



**Doncaster
Council**



“We hear, we listen, we care, if you care”

**Doncaster’s All Age Carer’s Strategy
2022- 2025**

Foreword

This strategy has been co-produced with carers, to voice their experiences and look to enable change, in order to improve the wellbeing of Doncaster carers. It seeks to acknowledge the challenges that carers have faced over the last few years, particularly in relation to Covid, and improve the support available to all carers. Ensuring it is carer centred to meet their preventative, urgent, or longer-term needs. There is a need for a strategy which supports the health and wellbeing of carers in all aspects of their life.

Kay Kirk – Carers Action Group

The All Age Carers Action Group are passionate, pro-active working with the local Health and Social Care services to help raise awareness and training of staff around how to support carers in the Doncaster Borough. The knowledge and experience our group members are valued and great champions for carers.

I would also like to say a big thank you to Officers and Councillors who have provided support to the group, in developing and delivering the plans our carers have pushed forward to help transform the work we have completed.

There has been huge strides forward, but still much we can do to help joined up working with services to make a real difference for carers in the future.

Councillor Andrea Robinson, Adult Social Care, Doncaster Council

I am delighted that Carers in Doncaster are at the centre of our work to produce and implement this strategy. The people with actual lived experience of caring for another person living in Doncaster have shaped the priorities and specified the actions to be taken. This gives me confidence that as we deliver on this, we will meet the diverse needs of local carers. Our carer's governance structures are now revised in order to put the Doncaster people with lived experience at the heart of monitoring, reviewing and holding to account those delivering services that impact on the lives of carers.

I would like to acknowledge the pioneering work of the carers involved in this. They recognise that for their contribution to continue to go from strength to strength it's essential that they are fully representative of every community in Doncaster whether defined by geography or any other characteristic. If you have experience of caring and would like to become involved, I urge you to do so! Thank you to the wonderful people who have managed to combine their role as a Carer with the provision of the time, energy, interest and passion to support the creation of this strategy. We aspire to improve many things in the drive to take Doncaster forward. First and foremost, we must care for each other, this strategy devised by carers for carers is foundational to our improvement journey.

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1. What is a carer and why do we need a strategy?

A carer is someone who provides support to an ill, frail, or disabled family member, friend, or partner, who might otherwise struggle to manage without their help. A carer could be:

- An adult helping another adult with care and support needs
- The parent of a disabled child
- A young person helping an adult with care and support needs they live with or are related to

Carers are not paid for their role although some may be eligible to apply to the Department of Work and Pensions for a Carer's Allowance.

Being a carer is hugely challenging. It often involves providing a combination of physical, mental, emotional, practical and financial support to another person while still trying to manage responsibilities in your own life and also trying to take a break every now and then. Without the support that carers provide, many children and adults would face worse outcomes and a number would be at serious risk.

This Strategy seeks to improve Doncaster carers' wellbeing and enable them to sustain the care and support they give the person they care for, for as long as they wish to do so. The strategy will outline key priorities and ambitions, and an action plan is attached to the strategy to support its implementation.

2. How was this strategy developed?

Doncaster's All Age Carer's Strategy was jointly developed in partnership through engagement, workshops, and conversations with young carers and adult carers. The previous Carers Strategy established a governance structure that enabled the development of the discussions at all levels. This enabled ongoing engagement with NHS Doncaster Clinical Commissioning Group (CCG), Doncaster and Bassetlaw Hospital Trust, NHS England, Rotherham Doncaster, and South Humber NHS Foundation Trust (RDaSH), representatives of the Voluntary, Community and Faith sector including, Doncaster Partnership for Carers, Parent Carers Voice, Doncaster Carers Reach Out Service and staff who work both directly and indirectly with young carers and adult carers.

The refreshed strategy will address key priorities as identified by Doncaster Carers of all ages and is informed by national legislation, guidance, policy, and emerging evidence. The Carers Action Group provides the voice of carers, the Carers Steering Group is made of stakeholders responsible for delivering action, and the Carers Strategic Oversight group is the strategic decision-making group. The carer's governance structure has provided regular support and challenge in the development of the priorities and plans in order to deliver what people with lived experience need, want, and expect. Further information on the Carers Governance Structure can be found in Appendix 1. The key priorities for the strategy have been coproduced with carers and is based on feedback from over 200 carers within Doncaster.

