



Our Commitment to All Age Carers

2022

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COUNCIL

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Foreword

In Wolverhampton, there are 27,000 adults and 500 young people who identified as a carer in the 2011 census. There are 5,324 people in Wolverhampton who are known to the Council to care for an ill, frail or disabled family member, friend or partner. This shows how many hidden carers there are in the City.

Carers play a vital role in society, not only in providing care to a person, but also helping the health and social care system to meet rising demand in care needs. Carers help to improve quality of life for the people they care for, family and friends. It is estimated that nationally, carers save the economy £132 billion per year, an average of £19,336 per carer.

Research has shown that for most people the experience of caring is rewarding, and many carers manage with help from their family, friends and communities. Some might need additional help and ask the Council, the NHS or both for support.

As part of the development of this plan, which sets out our commitment to carers of all ages living in Wolverhampton and sets out the strategic direction for support for carers, extensive consultation has been carried out with partners including, most importantly, carers, the experts by experience. The feedback, knowledge and experience of participants has shaped Our Commitment to All Age Carers plan.

Our Commitment to All Age carers describes the Council's priorities for carers and the cross-cutting values that will underpin all the work undertaken to implement it. Implementation will be co-produced by a steering group with representation that reflects the wide range of partners, all with a commitment to the provision of support for carers that enables them to maintain their own health and wellbeing while carrying out their caring role.

Councillor Linda Leach
Cabinet Lead for Adult Social Care

National context

The Government's vision for carers ¹ is that they will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.

In 2018, the Government published the Carers Action Plan ², which builds on the rights for carers that were introduced by the Care Act 2014 ³ and Children and Families Act 2014 ⁴ and sets out the practical actions required by the Government and partners for carers to:

- be recognised and valued.
- have access to information and support to provide the best care they can.
- be helped to balance their caring responsibilities with their own employment.
- preserve their personal health and wellbeing.

Furthermore, the Government has committed to social care reform in England, including taking steps to ensure that carers have the support, advice and respite they need.

The carer population is not static. Each year millions of people take on caring responsibilities whilst caring comes to an end for millions of other carers as the person they care for recovers, increases independence, moves into accommodation with care or passes away. Three in five people will be carers at some point in their lives ⁵.

In 2019, using population projections from the ONS and polling by Carers UK, it is estimated that 8.8 million adults in the UK were carers ⁶.

Carers Trust 2020 ⁷ found that there are an additional 4.5 million unpaid carers in the UK since the coronavirus outbreak. In addition, 40% of young carers and 59% of young adult carers felt their mental health is worse since the Coronavirus outbreak.

Carers UK 2020 ⁸ found that 70% of unpaid carers they consulted had experienced negative impact on physical and mental health because of their caring responsibilities.

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1. UK Government (2010) Recognised, Valued and Supported: Next Steps for the Carers Strategy. Available at [Recognised, valued and supported: Next steps for the Carers Strategy \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270000/Recognised_valued_and_supported_Next_steps_for_the_Carers_Strategy.pdf).
 2. UK Government (June 2018) Carers Action Plan 2018 - 2020 Supporting carers today. Available at [Carers Action Plan 2018 to 2020: Supporting carers today \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/344000/Carers_Action_Plan_2018_to_2020_Supporting_carers_today.pdf).
 3. UK Government (2014) Care Act 2014. Available at https://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf.
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 7. Carers UK (2020) Carers Week 2020 Research Report: The rise in the number of unpaid carers during coronavirus (Covid-19) outbreak. Available at https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf.
 8. Carers Trust (2020) Steep decline in mental health of young carers and young adult carers following Coronavirus outbreak. Available at <https://www.carers.org/news-and-media/news/post/51-steep-decline-in-mental-health-of-young-carers-and-young-adult-carers-following-coronavirus-outbreak>.

Carers UK 2019⁹ showed that 7% of carers felt their caring responsibility had negatively impacted their work. This decreased from 10% in 2013 which may indicate employers' policies to support carers are having a positive impact.

The Children's Society 2022¹⁰ reports that 800,000 young carers aged five to 17 care for an adult or family member in England. Twenty-seven percent (27%) of young carers aged 11-15 miss school. Young carers are often hidden - 39% said nobody in their school was even aware of their caring responsibilities.

Carers UK 2021¹¹ reported that carers who provide more hours of care per week were much more likely to be struggling financially. Whilst 84% of those providing under 10 hours a week said they can afford their bills without struggling, fewer (77%) of those caring for up to 35 hours a week said the same, and only around half (56%) of those providing more than 35 hours of care per week can afford their bills.



