

A report summarising the findings from a dialogue with a sample of 51 carer clients of Age UK Canterbury, held from April to July 2021, as part of a broader social contact project, 'Connected Carers' led by Expression Arts CIC supported by Kent Arts & Wellbeing on behalf of Age UK Canterbury, funded by Canterbury City Council's Strategic Grant and Kent Community Foundation

Connected Carers Age UK Canterbury Dialogue

Summary Report August 2021

Fay Blair, Kent Arts & Wellbeing

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Appendix 1

Connected Carers Questionnaire

Acknowledgements

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SUMMARY ‘Connected Carers’ Survey 2021

‘Connected Carers’ is about improving the wellbeing of older people. This dialogue part of the project, led by Fay Blair (Kent Arts & Wellbeing), with Judy Ayris, Dementia Outreach Service with and on behalf of Age UK Canterbury, was funded by Canterbury City Council’s strategic grant with funding from Kent Community Foundation.

“It will primarily support those who struggle with chronic anxiety, loneliness (often with ill health and depression) in fulfilling their day-to-day caring roles. ‘Getting by’ is getting tougher, particularly for those who care for a loved-one at home, who live with dementia and/or other physical conditions (or who support another in sheltered residential/care home settings). This project is not just about preventing and aiding carers’ recovery from crisis, it is about providing personalised support with tailored opportunities; time for carers to re-claim back a sense of themselves, who they are, and ‘without guilt’.”

Context and significance of the carer dialogue

An early core part of this project work, undertaken from April to July 2021, was to build rapport with carers, known to Age UK Canterbury, via a questionnaire survey. 51 carers were involved in this dialogue. The challenges in providing older people support (to carers etc.) have been unprecedented due to Covid-19 and the Government-imposed lockdowns and ongoing social distancing restrictions. The pandemic regulations meant that all of the Age UK day centre day activities, vital support groups and other activities (Collins Dementia Unit, Cogs groups) and all non-emergency clinical support, had to be suspended. Dementia outreach support for carers, and their cared for, was limited to telephone and doorstep visits. The health, mental health and wellbeing of everyone concerned - levels of loneliness, anxiety and depression, with significant deterioration in mental and physical health - has extended, intensified and escalated since the start of the Covid-19.

A key finding of this survey is that the main barrier to providing carer personalised respite opportunities lies in a chronic lack of resources to accommodate the cared for. Most miss and want face to face contact only. About two thirds of carers are able, willing, to engage in online contact. Carers only feel liberated to engage in (any) respite activity, for themselves, if safe, trusted, accessible and affordable, arrangements can be made for their cared for, so they can relax. Many carers have engaged in past recreational and creative activities with or through Age UK Canterbury. There is a strong expressed carer interest in engaging in social activities, particularly in one off coffee mornings and occasional events. Some carers want respite to relax on their own, or with other carers, as well as take part in shared experiences with their cared for. Dealing with their complex, pressing, physical and wellbeing needs, is a precursor to recreationally engaging them. Age UK Canterbury has reconfigured its services, with increased space for podiatry, foot clinics. It now has reduced capacity and space for other activities. It currently faces a massive, growing unmet need in supporting older people both, carers and their cared for. Conclusions and options for further consideration are set out below.

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GATHERING INFORMATION

- A range of detailed questions was devised and compiled into a written survey/questionnaire form.
- From a client contact list of (some 200) Age UK Canterbury carers, or former carer clients, 51 were engaged in this specific dialogue.
- Some were contacted by phone and the conversations were covered to record the survey responses. Other carers wished to complete the survey form in their own time which were collected at a later visit.
- The survey questionnaire is detailed in appendix 1 (pp 16-21).
- The survey results were then collated and analysed and are set out below (pp: 4-10).
- A detailed discussion and review of these results and findings was then undertaken (in early August 2021) with Age UK Canterbury's Dementia Outreach worker. These have informed the conclusions and considerations (pp: 11-15).

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RESULTS

Connect Carers dialogue

51 carers were interviewed and completed a questionnaire form.

- Carers came from ten Canterbury City Council Wards including the rural hinterland.
- Just under a fifth were from Sturry and a fifth from Wincheap Wards.
- Only one carer was from the District's coastal area, in Herne Bay (Heron).
- Two were from an Ashford Borough Council Ward (North Downs).

