4

up to **1 million** people cannot speak English well or at all5

1 in 2 of the population are at or below primary school numeracy level6

Older people are likely to have lower health literacy7

What does this mean for health?

- More health inequalities
- Less ability to self-care
- More preventable ill health and death8
- Less trust in healthcare professionals
- General negativity towards health and healthcare9

Let's tackle this inequality gap and create health literate information for all

- Involve users in the development
- Make information easy to access, use and navigate
- Make it easy for users to give feedback
- Promote information so it reaches the people who need it most
- Aim for a reading age of 9-11 for health information3,4

Health literate information is not 'dumbed down', it helps 'level up'.

*Data from: British Journal of General Practice.

Local data is available on the Health Literacy - Geodata website.

The Health Literary Place website (provided by NHS Scotland) highlights five techniques they recommend for good health literacy practice:

- Teach Back – a useful way to confirm that information provided is being understood by getting people to 'teach back' what has been discussed.
- Chunk and Check - breaking information into smaller, easier-to-understand pieces instead of giving everything at once. Between each piece, use simple ways like asking questions to check if it's clear before sharing more.
- Use Simple Language -avoid jargon and acronyms, explain terms and use plain language.
- Use Pictures - pictures and images can help people understand new or complicated ideas more easily. They can also break up a large amount of text, so it is less overwhelming.
- Routinely offer help with paperwork – to reduce stigma ensure that everyone is offered help. Offering routine support can reduce pressures on people who may struggle with the forms.

Communications created and delivered using the health literacy toolkit will be easier for everyone to understand. It will also be simpler to convert it into alternative formats like Easy Read.

> **It needs to be clear, brief and relevant to the individual.**

Using plain language is not a new concept. In 1940 Winston Churchill issued a 'Brevity' memo to the War Cabinet requesting the cabinet set out the real points concisely in communication.

Brevity - A memo to the War Cabinet from Sir Winston Churchill, 9 August 1940

To do our work, we all have to read a mass of papers. Nearly all of them are far too long. This wastes time, while energy has to be spent in looking for the essential points.

I ask my colleagues and their staffs to see to it that their reports are shorter.

i. The aim should be reports which set out the main points in a series of short, crisp paragraphs.
ii. If a report relies on detailed analysis of some complicated factors, or on statistics, these should be set out in an appendix.
iii. Often the occasion is best met by submitting not a full-dress report, but an 'aide-memoire' consisting of headings only, which can be expanded orally if needed.
iv. Let us have an end of such phrases as these: "It is also of importance to bear in mind the following considerations", or "Consideration should be given to the possibility of carrying into effect". Most of these woolly phrases are mere padding, which can be left out altogether, or replaced by a single word. Let us not shrink from using the short expressive phrase, even if it is conversational.

Reports drawn up on the lines I propose may first seem rough as compared with the flat surface of officialese jargon. But the saving in time will be great, while the discipline of setting out the real points concisely will prove an aid to clearer thinking.

Some carers told us what they thought good information or communication meant to them.

> **I prefer information in a written format, but digital formats are okay. I would like services to offer information, if I don't know about something or what is available how do I know what I might need or benefit from.**

> **A simpler process to access support with more help offered. Less reading.**

> **The information has to be accessible, someone in GP surgeries should be connecting vulnerable people / families with the support providers available. It's no good having village agents associated with every GP practice if nobody knows they are there. Most GP contact is now done over the phone or via message, I rarely actually go into the surgery so I don't see posters etc. Information needs to be sent to patients via email or text. I contacted Open Mental Health on 3 occasions and whilst they were supportive, they didn't inform me that these support options existed.**

Carer to carer

There is considerable value in peer support amongst carers, and we repeatedly heard how important these groups were to them.

> **Join a support group. Sharing experiences is the most valuable.**

When we recorded carers stories we asked them ‘What advice would you give to a potential carer?’. The responses were honest and emotional; they reflected the exhaustion and frustrations of caring but also very important guidance.

> **I love my family but being a full-time unpaid carer is exhausting. At times I feel so undervalued. I receive carers allowance for caring for one person, but I care for three. The carers allowance I do get gets removed from my universal credit payment so really, I receive nothing. You really do have to love the person you care for to put up with this miserable way of life.**

Don't do it!

Seek information.

Don’t give up like I have.

Rest when you can as you never know when you will be called upon.

Keep pushing for help, you will get it but it’s difficult to find. Don’t accept if you just get given a load of information leaflets and get told that’s it.

Seek help and information from professionals. Be wary of hearsay. Don't be frightened or ashamed of admitting you need help. Try to maintain a social life away from your caring responsibilities.

I would struggle to offer them any positive advice. There is no real help for carers and you are basically on your own with it. I also think it’s appalling that pensioners are unable to claim carers allowance!

Get some legal advice. Talk to the citizens advice bureau and possible call or speak to someone from the DWP because unless you actively seek support and ask the right questions you won't have anyone seeking you out to check that you are OK, coping and have everything you need. Look after your own mental health, ensure you take care of yourself so that you don't burn out. You have to understand that everyone has limits and you will go past them at some point without adequate support.

To be aware the system is broken, every service is stretched due to lack of funds. You will need to chase up every issue to see things through. You have to be proactive to gain information to know what is happening to know your own role.

> **Ensure you are registered as a carer. Request an overview of what services are available (you may not need them immediately but useful to have an idea when there is a gradual deterioration in someone's health). Join a local carers group where you can access advice and share experiences with other carers.**

> **Ask for help. Remember you lose your Carer Allowance at 65.**

Young carers

A young carer (YC) is someone under 18 caring for a family or friend due to illness, disability, mental health issues, or addiction. A young adult carer (YAC) is aged between 18 to 25 years and may have different support needs.

