



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 APRIL 2021

REPORT ON: PROGRESS UPDATE ON REVIEW OF ‘A CARING DUNDEE: A STRATEGIC
PLAN FOR SUPPORTING CARERS IN DUNDEE’ AND SHORT BREAKS
SERVICES STATEMENT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB16-2021

1.0 PURPOSE OF REPORT

1.1 To present the finding of engagement work carried out by the Partnership in relation to the impact of COVID-19 on unpaid carers in the City and to seek approval for identified funding allocations to be mainstreamed from 2021-2022.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the content of this report and appendix 1.
- 2.2 Note the work undertaken by Partners (detailed at 4.1) to engage with unpaid carers in Dundee and the appended report which gives insight into the impact of COVID-19 on them.
- 2.3 Note the establishment of 7 short life workstreams, based on priorities identified by the Carers Partnership and the engagement work which will help to develop future commissioning intentions.
- 2.4 Approve mainstreaming funding of services to support carers as set out in 4.3.1 of this report.
- 2.5 Instruct the Chief Officer to provide a further report to present the draft reviewed Carers Strategic Plan for approval along with the Carers Investment Plan 2021/2023 to the meeting on 25th August 2021.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The Scottish Government has provided additional funding to Integration Joint Boards since 2018/19 for the implementation of the Carers Act. The total value available to the IJB to allocate via the Carers Partnership for continued implementation of the Carer’s Act during 2021/2022 is £1.343m. Rather than requesting bids from stakeholders for use of this funding, the Carers Partnership have decided to engage proactively with all stakeholders, to develop commissioning intentions in relation to the identified priority areas as described below. This work will inform the development of the Carers Investment Plan moving forward.
- 3.2 This additional funding offers an opportunity for the City to invest in new services and supports for Carers which will make step changes in their health and wellbeing.
- 3.3 The cost of mainstreaming services to support carers as set out in section 4.3 of this report will be funded from the Carers Act funding allocation within the IJB’s delegated budget.

4.0 BACKGROUND

4.1 Engaging with Dundee's Carers

4.1.1 DIJB40-2020 (article VII of the meeting held on 27 October 2020 refers) outlined the intention of the Carers Partnership to engage meaningfully with unpaid carers in the City to ascertain in particular how they have been impacted upon by COVID 19. As described in DIJB40-2020 the engagement work was designed around the four strategic outcomes for carers (as identified in a Caring Dundee), as a Carer;

- I am Identified, Respected and Involved
- I have had a Positive Caring Experience
- I can live a Fulfilled and Healthy Life
- I can balance my life with the caring role.

4.1.2 The consultation involved engagement with carers, young carers and the wider workforce. Data collection included two online surveys, a carer's survey and a workforce survey, and 5 focus group discussions with adult carers and one focus group held with a group of young carers, all focus groups were facilitated by support organisations in the City.

- Online local survey for carers - 116 unpaid carers completed online survey
- Online survey for local workforce – 37 individuals completed workforce survey
- Carer Focus Groups - 41 carers participated in focus group discussions.

4.1.3 Key findings from the carer's survey revealed the following:

- The majority (84%) reported an increase in the amount of care provided since the start of the pandemic
- A high proportion (63%) of carers were struggling to balance commitments alongside the caring role
- 38% had to reduce or give up hours in employment due to their caring commitments
- Negative impacts on physical, mental, and social wellbeing (84%) and feeling socially isolated (60%)
- The majority were feeling more worried and anxious about the future (82%)
- The financial impact on carers as a result of higher household expenses (67%)
- 33% were able make a positive contribution to others, via voluntary work, helping neighbours, gardening, shopping etc.
- Half of carers (51%) were unable to get support through accessing resources to improve their own wellbeing, whilst just over one-third (35%) had been able to access this.

4.1.4 More positively, the engagement also identified areas that were working well for carers to build upon for future, including:

- Community groups and voluntary sector organisations continued to provide essential support to carers during the pandemic, which carers found invaluable in helping them cope during this period
- Carers also benefited from local networks in the community and neighbour support during this period
- Many services used technology effectively to communicate with people during this period. It was recognised that these initiatives should continue to be promoted, whilst also finding other solutions for people who cannot access online information/digital engagement opportunities to ensure information and support is available in a wide range of accessible formats.

4.1.5 The consultation also identified suggested areas for improvement and priorities looking forward to the next 6 months to support future service planning. Below is a summary of some areas that require further targeted work going forward

- Targeted carers Mental Health & Wellbeing resources
- Information & Communications about access to services and any changes made to delivery of care and support during Covid-19. Making this information clear for carers and individuals receiving health and social care support enhance overall public awareness and knowledge of local supports available
- Information about respite care and its availability and more transparent information, guidance, choice and options with regards to respite care service planning and provision
- Awareness raising and promotion of carer identification within the Health and Social Care workforce, wider workforce, and volunteers, along with targeted efforts to ensure workforce are utilising Adult Carer Support Plan process and signposting carers to the support that may be available to them
- Responding to digital exclusion and targeted efforts to support carers and supported people to develop their skills and connectivity to online supports available
- Exploring financial challenges experienced by carers during the pandemic to understand the issues more fully and identify what financial support is needed and how best to respond to this in the future
- Targeted engagement work with carers with similar types of caring roles to further understand, plan and design solutions to ensure a reduction in the impact of caring.

4.2 IMPLEMENTATIONS OF FINDINGS

4.2.1 The Carers Partnership has established the workstreams described below with identified leads. It is anticipated that the workstreams will not operate in the traditional sense but that leads will engage with the relevant stakeholders, including carers, to develop proposals to address the recommendations within the overall context of the strategic direction for carers in the city. There will undoubtedly be connection and overlap between the workstreams and it is therefore important that leads connect with each other to ensure that proposals are complementary and dovetail.

4.2.2 The Carers Partnership has asked Leads to present their proposals by end of May 2021 to be considered by the Carers Partnership and subsequently the IJB.

4.2.3 Workstreams

1. Mental Health and Wellbeing
2. Outcomes and Workforce
3. Adult Carer Support Plans
4. Information and Communication
5. Carers Personalisation
6. Finance/employability
7. Engagement and Involvement

4.2.4 In addition a number of recommendations are advisory and will be shared by the Carer's Partnership with the relevant agencies/organisations.

4.3 MAINSTREAMING PROGRAMMES OF WORK

4.3.1 The Carer's Partnership have evaluated programmes of work funded through the Carers Investment Plan 2019-2021 (as per DIJB28-2019 - article XIV of the meeting held on 25 June 2019 refers). As a consequence of positive evaluation, it is proposed that the following allocations are mainstreamed from 2021/22 and included within ongoing contractual arrangements with providers:

Table 1

Purpose of Funding	Provider	Amount
"Caring Places"	Dundee Carers Centre	£125,341
Volunteer Co-ordinator	Dundee Carers Centre	£11,343
Strategic Support	Dundee Health and Social Care Partnership	£50,625
Learning and Development	Dundee Carers Centre	£40,410
Total Recurring Commitment		£227,719

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	Incomplete data creates a risk that Dundee City Council and its partners will be unable to evidence that legislative duties within the Carers Act are being met, specifically in relation to Adult Carer Support Plans and Young Carers Statements.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Improved data collection processes Increased workforce awareness of legislative duties Development of operational procedures Review of electronic recording tool for assessment and support planning.
Residual Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

Risk 2 Description	A number of achievements to date have been supported by Scottish Government Carers (Scotland) Act implementation funding. This funding is not guaranteed in future years which potentially jeopardises existing activity and development.
Risk Category	Financial, Political
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Refreshed Carers Strategy will identify priorities and resource requirements for the period of the strategy.
Residual Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Planned Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report. Consultation has taken place with the Carers Partnership and professional leads.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 12th April 2021

Jenny Hill
Locality Manager

DUNDEE CARERS PARTNERSHIP

Covid-19 Engagement

Findings Report

March 2021

Executive Summary

This report presents the findings from engagement work carried out by the Dundee Carers Partnership to understand the experiences of unpaid carers, young carers and the views of the workforce supporting unpaid carers during the coronavirus pandemic (Covid-19).

The findings from this work are presented in the report to help inform and make recommendations towards future planning and recovery for carers and others following the onset of the Covid-19 pandemic.

The consultation involved engagement with carers, young carers and the wider workforce. Data collection included two online surveys, a carers survey and a workforce survey, and 5 focus group discussions with adult carers and one focus group held with a group of young carers, all focus groups were facilitated by support organisations in the City.

- Online local survey for carers - 116 unpaid carers completed online survey
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Key findings from the carers survey revealed the following:

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- 33% were able make a positive contribution to others, via voluntary work, helping neighbors, gardening, shopping etc.
- 51% had been able to get support through accessing resources to improve their own wellbeing.

More positively, the engagement also identified areas that were working well for carers to build upon for future, including:

- Community groups and voluntary sector organisations continued to provide essential support to carers during the pandemic, which carers found invaluable in helping them cope during this period

- Carers also benefited from local networks in the community and neighbour support during this period
- Many services used technology effectively to communicate with people during this period. It was recognised that these initiatives should continue to be promoted, whilst also finding other solutions for people who cannot access online information/digital engagement opportunities to ensure information and support is available in a wide range of accessible formats.

