Hillingdon Joint Carers' Strategy

2026 – 2030

Hillingdon Carers Partnership

Working together for unpaid carers

Hillingdon Health and Care Partners

v16 Feb 2026

Hillingdon Joint Carers' Strategy 2026 - 2030

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Hillingdon Joint Carers' Strategy 2026 - 2030

1. Introduction

Hillingdon's Joint Carers' Strategy, 2025-2030, details how the Council, the NHS and the voluntary sector will work together to improve support for all unpaid carers who live – or provide care for someone who lives – in the London Borough of Hillingdon.

A glossary of terms used in this document can be found in Appendix 1.

Who can be a carer?

There are three statutory definitions of who is a carer, and these are:

- *Parent carer:* The Children Act, 1989 defines this term as a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

- *Young carer:* The Children Act, 1989 defines this term as being someone under 18 who helps to look after another person but not under a contract or scheduled voluntary work.

- *Adult carer:* The Care Act, 2014 defines this as an adult, i.e., a person aged 18 or over, who is providing care and/or support for another adult for free but not under a contract or scheduled voluntary work.

2. Our Vision for Carers

Working together, and with carers, we will improve the health and wellbeing of carers of all ages in Hillingdon and deliver a positive experience of care and support services.

3. Mission Statements

Our mission is that by 2030 most unpaid carers can say:

- *I am supported to provide care to the extent that I wish and do so in a way that accommodates my own education, employment and health and wellbeing needs.*

- *I have received effective advice and support that minimises the financial impact of caring on our household.*

- *I have a voice: I am recognised both as an 'expert' partner in care planning for the person I care for and my experiences and opinions are valued and used to inform the improvement of support for carers.*

- *I have access to appropriate support that suits my needs, including breaks from being a carer and a social life outside of caring.*

- *I know where to go for information and advice and this meets my needs.*

- *I have received the right training and support to deliver my caring role effectively and in a way that ensures my personal safety and the safety of the person I care for.*

- *The children and young people in my family who have caring responsibilities are given support to mitigate the negative effects of caring.*

4. Supporting Principles

Our approach to delivering the vision will be governed by the following principles:

- **Thinking carer:** We will take a carer focused approach to everything we do so that the potential impact on carers is considered.

- **Identification and recognition**: We will work together support the identification and recognition of carers.

- **Listening and respect:** We will listen to, and respect carers as expert care partners and they will be actively involved in planning the care and support that the cared for person receives.

- **Choice and control:** We will support carers to have choice and control over how their needs are met, including working with the independent sector to develop more personalised options.

- **Engagement:** We will engage with carers to hear from them about how their needs are changing and to invite their views about priorities.

- **Innovative approaches:** We will be open to new approaches to meeting the needs of carers that have not been tried before or have not been tried before locally.

- **Inclusion:** We will ensure that the combined effect of a carer's intersecting identities, e.g., gender, race, sexuality, religion, etc., are recognised.

5. National and Local Policy Influences

National

The Children Act, 1989 (as amended), places a duty on the Council to assess the needs of a parent carer where it appears that they may have needs or where they request an assessment. This will mainly apply to parents of people with Special Education Needs and Disabilities (SEND) who have or would be entitled to have Education, Health and Care Plans (EHCPs).

The Children Act also places a duty on the Council to undertake an assessment where a young carer may have support needs. The Council is required to consider how needs identified from an assessment should be met.

The Care Act, 2014, creates a statutory right to a carer's assessment for an adult carer and the Council may have an obligation to assist them even if the person they are caring for does not satisfy the national eligibility criteria. This would be subject to them satisfying the national eligibility criteria for carers. Where the cared for person is eligible for social care assistance from the Council then the support needs of the carer would usually be considered as part of an overall package of care to address their collective needs.

The Health and Care Act, 2022, introduced a duty on Integrated Care Boards (ICBs) to promote the involvement of carers in commissioning or policy decisions affecting services. A duty was also introduced on NHS trusts to involve carers in the planning of the discharge from hospital of the people they are caring for as soon as is feasible. This is supported by statutory *Hospital Discharge and Community Support Guidance* that was updated in January 2024.

The Carer's Leave Regulations, 2024, introduces flexible working rights for employees who are carers from the day they start their job.

National good practice guidelines for supporting adult carers are set out in national guidance 150: *Supporting adult carers*, produced by the National Institute for Health and Care Excellence (Jan 2020).

National policy concerning the NHS and support for carers is reflected in the five commitments in *Fit for the Future: 10 Year Health Plan for England* published by the Department of Health and Social Care in July 2025. The commitments are summarised below.

Commitment	Details
1. Active involvement in care	Carers included in care planning and decision-making; systematic identification
2. Recognition and support	Carers' roles formally recognised; expanded access to Personal Health Budgets
3. Digital tools and access	NHS App features for carers to manage appointments, care plans, and communication
4. Community integration	Multidisciplinary teams and local services to support carers and reduce fragmentation
5. Holistic, preventative care	Focus on early intervention, self-care, and support for carers' own wellbeing

Local

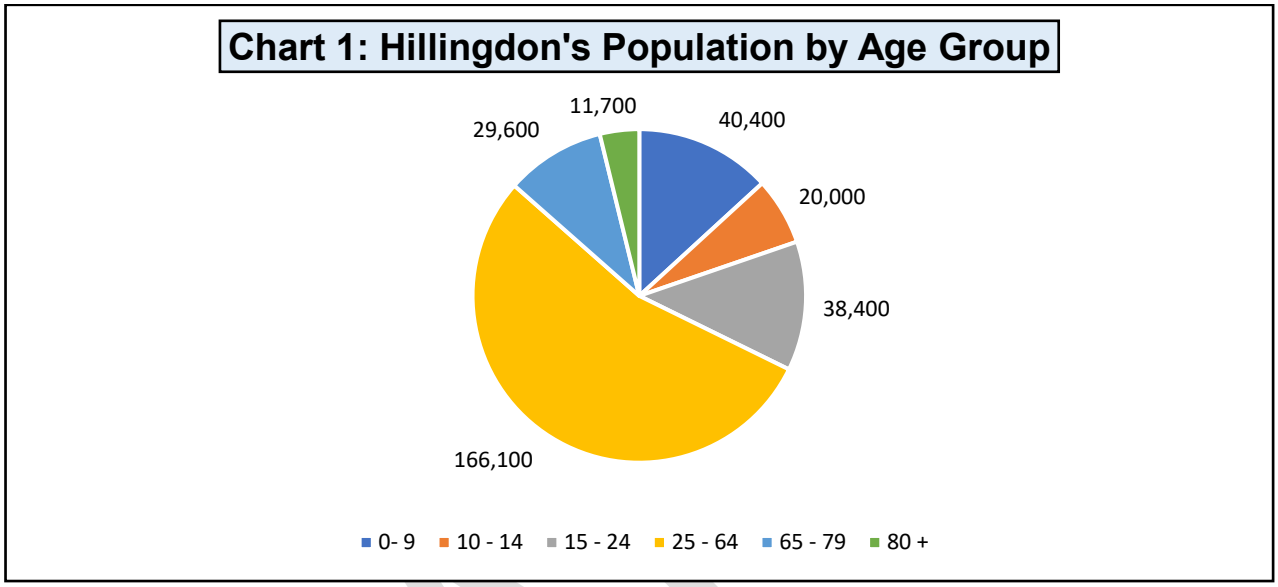
A commitment to identifying, listening to and supporting carers and involving them in shaping services is reflected in the draft *Joint Health and Wellbeing Strategy, 2026 – 2031* currently under development.