Young people are still developing physically, mentally and emotionally. Today they face many challenges and pressures growing up, some of these challenges include:

- School, homework, education
- Self-identity, social conformity
- Friendships and relationships
- Navigating life lessons and preparing for adulthood
- National and global issues such as climate change
- Misinformation and fake news/media

There are

803

Registered Young Carers in Somerset

Somerset Family Intervention Service data - November 2024

Young carers have additional demands on their physical and emotional time which can create an assortment of inequalities.

It can be even harder for YC's and YAC's to understand they are carers, many view it as a normal part of family life and don't realise the impact of the contributions they make. Where siblings are caring for siblings with permanent needs, the role can be lifelong.

After speaking to professionals supporting YC's we decided not to join any of the Young Carers groups as they provided valuable personal time for YC's. We asked the organisations involved with young people to highlight our project and encourage YC's to participate when suitable to them.

We also gave a presentation and talked to some of the YC Leads who are part of the Young Carer's in Schools (YCIS) Award scheme in Somerset. The YCIS is a national initiative that makes it easy for schools to support young carers. The scheme is voluntary and relies on proactive members of staff to take on additional responsibilities.

Through listening to organisations, schools, and services we heard that many YC's and YAC's struggle to identify as carers and there is little visibility of the support available to them.

Local support exists for YC's and YAC's, but gaps remain in targeted written and online resources, particularly for schools outside the YCIS scheme.


healthwatch
Somerset

Are you under 18? Do you help to look after a family member?

How do you feel about the support and information you have access to?

Tell us your story to help young carers needs be understood

Entries will go into a draw, for a £35 Amazon gift voucher.
Terms and conditions apply.

Dementia Wellbeing Service Network

On 22 January 2025 we gave a presentation to a group of professionals in Somerset Dementia Wellbeing Service network meeting.

Members of the group are from organisations supporting people with dementia and their carers. This gives them valuable insight to the experiences of people involved in the dementia journey.

We asked the group members at their tables to discuss and collectively answer three questions. Their answers were written down and transcribed.

The comments we gathered reflected what we were hearing directly from carers including a need for concise, clear, and relevant information alongside requests for practical support.

What information/advice do carers ask for?

- How to access required equipment.
- Who to speak to regarding access/support to public sector support.
- How to access the right funds.
- Help! I need help!
- Financial support available to them as carers and their loved ones.
- Packages of care/care settings/respite.
- How to access micro providers.
- Transport connections.
- General training (how to use a hoist/equipment).
- What do I do?
- How to access care, money, respite, equipment.
- Listening ear.
- Information/signposting.
- Help with forms - POA, Attendance allowance etc.
- Simplified explanation of jargon.
- Personalised approach/person centred.
- Reassurance.

What information/advice do carers need?

- How to access social care and continuing health care (CHC).
- Care home/home funding care.
- What to do next after diagnosis.
- Where they can access support for themselves and their loved ones.
- Information about the condition their loved one has - education.
- To be made aware that reasonable adjustments can be made for people.
- General training (how to use a hoist/equipment).
- Mental support for themselves.
- 'List' of what is expected to happen and when - i.e. assessment.
- What happens now.
- Support services.
- Relevant information.
- One hub for information.
- Practical support.
- Someone to listen.
- Time out/respite options.
- Transport options.

What does good information/communication look like?

- Clear concise language.
- Signposts to further support/info.
- Presented in a way that meets the needs of individuals.
- Keep information specific to avoid people becoming overwhelmed.

- Clear/No jargon.
- Positive language.
- Empathic.
- Named contact.
- Visual/Auditory options.
- Language of choice.
- Information in different formats and where to find them.

- Clear, concise, up to date information.
- 2 names for carer to contact when required
- Information that is specific and PC.
- Concern to share can sometimes be a barrier e.g. one person in team is not enough and should be uniform for team.
- Individually tailored.
- Individual - tailored to the person.
- Relevant.
- Not too complex.
- Include who to call 'if….'
- Someone to call when stressed.

- Support services.
- Relevant information.
- One hub for information.
- Practical support.
- Someone to listen.
- Time out/respite options.
- Transport options.

Additional Comments

- Those less mobile may have to rely on medical professionals to signpost to carer support.
- More proactive stand from GP surgery.
- Not enough info/support given at the point of diagnosis.
- GP is lynch pin to everything.
- Advice for carers - Ask for help and take time out.

Improvements continue

There is currently a lot of ongoing work by Somerset NHS Foundation Trust (SNHSFT), Somerset Council, and VCSFE organisations to improve information and support for carers in Somerset.

Somerset Carers Service (SCS)

Over the past few years SCS have worked GP's surgeries to actively engage with and support carers through Carers Champions and health coaches.

There are 71 GP' surgeries in Somerset, 69 of these have a Carers Champion or Health Coach engaging with the SCS. The remaining two have Carers Champions vacancies and are engaging with the SCS.

SCS are working with the NHS Somerset Primary Care Lead to make sure training documents for Carers Champions are consistent.

somerset carers part of CCS

Carers Information Day

Do you look after a friend or family member?

- A chance to view webinars eg Lasting Power of Attorney, Guardianship, Direct Payments, Finances etc.
- Talk to Carers and Village Agents and Adult Social Care
- Drop in to talk directly for information, advice and support from:

carers@somersetrcc.org.uk 0800 31 68 600 www.somersetcarers.org

Fitzwarren House, East Reach Court, Queen Street, Taunton, TA1 3UG. Tel 01823 331222

The Community Council for Somerset is a Company Limited by Guarantee registered in England & Wales No. 3541219 and is a Registered Charity No. 1069260.

Working in collaboration with Somerset Council Adult Social Care (ASC) team, the SCS held their first Carers Information Day in January 2024. There were several more that year and eight for 2025.

