



# The Carers Centre

LEICESTERSHIRE & RUTLAND

*at the heart of caring*

## Carers in Leicester, Leicestershire and Rutland During the Covid-19 Situation

### Making Carers Visible 8<sup>th</sup> June 2020

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Registered Charity No: 1043956 • Company No: 2994093 • Patron: Cllr. Manjula Sood MBE  
The Carers Centre is committed to being a quality led organisation providing advocacy,  
information and support to carers across Leicester, Leicestershire & Rutland.



## **Introduction**

The Carers Centre (Leicestershire & Rutland) is a registered charity with experience of working with unpaid carers across the Leicester, Leicestershire and Rutland (LLR) area since 1996, having first started out as a small project within Voluntary Action Leicester in 1991. We have been identifying, consulting with and supporting carers for almost 30 years. All of our staff and Trustees have considerable experience of working with carers and/or of being carers themselves.

This report has been compiled to raise issues and highlight gaps in services coming out of the Covid-19 lockdown and the local and national response to it. The information shown is based on our contacts with local carers across LLR. Where example situations are given, they have been anonymised.

## **Background**

As the situation developed, the Carers Centre continually monitored the prevailing circumstances and on 12<sup>th</sup> March took the decision that due to our service users either having health difficulties themselves; as is consistent with carers nationally having poor health outcomes, or are caring for someone who is suffering from ill health, disability or health condition, we would need to suspend group services and public events until the risks were lowered. This action was in line and at the same time as similar decisions taken by residential care homes.

It quickly became evident that this would not be sufficient, and the decision was taken that from 17<sup>th</sup> March all staff would be asked to work from home. The Senior Management Team arranged for necessary equipment to be provided to staff with a system of social/emotional support and team communication organised. All essential computer files including carer's and volunteer contact details were copied onto encrypted hard drives for the charity's two managers. Those not containing personal data were uploaded to the cloud to enable staff to access these remotely.

Telephone calls to the office were diverted to a mobile phone operated by two highly experienced members of staff so that we could maintain the helpline, and the email helpline was monitored and all enquires responded to in following our normal process. A system of contingency actions were agreed within the team to support any staff member who may fall ill or need to care for an ill family member.

Finally, we notified and reached agreement with our funders about next steps and the continuation of responsive service delivery. All of these steps were taken in accordance with our charity's processes and Trustees were fully involved and approved decisions

## **Carer Contacts**

Although the Carers Centre receives no funding to support us to do so, we took the view that there was a need to make proactive contact with carers once the lockdown was announced. In part, this was because there was a dearth of official guidance, and of readily available information. There was much confusion over mixed messages and unsubstantiated information that was circulating online. Staff sourced and checked official information which was then held for a fortnightly emergency newsletter release, or if more urgent for immediate email release to all carers listed on our database. This information was also shared with partners and widely distributed across our networks and theirs.

This new communications process was implemented to make sure that carers were given the best opportunity to cope in the new circumstances, and that carers were receiving all necessary

support, such as access to food, care support, etc. This took the form of regular email bulletins to all carers with email, and telephone calls to individual carers who we did not hold email contact details for or who we knew were dealing with particularly challenging caring situations.

As we had suspended the group sessions, we researched and took advice on the safe use of appropriate social media, and are continuing to look at ways we can use this. As an initial action we started up the Self Help Group as a Facebook discussion forum where issues and concerns could be discussed and followed up with individual contacts by staff as appropriate.

During Carers Week (8<sup>th</sup> – 14<sup>th</sup> June) we will be launching video conferencing for the Self Help and other groups: because most of our group meetings involve the sharing of confidential information, our research focused on keeping individuals safe and ensuring that everyone taking part has “signed up” to meeting rules, which include issues such as mutual respect and maintaining confidentiality.

It is from these contact sources that we have collated the following report, which is based on feedback from **515 carers**. Carers were encouraged, where possible, to complete an online feedback survey to enable us to both evaluate our work and identify the key areas of support that carers needed. This information has also been used to inform the information included in this report.