The consultation also identified suggested areas for improvement and priorities looking forward to the next 6 months to support future service planning. Below is a summary of some areas that require further targeted work going forward (more detailed information is included throughout the report and a full list of recommendations are included at the end):

- Targeted carers Mental Health & Wellbeing resources
- Information & Communications about access to services and any changes made to delivery of care and support during Covid-19. Making this information clear for carers and individuals receiving health and social care support enhance overall public awareness and knowledge of local supports available
- Information about respite care and its availability and more transparent information, guidance, choice and options with regards to respite care service planning and provision
- Awareness raising and promotion of carer identification within the Health and Social Care workforce, wider workforce, and volunteers, along with targeted efforts to ensure workforce are utilising Adult Carer Support Plan process and signposting carers to the support that may be available to them
- Responding to digital exclusion and targeted efforts to support carers and supported people to develop their skills and connectivity to online supports available
- Exploring financial challenges experienced by carers during the pandemic to understand the issues more fully and identify what financial support is needed and how best to respond to this in the future
- Targeted engagement work with carers with similar types of caring roles to further understand, plan and design solutions to ensure a reduction in the impact of caring.

1. Introduction

The pandemic has presented a significant and unprecedented change in circumstances impacting all aspects of life of unpaid carers and the people that they care for. The pandemic outbreak has brought into stark focus the need to support carers as a valued and valuable part of our community. This means current support and plans for the future need to be reconsidered to take these changes into account

Since the start of the Covid-19 pandemic, a number of temporary changes have been made to services and supports across Dundee, in order to delay the spread of the virus. Many organisations have had to rapidly adapt and introduce new ways of working to deliver services safely during the pandemic.

In response to this, the Dundee Carers Partnership identified that they wanted to capture information to better understand the impact of the changes on local carers and their families, their needs and priorities, particularly within the context of the COVID-19 pandemic, and to respond to these needs.

In August 2020 Dundee Health and Social Care Integration Joint Board (IJB) approved a report (DIJB20-2020) to delay the revision of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee and Dundee's Short Breaks Services Statement. The IJB agreed that there was a need delay development of these to ensure appropriate involvement of carers and stakeholders through the Dundee Carers Partnership and others to gather further information about the effect of the pandemic on carers.

Local Context

The most recent Census (2011), figures indicate that there were 13,072 residents of Dundee who identified themselves as being a carer; this was 8.9% of Dundee's population at that time. The Census identified that there had been an increase in the number of people who provided 20 hours or more of unpaid care in Dundee.

In Scotland, prior to the pandemic, the Scottish Government estimated that there were around 759,000 carers aged 16+ in Scotland. Overall, it is thought that 17% of the adult population are carers¹ and it is estimated that there is around 29,000 young carers.

Applying these estimates to the known population of 149,320 citizens of all ages in Dundee we can estimate that around 20,500 were carers prior to March 2020 and there are now estimated to be 27,331 carers in Dundee.

National Context

There is evidence that many carers saw a growth in their caring commitments since the onset of the Covid 19 pandemic and in addition Carers Scotland currently estimate that 400,000 more people became carers during the pandemic. There are now an estimated 1 million carers in Scotland (18%) and the care they have provided over course of the pandemic so far is valued at £10.9 billion.

Throughout the Covid-19 pandemic, Carers UK conducted a national survey to monitor the effect of societal change during this period on unpaid carers across the UK, this included specific data results for Scotland. Before the crisis, findings from Carers UK indicated that 78% ²of carers in Scotland reported that they were already providing more care than they were before. The findings from the Carers UK 'Caring Behind Closed Doors' six months on report, reveal that this has increased further with 87% of carers now reporting that they are providing more care than before³. More than a third (40%) of carers said they are providing more care because the needs of the person they care for have increased, whilst 45% were providing more care because of local services reducing or closing⁴.

The Carers UK findings also reveal the emotional, mental and physical health impacts of caring as key concerns faced by unpaid carers during the pandemic, 80% of carers in Scotland reported that the needs of the person they care for have increased since the COVID-19 pandemic. This has led to 63% of carers feeling more stressed, and 55% saying it had an impact on their health and wellbeing⁵

¹ Scottish Government, Scotland's Carers, 2015

² Carers Week, Carers Week 2020 Research Report

³ Carers Week, Carers Week 2020 Research Report

⁴ Caring Behind closed doors, 6 months on, Carers UK Report

⁵ Caring Behind closed doors, 6 months on, Carers UK Report

In addition to this, research published from ONS (Office of National Statistics) provides evidence of increased caring responsibilities during the pandemic. In April 2020, the research found that almost half (48%) of people in the UK said that they provided help or support to someone outside of their household in the first month of lockdown in April 2020.⁶ Of adults who reported providing help in April 2020, 32% were helping someone who they did not help before the pandemic and 33% reported giving more help to people they helped previously. Those aged 45 to 54 were the most likely group to provide support - 60% of this age group reported doing this. Women were more likely than men to provide support, as were those with dependent children⁷

Inclusion Scotland published the results of their survey in April which had 822 respondents. Initial findings in their report revealed that around 40% of people are experiencing challenges with new or increased caring responsibilities caring for children/family members since the start of the pandemic. Findings in the report highlight mental distress in adults and children with disabilities, and a reduction in services. Parents of very young or adult children with ASN (Additional Support Needs) report stressful experiences, particularly lone parents. Respondents also reported increased anxiety and poor mental health due to the increased strain of caring for children or family members at home.⁸

Findings published by CIRCLE (Centre for International Research on Care, Labour and Equalities) in their *Carers Matters Series* provide evidence to illustrate the financial hardship experienced by unpaid carers during the Covid-19 pandemic. In May 2020, their findings revealed that carers had lower financial wellbeing than other people in the population, 21.5% experienced some degree of financial strain, saying they were 'just about getting by' or finding it 'quite' or 'very' difficult to do so. Carers aged 31-45 reported the lowest levels of subjective financial wellbeing. Among women, more carers (22.3%) than non-carers (17.9%) had low financial wellbeing and 1 in 4 carers in paid work had financial concerns, compared with 1 in 7 carers without paid jobs⁹.

Young Carers

The results of a Carers Trust Scotland survey into the impact of Coronavirus on young carers aged 12 to 17 and young adult carers aged 18 to 25 were published in July 2020. They point

⁶ ONS, the impact of Covid-19 on caring, April 2020

⁷ ONS, the impact of Covid-19 on caring, April 2020

⁸ Inclusions Scotland, Covid-19 Evidence Survey, April 2020

⁹ CIRCLE, *Carers Matters Series*, Caring and Covid-19- Financial Wellbeing, June 2020

to a steep decline in the mental health and wellbeing of thousands of young people across Scotland who provide unpaid care at home for family members or friends. The key findings included¹⁰:

- 45% of young carers and 68% of young adult carers in Scotland say their mental health is worse since Coronavirus.
- 71% of young carers and 85% of young adult carers in Scotland are more worried about the future since Coronavirus.
- 69% of young carers and 76% of young adult carers in Scotland are feeling more stressed since Coronavirus.
- 74% of young carers and 73% of young adult carers in Scotland are feeling less connected to others since Coronavirus.
- 58% of young carers in Scotland are feeling that their education has suffered since Coronavirus.

2. Methodology

From late September to mid November 2020, the Dundee Carers Partnership conducted local consultation work with carers' and the workforce supporting carers across the city to capture experiences of the Covid-19 pandemic. The aim of the consultation activity was to better understand how unpaid carers had been affected by the pandemic, as well as capturing workforce views about how carers had been affected by the pandemic in order to support future planning and recovery from Covid-19.

The consultation consisted of a mixed method approach to engagement with carers and the workforce, which included two online surveys; carers survey and a workforce survey, as well as focus group discussions with carers, facilitated by support organisations in the City.

The Carers Partnership developed specific survey questions to understand the impact the current situation had on carers achieving their outcomes in Dundee, including understanding what worked well and what could be improved in the future. As well as questions specifically for the workforce to understand their experiences of providing support to carers during the pandemic, the main challenges, what had been working well and areas for improvement to support future planning activity.

¹⁰ Carers Trust Scotland, 2020 Vision, Hear Me, Support Me and Don't Forget Me, July 2020

Both surveys launched on 29th September and remained open for a four-week period, from 29th September – 30th October, and were hosted online using the Survey Monkey platform. The findings draw on 116 responses from carers, and 37 workforce responses. Organisations supported the completion of the survey by assisting people over the phone or providing paper copies for them to complete.

The focus group engagement activity was open from 26th October – 13th November and continued after the survey closed. The focus groups provided further insight into experiences of carers during the Covid-19 pandemic and additional comments on the challenges, what was working well and what was needed to better support them in the future.

The local engagement was advertised through various social media and online platforms across the City, including input in newsletters and bulletin features. Information about the engagement and survey monkey link was distributed using a number of networks and emailing lists for cascading wider, including circulating to Dundee Health & Social Care Partnership (DHSCP), Dundee City Council, NHS Tayside, Third Sector Organisations, Carers Interest Network and other local health and wellbeing networks, as well as services commissioned by DHSCP. The Covid-19 engagement work was also featured as a topic input as part of the 'virtual hub' online livestreaming delivered by Dundee Carers Centre on their Facebook channel.

On the launch of the consultation the Carers Interest Network delivered a session to the Network which is a multi- agency workforce group. This provided information about the engagement work offering these members of the workforce an opportunity contribute and raise awareness of this work as well as collecting the views. The session attracted a total of 22 attendees from across the Third Sector, Dundee HSCP, Dundee City Council and NHS Tayside workforce, and local representatives from national agencies including Social Security Scotland and Healthcare Improvement Scotland.

