

# Impact of the coronavirus pandemic on unpaid elderly carers

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# Impact of the Coronavirus pandemic on unpaid elderly carers in Aberdeenshire

## Introduction

The Covid-19 pandemic has been one of the most unprecedented moments in the history of mankind. The last two years have seen an accelerated pace of change that required services both to respond to the immediate demands of the pandemic and to maintain health and social care services.

Unpaid carers are always seen caring at the invisible level of health and social care systems and continued to be unseen throughout the pandemic. Where unpaid carers remain the backbone of care provision in the community, they have also been the silent sufferers during the lockdown. Elderly carers were cocooned in their homes, isolated and reliant on others for basic support as shopping, prescriptions and essential medical supplies.

Lockdown affected elderly carers in the community slightly differently than other adult carers of the society. Aberdeenshire Carer Service aimed to investigate the impact of Covid-19 pandemic on this specific carer group, to understand about the challenges they faced, their worries and concerns and their suggestions on how frontline services and Government bodies could respond to better meet their needs. The report concludes with practical and policy recommendations on how we can address the needs of elderly carers arising from the Covid crisis.

## Key highlights

75% of unpaid elderly carers (ECs) aged 65 and above in Aberdeenshire are female.	63% of unpaid ECs have been caring for more than 5 years. 4 out of 10 began caring during lockdown.	74% of unpaid ECs were not provided with any effective support during lockdown.
85% missed support services and face-to-face interactions.	80% felt overburdened, helpless and isolated.	More than 30% of ECs are unaware of how to use a computer, internet or digital support services, or are too remotely based to access the internet.
6 out of 10 carers said lockdown had a negative impact on their mental and physical health.	9 out of 10 either couldn't cope or just accepted the way it was.	3 out of 5 ECs believed that the physical and mental health of their cared-for deteriorated during lockdown.

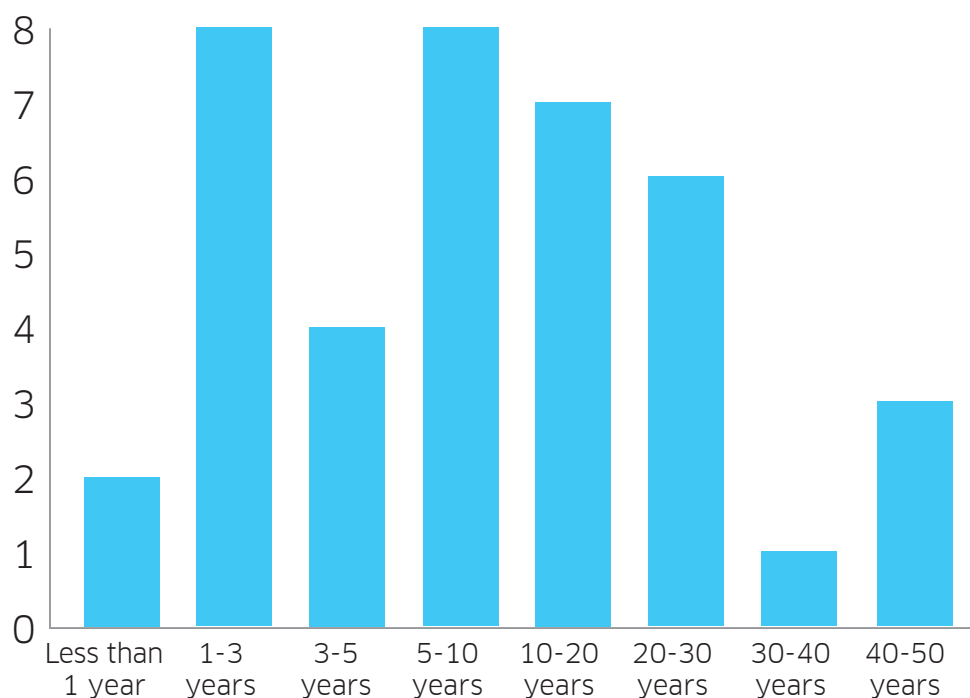


The research understood the importance of grouping elderly carers (ECs) separately, as their challenges during the pandemic differed slightly to those of other adult carers.

The research referred to people older than 65 as elderly carers, as the average retirement age had increased to 65<sup>1</sup>. A total of 39 carers aged 65 years and over responded to the survey for adult carers in Aberdeenshire. This comprised 33% of the total survey participants. 75% of ECs who participated in the research were female, thus closely representing the current gender statistics of carers in Scotland<sup>2</sup>.

The majority of ECs who participated in the research belonged to Central Aberdeenshire (45%), whereas ECs from South and North Aberdeenshire were equally distributed (27.5% each).