The Carers Action Group will continue to work alongside officers in planning and undertaking the actions in support of the strategy. The Carers' Action Group will receive regular updates from members working on projects but also from partner leads. The Carers' Steering Group will be responsible for the delivery of the emerging plans, with regular updates and discussions. The Carers' Strategic Oversight group will have oversight, having provided endorsement to the emerging priorities. Both groups have representatives from all partner organisations to ensure progress will be made.

3. The National and Local Context

Following the pandemic Carers UK estimate that 1 in 4 people are carers, this equates to 78,000 carers in Doncaster; GPs currently have 7364, Adult Social Care has engaged with 4963 and the commissioned Doncaster Carers Reach Outreach Service have connected to 1292. It is difficult to account for the numbers engaging with other carers services in Doncaster though it is recognised many carers are supported through other support. Around two-thirds of the carers in Doncaster are female and two-thirds are of working age; there are an estimated 720 young carers. More information is available in [Appendix 2](#).

Doncaster's All Age Carers' Strategy has been developed in the context of other key national and local policies, which inform the way in which the plans are developed and put in place. National and local plans are focused on ensuring people are supported in the best way and to reach their health and wellness potential.

The vision, purpose, and outcomes are aligned with the [Doncaster Borough Strategy](#), the [Doncaster Place Plan](#), and the Adult Social Care practice framework.

The strategy has been developed and led by people with lived experience, and reflects the national and local priorities, including (but not limited to) the key plans outlined below:

[The Care Act 2014](#) and the [Children and Families Act 2014](#) outline the way in which carers of any age can access a carer's assessment if they appear to have need. The Care Act also places a duty on local authorities to promote an individual's 'wellbeing', local authorities have to consider the impact of the caring role on carer wellbeing. The strategy will reflect these rights.

The Children and Young People's Plan is currently being refreshed but will set out our ambition to be the most child-friendly borough in the country, ensuring the voice of children and young people is included in all we do.

The NHS has two pieces of guidance which support carers; "[Supporting Carers in General Practice](#)" and the NHS England [Commissioning for Carers](#) which form part of the [Commitment to Carers](#), all of which promote the identification and support for carers through general practice and in a hospital setting. Activity to support in achieving these elements is incorporated into the All Age Carers' Strategy for Doncaster.

The [NICE Guidelines NG150](#) around supporting adult carers has been fed into the planned activities to effectively meet carer's needs.

Personalisation is a key concept to be realised within the All Age Carers' Strategy delivery. [Making It Real \(TLAP 2018\)](#) describes a framework and a set of statements describing what good, citizen-focussed, personalised care looks like from the point of view of people themselves.

In November 2021, the Health and Wellbeing Board signed up to the [Carers' Charter](#) which incorporates key principles for delivery by all partners, these align to the priorities identified by carers. The Strategy will therefore support Health and Wellbeing Board members in meeting its commitment to carers.

4. Engagement and Feedback

The Carers Action Group oversaw engagement to gain the views, experience and preferences of carers in Doncaster. Feedback was gained from over 200 carers through a number of channels including questionnaires, focus groups and in-depth interviews. This involved the Carers Strategic Lead and Carer representatives from the CAG attending meetings, having group discussions as well as in-depth 1:1 conversations with carers about their experiences. Carers from all types of caring circumstances were involved to ensure a holistic view. This included carers from ethnic minority carers, young carers, older carers, carers for those with mental illness, carers for those with dementia and further carers with a range of protected backgrounds.

The diagram below was produced by a Carer from the Carers Action Group and is a cross-section of what carers had told us about their experiences.

What Carers Told Us

"I aren't a carer, just his wife".

"We do not get the chance to see family like we used to" – caring comes first

Carers feel pressured, lonely and isolated when finding themselves as the primary carer.