3. Carers Survey

Who we heard from

The survey was completed by 116 carers, the majority of carers completing the survey lived in Dundee (112). 87% of carers identified themselves as female, and 13% identified as male, no carer completed any other options. 107 carers were providing care and support to someone living Dundee.

Most carers completing the survey were aged between 45-54 (30%), 55-64 (28%) 35-44 (19%) and 65+ (13%). A smaller proportion of carers were aged between 25-34 (9%). The survey had a limited response from carers aged 24 and under (1%).

The overwhelming majority of respondents identified themselves as White, this included White British/ White Scottish/White Irish. A small number of the survey sample were from an ethnic minority background.

72% of carers who responded stated that were providing care and support to an adult, 23% were caring for a child under the age of 18 and 5% did not respond to this question.

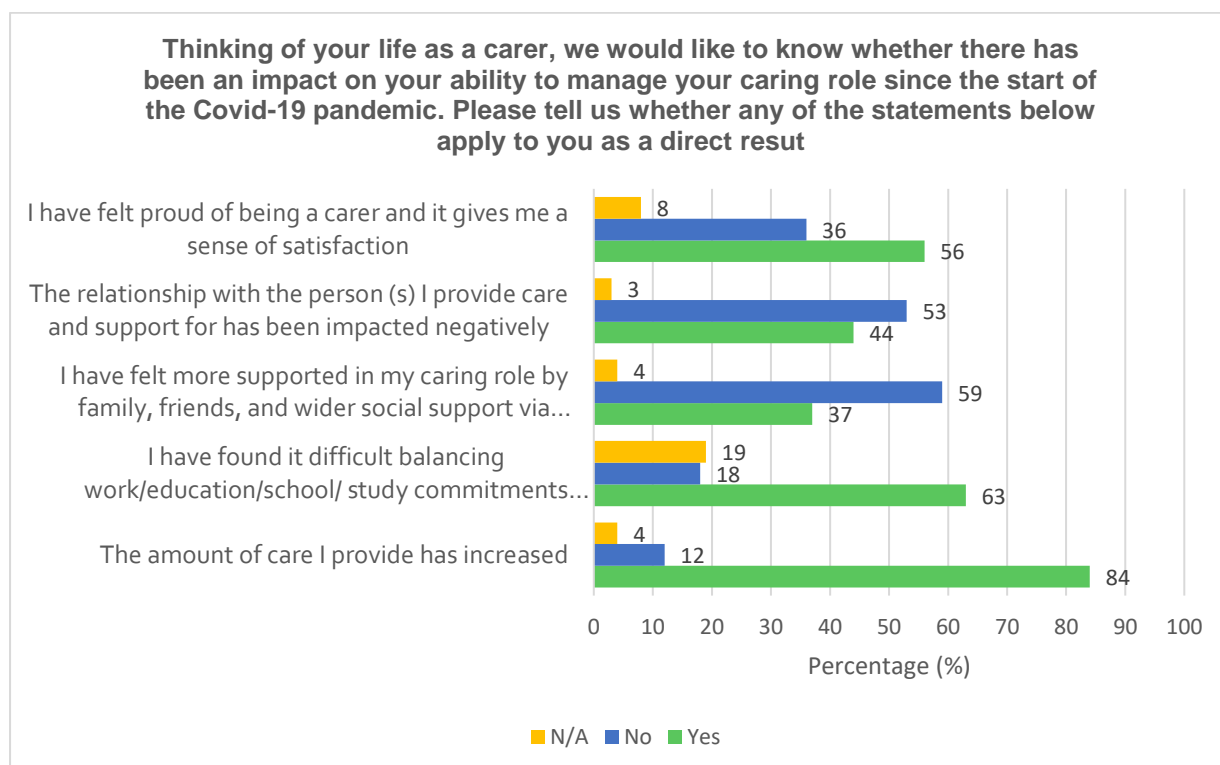
Over two fifths of carers were providing care and support to a son/daughter (43%), around a quarter were caring for mother/father (25%), 15% were caring for a spouse/partner and a smaller number of respondents were caring for a sibling (11%). In the open comments, 6% of carers who were providing care and support to a grandparent and aunt/uncle.

Carers were caring for people with a range of conditions. The survey had multiple options for respondents and reported conditions in order of frequency were: mental health (16%), autism (14%), learning disability (15%), long term condition (13%), frailty/older age (13%), physical (11%), dementia (6%), sensory (5%) and substance use (1%) and 'other' (6%).

Carers survey findings

1. Managing the caring role

- The majority of carers (84%) who responded to the survey had seen an increase in the amount of care they provide since the beginning of the Covid-19 pandemic.
- 63% of carers reported that they have found it difficult to balance commitments they have alongside their caring role, this included: work/study/education and school commitments.
- Just over one third of respondents (37%) agreed that they had felt supported in their caring role, whilst the majority (59%) stated that they had not felt supported in their caring role by family, friends and wider social support via organisations.
- Over half of carers (53%) reported that there had been no negative impact on the relationship with the person they provide care and support for since the beginning of the pandemic, whilst 44% of carers had seen a negative impact on the relationship.
- 56% of respondents agreed with the statement that they felt proud of being a carer and that it gives them a sense of satisfaction.

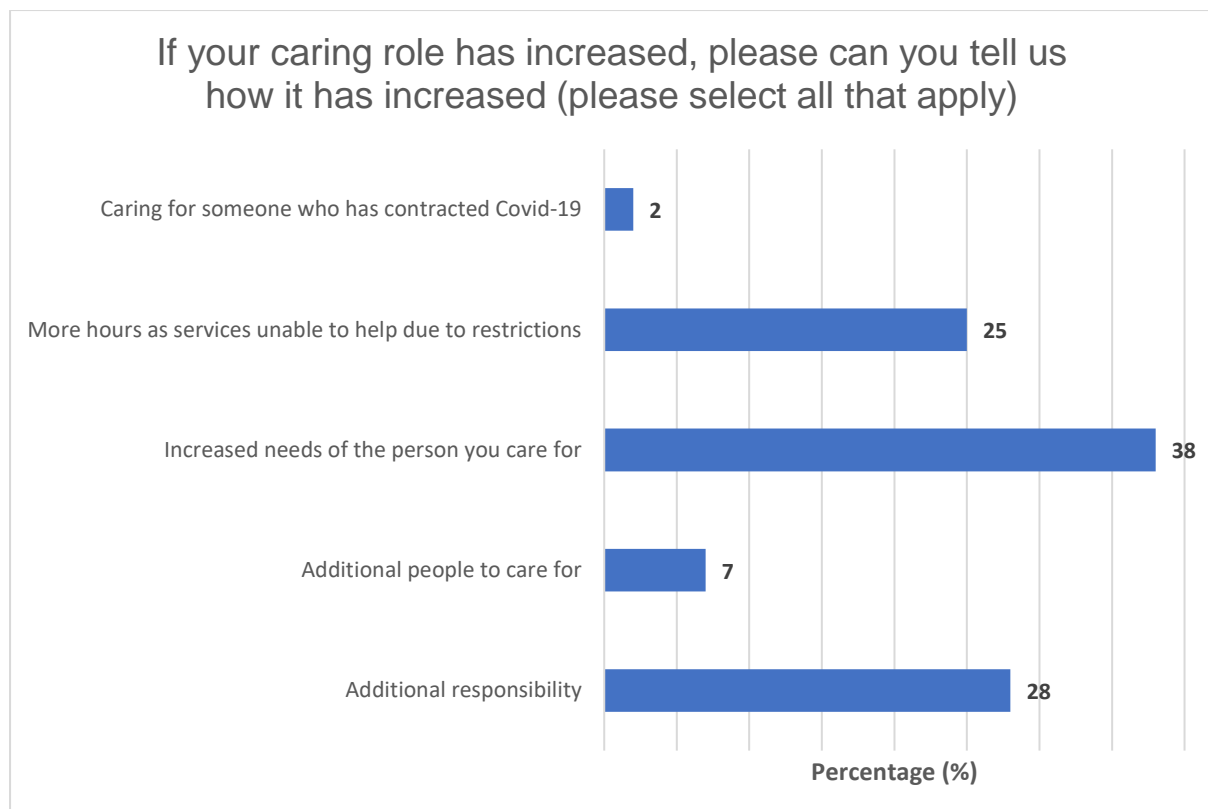


In the open comments, many carers cited a reduction of services for the person they care for as a main reason for their increasing caring responsibilities. There were several comments from carers who were experiencing a reduction in respite and key day services/specialist support provision, particularly for those caring for someone with autism, mental health and learning disability conditions. Respondents below shared how they had felt left ‘abandoned’ and ‘frustrated’ without vital support in place:

“Since March, the impact has hit both myself and my sister hard, as respite has completely stopped and the Enabler service stopped also. I feel people such as my sister with autism/learning disabilities have been completely abandoned and left to "get on with it.”

“I feel I could do with more support for my daughter as she needs to be able to function independently but requires support which I am unable to find for her for now and her future. This makes me feel disempowered and frustrated that support is not there for her and it affects my mental health too.”