The new strategy will also contribute to the delivery of the *Thriving, Healthy Households* commitment within the 2022 – 2026 Council Strategy, i.e., that '*children, young people, their families and vulnerable adults and older people live health, active and independent lives'*. The Council Strategy can be accessed by using the following link Council strategy 2022-2026 - Hillingdon Council

6. Carers in Hillingdon: Needs and Challenges

About Hillingdon's Population

The 2021 census shows that Hillingdon has a population of 305,900 with an age breakdown as shown in chart 1 below.



Source: 2021 census (Office of National Statistics)

Carer Profile: Census 2021

How many people are there providing unpaid care to Hillingdon residents within the definitions described in the introduction? It is important to identify how many people should have access to support to ensure the maintenance of their own health and wellbeing and to enable them to continue in their caring role for as long as they are willing and able to do so.

The 2021 census is a key source of data to answer this question. The table below provides a comparative breakdown of the age of carers as identified by the 2011 and 2021 censuses.

Age Breakdown of Carers in Hillingdon 2011 and 2021 Censuses Compared		
Carer Age Group	**2011 Census**	**2021 Census**
0 - 24	2,569	1,875
25 - 64	18,676	16,625
65 +	4,660	3,965
TOTAL	**25,905**	**22,465**

Age Breakdown of Carers in Hillingdon 2021 Census Young and Young Adult Age Breakdown	
Carer Age Group	**Number**
5 - 18	660
19 - 24	1,215
25 - 64	16,625
65 +	3,965

TOTAL	22,465

Hillingdon and England Compared

Key messages include:

- **Number of carers in Hillingdon:** The number of people in Hillingdon identifying as a carer reduced from 25,905 in 2011 to 22,465 in 2021. This reflects a national trend.

- **Carers providing at least 20 hours of unpaid care per week:** 4.3% of the population were providing at least 20 hours care per week. This was lower than the national figure for England of 4.5%.

- **Carers providing between 35 and 49 hours unpaid care per week:** The significance of 35 hours a week is that it is regarded by the Department of Work and Pensions (DWP) as equivalent to a full-time job. 0.09% of Hillingdon's population were providing this amount of unpaid care a week. This was marginally lower than the national figure of England of 1%.

- **Carers providing at least 50 hours unpaid care per week:** 2.5% of Hillingdon's population were providing this level of unpaid care, which was lower than the figure for England of 2.7%

The table below shows the percentage of Hillingdon's population providing different levels of unpaid carer identified in the censuses of 2021 and 2011 compared with London and England.

Hours per week of unpaid care provision of usual residents (aged five years and over) Hillingdon - London - England (2011 to 2021)

Classification	Hillingdon (2011) %	Hillingdon (2021) %	London (2011) %	London (2021) %	England (2011) %	England (2021) %
Does not provide weekly unpaid care	88.8	91.6	89.7	92.2	88.7	91.1
Up to 19 hours of unpaid care	7	4.1	6.4	3.8	7.2	4.4
20 to 49 hours of unpaid care	1.6	1.8	1.5	1.7	1.5	1.8
50 or more hours of unpaid care	2.5	2.5	2.4	2.3	2.7	2.7

Source: ONS 2021 census

Hillingdon and Northwest London

The Northwest London (NWL) sector includes the eight London boroughs of Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster. In March 2021 nearly 41% of carers in Hillingdon were providing 35 hours of unpaid care per week in March 2021. In the context of the other eight boroughs in NWL, this meant that Hillingdon had the second highest percentage after Brent and Hounslow (joint first). Hillingdon also had the second highest percentage of carers (at 28.8%) providing 50 hours of care or more. Hounslow had the highest proportion.

Census Data Explained

The Office for National Statistics (ONS) has identified that the co-occurrence of coronavirus lock-down arrangements as well as changes to the questions asked may have influenced how people perceived and managed their provision of unpaid care and therefore may have affected how people chose to respond.

The wording of the questions asked in 2011 and 2021 were different. For example, the question about unpaid care in the 2011 census specified "*look after, or give any help or support to family members, friends, neighbours or others*". The 2021 census question used the phrase "*look after or give any help or support to anyone*".

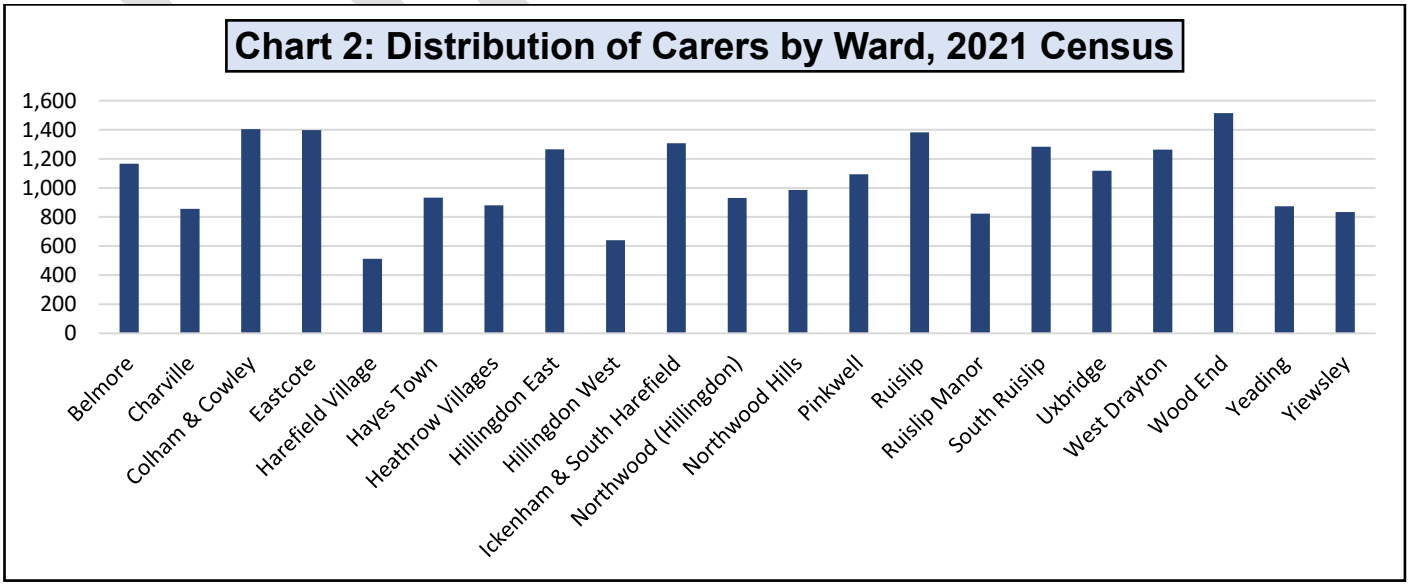
Broader demographic changes in Hillingdon suggest that it is highly unlikely that the number of carers has reduced over the decade since the last census. For example, the census also shows that the 25 to 64 age group (the age group of most carers in 2011) increased by 13.1% in ten years and those aged 65 and above (the second largest age group of carers in 2011 and largest group of cared for people) by 14.8% in the same period. It is probable that the 2021 census results are to do with perception rather than a decline in numbers. In short, there is a significant '*hidden carer'* issue, i.e., people undertaking a caring role but who do not see themselves as carers and therefore miss out on access to support.

Gender of Carers

The 2021 census showed that 58.9% (13,235) of people who identified as carers were female and 41.1% (9,235) were male. This gender split is like the London average (60%) and the NWL average of 58.2%.

Where Carers in Hillingdon Live

Chart 2 below shows that the wards with the largest population of carers in the borough according to the 2021 census are Wood End, Colham and Cowley, Eastcote and Ruislip.