18% (9) from Sturry Ward
16% (8) from Wincheap Ward
14% (7) from Chartham & Stone Street
14% (7) from Blean Forest
12% (6) from Westgate
8% (4) from Barton Ward
6% (3) from Nailbourne
6% (3) from St Stephens
2% (1) Little Stour & Adisham
2% (1) from Heron Ward (Heron Bay)
4% (2) from Downs North (Ashford Borough)

- Over two thirds of carers (69%) were female.
- Approximately 40% were aged 80 or over. A third (33%) were aged 70-79. No carer was below the age of 50.

Aged	No	
50—59	5	10%
60-69	8	16%
70-79	17	33%
80-89	18	35%
90+	3	5%

Carer or former carer's own health and wellbeing

- Just under half (43%) considered themselves to be generally fit and well.
- Just over a third (39%) said they live with no or a few minor health conditions.
- Just under a quarter (24%) have a moderately severe condition or issue.
- Just over a fifth said they experience regular or frequent episodes of ill health.
- Less than 2% said they have a severe condition, issues or comorbidities.

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Carers own sense of loneliness

- More than half (64%) said they feel lonely, either all, often, or some of the time.
- Well over half, 30 people (59%) feel isolated from others some of the time.
- Just over half, 26 people, (53%) felt they lack companionship some of the time.
- Just under half, 22 people (44%) felt they hardly ever, or never, feel left out.
- Just over a third, 19 people (39%) felt they hardly ever, or never, feel they lack companionship.
- Just over a third, 19 people (39%) feel that they hardly ever, or never, feel isolated from others.
- 4 people (8%) felt they often lack companionship.

About the 'Cared For'

- 8 (16%) carers, had lost their cared for who had passed way within the last 3 years.
- Of these 6 (12%) carers has lost their cared for within the last 12 months.
- Most carers 30, (66%) are caring for their spouses (or in a few cases a relative) who live with them at home.
- 9 (18%) carers care for someone who doesn't live with them, most in a care home.
- A few cared for (3) live independently and one lives in a nursing home.

Needs of the 'Cared For'

- More than half, 35, cared for people (59%) need support, mainly due to dementia (35 diagnosed and 24 people undiagnosed).
- Just over a quarter (29%) of the cared for have limited physical mobility issues.
- Just under a fifth (16%) of the cared for have loneliness, anxiety or depression issues.
- One of the cared for was receiving palliative care.
- None of the cared for were reported to have psychoses or self-harm issues.
- Just under half, 25 cared for people, (49%) need regular help or encouragement but can be left in a room or home on their own.
- A quarter, 13 (25%) can be left unattended without help or monitoring for half an hour to an hour.
- 8 cared for people (16%) need constant attention/ direct supervision, to be within view.

Help & Support

Of the support received at home:

- 7 (14%) people have a professional carer visiting.
- 7 (14%) people have a befriender.
- 4 (8%) have domiciliary care.
- 2 (4%) have a physiotherapist.

In terms of door step home visits, in addition:

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- 35 (69%) receive support from Age UK Canterbury via door step/ home visits, phone or email.
- 7 (14%) receive support from Crossroads (charity).
- 3 (6%) support via Forget-me-nots (charity).
- 2 (4%) from Carers Support (charity).
- 1 receives help from Volcare (charity), 1 from their Parish Council, 1 from the Cathedral, 1 from a Hospice, and 1 from a GP or nurse.

Of the support received outside of home:

- 29 mentioned Dementia Outreach support
- 29 Dementia Outreach support
- 18 Coffee Mornings
- 16 singing for the brain
- 16 games

- 14 mentioned keep fit
- 14 mentioned Dementia Drop in Clinic
- 14 singing choir
- 14 local history group
- 12 mentioned Swalecliffe Community Centre
- 11 mentioned Dementia Café
- 11 opportunities to talk with others about end of life care
- 11 mentioned Creative Activities at Age UK
- 11 mentioned gardening
- 11 walking & talking
- 11 mentioned conservation tasks (outdoor)
- 9 mentioned the Collins (Dementia) Unit
- 9 mentioned a Carers Support Group
- 9 book or poetry group
- 8 healthy eating/cooking
- 7 mentioned Age UK Day Centre
- 7 mentioned COGs group