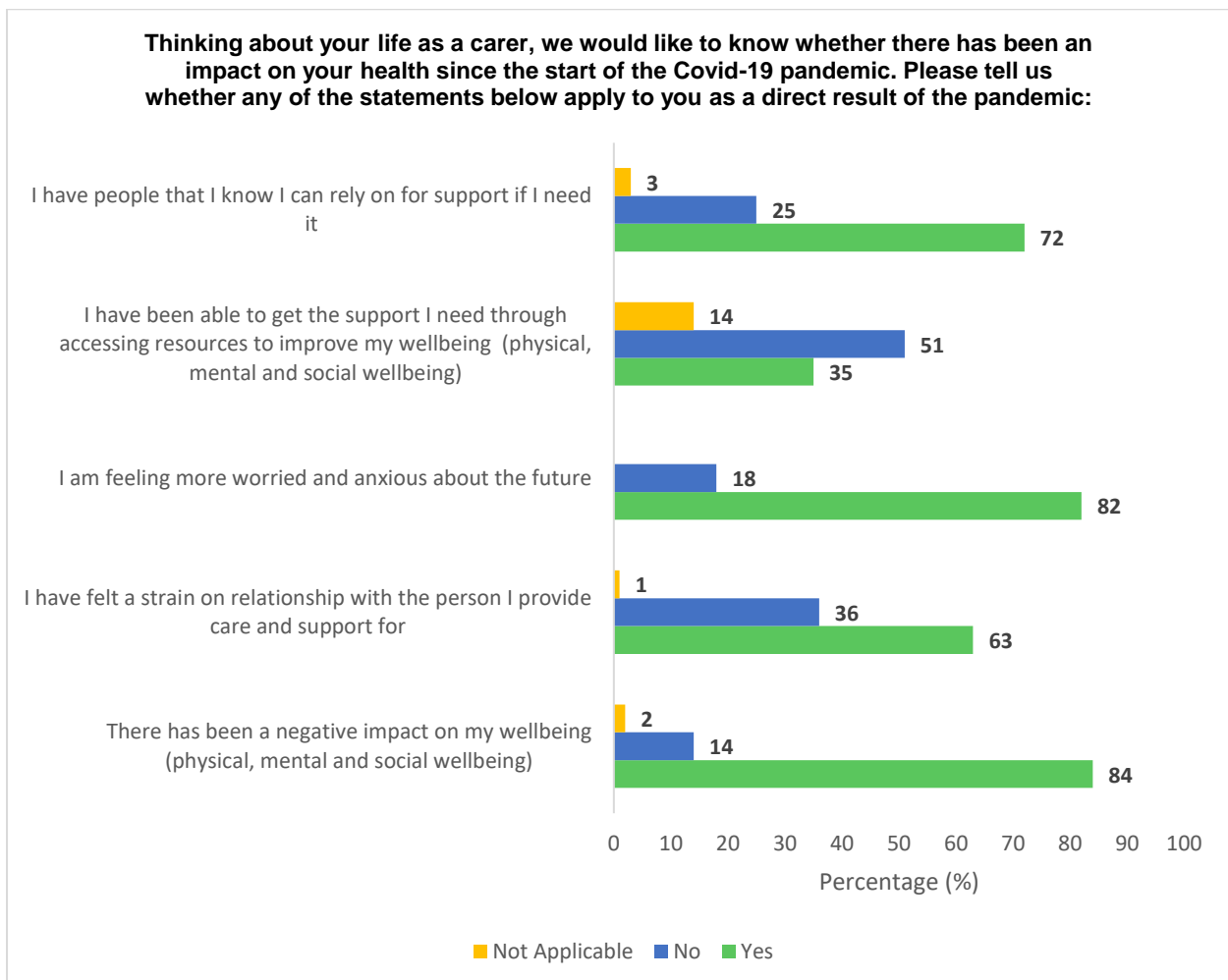
For those who had experienced an increase in their caring role, respondents were able to give information through a multiple-choice question.



The ways in which respondents caring role increased were in order of frequency: Increased needs of the person you care for (38%), Additional responsibility (28%), More hours as services unable to help due to restrictions (25%), Additional people to care for (7%), and Caring for someone who has contracted Covid-19 (2%). The option "Another carer moved on" was not selected by the group. 99 people responded across 5 options 185 times, which gives an average of 1.9 across the group. This indicates that on average respondents were choosing two options in their response suggesting that carers were identifying more than one way in which their caring role increased.

2. Impact on Health

- The majority of carers (84%) reported that there had been a negative impact on their physical, mental and social wellbeing since the beginning of the pandemic, similarly a high number of carers (82%) reported that they were feeling more worried and anxious about the future.
- 63% of carers had felt a strain on the relationship with the person they provide care and support for.
- Half of carers (51%) reported that they had been able to get support through accessing resources to improve their own wellbeing, whilst just over one third (35%) had not been able to access this.
- A high proportion of carers (72%) reported that they had support networks in place and people they can rely on if they needed it.



Many carers attributed a decline in their wellbeing as a result of a withdrawal of supports they previously had in place during lockdown restrictions, such as supports provided by family/friends and the limited capacity/closures of support services:

“All my son's clubs etc. were closed (and still are) throughout lockdown. I was unable to gain the essential support my mum gives me in helping care for my son...this had a massively negative affect on our whole family.”

“I find it hard as I do not have family close by to help with things and I don't like to bother people who I know could/would maybe help. This virus has made a lot of difference to everyone's lives and the restrictions just make things harder as we cannot go out to places anymore for social interaction which did help both of us a lot.”

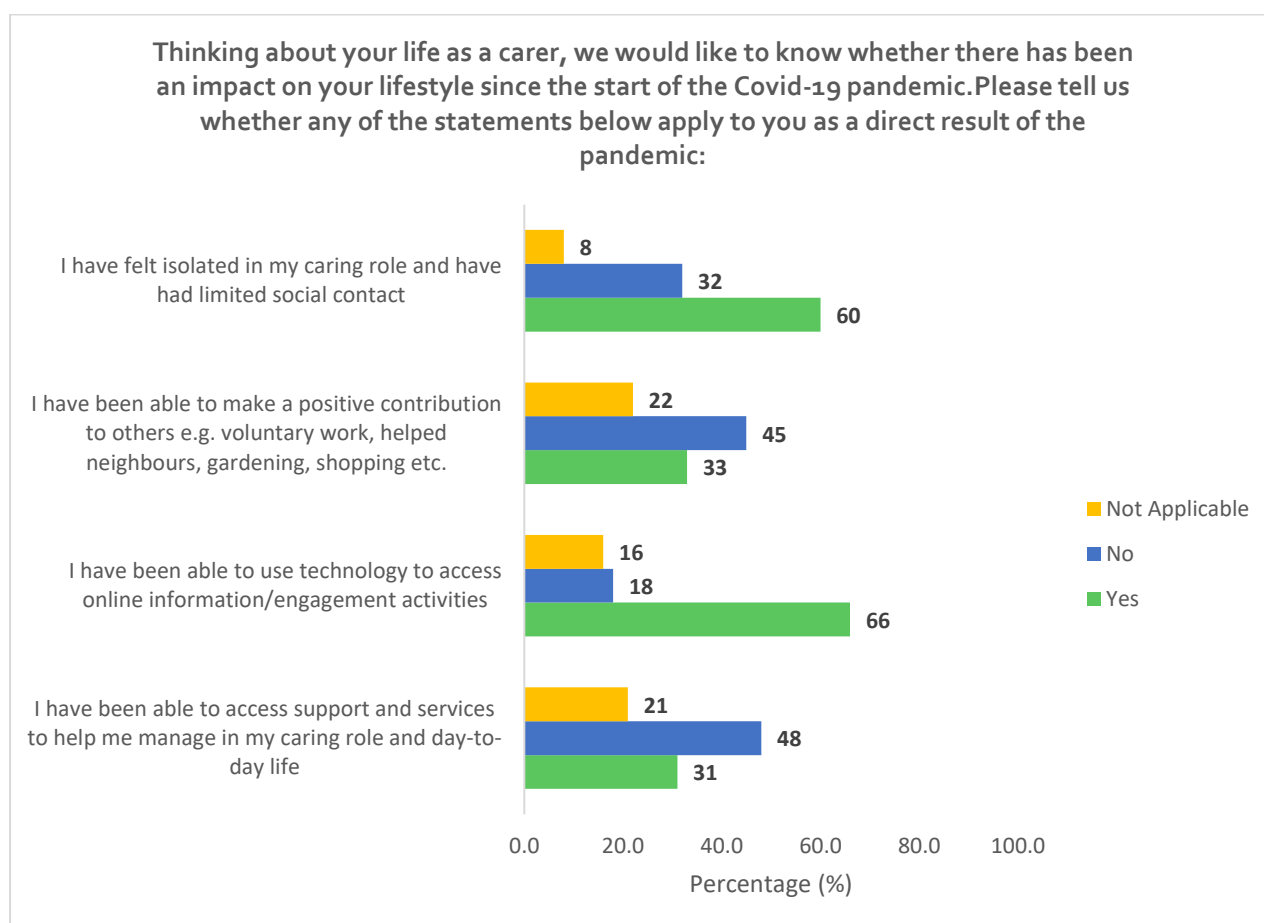
Others spoke of the negative impacts they had experienced during lockdown with their mental health and wellbeing, reporting feelings of stress, anxiety and low mood making it more challenging to cope in the caring role:

“During lockdown I could not get the support of my partner who usually gives me support because we don't live together or support from my Mum. It was a very stressful and lonely time.”

