

## **Foreword – Geoff Burrows**

It is a pleasure to make some introductory remarks for what is the second Carers Strategy Document during my time as both the Cabinet Member responsible and Carers Champion for Monmouthshire.

I am very proud of the fact that in Monmouthshire, Carers are truly valued for what they provide. In many cases as I have found, that the caring role can either commence in a moment or creep up on you over a period of time, either way it is vital that support is in place to not only assist for people to care well, but also to help with the pressure when it gets even more demanding.

The New Social Care and Wellbeing Act has properly acknowledged the partner role of the Carer in the collective support that those with needs require and that their contribution is just as valid and important as any other provider whether it be Health or Social Care.

Monmouthshire is a most beautiful County but as a consequence provides geographic challenges which the consequence for some people is both rurality and isolation. That can be for anyone never mind Carers and those cared for, that is why the Monmouthshire Carers Project is so important in reaching out, providing opportunities for all Carers irrespective of where they live.

I should just like to thank everybody concerned who find for ever better ways of facilitating good caring in Monmouthshire but most of all to all our Carers whether you are yet known to us or not. That we are here to help to bring yet more dignity to the great job that you do.

CClr Geoff Burrows

Cabinet member for Social Care, Safeguarding and Health”

## Introduction

This is our third Carers Strategy and it is markedly different from its predecessors. Social Care services in Monmouthshire have undergone changes over the past 4 years, redefining the way we work with vulnerable people and the communities they live in. This has included changes to the way we work with carers who are valuable (in every sense of the word) partners in the care of vulnerable people. This Strategy seeks to cement those changes already made and set the foundations for further improvement to the ways we support carers in Monmouthshire.

This isn't a detailed plan of who is doing what, when by and resources needed. This was intentional. In order for a strategy to work it needs to be flexible, responsive and organic. Feedback on the previous strategy was that it was too detailed and prescriptive which meant it could not take account of major changes that occurred within its lifetime. Our aim with this Strategy was to identify the key areas of concern from carers and the people who work with them and look at the various ways we could address them. Detailed work plans will follow for each theme.

This strategy has been designed for adult carers. Whilst the definition of a carer is age blind, there are still distinct differences both in legal terms and the rights of an adult and child, therefore Young Carers in Monmouthshire will be developing their own strategy.

The Monmouthshire Carers Strategy 2016-19 will ensure partners are working together, on the key priorities and outcomes carers have said they want.

## Changes in Legislation and What that Means for Carers

Care and support is changing within Wales with the introduction of The Social Services and Well-being Act (Wales) Act 2014. This new law seeks to improve the well-being of people who need care and support, and carers who need support. The Act changes the way people's needs are assessed and the way services are delivered; people will have more of a say in the care and support they receive. It also promotes a range of help available within the community to reduce the need for formal, planned support and places more emphasis on people making decisions about and taking responsibility for their own well-being. This replaces the existing law, and removes the requirement that the carer must be providing "a substantial amount of care on a regular basis". This will mean more carers are able to access an assessment, and that the duty is comparable to that for the people they support. This will also replace the existing law which applies to young carers and parent carers. Help and support will come through services being available to provide the right support at the right time; more information and advice, simpler and proportionate assessments with carers now having an equal right to be assessed for support and there will be stronger powers to keep people safe from abuse and neglect.

## Who is a Carer and How does it Help Being Known as a Carer?

In the Social Services and Wellbeing Act 2014 The Welsh Government has defined a carer as a person: who is providing or intends to provide care for:

- an adult or disabled child who is ordinarily resident in the authority's area, or
- any other adult or disabled child who is within the authority's area.

The duty applies regardless of the level of the carer's needs for support, or the level of the financial resources of the carer or the person for whom the carer provides or intends to provide care.

Anyone can become a carer. There is no barrier to the background, culture, age or walk of life a carer comes from. Many people may not relate to the word carer, however it does allow someone to articulate to others why they may not have the same amount of flexibility, time, confidence, energy or money to fully participate and integrate into everyday life. Conversely if someone else is aware of a person's caring role, it will allow them to offer the right support hence carers now having the same equal rights to an assessment for support. A carer's needs assessment must be offered by the local authority when it becomes aware of the caring role. The needs assessment is an opportunity for a carer to discuss their own well-being needs and what personal outcomes they would like to achieve, for example, carrying on working or pursuing a hobby. Someone can still ask for a carer's needs assessment even when the person they care for is not receiving support from social services.