- 6 mentioned Carer lunches
- 5 don't want to talk about dementia
- 5 mentioned carer educational programme
- 4 opportunities to talk with others who have a diagnosis of dementia
- 4 opportunities to talk with others where cared for has gone into fulltime care
- 4 opportunities to talk with others where the cared for has died
- 3 music group playing instruments
- 3 opportunities to talk about dealing with probate
- 2 mentioned Creative Activities at other settings

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- 2 knit & natter & refreshments
- 1 putting on a play (drama) for those with dementia.

In terms of the expressed future interest carers 'would like'

- 13 coffee morning
- 13 occasional evens
- 11 singing for the brain
- 10 games

- 7 Swalecliffe Community Centre
- 7 Dementia Outreach
- 7 Cogs Group
- 7 Dementia Café
- 7 Local History discussion
- 6 Dementia Drop in Clinic
- 6 Talking about end of life care
- 6 Collins Unit
- 6 Walking & talking
- 6 Conservation tasks (outdoor)
- 6 Singing choir
- 6 keep fit

- *5 Creative Activities at Age UK Canterbury
- 5 Carer Lunches
- 4 Carers Support Group
- 4 Gardening
- 4 Book or poetry group
- 3 Age UK Day Centre
- 3 Healthy eating/cooking
- 3 Carer educational programme
- 3 Talk with others where cared for has died

- 2 Talk with others who have a diagnosis of dementia
- 2 Dealing with probate
- 2 Quiz
- 1 Music group - playing musical instrument
- *1 Knit & natter and refreshments
- 1 Don't want to talk about dementia
- 0 Creative activities at other venues/settings
- 0 Talk with others where cared for has gone into fulltime care.

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Most suitable times for sessions (in descending order of popularity)

For carers only:

12 mentioned 'anytime'.

Monday am
Tues / Wed am
Tues / Wed / Thurs pm
Thurs am
Fri am
Fri pm / Sat am
Tues eve / Sun am
Wed/ Thurs/ Fri eve / Sat & Sun pm
Sat & Sun eve

For carers with cared for:

7 mentioned 'anytime'.

Wed am
Tues / Thurs am
Mon/ Tues / Wed pm
Mon am
Mon/ Fri/Sat am
Mon/ Tues/ Wed/ Thurs eve/ Frida pm
Sat pm & Eve / Sun am & pm & eve

Most common ways carers keep in touch

TV	96% (49)
Telephone	94% (48)
Radio	92% (47)
Visitors	90% (46)
Newspapers	86% (44)
Mobile	84% (43)
Email	67% (34)
i-pad	61% (31)
Facetime	33% (17)
WhatsApp	31% (16)
PC	29% (15)
Facebook	29% (15)
Smartphone	27% (14)
Laptop	27% (14)
Zoom	24% (12)

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Messenger fb	14% (7)
Skype	12% (6)
Instagram	4% (2)
M-Teams	4% (2)

Devices and social media carers would like to try out and to learn

- 63% said they were happy with their devices and what they already use.
- 16% were interested in learning to use facetime.
- 8% were interested in learning Zoom.

Not interested	7
Happy with what devices they already use	32
Facetime	8
Zoom	4
Smartphone	1
Skype	1

Barriers to engaging through online means

If you aren't interested (in trying out/learning new devices/ social media) why not?

- 26% said they just want face to face contact.

Want face to face	13
Lack confidence	9
Getting stuck	8
Too stressful	7
Setting up	6
No patience	6
No time	6
Too old	4
Cost of buying	4

How carers prefer to take part in topic group discussions

- 56% (23) want face to face only.
- 26% (13) are happy to do face to face & online.
- 34% (17) want sessions just with other carers.
- 12% (6) said they wanted sessions with other carers together with their cared for.