I monitor their mental health for a worsening of symptoms (lots don't take their tablets, so become ill).

I feel like a washing machine, keep putting the clothes in, keep cleaning it up. The same old, same old and then when I break down... where's my spare parts coming from!

Not being able to socialise as before

"Everything is a battle"

Feeling tired all the time, unsupported, stressed and worrying about the future

I have to encourage them to eat/eat well & look after their physical health. Keeping them off drink/drugs (a common crutch).

"I have been a carer since I was 14yrs old and I am still a carer"

"I feel guilty for wanting to spend time away from the person I care for "

"I often have no one to ask things of, someone who has experience to ask questions"

Caring for someone with a severe mental illness means; helping them to stay well, by encouraging them to keep taking their medication (daily problem)

Doing things for them or prompting them to do things such as preparing food, cooking, shopping, self-care, washing

What about the impact on my mental health?

5. Vision and Outcomes

5.1 Vision

Carers agreed a Vision Statement to describe the aim of the strategy and its delivery plans:

“We want every person in Doncaster to live in the place they call home with the people and things that they love, where they look out for one another, doing things that matter to them.”

5.2 Key Outcomes

Carers coproduced the following “I” statements which will be used to assess outcomes for carers which should improve as a result of the carers strategy:

- a. *I feel that what I do as a Carer is recognised, understood and valued*
- b. *I feel the communities around me understand my situation and support me to have a choice which is meaningful and appropriate*
- c. *I feel that I am supported to look after my own health and wellbeing*
- d. *I have access to good quality information (including training opportunities) and advice which is relevant to me in my caring role*
- e. *I am supported to navigate the systems and connected to resource and support which enable me to maintain my caring role*
- f. *I get to have a break and some time for myself or with other family and friends which will give me an opportunity for a life outside of caring*
- g. *I am able to balance caring with my education, paid work, volunteering, and/or personal interests*
- h. *I am listened to and feel part of the team, planning and delivering care for the person I care for, as an equal*
- i. *I know where to get help from when I need it including when things go wrong, challenging decisions, and getting my voice heard as an equal*
- j. *I feel supported when I am no longer able or willing to be a Carer or my caring role ends*
- k. *I can make plans for the future*

6 Priorities for Doncaster

The Carers Action Group developed the following priorities for Doncaster:

6.1 Identification:

What carers told us

Carers often do not see themselves as a carer; many carers report that it take a long time for them to recognise and accept being a carer. Carers are often not identified as carers when engaging with health and social care support – this means that professionals do not have an understanding of their caring role, the challenges that can come with caring and how best to support carers.

“When my husband died and I left hospital as a carer, no one came to ask me if they could help in any way.” Carer from the Carers Action Group.

Whilst some schools identify and work with young carers there continues to be a number of schools which do not readily recognise or support young carers. Health, social care, and housing services do not identify carers and as a result, do not support them to maintain their wellbeing.

“School say they understand about my caring role but don’t understand when I’ve not done my homework” A Young Carer.

The benefits of early identification are that carers can access support at the earliest opportunity, this reduces, prevents and delays the carer hitting crisis and needs more intense support; it can support in reducing health inequalities through health checks and vaccines, as well as offering carers the opportunity to be involved and valued when considering the care and support of the person they are caring for. Through earlier identification the inequalities carers face are lessened and carers are more empowered to be in control of their life and circumstances.

What will better identification look like?

Carers are identified at the earliest opportunity to enable them to connect with support. In engaging earlier, carers will have the chance to access more community-based and sustainable support prior to their needs becoming urgent.

- All health, social care, education, and housing partners will identify carers at the earliest opportunity.
- All health, social care, education and housing staff involved in delivering frontline support to people will be able to identify carers and have conversations with them around their caring role.
- Carers will be encouraged to identify and register to carers support at the earliest opportunity to enable access to support at the right time.
- Health, social care, education, and housing services will work together to create pathways that have two-way communication, enabling the carer a clear pathway into and between services.
- IT systems will facilitate joined-up working and clear recording of carer identification.
- The carer will receive additional support when moving from young carer to adult carer services.