Source: ONS

2021 Census and Carers' Allowance

According to the 2021 census just under 41% of people identifying themselves as carers were providing 35 or more hours care a week. This is significant because the provision of this level of care helps to determine access to Carer's Allowance (CA), a major source of income for carers. The census suggested that in March 2021 there were at least 9,105 carers delivering 35 hours of care or more a week. Data published by the Department for Work and Pensions shows that in December 2025 (the most recent period for which data is available) there were 5,979 people entitled to receive Carers Allowance (CA), which represented an increase of 35% since 2023. However, the value of CA as an indicator of the number of carers is limited as the 2021 census identified 9,105 carers delivering 35 hours of care or more a week, which suggests that there are a significant number of carers who do not qualify for this additional benefit.

About Carers Allowance

Carer's Allowance (CA) is a non-contributory benefit for people aged 16 or over:

- who look after a severely disabled person for at least 35 hours a week.
- who are not gainfully employed, i.e., not earning more than £95 per week after certain deductions) and
- who are not in full-time education.

The severely disabled person must be getting either the highest or middle rate of Disability Living Allowance care component, any rate of Personal Independence Payment, or Attendance Allowance, or a Constant Attendance Allowance at the maximum rate under the War Pensions or Industrial Injuries Scheme.

Parent Carers

The 2021 census does not provide the number of people who identified as parent carers as the questions asked did not go into this level of detail. However, data from the Council's official return to the Department for Education (DfE) shows that on 31 December 2025 there were 3,754 children and young people with Education, Health, and Care Plans (EHCPs). This suggests at least an equivalent number of parent carers, although not all would require additional assistance.

Profile of Carers Supported

Carer Support Service

The Carer Support Service is a one-stop shop of support for carers of all ages in Hillingdon and is currently delivered by the Hillingdon Carers' Partnership. For the purposes of the Carer Support Service adults refers to carers aged 25 and above. Young or young adult carers means people refers to carers aged under 25.

During 2025/26 9,326 carers were supported under the Carer Support Service contract. Of these 6,386 were adult carers and 1,470 young or young adult carers.

Where carers supported live

Analysis shows that carers being supported live in all areas of the borough. The highest proportion of adult carers (16%) live in the Hayes and Harlington postcode area (UB3) and nearly 14% in the Ruislip post code (HA4). There is an even spread across the UB4 (Hayes End), UB7 (West Drayton), UB8 (Uxbridge) and UB10 (Ickenham) postcodes. The lowest percentage at nearly 4% of adult carers live in the UB9 postcode (Northwood and Pinner postcode (HA5). Approximately 4% (192) of adult carers supported live outside of the borough but care for someone living in the borough.

For young carers nearly 22% of those supported live in the Hayes and Harlington postcode. Just over 19% live in the Sipson, West Drayton and Harmondsworth postcode area (UB7). Lower numbers of young carers can be found in the Northwood and Pinner (HA5), Northwood and Northwood Hills (HA6) and Harefield, Ruislip and Ickenham (UB9) postcode areas. Just over 1% (18) of young carers supported lived outside of the borough but were caring for someone resident in the borough.

Ethnicity of carers supported

The 2021 census showed that 48.5% of Hillingdon's population described themselves as being from White British communities. Hillingdon Carers Partnership data shows that 51% of adult carers and 41% of young and young adult carers supported during 2025/26 were from White British communities, which suggests an under-representation of other population groups that requires further analysis.

In line with 2021 census data, most of the adult carers supported by the Hillingdon Carers Partnership are female and this is illustrated in the table below. This does suggest that there is an issue with '*hidden'* male carers. The table below shows most young carers supported are also female, although the difference between the genders is much closer than for adult carers.

Gender of carers supported

The table below the gender mix for carers supported. The adult carer split between male and female is significantly wider than that identified by the 2021 census and emphasises the under-representation of men who identify themselves as carers. There is a more even distribution between the genders for young and young adult carers.

Carer Support Service: Gender of Carers Supported 2025/26		
Gender	**Adult Carers %**	**Young/Young Adult Carers %**
Male	29%	47%
Female	71%	52%

***Source*:** Carers Trust Hillingdon (April 2026)

The main conditions of the people being supported by carers aged under 65 include children with additional needs (33%), people with physical and/or sensory disabilities (26%), people with mental health needs (14%) and people with learning disabilities (5%). The main conditions of people supported by carers aged 65 and over were physical and/or sensory disability (28%), dementia (27%) and age-related long-term conditions, including frailty (27%).

Adult Social Care

Local authorities have a legal obligation to provide financial support for adult carers where they satisfy the National Eligibility Criteria for Carers set out in regulations linked to the Care Act, 2014.

About the National Eligibility Criteria for Adult Carers of Adults

The national criteria states that a carer will have eligible needs if:

- Their needs have arisen because of providing necessary care for an adult.
- The effect of the carer's needs is that:
  - the carer's physical or mental health is, or is at risk of, deteriorating and/or
  - the carer is unable to achieve any of a range of outcomes set out in the Act, e.g., carrying out any caring responsibilities the carer has for a child; providing care to other persons for whom the carer provides care; maintaining a habitable home environment in the carer's home; managing and maintaining nutrition, etc.
- Consequently, there is, or there is likely to be, a significant impact on the carer's wellbeing.

The most recent comparative data for support provided by local authorities to carers is for 2023/24 and available from NHS Digital data shows that in 2023/24 the Council was supporting 590 adult carers who were receiving direct support following a carer's assessment in their own right or jointly with the person they were caring for. These carers were providing care and support to 646 people. An additional 250 adult carers were identified as benefitting from respite or other forms of carer support delivered to 275 cared-for people in 2023/24.

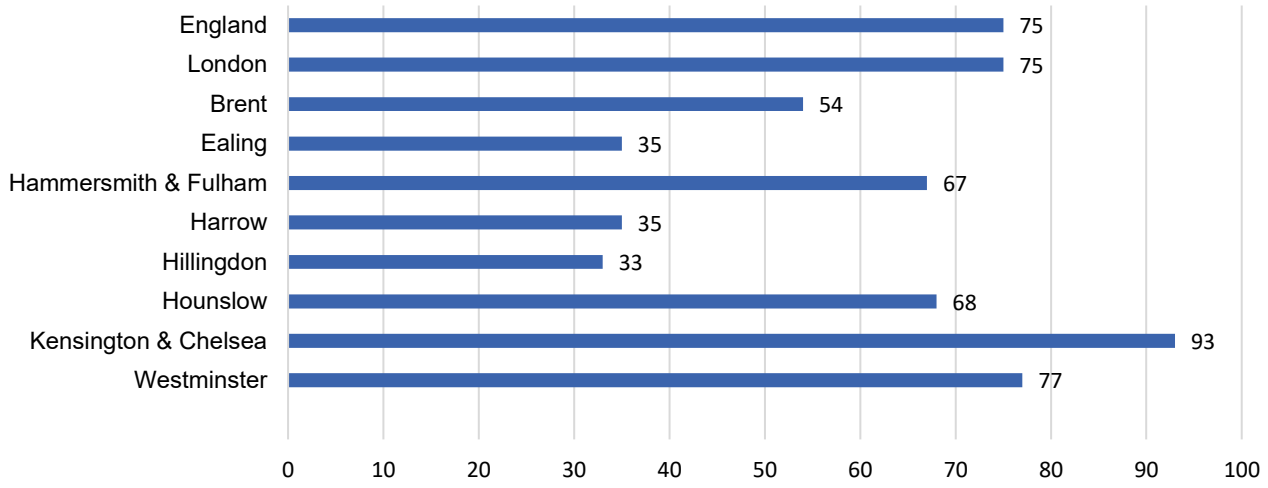
About Carers Assessments

A carer's assessment is for carers over 18 years old who are looking after another adult over 18 years old who is disabled, ill or elderly. It is an opportunity to record the impact caring has on their life and what support or services they need. The assessment will look at, for example, physical, mental and emotional needs, and whether they are able or willing to carry on caring.