Just for carers	17
Carers & Cared for	6
Cared for	3

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Preferred times, availability for sessions

Carer only sessions

Most suitable times for sessions in descending order:

- Monday am
- Tues / Wed am
- Tues / Wed / Thurs pm
- Thurs am
- Fri am
- Fri pm / Sat am
- Tues eve / Sun am
- Wed/ Thurs/ Friday eve / Sat & Sun pm
- Sat & Sun eve

Carer with cared for sessions

- Wednesday am
- Tuesday / Thursday am
- Mon/ Tues / Wed pm
- Mon am
- Mon/ Fri/Sat am
- Mon/ Tues/ Wed/ Thurs eve/ Friday pm
- Saturday pm & Eve / Sunday am & pm & eve

TRANSPORT: carers getting to face to face meetings

Need transport	15
Drive	29

FOLLOW UP: Those willing to engage in further follow up (discussion beyond this survey)

No follow up	9
Follow up	32

CONCLUSIONS

From the survey results and findings, below are some headline conclusions. However these could be calibrated and contextualised in the light of the specific Age UK Canterbury perspective and considerations set out below (pp: 12-14).

1. Loneliness, isolation and a lack of championship, are significant issues for many carers along with many of their cared for.
2. The majority of carers are elderly; three quarters are aged 70 years or older and are female.
3. Carers have many personal health and wellbeing issues to manage, with only just under half of carers declaring themselves to be generally fit and well.
4. The majority of carers are caring for their spouse who lives with them at home, typically who has dementia, but often, typically has other co-morbidities; other serious conditions, and some have physical mobility issues.
5. Carers are 'tied' in their caring role as most of the most cared for (for over 40%) cannot be left alone for more than a few hours or need constant attention.
6. Relatively few carers have professional support in the home from a professional carer or receive domiciliary care, or visits from another professional worker.
7. The burden of care falls on the carer to organise, manage and deliver the care at home, to arrange essential necessary visits or appointments for their cared for and has to keep their cared for happy and occupied.
8. Many carers have benefitted from the Age UK Dementia Outreach service which has been essential particularly over the Covid-19 pandemic when all in-centre, group activities and clinics were suspended.
9. Some carers have received support from a few other organisations.
10. The knock-on effect of imposed social isolation and shielding has been profound. It has meant that many other physical health and wellbeing issues have worsened considerably. There is a backlog of NHS hospital and GP check-ups, diagnostic tests and treatment plans, and in the delivery of treatment.
11. Health conditions have become complex and compounded in both carers and their cared for. The overall resilience of carers has reduced.
12. In terms of recreation and respite, most carers are only able 'to escape' from their immediate caring roles, for very short periods of time.
13. Given many carers get so little time for themselves, a preference for some will be to have time on their own, if, and when, respite can be provided for their cared for during the day.
14. What everyone appears to miss is social contact, and doing shared activities with their cared for, and with others.
15. The types of activity that appear to be most popular are drop-in sessions and where the carer is able to make an impromptu, on the day, decision. This reduces the stress and pressure of commitment on the carer.

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16. A great interest was shown in wanting to attend coffee mornings and other occasional social events such as the Dementia Café and Dementia drop-in clinics or events such as 'Singing for the brain', where no pre-booking is required.
17. Activities that carers particularly mentioned and noted that they would like for their cared for, were the Cogs Group and the Collins Unit (for Dementia care). Interest was shown also in a wide range of other recreational activities, many that have been offered in the Age UK Canterbury in the past, but which cannot be offered in the future; see the considerations section below.
18. In particular games (board) were one of the most frequently mentioned activities they would like, in addition to the one-off coffee mornings and other social events and 'Singing for the brain' sessions.
19. Other significant interest was shown in creative activities as well as new topics groups, such as local history discussions, gardening, keep fit.
20. Support for specialist aspects, such as bereavement and probate, were also mentioned as a need by carers. The most frequently cited specialist support mentioned was talking about 'end of life care'. Very few carers appear to want to talk with other carers about dementia as a specific, sole focus.
21. In terms of how carers keep in touch, although two thirds of carers engage in some means of online communication (through either i-pad, laptop or smartphone etc), over half want face to face contact. A quarter are happy to do face to face or online contact.
22. A significant proportion of carers don't want to engage in online communication for various reasons. The barrier to this appears not to be cost, but a lack of confidence, potential stress and anxiety about setting up IT, getting stuck, lack of patience or time.
23. There appears to be a demand, interest, in sessions for both carers with other carers as well as shared experiences for the carers with their cared for.
24. Carers were clear about the times, days of week, when sessions for respite would be preferred and feasible for them. Mid-week mornings and afternoons seem to be the most popular times. Weekend evenings and weekday evenings were the least preferred times.
25. Many carers can drive but a significant proportion said they would be dependent on having some transport organised for them to attend face to face sessions.