“The only help and support I have as a carer has been from my sister, without her help both myself and my sister whom I care for would find things even more difficult. During the Covid crisis my sister whom I care for has had challenging mood swings which impacts my wellbeing also as I have found it difficult to cope at times.”

3. Impact on Lifestyle

- A high proportion of carers (60%) reported that they had felt isolated in their caring role and had limited social contact since the beginning of the Covid-19 pandemic.
- Just under half of respondents (48%) had not been able to access support and services to help them in their caring role and day-to-day life.
- Whilst 66% of carers reported that were able to use technology to access online information/engagement activities, and one third (33%) of carers were able make a positive contribution to others, via voluntary work, helping neighbours, gardening, shopping etc.



In the open-ended comments, carers highlighted how they were feeling increasingly isolated in their caring role due to the impact of Covid-19 restrictions and shielding:

“The isolation was overwhelming and had a major negative affect on my mental health and ability to cope day to day, my anxiety went through the roof and I wasn't sleeping well.”

Carers also expressed heightened concerns/anxieties they had of mixing with others and apprehension of leaving their household due to fears of contracting the virus, and the impact this would have on the person they care for. One carer noted that they were feeling more reclusive and disconnected from their friendship social supports:

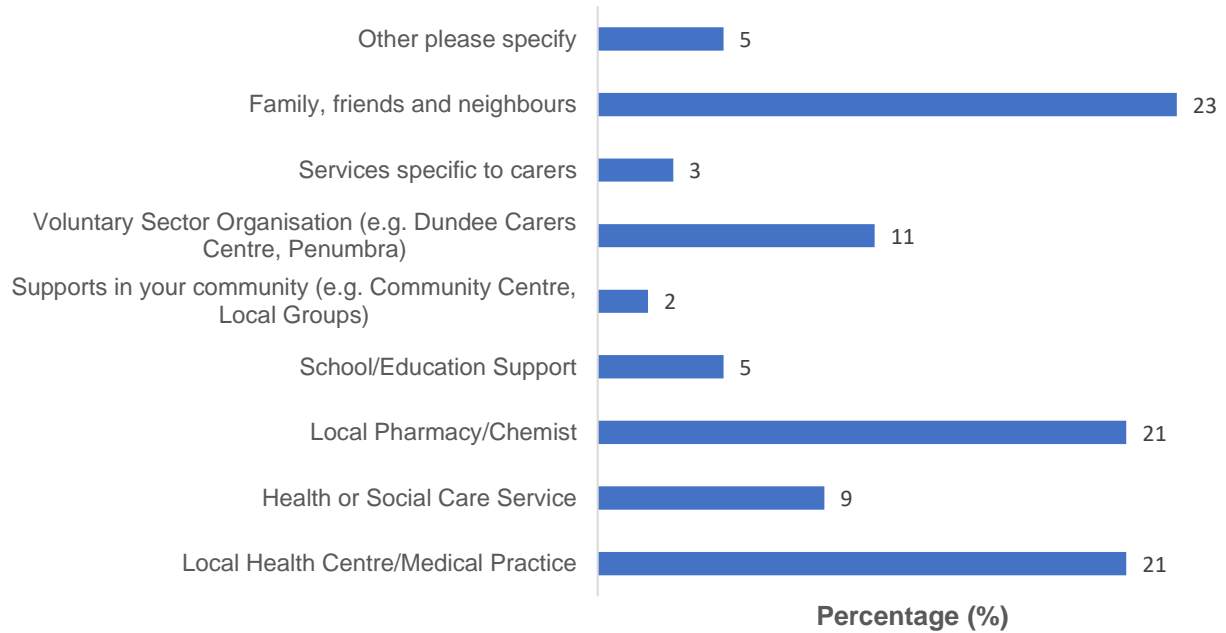
“I've had to shield and avoid social contact due to the risks of Covid. Even meeting someone outside seems too risky.”

“As a single parent/carer it is vital that I don't get sick so have limited going out for essential trips.”

“I have a small group of very close friends who provide me with support, however due to the covid situation I have only managed to meet up with them twice... my mum has several health conditions, I am careful not to pass Covid onto her so I don't even feel like socialising. But I am now feeling like I am becoming reclusive which is not healthy for me.”

For services and support during the pandemic, respondents were able to give information through a multiple-choice question. 104 people responded across 9 options 278 times. On average, respondents were indicating that they were able to access between two and three services/support during the pandemic. This suggests that carers were not relying on one source of support during the pandemic and were accessing on average more than one.

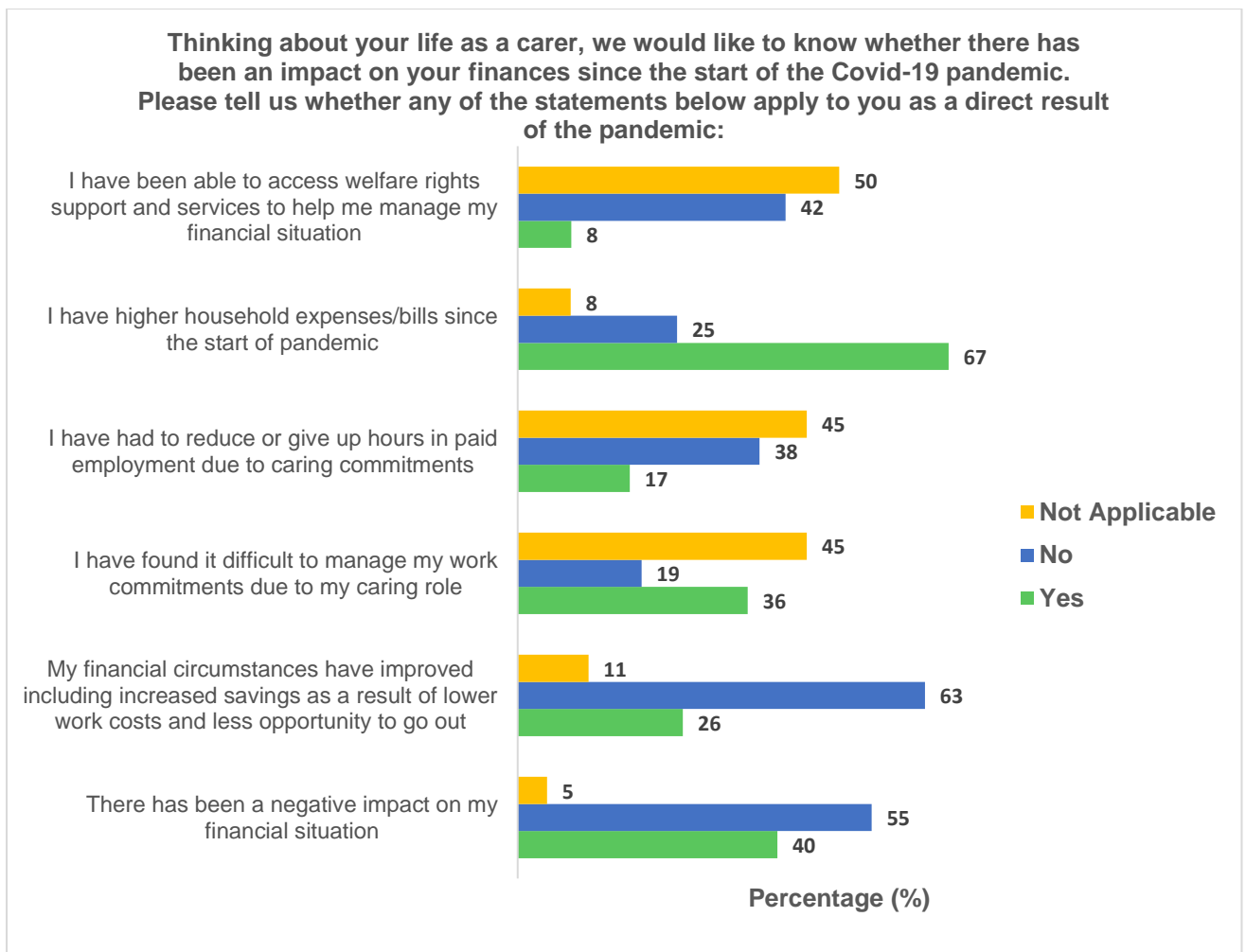
Have you been able to access to any of the following services/support during Covid-19? (This can include face to face, online and telephone support and includes services specific to carers and services that are available to everyone)



The sources of support that respondents reported to access were in order of frequency: Family, friends and neighbors (Rank 1, 23%), Local Health Centre/Medical Practice, and, Local Pharmacy/Chemist (Joint Rank 2, both options scored equally at 21%), Voluntary Sector Organisation (e.g. Dundee Carers Centre, Penumbra) (Rank 4, 11%), Health or Social Care Service (Rank 5, 9%), School/Education Support (Rank 6, 5%), Other (Rank 7, 5%), Services specific to carers (Rank 8, 3%), and Supports in your community (Rank 9, 2%). Those selecting 'other' provided further information about specific services which had been of help to them.

4. Impact on Finances

- The majority of carers (67%) reported that they had experienced higher household expenses/bills since the start of the pandemic, with a smaller proportion (26%) of carers seeing an improvement with their financial circumstances with increased savings etc.
- 38% reported that they had to reduce or give up hours in employment due to their caring commitments.
- Only 8% of carers had been able to access welfare rights support and services to help them manage their financial situation, however half of respondents had responded this was not applicable to them in their caring role.



Carers reported additional pressures with their financial situation as a result of increased living/household expenses, with the majority of carers reporting spending more money on their household bills such as electricity, heating and food shopping.