Carers' assessments are completed either by the Council or on the Council's behalf under the Carer Support Service contract by Carers Trust Hillingdon.

Chart 3 provides a comparison of carers supported by the Council per 1,000 carers in 2023/24 with near neighbours in Northwest London, London as a whole and England. Except for Hounslow, which had a higher proportion of carers supported from directly commissioned services in 2023/24, the higher rate of carers supported by near neighbours can be attributed to higher numbers of carers in receipt of direct payments as shown in table 4.

Chart 3: Number Unpaid Carers Receiving Direct/Indirect Support Per 1,000 Unpaid Carers 2023/24



Source: NHS Digital (July 2025)

Factors that are not reflected in these figures are the number of carers in Hillingdon who decline a carer's assessment. For example, nearly 84% of carers assessments for adult carers were declined in 2024/25, which reflects the pattern of previous years. Anecdotally the reasons for refusal include:

- The services offered through the Carer Support Services contract met their need.
- Carers do not feel that the service offer available from an assessment justifies the time taken to complete it.

Carers can receive support under the Carer Support Services contract without having to approach the Council and without having to complete a full carer's assessment under the Care Act.

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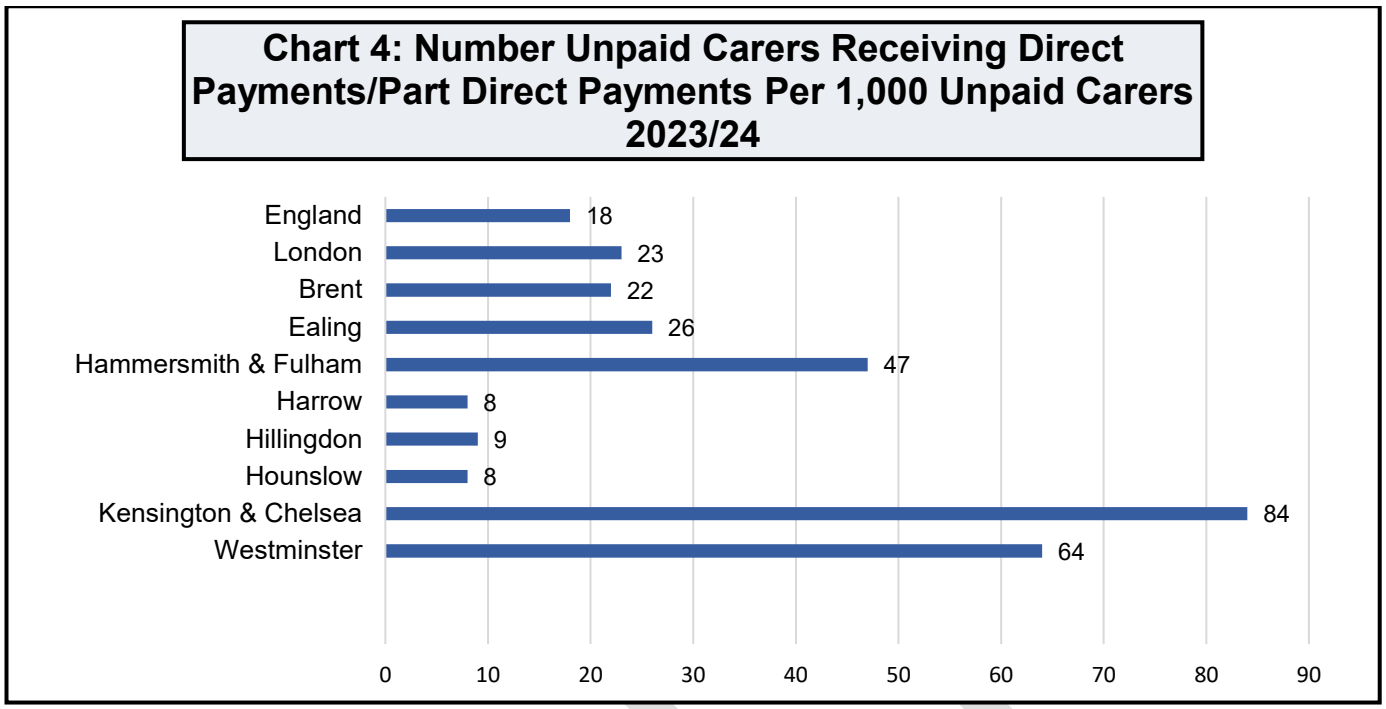


Source: NHS Digital (July 2025)

Listening to Carers: National Carers' Survey

The National Carers' Survey is commissioned by the Department of Health and Social Care (DHSC) and the Care Quality Commission (CQC) and takes place every two years. The most recently undertaken survey with validated results was in November 2025.

The survey data sample and collection methodology were determined nationally, and 659 survey forms were issued to adult carers who had received a carer's service, assessment, or review during 2025/26. 168 (25%) completed forms were returned.

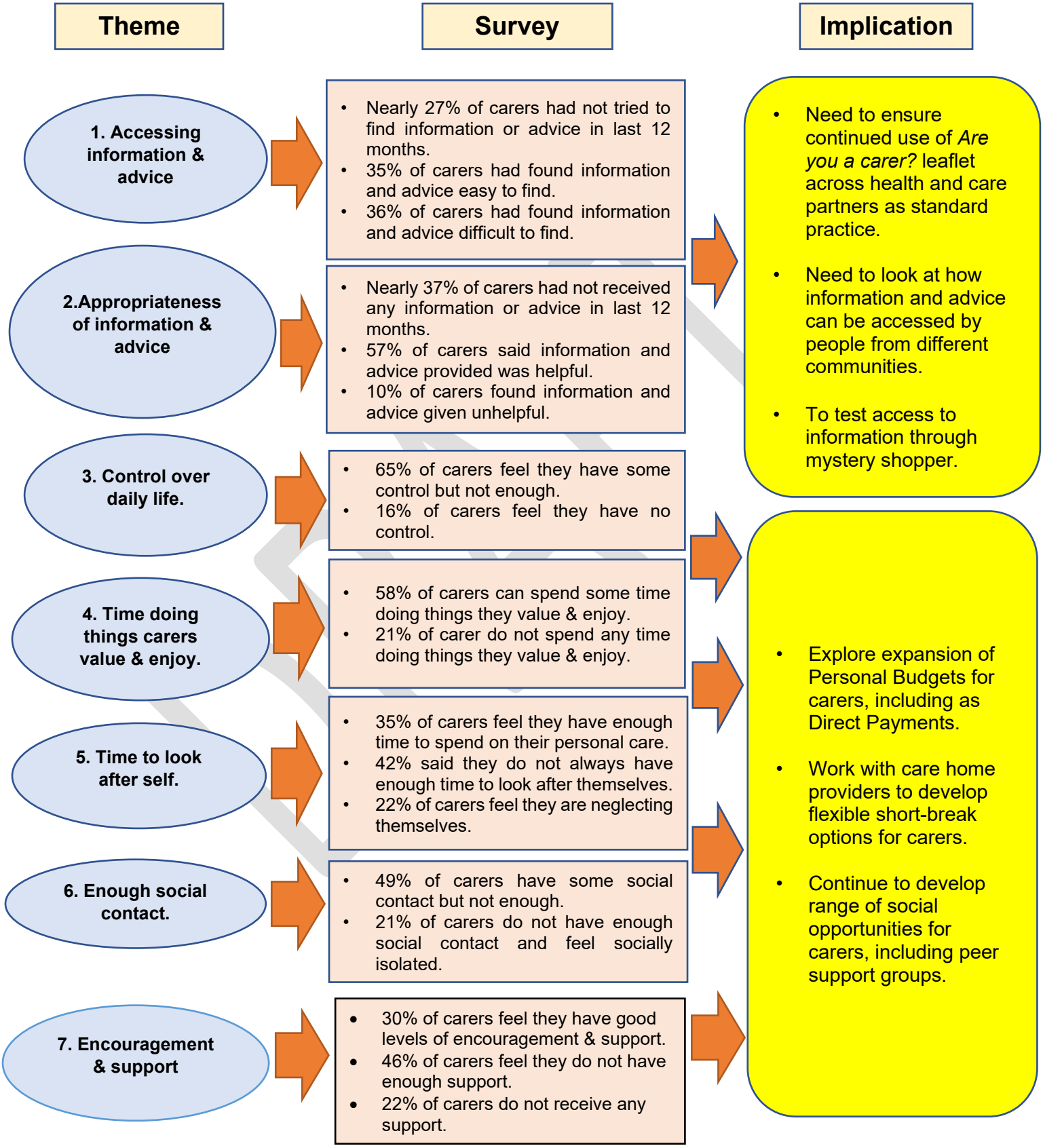
Carers were asked to identify multiple conditions that the people they were supporting were living with. The main conditions identified were learning disability (48.8%), physical disability (48.2%) and dementia (32%). The main tasks being undertaken by carers were keeping an eye on the cared for person to make sure that they were OK (89%); other practical assistance (95%); and help with paperwork and other financial matters (87%).