6.2 Recognition:

What carers told us

Recognition was identified as a priority as carers felt that all too often, they were not recognised and valued when discussing the care and support given to the person they are caring for. Carers are not always recognised in social care or hospital conversations and this is where they would like to have the most recognition as an equal care partner.

“We want to be recognised as someone who is an equal partner in giving care to the person we can for.” – A carer of a person with long-term health conditions.

Carers report being undervalued by a number of systems including benefits, where carers allowance is less than many other unemployment benefits and yet the person delivering care spends many hours supporting the people they care for.

What will better recognition look like?

Carers are heard, respected, and valued. Services recognise carers, treating them as equal partners, valuing their involvement, and respecting their choices.

- Carers will be respected and listened to as expert care partners and will be actively involved in our care planning and shared decision-making.

- Support systems using an asset-based access community approach supported by social prescribing models to better support carers.
- Young carers will be recognised within education settings and receive additional support to manage their caring role and education.
- Carer emergency plans will be made in advance.
- Carers will be considered a protected characteristic when making decisions.
- Carers are explicitly recognised in job descriptions, staff supervision and multi-disciplinary team meetings to ensure that staff see carers as “everyone’s business “

6.3 Information and Advice:

What carers told us

Access to good quality information and advice which is bespoke to carers is critical to enabling carers to meet their own needs as much as possible. Carers advise that there is a lack of tailored information and advice which gives clarity as to finances, support, rights, and employment rights. Information is not held in one place and is often disjointed. It is difficult to be confident that the information is in date and takes into consideration the circumstances of carers

“It would be great to find everything for carers in just one place” a carer from the CAG.

What will better information and advice look like?

Carers will have better access to information and advice. Information and advice specific to carers will be readily available, easy to understand, and will promote self-determination through encouraging carers to plan ahead and build resilience.

- Carers will have access to high-quality information and advice at the right time.
- Carers who want to and are able to continue in their role have the right information about the condition of the person they are caring for, including medication.
- Carers are supported to get financial advice, including information about welfare and benefits.
- Universal information support and guidance relevant to locality.
- Carers are able to have conversations regarding statutory assessments linked to budgets and personalisation for long-term complex needs.

6.4 Rights:

What carers told us

Carers often do not know what their rights are and as such often do not exercise them. There is very little information around that informs carers of their rights, as these vary depending on the setting. Carers are not empowered to exercise these rights and are therefore often passive in many situations, unable to challenge or champion their own rights.

“Everything’s a battle” a parent carer.

Carers felt that access to information on and advice focussed on rights would enable them to have a clear understanding of their entitlements and what to expect as a carer – including their rights to support themselves, the right to support the person they care for across all settings and the right to choose not to care.

“I did not know I was entitled to an assessment” a carer of someone with dementia.

What will stronger carers rights look like?

Carers know their rights and have access to advocacy. In knowing their rights, carers are confident communicating their needs and exercising their rights. Where carers have difficulties, advocacy will readily available to support.

- Carers are empowered to make choices about their caring role and access the appropriate services and support for them, and the person they care for.
- Carers are aware of their rights and their entitlement to an assessment of their needs in their own right
- Carers have their rights and those of the person they care for championed and protected
- Carers are aware of the role of advocacy and local agencies.
- Carers are informed of their rights and are confident in exercising their rights in health and social care settings. Services are open and transparent about the carer's rights.
- Young carers are supported in exercising their right to choose not to care.

6.5 Connection:

What carers told us

Carers are often alone and isolated as a result of their caring role. Carers want to have a connection with others with similar experiences as this often reduces the stress of caring and can also help them to learn about the system and support. Carers felt that talking to others with similar experiences gives them a feeling of being understood and reduces loneliness.

*"I often have no one to ask things of, someone who has experience to ask questions"
carer of someone with a learning disability.*

As caring is about keeping someone safe and well it often takes priority over a lot of other things, as a result, carers often feel they lose their identity not pursuing their cultural or spiritual needs or connecting to the communities they feel a part of.

What will better connection look like?