### Number of years spent caring

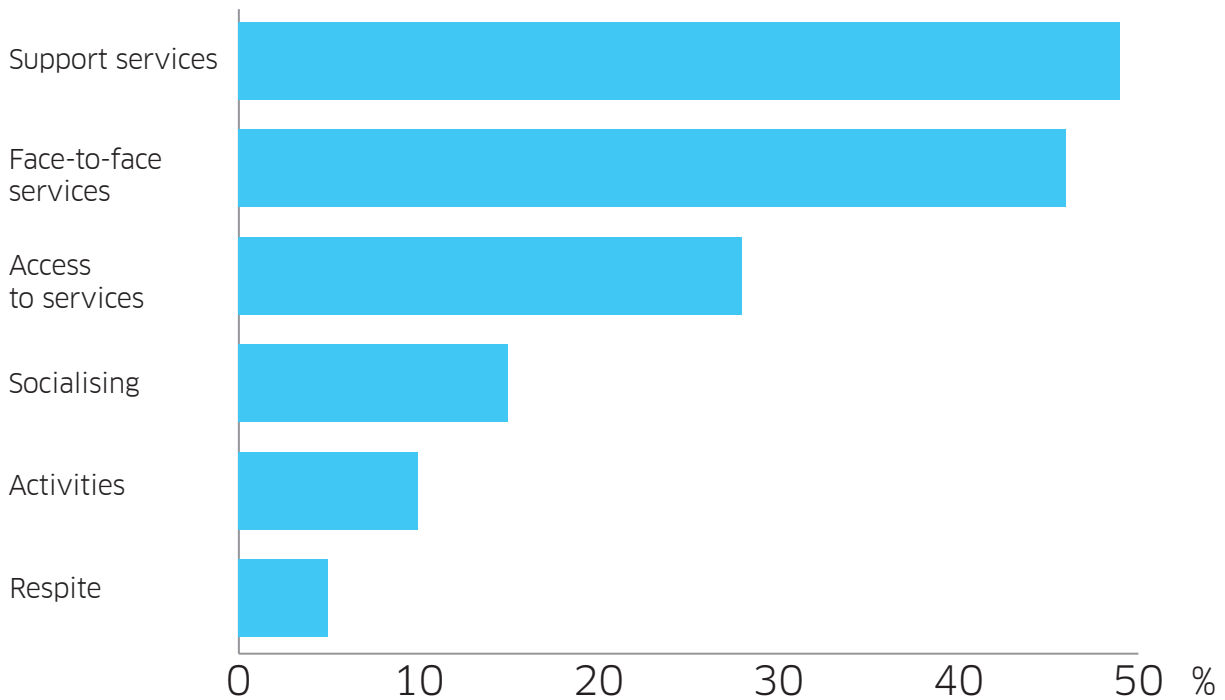


Most ECs had begun their caring role within three years of the date of research. This number could have been a result of carers taking up caring responsibilities during the pandemic as a result of withdrawal of services. However, there are 63% of ECs who have been caring for more than five years to date. 8% of these ECs cared for more than one person during the pandemic.

<sup>1</sup> Greenwood, N. (2019). A qualitative study of older informal carers' experiences and perceptions of their caring role.

<sup>2</sup> CarersUK. (2019). *State of caring in the UK on International Women's Day*.

## What did elderly carers miss the most during the pandemic?



Of 39 ECs, 49% missed additional support services such as paid care at home or day care services that were withdrawn during lockdown. 46% of ECs missed the face-to-face interactions offered by carer support services. ECs also struggled with accessing other healthcare services such as GP appointments.

Despite knowing the consequences, a few ECs discontinued paid support during lockdown as a measure for shielding themselves and their loved ones being at high risk of infection from Covid-19.

“Face-to-face chats with my Family Wellbeing Worker and ability to make use of respite.”

“Talking and seeing my Family Wellbeing Worker. She is very calming.”

“Art therapy, mindfulness activities.”

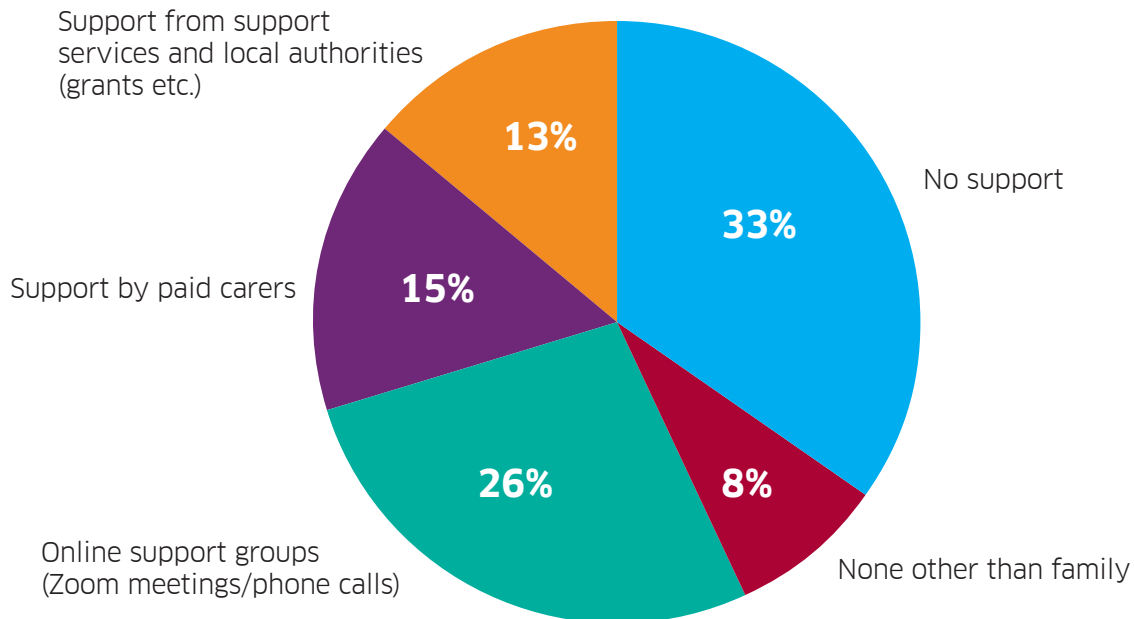
“Attending all my exercise and keep-fit and swimming classes.”

“Being able to see a doctor face-to-face.”

“Seeing anyone from the sheltered housing complex.”

# What support did you receive during the pandemic that was different from normal?

## Support received during lockdown



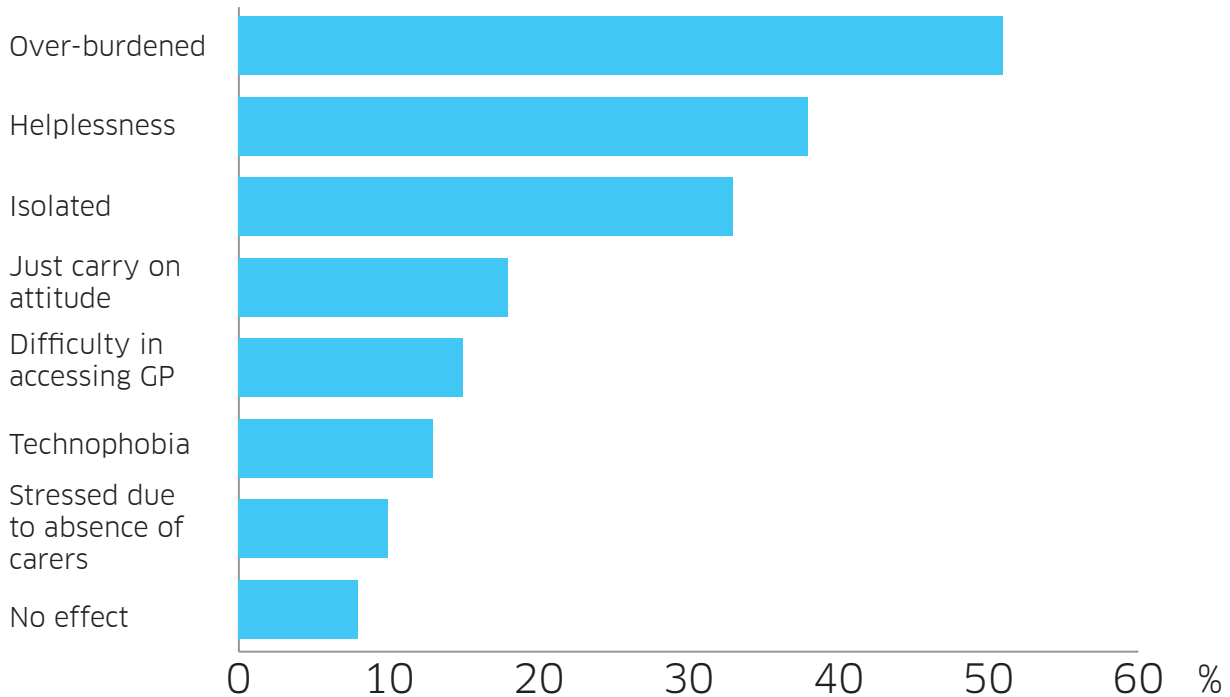
Most of the elderly carers mentioned that there was no support available for their complex needs. Whereas a few were happy with the support provided through phone calls, video appointments or online support groups, most of them stopped seeking online support or attending online groups as they found it difficult to work with technology. 14% of carers were happy with the grants provided by support services or the local authority.