Some key facts from the survey include:

- 85% of carers who responded lived with the person they care for.
- 34% of carers spent over 100 hours a week caring.
- 35% of carers have been performing caring duties for over 20 years.
- 45% of carers were aged 65 and over.
- 18% of carers were aged 85 and above.

- 64% of carers were satisfied with the support and care services they receive for themselves and the person they care for.

The main results of the survey and their implications are shown below.



Listening to carers: How carer views are collected

Current partners supporting carers obtain feedback from carers in many different ways and this is illustrated below. Some of the feedback that we have had from carers is shown in section 8: Better Outcomes for Carers.

Council	Hillingdon Carers' Partnership	Other Partners
Parent carers • Day to day social care contact. • Through the Parent Carer Forum. **Young & Adult Carers** • Day to day social care contact. **Adult Carers** • Carer forums held twice a year. • Biennial National Carers' Survey.	**Adult Carers** • Carers' forums held twice a year. • Rolling annual '*We care'* Survey. • Post activity questionnaires for one-off events. • Pre- and post-training evaluations. • '*Big Listen'* events using interactive feedback methods. • Carer Cafés. • Impact and evaluation framework – baseline assessment as part of Carers Assessment and review after 6 months. • Website **Young/Young Adult Carers** • Questionnaires – hard copy & Survey Monkey annually: - Parental Survey - Young carers (5-9 years) - Young carers (10-15 years) • '*Chicken and Chat*' and '*Pizza and Planning'* events. • Guided discussion workshops.	**CNWL Mental Health** • Hillingdon service user and carer involvement group that meets every two months and has a carer as co-chair. • Co-production activities which include transformation of services. • Head of service and senior manager team regular visits to local carer support group. • Carer involvement in clinical meetings. **CNWL Community** • Centrally run carers' forum chaired by a carer. • Central patient and carer involvement team. https://www.cnwl.nhs.uk/patients-and-carers/patient-and-carer-involvement • Check in and chat service for carers. • Dedicated websites. https://www.cnwl.nhs.uk/patients-and-carers • Carer involvement in quality improvement and research. • Carer involvement in serious incident investigations. **THH** • Day to day via discussions regarding patient care. • Via contact with PALS. • Patient engagement forum and Patient engagement review group development to include carer input. • Coproduction within the Clinical Modelling Programme from April 2022 – March 2024 to review and improve service delivery.

The views of carers collected through the channels shown above feed into the multi-agency Carers Strategy Group (CSG) to help shape priorities in the delivery plan intended to implement the vision and outcomes for carers within this strategy. People who are carers or former carers

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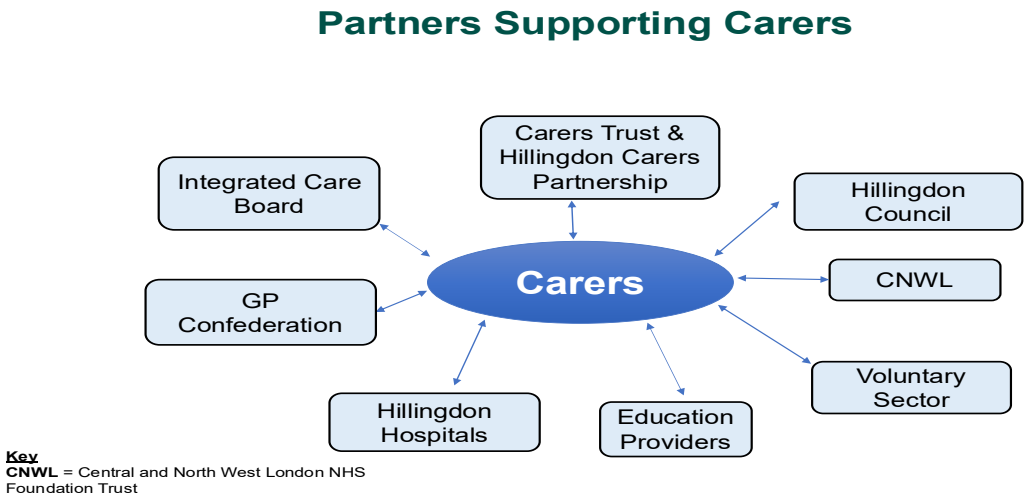
are members of the CSG as experts by experience and are supported in this role by the Carer Support Service provider.

7. Partners Supporting Carers

The diagram below shows current partners involved in supporting carers in Hillingdon.



Support For Young and Adult Carers

The main offer of support to young, young adult and adult carers in Hillingdon is through the Carer Support Service, which is being delivered by the Hillingdon Carers Partnership. The diagram below shows how the service is being delivered.

Give Space:

- Psychotherapeutic support
- Drama therapy
- Workshop programme
- Initial focus on young carers and families living with dementia
- Staff reflection groups

Carers Trust Hillingdon & Ealing:

- **Lead partner for HCP:** monitoring and reporting to LBH, contract compliance
- **Information and Advice:** drop-in Advice Centre and outreach activity
- **Adult Health & Wellbeing:** Carer Cafes, social activities and hobby groups, carer training in all aspects of the carer role, wellbeing and resilience, new carer orientation
- **Supported transition (16-25 yrs):** 1:1 support, job readiness, employment and apprenticeship support, raising aspirations, personal development, social
- **Young carers (5-16 yrs):**

Harlington Hospice:

- Caring with Confidence programme
- New three-tier structure:
  - Newly-diagnosed
  - Understanding behaviours and progression of dementia
  - Advanced dementia and end-of-life

Harlington Care:

- Respite (replacement) care in the home
- Supported access to community and genetic services
- Group respite
- Ring-fenced specialist dementia respite programme

Hillingdon Carers Partnership
Working together for unpaid carers

Alzheimer's Society:

- **Dementia support:** assessment and case work, home visits, links to DAA
- **Advice and information:** national helpline/dementia group, accessible fact sheets
- **Social and group support:** Dementia Cafes, Gudwara group
- **Outreach and engagement:** focus on disengaged communities/cohorts
- **Respite:** referrals for replacement care, ring-fenced respite hours
- **Training:** Caring with Confidence support in partnership with Harlington Hospice
- **Memory Clinic:** staff based there to improve referrals and pathways

Hillingdon Mind:

- Specialist mental health support for carers
- Counselling, crisis counselling
- 1:1 and group support
- Family support service
- Hobby groups: self-help book club , poetry sessions, allotment, forest therapy
- Training

Support for Parent Carers

The support needs of parent carers are considered as part of a child and family assessment. All support available both before and after an assessment is set out within the Council's Local Offer for children and young people with Special Educational Needs and Disabilities (SEND). The Local Offer is the single source of information for carers, covering neurodevelopmental pathways, early intervention, therapies, training, and carer support events. It can be accessed via this link: SEND local offer - Hillingdon Council.