## **Recognising and Supporting Our Partners**

**Carers have the right to support and the right to decide if they are able and willing to continue in their caring role.** It is estimated that carers save the UK economy £87 billion in potential care costs. Without carers there would be significant consequences for the health and social care system, which is why it is imperative that partners work together. Within Monmouthshire we not only consider organisations as partners but carers too.

Over many years Monmouthshire County Council and the Monmouthshire Carers Project have been making changes in the way it provides and delivers support and services for carers. We have been working with our partners by nurturing, growing and developing collaborative relationships. This has allowed us to evolve and implement new ways of working, with minimal disruption to carers and organisations. The ethos of all carers' services in Monmouthshire is that the carer remains the central focus.

We listen to and value the knowledge, skills and expertise that a partnership brings by sharing and inclusion, especially through our Carers Strategy Group. This group is a collective of the voluntary and statutory sector, carers, and an elected member who have a strategic overview of carers services and the delivery of the Carers Strategy.

## **Carers in Monmouthshire**

Britain's population is aging as people are living longer through improvements in health, preventative care and diet. With the projected increase in longevity of life this will produce an increase in an aging population, with an assumption that carer numbers will also increase. Across the UK there are almost seven million carers – that is one in ten people and that number rising. It is predicted that over the next 30 years, the number of carers will increase by 3.4 million (around 60%). Approximately half of those carers are aged over 50.

Since the 2001 census there has been an increase of approximately 30,000 carers in Wales with higher levels of unpaid care in Wales than in England. In 2011, more than 12% of the population in Wales were providing the same level of care that than provided in England. Monmouthshire saw the greatest percentage increase of carers in 2011 census rising by 11.2%.

Monmouthshire is the most rural county in south east Wales, with an approximate population of 91,300 people. Monmouthshire has an ageing yet low teenage population, and with more planned housing developments the overall population will rise. We do not know the true number of carers in Monmouthshire, however in the 2011 Census 11,491 people in the county

identified themselves as a carer. The Carer Register maintained by the Carer Project has 813 people on it. The Social Services database has 600 people recorded as carers.

The majority of carers in Monmouthshire has direct contact with is from those who are 70 years plus and for the majority of the time these carers are supporting someone within the family. Carers are falling into the aging population category and those aged 70 plus see the greatest increase and projected increase in the number of hours of care they provide. Dementia and Alzheimer's is the predominant condition that carers are providing support for.

The majority needs should not exclude the minority needs, and through partnership working with the voluntary sector we are seeing an increasing number of carers providing support for a number of complex needs especially mental health problems. For carers supporting a child with a disability the focus will predominately focus around support for the child with the carer not always being recognised or recognising as having needs within their own right.

In summary Monmouthshire has an increasing aging population, supported by an increasing aging population of carers. With increased age the needs are becoming more complex. Managing the needs of the carer, and in turn the needs of the person they are caring for is challenging within the rural geographical makeup of Monmouthshire. Economies of scale in providing and financing that support are greater, especially more so for those carers living in remote and difficult to reach locations. Monmouthshire will continue to look at how it can do things better and differently to strengthen, reconfigure and be equipped to provide the right support and services for carers over the coming years.

## **How the Strategy was Produced**

When we embarked on developing this Strategy we wanted the views, knowledge and skills of carers and those who work with them to be at its core. To ensure this we turned the normal process of producing a strategy on its head. Instead of writing a document and then consulting on it we moved the consultation process to the beginning of the process. To do this we adapted a methodology from the King's Fund called 'Community Oriented Primary Care'. The strength of this approach was that it had been tried and tested as an effective approach for maximising the involvement of professionals, grassroots workers and carers. Specifically it had proved to be a positive method of community needs assessment with primary care teams in England and when undertaking large scale participatory needs assessments previously in both Cardiff (1997) and Gwent (1998).

The first 2 stages of this methodology are community assessment and prioritising need. We adapted the methodology of these stages firstly to diagnose the needs of this community; carers and people who work with them in Monmouthshire. Then to group and prioritise those needs to produce the key themes.

On 20<sup>th</sup> November 2015, carers, health and social care professionals, community members, elected members and the third sector came together on Carers Rights Day in workshop to, in the words of the methodology, 'diagnose' our carer community then prioritise the key themes for the Strategy.