“Higher fuel bills with being at home... food costs have been higher also due to both of us being at home”

“Household bills changed as I had 2 children at home during pandemic April till end August which struggled financially. Food restrictions in supermarkets due to people bulk buying which this has been sorted out now. I am using more fuel electric & gas mostly electric”.

Looking forward to the next 6 months:

In the survey, we also asked carers to share with us suggestions and ideas they had about what support and services might be useful to them in their caring role and preferred ways to receive this support in the future, looking forward to the next 6 months. The following includes a summary of some of the main comments that were provided in response to this question:

- The most frequent comment provided was the request for continuation of support provided by carers specific organisations and the re-introduction of direct face-to-face support and groups for carers. Many acknowledged that they had valued support provided via online/telephone contact, however preferred access to direct social contact with a worker and the benefits this provided to them in their caring role

- Another recurring comment was the request for respite care, additional support hours and specialist care for the supported person to be re-introduced, particularly for those who were previously reliant on specialist support and day care services and psychology support services. This was most often requested from parent carers caring for child/young person with a learning disability, autism or mental health condition.

- Having access to short breaks and opportunities to get time away from the caring role and quality time to look after their own wellbeing was also commonly cited in the comments from carers.

- Other comments included reference to employers providing more consideration and support to employees in a caring role, offering flexible working arrangements to accommodate caring responsibilities.

Positive changes that happened during the Covid-19 pandemic:

We also asked for carers to share any positive changes that Covid-19 may have had on them in their caring role, the following are some examples of the responses provided:

A number of comments included people highlighting the benefits they had experienced of spending more time together as a family, developing closer bonds and establish stronger relationships with each other:

"It has brought my family together which has been great."

"The situation has brought family members closer together."

Some commented on how the situation had enabled them to reflect on their lifestyle/priorities and introduce positive changes and reach out to access support in their caring role:

"It has made me look at what my priorities are and how much I actually spend time being a carer and what's important in life."

"I have much firmer boundaries around protecting my time. I am more confident in advocating."

"I don't think I would have thought about accessing Carers Centre if we had not been in lockdown and I have had a good amount of support over the last few weeks"

Others reflected on the flexibility afforded from home working, and having partners/other family members in the household to share caring responsibilities more:

"Home-working as a result of Covid-19 has given me more time and more flexibility to be there for others when needed."

"working from home for myself & husband....have more support at home, so we can share responsibilities more."

Additional comments included reflecting on the advantages experienced from utilising online shopping deliveries creating more convenience, whilst others spoke of the offers of help they had received from neighbours and the continued support they had received from support organisations during difficult times.

4. Feedback from Carers Focus Groups

To supplement information received from the carers survey, focus groups were also conducted to receive further information from carers. This section outlines the key themes from the focus group discussions. The table below provides a breakdown of focus groups conducted and number of carers participating:

Focus Group Table – Engagement numbers

Engagement	FG1	FG2	FG3	FG4	FG5	FG6
Involvement Group Adult Carers/Young Carers	Adult Carers	Adult Carers	Adult Carers	Adult Carers	Adult Carers	Young Carers
Numbers	7 (AC)	10 (AC)	4 (AC)	4 (AC)	9 (AC)	7 (YC)
						Total = 41

Covid-19 and carers experiences since the beginning of the pandemic

Key Concerns	Positives
<ul style="list-style-type: none"> • Service closures & reduced access to services for the supported person - increased pressures and demands placed on carers in their caring role/intensity of the caring role heightened during the pandemic. • Negative impacts on carers mental health & wellbeing, carers experiencing issues with anxiety, stress and low mood, feeling overwhelmed in their caring role. • Carers worried and apprehensive of a return to increased government restrictions and the potential of future lockdowns. 	<ul style="list-style-type: none"> • Access to online/telephone support during the pandemic, one respondent describing this as a 'lifeline' to them in their caring role • Utilising services to create greater convenience in day-to-day lifestyle, this included reference to delivery of prescriptions/food shopping deliveries. • Having access to a key health professional contact, such as GP/Consultant can make all the difference to carers experience with health & social care services. • Improvement in relationships with person they care for and wider family.

<ul style="list-style-type: none"> • Limited access to face to face NHS appointments/consultations – online not always suitable/practical for carers & supported person. • Not being able to attend appointments with supported person. • Loss of access to vital support via mental health services, including CPN/ Psychiatry support for the supported person/carers feeling that the support offered is inconsistent in provision. • Increased feelings of isolation and lack of social interaction with others/lack of opportunity to have protected time to themselves/reporting reduced physical activity also. 	<ul style="list-style-type: none"> • Learning new technology and making use of online supports available.
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Services & Support - what is working well and what needs improving?

We also asked focus group participants to share with us their views about what is currently working well and what needs improving in relation to services and supports they receive.

The below table provides a summary of the main points that were most commonly identified by focus group participants:

Working Well	Needs Improving
<ul style="list-style-type: none"> • Responsiveness of carer support provision during Covid-19 pandemic. This included specific mention of continued 1-1 support, group support and access to carers short breaks. Carers highly appreciative of continued support provided during the pandemic. 	<ul style="list-style-type: none"> • Support staff identifying, recognising and involving carers, greater acknowledgement of carers in their caring role. • Workforce utilising ACSP process and signposting carers to the support that may be available to them.

<ul style="list-style-type: none"> • Befriending services & opportunities for peer support, meeting carers with similar experiences provides a good support network to learn from others/share experiences. • Information and advice provided about Covid-19 restrictions and how this guidance directly applies to carers in their caring role. • Adaption to online digital support & telephone support provided to carers during the pandemic. • Small bubble of support workers visiting the supported person considered to be helpful to alleviate carers fears/anxieties of social mixing with different workers. • Flexible working arrangements and workplace carers support provision (where these provisions are in place by employers) • Support provided to young carers via schools. Hubs in schools remaining open. • Having access to a key worker to help with young carers concerns/phone calls from key workers helpful form of support. 	<ul style="list-style-type: none"> • Involving carers in conversations concerning the supported person, this included ref. to hospital settings and hospital discharge arrangements. • Services responding in a more proactive way with carers/supported person, putting relevant supports & help in place at an earlier stage to alleviate crisis situations. • Greater provision of respite facilities and increasing choices available. • Provision of mental health support to carers • Provision of mental health services for those caring for someone with a mental health condition (incl. easier accessibility to CPN/ Psychology/Psychiatry supports via NHS services.) • Continue raising awareness of young carers in schools/ ensuring young carer support workers are in place in schools/ensure consistency of support is available to all young carers.
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Looking forward to the next 6 months:

In the focus group discussions, we also asked carers to share with us suggestions and ideas they had about what support and services might be useful to them in their caring role and preferred ways to receive this support in the future, looking forward to the next 6 months. A number of suggestions were shared by focus groups participants, below is a summary of the responses provided:

- Continue with provision of carers support groups, opportunity for carers to share their experiences, access peer support socialise and discuss certain topics/obtain information - also re-introducing access to face to face meetings with workers where safe to do so.
- Improved promotion of existing services available to carers and information on how to access these supports/central place for carers information making it easy to access.
- Continue with Covid-19 information updates and specific guidance to carers about how this applies to them. This included mention to service directory for carers and information about tier levels. Continue to provide information in a range of formats online and paper copies via leaflets/pamphlets for those without digital access.
- Re-introducing provision of respite/daycare services following safe Covid-19 guidelines, seen as a critical service to carers, supported person and the wider family. Providing information/guidance and transparency with regards to respite care service planning and provision, particularly with decisions made to stop services during Covid-19.
- Improved access to medical appointments and opportunities to speak with health professionals incl. GPs/Medical Consultants, suggestion that this contact could be offered in alternative formats such as video consultations.
- Promoting workplace carers support and offering flexible provisions to employees with a caring role.
- Re-introducing supports available to young carers within schools, this included reference to key workers and school group supports.
- Provision of emotional support/advice for those who may have contracted Covid-19.
- Continue to involve carers and promote opportunities for carers to be involved in decision making processes.