“I set up my husband’s care plan during the pandemic and I was surprised and very pleased that the service could continue so well despite the restrictions.”

“A telephone call every week from a Quarriers support worker. I couldn’t have managed without her support.”

“Online support offerings, which I find difficult to get my head round. Also, Zoom calls can be time consuming and tiring when one has caring duties to fit in.”

## How did the withdrawal of services affect you?



Elderly carers felt overburdened with increased caring duties. Only a few of the elderly carers were supported by paid caring services, while most of the carers were deeply impacted with the withdrawal of the services. Due to this withdrawal, carers felt hopeless and vulnerable as their needs became more complex. Increased responsibility towards their cared for, lack of socialisation, and lack of support from family increased their stress levels and made them more sleep deprived. The increased physical work and mental stress with lack of external support worsened their physical and mental health. A few carers had to cancel their paid care services due to the need to shield themselves and their cared-for from the Covid-19 virus. Consequently, they were worried about their loved one's wellbeing.

**“Very much with no physios coming to the house.  
A piece of paper with diagrams is not the same.”**

**“It had a massive impact on my mental health and that of my husband.  
I felt totally abandoned by local authorities, Government, and vaccine  
roll out. I was physically exhausted too and suffer from a sore back.”**

**“My carers were superb in supporting me because I was unable to do  
physical work - still using a Zimmer! But coping with carer duties and  
doing all the cooking as well!”**

**“I had to look after my severely disabled daughter on my own.”**



I was disappointed to find it so hard to see a doctor as opposed to a telephone consultation. At times I felt I was battling on my own with no one to turn to.

I felt desperately lonely while at the same time, never having any time to myself as I felt I was on duty 24 hours a day. I was worried about the effect on my mental and physical health of being unable to take exercise in the fresh air as I had been used to doing. I was unable to leave my husband on his own because of his health problems. Family and friends couldn't visit to give me a break from caring and I was forced to become sedentary and stay indoors.

Because of the stress, and because my husband needed help in visiting the toilet several times a night, I had very little sleep and this added to the vicious circle of stress as I worried about the effect on my health of sleep deprivation over a long period. I often felt I was in prison without having committed any crime other than loving my husband.

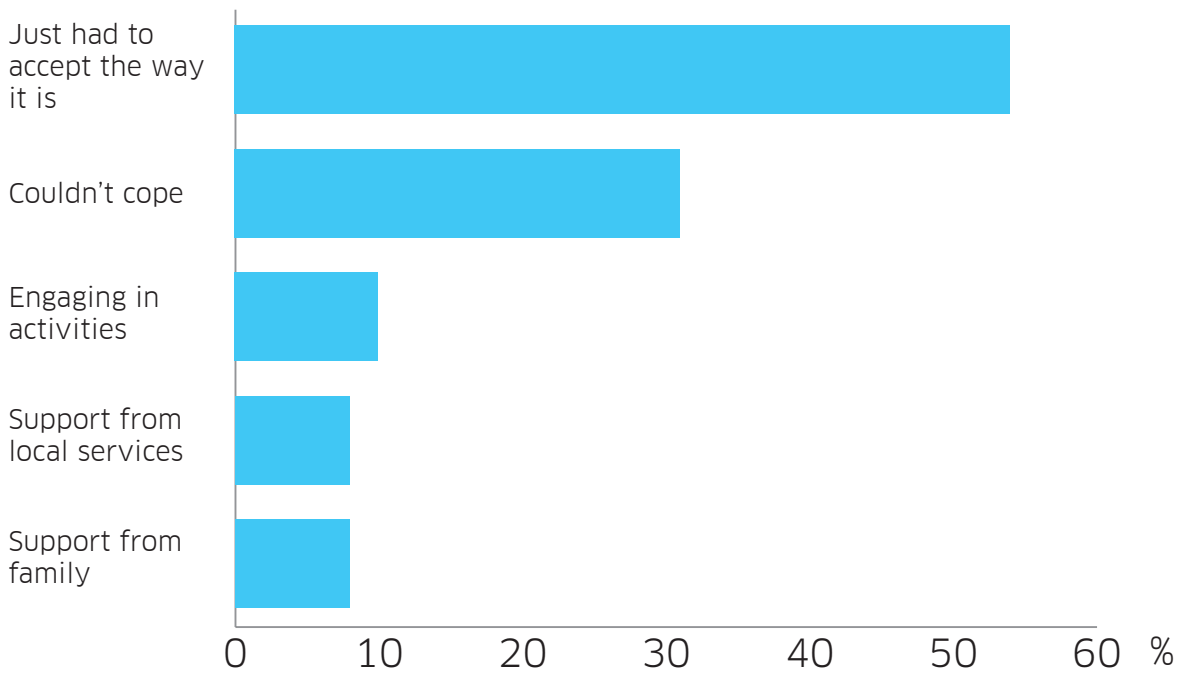


I was upset as I did not feel I had anyone that knew about us to call on if I needed them. I had been told if I needed help, I just had to get in touch, but we did not have a named person who knew about us.





## How did you cope with these changes?



### a) Acceptance

It was evident that more than 50% of ECs had accepted their caring role as a natural part of their family life, rooted in love and integral to their long-term relationships, whether as parents or spouses. ECs also felt the responsibility of shielding their cared-for from transmission of the virus.