The first stage of COPC framework (Community Diagnosis) involved participants physically mapping their specific community, highlighting natural boundaries, infrastructure, local facilities and services and local demographics. This stage was purposively designed as fun and light-hearted but at the same time focussed on producing a detailed descriptive map of the specific community. This technique encouraged carers to take the lead during the exercise; often directing and informing paid workers.

This exercise resulted in a comprehensive and comparable picture of the broad issues affecting carers across the County. Focussing on a whole community approach avoided individuals from dwelling on a single issue or individual grievances but instead facilitated a consensus of the problems in Monmouthshire.

The next task was a prioritisation exercises. Facilitators combined individual scores to achieve a group consensus and to confirm that participants felt confident that the final priorities reflected both known qualitative and quantitative information. Participants provided feedback on the overarching priorities an attempt was made to group priorities where there were natural linkages or duplication. The purpose of this approach was to demonstrate visually that every group's problems/issues were captured, confirmed and considered using a transparent process. This activity resulted in encapsulating a broad spectrum of issues and priorities. Participants then undertook a final voting exercise to identify and prioritise eight overarching themes.

The Carers Project took the key themes, all the information gathered on the day and the information we already had on carers and distilled them in to this Strategy.

The 8 key themes contained within this strategy are now the mainstay of how we will all work together in Monmouthshire to support carers in Monmouthshire.

## **Monmouthshire Carers Strategy 2016-19 – Key Themes**

### **1. Identifying Someone Who is a Carer**

It is evident from the Census and our own data that we need to do more to identify carers in order to support them. Early identification is both desirable and effective in improving support for the carer

#### **Carers Said**

There are many reasons why someone may not identify themselves or are being recognised as a carer. One reason may be stigma, the word carer carries a label, puts someone in a box or takes away personal identity. There is an uncertainty around the meaning of the word carer because people think it may be referring to a paid care assistant. For others they may not recognise their own caring role because it's what they do. For them, caring is simply an extension of their role as husband, wife, child or sibling, even though the balance in that relationship may have changed dramatically. Conversely the reasons may be similar for the person they are caring for. Co-caring relationships may not be recognised, as both people may have health problems and care for each other. Some carers feel guilt when asking for help because the caring role is theirs to own so therefore they feel they should be able to manage. Professionals, organisations or society may not see the person who is caring as having a separate identify and separate needs, and therefore do not understand or know the importance of identifying someone as a carer. Relatively few carers are acknowledged until a crisis occurs and when they can no longer manage. Carers do not want to be labelled, they want help to understand their role and know that support is available if and when they need it.

#### **What will be the Outcome for Carers?**

To improve the identification of carers so that the appropriate level of support can be offered at the earliest stage possible within the caring role.

#### **What we are going to do?**

- Work closely with Primary Care Services (Please see separate Chapter)
- Develop stronger partnerships with the NHS
- Raise carer awareness by
  - Producing appropriate information for identifying carers with simple and multiple referral mechanisms.
  - Working with carers, organisations and professionals to ensure targeted questions identify carers
  - Working with major employers in Monmouthshire
  - Providing carer awareness training for Monmouthshire County Council staff
- Work with Social Services for improved recognition of carers and accurately record the number of carers identified
- Utilise Community Hubs by
  - Developing carers services within the emerging community hubs
  - Linking carers into place based services
- Develop internal and external links with Children Services to ensure carers are identified and supported
  - By the Children with Disabilities team
  - By organisations who work with children with disabilities

## 2. Information and Communication

Carers need a range of information, some generic some specific, to enable them to care effectively, look after themselves and stay involved in their community.

### **Carers said**

Carers want to be considered partners in the caring role. They also know the people they care for better than anyone else and can help in identifying problems that may require intervention. It is therefore essential they are provided with up-to-date, timely, relevant and good quality information which is communicated in a way that is applicable to their world. Carers have to cope with the tools and resources that are available to them, which can be poles apart from the tools and resources that are available to professionals and care agencies. It is therefore essential that information and the way in which it is communicated is without jargon and with an understanding of carers. Carers want regular communication and timely information as their caring role can change at any time. Carers value professionals that have good interpersonal communication skills, who take the time to listen to them, afford them the privacy to talk, and are respected as both an individual and as a partner in care.

### **What will be the Outcome for Carers?**

High quality, easily accessible and appropriate information which is effectively communicated to carers, professionals and the public.