Carers will have a community where they can be supported through others with lived experience. Carers will be supported to join and form local networks and groups where carers have similar interests/ experiences. Formal support will be delivered through peers to improve carer experience.

- Carers are able to express their views, share their lived experience and have their voice heard through an independent route.
- Carers are assessed in the context of a whole family and their local community.
- Carers are able to meet their own cultural and spiritual needs
- Carers are socially connected and not isolated, they are actively encouraged to develop social circles and networks.
- Carers have the opportunity to access peer focussed support for connection and advice.

6.6 Independence and Wellbeing:

What carers told us

Carers need a life of their own outside of their caring role. Many carers are isolated and the opportunity to explore their interests gives them a break from continually thinking about and

supporting the person they care for. Carer's wellbeing can be affected through caring, they felt they disappear because all conversations become about the person they are caring for. The opportunity to do something for themselves can have a positive impact on their wellbeing, this could be pursuing an interest, getting out of the house or talking to other carers.

"I would just like to have a bath in peace" a carer of three people.

Carers health in general often suffers as a result of caring; either through neglect or through the challenges of the role. Little things can make a difference to the physical and mental impact caring; for example, carers getting the vaccinations for Covid earlier helped with reduced worry and the vaccination supported their physical health.

What will better independence and wellbeing look like?

Carers will have improved wellbeing and the opportunity to have a life of their own. The support available to carers enables them to improve their wellbeing; promoting opportunities for carers to have a life outside of caring.

- Carers have access to high-quality services that are responsive and flexible, recognising and supporting carers in a personalised and integrated approach.
- Carers have access to health checks and preventative health support more readily
- Carers have access to activities with one-to-one and group support in their communities.
- Carers have improved access for aids and adaptations to reduce risks
- Carers have access to support which empowers them to have a creative approach to meeting their care needs with a focus on the carer
- Carers have access to training and support that will enable carers to feel confident about their caring role, with comprehensive free training packages.
- Carers have equality of access to replacement care for the person they care for, regardless of conditions.

6.7 Cross-cutting themes

Three cross-cutting themes will be identified across the plans developed; these include:

- Young carers preparing for adulthood
- Working Carers
- Carers from various circumstances

Young carers preparing for adulthood

Young carers preparing for adulthood were identified as a key theme as a result of the discussions with young carers aged 13-18. Whilst they felt supported through Young Carers service, they were hesitant to engage with adults services, and as a result, it is recognised that this cohort of carers had reduced independence and poorer wellbeing as a result of them often providing high hours of care to a parent or sibling. From the ages of 18-25, many young people's education suffers as a result of caring and this can often impact their overall life opportunities.

As such we will seek to improve support for young carers moving to adulthood, to improve access to education, training, or work.

Working carers

Working carers were highlighted as having a number of cross cutting issues that impacted on the priorities identified through the strategy, this included recognition in the workplace, understanding their rights to leave, having sufficient information around their caring role and working and their ability to ensure their wellbeing and independence whilst maintaining a working and caring role.

To improve the experiences of working carers, partners will work with resources from Employers for Carers to develop the support given to carers in the workplace.

Carers with additional disadvantages

Carers with additional disadvantages were viewed by carers as a further cross-cutting theme due to the additional challenges these carers can face; this includes ethnic minority carers who often struggle to access good information and advice, mental health carers who felt they had reduced independence as a result of caring and carers of those with a learning disability who often struggle with reduced/low access to replacement care. Carers of those with dementia often struggle to identify as a carer; as they feel they are just a dutiful wife/ husband or child. Actions to improve these challenges are set out in the action plan.

7 Delivering our Strategy

Each of the six-priority work-streams and the cross-cutting themes will have plans which identify actions and an indicator of success. This measure of success will focus on carers having a better experience and living better lives.

There are some key pieces of work that are planned for the year 2022-23, that will support in delivering the impact on each of the agreed six priorities.