9. Carers UK (2019) Juggling work and care. Available at [Juggling work and unpaid care - Carers UK](#).

10. The Children's Society (2022)

<https://www.childrenssociety.org.uk/what-we-do/our-work/supporting-young-carers/facts-about-young-carers>.

11 Carers UK (2021) State of Caring 2021 A snapshot of unpaid care in the UK. Available at [State of Caring 2021 report - Carers UK](#).

Local context

We are committed to supporting all our Carers in Wolverhampton and our plan for how we build on the support we have in place and improve our offer to all carers starts with this document.

Our Commitment to All Age Carers will contribute towards the delivery of the refreshed Our City, Our Plan which re-confirms the Council's commitment to supporting carers by making carers a specific focus within the priorities strong families where children achieve their full potential and fulfilled lives with quality care for those who need it.

To inform the development of our commitment, Public Health conducted a needs assessment. The assessment describes the profile of carers in Wolverhampton, assesses the uptake of services aiming to support carers and reviews the academic literature. These are the findings.

There are 5,324 adult carers registered with a Wolverhampton GP. Of these, around 230 are young adult carers, defined as aged 18 to 24 with caring responsibilities.

There are 95 young carers, defined as children under 18 with caring responsibilities, registered with a Wolverhampton GP.

The number of carers increased by 25% between 2019 and 2020 and by a further 24% between 2020 and 2021.

Most parent carers care every day, with 6% caring every other day and 2% caring weekly. Four percent care as required, depending on when other family members can also care.

Over two thirds (68%) of adult carers are female which is above the national average of 58%. There is an equal amount of female and male young carers.

The ethnicity profile of all age carers is representative of the general population of Wolverhampton.

More than half of all carers have one or more long term condition which means they have their own health needs that require management, as well as managing their caring role.

36% of adult carers in Wolverhampton have as much social contact as they would like, compared to 32.5% nationally.

People caring for someone living with dementia in Wolverhampton report a quality-of-life score of 7.3 which is the highest score in the Black Country.

The Council's quarterly carers newsletter is sent electronically to 1,380 people and a paper version is sent to 2,113 people. A further 750 copies are distributed at events and through partner organisations.

3,016 carers have an emergency card, provided to offer reassurance should they suddenly be taken ill and to identify that they have a caring role.

Eighty-nine carers use the home-based respite service, enabling them to have a break from their caring role and to support their wellbeing.

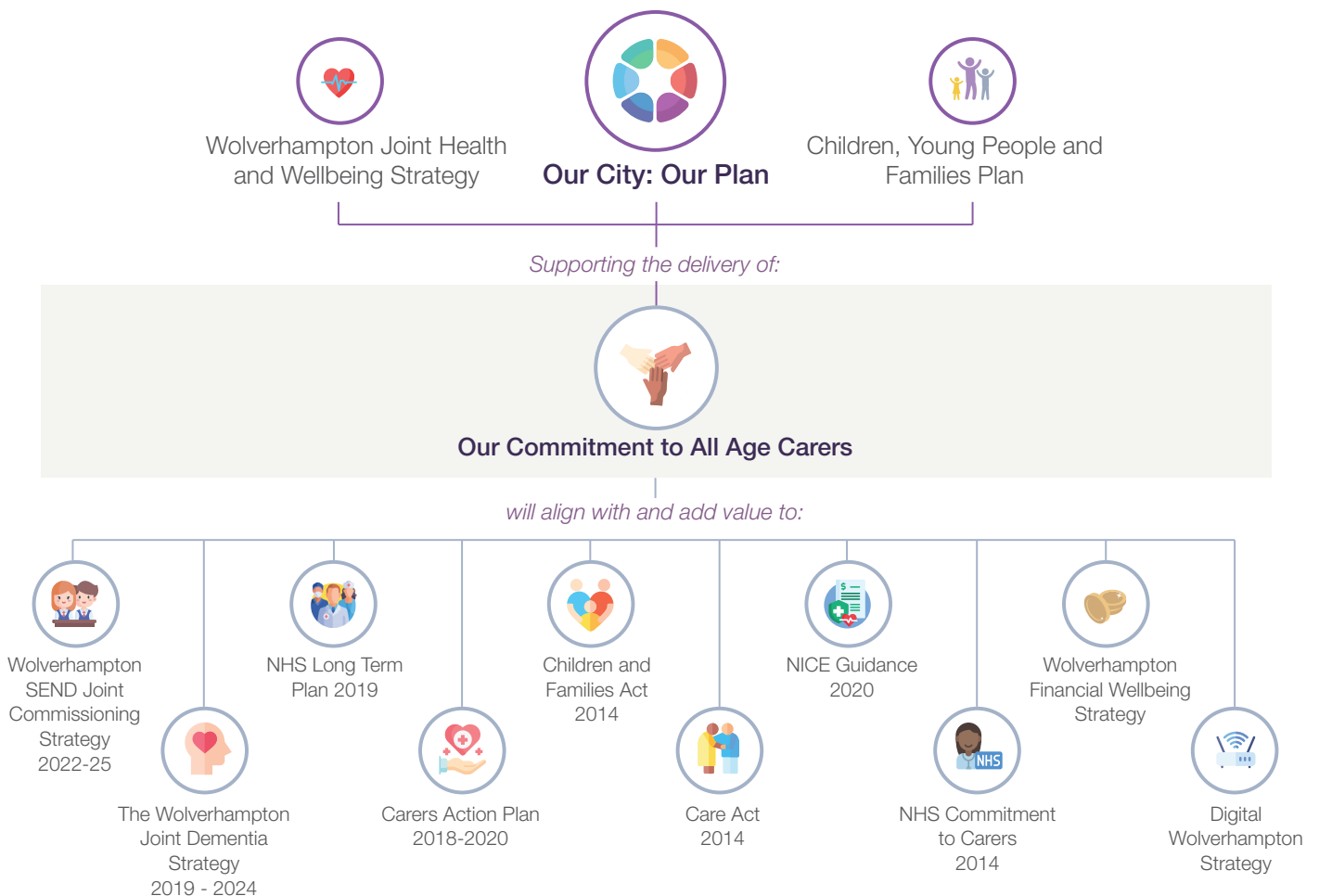
The Young Carers Service was supporting 141 young carers in July 2019, rising by 91% (128 young carers) to 269 young carers in December 2021.