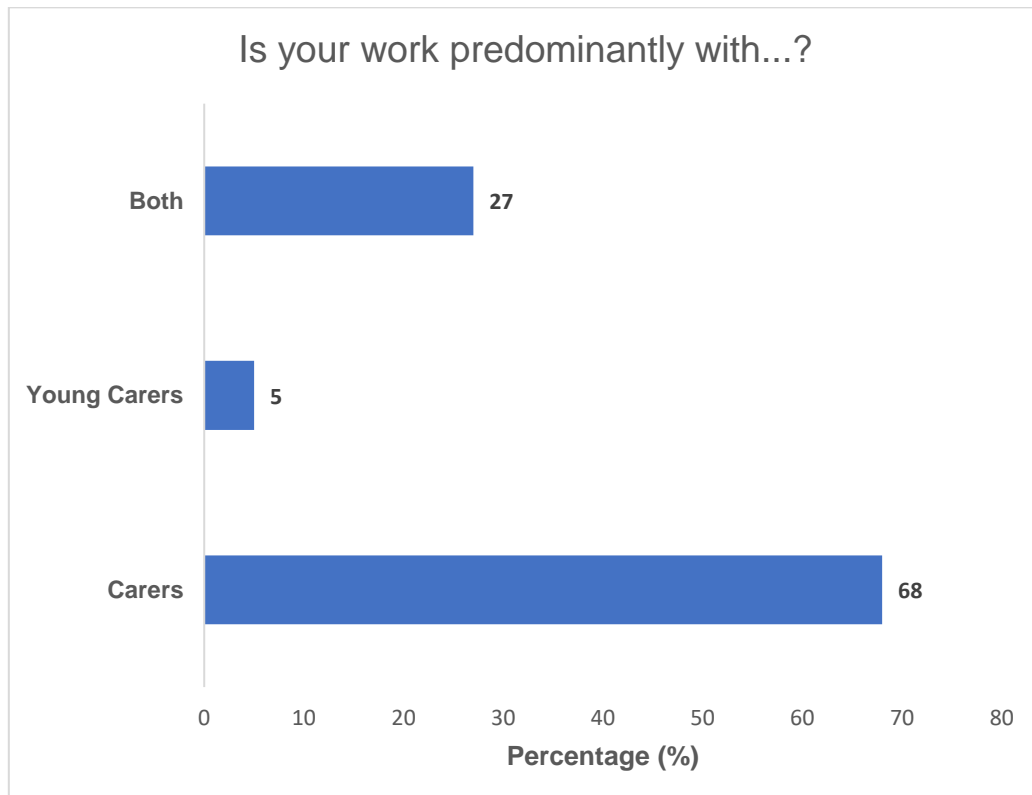
5. Workforce Survey Findings

Who we heard from:

The workforce survey was completed by 37 individuals, who identified as being an employee or volunteer with responsibilities/contact with unpaid carers in Dundee.

The survey was completed by colleagues working in voluntary sector (47%), NHS Tayside (16%), Health & Social Care Partnership (13%), Health & Social Care with adults or children (13%), Dundee City Council (7%) and Education (4%).

Of those completing the survey, 68% identified that the work they provide is predominately with carers, 27% of those responding were in a role providing support to both carers/young carers and a low proportion of the survey sample provided support directly predominately with young carers.



Workforce survey responses: General Impacts of Covid-19 on unpaid carers

Workforce Survey Q1.

(Please use the space to share information about the general impacts of Covid-19 on the unpaid carers and young carers you support based on the views they have shared with you?)

Main themes

- Negative impacts on carers mental health incl. anxiety/uncertainty/stress– feeling overwhelmed with caring role.
- Impact on coping mechanisms with prolonged period of pandemic – increased strain on mental health over time.
- Lack of respite for carers
- Limited contact with support networks (family/friends/who would usually offer support)
- Carers worried about becoming ill themselves/contracting Covid-19
- Impact on relationships
- Disruption of usual routines – impact for those supporting someone with autism etc.
- Impacts of isolation/shielding
- Some carers unable to access support/online services – no access to online devices, not able to use digital technology.
- Concerns around PPE access and provision
- Carers experiencing greater financial issues/worries
- Lack of services for supported person – withdrawal & reduction, impacts this had on carers 'feeling left/abandoned'

Open ended comments:

"At first carers I had contact with seemed to be managing okay and they were generally okay about managing lockdown. However, as time went on stress levels and coping mechanisms pushed to the limits with many carers expressed that they were exhausted and that they were struggling, both physically and emotionally."

"This has varied depending on the individual circumstances. Some have just got on with things and coped fairly well others have felt abandoned, as services withdrew and they were left to cope."

"Not being able to get out, due to shielding and caring duties, has created the biggest burden."

Workforce survey responses: Supports that have worked well for carers and young carers during the Covid-19 pandemic

Workforce Survey Q2.

(Please use the space below to describe what supports have worked well for carers and young carers during the Covid-19 pandemic)

Main themes

- Flexible working/alternative support – telephone contact, online platforms, video calls, continuation of emotional support to carers – carers highly appreciative of this support.
- Adaptive procedures/proactiveness of organisations/continuation of support- changing referral routes, innovative approaches to meet carers needs e.g. shopping cards, short breaks, virtual support
- Informal networks of support and practical support - assistance with shopping, medication pick up, help from neighbors, community groups, church, foodbanks
- Opportunities for closer working amongst organisations – sharing information/resources valuable
- Sourcing PPE for carers
- Doorstep activity pack drops off

Open ended comments:

"lots of positive feedback from carers being so grateful for phone/video call support, someone to talk to"

"I have been able to offer telephone contact/support to families and put people in touch with advice about food bank/support services for shielding persons. People did appreciate the telephone support even if I couldn't go out and directly visit them."

"Continued access to short breaks has been very beneficial for some"

"Video calls were used with both carers and the person they support when direct contact not possible, sometimes doing an activity online with the person being supported allowed a break (of sorts) for the carer."

Workforce survey responses: Barriers/Challenges in providing support to carers

Workforce Survey Q4.

(Have you experienced any challenges/barriers in providing support to carers and young carers during the Covid-19 pandemic?)

Main themes

- Challenges providing remote support - limited participation for those with low levels of confidence in use of telephone/online support, unable to use/access online technology, access to technology, challenges with building relationships via telephone (difficulties for workforce providing support)
- Limited specialist support available – mental health/counsellors, psychiatry/psychology
- Disproportionate impact of Covid-19 – older people, marginalized/disadvantaged groups
- Confidentiality/Privacy within home environment – some carers uncomfortable receiving support via telephone due to confidentiality and lack of privacy, parent carers not able to get support when young person at home, not wanting supported person knowing that they are accessing support.
- Limitations with face-to face support, visiting restrictions, transport - reluctance for carers to engage with telephone support at beginning of pandemic.
- Service Restrictions - reduction in respite facilities/care packages and closure of day care services
- Heightened demand and pressures on statutory services and resource availability

Open ended comments:

"It has been difficult to provide support "at arms-length" via telephone or e-mail. There is no substitute for good face to face working and visits to check in with people."

"How carers were coping was not static, as a professional it was unpredictable what issues, concerns and emotions you would experience during telephone contact."

Workforce survey responses: Looking forward to the next 6 months...

Workforce Survey Q5.

(Thinking forward to the next 6 months, please use this space to share any suggestions or ideas you may have about what would help support carers and young carers in their caring role)

Main Themes:

- Provision to re-start face to face engagement opportunities for carers, face to face/small group gatherings where safe to do so
- Skills training for carers to build confidence with use of digital technology to ensure carers can make use of online supports available
- Continue to be creative and flexible in the support offered to carers, e.g. provision of online forms of support
- Continue to promote workforce carer awareness
- Re-design of referral routes for carers and clarification on eligibility of supports, incl ACSP processes and what support can be provided to meet carers needs.
- Telephone buddy/be-friending services available to carers
- Reinstatement of practical support packages of care
- Access to respite provision
- Flexibility in the use of directed budget payment for supported people and carers
- Care home visiting – putting in place measures to allow for visiting of relatives
- Information on what the focus of the Carers Partnership is at the moment, and when carers can expect services to resume.

Open ended comments

"Help build confidence with digital technology as a way of support moving forward."

"A "we are still here" approach/campaign to remind carers that they haven't been forgotten"

"For staff, volunteers in 3rd sector and NHS and Dundee City Council be more aware of unpaid carers and be able to identify them and signpost on to services that are able to offer support, whether this be in the community or elsewhere."

7. Conclusion & Recommendations

The findings from this engagement work reveal the wider impacts of the Covid-19 pandemic upon unpaid carers and their families and have captured the perceptions and views of the wider workforce supporting unpaid carers in Dundee. This section of the report highlights the conclusions and recommendations reached from conducting this work.

Evidence from this engagement work has revealed the following key findings and themes:

It was recognised that many services have used technology effectively to communicate with people during this period. These initiatives should continue to be promoted, whilst also finding other solutions for people who cannot access online information/digital engagement opportunities to ensure information and support is available in a wide range of accessible formats.

Carers highlighted that voluntary organisations and community groups continued to provide essential support to carers during the pandemic, which carers found invaluable in helping them cope during this period. It was also evident that carers found local networks in the community and neighbour support as helpful during this period.

Many aspects of the Covid-19 pandemic have had a significant negative impact on carers' mental health and wellbeing, particularly as a result of heightened demands placed on them in the caring role, as well as the impacts of isolation/loss of support networks, and overall increased anxiety and concerns for the future due to the pandemic. It is recommended that supporting carers' health and wellbeing and targeting resource towards this should be given even greater priority going forward.

There should be continued and renewed efforts to ensure that awareness raising and promotion of carer identification within the Health and Social Care workforce, the wider workforce, and volunteers. Targeted efforts are required to ensure that relevant colleagues are aware of how Adult Care Support Plans/Young Carer Statements can assist carers by having outcome focussed conversations in order to make the best use of any available existing support to carers in their caring role and to consider what additional support is needed to help them to achieve what they want in their life.

The impact of the disruption of care and support services has meant that carers have found managing their caring role increasingly challenging and have faced additional responsibilities and heightened pressures on themselves. For some carers their relationship with the person they support has been negatively impacted. Priority should be given to ensuring carers and the individuals with health and social care needs have the right support at the right time and continue to have choices about provision and new ways to access the services and support they need.

Information about access to services and changes made to delivery of care and support should be conveyed clearly to individuals who access health and social care services and their carers. This should include individual personalised information about each person's current supports and services as well as with public information about services and support in a similar way to other announcements made by the Council.