7.1 Key Projects:

- The development of an information pack for both staff and carers accessing education settings
- The implementation of a clear protocol to support young adult carers moving into adulthood
- Members of the Carers Action Group and partner organisations will work with NHS England to develop a GP Carer Support Resource Package which raises awareness of carers to all staff, gives GPs guidance on best practice and how to support carers.
- Members of the Carers Action Group will support DBTH and RDaSH in raising awareness of carers with medical staff to encourage discussions around caring at the beginning of a stay.
- Members of the Carers Action Group are working alongside St Leger Homes to improve support for carers, including; awareness-raising for frontline staff, promotion of identification and registration of carers, the establishment of a carers
- The Carers Wellbeing Service will develop improved links to other community provision to proactively identify carers. It will also focus on supporting carers in accessing support that aligns with their particular circumstances, this includes ethnic minority carer groups, dementia groups, and mental illness carer groups.
- The Carers Action Group will be working on developing a central information hub of all carer's information through the Your Life Doncaster website.
- Employers for Carers – partners will access and utilise the resources available through the employers for carers and will seek to work towards the Carer Confident

accreditation. Work will take place with Chamber of Commerce to promote the accreditation more widely.

- Health, social care, education, and housing colleagues are committed to joint working and sharing information through the delivery of the Living Well Plans and Ageing Well plans.

APPENDIX 1

Carer Governance Arrangements

There are three groups which support the decision making and activity delivered for Carers in Doncaster; the Carers Action Group, the Carers Steering Group and the Carers Strategic Oversight Group. All groups have representation of carers on them to ensure coproduction and joint decision making.

Carers Action Group:

To represent the voice of all Doncaster Carers. To be actively involved as carer experts in the development of key council, health and housing work streams.

- Carers have their say and be listened to as an expert by experience.
- To enable carers to have the choice to be involved in all workshops and other engagement opportunities.
- A safe place to talk and be signposted to relevant services.
- Meets monthly (before the Carers Steering group)

Carers Steering Group:

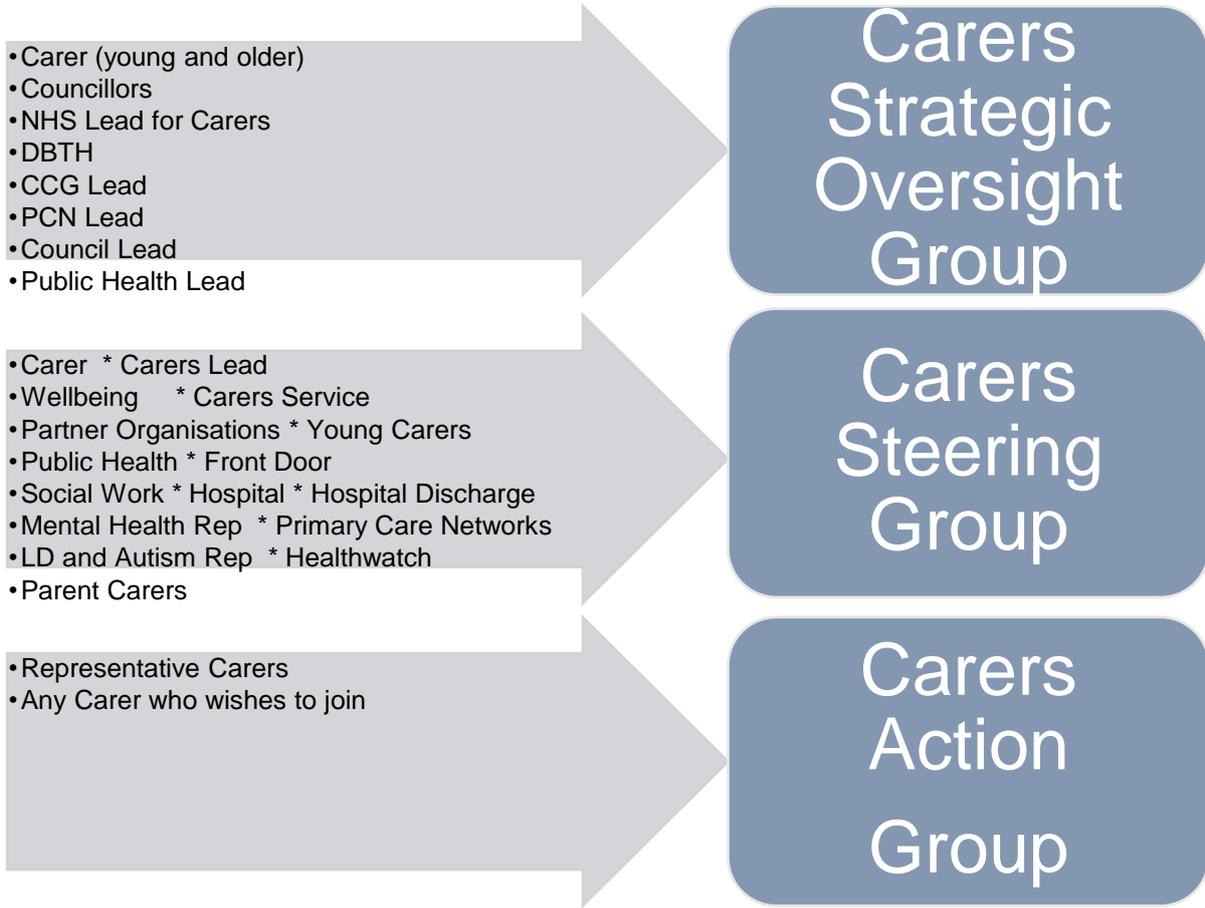
To deliver work which improves the health and wellbeing of carers within the Doncaster Borough. To undertake work which improves the health and wellbeing of carers in Doncaster.