The days are a combination of ASC professionals carrying out in person Carers Assessments by invite, and a multitude of services hosting stalls to provide information, support, and advice for carers in Somerset.

The SCS continue to develop and improve their current offers and services with planned website updates and better digital offer. Carers Agents now carry out SCS Carers Assessment Plans for all carers they see. The plan is then reviewed with the carer at 6 weeks, 12 weeks, 6 months, and 12 months, as they wish. Support is available for longer depending on the individual need.

SCS are not responsible for Young Carers in Somerset, but work with Young Adult Carers (YAC's) has already started. SCS are supporting a small number of YAC's between 17 – 25 years of age. YAC's who are 17 are supported by both SCS and the Family Intervention Service (FIS) or ASC team for transition assessments and guidance.

Somerset Council - ASC

Since 2023 ASC have put considerable effort into clearing a back log of applications for carers assessments. Some areas in Somerset now have committed carers assessors dedicated to carers in that area.

Somerset Council are now part of the Integrated Care System which is resulting in closer working links with Somerset health care organisations such as SNHSFT and GP surgeries. Members of the team also participated in the SCS Carers Champions and Health Coach Conference 2025 to share how they are supporting carers.

To ensure carers are considered county wide ASC have 10 team champions across the county who are invited to internal monthly meetings with the Carers Lead, and discuss anything relating to carers.

The team are also reviewing the electronic form they use on their system to record carers assessments. They are investigating if and how this and other internal processes could be improved.

Somerset NHS Foundation Trust

Three years ago, SNHSFT introduced a Carers Support Worker (CSW) based at Musgrove Park Hospital (MPH). The CSW is in addition to the Health and Wellbeing Hub (HWH) at Yeovil District Hospital (YDH).

The HWH and CSW provide advice, support, and signposting for carers that go into the two hospital settings. Carers can be identified by ward staff, the CSW (who walks the wards speaking to patients and carers), or by making themselves known to the CSW or at the HWH.

There are also Carers Champions who can provide information and support on some wards at MPH. The wards are:

- Exmoor
- Conservators

- Gould
- Triscombe
- Blake
- Acute Frailty Unit

There is a commitment to have a Carers Champion on every ward at MPH, YDH, and every community hospital in Somerset.

Free parking and meal voucher for carers at:

Musgrove Park Hospital
Yeovil District Hospital

Free parking and meal vouchers are available to carers at both MPH and YDH and can be accessed by:

- Through the HWH at YDH (turn left as you walk through the main entrance; the hub is on your left).

- Through the CSW at MPH. Carers can refer themselves or by ward staff through the Carers Support email: CarersSupport@somersetft.nhs.uk

Thank you

We would like to thank the 14 carers who gave their time to tell us their stories and all the carers who spoke to us when we visited groups and events. Their open and honest experiences have been fundamental in the creation of this report.

We would also like to thank our Advisory Board, Volunteers, and the numerous organisations who helped support our public research and engagement.

In addition, a special thank you and acknowledgement must also be given to the following organisations:

- CCS Carers Service
- SNHSFT Adult Mental Health Carers team
- SNHSFT Patient Experience Team
- Somerset Council ASC
- Somerset Dementia Wellbeing Service
- Somerset Parent Carer Forum
- Somerset Young Carer’s in Schools

Recommendations

- All health and care professionals in Somerset should signpost carers to the CCS Carers Service who can provide targeted support and information.
- The ICS should produce an A5 combined information leaflet and form before the end of 2026. The simple form should include:
    - Gaps for important information that can be completed in setting.
    - Up to six key contacts for carer support including: SNHSFT, Somerset Council, CCS Village and Carers Agents, CCS Carers Service, and Healthwatch Somerset. (See Appendix 5 for example form)
- The ICS is to produce promotional posters and leaflets about 'what is a carer' for display across all health and care settings, including GP surgeries, hospitals, and CCS Talking Cafes. Use standard wording like 'talk to a staff member about carer support' and avoid exclusive branding for versatility. (See Appendix 6 for example poster)
- All health and care services should add 'are you a carer' to standard questions, (such as current medication, ailments, etc), asked by all health and care professionals.
- The ICS should provide regular reminders, campaigns, and training for health and care professionals to enable them to be pro-actively 'Carer Aware'.
- ASC and SNHSFT must continue to build and expand their relationship and consultation with the SCS to produce accessible, consistent, and relevant information that is up to date.
- All services must:
    - Produce any new written communications following health literacy and accessibility guidelines as referred to in Suitability section of this report.
    - Follow health literacy and accessibility guidelines, such as chunk and check, in verbal communication.
- The ICS should consider a 'Carers Certificate' which, like a Hospital Passport, can be filled with important information about a cared for person and can be used at individual appointments, treatments, and admissions.

Provider response

Important note

On 14 July 2025 Community Council Somerset (CCS) launched their new name and are now known as Thrive. You can learn more about this on their website: new name, new brand, same ambition. - Thrive

Somerset Carers Service: Christine Brewer, Team Manager & Carer Service Lead

Somerset Carers Service is pleased with how unpaid carers have reflected their positive views when responding to the survey.

While we acknowledge the strong relationships we’ve built with GP surgeries and the presence of carer champions in most of them, this report also highlights that more needs to be done to ensure GPs are fully aware of and engaged with unpaid carers. GPs need a significantly better understanding of the support networks required by unpaid carers, including access to mental health and other well-being services. Somerset Carer Service will continue to provide training to Somerset GP Carer Champions and will encourage them to ensure their wider surgery teams receive more detailed support and training on how to better support unpaid carers.

We’re pleased that carers who attend the carer groups recognise them as a valuable support network, offering excellent information and peer-to-peer support. We are also keen to increase attendance at the carer groups and are about to introduce sessions focussing solely on the well-being of unpaid carers. In time we hope to expand these opportunities across the county.