### **Report Context**

This report raises the issues that are specific to carers, or where carers are especially affected. For example, we have found that whilst it is already known that a significant number of carers experience financial difficulties, social isolation and ill health, it is also clearly apparent that for these carers, the pandemic has made an already difficult situation that much more challenging. Carers who were already stretched to near breaking point have been pushed even further towards situations where caring arrangements may break down.

This is in line with the situation nationally which has been highlighted in the recent Carers UK report: *Caring Behind Closed Doors*<sup>1</sup>, which found that 70% of carers are now providing more care than before and 55% say they are overwhelmed and worried they are going to burn out in the next few weeks.

### **Issues Raised by Carers**

#### **Health**

We found that many carers were reporting that they felt alone and unsupported, and, in some cases, trapped with the person they care for. Carers reported that they were feeling abandoned by the authorities (especially those in the vulnerable group - see “Covid-19”), and many told us that we had been the only contact they’d had with an organisation throughout the lockdown period.

We have noted from our direct contacts with carers and from online comments made by local carers that they are finding the increased isolation difficult to deal with, especially those who are

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[https://www.carersuk.org/images/News\\_and\\_campaigns/Behind\\_Closed\\_Doors\\_2020/Caring\\_behind\\_closed\\_doors\\_April20\\_pages\\_web\\_final.pdf?utm\\_source=Carers%20UK&utm\\_medium=email&utm\\_campaign=11500510\\_Caring%20behind%20closed%20doors%20affs%20and%20profs&dm\\_i=74C,6UHUM,10LQZN,RGBHN,1](https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf?utm_source=Carers%20UK&utm_medium=email&utm_campaign=11500510_Caring%20behind%20closed%20doors%20affs%20and%20profs&dm_i=74C,6UHUM,10LQZN,RGBHN,1)

shielding. In response to a feedback survey asking about our contact with carers and what they need additional support with during lockdown, we received feedback such as:

*“As usual The Carers Centre have been updating and running things differently in order to keep carers informed and supported so they haven't felt isolated and not getting the services they need. Always there and never let a person down. A vital service when the authorities miss them or do not seem to understand their needs. Thank You”*

*“A carers job is a very lonely one. I was so pleased when the Carers Centre contacted me. Felt like I'd not been forgotten and it was nice to hear how some of the other Carers are coping.”*

Some carers reported that health issues that were requiring treatment had been set aside for the time being, including a few who were on waiting lists for elective surgery. Others reported that they had been undergoing tests - or awaiting them - and had heard nothing. In only one case where tests had been carried out just prior to, or in the early days of, lockdown, did we hear that an individual had been called in urgently for treatment.

*Carer A reported that they had been advised to attend hospital for tests during the early stages of the lockdown as they were “urgent.” Having attended for those tests, Carer A has had no further contact of any kind, two months later.*

*Carer B was admitted to hospital as an A&E case during lockdown. The need for an urgent operation was agreed, but Carer B was told they would be discharged. Only after lengthy discussions was the carer discharged for several days before being contacted for readmission and surgery. Carer B is a Type 2 diabetic and over 70. It was unclear to Carer B whether this was an issue of the operation being brought forward due to their raising concerns, or an issue of poor communication.*

Carers also reported difficulties accessing mental health support. Although a number has been provided by Leicestershire Partnership NHS Trust and widely advertised, we have received at best mixed reports about its effectiveness.

*Carer J reported that there is: “absolutely NO credible support for mental health crisis unless you are already in the system.”*

Other carers reported problems getting in touch with the Crisis Team. No carers we spoke to gave any positive feedback about the Crisis Team, which we found particularly worrying – especially in the current circumstances.

Carers with relatives in other care settings reported their frustration at being unable to visit their loved ones, and especially as the lockdown continued, with increasing numbers of cases of Covid-19 in care homes. Although some care homes organised Skype or other forms of video contact, others were left with telephone contact only, especially if they do not use the internet. In some cases, even with support, the individuals in residential care were unable to cope with the IT in use, and in some cases also found the telephone impossible. For those carers with relatives who have dementia, there were the added concerns that the lockdown and lack of direct contact may accelerate memory loss.