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CONSIDERATIONS

Reflection and contextualisation of the results was discussed, drawing on the past and current, broader context of the Age UK Canterbury Dementia Outreach worker (with Fay Blair).

The significance of these survey results was discussed and interpreted. This provides a fuller picture, a 'reality check', on the known and perceived carer and the cared for needs and preferences, set against Age UK Canterbury's current operating conditions, resources (physical space in terms of rooms, staffing and cost implications, etc).

This was important to find out current demand and needs of older people reaching out to Age UK Canterbury for help and support, for carers, and also to help prioritise what kind of future practical options might be feasible for Age UK Canterbury.

The summary points below are drawn from the interview discussion, held on 5 August 2021.

1. During Covid-19 lockdowns, and social distancing measures, Age UK Canterbury reconfigured its space and reduced the range of services it offers. The range of face to face client support activity groups, is very different now. It is vastly reduced, since the start of the Covid-19 pandemic.
2. The foot clinic, podiatry services, now occupies a significantly higher proportion of the Age UK Canterbury building room space.
3. This has resulted in a reduction of the Collins Unit weekly sessions, from 5 to 3, and a reduction in the Cogs group sessions, from 8 to 6.
4. The Age UK Canterbury Day Centre is open for clients only 2 days, rather than 5 days a week. Now it has reduced capacity hosting now only 10 clients, compared with 36 in pre Covid-19 times.
5. Every day, from 5pm onwards, Mental Health Matters (charity) uses the main room for drop-in consultations.
6. The only time thus available to offer events /sessions in the main space, is Saturday mornings. This is now with reduced capacity (to maintain social distancing). To ensure limits are not exceeded, access is by 'invitation only'.
7. There has been a suspension of all drop-in events, Dementia café and Dementia Drop-in sessions. These drop-in sessions are sorely missed as people, carers, prefer to make ad hoc, on the day decisions which is less pressurising for them.
8. The incidence of carer breakdown has rocketed. Support from KCC Social Services is under even greater duress with capacity and funding constraints.
9. In terms of assessment of both carers and cared for (mobility, continence, diet etc), since January 2021, this is very challenging, time consuming and has cost implications.
10. Clients are presenting with increased complexity and gravity of physical and mental health conditions. They often now have many extra, accumulated both undiagnosed and diagnosed issues, as NHS services were suspended for so long

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during the Covid-10 lockdown periods (eg. GP blood tests, medications review etc). The referrals are far more complex now.

11. Undertaking assessments has a direct cost implication as part of the robust necessary process for accepting and supporting existing and new clients. Meeting recreational needs are therefore, a lower priority, for many of these people.
12. Age UK Canterbury clients miss, above all, social contact and social events. There is a great, pent-up, unmet need that Age UK Canterbury, and other support organisations, cannot meet.
13. Other venues that previously have supported older people are also opening up gradually and setting a reduced limit on numbers who can access them at any one time.
14. From the carer perspective, many carers are on duty 24/7. Many are exhausted. Getting just a 2-hour break is a welcome chance for many of them to rest or do something at home, on their own. In other words the desire to fill this space with recreational socialising, is not a first priority for some.
15. IT connectivity wise, it is noted that many carers have set up portal access to connect with family and friends and this is all the 'IT tech' they want.
16. Some older people continue to be very anxious and affected by Covid-19 in terms of how comfortable they feel about leaving their homes, going out and socialising with others. This has compounded mental health issues.
17. The KCC Contracts, funding upon which the Age UK's depend, will change next year in April 2022. This will determine the shape and affordability of services and what can be offered to carers and others.