The vision

Aligned with the Government’s vision for reforming adult social care in England, the refreshed Council Plan for 2022 and the redesign of Adult Services, this plan builds on the work driven by the strategy before it, acknowledging that the needs and priorities of carers have been impacted by the Coronavirus pandemic. It focusses on the main five priorities identified by partners; employment and financial wellbeing, services and systems that work for carers, support young carers, recognising and supporting carers in the wider community and building research and evidence to improve outcomes for carers.

The council is committed to working in partnership across the city to deliver the priorities, working with partners to connect people, places and communities to unlock potential and create change. Opportunities for partners to co-design and co-produce will be provided, developing long-term resilience and capacity to tackle inequalities. The development of a new community relationship will help to eliminate barriers and develop networks between carers and other partners in the city. We recognise that as we relight our city after the pandemic that our offer to carers will need to evolve and grow. We are committed to continuously listening to carers of all ages in order to strengthen our offer in line with our ambitious plans for the city. This plan will be regularly reviewed and refreshed.

The following chart shows the national and local policy and guidance links to Our Commitment to All Age Carers.



What people have said

To determine the priorities of Our Commitment to All Age carers, a comprehensive eight-week consultation programme was carried out involving young carers aged under 18, young adult carers aged between 18 and 24, adult carers aged 25 and over, parent carers and professionals. A further seven-week consultation programme was then carried out to determine the actions that will be taken to implement the priorities. This is a summary of what people said.

Some carers do not like to be **identified** as a carer and choose not to be. Sometimes this is due to stigma. Others do not recognise themselves as a carer; they are someone's relation or friend. Where they are both, they want their relationship or friendship to be maintained, not to become only a carer. Better identification of hidden carers is required.

There are many types of carer, including young carers aged under 18, young adult carers aged 18 to 24, adult carers aged 25 and over, parent carers including for children with a special educational need or disability (SEND), sibling carers and sandwich carers (who have caring responsibilities for different generations e.g. children and parents). Carers each have **unique circumstances and needs**, some of which are niche and/or complex, that are individual to them, and service planning should reflect this.

Carers wish for a **whole family approach**, meaning support is provided to carers in the context of their families. When carers needs are being identified, the impact of their caring responsibilities on the whole family should be considered, and support personalised in accordance with this.

The service offer changed during the Coronavirus pandemic. Due to infection prevention control measures, less face-to-face services were available and there was an increased virtual offer. A **mixed offer** that uses both face-to-face and virtual options became normal. The changes that worked well should shape future provision, including the innovative use of technology, teamworking, peer support and keeping people safe from infection. Care should be taken to maintain the right balance to avoid creating loneliness and isolation. How services are provided should not exclude carers who are in digital poverty.