*Carer J reported that one care home lost 9 residents in a week to Covid -19. The carer raised concerns about policies – local or national – that allowed the spread of Covid-19 into care homes.*

A number of carers raised concerns about this specific issue and were concerned at the potential effects on their loved ones. One carer mentioned that staff were struggling to access testing as recently as week beginning 1<sup>st</sup> June.

*Carer C reported that their mother had become more difficult to engage with on the telephone as the lockdown continued.*

### **Covid-19**

Carers (or their cared for) in the extremely vulnerable group without access to food supplies. These had not received letters and were encouraged to register themselves so that they could access food parcels or supermarket deliveries (as these have access to the government database of this group).

*Carer D, who was in the extremely vulnerable group, was not contacted by anyone following receipt of letter and had been fetching their own shopping.*

Other carers received no letter and had no internet access, leaving them more vulnerable.

Some carers who themselves were extremely vulnerable, or shielding someone extremely vulnerable, received letters stating they were extremely vulnerable after also attempting to register online.

*Carer E registered online and then the next day received a letter from the NHS, stating that he was extremely vulnerable and should shield. They subsequently received a letter stating that the NHS had **not** identified them as extremely vulnerable. We helped the carer to contact the local authority and food parcels were organised.*

The government initially announced that those who were “vulnerable” to coronavirus should take extra care to avoid contact with potential infection sources. This included people over 70 and with a wide range of conditions. Initial indications were that, when the lockdown was eventually announced, this group would be isolated for up to 12 weeks. However, this did not happen, and a much smaller group of “extremely vulnerable” people was advised to lockdown completely. For example, although people with diabetes were listed as “vulnerable”, and are subject to a considerably higher death rate, they were not made part of the “extremely vulnerable” group.

It is our understanding that this was because the chances of acquiring the virus remain in the normal range, whereas the “extremely vulnerable” group have a higher chance of acquiring the virus if exposed. However, individuals normally considered extremely vulnerable in general - such as dementia patients and people with learning disabilities - had no special measures put in place to support them or their carers, who were unable to organise deliveries but were also quite often in a position where they could not take the person they cared for shopping, due to inability to comprehend social distancing and queuing - which in turn increases their vulnerability to Covid-19 by increasing the risk of exposure to the virus.

*Carer F was initially told that their daughter was not “extremely vulnerable”, but this was subsequently changed after a couple of weeks. The original judgement was based on the fact that she has autism, but she also has other severe health conditions that had not been considered until the carer queried this.*

Whilst those in the “extremely vulnerable” group were able to register for food deliveries from supermarkets, it was not made clear to them that they needed to register in the name of the person listed. As a result, some struggled to arrange shopping until this was explained.

Difficulties obtaining Personal Protective Equipment (PPE). This has been a national problem, with carers excluded from government promises of supplies from stockpile. This was of particular concern to those carers who directly employ care workers to provide support in their home as they found they were individually responsible for providing the PPE the care workers required. Fortunately, we were able to put carers in contact with a supplier used by a colleague organisation that still held stock at a reasonable cost.

At least two carers contacted us after being turned away from A&E when they tried to accompany those they care for, despite assurances to the contrary. As we were also receiving reports from carers that they were not being allowed into shops with those they care for, yet were unable to leave them alone, we offered all our carers the option of a ‘Carer Identification Letter’ that could be held on a phone or printed out. This could then be shown to anyone who was questioning them on why they were needing to have the person they care for with them. This was clearly even more significant for those carers who look after loved ones with ‘hidden disabilities’ or those who found it difficult to follow newly implemented one way systems or social distancing.

### **Social and Welfare**

One carer reported that their cared for person’s package had been cut in Rutland. This was a “socialisation” support package to assist the individual at social activities. As the activities have been stopped, the support package was cut (without discussion). The decision was understandable but will make the situation more difficult for the individual with autism, and did not appear to consider the broader issues of the effect of isolation on someone who finds socialisation a challenge.