We recognise that many unpaid carers require mental health support, and we will work with our external VCFSE colleagues to explore long-term solutions to meet this need.

It is unfortunate that one carer has spoken of ‘no real help ‘for carers. We do advertise our support in public localities including GP surgeries, libraries, community hubs and via website and social media. And are keen to improve promotion to increase awareness so everyone who could benefit from our support can do so.

We do have hard copies of our support information; this will be updated and rebranded and hopefully launched in the final quarter of 2025.

Somerset Council: Sarah Codling, Senior Commissioning Officer – Lead for Unpaid Care (responding on behalf of Adult Social Care)

This comprehensive report shines an important light on some of the most pertinent issues faced by Carers in Somerset in trying to carry out their invaluable role. Somerset Council recognises the hard work undertaken by Healthwatch Somerset in producing the report and acknowledge the generosity of the contributors in sharing their experiences, without which there cannot be any meaningful improvements. Furthermore, the Council is grateful to work alongside Healthwatch Somerset in convening the Somerset Carers Strategic Partnership Board and for their leadership around monitoring the partnership '*Commitment to Carers 2024*', ensuring ongoing commitment and progress.

It is encouraging that the key findings of the report broadly cover issues that the Council is aware of and already working to make improvements. Much of the focus is on information available to and provided for Carers in Somerset, including available formats, accessibility and consistency. Some noteworthy activity undertaken by the Council in this area includes:

- **Improved Adult Social Care web-based information**

  Somerset's 'Working Together Board' is a high-level strategic Board which oversees co-production and its membership includes experts by experience (those who draw upon care and support from the Council) and carers. One of the priority workstreams and subgroups of this Board has been charged with improving the information relating to Adult Social Care on the Council website. This work has involved a complete review and reorganisation of how information is structured, searchable and presented (e.g. appropriate language, in Plain English wherever possible).

- **Carers Information Sheets**

  Adult Social Care in Somerset Council have a wide range of information sheets, ten of which specifically cover Carers issues. These have recently been fully reviewed and updated and republished online. The sheets are available online but are also in a printable format so those without online access can print a paper copy (e.g. at their local library). Social Care staff often direct people to this resource and can print then post or provide them to those who cannot access directly.

- **Carers Information Days**

  These days (described in detail on page 27 of the report) offer a ‘one stop shop’ opportunity for carers to access a wide range of useful information and interact face to face with many organisations. The Council’s commitment to these events also serves to recognise the vital support delivered to Carers by the VCSFE as articulated in the report’s key findings.

  Somerset Council plan to further develop the success of the Carer Information Days through closer work with GP surgeries. The vast majority of GP surgeries in Somerset have a designated Carers Champion in their staff team and the Adult Social Care network of Carers Champions will be seeking to liaise with them, to explore the idea of hosting joint Carers Clinics out of surgeries. As well as directly supporting carers registered at the surgery, it will provide opportunities to address the lack of consistency and coordination between services involved in a person’s care.

Somerset NHS Foundation Trust: Krystle Pardon - Head of Patient Engagement and Involvement

At Somerset NHS Foundation Trust (SFT), we welcome the opportunity to review and respond to Healthwatch Somerset’s report on how carers perceive the support and resources available to them across the county.

Our Position

Feedback from Healthwatch is invaluable in ensuring the voices of patients and carers are heard. Alongside the other sources of feedback we receive about carers’ experience, it enables the Trust to review all available data and intelligence, identify emerging themes and trends, and take meaningful action - while ensuring feedback is communicated back to those who shared it.

Key Insights

- The report highlights the need for greater focus in primary care settings, where individuals must first be supported to identify themselves as carers. This is particularly crucial during unplanned hospital visits, such as those to A&E.
- Trust feedback also indicates that carers often face challenges in managing the medical needs of the person they care for.

Work Underway

- Our Carers Support Worker ensures her contact details are visible and accessible across all wards and departments. We recognise that carers are often exhausted and vulnerable, and may not have the capacity to navigate complex information.
- Carers packs are distributed to those supporting loved ones in hospital. These contain essential information and, most importantly, direct contact details for the Carers Support Worker, enabling carers to have a supportive conversation when they need it most.

Next Steps

- As we engage more deeply with our communities, listening to carers will be central to shaping Somerset’s strategy for shifting care into neighbourhoods - improving health outcomes and reducing pressure on acute services.
- Carer-related information can easily be lost among the volume of materials provided in GP surgeries and busy A&E departments. We must work collaboratively to deliver a clear, consistent message that helps individuals recognise their role as carers and access the support available to them.
- SFT is introducing Carer Champions on our wards to advocate for carers and ensure they receive the information and support they need. Over the coming year, we will develop further initiatives to help carers manage personal care responsibilities, navigate financial challenges, and access personalised guidance to find the right care pathways for those they support.

Appendices

Appendix 1: Semi structured interview form questions

I care for…		**I am a….**	
Adult Child/Young Person up to the age of 25	☐ ☐	Carer of someone with mental health conditions	☐
		Parent carer	☐
		Veteran/Ex service carer/families	☐
		Young Carer	☐
		Other unpaid carer (please identify):	
1. What information have you been offered by professionals?			
2. What information have you found for yourself?			
3. Is the information suitable?			
4. What does good information/communication look like?			
5. What advice would you give to a potential carer?			
Your own words: Please tell us more about your experience/s of accessing information as an unpaid carer:			
When did this happen? (Exact dates are not essential, months and years are required)			
How could things be done differently to help you and other people with similar care needs? What would have improved your experience?			
Is there anything else you want to tell us about?			