### **What are going to do?**

- Identify key situations and locations where information is critical including
  - Hospital discharge
  - Primary Care
  - Point of Diagnosis
  - Accident & Emergency
  - Medical Assessment Units

- Carers Assessment
- Website and Newsletter
  - Develop a Monmouthshire Carers website
  - Develop an on-line carers forum
  - Redevelop the carers newsletter
- Update and redesign the Carers Handbook
- Produce and distribute leaflets and posters in key locations throughout the county
- Develop information and training about communicating collaboratively with carers.
- Continue to involve carers and encourage a greater number of carers to be involved with development work
- Produce regular updates and briefings on carers/legislation for professionals

### 3. Primary Care

Primary care is the service that carers have direct access to and therefore utilise the greatest when they need help and support. Carers will come into contact with a range of Primary Care health professionals multiple times and during varying stages of their caring role. GP surgeries are usually the first place that carers have contact with in the NHS.

#### Carers said

Some carers still feel they are not being identified as a carer, or if they are they are not being supported as a carer. Their own identity and their needs as carer are often being intertwined with the person they care for. This can result in the health and wellbeing of the carer being neglected. Carers viewed their GP Surgery as the main resource they would access to get the right information at the right time to allow them continue in their caring role. However, signposting and the quality of information provided is not consistent, timely, and relevant and in a language that is relevant to their caring role or of their own needs.

#### What will be the Outcome for Carers?

Improved identification and timely support for carers within Primary Care.

#### What are going to do?

- Create better links with GP's and practices to help them identify and support carers by.
  - Working with GP practices to achieve Investors in Carers accreditation
- Work with Primary Care partners to produce targeted, up-to-date, information sheets for both carers and professionals including.
  - A guide on what a carer can expect and ask for when accessing Primary Care Services
- Simplified and accessible carer referral routes for primary care professionals
- To work with Primary Care Partners to highlight and increase their knowledge of the benefits of accessing carers support agencies

### 4. Carers Own Needs

Carers can neglect their own health and wellbeing at expense of looking after the person they are caring for. The caring role can be demanding of their time and energy. Carers find having to negotiate the right support and dealing with professionals to ensure the right support for the person for can be very stressful. The caring role can be: physically demanding with lifting and moving; tiring when there is little chance to have quality and

regular sleep; mentally and emotionally challenging and the psychological impact such as taking on a new identity from being viewed as a carer rather than an individual.

### **Carers said**

Carers report they often neglected their own health check-ups and at times did not feel their own needs were being recognised by professionals who often saw the cared for as the priority, and viewed the carers as coping. It was at crisis point that many carers sought or were being recognised as needing their own needs to be identified and supported. Carers felt their independence was limited and did not allow them to pursue or maintain their own social or working life.

### **What will be the Outcome for Carers?**

Carers will be healthier, confident and better able to manage their own health and wellbeing needs

### **What are going to do?**

- Provide information and training for carers to look after their own mental health, health and wellbeing. Including:
  - Work with organisations and professionals to understand the importance supporting a carers mental health, health and wellbeing.
  - Work with organisations and professionals to implement initiatives that promote carers to identify and look after their own mental health, health and wellbeing needs
- Work with carers to identify and professionals to identify those needs including:
  - Carers being able to identify and access training to support them in their caring role
  - Provide training with professionals on how to work with carers in producing care plans
  - Provide training for professionals /students/health and social work education on identifying carers needs
- Work with major employers in Monmouthshire to develop their own Carers in Employment Policies
- Carers are kept up-to-date on their employment rights as a carer
- Develop carer support initiatives throughout the county including
  - Carer Cafes – an opportunity for carers to meet in an informal environment to form networks, socialise, discuss their caring role and have their own time.
  - Carer Networks and Support Group – develop carer networks that work for them, that alleviate isolation, encourage peer support and allow carers to connect with others.
- Provide and host specific events for carers including:
  - Carers Rights Day
  - Carers Week

## **5. Improving the Quality and Range of Respite Options**

For most carers respite is a necessity allowing them to both do important every day activities or simply to recharge their batteries to cope with the caring role. However the options for respite are limited in both amount and the quality.



### **Carers said**

Carers primarily associate respite in terms of replacement care for the person they are caring for rather than respite that can support them as a carer. Carers tend to ask for very little replacement support and when they do it can quite often be at crisis point. Carers recognise there might be times when they want or need a break from their caring role but first they want peace of mind that they have a choice of replacement care, that is adaptable, suitable, flexible, accessible and of high quality. They want to be confident that the replacement care is enabling and stimulating for the person they care for and that they are considered partners when planning respite. Carers want replacement care and respite that supports them to still be active in their caring role, especially during times when they have their own physical or mental health needs to consider. Carers value consistent respite and build up relationships with respite professionals and that makes their caring role less stressful. To access respite services away from the home can be problematic due to lack of suitable public and private transport.