- Responsible for doing, develops action plans for approval, and activity is brought to the meeting for discussion
- Escalates concerns to and receives direction from CSOG.
- Heavily influenced by Carers – enables coproduction
- Meets bi-monthly

Carers Strategic Oversight Group:

To provide strategic direction and leadership in embedding an all age carer offer across Doncaster. To oversee work and activity which improves the health and wellbeing of carers in Doncaster.

- Has the function of oversight and challenge, tasks the steering group with work. Monitors progress. Regularly reviews performance, population, and engagement information to make key decisions.
- Tasks the CSG with actions, listens to the voice of the CAG
- Meets quarterly
- Feeds into the Health and Wellbeing Board



APPENDIX 2

1. Understanding the Needs of Doncaster Carers

1.1. Doncaster Carers

The Census 2011 estimated that there was approximately 33,000 carers in Doncaster. Carers UK estimates that as a result of the recent pandemic, this figure has increased significantly leading to around 1 in 4 people supporting a family member, friend or neighbour to manage their everyday life. In Doncaster, this figure equates to around 78,196 carers.

1.2. Age Profile

1.2.1. Young Carers

There is an estimated 720 young carers in Doncaster, with 307 on the young carers register. Of those known to the Local Authority, 60% are female and 8% identify as non-white British, with 9% unknown. 32% of young carers come from the north area of Doncaster, with a lesser amount of 19% coming from the East.

1.2.2. Older Carers

The population of Doncaster continues to grow at a slightly lower rate than Yorkshire and the Humber and is predicted to grow by a further 1.2% by 2030.

There is predicted to be an increase in all age groups from 55 years and above, which needs to be considered as this will not only increase the number of carers but presents distinct challenges of poorer physical health.

The number of carers aged over 65 has increased in recent years, POPPI data suggests that by 2030 there will be 10,720 carers in Doncaster, with 5038 providing over 50 hours of care a week.

1.3. Ethnic Diversity

The ethnic profile of Doncaster demonstrates an increase in the number of people from Ethnic Minority backgrounds in recent decades. Carers UK, in their [Half a Million Voices](#) report, state that 10% of carers are from Ethnic Minority background. Feedback at both a national and local level suggests that this impacts on carers' ability to access support and also their experience of support when they have accessed it. The report also highlights that ethnic minority carers are significantly more likely to provide 20-49 hours of care a week, with the majority of ethnic minority carers working.