A child and family assessment may determine that a short break is needed to provide the parent carer and the child or young person with planned time apart. In such cases, a short break assessment would be undertaken as part of the EHCP process. The current specialist short breaks provider is Community Connex Limited.

Challenges for the 2026 – 2030 Strategy

Some of the key challenges that this strategy will seek to address include:

• Ensuring carers receive recognition as experts by experience in the care of their loved one (s). • Involving a range of carers at a strategic level to shape what services look like in the future. • Identification of young carers. • Identification of '*hidden*' adult carers. • Identification of carers from under-represented communities, e.g., male carers, carers from the travelling community. • Ensuring services work together to support the whole family. • Ensuring that parent carers are recognised and supported.	• Provision of a variety of short break options for carers. • Identification and support for carers through primary care. • Offering carer assessments in ways that work for all carers. • Ensuring carer registers are established and maintained in primary care. • Managing the impact of the cost-of-living crisis on carers. • Exploring how technology can be used to support carers.

8. Better Outcomes for Carers

This section describes the outcomes for carers that the strategy is seeking to achieve. It also summarises the work that will be undertaken to achieve the outcomes and deliver the vision for carers by 2030.

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Outcome 1: Carers are identified, recognised and listened to.

What carers have told us.

'Help carers to identify themselves as carers if they wish to'.

'Health services should recognise when we're a carer and help us to recognise this too, especially at the point of diagnosis of the person we're caring for'.

'Carer needs sometimes ignored by the Hospital'.

'*Parent carers often aren't recognised. You're just seen as a parent rather than a carer and your needs aren't seen.'*

Measuring Delivery

- % of adult carer population on the Carer Register for Hillingdon.
- % adult carers of adults receiving a carer's assessment.
- Number of identified carer champions in GP surgeries/PCNs.
- A minimum of 2 Carer Forum meetings taking place each year.
- An annual carer fair held to raise awareness.

What we will do 2026 – 2030

- The Carer Support Service provider will develop and maintain a Hillingdon Carer Register for all carers supporting residents of Hillingdon to register themselves. This will enable information that may be of assistance to carers to be targeted to them more easily.
- Options for improving access to needs assessments for parent carers will be explored.
- The Carer Support Service provider and health and care partners will work in partnership to ensure the development and maintenance of an understanding by health and care professionals about the role of unpaid carers.
- Carer leads will be identified in all GP practices.
- Carer registers will be established in GP practices.
- In GP practices people with long-term conditions will be proactively asked to identify if they have a carer and who this is.
- Carer passports will be introduced in the Hillingdon Hospitals and '*John's Campaign*' will be promoted to ensure that carers are involved and able to support patients during a hospital stay.
- We will ensure that the Cerner electronic patient record (EPR) system is developed so that asking if a patient at Hillingdon Hospitals has a carer or is a carer is a mandatory aspect of assessment and triggers appropriate care planning (where possible and appropriate).

	• The Triangle of Care will be embedded in CNWL mental health services and rolled out across community health services. • We will explore ways to obtain the views of carers from under-represented communities. • Borough-wide publications such as *Hillingdon People* will be used to raise awareness of support options available to carers. • Views of carers will be fed to the multi-agency Carers Strategy Group to shape priorities. • People who are carers or former carers will be supported to be members of the Carers Strategy Group as experts by experience.

Outcome 2: Carers can easily find information and advice.

What carers have told us.	**What we will do 2026 – 2030**
'Provide us with someone to talk to who knows the relevant system/processes inside-out and can make this easier for us to ask the right questions'. *'What happens when you don't know your way around social care? Or if you do, you don't know what to say'.* *'Understand that Black, Asian and minority ethnic carers may not be familiar with the support offered by services or may not be able to access them'.* *'Allowances need to be made carers who aren't confident using a computer'.*	• Good quality information and advice will continue to be provided through the Carer Support Service contract. • Through the Carer Support Service contract, we will continue to keep health and care professionals updated about sources of help and onward referral. • We will explore different approaches to the delivery of information and advice to ensure access from Hillingdon's diverse communities. • We will ensure that carers have access to information, advice and support about the hospital discharge process and what to expect after discharge.

Measuring Delivery • % of adult carers who have found it easy to access information and/or advice. • % of adult carers who are satisfied with the information and/or advice they have received.	• We will ensure that the Patient Advice and Liaison Service (PALS) at The Hillingdon Hospitals has the necessary information and resources to sign-post carers and patients with carers to access support.

Outcome 3: Carers health and wellbeing are supported.

What carers have told us. *'Ability of carers to cope with caring varies from carer to carer – everyone has a different breaking point'.* *'I am always on alert and feel exhausted, there is no recognition of how caring impacts our health through constant worry about loved ones'.* *'Making relationships is hard for carers as I can't easily leave the house'.* *'Too many assumptions are made about your willingness to care and the types of support available'.*	**What we will do 2026 – 2030** • We will renew the memorandum of understanding between statutory health and care to agree an integrated approach to identifying and assessing carer need in Hillingdon. • We will ensure the continuation of a one stop support service for carers through the retendering of the Carer Support Service contract. • Carers will continue to have access to CNWL Recovery and Wellbeing courses. • We will use new digital technologies to support carers where this is appropriate and will be of assistance, e.g., telecare and telemedicine. • To prevent loneliness and isolation we will continue to develop a range of opportunities for carers to meet with other people, including other carers. This will be delivered through: ➢ The Carer Support Service contract. ➢ The promotion of Direct Payments for carers who meet the National Eligibility Criteria for carers.
Measuring Delivery • Carer quality of life metrics, i.e., % of adult carers to say: ➢ *I'm able to spend my time as I want, doing things I value or enjoy.* ➢ *I have as much control over my daily life as I want.* ➢ *I look after myself.* ➢ *I have no worries about my personal safety.* ➢ *I have as much social contact as I want with the people I like.* ➢ *I feel I have encouragement and support.*	

• % of carers supported by Adult Social Care receiving support in full or in part via Direct Payments. • Number of carers having health needs met through Personal Health Budgets.	➢ Social prescribing will also assist carers who do not meet eligibility criteria. • We will promote the use of Direct Payments to secure more personalised options for addressing the social care needs of carers. • We will also explore options for Personal Health Budgets in the form of Direct Payments to meet assessed health needs as well integrated budgets to meet health and social care needs. • We will work with care home providers to develop more flexible respite options to respond to the needs of carers. • We will continue to develop flexible short break options as the needs of carers change over the lifetime of the strategy. • We will facilitate access to education for adult carers who wish to continue or restart structured learning. • Partners will liaise with the Council's Safeguarding Adults Team to ensure that safeguarding issues identified are responded to appropriately. This may, where necessary and appropriate, include liaison with the Metropolitan Police Service. • We will review the short break options available to parent carers. • The Carer Support Service provider will work with the Council and Neighbourhoods to support carers to develop emergency replacement care plans. • We explore options to support carers and former carers into employment. Examples of support included would be help with job-searching, applications & CVs, and interview techniques; wellbeing support; IT skills; and access to training.