This highlights the particular concern that carers of people with autism have been struggling with situations where there has been a complete collapse of routine through a combination of the closures of day services, community-based services and the cutting of “socialisation” services, placing all care and support on family carers, many of whom are elderly. A sudden loss of routine can lead to increasing challenges in terms of behaviour, motivation and loss of hard-won skills. The majority of carers taking part in discussions online and contacting the helpline have been from carers of people with autism, or other conditions where routine is important, such as learning disabilities, dementia and some mental health issues.

In particular, carers reported a loss of respite (in this context, any services that normally provide a break from caring), increased physical and mental strain, additional health problems of their own, difficulties finding specific brands of foods (some people, especially children with autism, will accept only specific brands of a foodstuff or a specific design of packaging): this has led to weight loss and concerns about malnutrition that may also lead to further challenges. At least one shielding carer who was losing the opportunity for a break (usually managed within the family) came close to a breakdown and had to seek assistance from social care services.

A significant number of carers reported that they were having financial difficulties through reduced incomes due to being furloughed or losing their employment due to lockdown. Many also pointed out that their income was only barely enough to live on before the lockdown but the increase in costs for basic foodstuffs due to panic buying and alleged profiteering had made things worse. Whilst it is understandable that organisations offering emergency grants often required voluntary or statutory organisations to refer these individuals for help, it is difficult to achieve a simple referral system in the complex circumstances of a lockdown, and thought needs to be given to how this can be improved upon.

*Carer G was shielding, but was informed that as she was a key worker and working for a company that was remaining open she could not be furloughed. The guidance from the government suggested otherwise but it required a good deal of searching to find the relevant information. Whilst this is an issue of communication, it has links into carer health, as well as the overall Covid-19 response, as the carer had significant concerns they were unable to address without help.*

Some carers appear to be being charged for services not received during lockdown. This appears to be happening in all situations where a charge applies, or where a direct payment is in place.

Although local authorities appear to have chosen not to have sought waivers under the Coronavirus Act 2020, all carers assessments and transition planning appear to have ceased, except in the most urgent cases. We would welcome clarification on this.

### **Communications**

Communications have been generally restricted to press conferences, media interviews, social media and websites.

The problem with press conferences and media interviews is that the message often becomes confused, and there have been numerous examples of that, leading to disagreements about what is allowable, further clarification and corrections of the clarification.

Social media and websites require internet access, which a significant number of people avoid, and it should be added that websites are not always easily searched for specific information, especially in changing circumstances. In order to assist a worker seeking to discover whether or not they might be able to seek furlough from their employer, we had to work our way through four separate pieces of guidance on the topic.

*“Do feel like we have been badly let down by the government. They do not have a clue what it is like to be looking after a disabled person for 24/7.”*

Much of the communication did not refer to family carers at all, and there appeared to be no recognition of the additional pressures likely to be put on carers due to the Coronavirus Act 2020. Many carers were worried about this, and it is only recently that locally carers have been reassured that services would not, at this time, be affected. Equally, some carers felt that this was untrue as day services had been closed. While it is acknowledged that carers were receiving weekly checks to ensure they were coping, it is by no means clear what help might have been available had carers been unable to cope.

Carers have welcomed the weekly calls, and vulnerable carers have welcomed calls from their GP services in recent days, where there have been checks on their overall state of physical and mental health. However, we would point out that welfare calls from statutory bodies will most often invoke a positive response, as carers will often not admit they are struggling to social care staff as they worry about whether this would invoke an unwanted intervention. Although we do come across this approach too, we often find that carers will open up more to us on the grounds that we cannot exercise control over their lives and are therefore not a potential threat.

We feel that there were missed opportunities to communicate with carers locally - see recommendations

### **Caring in a lockdown**

This has been particularly difficult for those carers caring for:

- People on the autism spectrum
- People with learning disabilities
- People with dementia
- People with mental health issues

The above groups struggle most in a situation where there is uncertainty, a loss of routine and sudden changes. This increases anxieties and is likely to trigger behaviours that challenge. Carers contacted us about the difficulties they were having regarding the challenges of caring for someone who would insist on going out of the house with no regard for precautions, thus increasing the risk to everyone in the household. There were particular issues for carers of people with dementia, who reported increased restlessness and “sundowning” among the people they cared for.