### **What will be the Outcome for Carers?**

Carers can access a range of quality respite options that support the caring role.

### **What are going to do?**

- Design equitable, simpler and direct access routes to respite
- Work with professionals and organisations to
  - Increase their knowledge and understanding as to the benefits of seeing the carer as a partner.
  - Involve the carer in planning respite
- Work with service providers to redesign respite care and support that is
  - Flexible
  - Suitable for the person
  - Of high quality
  - Delivered to those in rural and remote locations
- Work with professionals and agencies to provide
  - Continuity of key workers

## **6. Future & Emergency Planning**

It is often difficult for carers to look beyond their day-to-day caring role to plan both for emergencies and the future for themselves and the person they care for.

### **Carers said**

Carers do not find it easy to plan for the future or make plans in case of an emergency. Some topics are uncomfortable to think about and when the caring role is a day to day reality thinking beyond that can be difficult. Carers tend to be faced with the reality of an emergency at crisis point at which time the lack of planning compounds the situation even more. Being absorbed in the caring role can take away the need of or understanding of future planning, and when plans do need to be made there can be apprehension, guilt and uncertainty as to what that future could be. Carers recognised they needed to plan but did not feel supported in this be it and wanted more emotional and practical input from professionals and agencies.

### **What will be the Outcome for Carers?**

Carers are supported to be plan for the future dealing with transition, crisis and the end of the caring role

### **What are going to do?**

- Work with partners to support carers in drawing up and putting contingency plans in place for both the carer and cared for by
  - Ensuring it is discussed and contained within a carers assessment
  - Emergency cards are offered
  - Improving external and internal links so there is flexibility within services when an emergency arises
  - By being creative in looking at where alternative support can be accessed
  
- Work with partners to support carers to discuss planning for life after caring by
  - Ensuring it is discussed and contained within a carers assessment
  - That carers are offered the appropriate support when their caring role ends
  - To improve links with agencies and professionals to ensure they are aware when the caring role ends
  
- Improved management of Transitional Care by
  - Designing appropriate and timely triggers for when the caring role changes be it for the carer or the cared forCarers have the support to cope with and understand transitional care

## **7. Mental Health**

Mental illness, by its very nature, brings a unique set of challenges for carers that affect their own physical and emotional well-being. Their needs are very often not as well met as carers of people with other conditions.

### **Carers said**

Carers have particular difficulties when they are supporting someone with mental health problems. Traditional services do not always meet these carers' needs. Carers find that information sharing is a big issue and a major barrier in allowing them to understand and provide the right support and care for the cared for. Professionals do not tend to see the carer as a partner and will exclude them from discussions around the care package, whilst at the same time expecting a carer to continue to provide support. There is a stigma facing carers who support someone with mental health problems, which tends to make them more reluctant to identify themselves as a carer and to seek help. Unfortunately this can make the caring role isolating and insular which impacts upon the carers own mental, health and emotional wellbeing. There is also a disparity in the level and range of access to mental health services for carers compared to traditional carer services. The nature, length, intensity and frequency of supporting someone with mental health illnesses can be extremely stressful for a carer so they need services and support that are responsive to that.

### **What will be the Outcome for Carers?**

Carers are treated and valued as partners to support someone with mental health problem and are able to play a full role in the care planning for the cared for. Carers feel confident to be an individual in their own right.

### **What are going to do?**

- Improve personalised help for carers looking after someone with mental health illnesses by
  - Providing training for mental health staff on the benefits of including carers as a partner in the care plan
  - Making stronger links with mental health services and Primary Care Mental Health Support Services through the Monmouthshire Carers Project
- Provide Information on benefit and employment issues by
  - Supporting carers to and increase the access to the welfare benefit services
  - Raising the importance of mental health awareness with employers and how they can support carers
- Work with GP's and practices to raise the awareness, increase their knowledge and understanding of the issues carers face when supporting someone with mental health issues
- Seek to improve information sharing with carers by developing consent mechanisms through
  - information sharing leaflets
  - training for carers and professionals
- Develop appropriate respite support that takes into account mental health illnesses
- Explore and develop good practice guidelines for working with the cared for and carer together
  - Including Family therapy

## 8. Transport

Although this is not only an issue for carers it did come out as the biggest issue in our consultations. Transport does not usually get addressed in strategies for carers but the strength of concern that has been expressed means it should be included here.