	• Through the Carer Support Service, we will support carers to access volunteering opportunities in or near their communities.

Outcome 4: Carers are not left out of pocket.

What carers have told us.	What we will do 2026 – 2030
'When I became a carer, I had no idea how I was going to manage financially'. *'I took a part time job to try and fit in with my caring role but was often unable to pick up the shifts due to the priority of caring'.*	• Access to information, advice and support about allowances and benefit entitlements will continue to be delivered through the Carer Support Services contract. • We will ensure that information and guidance to employers about the rights of people with caring responsibilities is available. • We will relaunch guidance for employers on how to support working carers.
Measuring Delivery • Value of benefits/allowances secured for carers.	

Outcome 5: Carers have the skills they need for safe caring.

What carers have told us.	What we will do 2026 – 2030
'When you become a carer for a loved one, assumptions are often made that you know what to do and how to do it and this isn't always true'.	• We will listen to what carers have to say about the skills they need to undertake their caring role. • We will inform carers through a Carer Register developed under the Carer Support Service contract about new skills that they may need, e.g., infection prevention and control measures, manual handling, etc. • The Carer Support Service provider will work with the Council and health and care partners to develop training opportunities for carers so that they have the skills to continue in their caring role safely.
Measuring Delivery • Number, range, and utilisation of training opportunities for young, adult and parent carers.	

Outcome 6: Young carers are protected and supported.

What young carers have told us.

'Our role as young carers should be acknowledged when we are supporting a member of our family'.

'It should be recognised that I am a carer and still young'.

'I need people to talk to me about being a carer in a way that I will understand'.

Measuring Delivery

- % of young carer population on Carer Register for Hillingdon.
- Number of young carers in receipt of short break opportunities.

What we will do 2026 – 2030

- We will continue to work with schools to ensure that a designated lead staff member for young cares is appointed and that staff are trained about the potential impact a caring role may have on their attendance and educational attainment.
- Working with young carers we will keep the young carers' assessment process under review to ensure that it is fit for purpose.
- We will continue to develop the range of age-appropriate short break opportunities for young carers, including those delivered through the Carer Support Services contract and partnership working with the voluntary and community sector.
- We will improve information, training and emotional support for carers of children with Social, Emotional and Mental Health (SEMH) needs.
- Develop plans for supporting young carers transitioning into adulthood, particularly regarding education, employment and mental health support.
- Develop resources for carers supporting children/young people experiencing emotionally based school non-attendance.
- To guard against young carers providing inappropriate levels of caring or otherwise experiencing abuse or neglect, we will ensure that there is an awareness among stakeholders of the signs to look out for and action to take if they spot, such as a referral to the Stronger Families Hub.

9. Delivering Better Outcomes for Carers: Monitoring Delivery

The Delivery Plan

The delivery plan that summarises the actions that will be undertaken during the lifetime of the strategy can be seen in **Appendix 2**. This shows the actions that will be delivered in the short-term (2026/27), medium-term (2027/28) and the longer-term (2028/30). The expectation is that the delivery plan will be a living document, and priorities may change over the lifetime of the strategy in response to evolving need.

The multi-agency Carers Strategy Group has responsibility for monitoring implementation of the actions within the delivery plan, the content of which will be reviewed on an annual basis to ensure that it is responsiveness to the changing needs of carers in Hillingdon. An annual update on the implementation of the delivery plan as well as emerging challenges for carers will be reported to the Council's Cabinet. **Appendix 3** shows how delivery of carers strategy fits into the management of Hillingdon's health and care system.

Measuring Delivery

The metrics that will be used to test the success of the strategy in supporting carers in Hillingdon are shown above in section 8: *Better Outcomes for Carers*. It is expected that metrics will evolve during the lifetime of the strategy.

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Appendix 1 – Glossary of Terms Used in Strategy Document

This appendix is intended to explain terms used in this strategy document that have not been explained elsewhere.

Term	Explanation
Carer passports	A carer passport in a hospital is a simple tool which identifies someone as being in a caring role for one of the hospital's patients, involving them more fully in the patient's care, and connecting them with further support.
Education, Health and Care Plan (EHCP)	An EHCP is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHCPs identify educational, health and social needs and set out the additional support to meet those needs.
H4All	This is a consortium of local voluntary and community sector organisations that includes Age UK, Carers Trust Hillingdon, the Disability, Advice and Support Hillingdon (DASH), Harlington Hospice and Hillingdon Mind.
John's Campaign	John's Campaign is a campaign for extended visiting rights for family carers of patients with dementia in hospitals in the United Kingdom. It applies to all hospital settings (acute, community, mental health).
NHS Digital	NHS Digital is the trading name of the Health and Social Care Information Centre, which is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care in England, particularly those involved with the National Health Service of England
Neighbourhood Teams	Local areas of often 30,000-50,000 people supported by primary care, other health partners and the Council to improve the health and wellbeing of the community and tackle health inequalities.
Primary Care	Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice (GPs), community pharmacy, dental, and optometry (eye health) services.
Primary Support Reason	Means one or more of the following categories of need set out in the guidance for the statutory annual Short and Long Term (SALT) return to the NHS Digital: • Physical Support: Access & mobility only

	• Physical Support: Personal care support • Sensory Support: Support for visual impairment • Sensory Support: Support for hearing impairment • Sensory Support: Support for dual impairment • Support with Memory & Cognition • Learning Disability Support • Mental Health Support • Social Support: Substance misuse support • Social Support: Asylum seeker support • Social Support: Support for Social Isolation/Other
Social Prescribing	In Hillingdon this is where H4All Wellbeing Officers working with Neighbourhood Teams link up residents with community groups and activities to provide practical and emotional support to address their needs.
Triangle of Care	The Triangle of Care guide was launched in July 2010 by The Princess Royal Trust for Carers (now Carers Trust) and the National Mental Health Development Unit. There are six standards to the Triangle of Care, and these are: 1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter. 2. Staff are '*carer aware'* and trained in carer engagement strategies. 3. Policy and practice protocols re: confidentiality and sharing information, are in place. 4. Defined post(s) responsible for carers are in place, e.g., Carers' leads or champions. 5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway, e.g., an introductory letter from the team or ward explaining the nature of the service provided and who to contact. 6. A range of carer support services is available.
Young Carers in Schools initiative	A programme run jointly by Carers Trust UK and The Children's Society that works with schools across England to share good practice and provide relevant tools and training.