“I had to rely on a standing frame to work myself to get my husband in and out of bed. My back hurt. I had to get up during the night to take my mother to the toilet.”

“We coped because we had to, and because it’s what parents do - regardless of the age of the son or daughter.”

“Like most people I have just had to get on with life the best I can.”

“The way we always do - just get on with it.”

## b) Support from family and local services

Elderly carers believed that support from local services or their families during such tough times made an enormous difference as they felt it was easier to cope with their caring responsibilities. Few ECs contacted their healthcare professionals to voice their fears.

“We are lucky when compared to a lot of people as we have a very supportive family.”

“Contacted the consultant I had before, but only 10 times more.”



## c) Engaging in activities

Very few carers could manage to engage in activities or continue with their hobbies during the pandemic.

“By doing my best to keep us both healthy. Walking the dog and gardening when I can!”

“Kept busy baking, cleaning, encouraged children to draw and write letters.”

“My daughter left her dog outside in the backyard, so I used to take the dog for walks.”

“I got on with it, made the most of the one-to-one meetings.”

“Took it day by day and had the support of the family.”

“I had the support of my husband, who took our son out walking.”



I contacted the Social Work department to see if any help would be available to me. The fact that people listened, understood my problems and were able to help via several agencies made a great difference and helped me to feel able to cope with a difficult situation.



### d) **Could not cope at all**

Carers had extreme difficulty in coping with the burden of their caring responsibilities. They found it very exhausting both physically and mentally. Watching their cared-for deteriorating as a result of lockdown restrictions worsened their fears for the future.

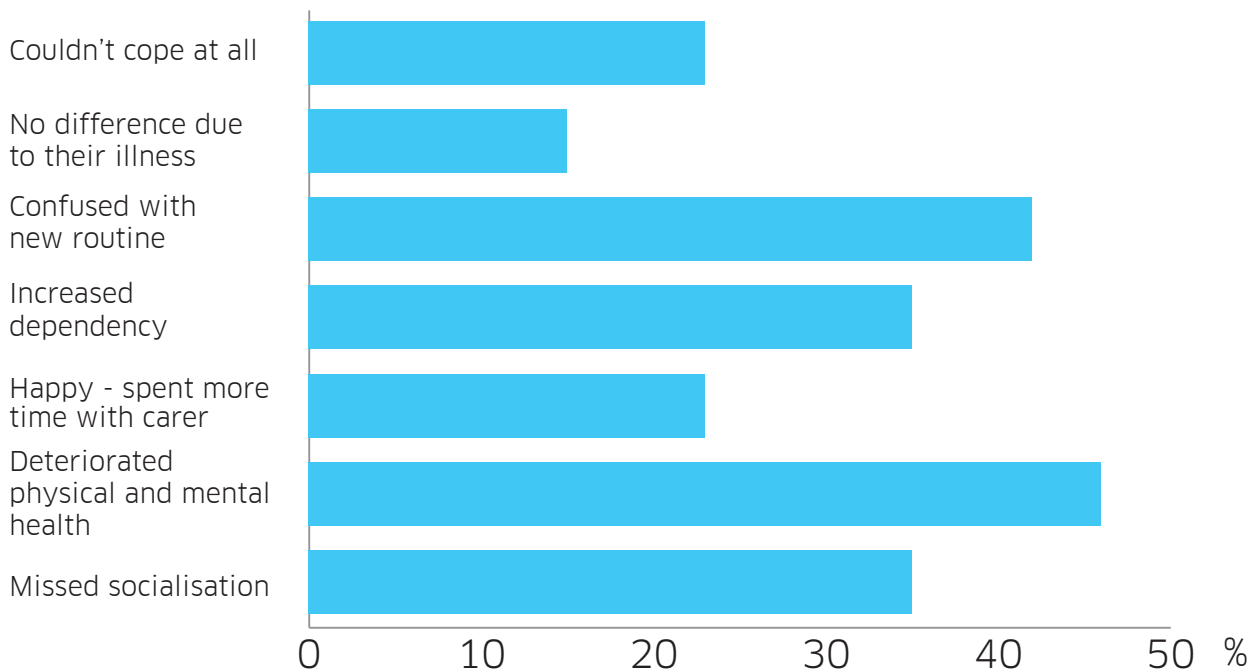
“I couldn’t cope at all; my wife went into a home.”

“It was the darkest time. Hubby was hospitalised during lockdown so no visitors to ARI.”

“My main worry has been that my wife has been unable to access her walking frame for two years now, and I am afraid it is having an effect on her physical health, and of course I can see her becoming weaker.”

“I care for my mother (94) and my husband (76). I tried not to let it make any difference to them. It had a big effect on me. It seemed to give me twice as much to do, especially as far as doctors went. I feel as though I was doing half of their work with the help of the nurse.”

### **How did the recipients cope?**



### a) **Happy with the lockdown**

Few carers believed that their cared-for were happy with their carers being home and able to spend extra time with them. They also enjoyed engaging with their cared-for more than before. Carers were satisfied as they were able to get more involved with caring for their loved ones, however they felt that they quickly became exhausted and stressed due to the need to develop new routines each time Covid-19 guidance changed.

“Our son has been very happy to have our exclusive attention for all this time, but obviously this has had an effect on us. It has been exhausting continually meeting the demands of caring and having to provide gainful activity, recreation, and leisure opportunities for him without having a break ourselves.”

“I think she was pleased I was not going out.”

### b) **Coped just fine**

Few carers believed that their cared-for were just coping fine as they could not understand what was going on due to their ongoing illness. Few of the carers had continued paid support during the lockdown, which meant that the cared-for felt little difference to their life.

“He was fine and didn’t really notice or worry.”

“It made no difference to my son.”

“Didn’t really know due to his illness.”

“He was fine as his carers still came in twice a day, so he still had routine.”

“Support excellent and essential, keeping house in order!”

### c) **Engaging with activities**

Very few carers could manage to engage in activities or continue with their hobbies during the pandemic.

“Walking the dog and gardening when I can.”

“Kept busy baking, cleaning, encouraged children to draw and write letters.”

“My daughter left her dog outside in the backyard, so I used to take the dog for walks.”

## d) Could not cope at all

- **Isolation**

Most of the cared-for missed the company of their friends, family, and support workers. Their moods were worsening as they felt lonelier and more isolated, and more dependent on their carers.

- **Covid-19 restrictions**

New lockdown rules left carers puzzled and confused, leading to decreased physical activity and consequent deterioration in their physical and mental health.