### **Carers said**

The geographically large and rural nature of Monmouthshire posed a difficulty for carers. Getting to hospital appointments either in county or out is costly, impractical or unachievable for many because of the prohibitive costs of public or private transport. There is limited regular or direct transport links to hospitals whilst some parts of the county are not on a public transport route. Hospital transport is difficult to arrange and carers are not able to travel with the person they care for due to limited space. Carers living in rural locations can find their respite time curtailed as they have to travel greater distances to reach services and local amenities. Some carers do not get their full respite hours as not all agencies in-build the travel time into the support workers schedule.

### **What will be the Outcome for Carers?**

Carers will have increased options to help them overcome the lack of public and private transport in Monmouthshire.

### **What are going to do?**

- Work with Grass Routes to explore how carers can utilise their services more effectively
- Improve how we share information on transport including
  - The different types of bus passes
  - Where there are special discounts
- Work with taxi companies so they are carer aware

- Look at transport needs when implementing or changing a respite package
- Work with community coordinators as to how carers can access volunteer driving schemes
- Work with the Welsh Ambulance Service Trust to find flexible solutions for carers
- Establish links and work with Access for All
- Develop a relationship with Transport Services to discuss and explore flexible solutions for carers

## **Next Steps**

### **Implementation of the Monmouthshire Carers Strategy 2016-19**

In collaboration with carers and partners Monmouthshire County Council will use the key themes as their action plan. For some themes there is already work underway, for others this strategy will be the starting point. The Carers Strategy Group will work together on common and shared objectives, for other themes the Monmouthshire Carers Project will work with carers, carers groups and partner organisations. This strategy is the tool by which we can ensure the carers' voice is heard to instigate change, action and improvement for the lives of carers.

### **Monitoring**

To ensure we are doing what carers have asked, and that we are doing it right there are a number of ways we can do this. The Carers Strategy Group formally reports and records what it is doing, how it is doing and how well it is doing and at those meetings there will be regular updates on the strategy. Individual visits to service providers by the Planning & Commissioning Officer gives a 6 monthly update, and within that the key themes will be discussed, monitored and recorded. The newsletter will ask carers for their feedback on the themes and in turn will provide updates. At the number of carers' events we will ask for feedback. We will ask our partners, internal and external for feedback. All of this data will provide us with a wealth of information that allows us to monitor how well the strategy is going.

### **Review**

Through the whole monitoring process we will be reviewing what is going well, what is not going so well. We don't want to waste valuable resources on something that is going to produce small effect, when those resources might be best use elsewhere for greater effect. At the end of the 3 year strategy we'll look at what worked, well what didn't, lessons learned and how to take best practice and the right carers support forward, into the next strategy.

### **Looking towards the next strategy**

The next strategy is always on the horizon. When we have a year left to run on this strategy we'll start to plan for the new one. We won't know the form and function of it yet, as we can't predict that. What we do know is the next strategy will build on the firm foundations that this one has laid, as have previous years, and the carer will always remain at the centre, and that the voice of Monmouthshire carers will be one that is heard.

## **Appendix 1**

Below is a list of the services and support available from the Monmouthshire Carers Project. For more detailed information please refer to the Monmouthshire Carers Handbook which can be accessed on line at [www.monmouthshire.gov.uk](http://www.monmouthshire.gov.uk) or by calling 01633 644644

### **Age Cymru Gwent**

<http://www.ageuk.org.uk/cymru/gwent/>

01633 763330

### **Carers Trust, South East Wales**

<https://www.carers.org/local-service/south-east-wales>

01495 769996

### **HAFAL**

<http://www.hafal.org/in-your-area/monmouthshire/>

01633 264763

### **Alzheimer's Society**

<https://www.alzheimers.org.uk/>

01600 719 127

### **Gwent Association of Voluntary Organisations (GAVO) Carer's Co-ordinator The Carers Support and Information Officers**

<http://www.gavowales.org.uk/monmouthshire>

**01633 241550**

Carers Support and Information Officers

<http://www.monmouthshire.gov.uk/carers-assessment>

Monmouth: 01600 773041

Chepstow or Caldicot: 01291 635666

Abergavenny: 01291 635666

Include organisations logo – include ABUHB