Appendix 2 – Joint Carers' Strategy 2026 – 2030 Delivery Plan

Key	
HHCP	Hillingdon Health and Care Partners
CNWL	Central and Northwest London NHS Foundation Trust
CTHE	Carers Trust Hillingdon & Ealing
LBH	London Borough of Hillingdon

Outcome 1: Carers are identified, recognised and listened to.					
	Activity	**2026/27**	**2027/28**	**2028/30**	**Lead Organisation**
1.1	Relaunch the Carer Support Service Carer Register to encourage carers to register.	X	√	√	LBH/CTHE
1.2	Re-establish carer leads in 100% of GP practices that are members of The [GP] Confederation.	√	X	√	The Confederation Hillingdon
1.3	Explore options for improving access to needs assessments for Parent Carers.	X	X	√	LBH/CTHE
1.4	Explore introduction of carer passports at Hillingdon Hospitals.	X	√	X	Hillingdon Hospitals
1.5	Ensure that the Cerner electronic patient record (EPR) system is developed so that asking if a patient has a carer or is a carer is a mandatory aspect of assessment and triggers appropriate care planning (if possible and where appropriate).	X	√	X	Hillingdon Hospitals
1.6	Roll out the Triangle of Care across community health services.	√	√	√	CNWL

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1.7	Explore ways of obtaining the views of '*hidden*' carers across Hillingdon's diverse communities.	√	√	√	CTHE
1.8	Refresh the Memorandum of Understanding between health and care partners on an integrated approach to identifying and assessing carer need in Hillingdon.	√	X	X	LBH

Outcome 2: Carers can easily find information and advice.					
	Activity	**2026/27**	**2027/28**	**2028/30**	**Lead Organisation**
2.1	Reissue the '*Are you a carer?*' booklet and distribute to partners.	√	√	√	LBH
2.2	Promote the Carer Support Service with stakeholders.	√	√	√	CTHE
2.3	Promote the 24/7 online Bridgit Support Service for carers.	√	√		CTHE

Outcome 3: Carers health and wellbeing are supported.					
	Activity	**2026/27**	**2027/28**	**2028/30**	**Lead Organisation**
3.1	Explore options for increasing the percentage of adult carers supported by the Council having needs met via Direct Payments.	√	X	X	LBH
3.2	Explore scope for health needs of carers being addressed through Personal Health Budgets taken as Direct Payments and Integrated Budgets.	X	√	X	HHCP
3.3	Implement the *Carers and Hospital Discharge: Toolkit for London Hospitals and Community Providers* across Hillingdon Hospitals.	X	√	X	Hillingdon Hospitals

Outcome 4: The financial impact of being a carer is minimised.					
	Activity	**2026/27**	**2027/28**	**2028/30**	**Lead Organisation**
4.1	Maximise access to carer-related benefits and allowances through the Carer Support Service contract.	√	√	√	CTHE
4.2	Develop web-based information for employers about the rights of people with caring responsibilities.	X	√	X	CTHE
4.3	Explore re-launch of the guidance for employers of carers in employment.	√	X	X	LBH

Outcome 5: Carers are trained and confident to care.					
	Activity	**2026/27**	**2027/28**	**2028/30**	**Lead Organisation**
5.1	In consultation with carers, keep under review their training needs and develop an annual training programme with health and care partners.	√	√	√	CTHE
5.2	Develop an end-of-life training programme for carers that is reviewed annually.	√	√	√	CTHE

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Outcome 6: Young carers are protected and supported.					
	Activity	**2026/27**	**2027/28**	**2028/30**	**Lead Organisation**
6.1	Working with young carers, review the young carer assessment process to ensure that it is fit for purpose and keep under review.	√	√	√	LBH
6.2	Improve information, training and emotional support for carers of children with Social, Emotional and Mental Health (SEMH) needs, including signposting to Thrive, Emotional School Based Non-Attendance (EBSNA) Response and Outreach Team (EROS), Mental Health Support Teams, and clearer communication of pathways.	√	√	√	LBH
6.3	Increase the number of schools participating in a young carer recognition programme, e.g., the Young Carers in Schools initiative.	√	√	√	CTHE
6.4	Support schools to develop their own support provision for young carers.	√	X	X	CTHE
6.5	Develop and deliver support sessions in school for the most disadvantaged young carers, e.g., those caring for a parent with mental ill health and/or substance misuse.	√	√	√	CTHE
6.6	Develop plans for supporting young carers transitioning into adulthood, particularly regarding education, employment and mental health support.	√	√	√	LBH
6.7	Develop resources for carers supporting children/young people experiencing emotionally based school non-attendance, including a clearer explanation of available interventions, support routes, and responsibilities across agencies.	√	√	√	LBH

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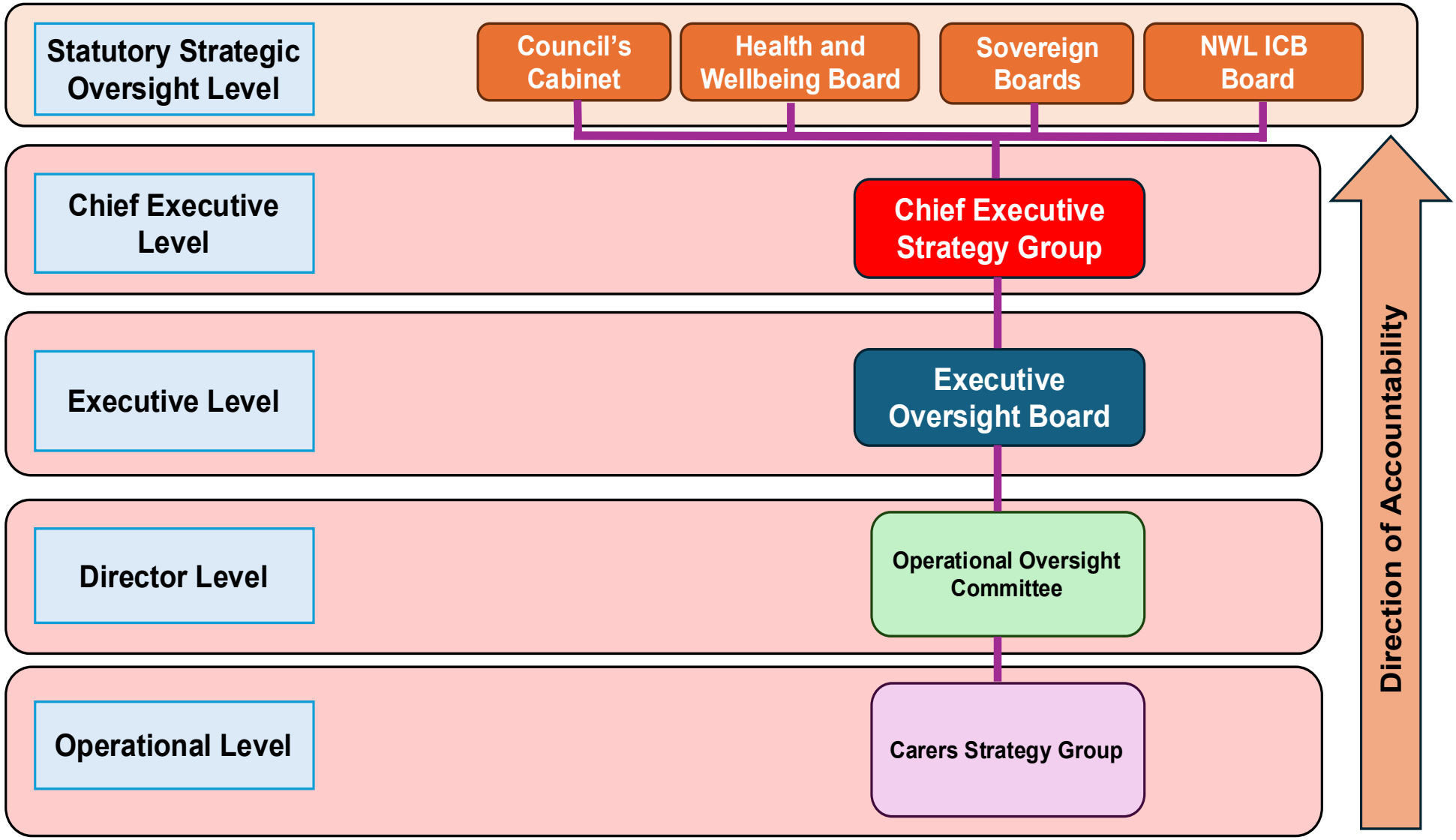
Appendix 3 – Carers Strategy Delivery Governance Arrangements



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