There is further work needed to look at the accessibility of short breaks/respite care support in the longer term. This includes work to investigate and explore whether there are carers with a similar type of caring role who are most at risk of not accessing breaks from the caring role as well as finding out more about the impacts of not having sufficient planned respite. Consideration should be given to what needs to be done to ensure carers can access appropriate and sufficient breaks from the caring role and potential creative options for the delivery of short breaks/respite. In addition to this there needs to be an exploration of the optimum ways of ensuring carers who need it can access breaks from the caring role utilising a range of potential creative options. Consideration needs to be given about other factors which may be increasing needs such as school closures due to lock downs or infections at school. This work is needed now while Covid-19 limitations remain as well as for the future.

Further investigation is needed to explore the financial challenges experienced by carers during the pandemic to understand the issues more fully and identify what financial support is needed and how best to respond to this. This should be linked with Health Inequalities work.

The impact of the disruption to services has meant that some carers with similar types of caring role have been particularly negatively impacted by the intensity of the care they provide. Their day-to-day lives have been made even more challenging during the pandemic and this has exacerbated some existing difficulties experienced pre-pandemic. This includes parent/guardians who care for children with learning disabilities or other additional support needs; adults or young carers, supporting people with complex disabilities/conditions, dementia, or mental health.

There was limited participation from ethnic minority carers, young adult carers and young carers in this study. This means that we are not confident that the specific needs for these groups have been captured and understood from this engagement work. These groups require further attention and a further exploration of their needs should be considered to inform future progress.

Recommendations

To address the key issues and themes highlighted in the conclusion, the following section of this report outlines a series of recommendations based on the engagement findings:

1) Mental Health & Wellbeing: Many carers and young carers are feeling more stressed, and the Pandemic has had some serious impact on their health and wellbeing. There should be an immediate prioritisation of resources to help carers to improve and maintain their own mental health and wellbeing. There should be consideration given to how best to promote, identify and signpost in ways that carers can access all existing available local and national support/information.

Recommendation 1

The Carers Partnership should consider ways to prioritise resources to increase support and explore additional ways to enable carers to improve and maintain their health and wellbeing.

Recommendation 2

The Carers Partnership should ensure that information is gathered about the ways other local developments and implementation plans support carers and what plans they have for any additional future supports. This should be gathered as part of the preparation work for the next local Carers Strategy and the strategy should reflect this and any future support needed.

Recommendation 3

The importance of face to face contact was highlighted throughout this engagement process, it is therefore recommended that all agencies take consideration of how to do this creatively now within Covid-19 guidelines and in the longer term as a continued vital support option.

2) Support to Carers/Workforce Carer Identification: There are likely to have been additional numbers of carers in Dundee and increased caring commitments. Continued efforts need to be made to identify, provide and offer support to carers through services currently available and any new supports that arise.

Recommendation 4

The Carers Partnership should initiate work with carers to identify additional and optimum ways to identify carers, thinking creatively and utilising best practice locally and nationally. The Carers Partnership should engage with relevant agencies to promote identification across the city.

Recommendation 5

It is recommended that Health and Social Care Partnership initiate specific actions required to ensure a proactive approach to carer identification within their services (internal and externally purchased) including the promotion and uptake of Adult Carer Support Plans and Young Carer Statements.

3) Access to Services & Support: Priority should be given to ensuring carers and individuals with health and social care needs have continued/renewed access to services and support they need. When post Covid-19 arrangements are made regarding the re-introduction of services and supports each individual and their carers will need personalised ways of alerting providers about new needs and changed preferences. All those involved with carers and supported people should be aware of the thresholds for reintroduction of services.

Recommendation 6

The Health and Social Care Partnership and Children and Families Service should consider ways that any plans to reinstate day-care and respite provision could be shared publicly along with sharing of priorities for who can start these services if numbers are restricted. Alternative provision for these types of supports should be considered.

Recommendation 7

The Health and Social Care Partnership and Protecting People Structures should consider ways to make sure all Health and Social Care and associated workforce should remain alert for any possible critical concerns and have pro-active conversations with individuals, their carers and families to ensure access to the supports and services they need now and in the longer term.

Recommendation 8

The Health and Social Care Partnership and Children and Families Service should consider ways to ensure suitable and sufficient contingency arrangements if provision has had to be reduced or withdrawn and that these are regularly reviewed with supported people and their carers.

Recommendation 9

The Carers Partnership should advise the appropriate mental health structures of the feedback and concerns about access to vital mental health supports including Community Mental Health Nurses, liaison Psychiatry support/contact for carers who care for people known to the service.

4) Information & Communication: There should be greater awareness about which Health and Social Care and Children and Families Service supports are currently available and ways to access these along with how to find out information about current and future prioritisation/criteria. In general, and in the long term it would be beneficial to enhance overall public awareness and knowledge of local supports available.

Recommendation 10

The Health and Social Partnership and Children and Families Service should consider how to ensure that carers and their families have ways to have clear, timeous information about the changes made to their own care and support and future plans including timescales.

Recommendation 11

The Carers Partnership, Health and Social Care Partnership and Children and Families Service should continue to involve and engage carers and their families in recovery planning ensuring that the impact of Covid-19 and changes in provision are understood, ensuring the right responses are applied.

Recommendation 12

The Health and Social Care Partnership and Children and Families Service should consider a more proactive approach to communication to ensure that key messages are conveyed to the public to ensure that people know how to reach out, who, where, and when to get in touch and what to expect.

Recommendation 13

The Carers Partnership should explore with partner agencies the potential for a city-wide information campaign to enhance overall public awareness and knowledge of the City's current response to Covid-19 including any proposed changes, key information and access to local supports.

Recommendation 14

Professional workers should work with carers in partnership and continue to involve and work with them through planning conversations with the supported person including during hospital stays and discharge.

5) Access to respite/short breaks: It is recommended that further work is needed to look at how carers can access appropriate short breaks/respite care in the longer term. This includes further work to investigate and explore specific barriers to accessing breaks from the caring role.

Recommendation 15

Health and Social Care Partnership should consider ways to make sure that where carers access to short breaks has ceased or reduced due to unavailability of service in pandemic that additional work is initiated to ensure that alternatives and creative solutions are considered with carers and the person they support.

Recommendation 16

Agencies within the Carers Partnership should contribute to conversations, reassessment, and planning in circumstances where carers access to short breaks has ceased or reduced or is not sufficient to support carers to find alternatives and creative solutions.

Recommendation 17

The Carers Partnership should consider how to best to utilise the review of the Local Authority Short Breaks Services Statement to identify specific requirements for specific groups, identify barriers and solutions to enhance access and provision.

6) Financial Supports: Further investigation is needed to explore the financial challenges experienced by carers during the pandemic to understand the issues more fully and identify what support financial or otherwise is needed and how best to respond to those who have are now experiencing the heightened impact of financial hardship.

Recommendation 18

The Carers Partnership should work with colleagues in the financial advice sector to ensure that carers know what their rights are, what information and advice is available and enhance access.

Recommendation 19

The Carers Partnership should work with carers, their families and partners to explore what action can be taken to further understand and reduce the financial impact on carers and their families.

Recommendation 20

The Carers Partnership should explore additional ways to work with more employers to have increased consideration and support to employees in a caring role, offering flexible working arrangements to accommodate caring responsibilities. Including utilising the Local Carers Charter.

Recommendation 21

The Health and Social Care Partnership and others in the Dundee Partnership including the Fairness Commission should be alerted to financial impacts on carers and supported people and should have the opportunity to consider ways of supporting carers affected by Health Inequalities and poverty.

7) Responding to Digital Exclusion: Further action is needed to respond to the disproportionate impact on carers and others who may be experiencing digital exclusion who lack confidence, skills, access to internet connection or equipment to get online and addressing the inequalities this can create. It is recognised that the front-line workforce have the potential to support carers and supported people to develop their skills and connectivity but only if the workforce are supported to have these skills and confidence and allowed the time to share these.

Recommendation 22

Dundee Carers Partnership to consider how best to work with others to proactively identify supported people and their carers who can't access information and support online and seek to identifying resources and support to enable access.

Recommendation 23

Dundee Carers Partnership members to consider how best to work with others to ensure that people who aren't online continue to have ways to access information and support in other ways.

Recommendation 24

Health and Social Care Partnership should consider how to continue to and increase ways to ensure that relevant information and advice is available in a range of accessible formats.

8) Increased Vulnerability/hardship for specific carer groups: The impact of the pandemic for parent/guardians who caring for children with learning disabilities or other additional support needs; adults or young carers supporting people with complex disabilities/conditions, dementia, or mental illness needs to be well understood and a specific planned response will be needed in the future:

Recommendation 25

The Carers Partnership should make plans to undertake targeted engagement work with carers with similar types of caring roles to further understand, plan and design solutions to ensure a reduction in the impact of caring.

Next Steps

Dundee Carers Partnership have quickly moved to understand the impact of the pandemic and work with carers, their families and partners to ensure that recovery seeks to improve carer outcomes. The Partnership needs to ensure that they continue to build on and strengthen the position locally ensuring that learning is reflected in the planned refresh of the local carers strategy and any other relevant plans.

Dundee Carers Partnership need to ensure the findings of this work is accessible and shared widely with the public and work proactively with carers, their families and agencies to ensure that the recommendations are implemented. The findings will be shared with strategic groupings including Integration Joint Board of the Health and Social Care Partnership, the City Council Children and Families Committee, Dundee Partnership and Fairness Commission.

Dundee Carers Partnership will use these findings to consider areas that need to be developed and what change and improvements will be needed in planning for the future.