Appendix 2: List of groups and events we attended

CCS Carers groups and events	
1. CCS and ASC Carers Information event	2. Martock Carers Group
3. Ilminster Carers Group	4. Frome carers group
5. Crewkerne Carers Group	6. Galmington Carers Group
7. Creech St Michael Carers Group	8. Wellington Carers Group
9. Castle Cary Carers	10. Yeovil carers group
11. Wincanton Carers	12. Shepton Mallet Carers Group
13. Minehead Carers Group	14. ASC and CCS Carers Finance Information Day
15. Langport carers group	

Community events	
1. Pride in Priorswood – Taunton (30/07/24)	2. Pride in Priorswood – Taunton (14/08/24)
3. Walk For A Life	4. Strode Freshers Fair
5. University College Freshers Fair	6. Wincanton Health Centre Health Promotion Evening
7. Glastonbury moMENtum wellbeing event for men	8. Taunton Library
9. Somerset Armed Forces Covenant Conference	10. Let's Talk SEND
11. Wellington Together	12. Bridgwater Together
13. CCS Somerset Convention 2024	14. Hamp Christmas Fayre
15. DWP Wells Health and Wellbeing	16. Bridgwater Arts Centre - Christmas Fayre
17. Talk at Somerset College to the Student Nursing Associates	

Armed Forces Community	
1. Minehead AF Breakfast Club	2. Yeovil AF Breakfast Club (19/10/24)
3. Yeovil AF Breakfast Club (05/10/24)	4. Bridgwater Armed Forces Outreach
5. Taunton AF Breakfast Club	

Presentations with group feedback sessions
YC Leads networking forum (Young Carers in Schools Award)
Somerset Dementia Wellbeing Network

Appendix 3: Postal towns of carers who shared their stories

Responses	Postcode district	Post town
1	BA11	FROME
1	BA21	YEOVIL
1	TA1	TAUNTON
1	TA13	SOUTH PETHERTON
1	TA24	MINEHEAD
2	TA3	TAUNTON
6	TA6	BRIDGWATER
1	TA7	BRIDGWATER

Appendix 4: Excerpts from the Accessible Information Standard

Text taken from **Accessible Information Standard – requirements (DAPB1605)** webpage.

What does the standard require and who does it apply to?

The standard describes how NHS and adult social care services should identify, record, flag, share, meet and review people's information and communication support needs (referred to as 'needs' throughout the standard). It specifically applies to people who have information or communication support needs related to a disability, impairment or sensory loss. This includes patients and service users and carers and members of families who are involved in people's care and have information or communication support needs related to disability, impairment or sensory loss themselves.

The standard aims to ensure these people get:

- accessible information: information they can access and understand
- communication support: the support they need to have effective and accurate dialogue with health and care professionals. This means that no one who needs support is put "at a substantial disadvantage in comparison with persons who are not disabled" (Equality Act 2010) when accessing NHS or adult social services
- NHS and adult social care services must enable disabled people with communication and Information needs to:
- make decisions about their health and wellbeing, about their care and treatment and about giving or withholding consent
- self-manage their conditions
- access services
- make a complaint in a way that is accessible for them

The standard covers any disability that affects an individual's ability to access, read or understand information or to communicate. That includes people who have sensory loss (including people who are blind, deaf or deafblind), people who have a learning disability, autistic people, people with aphasia and mental health service users. Read our implementation guidance for more information on how to support mental health service users.

Text taken from **Why it's important** webpage

People using health and care services should:

- Be able to contact, and be contacted by, services in accessible ways, for example, via email or text message.
- Be able to receive information and correspondence in formats they can read and understand, for example, in audio, braille, easy read or large print.
- Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
- Get support from health and care staff and organisations to communicate, for example, to lip-read or use a hearing aid.
- Have access to a complaints process that is accessible to their communication needs so they are able to raise concerns or complaints about their care.

Identifying accessibility needs

The scope of accessibility needs is something that all NHS and adult social care organisations will need to establish. This is likely to mean considering alternative formats and services specifically for people:

- who are blind, Deaf or deafblind
- who have a disability, impairment or sensory loss
- with a mental health condition
- who have multiple or complex needs
- who are children or young people

Organisations need to apply a consistent approach to finding out the information and communication needs of patients, their families and carers.

This means finding opportunities to ask people about their needs, recording them accurately and using this knowledge effectively to improve your services.

Our implementation guidance has more advice about the methods for identifying, meeting and reviewing people's accessibility needs.

Legal requirements

The accessible information standard has been in force since August 2016.

By law (section 250 of the Health and Social Care Act 2012), all organisations that provide NHS or adult social care services must have regard to the standard.

Organisations that commission NHS and/or adult social care services, for example, integrated care boards and local authorities, must also support implementation of the standard through contracting and performance management arrangements with their provider organisations in line with the requirements of the Equality Act 2010.

The NHS Constitution states:

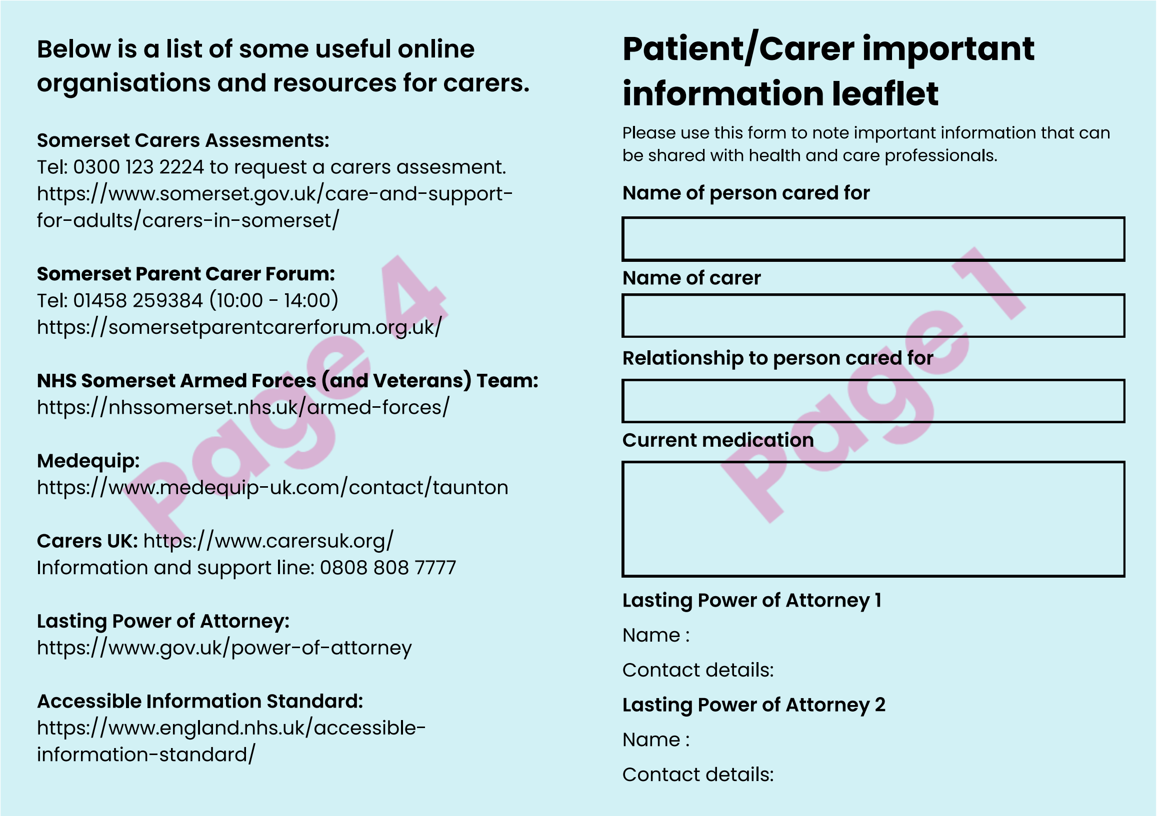
“You have the right to be involved in planning and making decisions about your health and care with your care provider or providers, including your end of life care, and to be given information and support to enable you to do this. Where appropriate, this right includes your family and carers.”

In addition:

- The Equality Act 2010 places an anticipatory legal duty on all service providers to make “reasonable adjustments” to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled, including making reasonable adjustments in the provision of information. Implementing the standard also helps relevant organisations to make reasonable adjustments for people with disabilities as part of their duties under the Equality Act 2010, and to comply with the public sector equality duty.
- The Care Act 2014 includes the requirement that, “information and advice provided under this section must be accessible to, and proportionate to the needs of, those for whom it is being provided.

Appendix 5: Example information leaflet and form

The form can be printed on both sides and folded (A4). It should be created using substance over style. If available in PDF and image file type it could be printed from any office printer.



Below is a list of some useful online organisations and resources for carers.

Somerset Carers Assesments:
Tel: 0300 123 2224 to request a carers assesment.
https://www.somerset.gov.uk/care-and-support-for-adults/carers-in-somerset/

Somerset Parent Carer Forum:
Tel: 01458 259384 (10:00 - 14:00)
https://somersetparentcarerforum.org.uk/

NHS Somerset Armed Forces (and Veterans) Team:
https://nhssomerset.nhs.uk/armed-forces/

Medequip:
https://www.medequip-uk.com/contact/taunton

Carers UK: https://www.carersuk.org/
Information and support line: 0808 808 7777

Lasting Power of Attorney:
https://www.gov.uk/power-of-attorney

Accessible Information Standard:
https://www.england.nhs.uk/accessible-information-standard/

Patient/Carer important information leaflet

Please use this form to note important information that can be shared with health and care professionals.