*Carer H reported that his wife’s “sundowning” had become much worse during lockdown, and put it down to the suddenness of the change and the lack of regular visitors.*

Carers in multiple caring roles usually have to balance the care needs of one individual against the needs of another. However, during the lockdown, these carers have often found it more difficult to obtain or maintain support from others, especially where one of more of the people they care for live elsewhere. In some cases this has led to carers taking risks to ensure that they have access to food by avoiding shielding themselves in order to support the person they care for.

*Carer I stopped shielding in order to obtain prescription medication. When we found out we put them in contact with the RVS for future deliveries to take place without the need to increase risk.*

In almost all cases, we found that the carers we were in contact with were finding the situation increasingly stressful, especially among those shielding where the cared for person lacked understanding of the situation.

In many cases, the loss of day service support and loss of key staff - some carers reported that their staff also work for the NHS and were therefore withdrawing from the home care role for now - has led to a significant increase in load on the carer, especially where they have not been using agencies and therefore have been unable to replace staff.

It should also be noted that carers who were contacting the helpline by phone, or who were contacted by staff following an email enquiry, were presenting with complex or numerous issues.

Whilst it is common that carers are juggling many concerns, the levels of anxiety and stress that carers were displaying were extremely high and calls often took well over an hour to both calm carers and unpick which were the most urgent needs that could be dealt with immediately. We know from feedback that carers really appreciated the time and care that Carers Centre staff showed them and that they found this approach very helpful.

For those carers who live away from the person they care for came the concern that they may be breaking the lockdown if they visit them. We found ourselves explaining the lockdown rules (and having to update ourselves almost daily as advice changed). Some vulnerable carers were concerned that by visiting the person they care for they might be increasing the risk to themselves. These were advised to contact social care services where the person being cared for was willing for them to do so.

## **Recommendations**

### **Health**

Future services need to have an emphasis on promoting good health in isolated circumstances: this is especially important in a lockdown, but there is a significant number of carers that are not able to engage with services outside of the home.

Carers have very limited access to out of hours support, and much of what exists is online. Although online services can be a help, not everyone is able or willing to use these. We are aware of a number of carers who are particularly resistant or nervous about using new technology and require a lot of encouragement and support to access online services. Consideration should be given to using Carers Direct Payments to pay an element of a telephone/mobile bill where there is financial hardship and where carers are extremely socially isolated.

Information about simple exercises to maintain muscle density and general fitness/suppleness in a lockdown would be helpful. Not everyone uses a TV and a simple sheet of exercises would help. Whilst it may seem old fashioned, many people still appreciate hard copies of information and this could be easily facilitated through the postal system.

### **Covid-19**

As this situation is likely to continue for some months, in varying degrees of lockdown and social isolation measures, greater clarity of advice and support for the “vulnerable” and “extremely vulnerable” groups is vital. The NHS texting system may be useful in sending targeted messages to individual patients identified as being in one or other of these groups.

### **Social and Welfare**

It is vital to maintain some level of “social interaction” support if at all possible, especially for those people who are likely to become anxious with a change of routine. Any kind of social skills developed in a person with an autism spectrum condition are hard won, and easily lost. Maintaining some degree of support at the usual times may help to reassure individuals and help them to acclimatise to the new arrangements more easily, especially if this can be managed with the assistance of staff they are already familiar with.

Opportunities for short breaks have been reduced over the years, but it has always been a priority for carers. It will be an even greater issue for carers following lockdown, and authorities will need

to give serious commitment to this issue, looking at the types of meaningful breaks carers might benefit from.

We should point out that breaks of 2-3 hours are often far from meaningful: the majority of carers report that they spend much of the time clock watching to make sure they are not late for handover. If they are involved in transporting the individual, the actual time available for a break is lower due to the need to travel - or the break must take place within a very short distance of where the break is provided.