- **Technology**

Carers also mentioned challenges around assisting their cared for with use of technology like mobile phones and laptops for video calling their family and friends.

- **Future aspects**

The changing behaviour in their loved ones further impacted the health and wellbeing of elderly carers, as they became more concerned about their and their cared for's future. Elderly carers also expressed that they felt guilty as the effect of isolation and lack of support was impacting their overall health too, and they were not able to offer the expected love and care to their loved ones.



My husband missed the company of family and friends. He claimed not to be depressed but I noticed that he had much less enjoyment of things he previously enjoyed and just wanted to sit in his chair all day. He comes to life with people and really missed the contact.

His dementia and mobility problems meant he was unable to go for walks. He constantly forgot that there was a pandemic and was puzzled at the restrictions and why he couldn't see friends and relatives. It made me very sad to see him in distress and I was worried about the effect this would have on his health.



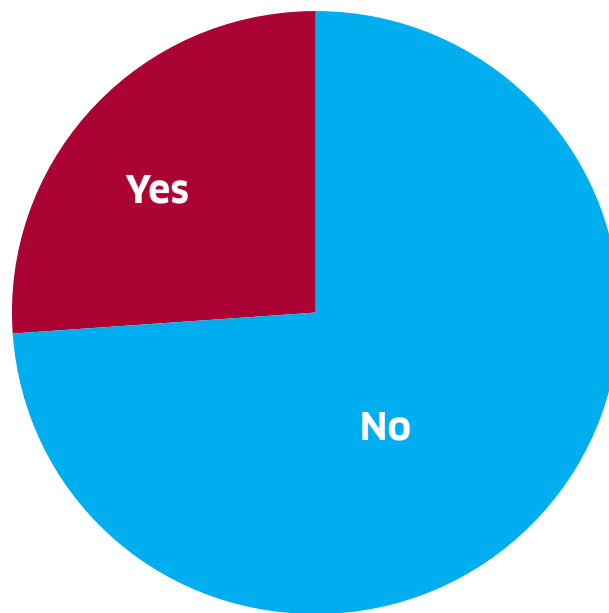
“He has become much more frustrated, angry, bitter and cynical. I suspect he is also very stressed and lonely. This has made it very much harder to cope with my own isolation. I despair for his future.”

“I couldn't shower him daily. I know it caused him to lose his dignity.”

“She is not coping well, and it is getting more and more difficult for me to keep her spirits up.”

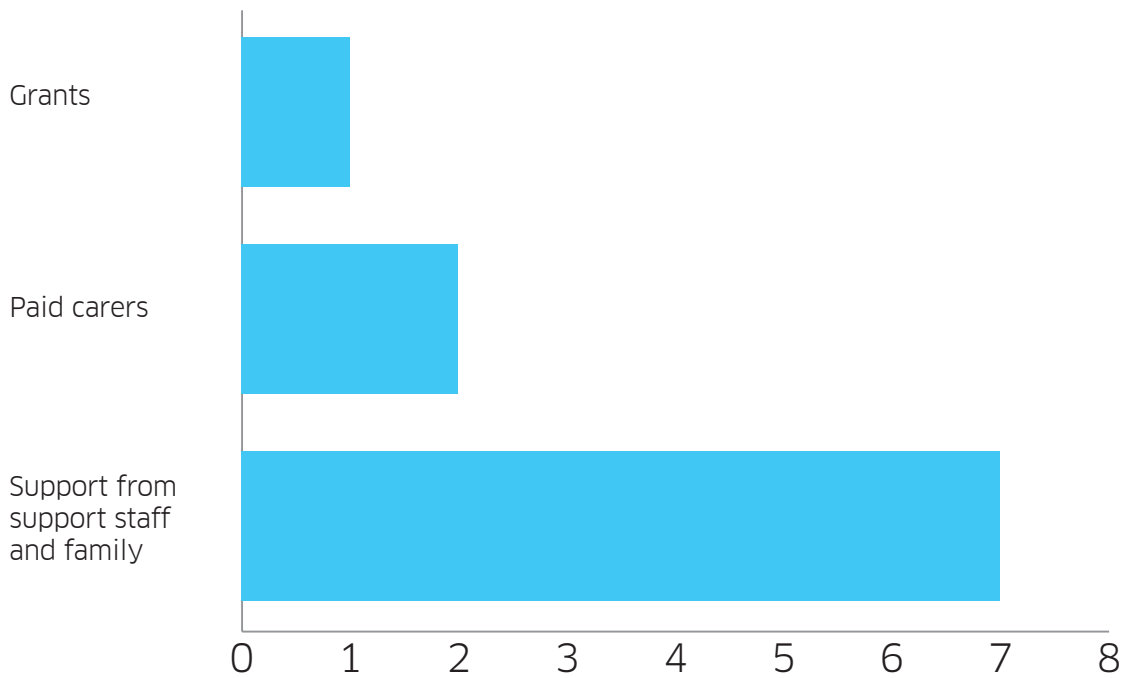
## The changes in support

### Was there anything useful about the changes in support?



- 74% of carers mentioned that they were not provided with any effective support during the pandemic. Some elderly carers were not aware of any services available and therefore did not seek any support during the pandemic. This indicates the need for increasing awareness and signposting to support available, especially for ECs.
- 26% of elderly carers were provided with continued support from either paid carer services or support services in the form of care plans, grants, weekly phone calls or Zoom calls. Elderly carers testified that the support was extremely helpful and essential during the pandemic.
- Carers were also in contact with their families virtually, however 40% of elderly carers were technophobic and discontinued using technology after a while due to confusion.
- ECs raised concerns about negative changes in support being continued and were concerned that local authorities would implement these changes irrespective of listening to carers' needs.

## Support provided for ECs



“Our staff and the family worked even more closely together for each other’s benefit as well as that of my daughter.”

“The one-to-one Zoom meetings are better than total isolation. However, I fear that this will be seen as a cost-cutting exercise in future.”

“It was good to meet people outside my direct geographical area and exchange ideas and share notes.”

“Being online meant it was easier to attend events.”



Before the pandemic, I was coping (JUST!) on my own with looking after my husband. The restrictions necessary to slow the spread of the virus had a bad effect on my husband’s health, and a sudden and alarming illness that he had made me realise I could no longer cope alone. The care plan set up for my husband was a godsend for us both and I don’t think I could have gone on without it.



## Did local support services and care providers hear your views?

### Agree - 46%

“Yes, but their hands were tied.”