Consideration of future options for supporting carers

In summary, a preferred priority focus for Age UK Canterbury for carers would be for:

- Face to face contact for carers and for the cared for (rather than online).
- Provision of facilities for the cared for; access where they can be cared for in a safe, stimulating, environment, to liberate the carers and to allow carers to relax.
- Carers to have an opportunity to socialise on an *ad hoc*, or drop-in, basis rather than them having to commit for a regular series of sessions.
- Coffee mornings and other occasional events that would be popular for both carers and the cared for.
- Activity focused on creative and other topic sessions would be welcome.
- Most carers not to be talking about talking dementia in a specific topic group.

Future options

- The home visit supported creative activities provided by Expression Arts CIC, for 10 couples (carers with their cared for) at home, have been very well received. There is an appetite for this. There are new people, client couples, who would benefit and appreciate this opportunity as well as those who have had this opportunity. Given

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client demand, a priority would be to offer this to a new set of people if funding is limited, or to rotate this with the existing client groups benefiting from this offering.

- Issues looking into how services and recreational activities can be paid for, is vital. For example, offerings that could be covered by funding streams, to subsidise charges, in addition to what event donation requests from clients that can be generated by service users, are necessary.
- Other offerings, models, that would be worth exploring, to see how they are organised, and funded, include the 'Zest' project sessions, delivered by Bright Shadow, a dementia support charity. In Canterbury, apparently Bright Shadow hires out and offers sessions for the dementia cared for at Thanington Resource Centre. It would be interesting to understand how they overcome and handle the client assessment aspect which is very resource and cost heavy for Age UK Canterbury.
- Hire of larger suitable venues, such as the Westgate Hall in Canterbury, with appropriately qualified carer support, could be a model for the way forward that could be grant funded to Age UK Canterbury. This would be to provide time and space for carers to engage in respite activities either with other carers or also with their cared for.
- Other smaller venues around the Canterbury District could be contracted for carer, or carer with cared for, drop-in sessions. This would help partially fill the gap that Age UK Canterbury has as it no longer has the resources (staff and funding) to provide this.
- How the Canterbury City Council's Strategic Grant, and other grants, could be used to best effect to support carers, looking forward, would be very helpful. The support of Kent Arts & Wellbeing and Expression Arts CIC would be greatly welcomed.

APPENDIX: 1

Connected Carers Survey

Age UK Canterbury - Carer Survey

ABOUT THE CARER BEING INTERVIEWED/ SURVEYED

1. **FIRST NAME** **SURNAME**
2. **HOME ADDRESS** (First line & postcode) Interview Date:
..... **POSTCODE**.....
3. **AGE GROUP** (please tick the age relevant category)
Age: [] Under 20 [] 20-29 [] 30-39 [] 40-49 [] 50-59
[] 60-69 [] 70-79 [] 80-89 [] 90 +
4. **GENDER:** Female [] Male []
5. **CARER or FORMER CARER' OWN GENERAL HEALTH & WELLBEING**
Carer considers themselves to be:
[] generally fit & well; [] experiencing increasing loneliness or depression
[] someone who experiences regular or frequent episodes of ill health
[] generally unwell (regular episodes or severe and/or chronic/acute conditions)
[] Carer has no, or a few, **minor** health conditions/issues
[] Carer has a **moderately severe** significant issue or conditions
[] Carer is has a **severe** condition(s) or issues and/or co-morbidities to manage
[] **COMMENTS:**
.....
6. **Carer's own sense of loneliness**
 - a. **How often do you feel that you lack companionship?**
Hardly ever or never / Some of the time / Often
 - b. **How often do you feel left out?**
Hardly ever or never / Some of the time / Often
 - c. **How often do you feel isolated from others?**
Hardly ever or never / Some of the time / Often
 - d. **How often do you feel lonely?**
Often or always / Some of the time/ Occasionally / Hardly ever / Never
7. **ABOUT THE 'CARED FOR' PERSON**
 - a: has passed away/ died: in last 3 months [] 4-12 months [] 1-3 yrs ago []
 - b. lives with you []
is: your partner/spouse [] other relative [] friend []
 - c. doesn't live with you but lives in:
sheltered housing [] Care home [] Nursing home []
In own independent accommodation []

OTHER comments.....