Name of person cared for

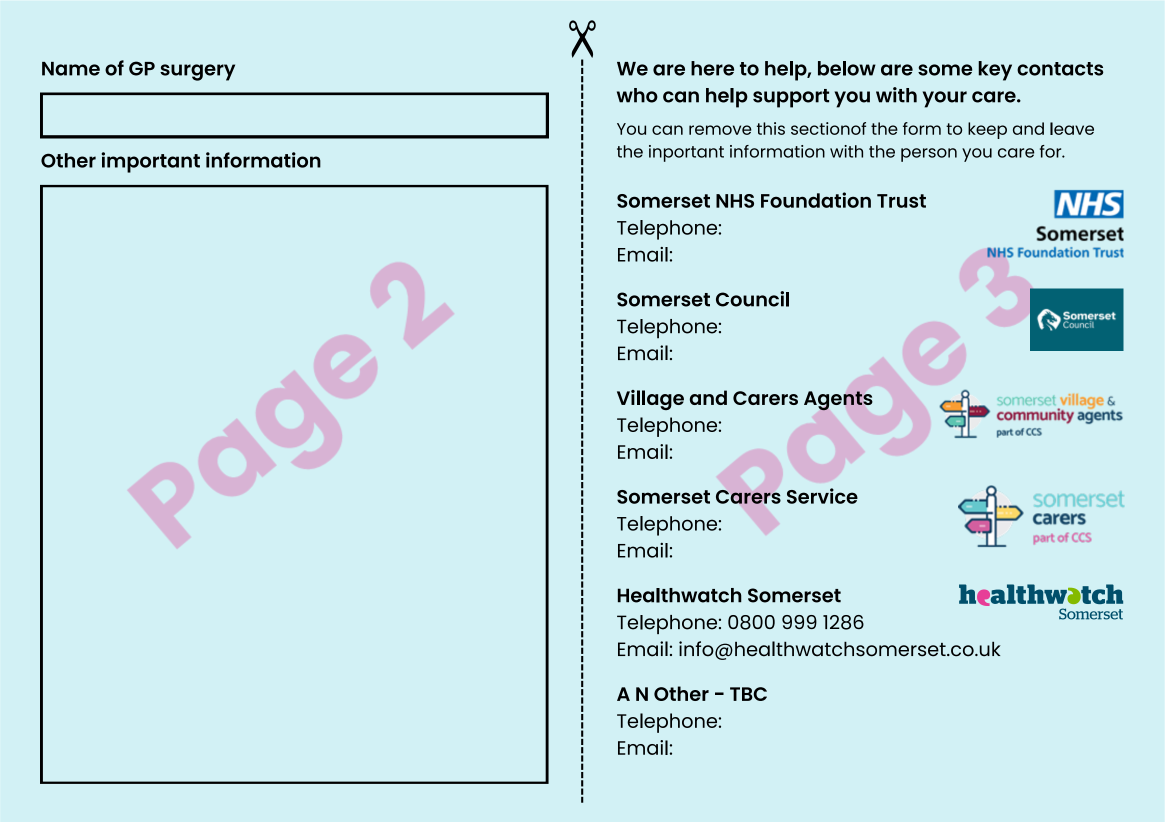
Name of carer

Relationship to person cared for

Current medication

Lasting Power of Attorney 1
Name :
Contact details:

Lasting Power of Attorney 2
Name :
Contact details:



Name of GP surgery

Other important information

We are here to help, below are some key contacts who can help support you with your care.

You can remove this sectionof the form to keep and leave the inportant information with the person you care for.

Somerset NHS Foundation Trust
Telephone:
Email:

Somerset Council
Telephone:
Email:

Village and Carers Agents
Telephone:
Email:

Somerset Carers Service
Telephone:
Email:

Healthwatch Somerset
Telephone: 0800 999 1286
Email: info@healthwatchsomerset.co.uk

A N Other - TBC
Telephone:
Email:

Appendix 6: Example ‘What is a carer poster’

If you support a family member or friend who cannot manage alone, you are a carer.

You may not realise you’re a carer because you love the person you support.

You don't need Carer's Allowance to be recognised as a carer or access support.

Talk to a member of staff about our carer support.

Call Somerset Carers Service for more free information, advice, and support:
0800 31 68 600

Website links in this report

Page 2	NHS commissioning » Who is considered a carer?	https://www.england.nhs.uk/commissioning/comm-carers/carers/
	2021 Census	https://www.nomisweb.co.uk/sources/census_2021
	Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)	https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=2057
Page 3	Carers Week	https://www.carersweek.org/
	Carers Week Report 2023	https://www.carersweek.org/media/yqkdkodx/carers-week-report-2023.pdf
	Somerset's Commitment to Carers 2024	https://www.somerset.gov.uk/news/somerset-council-renews-support-for-unpaid-carers/
	People's Vote 2024	https://www.healthwatchsomerset.co.uk/post/the-people-s-vote
Page 7	Being Heard - A self-advocacy guide for carers	https://www.carersuk.org/help-and-advice/guides-and-tools/being-heard-a-self-advocacy-guide-for-carers/
Page 11	The Triangle of Care	https://carers.org/triangle-of-care/the-triangle-of-care
Page 13	Supported transfer of care from hospitals	https://www.healthwatchsomerset.co.uk/post/supported-transfer-of-care-from-hospitals-evaluating-people-s-experiences-to-help-shape-improvement
	'somerset discharge from hospital'	https://www.google.com/search?q=somerset+discharge+from+hospital&sca_esv=384401b7ee6788b1&sxsrf=AE3TifNxnYTjwxQZCJj8p09ZdAKxvRXn7w%3A1752054483372&ei=0zpuaPK9FoXqhbIP6OSckQ0&ved=0ahUKEwiy8-

		7Iv6-OAxUFdUEAHWgyJ9IQ4dUDCBA&uact=5&oq=somerset+discharge+from+hospital&gs_lp=Egxnd3Mtd2l6LXNlcnAiIHNvbWVyc2V0IGRpc2NoYXJnZSBmcm9tIGhvc3BpdGFsMgUQIRigATIFECEYnwUyBRAhGJ8FMgUQIRifBTIFECEYnwUyBRAhGJ8FMgUQIRifBTIFECEYnwVI-ldQAFilUHAAeAGQAQCYAXegAfUTqgEEMzAuMrgBA8gBAPgBAZgCIKAC9xTCAgoQIxjwBRgnGMkCwgITEC4YgAQYxwEYJxiKBRiOBRivAcICBBAjGCfCAgsQABiABBiRAhiKBcICERAuGIAEGLEDGNEDGIMBGMcBwgIOEC4YgAQYsQMY0QMYxwHCAg4QLhiABBixAxiDARiKBcICChAAGIAEGEMYigXCAhAQLhiABBjRAxhDGMcBGIoFwgIOEAAYgAQYkQIYsQMYigXCAgoQLhiABBhDGIoFwgINEC4YgAQYsQMYFBiHAsICEBAAGIAEGLEDGIMBGBQYhwLCAhAQLhiABBhDGMcBGIoFGK8BwgIKECMYgAQYJxiKBcICFBAuGIAEGJECGMcBGIoFGI4FGK8BwgIKEAAYgAQYFBiHAsICDhAuGIAEGMcBGI4FGK8BwgITEC4YgAQYFBjHARiHAhiOBRivAcICBRAAGIAEwgILEC4YgAQYxwEYrwHCAgYQABgWGB7CAgsQABiABBiGAxiKBcICBRAAGO8FwgIHECEYoAEYCpgDAJIHBDI1LjegB-7KArIHBDI1Lje4B_cUwgcHMC4xNC4xOMgHZg&sclient=gws-wiz-serp
Page 14	Help after a stay in hospital	https://www.somerset.gov.uk/care-and-support-for-adults/help-after-a-stay-in-hospital/
	Electronic Referral and Discharge - NHS Somerset ICB	https://nhssomerset.nhs.uk/about-us/digital-projects/electronic-referral-and-discharge/
	Hospital@Home - Hospital @ Home	https://www.somersetft.nhs.uk/hospitalathome/