Whilst grant making bodies must, of course, ensure that the monies they disburse go to people who need help the most, the system for applying for grants needs to be simplified so that individuals can apply more easily in times of crisis. It may be possible, for example, to set up a grant scheme offering smaller payments in emergency situations requiring a lower level of information, thus limiting the risk but meeting urgent need.

### **Communications**

Overall, the use of press conferences to convey important information has proved to be less than helpful. Messages need to be clear, precise and understandable. It's best to make sure that the guidance available is clear and in place prior to any announcements. Some suggestions are:

1. Use the NHS texting system to inform patients in specific groups about things they can do to help themselves, e.g. diabetes patients to keep close control of their blood sugars as this can be a factor in prognosis should they contract Covid-19
2. Make better use of social media: rather than pushing "Stay Alert", use the messages to give specific advice on social distancing; who can furlough; what you should do if shielding; what you can do if you are "vulnerable", etc - short but simple messages, rather than videos with multiple messages.
3. Use local radio and TV (where it exists) to give advice that is specific to the local area. Where you can get help. Who to contact.
4. Reduce reliance on the web. It discriminates against those without the internet and is a passive form of communication. When people are facing a crisis situation they do not reach out, they tend to collapse inward - they need others to contact them.
5. Better use of the existing networks between organisations and community members such as local Partnership Boards, BCT (Better Care Together) group or the LLR wide Carers Delivery Group to coordinate communications and ensure that consistent messages are being delivered. These groups are led by local authority officers and already have communication processes in place which could be adapted quickly to an emergency situation.
6. Build on and encourage relationships between local VCSE organisations to develop an emergency response process that will provide support for smaller charities and groups who may struggle with capacity and availability of technology and mean they are unable to provide any services at all.
7. Listen and learn from direct experience - The Carers Centre have capitalised on the good working relationships we have with partner organisations and as a result have been able to provide a range of specialised support for carers including mindfulness/relaxation, dementia support, child mental

health and autism support. This work has also resulted in many carers responding to area wide consultation exercises that can inform decision makers and has been shown to have positive impact.

Make contacts proactive not reactive. We found that most of the carers we contacted had had no contact at all with outside agencies, and whilst we accept that it is not possible to contact everyone by telephone and resources were allocated to contacting vulnerable clients known to the authorities, we do feel that such contact is highly valued by carers - especially those who are already isolated - and it is also a good way to ensure that information is passed on, especially for those with literacy issues. This has also been borne out by the reaction of those carers who received weekly calls following the closure of day services. We would recommend that proactive contact of this nature is best carried out by voluntary sector agencies for reasons stated above.

8. There needs to be quicker and clearer advice for carers in the early stages of any future pandemic. For guidance to take a month to appear, and to be so basic, was not designed to make carers feel valued, or “partners in care.” Contrast this with the Carers UK approach: they set out good advice on their website within very short order, and this was very much welcomed by carers with access to the internet, as we provided links to this during the early stages.

### **Caring in a Lockdown**

Consider ways to support carers of people whose mental health is most likely to suffer in a lockdown, such as providing staff to support the permitted outdoor exercise to give the carer even a short break from caring. We accept that in normal circumstance this would not be enough, but it would at least provide some opportunities for ‘me’ time and may just be enough to prevent caring breakdown.

### **Conclusion**

Whilst it is recognised that the Covid-19 outbreak is a situation that is unprecedented in modern times, there is much that can be learnt from working in partnership with carers and listening to their experiences.

It is anticipated that we will all be dealing with both the virus and the societal impact for some considerable time to come. Therefore all levels and areas of strategic planning need to have a clear focus on keeping people well enough, both physically and mentally, to deal with the ongoing outbreak as well as support for the longer term.

There is an opportunity now to make sure that the impending mental health crisis is effectively managed and minimised wherever possible by providing additional support across all partners in care. We need to work quickly and effectively together to ensure that time and resources are not wasted as the repercussions will be felt for generations to come and we will all be held accountable.

## **Appendix 1: Some feedback statements from carers**

Phone call from volunteer to check how we were doing. Emails with latest information and updates on services, support and COVID-19.