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d. Needs support/help because they have the following issues or needs

- limited physical mobility wheelchair bound at all times
- bed bound mild cognitive impairment
- Dementia symptoms diagnosed dementia
- mental health (*please circle as relevant*)
loneliness, anxiety, depression, self-neglect, self-harm, psychosis
- comorbidities palliative/ end of life care

OTHER comments

e. Can be left unattended, without help or monitoring for:

- up to half an hour up to one hour up to 2 hours
- for a day 2-3 days for up to a week

f. Needs

- regular help or encouragement but can be left in a room or home on their own
- constant attention/ direct supervision, to be within view

OTHER:

HELP & SUPPORT

8. Help & support received at the place where the 'cared for' lives:

Regular (at least once a week) external support for the 'cared for'

- Professional carer** am/pm/eve | daily/ 1 x week/serval times a week/ other
- Domiciliary care** | daily/ 1 x week/serval times a week/ other
- Physiotherapist/ other** | daily/ 1 x week/serval times a week / other
- Nurse** | daily/ 1 x week/serval times a week / other
- Befriender** | daily/ 1 x week/serval times a week / other

Door step /home visits/phone/ email from

- Age UK Canterbury (eg Dementia Outreach from Age UK Canterbury)
- OTHER organisations please specify who/explain.....:

9. HELP & SUPPORT RECEIVED OUTSIDE HOME (including events, activities).

In the list below what interests **you** as a carer, or past carer (something just for you)?
What you might like to do with your 'cared for'? Or for them alone? (Note this list is just to give you an idea. Services offered at Age UK Canterbury will be changing)

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Age UK Canterbury - Carer Survey

X	Please mark 'X' ; to all that apply	Just for you as carer	Just for 'cared for'	For both, carer & cared for	if offered would like to attend?
1	Day centre Age UK (Mon/Tues/Wed/Thurs/Fri)				
2	Collins Unit structured Day Care for people living with dementia at Age UK				
3	COGS Club for people living with early Dementia, weekly at Age UK				
4	Dementia café at Thanington Resource Centre monthly (drop in/ no booking needed)				
5	Coffee morning at Age UK Canterbury monthly				
6	Singing for the Brain, at Age UK monthly, sign up				
7	Dementia drop in Clinic for families to access information from experts in their field (Solicitor, Psychiatrist, Carers Support, Crossroads, Age UK)				
8	Occasional one-off events, e.g. a cream tea afternoon at Age UK Canterbury				
9	Carers support group (for 6 female carers)				
10	Swalecliffe Community centre, themed day events with light lunch 3-4 times/year; (joint events Age UK Canterbury, Age UK Herne Bay & Whitstable)				
	Age UK Herne Bay & Whitstable events at their large multi-complex centre:				
11	Carers Lunches, (3 per month, (for carers to bring along the person they care for too if they wish).				
12	Carer Educational programme 'Learning Curve' 6 weekly sessions, run twice a year, CPN facilitated				
13	Dementia Outreach - ongoing support to family and friends caring for or supporting another person living with dementia (by phone/door step/visit)				
	Special interest topics				
14	Creative activities at Age UK Centre Canterbury Explain: Painting, drawing, craft, poetry writing, collage, mosaics, ceramics, knitting, sewing,				
15	Creative activities at other venues/settings/ e.g. Say what & where:				
16	(a) Keep fit exercise group/ sessions				
17	(b) Gardening/ plants groups sessions				
18	(c) Conservation task group (wildlife/ parks)				
19	(d) Walking & talking/ ramblers groups				
20	(e) Healthy eating/ Cooking / recipe/ groups				
21	(f) Book or poetry group: reading/writing/chat				
22	(g) Local history group discussions				
23	(h) singing group/ choir				
24	(i) Music group (playing an instrument)				
25	(j) Games Specify: cards, bingo, dominoes, chess, scrabble, etc Quiz				
26	(k) OTHER.... Specify eg Knit and Natter				

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X	Please mark 'X' ; to all that apply	Just for you as carer	Just for 'cared for'	For both, carer & cared for	if offered would like to attend?
	Opportunities to talk with other people				
27	Who have recently received a diagnosis of dementia for themselves or others. You talk with them about your/their situation: a. (face to face) b. online video discussion				
28	About of end of life care, so you know what to expect, how to plan				
	Who have recently lost someone or where someone has:				
29	(1) gone into full time care/ nursing home) a. face to face b. online video discussion				
30	(2) passed away, died (perhaps Covid-19 related) You talked about your/their loss: a. face to face b. online video discussion				
31	(3) someone has passed away and you have had to deal with issues like probate on your own				
32	I don't want to talk about dementia with other people specifically unless it comes up				

10. What days/ time of day (morning am / afternoon pm or early evening) would be convenient or suitable for sessions that we might offer?