	‘Intermediate Care Discharge and Assess’	https://somersetcc.sharepoint.com/sites/SCCPublic/Social Care/Forms/AllItems.aspx?id=%2Fsites%2FSCCPublic%2FSocial%20Care%2FIntermediate%20Care%20Discharge%20and%20Assess%20Leaflet%2Epdf&parent=%2Fsites%2FSCCPublic%2FSocial%20Care&p=true&ga=1
	Intermediate care	https://www.somerset.gov.uk/care-and-support-for-adults/intermediate-care/
	‘Help after a stay in hospital’	https://www.somerset.gov.uk/care-and-support-for-adults/help-after-a-stay-in-hospital/
	home from hospital leaflet	https://somersetcc.sharepoint.com/:b:/s/SCCPublic/EXF_txb5KvpMuhhfIsvpRfABCKIEA6OaCXgh-a1qZh8K3Q?e=gOSisP
	Adult Social Care information sheets	https://www.somerset.gov.uk/care-and-support-for-adults/adult-social-care-information-sheets/
	You searched for discharge - Somerset NHS Foundation Trust	https://www.somersetft.nhs.uk/?s=discharge
	You searched for discharge - NHS Somerset ICB	https://nhssomerset.nhs.uk/?s=discharge&post_types=page
	Search results	https://www.somerset.gov.uk/?s=discharge
Page 15	Make, register or end a lasting power of attorney	https://www.gov.uk/power-of-attorney
Page 18	Accessible Information Standard	https://www.england.nhs.uk/accessible-information-standard/
	AIS Why it’s important	https://www.england.nhs.uk/accessible-information-standard/why-its-important/

Page 19	NHS Health Literacy Toolkit	https://library.nhs.uk/wp-content/uploads/sites/4/2023/06/Health-Literacy-Toolkit.pdf
	plain English	https://cdn.website-editor.net/s/08adc49f98924cb8b7dddec4cafb071e/files/uploaded/howto.pdf?Expires=1756038670&Signature=g-3LSVv217sqFK83qH-z9uUiunmqafXrR0hvCA484Lq6fhHwP~JV9iqbHD-I53ngYhki56N2msynyT3ym0xtBLbttaeVGCtl5rQDPQ~Y14~f4sScTQlRFz9W5OqEwrKT7Ro6ha5ALGVdqeFwxsk2NgGVbY9rnySld543Lchd7jx8tXASxvZ~XNpFOpw0ebF-6GRX-nBUdkjeJA9osmtwb7~4dvogdlSHJOjk6xfuIoVyou6Z0BNGKy00wj9bp9oxhexQJeQLtOgfSDfPjUsXYEhUcinOxPkNXeg8x9g6Y6uOTYXTJzBQg51GifqCl9dL1BeUGPg7JZQDL8-r7tpItA__&Key-Pair-Id=K2NXBXLF010TJW
	British Journal of General Practice	https://bjgp.org/content/65/635/e379
	Health Literacy - Geodata	https://healthliteracy.geodata.uk/
	The Health Literary Place website	https://www.healthliteracyplace.org.uk/toolkit/techniques/
	Teach Back	https://www.healthliteracyplace.org.uk/toolkit/techniques/teach-back/
	Chunk and Check	https://www.healthliteracyplace.org.uk/toolkit/techniques/chunk-and-check/
	Use Simple Language	https://www.healthliteracyplace.org.uk/toolkit/techniques/use-simple-language/
	Use Pictures	https://www.healthliteracyplace.org.uk/toolkit/techniques/use-pictures/

	Routinely offer help with paperwork	https://www.healthliteracyplace.org.uk/toolkit/techniques/routinely-offer-help-with-paperwork/
Page 20	In 1940 Winston Churchill	https://discovery.nationalarchives.gov.uk/details/r/C9135954
Page 24	Young Carers groups	https://www.somerset.gov.uk/children-families-and-education/the-local-offer/find-send-services/?q=young+carers+group
	Young Carer's in Schools	https://youth-unlimited.co.uk/ycis-award/
	national initiative	https://youngcarersinschools.com/
	Somerset Dementia Wellbeing Service	https://somersetdementia.org/
Page 27	Carers Assessment	https://www.somerset.gov.uk/children-families-and-education/the-local-offer/social-care/carers-assessments/
Page 28	Champions and Health Coach Conference 2025	https://somersetcarers.org/somerset-carers-champion-and-health-coach-conference-2025/
Page 31	new name, new brand, same ambition. - Thrive	https://thrivesomerset.org.uk/new-name-new-brand-same-ambition/

Image attributes

Cover	A young man smiling and touching noses with an older smiling lady.	https://unsplash.com/@nathananderson
Page 6	A group of people at a carers event.	https://www.agewithoutlimits.org/image-library
Page 9	Concerned woman holding her head and looking at her phone	https://www.pexels.com/@liza-summer/
Page 10	A health professional in talking to a person in a hospital bed	Healthwatch England Image Library

Page 18	Healthwatch Suffolk 'Accessible information standard five rights' poster	https://healthwatchsuffolk.co.uk/aisresources/
Page 19	Patient Information Forum – Health Literacy Matters poster	https://pifonline.org.uk/resources/health-literacy-matters-infographic/
Page 22	A man with a beard wearing a blue suit with red tie is holding his head	https://www.pexels.com/@nicola-barts/
Page 27	Somerset Carers Service Information Days poster	https://somersetcarers.org/
Page 28	Two women in a kitchen	https://www.pexels.com/@centre-for-ageing-better-55954677/

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