Carers experience problems with their **emotional wellbeing** because of their caring role. Problems include stress and worry due to thinking about the cared for person's health and future, constant anxiety about the person they care for, isolation and loneliness due to having less time to work, socialise and pursue hobbies, money worries due to reducing hours of work and care, medical and travel costs, lack of sleep due to caring during the night or worry, guilt, frustration and anger about their situation, low self-esteem, losing confidence in their ability to do anything except care and depression due to the challenges faced. Carers would like a choice of group and one-to-one interventions. Some carers would like to choose their own councillor who they feel comfortable with.

Carer's assessments (Conversations) should be easy to access and result in service provision when need is identified. Staff carrying out carers assessments should be trained and competent.

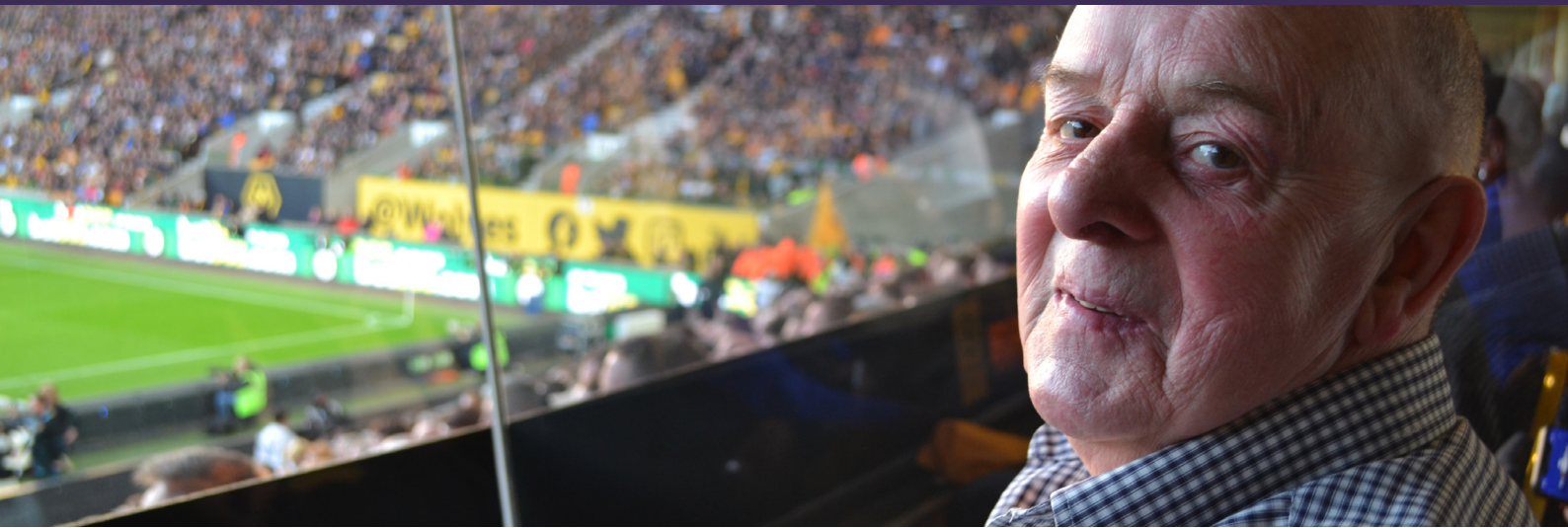
Carers would like **high quality planned and emergency respite** that they can trust will meet the needs of the person they care for. Services should be provided by well trained, competent staff who can meet each person's unique and sometimes complex needs. When planning respite, the needs of the whole family need to be considered together. There are many different reasons for requiring respite. The range of respite services needs to be flexible enough to meet all of them.

Carers value **time away** from their caring role to live an ordinary life. This means different things for different carers, with examples including time alone, to have hobbies, to self-care, to do homework with their other children, to meet with friends, to attend organised group and activities for carers, to develop relationships, to have a family of their own, to go away to university and to pursue a career.

There needs to be an increased **awareness of the caring role** within schools, GPs, employers and the public, including the impact on emotional wellbeing. They should be able to recognise the early warning signs of problems with emotional wellbeing. Schools, employers and GPs should promote the caring role amongst students and employees. Carers wish for understanding, empathy, peer support and the same ambition for them as for others. Flexible practices are required such as working from home, alternative working patterns, appointments at times that fit with the caring role and home visits.