“Yes, but unfortunately they couldn’t offer anything more.”

“Yes, very much so. Not having been involved with care services before, I didn’t know just what sort of help would be available. Everyone I spoke to was kind, empathic, really listened and supplied the right kind of help tailored to our needs.”

“The NHS was brilliant! His carers that he has are brilliant, and I can’t do without them!”

“Yes, but the new Covid reality has made it very difficult to provide meaningful support. Again, I am very concerned that with all the new austerity measures, and budgetary cost-cutting for councils, this will simply be used as an excuse to maintain a new normal, and things will not recover to pre-Covid levels.”

### Can’t say - 8%

“The opportunity was there but I didn’t have any services at the time. I declined virtual chats.”

“I tried hard not to express my concerns believing that really not much could be done to relieve the situation.”

“After a struggle, yes, but it was a struggle.”

“I didn’t have any services at that time.”

### Disagree - 44%

“No - eventually during the second lockdown I was given a PA, but I had to fight to get funding.”

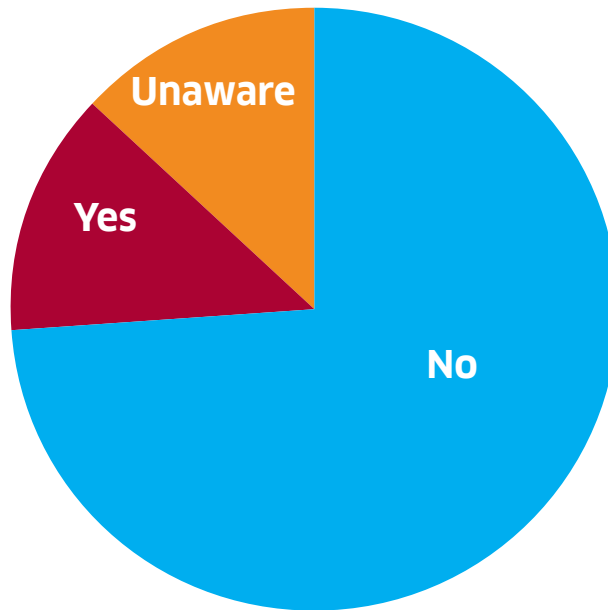
“No. No one asked, no communication was made.”

“No! No contact apart from paid carers.”

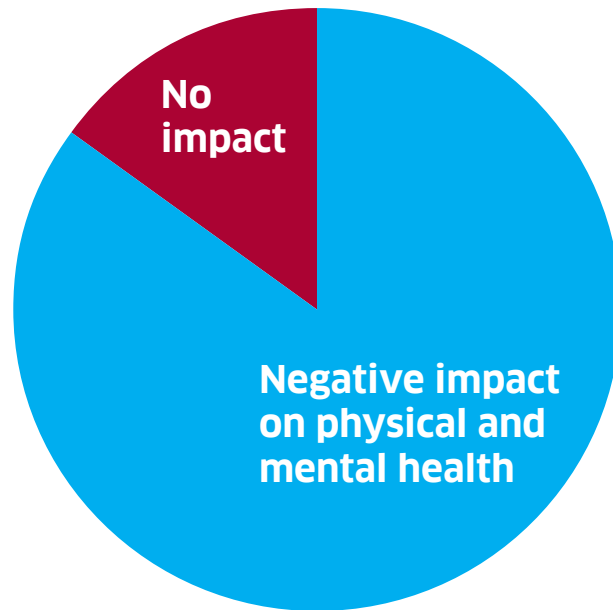
“Definitely not. We are the silent, invisible community. Always made to feel we ought to be grateful for what we get, instead of being valued members of society.”



## Carers participated in online carers' café to input ideas



## Impact of Covid-19 on carers' health



### Negative impact on health

85% of elderly carers felt that their caring responsibility during lockdown had a significant impact on their physical and mental health. They also noticed that their mental health worsened exponentially as lockdown progressed. Carers mentioned that they had to care for more than one person during lockdown, which impacted their health immensely.

“Hugely, both mentally and physically. I have found 2021 to be much more challenging than 2020, and I am really demotivated. I find it much more difficult to concentrate and remember things, and very hard to keep my temper. I am very frightened for the future for my son, as I am classified as extremely vulnerable (shielded).”

“Yes, it was hard work planning my son’s day activities and mine.”

“Yes, but mainly as my husband got worse during this time.”

“I felt physically tired most of the time, but I was worried about my daughter’s health, so I just had to go with it.”

## Routine

ECs struggled with maintaining the routine for their cared for while changing their own routine accordingly. They felt constantly stressed and worried about the impact of everything on their cared-fors.

With no breaks or respite, no self-care regimen, and no support from services, they felt vulnerable and left to cope alone with their misery.

“When my husband was admitted to hospital, no one could visit him. I was all alone, and I could only do window visits - the worst experience of my life.”



## Ageing

Several other factors that exacerbated ECs' poor health included their age, their deteriorating health condition, and their cared-fors' worsening health conditions.

“Yes, I feel more vulnerable now, and on my own more so than I did before. It could just be age thing as I am not getting any younger.”

“Yes, but mainly as my husband got worse during this time.”



## Concerns about the future

Elderly carers were also concerned about the future after the pandemic, as they were scared that they might be isolated and not be able to socialise like before due to their and their cared-fors' worsened health. They expressed their anxiety around socialising again, meeting people in person, and facing the crowds. They feared that they are getting weaker, more vulnerable, overwhelmed, and lack confidence which might further worsen their mental health.

## No impact

Several ECs mentioned that there was no significant impact on their health. It was evident that the elderly carers who were well-supported by paid carers, support services, and local authorities did not feel exhausted or overburdened and therefore their health conditions did not suffer.

“Yes, I was tired of the restrictions, but no other major impacts as I had same support continuing.”



## What would help carers' health and wellbeing?

Someone to talk to from support services	58%
Person-specific support	50%
Active listening	46%
Flexible support	42%
Prioritise carers	38%
Respite/Breaks/Self-care	35%
Train EC with technology	31%
Mental health support	23%
Awareness about support	23%
Activities by support services	23%

- ECs understand the importance of interaction and believed that talking regularly to someone outside their family - someone who would understand their struggles or someone who went through similar struggles - was particularly important. They also mentioned how important it is to have regular contact with their Family Wellbeing Worker.