(a.) Sessions just for CARERS with other CARERS

Monday am/pm/eve; Tuesday am/pm/eve; Wed am/pm/eve Thurs am/pm/eve;
Friday am/pm/eve Saturday am/pm/eve; Sunday am /pm/eve ANY []

(b.) Sessions for CARERS and CARED FOR attending together

Monday am/pm/eve; Tuesday am/pm/eve; Wed am/pm/eve Thurs am/pm/eve;
Friday am/pm/eve Saturday am/pm/eve; Sunday am /pm/eve ANY []

HOW YOU KEEP IN TOUCH

11. What do YOU *regularly* use, do to keep in touch? (tick all that apply to you)

- (a) letters/ by post [] Yes [] No [] Sometimes [] Never
- (b) newspapers [] Yes [] No [] Sometimes [] Never
- (c) visitors at home [] Yes [] No [] Sometimes [] Never
- (d) Telephone [] Yes [] No [] Sometimes [] Never
- (e) Mobile [] Yes [] No [] Sometimes [] Never
- (f) Smartphone [] Yes [] No [] Sometimes [] Never
- (g) PC/Computer [] Yes [] No [] Sometimes [] Never
- (h) laptop [] Yes [] No [] Sometimes [] Never
- (i) i-pad/ tablet [] Yes [] No [] Sometimes [] Never
- (j) Facebook [] Yes [] No [] Sometimes [] Never
- (k) fb Messenger [] Yes [] No [] Sometimes [] Never
- (l) What'sApp [] Yes [] No [] Sometimes [] Never

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- (m) Facetime Yes No Sometimes Never
- (n) Zoom Yes No Sometimes Never
- (o) Skype Yes No Sometimes Never
- (p) MS-Teams Yes No Sometimes Never
- (q) Instagram Yes No Sometimes Never
- (r) Email Yes No Sometimes Never
- (s) watch television Yes No Sometimes Never
- (t) listen to radio Yes No Sometimes Never

OTHER:

12. What devices (and or social media) would you like to try out, supported by a volunteer at your side, and then perhaps be tutored so you can learn?

- Yes I'd like to have a go at (state letters from list)
- I'm not interested in using or learning any devices or trying social media
- I am happy just using the devices and social media I currently use.

13. If you aren't interested in learning to use any devices, or social media, can you explain why? (What worries you? What concerns do you have?)

- cost of buying it cost of running it? Setting up/getting started
- Getting stuck Breaking it feel too old to learn
- find it too stressful haven't got patience haven't got the time
- little /no confidence it's meeting people (Face to face) I want

OTHER

14. HOW YOU PREFER TO TAKE PART IN INTEREST/ TOPIC GROUP/SESSION

- face to face (only) face to face and online(Zoom) online (only)
- Don't know/not sure
- weekday M/T/W/T/F am/pm/ eve Saturday/Sunday am/pm/eve
- just for you and other carers for carers and their cared for
- activities just for 'cared for' (so you can have a break/do something else)

15. TRANSPORT: Getting to Face to face meetings/sessions

- Transport wise (for face to face sessions/activities) I drive
- I would need: help organising or arranging transport, in getting a lift.

16. FURTHER FOLLOW UP Fay Blair is a colleague and a carer. Are you happy to have a follow up chat with Fay, and for her to have your tel. number?

- No Yes When would be a good day/time of day to call you?

Best 2-hourly slots to call are between [.....]

Your Tel.Email.....

ANY OTHER Comments:

www.kentartsandwellbeing.org.uk

fay@kentartsandwellbeing.org.uk

Mobile: 07786 307 664