Carers use a wide range of **technology** to support them in their caring role. Seventy-nine percent of carers use social media, 55% use Facebook, 22% use Instagram, 10% use Snapchat, and 8% use Twitter. Using a combination of face-to-face and virtual approaches enables people choice and maximises access to services and engagement. In line with this, the Carer Support Bulletin, which is highly valued by carers, is distributed in both paper form and electronically. Some carers and staff require training in the use of technology.





Information about services is very important. It needs to be up-to-date, available in one place, easily accessible to all, easy to understand and provided at the right time. Some people find it difficult to navigate information about the Local Offer and felt it is not enough to signpost to information. A discussion about the information and the opportunity to ask questions and seek advice is required.

The **transition** for young carers to adulthood needs to be improved. Areas for improvement include better identification of young carers, strengthening of the assessment process, offering the right support at the right time, making accessible information available prior to transition and not losing contact with carers during transition.

Young carers would like more opportunities to make friends, share their experiences with other young carers, have a break from their caring role and have a voice. They would also like schools, colleges and their friends and family to have a greater understanding of the impact of being a carer.

Carers would like better **financial support** to help with the increased costs they experience. Their caring role may limit their educational, work and training opportunities and therefore their income. Working carers may give up work or reduce the hours they work to carry out their caring role.

Equality and diversity should be an explicit and integrated part of the plan.

Services provided by different organisations need to be **better co-ordinated**, including health and social care services, Special Educational Needs and Disabilities (SEND) provision and services for young carers. Where the carer and the cared for person have different GPs, the GPs should work together.

Services need to be **responsive**. In a timely way, telephones should be answered, and answer machine messages should be responded to. When a call back has been arranged, it should be made on time. If information is promised, it should be provided on time. Named contacts and choice of key worker should be given whenever possible. Carers value the role of telephone calls in preventing isolation.

Many participants expressed an interest in being part of the **delivery** of Our Commitment to All Age Carers. Some would like to be part of the group that oversees the delivery of the plan, some in smaller groups that work on specific actions and some in the commissioning and review of services. Some carers would like to co-design services including writing service specifications.

Priorities and themes

In response to legislative requirements, local knowledge and consultation, the Council's five priorities for carers are:

- Employment and financial wellbeing.
- Services and systems that work for carers.
- Support for young carers.
- Recognising and supporting carers in the wider community.
- Building research and evidence to improve outcomes for carers.

The following values will underpin all the work undertaken to achieve the priorities:

- **Co-production** – working with carers, their families and other partners, using each partner's knowledge and experience to help plan, design and develop services for carers.
- **Continuous improvement** – increasing the quality of services for carers through review and change.
- **Connecting with communities** – promoting resilient, inclusive communities, helping to reduce isolation, and building connections that enable carers to support each other.
- **Fair and equal** – addressing the inequalities experienced by carers.
- **Safeguarding** – ensuring that carers and the person they care for are safe



Employment and financial wellbeing

To achieve this, we will:

- Align support for carers with the Wolverhampton Pound approach, building and retaining local wealth in Wolverhampton to improve outcomes for local people including carers.
- Ensure carers have access to information about benefits, grants and financial management and financial support and advice.
- Identify and raise awareness of pathways into adult education and training for carers.
- Review the Council's Support for Carers policy and build understanding of the number of carers employed and how their caring and employment responsibilities can be balanced.
- Increase employer's awareness of carers legislation, how to identify carer employees and actions that can be taken to enable carers to balance their caring and employment responsibilities.
- Encourage employers to increase employee awareness of the carer role and promote peer support.
- Work with the Wolves Anchor Network to explore how they can support carers in the City.
- Engage with Wolves at Work to explore how carers can achieve their employment goals.
- Engage with Wolverhampton Cares to explore opportunities for carers who may wish to pursue a career in the care sector.