**“Make sure you have someone to talk to. I cannot underestimate how important this is.”**

**“Talking with others, taking up a hobby, looking after your appearance and diet and being outdoors as much as possible.”**

**“Having a clear idea of what is required and having a good discussion with a regular member of your team.”**

**“Don’t let things get on top of you - talk to someone and talk it through.”**

- Although ECs wished for more respite and breaks, they considered the Carers Café - where they met fellow carers - and meetings with their Family Wellbeing Workers as a break/time off from their daily duties, which left them feeling supported.

During the pandemic, carers missed face-to-face support from their Family Wellbeing Workers and the Carers’ Cafés. A few of them were happy that they were able to attend the Carers’ Cafés via the internet, whereas some felt it would have been beneficial to have been offered training to enable them to use technology to allow them to access online support. Carers were happy to chat with other carers over Zoom as it meant they could meet those in similar situations from different geographical locations. They also felt that, going forward, the frequency of the Carers’ Cafés should be increased to twice monthly.

**“Continue having an option to join meetings online with people outside their area.”**

**I enjoyed the mindfulness sessions, real or virtual.”**

**“The monthly meetings at Peterhead could and perhaps should be increased to weekly or fortnightly meetings.”**

- ECs believed that each carer and cared-for has different complex needs and therefore services should be more flexible, catering for customised support accordingly. They also acknowledged the fact that their responsibilities increase with age; both their own and that of their cared-for. Hence, they suggested that the support offered should increase in accordance with age.

“Don’t assume things remain the same, especially for those caring for someone with a degenerative condition.”

“More flexibility from health providers.”

- ECs felt that their voices or problems were left unheard by the authorities, and they were provided support in the form of one-size-fits-all. Additionally, poor communication between services and providers as well as between services and carers added to ECs’ challenges during lockdown. They demanded that local authorities prioritise carers. ECs are still recovering from the effects of Covid-19 lockdowns and therefore they expect local authorities to listen to them and ask them about what they need before implementation of any policy. ECs also struggled accessing healthcare services such as GP appointments despite being in a vulnerable position. ECs felt that local authorities should be prioritising ECs with degenerative conditions and mental health problems as there is limited support available currently.

“It would be good if authorities would ask us what we need and not make that decision for us. Communicate!”

“Listen to the carers, and to what they need from the service.”

“When we moved to a new address, the new doctors’ practice had no idea that I was my husband’s full-time carer. District nurses had not been informed about us either. Is there no crossover of information when someone moves to a new area?”

“Carers have been largely abandoned by services and left to manage much more on their own (e.g. no care workers, lack of PPE, etc.) In addition, carers were not prioritised for vaccines. This is madness. We should have received more help than normal rather than losing help. We now need additional assistance, respite and short breaks to enable some form of recovery.”

- Additionally, ECs who were helped by paid carers were able to find time for themselves where they could take up activities like gardening, reading and writing. They were also able to take part in online Carers Cafés and mindfulness sessions organised by support services.

“Take time for you. Creative Writing was good, as were art sessions. Ways of expressing feelings buried inside.”

“Talking with others, taking up a hobby, looking after your appearance and diet and being outdoors as much as possible.”

“Continue having an option to join meetings online with people outside our area.”

“I enjoyed the mindfulness sessions, both real and virtual.”

“My periods of calmness and mindfulness come when gardening.”

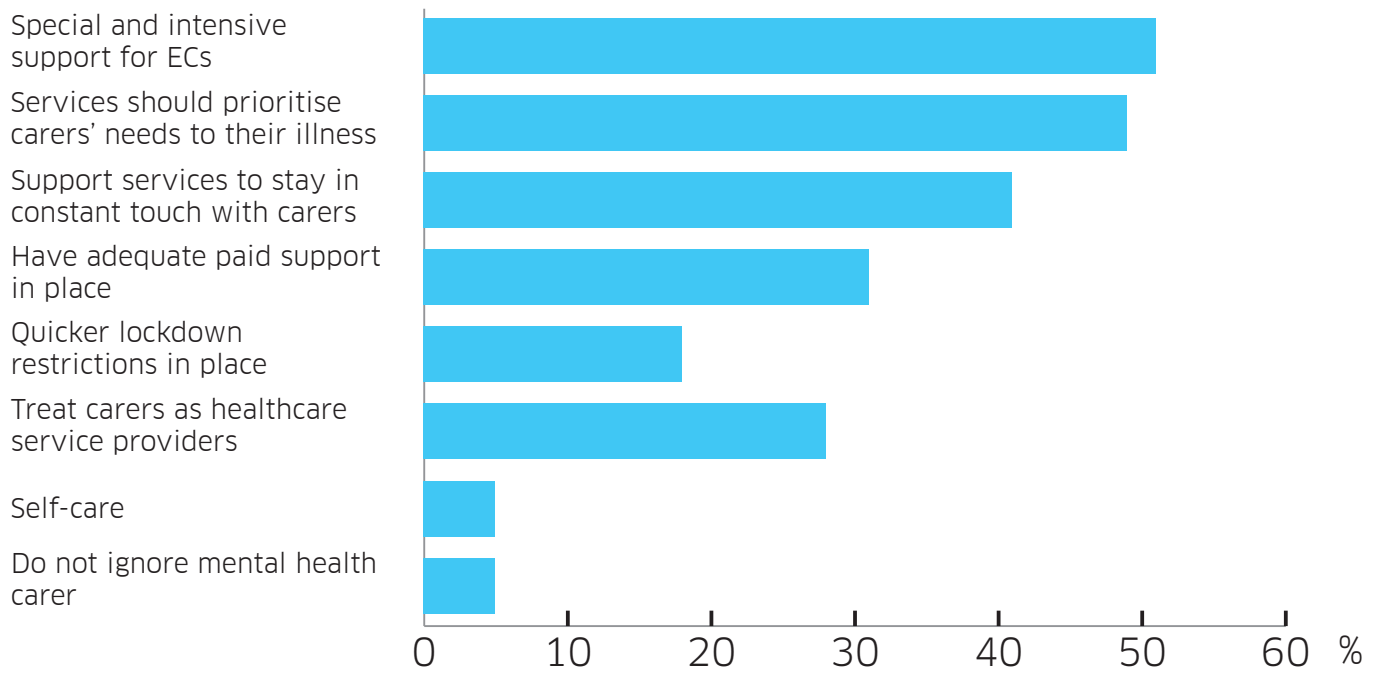
- Nonetheless, they felt that there is still a need to spread awareness about the support available for carers, as well as a need for education regarding technology to allow them to seek online support whenever needed.