As usual The Carers Centre have been updating and running things differently in order to keep carers informed and supported so they haven't felt isolated and not getting the services they need. Always there and never let a person down. A vital service when the authorities miss them or do not seem to understand their needs. Thank You.

I was called and advised the Carers Centre is there for me.

The Carers Centre is always there.

Carers Centre staff called to ask if I need any help or support and just talk about my and my sons wellbeing. It was nice to just talk.

I have received a newsletter and there is a Facebook page and I've had a phone call checking that we are ok.

Just general chats, but it would be useful to know about possible shopping help if needed, PPE, support services if needed

It was good that the Carers Centre person contacted me. We were able to share our experiences at this difficult time. It was good to talk as I am staying at home on my own and my partner is in a lockdown care home. Contact with her is not easy.

From information on how to keep well and safe, services available; phone call to check on how we are coping; available support from the Centre and other organisation and government

A carers job is a very lonely one. I was so pleased when the Carers Centre contacted me. Felt like I'd not been forgotten and it was nice to hear how some of the other Carers are coping. Do feel like we have been badly let down by the government. They do not have a clue what it is like to be looking after a disabled person for 24/7.

Five stars care for carers

They called or emailed (can't remember) but we did not need any support. Thank you.

I VERY much appreciate that someone took the time to see that I was alright. It gave me the chance to express my concerns about nursing homes.

i got a call asking how i was and giving me information about how you could help which i thought was great

Regular updates and information. Offers of joining virtual chat groups. A personal phone call to check how we are coping and to offer support for our individual circumstances if we needed it.

Regular emails with updates on govt info and available help.

Supportive emails and a call which I sadly missed. But I know I can rely on Carers Centre for support at any time.

Very good help & information

General email information to keep us updated - too many to list usefully though.

nice to know there is somebody out there, if help is needed

They have been the life line I felt there someone looking after us as carers and the person we care for. Thank you for all you help and support x

I have had a call asking if we are alright and I know I can contact them should I need to.

I forget names easily. But I'm just grateful someone calls to see if I'm coping. It's just nice to speak to someone. Next best thing to face to face to face.

Had a phone call which was very helpful and welcomed, I felt as though we mattered to people!! I feel as though the people from The Carers Centre are looking out for all the Carers out there.

the emails have all helped with information on what is going on

I've received almost daily emails with very good information about support and numbers to call if needed. Plus a phone call to tell me about virtual chat group and support available from them. Very reassuring when so anxious.

I was grateful that someone had taken the time to follow up, even though I was OK!

Charles and team are very responsive prompt and informative and I am confident he will raise issues via appropriate channels to get voices if leics carers and those they care for heard

Thank you so much for the work you do. It's amazing

Keep going, you step in the gaps and do everything possible to plug the gaps with effective, constructive, caring and positive help both physically and emotionally where and when needed.

The carers centre is a fantastic resource.

Not at the moment, except to say thank you for your support.

I am very grateful for your support to us and for the great job you do for carers and the community. Keep safe and well.

The Carers Centre and those who run it are absolutely WONDERFUL.

Carers Centre continues to provide a vital service. At this time especially this service is crucial to the mental health of struggling and very stressed unpaid family Carers.

Although we have done our grocery shopping online at Tesco for many years, we fell through the cracks with the sudden uptake of online ordering, and no way to flag up my partner's disability or get through by phone. Happily, Iceland rescued us as they have a facility online to allow customers to indicate if they are disabled. We also managed to get a delivery of fresh goods from a local greengrocers.

Just want to say a big thank you, to you all for your hardwork and valuable support. At all times but especially during this lockdown period.

My Dad has advance Dementia. What I go through at home, the difficulties, the mental toll, the emotional toll and the physical challenges is something I have to deal with in the absence of a supporting voice & agency carers. Thank God I have that. I don't see my "real Dad" in him much nowadays so conversation about family is practically non-existent. This is isolation on top of isolation. Luckily I have my husband (we lived separately unfortunately), children & granddaughter and extended family. For those who don't, please help them. I'm very grateful & appreciative for any voice of support. Thanks a bunch!

No, but thank you for your support