1.4. Health Inequalities

The report "[Caring as a social determinant of health](#)" highlights that carers are more likely to have poorer physical or mental health as a result of caring. Carers, particularly those of older people are at increased risk of musculoskeletal conditions and cardiovascular disease. They are also more likely to suffer from anxiety, depression, and stress as a result of their caring role.

1.5. Carers and Employment

[Employers for Carers](#) advises that 1 in 7 people within the workforce are carers, this is estimated to be higher in health and social care professions where it is estimated to be around 1 in 4. In Doncaster, this means that 2500 carers at Doncaster Council and 1625 staff at DBTH are balancing their caring responsibilities whilst continuing to work. With 43 member practices,

the number of people employed who are connected to Doncaster CCG is difficult to gauge though this means there is a high number of carers within their influence.

1.6. Carers in GP practices

The Carer Quality Markers for Primary Care highlight the need for General Practice surgeries to identify carers and record them as such, to improve their access to health checks and vaccinations. GP surgeries are an excellent place to identify carers and often the first place carers engage with any form of support. The number of carers registered through the GPs surgeries in Doncaster, fall far lower than the estimated numbers of carers with just 7364 are currently flagged as such on the GP system.

1.7. Carers Allowance

Whilst many carers are entitled to carer's allowance, there is a significant gap between carers who are entitled to it and those who claim it. In August 2020 there were 6,286 carers claiming Carers Allowance and 8,635 carers who are entitled to it. This means there are 2,349 carers who are not claiming Carers Allowance when they are entitled to it. It is important to note that 1 in 10 carers are not eligible for Carers Allowance due to other income, which means that despite delivering hours of care, they receive no financial support to recognise this.

1.8. Those engaging with Support

The current carer's service has been supporting carers in Doncaster on a preventative basis for a number of years, the number of carers they have supported during this time is 1292.

Adult social care currently have 4963 carers recorded on their client management system, with approximately two thirds being female, and 61% being of working age (18-64).

1.9. COVID-19

The emergence of COVID-19 during 2020 has been devastating for many people, for many carers this has meant increased isolation, additional caring responsibilities (through the closure of services), and no break from caring.

Carers UK identifies that four out of five carers (81%) are currently providing more care than before lockdown. More than three-quarters (78%) of carers reported that the needs of the person they care for have increased recently. Most carers (64%) have not been able to take any breaks at all in the last six months. More than half (58%) of carers have seen their physical health impacted by caring through the pandemic, 64% of carers said their mental health has worsened.

Local engagement (an online survey with feedback from 125 carers, in May 2021) supports this, with almost 50% of Doncaster carers who engaged stating their caring role had increased due to Covid-19 pandemic and 55% stated that their mental health had been adversely affected. The strategy will take into account the additional challenge of the pandemic and reflect actions to further support carers.

Feedback from carers has also highlighted that the endless lockdowns have had a significant impact on carers having to isolate from those they care for due to residential/ hospital closures. Those suffering bereavement during those times felt that they were not able to grieve properly.

APPENDIX 3

Looking back on the Carers Strategy 2015-2020

The priorities for the 2022-2025 strategy have been built on the progress made against our commitments during the lifespan Carers Strategy 2015-20, which is outline below.

This table highlights the key priorities identified and the actions that have been undertaken in response to what carers told us.

You said (Former priorities)	What we have done/ are doing in response
Information and advice	The Council's website has improved carers information. Doncaster Carer's Reach Out Service has delivered improved information and advice to carers.
Promoting carers financial wellbeing	Doncaster Carers Reach Out Service supports carers to access financial assessments and provide information on carer's allowance, to improve their finances. Doncaster Council signed up for Employers for Carers, supporting more working carers to maintain their jobs whilst caring.
Promoting the health and wellbeing of carers	The introduction of the Carers Time for You fund supported many carers in accessing funds to improve their wellbeing.
Availability of quality and flexible support	We introduced the Doncaster Carers Reach Out Service which delivered good quality preventative support.
Promoting whole family approaches	Support for the carer and the person they care for takes a joined up approach to ensure appropriate delivery of replacement care,
Improving support to young carers and siblings	The Young Carers Service has grown in recent years due to the level of identification and support workers have been giving.