“Just the fact that the carer support is there, and is reliable, takes a huge weight off the mind at what has been the most difficult period of my life.”

“Making sure elders had access to Zoom links, etc”

“I am so busy being a carer while struggling with my own health that I would be unable to spare the time or the energy to take part in anything which might help me. I know of others who are in the same boat.”

## If it happened again, what one thing should be done differently?



### Special and intensive support for elderly carers

Elderly carers wished that organisations were better prepared to provide special and intensive support. Elderly carers demanded intensive support in terms of better and more routine communication from social care and support services. They demanded additional financial and technical support that could help those with no access to devices like laptops. They wished for easier access to their GPs and other health professionals, and for the ability to skip the waiting list.

They wished their support plans included what could primarily benefit themselves and not just their cared-for.

“Try and arrange for the elderly to keep to as near their routine as possible. It would help make the carers’ days slightly less frantic.”

“I feel, as elderly people, we stuck to the rules. Hubby didn’t come shopping as he did before. I have always continued with hand hygiene and limited the number of contacts at home.”

“Easy to say with hindsight, but at the beginning everybody was finding their way with online technology. If this happens again, I would hope that organisations would be better prepared. I don’t know what allowances were made for people who either couldn’t work the technology or just didn’t have a wi-fi device.”



## Services to prioritise carers' needs

51% of ECs felt abandoned by local authorities and carer support services during the pandemic. They believed that they should have been given higher priority in terms of health care, vaccinations, etc, not just due to their vulnerability and their isolated lives but also due to their caring responsibilities.

“Carers have been largely abandoned by services and left to manage much more on their own, e.g., no care workers, lack of PPE, etc. In addition, carers were not prioritised for vaccines. This is madness. We should have received far more help than normal rather than losing help.”

“Vaccinate the disabled and their live-in carers where home care is necessary in first cohort.”

“More input by social services. Communicate more than just asking if she is okay.”

## Support from services

ECs believe that the support provided by carers' services plays a vital role in their lives. This was severely missed during lockdown, whether it was face-to-face interaction or just a phone call. Carers feel that routine chat with their support providers would have benefitted them throughout lockdown.

“Please maintain contact. I did ask for a meeting, which never happened. Then I was subsequently diagnosed with burnout. This shouldn't have happened.”

“Better communication would help, even just a phone call to carers to see if they are coping might help.”

“Occasional phone calls from care managers asking if we were okay. But no one called at all.”

## Support from local authorities and government

- If it had to happen again, ECs would want the government to take action quickly to put guidelines and travel restrictions in place, particularly for the more vulnerable.
- Elderly carers want adequate paid carers in place to provide some relief, give them a break, and prevent them suffering from exhaustion.

“People who are on their own should get the option of care continuing in their homes.”

“We now need additional assistance, respite, and short breaks to enable some form of recovery. And please stop monitoring every last penny of our budgets as though we are trying to cheat the system! Carers save the government millions of pounds

“Find care cover to allow the carer to go to Aberdeen for hospital appointments, instead of me being told that they won't help because it doesn't benefit my husband. It's unbelievable that a supposed Health and Social Care Department of the Council would say that.”

- Policies for carers should have been formulated similar to those of paid care providers, as carers considered themselves equal to paid carers based on their work and duties. They demanded more recognition and respect similar to that given to paid carers and other frontline workers during the pandemic.
- Additionally, poor communication between services and providers as well as between services and carers added to ECs' challenges during lockdown.

“Lockdown immediately and treat all carers and PAs the same as health service employees.”

“Restrictions on all foreign travel and quicker lockdown action.”

“Surely visitors could have been tested for Covid prior to a visit being allowed. The whole experience was harrowing and I will never forget the distress it caused to my husband and my family.”

# Recommendations and suggestions

## For support services

### 1. Identification of elderly carers in Aberdeenshire

By 2020, According to the Joint Commissioning Strategy, the number of people over 85 years of age in Aberdeenshire was predicted to rise by 42.6% from 2010 figures, compared with a rise in Scotland of 39.6%. Often, ECs felt abandoned due to lack of networking, and with Aberdeenshire being largely remote with inadequate public transport, ECs have always had poor access to services. Furthermore, ECs are less likely to come forward and seek support as there is a stronger sense of duty in providing care and not expecting support. Therefore, it is important for support services and hospitals to identify elderly carers and provide them with available support.

### 2. Awareness about the support available

It was evident that more older women would want to seek some sort of support from services than older men. However, most of them weren't aware of the support services available.

### 3. Bridging the communication gap

- Research showed that there was a severe gap in communication when it came to addressing ECs' demands. As every elderly carer has distinct needs, it is crucial for support services to maintain frequent communication and discuss their complex needs. There were repeated mentions of the scarcity of useful information, poor communication between services in health and social care, onerous form-filling, non-responsive services, constantly having to chase professionals, and waiting for home care workers. In order to stop these tiring, frustrating and time-consuming challenges, support services should take measures to redesign their communication models to cater to elderly carers.
- Carer involvement in the design and delivery of services/solutions to support them in their caring role

### 4. Digital literacy

- Digital health and care should always promote choice by taking a person-centred approach. ECs should have the choice between digital and non-digital options, with both offered in parallel. Consequently, no-one will be forced to use a digital support service if it is not right for them, but it will be available to those who want it.
- Assurances to ECs that face-to-face services will not be reduced as part of a wider movement to digital services but will be given an equal footing.
- Additional investment in carer support services to build digital capacity to provide a blended model of service (digital and non-digital). Investment to secure technological devices and training ECs on how to use digital solutions.

## **5. Respite or breaks for counteracting isolation**

More social activities for elderly carers with elderly spouses that would allow both carer and cared-for to meet others to gain social and peer support, also meaning the EC need not feel guilty for leaving the care recipient at home.

## **6. Involvement of more than one voluntary sector**

Elderly carers are frequently concerned about their failing stamina and health, and worry about what the future holds for the person they care for. Interventions to support them with this difficult issue are needed, but this is a sensitive and complex topic and may need the involvement of multiple services, for example, older people's services, learning disability services and other voluntary sector services.

## **For Local Authorities and policy makers**

### **1. Flexible policies for ECs**

Based on advances in their age.

### **2. Prioritising older carers**

Providing faster, more easily accessible healthcare, involving a more blended form of healthcare services.

### **3. Extra grants**

- For those cared-for by ECs, to potentially help reduce pressure on the ECs.
- For ECs, to give them more support and recognition.

## **Contact us**

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