Services and systems that work for carers

To achieve this, we will:

- Promote a City-wide understanding of carers rights to and benefits of an assessment, known in Wolverhampton as a Carer Conversation, and always offer assessments.
- Enable access to clear, concise, accurate and relevant information and communicate changes to it.
- Promote the need for services, including universal and preventative services, to make reasonable adjustments to enable carers to access services that meet their equality needs and at times that fit with their caring role.
- Improve the assessment pathways for parent carers whose child is preparing for adulthood.
- Continue to develop a mixed approach to providing face-to-face and virtual services.
- Ensure the voice of carers is reflected in delivery of the Digital Wolverhampton Strategy to maximise digital inclusion.
- Use social networks to empower and enable collaboration within communities.
- Work with carers to review the role of a carers café/carers forum.
- Review carers need for advocacy and map the services available.
- Review the current short breaks and respite (planned and crisis) offer for carers, with a focus on the range of individual needs, a whole family approach and quality.
- Ensure that in emergency situations carers in need of support are supported as quickly as possible.
- Help carers to plan for an emergency, using their own resources wherever possible.
- Use personalisation to give carers choice and control.
- Map emotional wellbeing services and use this to identify and address gaps.
- Promote the device loan service to enable carers to try assistive technology that may help them.
- Enable carers to access training to maximise their digital skills and knowledge.



Supporting young carers

To achieve this, we will:

- Improve the identification of hidden young carers in schools and by services which work with children, young people and their families.
- Increase schools' awareness and understanding of the impact of being a young carer on education and emotional wellbeing.
- Increase schools' awareness of the services available to young carers so they can inform young carers about them.
- Ensure young carers know their rights regarding assessment and are always offered a young carers assessment.
- Enable young carers to obtain information safely and easily and provide information which is tailored to their needs and level of understanding.
- Ensure the voice of young carers is included in delivery of the SEND strategy.
- Ensure the voice of young carers can influence information about the Local Offer.
- Support young carers to use the Youth Council to have a voice.
- Review the commissioned support service with a focus on the transition from young carer to adult carer and how emotional wellbeing is supported.
- Review the opportunities available to young carers to talk to other young carers including young carers clubs.
- Prepare young carers for transition to adulthood.
- Support young carers to access educational and out of school opportunities that help them develop and maintain friendships with their peers.
- Help young carers to have the same opportunities to access education, work experience and training as any other young person.



Using research and evidence to improve outcomes for carers

To achieve this, we will:

- Review the impact of the Coronavirus pandemic, both positive and negative, including on emotional wellbeing and use the findings to influence changes to services and systems.
- Maintain up to date knowledge of the technology that is available to support carers and promote the use of it.
- Maintain up to date knowledge about the research undertaken by other local and national organisations and use this to influence changes to services and systems.
- Set up an implementation group with carer representatives and partner agencies to enable co-design and co-production.
- Collect information on and analyse the carer profile, including equality information, and use this to plan services accordingly.
- Develop engagement opportunities including for GPs, schools and communities.

Recognising and supporting carers in the wider community

To achieve this, we will:

- Work with partners to identify hidden carers who are not engaged with services and provide information on the support available and how to access it.
- Maximise opportunities such as Carers Week and Carers Rights Day to increase understanding of the caring role and help people to identify as a carer.
- Encourage carers to inform their GP about their caring role so that appropriate support for both physical and emotional wellbeing can be offered.
- Address the stigma some carers feel their caring role has.
- Work with voluntary and community organisations to reduce social isolation, increase the use of carer peer support and support emotional wellbeing.
- Offer carers safeguarding advice and support when appropriate.
- Promote and increase take-up of the emergency card.
- Ensure the carer voice can influence the delivery of the City Housing Strategy and access to the Disabled Facilities Grant.
- Ensure the carer voice influences the Council's All Age Travel Assistance Policy.
- Consider the opportunities available for carers to access leisure and social offers in the City.
- Explore the introduction of the carer passport scheme.

Monitoring performance and accountability

Partnership working is a key theme running through this strategy. During its development, many participants expressed an interest in being involved in the implementation of the plan. Through the involvement of partners including carers, health and care services, the voluntary and community sector, education and others, a whole system approach to improving outcomes for carers will be taken. An implementation plan to support Our commitment to All Age Carers plan will be co-produced, identifying the actions required for each priority and for each action the measurable target, responsibility and timescale.

An implementation partnership will oversee delivery of the implementation plan, enabling an ongoing conversation with opportunities for continuous influence. The partnership will be supported by smaller groups responsible for specific actions within the implementation plan. The partnership will also monitor and report the impact of the actions.

Our Commitment to All Age Carers is best aligned with the governance and scrutiny provided by Health and Wellbeing Together Board and therefore the implementation partnership will report to this Board.

Robust contract and performance management arrangements will be included in the commissioning arrangements for services for carers, to include outcomes monitoring and regular consultation with carers to shape the delivery and development of services.



Further information

Legislation and national strategies

Department of Health and Social Care (1 December 2021) People at the Heart of Care: adult social care reform white paper. Available at <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>.

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Related local strategies

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